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INVITED ARTICLE

Well-being in the United States: Insights from the Global Flourishing Study

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Abstract: This paper presents findings from the U.S. Wave 1 data of the Global Flourishing Study (GFS). The analysis examines outcomes of flourishing across three key sociodemographic variables: age, education, and immigration status. Results show consistent age-related gradients in flourishing, with older adults generally reporting higher psychological and social well-being and greater financial security, despite more physical health limitations. Educational attainment is positively associated with most well-being domains, including psychological, physical, and socioeconomic outcomes, though some measures, such as social connectedness and hope show more complex, non-linear patterns. Foreign-born individuals report advantages in some areas of psychological well-being (e.g., optimism, purpose, and future life evaluation) and social well-being (e.g., social connectedness and trust). The paper argues that the GFS offers a comprehensive, multi-dimensional baseline for understanding well-being in the U.S and highlights the need for holistic, interdisciplinary approaches to policy aimed at fostering human flourishing.

Keywords: Global Flourishing Study, human flourishing, well-being, health, age disparities, education inequality, immigration; immigrant paradox, United States

1. Introduction

The Global Flourishing Study (GFS) is a landmark initiative that aims to track approximately 200,000 participants across 22 diverse countries, including the U.S., over five years. Drawing on a seminal paper by VanderWeele (2017), the GFS assesses multiple domains of human flourishing, including happiness and life satisfaction, mental and physical health, meaning and purpose, character and virtue, close social relationships, and financial and material stability. This paper focuses specifically on the Wave 1 data collected in the U.S. Two foundational insights on which the GFS is based are that (i) well-being encompasses more than just happiness and life satisfaction and (ii) well-being is context-dependent, and thus contexts that promote well-being should be taken into account in a broader concept of flourishing. Flourishing assessment demands a multidimensional approach to provide a more comprehensive understanding of what lifts individuals and societies towards the good life (VanderWeele & Johnson, 2025a). The concept of flourishing has become a central focus in positive psychology and public health research in the

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U.S. Thus far, however, this concept has had a comparatively limited influence on economic research and economic policymaking in the U.S. This is a major gap in the U.S. literature on flourishing, since it is widely recognized that the standard measures of economic and social progress (such as GDP growth, human capital and social cohesion) and the conventional metrics of government policy success (such as promoting full-employment growth under low inflation) fall far short of what policymakers and the general public generally aspire to measure, namely, the overall state of human flourishing. This paper forms part of steps that are being taken towards filling this gap.

Scholarly interest in human flourishing has surged in recent decades, especially in response to rising concerns about mental health, inequality, and social fragmentation (VanderWeele & Johnson, 2025b). Flourishing itself might be considered a multidimensional concept that includes an emphasis on living in accordance with virtue and realizing one's potential. This conceptualization has informed various educational, health, and development policies. Modern scholars, notably Martha Nussbaum and Amartya Sen, have extended this notion through the *capabilities approach*, which focuses on what individuals are able to be and do (Nussbaum, 2011; Sen, 1999). Furthermore, much U.S.-based wellbeing research and interventions have relied on insights from the positive psychology movement, particularly through the work of Martin Seligman. Seligman's PERMA model defines flourishing as the presence of Positive emotions, Engagement, Relationships, Meaning, and Accomplishment (Seligman, 2011).

The policy relevance of flourishing in the U.S. has been recognized across sectors. In education, social-emotional learning programs aim to foster character, resilience, and emotional well-being alongside academic success (Duckworth et al., 2019). In healthcare, the movement toward "whole person" care emphasizes not just treating illness but promoting well-being. U.S. workplace well-being programs are another area of application. Employer practices that enhance autonomy, fairness, and meaning can significantly increase employee flourishing (Harter et al., 2002). Additionally, cities such as Santa Monica and New York have begun using well-being metrics to inform public policy (Center for Innovation Through Data Intelligence, 2022; Helliwell et al., 2023). At the federal level, there have been calls to supplement GDP with flourishing-based indicators to provide a more comprehensive measure of national progress (Stiglitz et al., 2009). While the U.S. has yet to formally adopt such measures, pilot initiatives and academic proposals continue to shape discourse.

A growing body of literature in the U.S. focuses on how to operationalize and measure well-being or flourishing. The U.S. Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) have also supported large-scale data collection related to flourishing. For example, the National Survey of Children's Health includes items assessing aspects of child flourishing using positive behaviors, school engagement, and social connectedness indicators (Bethell et al., 2014).

Empirical research has shown that flourishing in the U.S. is unequally distributed. Higher levels of education, income, and social capital are associated with flourishing (Keyes, 2002; VanderWeele et al., 2020). Some studies also show that religiosity and community engagement are robust predictors of flourishing in the U.S. For example, Lim and Putnam (2010) found that religious service attendance is associated with greater well-being due to enhanced social networks and meaning in life. Similarly, Chen et al. (2020) reported that religious service attendance is associated with a lower risk of all-cause mortality, healthier lifestyles, and a range

of other favorable well-being outcomes across different life stages. Moreover, volunteering and civic engagement have been shown to improve both psychological and physical health outcomes (Thoits & Hewitt, 2001).

Many studies of flourishing in the U.S. have provided valuable insights by focusing on specific aspects of well-being, though they often lack cross-cultural comparators. For example, Keyes (2002) analyzed 3,032 U.S. adults (ages 25–74) using a 40-item mental health continuum to categorize flourishing versus languishing. Diener et al. (2010) developed an 8-item Flourishing Scale measuring self-perceived success in relationships, purpose, self-esteem, and optimism. Other notable longitudinal datasets, including Midlife in the U.S. (MIDUS), Health and Retirement Study (HRS), Panel Study of Income Dynamics (PSID), and the Grant Study—track aspects of well-being (e.g., life satisfaction, mental health, retirement, family structure) in segments of the U.S. population[1]. While these studies provide rich data, the GFS expands this work by assessing multiple domains of flourishing across a wide spectrum of countries and sociodemographic groups, facilitating broader comparative analysis.

