



Satisfaction of basic psychological needs as a mediator of the relationship between community esteem and wellbeing

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Abstract: Past research has shown that possessing a strong sense of community or esteem for one's community is positively related to feelings of psychological wellbeing. Much less research has examined what mechanisms may underlie this relationship. Self-determination theory, a theory of human personality and optimal functioning, proposes the existence of three species-typical basic psychological needs (for competence, relatedness, and autonomy), the satisfaction of which is crucial for experiencing wellbeing. We hypothesized that need satisfaction is a mediator of the relationship between feelings of esteem for one's community and several widely employed measures of wellbeing among a sample of residents living in an urban community in the United States. In accord with the primary hypotheses, the results revealed a robust association between community esteem and both hedonic and eudaimonic measures of wellbeing. Furthermore, the associations between community esteem and wellbeing were mediated by self-reported satisfaction of basic psychological needs. This work contributes to an improved understanding of the complex relationship between esteem for one's community and psychological wellbeing and has implications for debates surrounding the benefits and role of community in individuals' lives.

Keywords: community esteem, basic psychological needs, hedonic wellbeing, eudaimonic wellbeing

1. Introduction

Scholars from a variety of disciplines have noted that being a member of a well-functioning community can contribute to citizens' overall wellness. Studies have confirmed that possessing a strong sense of community or a high level of identification with or esteem for one's community is associated with a variety of positive outcomes, including civic participation/engagement (Chavis & Wandersman, 1990) and psychological functioning (e.g., Bettencourt & Molix, 2003; Davidson & Cotter, 1991; Prezza, Amici, Roberti, & Tedeschi, 2001; Prezza & Costantini, 1998). Despite these accumulating findings, much less research has examined mechanisms that may underlie the relationship between community esteem and psychological wellbeing. Drawing upon scholarship from community, social, and personality psychology, the present study sought to replicate the previously observed positive relationship between community esteem and wellbeing, using a sample of citizens living in an urban community in the United States. Moreover, we aimed to better understand what may explain the relationship between esteem for one's community and psychological functioning, examining in particular the role played by satisfaction of basic psychological needs.



Basic psychological needs are thought to be species-typical motivational drives, the satisfaction of which is crucial for the achievement of wellbeing (Deci & Ryan, 2000; Maslow, 1954; Tay & Diener, 2011). In particular, we examined the three needs identified as particularly important for human flourishing by self-determination theory, a prominent theory of human motivation and personality (Deci & Ryan, 2000; Ryan & Deci, 2000): the needs for autonomy, competence, and social relatedness. If people who like their communities more have higher wellbeing, perhaps this is (in part) because their communities are affording them greater means of satisfying their basic psychological needs.

1.1 Community esteem

Social scientists have long sought to understand community and its effects (Gusfield, 1975; Nisbet, 1953; Sarason, 1974; Tonnies, 1955). Sarason (1974) argued that the subjective perception of being connected to, invested in, and fond of one's own community is important for a number of reasons, including for facilitating individual wellbeing. McMillian and Chavis' (1986) influential model describes community as comprising four perceptual components: (1) membership (belonging to a community), (2) influence (mattering to the community), (3) integration and fulfillment of needs (the community meeting one's needs), and (4) shared emotional connection (having shared experiences/interests with other community members). Within the field of community psychology, being connected to or valuing one's community is a widely studied variable that tends to be associated with not only strong communities, but also with healthy and happy individuals. For example, Davidson and Cotter (1991) found that participants in the Southeastern U.S. who reported possessing a stronger sense of community also scored higher on a three-item measure of subjective wellbeing. Prezza and colleagues found that in Italian towns and small cities (Prezza & Costantini, 1998; Prezza et al., 2001) and in large Italian cities (Prezza et al., 2001) residents' sense of community was positively associated with life satisfaction. Farrell, Aubry, and Coulombe (2004) found that among non-apartment dwelling residents of Winnipeg Canada, sense of community was positively correlated with wellbeing (measured using a psychiatric instrument, the General Health Questionnaire; Goldberg, 1978). And Jorgensen, Jamieson, and Martin (2010) found that among residents of a small city in Australia, sense of community was positively correlated with a single-item measure of wellbeing (controlling for demographic variables).