The 2017 paper by VanderWeele introduced a foundational framework for assessing human flourishing across six domains (as outlined above). Building on this, the GFS provides an important opportunity to develop a more comprehensive understanding of the state of flourishing, laying the groundwork for correspondingly broad policy advice. To this end, this study drew on data from the GFS to investigate the distribution of flourishing indicators in the U.S. across major sociodemographic groups, including age, years of education, and immigration status

2. Methods

The description of the methods below has been adapted from VanderWeele et al. (2025). Further methodological detail is available elsewhere, including: overall summaries of the GFS (VanderWeele, Johnson, et al., 2025) the methodology (Johnson et al., 2024; Ritter et al., 2024), the GFS questionnaire design (Lomas, Bradshaw, et al., 2025; Crabtree et al., 2021; Cowden et al., 2024), the translation process (Case et al., 2025), the survey sampling design (Padgett, Cowden, et al., 2025), the analytic methodology (Padgett, Bradshaw, et al., 2025a, 2025b), the codebook (Markham et al., 2024), and the statistical analysis code (Padgett et al., 2024). The current paper, which focuses specifically on the U.S., was pre-registered as part of a coordinated set of studies focusing on country-specific variation in flourishing. These coordinated analyses were preregistered with the Open Science Framework on October 15th, 2024 (Lomas, Case, et al., 2024; https://doi.org/10.17605/osf.io/trcf3).

2.1 Data

Wave 1 GFS data used in the present study included roughly nationally representative samples of adults from 22 geographically and culturally diverse countries: Argentina, Australia, Brazil, Egypt, Germany, Hong Kong, India, Indonesia, Israel, Japan, Kenya, Mexico, Nigeria, the Philippines, Poland, South Africa, Spain, Sweden, Tanzania, Turkey, the UK, and the US (N = 202,898). The countries were selected to (a) maximize coverage of the world's population, (b) ensure geographic, cultural, and religious diversity, and (c) prioritize feasibility and existing data

[1] See, for example, Hurd et al. (2003), McGonagle et al. (2012), and Vaillant (2002).

collection infrastructure. Data collection was carried out by Gallup. Data were collected principally during 2023, with some countries beginning data collection in 2022 and exact dates varying by country (Ritter et al., 2024). Plans are in place for four additional waves of annual panel data collection. The precise sampling design varied by country, with further details available elsewhere (Ritter et al., 2024). Survey items included aspects of flourishing, such as subjective well-being, health, meaning, character, relationships, and financial stability (VanderWeele, 2017), as well as other demographic, social, economic, political, religious/spiritual, personality, childhood, community, and well-being variables. During the translation process, Gallup adhered to the TRAPD model (translation, review, adjudication, pretesting, and documentation) for cross-cultural survey research; for additional details, see the survey development process reported in Lomas et al. (2024). The GFS data are publicly available through the Center for Open Science (https://www.cos.io/gfs).

2.2 Measures

2.2.1 Outcome variables

There are 69 specific outcomes, which can be organized into various dimensions of flourishing. Details about the measures used to assess the variables included in this study can be found in the GFS Codebook (https://osf.io/cg76b).

In this paper, we will only be presenting the outcomes for Thematic Area 1: Multidimensional Well-being**,** in order to streamline the presentation of results in the main text and maintain a clear focus on the core domains of well-being. Outcomes from other thematic areas, such as religion/spirituality, personality traits, and family factors, are reported in the supplementary file.

2.2.2 Variables for sociodemographic variation analyses

There are eight demographic variables: age; gender; marital status; employment; education; religious service attendance; race/ethnicity; education; and immigration status. Continuous age was classified as 18-24, 25-29, 30-39, 40-49, 50-59, 60-69, 70-79, and 80 or older. Gender was assessed as male, female, or other. Marital status was assessed as single/never married, married, separated, divorced, widowed, and domestic partner. Employment was assessed as employed, self-employed, retired, student, homemaker, unemployed and searching, and other. Education was assessed as up to 8 years, 9-15 years, and 16+ years. Religious service attendance was assessed as more than once/week, once/week, one-to-three times/month, a few times/year, or never. Immigration status was dichotomously assessed with: "Were you born in this country, or not?" Religious affiliation response category options included Christianity, Islam, Hinduism, Buddhism, Judaism, Sikhism, Baha'i, Jainism, Shinto, Taoism, Confucianism, Primal/Animist/ Folk religion, Spiritism, African-Derived, some other religion, or no religion/atheist/agnostic (Johnson et al., 2024). Racial/ethnic identity was assessed in some, but not all, countries, with response categories varying by country. For additional details about the assessment of each variable, see the Center for Open Science GFS codebook (Markham et al., 2024) or Crabtree et al. (2021/2024).

2.3 Analyses

2.3.1 Statistical models

The statistical methods for these demographic variation analyses consist of: (1) describing the weighted sample characteristics; (2) overall mean/proportion on each outcome; and (3) subgroup means/proportions across demographic characteristics for each outcome. All reported outcome means/proportions are accompanied by complex survey adjusted standard errors and 95% confidence interval (CI). A global p-value from a significance test of differences in means or proportions across demographic categories is provided; and the reported p-values are a Wald-type tests for complex surveys (Lumley & Scott, 2014; Rao & Scott, 1984). The complete set of results for all previously defined outcomes is available in the supplementary file.

2.3.2 Inference criteria

For tests of differences in means/proportions across sociodemographic categories, we present exact p-values (two-tailed test) and 95% CIs.

2.3.3 Missing data and multiple imputation

Missing data on all sociodemographic and outcome variables in the U.S. sample imputed using multivariate imputation by chained equations, with five imputed datasets generated (Sterne et al., 2009; van Buuren, 2023). The imputation model incorporated the criterion/outcome variable, all demographic characteristics, including race/ethnicity and religious affiliation when available, and sampling weights. The sampling weights were included as a variable in the imputation models to allow for specific variable missingness to be related to the probability of inclusion in the sample.