Within the field of social psychology, Bettencourt and Molix (2003) have examined what they called a "sense of esteem for one's community". Bettencourt and Molix were inspired by research on the topic of social identity (Tajfel & Turner, 1986), particularly by recent research that has examined the effects on wellbeing of having higher levels of esteem for, or identification with, one's social group. For example, research has shown that having esteem for one's group can be beneficial for one's wellbeing and can act as a kind of protective factor against stressors, enabling those with higher esteem to maintain higher wellbeing. Bettencourt and Molix (2003) reasoned that esteem for one's community of residence would provide similar benefits to wellbeing. In a sample of women living in a rural area of the U.S., they found that those with higher levels of esteem for their community reported being more satisfied with their lives. While little other research has examined the relationship of community esteem to wellbeing, a recent cross-cultural study by Morrison, Tay, and Deiner (2011) on national satisfaction is perhaps relevant. Morrison et al. found that across 128 countries, positive attitudes toward or satisfaction with one's nation consistently predicted higher wellbeing (i.e., satisfaction with life). One's country may function psychologically as a kind of larger community for many people, leading satisfaction with one's nation to meaningfully impact

one's wellbeing in a manner consistent with social identity theory's predictions concerning the benefits of other types of collective identities (Tajfel & Turner, 1986), a point mentioned by Morrison et al. (2011) in explaining their findings.

While there is initial evidence linking esteem for one's community with wellbeing, a methodological limitation of these studies is that they have tended to measure wellbeing either solely in terms of Diener and colleagues' (Diener, Emmons, Larsen, & Griffin, 1985) five-item measure of life satisfaction or with very brief improvised measures of wellbeing (e.g., Davidson & Cotter, 1991). To date, no research of which we are aware has employed multiple well-validated measures of wellbeing to examine the relation of community esteem (or any other community feeling variable) with theoretically distinct types of human wellbeing in a single study. In the present research, we sought to investigate community esteem's relation to both hedonic and eudaimonic measures of wellbeing.

1.2 Psychological wellbeing

Wellbeing is conceived in different ways but generally refers to optimal psychological functioning and experience (Ryan & Deci, 2001). Research has revealed positive associations between self-reported wellbeing and a variety of other factors, including civic engagement, relationship satisfaction, success in work domains, physical health, and life expectancy (see Lyubomirsky, King, & Diener, 2005, for a quantitative review).

Wellbeing is measured in various ways, usually by means of self-report. Among scholars of wellbeing and positive psychology, a distinction is frequently made between two competing perspectives concerning how to conceive of wellbeing, each of which has its own corresponding survey instruments. The two conceptions of wellbeing are usually referred to as hedonic and eudaimonic (Bowman, Brandenberger, Lapsley, Hill, & Quaranto, 2010; Henderson & Knight, 2012; Ryan & Deci, 2001; Ryff, Singer, & Love, 2004; Waterman, 1993). In short, hedonic wellbeing refers to feeling good, whereas eudaimonic wellbeing refers to living a good (e.g., meaningful, virtuous, or authentic) life (see Henderson & Knight, 2012). Measures of hedonic wellbeing, also often called subjective wellbeing, typically employ a straightforward approach of simply asking participants to indicate how happy they feel generally, how much positive and negative affect they are experiencing, and/or how satisfied they are with their life. The rationale behind the hedonic approach is that wellbeing is essentially happiness, and if you want to know if a person feels happy, the best approach is to simply ask him or her. Measures of eudaimonic wellbeing are less straightforward. As far back as Aristotle (2000), who was interested in people's fulfillment of their true spirit or *daimon*, some scholars have had reservations with simply equating wellbeing with self-reported pleasure or happiness. Either out of disagreement that wellbeing is the same thing as happiness, or out of concern that people lack the ability to judge accurately their own happiness, measures of eudaimonic wellbeing typically employ an indirect approach, asking people to report on a range of quality of life indicators, which the researcher then uses as an index of individual wellbeing. For example, Ryff argues that psychological wellbeing is best measured by assessing six different dimensions of a flourishing life: self-acceptance, positive relations with others, environmental mastery, purpose in life, personal growth, and autonomy (Ryff, 1989; Ryff & Singer, 2008). Often measures of hedonic and eudaimonic wellbeing correlate highly (Kashdan, Biswas-Diener, & King, 2008), but they nevertheless reflect different conceptions of wellbeing (Keyes, Schmotkin & Ryff, 2002), and measuring both types can provide researchers with a fuller picture of other phenomena's relation to wellbeing. In addition to fleshing out the relationship between community esteem and both hedonic and eudaimonic wellbeing, the current work also sought

to better explain community esteem's relation with wellbeing by examining a potential mediating variable: the satisfaction of one's basic psychological needs.

1.3 Satisfaction of basic psychological needs

Satisfaction of basic psychological needs (termed "psychosocial prosperity" by Diener, Ng, Harter, & Arora, 2010) has repeatedly been shown to be a strong predictor of psychological wellbeing. While early conceptualizations of psychological needs (e.g., Maslow, 1954) were subject to criticism on both conceptual and empirical grounds (see Kenrick, Griskevicius, Neuberg, & Schaller, 2010), in recent years there has been a resurgence of research on psychological needs and their satisfaction (e.g., Deci, Ryan, Gagné, Leone, Usunov, & Kornazheva, 2001; La Guardia, Ryan, Couchman, & Deci, 2000; Patrick, Knee, Canevello, & Lonsbary, 2007; Sheldon & Elliot, 1999; Sheldon, Elliot, Kim, & Kasser, 2001; Sheldon & Niemiec, 2006; Tay & Diener, 2011; Wei, Shaffer, Young, & Zakalik, 2005). In their contemporary form, basic psychological needs are theorized to be evolution-grounded, cross-culturally universal drives to have certain psychological experiences (feeling close to other people, feeling efficacious, etc.). Achieving satisfaction of one's basic psychological needs is thought to be crucial for experiencing happiness and wellbeing, an inference supported using cross-sectional and longitudinal methodologies and in a variety of samples, including children and adolescents (e.g., Milyavskaya et al., 2009; Véronneau, Koestner, & Abela, 2005), undergraduates (e.g., Sheldon & Elliot, 1999; Sheldon & Niemiec, 2006; Wei et al., 2005), workers (e.g., Baard, Deci, & Ryan, 2004; Deci et al., 2001; Van Den Broeck, Vansteenkiste, De Witte, Soenens, & Lens, 2010), and in cross-cultural investigations (Sheldon et al., 2001; Tay & Diener, 2011).

Notably, self-determination theory (Deci & Ryan, 2000; Ryan & Deci, 2000), a comprehensive and empirically well-supported theory of human personality and optimal functioning, proposes the existence of three species-typical, highly correlated basic psychological needs: (1) for competence, (2) for relatedness, and (3) for autonomy. Competence refers to the feeling that one is efficacious and able to master challenges (Deci & Ryan 2000; White, 1959). Relatedness refers to the feeling that one has rich social connections with friends and family members who care about oneself and about whom one cares (Baumeister & Leary, 1995; Deci & Ryan, 2000). Autonomy refers to the feeling that one has choice and is not subject to coercion or unwanted pressure (deCharms, 1968; Deci & Ryan, 1985, 2000). Much of the research linking satisfaction of basic psychological needs to wellbeing has been inspired by self-determination theory and has examined specifically these three needs either individually or in aggregate (see Ryan & Deci, 2008, or Vansteenkiste, Ryan, & Deci, 2008 for overviews).

A central dimension of McMillan and Chavis's (1986) much-cited psychological model of community is the feeling that one's community fulfills one's needs, which they equated with "reinforcement," explaining that "the individual-group association must be rewarding for its members" (p. 12). Self-determination theory's focus on the importance of meeting one's basic psychological needs for autonomy, relatedness, and competence led us to hypothesize that community esteem has its beneficial effects on psychological wellbeing by satisfying individuals' psychological needs. To date, we are not aware of any research that has assessed the relationship between community esteem and satisfaction of basic psychological needs or, more specifically, examined whether community esteem might increase people's wellbeing by satisfying their basic psychological needs.

There are strong grounds for expecting community esteem to predict satisfaction of basic psychological needs. When you feel good about your community: (a) you feel like you can do

what it takes, and get the help/resources you need, to achieve your goals (competence), (b) you feel like there are people around you (e.g., neighbors, fellow community members) whose welfare you care about and who care about you (relatedness), and (c) you feel like you are able to make choices expressive of your true self, free from unwanted pressure and external social control (autonomy). The aim of the present study was to survey a community sample of participants living in an urban community in the Southern United States to determine whether esteem for one's community predicts psychological wellbeing. Additionally, we sought to examine whether this positive relationship between community esteem and wellbeing is mediated by a third variable, the satisfaction of one's basic psychological needs. Our prediction was that psychological need-satisfaction would indeed mediate the positive relationship between community esteem and wellbeing.