2.3.4 Accounting for complex sampling design

All analyses accounted for the complex survey design components by including weights, primary sampling units, and strata. Additional methodological details, including the approach that was used to account for the complex sampling design, can be found elsewhere (Padgett, Bradshaw, et al., 2025; Padgett, Cowden, et al., 2024).

3. Results

Table 1 presents the demographic characteristics of the U.S. sample (N = 38,312), weighted to be roughly nationally representative. There is a diverse age distribution, with the largest proportion falling within the 30-39 age group (19%) and individuals aged 80 or older constituting the smallest proportion (4.0%). The gender distribution is nearly balanced, with 48% male and 51% female. Marital status varies, with 53% of respondents being married and 25% never having been married. Most (91%) were born in the U.S., and Christianity is the dominant religious affiliation (60%), although 31% do not identify with any religion. Racial/ethnic diversity is also reflected, with 62% identifying as white, 18% as Hispanic, 12% as black, and 6.4% as Asian.

Table 1. Nationally representative descriptive statistics for the United States

Characteristic	N = 38,312[1]
Age group	
18-24	2,682 (7.0%)
25-29	3,540 (9.2%)
30-39	7,284 (19%)
40-49	5,649 (15%)
50-59	6,745 (18%)
60-69	6,832 (18%)
70-79	4,054 (11%)
80 or older	1,525 (4.0%)
(Missing)	0 (0%)
Gender	
Male	18,222 (48%)
Female	19,562 (51%)
Other	392 (1.0%)
(Missing)	136 (0.4%)
Marital status	
Married	20,360 (53%)
Separated	727 (1.9%)
Divorced	3,636 (9.5%)
Widowed	1,978 (5.2%)
Single, never married	9,431 (25%)
Domestic Partner	1,971 (5.1%)
(Missing)	207 (0.5%)
Employment	
Employed for an employer	19,502 (51%)
Self-employed	3,445 (9.0%)
Retired	9,016 (24%)
Student	1,145 (3.0%)
Homemaker	2,049 (5.3%)
Unemployed and looking for a job	1,777 (4.6%)
None of these/Other	1,292 (3.4%)
(Missing)	87 (0.2%)
Religious service attendance	
More than 1/week	2,633 (6.9%)
1/week	5,887 (15%)
1-3/month	2,819 (7.4%)
A few times a year	8,870 (23%)
Never	17,975 (47%)
(Missing)	128 (0.3%)

Characteristic	N = 38,312[1]
Education	
Up to 8 years	210 (0.5%)
9-15 years	25,322 (66%)
16+ years	12,705 (33%)
(Missing)	75 (0.2%)
Immigration	
Born in this country	34,865 (91%)
Born in another country	3,020 (7.9%)
(Missing)	427 (1.1%)
Religious affiliation	
Christianity	22,954 (60%)
Islam	205 (0.5%)
Hinduism	167 (0.4%)
Buddhism	336 (0.9%)
Judaism	638 (1.7%)
Sikhism	24 (<0.1%)
Baha'i	13 (<0.1%)
Jainism	18 (<0.1%)
Shinto	12 (<0.1%)
Taoism	93 (0.2%)
Confucianism	8 (<0.1%)
Primal, Animist, or Folk religion	240 (0.6%)
Spiritism	0 (0%)
Umbanda, Candomble, and other African-derived religions	0 (0%)
Chinese folk/traditional religion	0 (0%)
Some other religion	1,267 (3.3%)
No religion/Atheist/Agnostic	11,870 (31%)
(Missing)	467 (1.2%)
Race/Ethnicity	
Asian	2,466 (6.4%)
Black	4,501 (12%)
Hispanic	6,724 (18%)
Other	997 (2.6%)
White	23,605 (62%)
(Missing)	20 (<0.1%)

[1]n (%)

3.1 Demographic, social, and economic context

This section explores how key demographic, social, and economic variables are associated with various dimensions of flourishing in the U.S. Due to space constraints, the main text focuses on three central factors: age (Table 3), education status (Table 4), and immigration status (Table 5), alongside a subset of flourishing outcomes, including psychological and social well-being,

psychological and social distress, character and prosocial behaviors, physical health, and socioeconomic indicators. The full results are provided in the Supplemental File.

The focus on these three central factors is guided by both theoretical and empirical considerations. First, these variables are consistently identified in the flourishing literature as central determinants of psychological, social, and physical well-being, shaping access to resources, opportunities, and life trajectories. Second, they each capture distinct dimensions of social stratification: age reflects life-course differences in health, financial stability, and emotional regulation; immigration status speaks to the immigrant paradox and the role of cultural, structural, and contextual factors in shaping well-being; and education captures the capability-expanding role of human capital in fostering autonomy, resilience, and social participation. Focusing on these three variables allows for a more in-depth exploration of the mechanisms through which sociodemographic variation intersects with flourishing outcomes.

3.1.1 Age

Table 2 shows a comparison of well-being outcomes across various age groups in the sample for the U.S. Psychological well-being was generally higher with increasing age. Older adults reported higher happiness, life satisfaction, and mental health, with consistent increases in optimism, freedom, peace, balance, and purpose. A notable exception was life evaluation five years into the future, which was highest in young adulthood and lowest among those aged 80 and above.

Social well-being was also generally higher with increasing age. Feelings of social connectedness, support, and belonging were incrementally higher among older age groups relative to younger ones, while the measure of having an intimate friend remained similar across age groups. Indicators of psychological and social distress tended to be lower with increasing age, as reflected in outcomes of depression, anxiety, traumatic distress, discrimination, and loneliness.