2. Method

The data were collected as part of a larger study (Molix & Nichols, 2012) examining overall wellness among residents living in an urban community in a sizeable U.S. city. Participants were recruited from a variety of community locations ($N = 156$; 86 women; 63 men; 7 participants did not report sex). Participants in the sample ranged from age 20 to 81 ($M = 40.45$, $SD = 14.50$; 16 participants did not report age). The majority of the sample (70%) self-identified as White or Caucasian. Twelve percent self-reported as Black or African American, 1% as Asian Indian or South Asian, 4% as Hispanic or Latino/Latina, less than 1% as Asian, 1% as Native American, and 3% as Mixed race (9 participants did not report any racial or ethnic group information). Approximately 53% of the participants reported being single, 29% reported being married, 12% reported being divorced, 1% reported being widowed, and 5% of the sample did not report their relationship status. The majority of the sample (81%) reported having completed two or more years of college. Approximately 17% of the sample reported that high school was the highest level of education they had completed, and 2% of the sample reported that junior high was the highest level of education level they had completed. Sixty two percent of the sample reported having full time or part time employment at the time of data collection. Fourteen percent of the sample reported that their annual household income was less than \$15,000, 16% reported annual household income ranging between \$15,000 and \$30,000, 14.7% ranged between \$30,000 and \$45,000, 12.8% ranged between \$45,000 and \$60,000, 9.6% ranged between \$60,000 and \$75,000, 9.6% ranged between \$75,000 and \$120,000, and 9.2% reported earning more than \$120,000 annually (14% of the sample did not report their annual household income). Approximately 38% of the sample reported owning a home, 46% reported that they were renting their place of residence, and the remainder reported that they lived with friends or family members.

2.1 Procedures

Community residents were invited to participate via signs and fliers displayed at various community locations (e.g., parks, festivals, markets, self-service laundries) at tables staffed by trained study facilitators. Eligible participants showed proof (e.g., a state identification card or driver's license) of being 18 years of age or older and a resident of the local community. Participants were ushered to a seating area and given a clipboard that contained a cover sheet for privacy, and the informed consent form. After reading and signing the consent form, participants were given a survey which included the primary variables of interest and some demographic questions, and which took approximately 15 minutes to complete. Upon completion of the survey, participants were debriefed and paid \$5 in cash.

2.2 Measures

Esteem for One's Community. As have others (Bettencourt & Molix, 2003; Bettencourt, Molix, Talley, & Westgate, 2007), we measured esteem for one's community using a modified version of the public and private subscales (each comprising four items) from Luhtanen and Crocker's (1992) Collective Self-Esteem Scale.¹ Participants were first prompted to write in the name of their community and then asked to rate their agreement with eight statements using seven-point scales (1= *strongly disagree* and 7= *strongly agree*). Example items include: "Overall, my community is considered good" (public) and "I feel good about the community I belong to" (private). We created a composite esteem for one's community score by averaging the items of the public and private collective self-esteem subscales. The composite measure was found to have good internal consistency ($\alpha = .83$).

Satisfaction of Basic Psychological Needs. The Basic Need Satisfaction in General scale (BNSG; Gagné, 2003; Johnston, & Finney, 2010; Kashdan, Julian, Merritt, & Uswatte, 2006)² was employed in the present study. The BNSG includes 21 items, with three 7-item subscales: autonomy, relatedness, and competence. Participants are asked to rate their agreement with each statement using a 7-point response scale (1= *Not true at all* and 7 = *Very true*). Examples of items include: "I feel like I can decide for myself how to live my life" (autonomy), "I really like the people I interact with" (relatedness), and "I often do not feel very capable" (competence, reversed). Internal consistency for the subscales ranged from acceptable to good (autonomy $\alpha = .65$; competence $\alpha = .72$; relatedness $\alpha = .82$). As have others (e.g., Gagné, 2003; Vansteenkiste et al., 2007), we averaged the three correlated subscales to form a single index of general need satisfaction ($\alpha = .87$).