Measures of character and prosocial behavior were generally higher with increasing age. Expressions of gratitude, love, forgiveness, and hope all followed a pattern of incrementally higher values among older age groups - though the frequency of helping strangers trended in the opposite direction. Older individuals also tended to report better socioeconomic outcomes, (e.g., perceived financial security, material security, and subjective financial well-being).

Physical health metrics revealed mixed patterns. Self-rated physical health was higher with increasing age, peaking among those aged 70–79. However, health limitations and bodily pain were steadily higher with increasing age, suggesting a growing physical burden as people age. Health behaviors showed varying trends, with the highest levels of smoking and alcohol consumption reported in midlife.

Table 2. Age: Variation in means/proportions (95% confidence intervals) across outcomes

Outcome	18-24 years	25-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years	Global p-value
Psychological Well-being									
Happiness	6.24 (5.92, 6.56)	6.11 (5.83, 6.40)	6.61 (6.48, 6.73)	6.75 (6.64, 6.85)	7.19 (7.12, 7.27)	7.54 (7.49, 7.60)	7.85 (7.79, 7.91)	7.89 (7.62, 8.17)	< .001

Outcome	18-24 years	25-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years	Global p-value
Life Satisfaction	6.13 (5.77, 6.50)	5.91 (5.63, 6.18)	6.40 (6.26, 6.54)	6.61 (6.48, 6.75)	7.03 (6.95, 7.12)	7.42 (7.36, 7.48)	7.73 (7.66, 7.80)	7.72 (7.38, 8.07)	< .001
Life Evaluation Today	6.18 (5.85, 6.50)	6.18 (5.95, 6.41)	6.51 (6.39, 6.62)	6.71 (6.58, 6.83)	7.04 (6.97, 7.12)	7.45 (7.39, 7.51)	7.79 (7.72, 7.86)	7.90 (7.65, 8.15)	< .001
Life Evaluation Five Years From Now	7.82 (7.45, 8.18)	7.83 (7.61, 8.04)	7.84 (7.72, 7.96)	7.77 (7.64, 7.89)	7.78 (7.69, 7.86)	7.71 (7.65, 7.78)	7.48 (7.40, 7.56)	7.18 (6.87, 7.48)	< .001
Optimism	6.98 (6.60, 7.37)	6.75 (6.46, 7.04)	7.25 (7.09, 7.41)	7.50 (7.37, 7.64)	7.89 (7.79, 7.98)	8.16 (8.10, 8.23)	8.30 (8.22, 8.37)	8.33 (8.10, 8.56)	< .001
Freedom	6.64 (6.22, 7.06)	6.24 (5.92, 6.57)	6.63 (6.46, 6.79)	6.85 (6.69, 7.01)	7.37 (7.27, 7.47)	7.81 (7.74, 7.89)	8.24 (8.16, 8.32)	8.29 (8.08, 8.51)	< .001
Peace	0.61 (0.53, 0.68)	0.60 (0.54, 0.65)	0.69 (0.66, 0.73)	0.76 (0.74, 0.79)	0.85 (0.83, 0.86)	0.89 (0.88, 0.90)	0.93 (0.92, 0.94)	0.94 (0.90, 0.97)	< .001
Balance in Life	0.62 (0.55,0.70)	0.56 (0.50,0.61)	0.64 (0.60,0.67)	0.67 (0.64,0.70)	0.79 (0.77,0.81)	0.86 (0.84,0.87)	0.90 (0.89,0.91)	0.94 (0.90,0.97)	< .001
Mastery	0.75 (0.67, 0.82)	0.71 (0.66, 0.77)	0.82 (0.79, 0.85)	0.86 (0.84, 0.88)	0.90 (0.88, 0.92)	0.93 (0.92, 0.94)	0.95 (0.94, 0.95)	0.92 (0.89, 0.96)	< .001
Meaning	6.49 (6.13, 6.85)	6.30 (5.99, 6.60)	6.92 (6.77, 7.06)	7.12 (6.98, 7.26)	7.53 (7.44, 7.61)	7.85 (7.79, 7.91)	8.04 (7.97, 8.11)	7.99 (7.76, 8.23)	< .001
Purpose	5.74 (5.30, 6.18)	5.81 (5.45, 6.16)	6.47 (6.29, 6.65)	6.84 (6.71, 6.98)	7.35 (7.25, 7.45)	7.65 (7.58, 7.72)	7.93 (7.86, 8.01)	8.00 (7.79, 8.22)	< .001
Self-Rated Mental Health	5.70 (5.30, 6.10)	5.67 (5.40, 5.94)	6.47 (6.32, 6.62)	6.97 (6.85, 7.08)	7.59 (7.50, 7.68)	8.06 (8.00, 8.11)	8.44 (8.39, 8.49)	8.56 (8.32, 8.79)	< .001
Social Well-being									
Subjective Social Connectedness	6.38 (5.99, 6.78)	6.47 (6.16, 6.78)	6.79 (6.63, 6.95)	6.95 (6.83, 7.08)	7.32 (7.22, 7.41)	7.61 (7.55, 7.68)	7.99 (7.91, 8.06)	8.17 (7.83, 8.51)	< .001
Social Support	7.58 (7.12,	7.48 (7.11,	7.67 (7.46,	7.74 (7.60,	8.02 (7.91,	8.41 (8.35,	8.72 (8.64,	9.08 (8.77,	< .001

Outcome	18-24 years	25-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years	Global p-value
	8.04)	7.85)	7.88)	7.88)	8.13)	8.48)	8.80)	9.39)	
Intimate Friend	0.82 (0.76, 0.89)	0.83 (0.78, 0.88)	0.87 (0.85, 0.90)	0.87 (0.84, 0.89)	0.87 (0.85, 0.89)	0.87 (0.86, 0.89)	0.88 (0.86, 0.90)	0.88 (0.85, 0.92)	0.406
Government Approval	0.17 (0.11, 0.23)	0.16 (0.13, 0.20)	0.19 (0.17, 0.21)	0.24 (0.21, 0.27)	0.23 (0.21, 0.25)	0.27 (0.26, 0.29)	0.32 (0.30, 0.34)	0.32 (0.28, 0.36)	< .001
Political Voice	0.33 (0.24, 0.42)	0.29 (0.24, 0.33)	0.31 (0.27, 0.34)	0.32 (0.29, 0.35)	0.31 (0.29, 0.33)	0.35 (0.34, 0.37)	0.38 (0.36, 0.40)	0.38 (0.34, 0.43)	< .001
Belonging	5.89 (5.43, 6.35)	6.01 (5.70, 6.32)	6.28 (6.11, 6.45)	6.68 (6.51, 6.85)	7.43 (7.31, 7.55)	7.89 (7.82, 7.96)	8.21 (8.13, 8.29)	8.67 (8.42, 8.93)	< .001
City Satisfaction	0.63 (0.55, 0.72)	0.63 (0.57, 0.69)	0.67 (0.64, 0.71)	0.72 (0.70, 0.75)	0.76 (0.74, 0.79)	0.82 (0.81, 0.84)	0.87 (0.85, 0.88)	0.89 (0.85, 0.94)	< .001
Trust	0.05 (0.00, 0.09)	0.06 (0.03, 0.09)	0.07 (0.05, 0.09)	0.10 (0.07, 0.13)	0.09 (0.08, 0.10)	0.12 (0.11, 0.13)	0.14 (0.13, 0.15)	0.17 (0.14, 0.20)	< .001
Community Participation	0.15 (0.10, 0.20)	0.14 (0.11, 0.17)	0.12 (0.11, 0.14)	0.12 (0.11, 0.14)	0.11 (0.10, 0.12)	0.13 (0.12, 0.14)	0.16 (0.15, 0.18)	0.19 (0.15, 0.23)	< .001
Psychological Distress									
Traumatic Distress	0.34 (0.26, 0.42)	0.32 (0.26, 0.37)	0.28 (0.25, 0.31)	0.31 (0.28, 0.34)	0.25 (0.23, 0.27)	0.24 (0.23, 0.26)	0.23 (0.22, 0.25)	0.24 (0.20, 0.27)	< .001
Depression	0.34 (0.26, 0.41)	0.36 (0.30, 0.41)	0.24 (0.21, 0.27)	0.21 (0.19, 0.24)	0.17 (0.15, 0.19)	0.13 (0.12, 0.14)	0.12 (0.10, 0.13)	0.11 (0.08, 0.15)	< .001
Anxiety	0.45 (0.37, 0.53)	0.43 (0.38, 0.48)	0.34 (0.31, 0.38)	0.26 (0.24, 0.29)	0.18 (0.17, 0.20)	0.13 (0.12, 0.14)	0.09 (0.08, 0.10)	0.09 (0.05, 0.12)	< .001
Suffering	0.51 (0.43, 0.59)	0.52 (0.46, 0.57)	0.46 (0.42, 0.49)	0.44 (0.41, 0.46)	0.41 (0.39, 0.43)	0.38 (0.37, 0.40)	0.39 (0.37, 0.40)	0.41 (0.37, 0.45)	< .001
Social Distress									
Loneliness	5.16 (4.70, 5.62)	4.32 (4.00, 4.63)	3.84 (3.64, 4.04)	3.58 (3.40, 3.75)	2.99 (2.85, 3.13)	2.52 (2.44, 2.61)	2.09 (2.01, 2.17)	1.97 (1.69, 2.24)	<2e-16

Outcome	18-24 years	25-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years	Global p-value
Discrimination	0.33 (0.26, 0.40)	0.33 (0.28, 0.39)	0.30 (0.27, 0.33)	0.31 (0.28, 0.33)	0.25 (0.23, 0.27)	0.22 (0.20, 0.23)	0.17 (0.16, 0.19)	0.11 (0.08, 0.13)	< .001
Character & Prosocial Behaviors									
Promoting Good	7.15 (6.78, 7.52)	7.34 (7.08, 7.61)	7.66 (7.53, 7.78)	7.72 (7.59, 7.84)	7.96 (7.88, 8.05)	8.23 (8.19, 8.28)	8.41 (8.37, 8.45)	8.43 (8.31, 8.55)	< .001
Delayed Gratification	6.88 (6.49, 7.26)	6.86 (6.62, 7.10)	7.19 (7.06, 7.32)	7.37 (7.25, 7.48)	7.62 (7.53, 7.70)	7.79 (7.74, 7.85)	7.90 (7.84, 7.96)	7.84 (7.56, 8.12)	< .001
Hope	6.96 (6.56, 7.36)	6.98 (6.67, 7.28)	7.40 (7.24, 7.57)	7.54 (7.41, 7.67)	7.94 (7.86, 8.03)	8.13 (8.07, 8.18)	8.20 (8.14, 8.26)	8.20 (7.93, 8.47)	< .001
Gratitude	7.39 (6.94, 7.84)	7.46 (7.17, 7.76)	7.75 (7.59, 7.91)	7.96 (7.82, 8.09)	8.31 (8.23, 8.40)	8.60 (8.54, 8.66)	8.79 (8.72, 8.86)	8.96 (8.79, 9.13)	< .001
Love	7.72 (7.36, 8.07)	8.10 (7.84, 8.36)	8.33 (8.19, 8.46)	8.60 (8.50, 8.70)	8.71 (8.64, 8.78)	8.85 (8.80, 8.89)	8.95 (8.90, 9.01)	9.05 (8.92, 9.17)	< .001
Forgiveness	0.70 (0.63, 0.77)	0.72 (0.67, 0.77)	0.75 (0.72, 0.77)	0.76 (0.74, 0.79)	0.80 (0.78, 0.81)	0.84 (0.82, 0.85)	0.83 (0.82, 0.85)	0.87 (0.84, 0.89)	< .001
Charitable Giving	0.27 (0.20, 0.35)	0.38 (0.33, 0.44)	0.39 (0.36, 0.42)	0.48 (0.45, 0.50)	0.53 (0.50, 0.55)	0.58 (0.57, 0.60)	0.64 (0.62, 0.65)	0.64 (0.59, 0.69)	< .001
Helping	0.65 (0.57, 0.72)	0.66 (0.61, 0.71)	0.63 (0.60, 0.66)	0.62 (0.60, 0.65)	0.61 (0.59, 0.63)	0.56 (0.55, 0.58)	0.47 (0.45, 0.49)	0.38 (0.34, 0.43)	< .001
Volunteering	0.30 (0.23, 0.37)	0.23 (0.18, 0.27)	0.23 (0.20, 0.25)	0.28 (0.26, 0.31)	0.27 (0.25, 0.29)	0.30 (0.28, 0.31)	0.32 (0.30, 0.34)	0.27 (0.24, 0.30)	< .001
Physical Health & Health Behaviors									
Self-Rated Physical Health	6.64 (6.30, 6.98)	6.49 (6.23, 6.75)	6.73 (6.60, 6.85)	6.61 (6.51, 6.72)	6.81 (6.73, 6.89)	7.06 (7.00, 7.11)	7.10 (7.03, 7.17)	7.02 (6.82, 7.22)	< .001
Health Limitations	0.20 (0.13, 0.27)	0.24 (0.18, 0.29)	0.18 (0.15, 0.20)	0.22 (0.19, 0.24)	0.26 (0.24, 0.28)	0.28 (0.27, 0.29)	0.31 (0.30, 0.33)	0.37 (0.33, 0.41)	< .001