Hedonic Wellbeing. In previous research (e.g., Diener, Suh, Lucas, & Smith, 1999), hedonic wellbeing has been conceptualized as comprising positive affect, negative affect, and satisfaction with life. As have others (e.g., Sheldon & Elliot, 1999; Sheldon & Kasser, 1998, 2001; Sheldon & Niemiec, 2006) we assessed hedonic wellbeing via Watson, Clark, and Tellegen's (1988) Positive and Negative Affect Schedule (PANAS) and Diener, Emmons, Larsen, and Griffin's (1985) Satisfaction with Life Scale.³ The PANAS is a list of 20 emotion state items (10 positive and 10 negative). For each, participants were asked to indicate the extent to which they felt this way on average during the past month, using a 5-point response scale (1 = *Not at all* and 5 = *Very much*). Examples of positive items include: excited, alert, and inspired. Examples of negative items include: upset, nervous, and afraid. The positive and negative affect subscales were found to have good internal consistency ($\alpha = .86$ and $.83$, respectively). The Satisfaction with Life Scale includes five items and participants were asked to indicate their agreement with each item using a 7-point response scale (1 = *strongly disagree* and 7 = *strongly agree*). Example items include: "In most ways, my life is close to ideal" and "If I could live my life over, I would change almost nothing". The measure was found to have adequate internal consistency ($\alpha = .76$). Following the recommendations of Diener and Lucas (1999), we computed an aggregate

¹ The original version of this scale was retrieved from Dr. Jennifer Crocker's research website (<http://faculty.psy.ohio-state.edu/crocker/lab/cse.php>).

² This scale was retrieved from the self-determination theory website (www.selfdeterminationtheory.org/), which is maintained by E. L. Deci and R. M. Ryan at the University of Rochester. It should be noted that the website is subject to change.

³ Though the PANAS has been criticized for not capturing all relevant dimensions on which emotions can differ (e.g., activation; Kashdan & Roberts, 2004; Schimmack & Grob, 2000), it remains the measure of emotions most widely used among psychologists (Dasborough, Sinclair, Russell-Bennett, Tombs, 2008), and it met our need for a validated, relatively brief measure of positive and negative affect.

wellbeing score by summing (standardized) scores for positive affect and life satisfaction and subtracting negative affect

Eudaimonic Wellbeing. We assessed eudaimonic wellbeing using three subscales from Ryff's (1989) Psychological Well-being Scale: self-acceptance, purpose in life, and personal growth.⁴ Participants were asked to rate their agreement with each statement using a 7-point response scale (1= *Do not agree at all* and 7= *Strongly agree*). Sample items include: "I like most *aspects* of my personality" (self-acceptance), "Some people wander aimlessly through life but I am not one of them" (purpose), and "For me, life has been a continuous process of learning, changing, and *growth*" (personal growth). As have others (e.g., Molix & Bettencourt, 2010; Sheldon, Kasser, Smith & Share, 2002), we created a composite eudaimonic wellbeing score by averaging the items of the correlated subscales, which were found to have good internal consistency ($\alpha = .72$).

3. Results

3.1 Preliminary analyses

Data were analyzed using SPSS Version 18.0. All variables were examined for violations of normality and the presence of extreme outliers; none were identified. Next, we conducted descriptive analyses. There were no associations between the primary variables and the majority of the demographic variables (i.e., participant age, race, marital status, education level, employment status, income level, home ownership); these variables were not included in the subsequent analyses. However, men and women did differ on basic need satisfaction and psychological wellbeing. Specifically, women reported higher levels of overall need satisfaction ($M = 5.62$), than did men ($M = 5.24$), $t(142) = 2.74, p < .05$. When we examined the need satisfaction subscales individually, women reported higher level of competence ($M = 5.57$), than did men ($M = 5.17$), $t(142) = 2.33, p < .05$ as well as higher relatedness ($M = 5.85$), than did men ($M = 5.32$), $t(142) = 2.99, p < .01$. Women also reported higher levels of eudaimonic wellbeing ($M = 5.88$) than did men ($M = 5.48$, $t(144) = 3.05, p < .05$.) As such, participant sex was included as a covariate in the primary analyses. The means, standard deviations, and partial correlations among the primary variables of interest are summarized in Table 1.