Outcome	18-24 years	25-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years	Global p-value
Pain	0.46 (0.38, 0.54)	0.42 (0.37, 0.48)	0.49 (0.45, 0.52)	0.51 (0.48, 0.54)	0.55 (0.52, 0.57)	0.54 (0.53, 0.56)	0.56 (0.54, 0.58)	0.54 (0.49, 0.58)	< .001
Smoking	0.43 (0.06, 0.79)	0.90 (0.13, 1.66)	1.44 (1.07, 1.82)	1.32 (1.11, 1.53)	1.59 (1.37, 1.81)	1.50 (1.33, 1.67)	0.89 (0.77, 1.01)	0.28 (0.13, 0.44)	< .001
Drinking	1.50 (1.08, 1.92)	2.23 (1.81, 2.65)	2.86 (2.58, 3.15)	2.98 (2.72, 3.24)	2.99 (2.75, 3.22)	2.71 (2.56, 2.85)	2.27 (2.14, 2.40)	1.89 (1.67, 2.11)	< .001
Exercise	2.49 (2.17, 2.81)	2.58 (2.31, 2.84)	2.53 (2.39, 2.67)	2.59 (2.46, 2.72)	2.57 (2.47, 2.67)	2.74 (2.67, 2.81)	2.63 (2.54, 2.72)	2.16 (2.00, 2.32)	< .001
Socioeconomic Outcomes									
Financial Security	5.35 (4.87, 5.82)	5.39 (5.07, 5.71)	5.81 (5.61, 6.02)	6.03 (5.82, 6.24)	6.52 (6.37, 6.67)	7.32 (7.23, 7.41)	7.91 (7.81, 8.01)	8.41 (8.22, 8.59)	< .001
Material Security	6.16 (5.70, 6.62)	6.20 (5.87, 6.54)	6.51 (6.30, 6.71)	6.63 (6.42, 6.84)	7.01 (6.87, 7.15)	7.64 (7.55, 7.73)	8.15 (8.06, 8.24)	8.54 (8.32, 8.75)	< .001
Education	0.22 (0.17, 0.27)	0.35 (0.31, 0.39)	0.37 (0.35, 0.40)	0.39 (0.37, 0.41)	0.34 (0.32, 0.35)	0.28 (0.27, 0.30)	0.33 (0.32, 0.34)	0.29 (0.26, 0.31)	< .001
Employment	0.55 (0.47, 0.63)	0.76 (0.71, 0.80)	0.79 (0.76, 0.82)	0.80 (0.78, 0.83)	0.76 (0.74, 0.78)	0.42 (0.40, 0.43)	0.12 (0.11, 0.14)	0.05 (0.03, 0.07)	< .001
Subjective Financial Wellbeing	0.74 (0.67, 0.81)	0.71 (0.66, 0.76)	0.74 (0.71, 0.77)	0.77 (0.74, 0.80)	0.84 (0.82, 0.85)	0.87 (0.85, 0.88)	0.91 (0.90, 0.92)	0.94 (0.92, 0.95)	< .001
Housing	0.49 (0.41, 0.57)	0.42 (0.37, 0.48)	0.61 (0.57, 0.64)	0.75 (0.73, 0.77)	0.79 (0.77, 0.81)	0.85 (0.84, 0.86)	0.85 (0.84, 0.87)	0.78 (0.74, 0.82)	< .001

Note. Values represent means or proportions. Numbers in parentheses indicate 95% confidence intervals.

3.1.2 Education

Table 3 provides a comparison of well-being outcomes across different education levels in the U.S. The data is categorized into three groups: individuals with up to 8 years of education, 9 to 15 years of education, and 16 or more years of education.

Higher levels of education were generally linked to greater psychological well-being, including happiness, life satisfaction, optimism, and a sense of freedom. Notable exceptions were

a sense of purpose and peace, which were highest among those with the least formal education (eight years or fewer).

Social well-being indicators were generally higher among individuals with greater educational attainment. For instance, individuals with 16 or more years of education reported the highest levels of perceived support, while those with up to 8 years of education reported the lowest. Similarly, civic and political engagement also appeared to correlate positively with educational attainment. Respondents with 16 or more years of education expressed higher levels of government approval and a stronger sense of political voice, compared to those with the lowest education levels. In contrast, measures of subjective social connectedness and belonging exhibited more complex patterns. Individuals with the least education reported the highest levels of social connectedness, surpassing even those with the highest level of education. The sense of belonging remained remarkably consistent across all education groups.

Levels of psychological and social distress, including symptoms of depression and anxiety, were notably lower among those with higher educational attainment. Loneliness, however, followed a more complex pattern, being highest among those with intermediate levels of educational attainment, while remaining comparatively consistent at both low and high levels of attainment. Experiences of discrimination were most common among those with lower education levels and least prevalent among those with 16 or more years of education.

Prosocial behaviors such as promoting good, delayed gratification, gratitude, charitable giving, and volunteering were observed at higher rates among individuals with greater educational attainment. Conversely, individuals with the least education (up to 8 years) reported the highest levels of hope surpassing both the 9–15 year group and the most educated group. Forgiveness demonstrated a U-shaped distribution: highest in the least educated group, lower among those with 9–15 years of education, and higher again among the most educated.

In terms of physical health, the data showed that higher education correlated with better self-rated physical health, fewer health limitations, and more frequent exercise. Similarly, socioeconomic well-being was greater among individuals with higher levels of education. Financial security, material security, and subjective financial well-being were all higher across education levels.

Table 3. Education: Demographic variation across outcomes for United States

Outcome	Up to 8 years	9-15 years	16+ years	Global p-value
Psychological Well-being				
Happiness	6.72 (5.99,7.46)	6.90 (6.82,6.97)	7.23 (7.20,7.27)	< .001
Life Satisfaction	6.81 (5.56,8.05)	6.68 (6.60,6.77)	7.20 (7.16,7.24)	< .001
Life Evaluation Today	7.10 (6.27,7.94)	6.73 (6.65,6.80)	7.35 (7.32,7.38)	< .001

Outcome	Up to 8 years	9-15 years	16+ years	Global p-value
Life Evaluation Five Years From Now	7.61 (6.84,8.38)	7.55 (7.47,7.62)	8.09 (8.06,8.12)	< .001
Optimism	7.66 (6.72,8.59)	7.52 (7.43,7.60)	7.92 (7.88,7.96)	< .001
Freedom	7.07 (5.85,8.29)	7.03 (6.93,7.12)	7.56 (7.52,7.61)	< .001
Peace	0.85 (0.71,1.00)	0.76 (0.75,0.78)	0.83 (0.82,0.84)	< .001
Balance in Life	0.89 (0.78,1.01)	0.71 (0.69,0.73)	0.79 (0.78,0.80)	< .001
Mastery	0.90 (0.80,1.01)	0.84 (0.82,0.85)	0.91 (0.91,0.92)	< .001
Meaning	7.45 (6.54,8.36)	7.13 (7.05,7.21)	7.63 (7.58,7.67)	< .001
Purpose	8.03 (7.21,8.85)	6.85 (6.75,6.95)	7.26 (7.21,7.31)	< .001
Self-Rated Mental Health	7.42 (6.51,8.32)	7.07 (6.98,7.16)	7.42 (7.37,7.46)	< .001
Social Well-being				
Subjective Social Connectedness	7.98 (7.18,8.78)	7.09 (7.00,7.18)	7.33 (7.28,7.37)	< .001
Social Support	7.36 (6.07,8.65)	7.77 (7.66,7.87)	8.53 (8.49,8.56)	< .001
Intimate Friend	0.54 (0.23,0.85)	0.85 (0.84,0.86)	0.90 (0.90,0.91)	< .001
Government Approval	0.14 (0.00,0.28)	0.20 (0.19,0.21)	0.30 (0.29,0.31)	< .001
Political Voice	0.13 (0.00,0.29)	0.29 (0.27,0.30)	0.41 (0.40,0.42)	< .001
Belonging	7.33 (6.45,8.21)	7.07 (6.97,7.17)	7.08 (7.03,7.13)	0.835
City Satisfaction	0.75 (0.54,0.96)	0.71 (0.69,0.73)	0.82 (0.81,0.82)	< .001
Trust	0.04 (0.00,0.10)	0.09 (0.08,0.10)	0.11 (0.10,0.11)	0.005
Community Participation (	0.07 (0.00,0.16)	0.11 (0.10,0.12)	0.18 (0.18,0.19)	< .001

Outcome	Up to 8 years	9-15 years	16+ years	Global p-value
Psychological Distress				
Traumatic Distress	0.22 (0.02,0.41)	0.30 (0.28,0.32)	0.22 (0.21,0.23)	< .001
Depression	0.33 (0.08,0.57)	0.24 (0.22,0.26)	0.13 (0.12,0.14)	< .001
Anxiety	0.28 (0.06,0.51)	0.27 (0.25,0.29)	0.19 (0.18,0.20)	< .001
Suffering	0.35 (0.10,0.59)	0.47 (0.46,0.49)	0.35 (0.34,0.36)	< .001
Social Distress				
Loneliness	2.97 (2.02,3.91)	3.42 (3.31,3.53)	3.05 (3.00,3.11)	5.68e-08
Discrimination	0.40 (0.13,0.67)	0.27 (0.25,0.29)	0.24 (0.23,0.25)	0.001
Character & Prosocial Behaviors				
Promoting Good	7.77 (7.07,8.47)	7.79 (7.71,7.86)	8.04 (8.00,8.07)	< .001
Delayed Gratification	6.85 (5.61,8.09)	7.35 (7.28,7.43)	7.64 (7.61,7.68)	< .001
Hope	8.20 (7.38,9.02)	7.64 (7.55,7.72)	7.80 (7.76,7.84)	0.002
Gratitude	7.88 (6.99,8.77)	7.97 (7.88,8.06)	8.48 (8.44,8.52)	< .001
Love	8.38 (7.55,9.21)	8.55 (8.48,8.63)	8.57 (8.54,8.61)	0.813
Forgiveness	0.85 (0.67,1.02)	0.77 (0.75,0.78)	0.81 (0.80,0.82)	< .001
Charitable Giving	0.23 (0.03,0.44)	0.45 (0.43,0.46)	0.58 (0.57,0.59)	< .001
Helping	0.41 (0.14,0.69)	0.60 (0.59,0.62)	0.57 (0.56,0.58)	0.005
Volunteering	0.18 (0.02,0.35)	0.23 (0.22,0.24)	0.36 (0.35,0.37)	< .001
Physical Health & Health Behaviors				
Self-Rated Physical Health	6.74 (5.82,7.65)	6.63 (6.56,6.70)	7.16 (7.12,7.19)	< .001