Table 1. Partial correlations controlling for participant sex are reported

Measure	M	SD	1	2	3	4	5	6
Community Esteem(1)	5.39	1.07						
Basic Needs Satisfaction(2)	5.46	.79	.34**					
Autonomy(3)	5.29	.84	.29**	.83**				
Competence(4)	5.42	.99	.19**	.81**	.57**			
Relatedness(5)	5.64	1.01	.36**	.86**	.55**	.52**		
Hedonic wellbeing(6)	6.44	1.89	.22*	.59**	.52**	.52**	.46**	
Eudaimonic wellbeing(7)	5.72	.79	.29**	.62**	.43**	.51**	.58**	.59**

* $p < .05$, ** $p < .01$.

⁴ The other three subscales of Ryff's psychological wellbeing measure (i.e., positive relations with others, environmental mastery, and autonomy) were not used due to their close similarity to another study variable: satisfaction of self-determination theory's basic psychological needs for relatedness, competence, and autonomy.

As can be seen in Table 1, community esteem was significantly correlated with hedonic wellbeing, $r = .22, p < .05$, and eudaimonic wellbeing, $r = .29, p < .001$ while controlling for participant sex. Examination of the partial correlations further revealed that basic need satisfaction was independently associated with both hedonic wellbeing, $r = .59, p < .001$, and eudaimonic wellbeing, $r = .62, p < .001$.

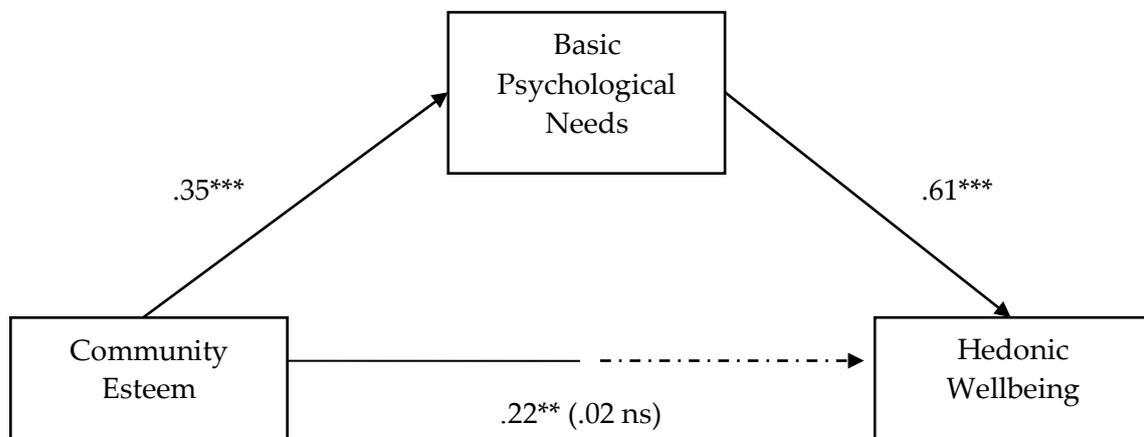
3.2 Tests of mediation

In order to examine the primary hypotheses of the current study, we followed the recommendations of Shrout and Bolger (2002), who suggest a bootstrapping procedure to compute a confidence interval around the indirect effect (i.e., the path through the mediator). If zero falls outside of this interval, mediation is said to be present. We used the SPSS macro designed by Preacher and Hayes (2008) for this procedure.

These analyses were run separately with hedonic wellbeing and eudaimonic wellbeing as the criterion variable, respectively, while controlling for participant sex. We specified a total of 5,000 resamples in estimating the indirect effect of community esteem on wellbeing through basic need satisfaction and calculated a 95% confidence interval around this effect (values for upper and lower bounds that do not include zero indicate a statistically significant effect with an alpha level of .05).

In accord with our primary hypotheses, community esteem was associated with both hedonic wellbeing, $b = .41, SE = .15, p < .01$, and satisfaction of basic psychological needs, $b = .27, SE = .06, p < .001$. Furthermore, when need satisfaction was included in the model, the direct relationship of community esteem on hedonic wellbeing was no longer significant $b = .04, SE = .13, p = .76$, and the indirect effect of community esteem on hedonic wellbeing through the proposed mediator, need satisfaction, was significant, *point estimate* = .37, $SE = .10$, 95% CI = .18 to .60, while controlling for participant sex (See Figure 1). This mediational pattern suggests that the positive relationship between community esteem and hedonic wellbeing is due, at least in part, to need satisfaction. That is, community esteem may improve people's hedonic wellbeing by helping satisfy their basic psychological needs.

Figure 1. Mediation model with hedonic wellbeing as the dependent variable while controlling for participant sex

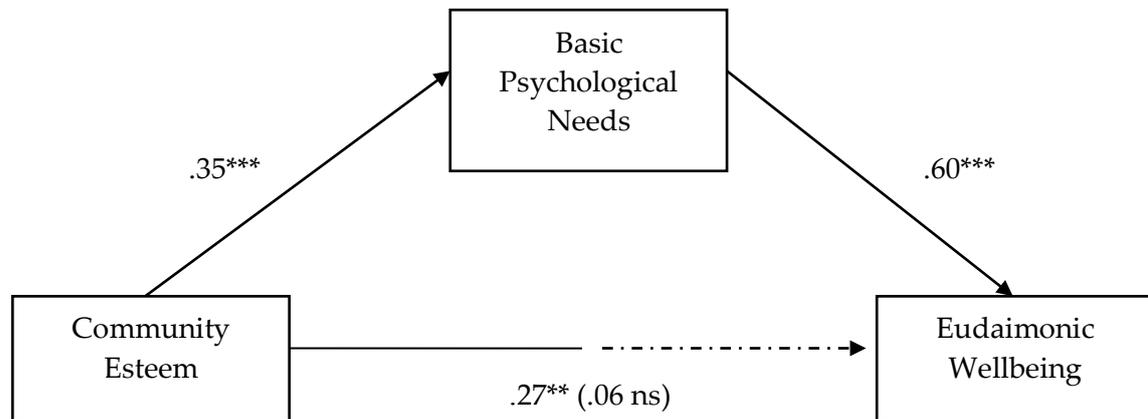


All values presented are standardized regression coefficients. In the path from community esteem to hedonic wellbeing, the first value indicates the coefficient before basic needs

satisfaction is entered into the model while the value in the parentheses indicates the coefficient after. $**p < .01$, $***p < .001$.

Next, we tested a similar model with eudaimonic wellbeing as the criterion. Consistent with our hypotheses, community esteem was associated with both eudaimonic wellbeing, $b = .21$ $SE = .06$, $p < .001$, and satisfaction of basic psychological needs, $b = .27$, $SE = .06$, $p < .001$. Furthermore, when the proposed mediator (need satisfaction) was included in the model, the direct relationship of community esteem on eudaimonic wellbeing was no longer significant, $b = .05$, $SE = .05$, $p = .33$, and the indirect effect of community esteem on eudaimonic wellbeing through the proposed mediator, need satisfaction, was significant, $point\ estimate = .15$, $SE = .04$, and a 95% confidence interval of .07 to .24, even after controlling for participant sex. This mediational pattern suggests that the positive relationship between community esteem and eudaimonic wellbeing may be due, at least in part, to the satisfaction of basic psychological needs (see Figure 2). In summary, community esteem is associated with greater satisfaction of one's basic psychological needs, which may lead to greater hedonic and eudaimonic wellbeing.

Figure 2. Mediation model with eudaimonic wellbeing as the dependent variable while controlling for participant sex



All values presented are standardized regression coefficients. In the path from community esteem to eudaimonic wellbeing, the first value indicates the coefficient before basic needs satisfaction is entered into the model while the value in the parentheses indicates the coefficient after. $**p < .01$, $***p < .001$.

4. Discussion

The primary aim of the present work was to increase understanding of why having esteem for or valuing one's community might be important for psychological wellbeing. The present study found that esteem for one's community significantly predicted both hedonic and eudaimonic wellbeing in a sample of urban adults. Moreover, the relationship between community esteem and wellbeing was mediated by the satisfaction of basic psychological needs. These findings replicate the relationship between community esteem and wellbeing observed by Bettencourt and Molix (2003). More importantly, the present results were consistent with an explanatory model whereby community affects wellbeing by enabling individuals to better satisfy their basic psychological needs. These needs—for competence, relatedness, and autonomy—have been shown in much past research to be important ingredients to living a happy life. It seems that having esteem for one's community might be a critical factor in facilitating psychological need satisfaction and wellbeing. The fact that the same mediational pattern of associations

emerged using both hedonic and eudaimonic measures of wellbeing allows for a greater degree of confidence regarding the validity of the relationships. The present study extends previous research and provides a fuller understanding of how having esteem for one's community relates to psychological wellbeing. Specifically, by using multiple measures of wellbeing and examining a theory-derived mechanism by which community esteem relates to wellbeing, this study broke new ground.

These results are consistent with ideas from positive psychology and from self-determination theory in particular (Deci & Ryan, 2000) that feeling competent and effective, free to choose on issues of personal importance, and in possession of strong social relationships, are particularly important psychological inputs leading to the experience of psychological wellbeing. Researchers interested in better understanding identification with community or a psychological sense of community (e.g., McMillan & Chavis, 1986) have often argued for a community's importance to the wellbeing of its members, but the models regarding how exactly community enhances wellbeing could be improved by incorporating some of the theory and research from recent decades of wellbeing research. At the same time, aside from emphasizing the importance of social relationships and interpersonal trust, wellbeing researchers have placed relatively little emphasis on the role of community per se in meeting psychological needs and facilitating wellbeing and mental health. To fully understand human flourishing, wellbeing researchers should transcend their often individualistic presuppositions (Becker & Maracek, 2008) and devote more attention to issues of group and community membership.

While much work in the self-determination theory tradition (Deci & Ryan, 2000) makes the case for why need-satisfaction should lead to enhanced wellbeing, an important question for future study concerns the mechanism by which community esteem relates to basic psychological needs. As mentioned previously, there are convincing theoretical grounds for expecting community esteem (or related variables expressing positive feeling toward one's community) to predict satisfaction of competence, relatedness, and autonomy needs. A healthy and well-functioning community likely makes people feel (a) able, and in possession of sufficient resources, to accomplish the goals they choose to pursue (i.e., competence), (b) free from unwanted pressure, intrusions, distractions, and outright coercion and instead able to make choices expressive of their true selves (autonomy), and (c) connected socially to a network of neighbors and friends whom one supports and from whom one receives support (relatedness). Community esteem could potentially influence wellbeing by promoting pursuit of activities that promote happiness. An influential contemporary model of wellbeing (the Hedonic Adaptation Prevention Model; Lyubomirsky, Sheldon, & Schkade, 2005; Sheldon & Lyubomirsky, 2006, 2012) argues that individuals can, to some extent, overcome the well-documented human tendency to adapt hedonically to any situation. By engaging in effortful and varied activity, the model argues, people can achieve sustainable increases in their overall happiness levels. Thus, it could be the case that individuals with greater esteem for their community feel the motivation and safety to engage in such happiness-conducive activities (e.g., physical exercise, artistic creation, socializing, etc.), benefiting their wellbeing as a result.

4.1 Limitations and future directions

This study has some limitations. First, while the sample was reasonably diverse with regard to participant sex, race, SES, and age, the participants were all urban residents. Future research should explore whether the same pattern of results is replicated in other types of communities (e.g., rural). In addition, the sample size was relatively small, and the data were cross-sectional.

Future research might seek to employ a larger sample and examine the relationship between community esteem, psychological need satisfaction, and wellbeing experimentally or longitudinally in order to clarify the causal nature of the associations observed. In addition, while satisfaction of basic psychological needs seems to be one route by which holding one's community in esteem contributes to positive psychological health outcomes, it is unlikely to be the only route. Future research should explore other relevant variables to further elucidate how and why perceptions of one's community influence wellbeing. Other potential mediating variables of a psychological nature that should be explored in future research include self-esteem, hope/optimism, and safety/security.

5. Conclusion

The U.S. Centers for Disease Control and Prevention (CDC) define a healthy community as:

a community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential. (CDC, 2012)

Like the CDC's, most definitions of community imply that healthy communities afford their members the ability to achieve high wellbeing by satisfying their needs. The results of our study are supportive of this notion and provide additional support for the argument that strong communities are psychologically valuable and worth working for. By acting collectively, not just to reverse weakening social ties (Putnam, 2000) but also to improve community pride and esteem, community members might have the potential to improve the wellbeing of their neighbors and themselves.

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