Outcome	Up to 8 years	9-15 years	16+ years	Global p-value
Health Limitations	0.28 (0.05,0.50)	0.28 (0.26,0.29)	0.18 (0.17,0.18)	< .001
Pain	0.38 (0.12,0.64)	0.56 (0.55,0.58)	0.41 (0.40,0.42)	< .001
Smoking	3.25 (0.00,8.25)	1.66 (1.49,1.83)	0.35 (0.32,0.39)	< .001
Drinking	1.41 (0.62,2.21)	2.41 (2.27,2.55)	3.05 (2.96,3.14)	< .001
Exercise	1.50 (0.42,2.59)	2.43 (2.35,2.50)	2.90 (2.86,2.94)	< .001
Socioeconomic Outcomes				
Financial Security	4.31 (2.69,5.93)	6.08 (5.97,6.19)	7.34 (7.29,7.40)	< .001
Material Security	5.52 (4.25,6.80)	6.64 (6.53,6.75)	7.80 (7.75,7.86)	< .001
Employment	0.66 (0.42,0.90)	0.55 (0.53,0.57)	0.70 (0.69,0.70)	< .001
Subjective Financial Wellbeing	0.77 (0.58,0.95)	0.76 (0.75,0.78)	0.90 (0.89,0.90)	< .001
Housing	0.66 (0.41,0.91)	0.68 (0.66,0.70)	0.77 (0.76,0.78)	< .001

Note. Values represent means or proportions. Numbers in parentheses indicate 95% confidence intervals.

3.1.3 Immigration status

Table 4 presents a comparison of well-being outcomes based on immigration status in the U.S. The data compares individuals who were born in the U.S. with those who were born in another country.

In the area of psychological well-being, individuals born in another country tended to report higher evaluations of their future life in five years, expressed greater optimism, a stronger sense of meaning in life, and a clearer sense of purpose. Notably, life balance was higher among individuals born in another country, and they rated their mental health more positively. No significant differences were observed across other psychological well-being variables by immigration status.

Similar findings emerged for several social well-being indicators. Individuals born in another country reported stronger subjective social connectedness, higher levels of trust in other people, and greater satisfaction with their city. Government approval and political voice were also higher among this group. However, participation in non-religious community groups was lower compared to individuals born in the U.S.

In terms of psychological distress, the only notable difference was in levels of suffering, which were lower among individuals born in another country.

Within the category of character and prosocial behaviors, individuals born in another country reported higher levels of hope, a greater tendency to promote good in the world, and stronger delayed gratification. However, they were less likely to engage in volunteering activities compared to those born in the U.S.

Differences were also evident in physical health and health behavior outcomes. Individuals born in another country reported lower levels of health limitations and less bodily pain, and they engaged in healthier behaviors overall. They exhibited lower rates of smoking and drinking and a slightly higher frequency of exercise.

Lastly, in the domain of socioeconomic outcomes, individuals born in another country reported higher levels of educational attainment and employment status than those born in the U.S. However, they were less likely to report being a homeowner. The two groups were more similar on measures of financial security, subjective financial well-being, and material security.

Table 4. Immigration status: Demographic variation across outcomes for United States

Outcome	Born in this country	Born in another country	Global p-value
Psychological Well-being			
Happiness	7.00 (6.94,7.05)	7.15 (6.95,7.35)	0.137
Life Satisfaction	6.84 (6.78,6.90)	7.04 (6.82,7.27)	0.076
Life Evaluation Today	6.92 (6.87,6.97)	7.11 (6.91,7.30)	0.073
Life Evaluation Five Years From Now	7.70 (7.65,7.75)	8.00 (7.78,8.23)	0.009
Optimism	7.63 (7.57,7.69)	7.95 (7.69,8.21)	0.016
Freedom	7.19 (7.12,7.25)	7.42 (7.15,7.69)	0.091
Peace	0.78 (0.77,0.80)	0.82 (0.78,0.86)	0.118
Balance in Life	0.73 (0.72,0.75)	0.80 (0.77,0.84)	< .001
Mastery	0.86 (0.85,0.87)	0.86 (0.82,0.91)	0.888
Meaning	7.27 (7.21,7.33)	7.57 (7.31,7.84)	0.028
Purpose	6.97 (6.90,7.04)	7.26 (6.99,7.53)	0.043
Self-Rated Mental Health	7.16 (7.10,7.22)	7.48 (7.24,7.72)	0.011
Social Well-being			
Subjective Social Connectedness	7.16 (7.09,7.22)	7.39 (7.19,7.60)	0.029
Social Support	8.03 (7.95,8.11)	7.90 (7.64,8.16)	0.342
Intimate Friend	0.87 (0.86,0.88)	0.87 (0.84,0.90)	0.826
Government Approval	0.23 (0.22,0.23)	0.34 (0.29,0.38)	< .001
Political Voice	0.32 (0.31,0.34)	0.37 (0.32,0.42)	0.041
Belonging	7.09 (7.02,7.16)	6.92 (6.66,7.19)	0.228

Outcome	Born in this country	Born in another country	Global p-value
City Satisfaction	0.74 (0.73,0.75)	0.79 (0.75,0.84)	0.013
Trust	0.09 (0.08,0.10)	0.16 (0.11,0.20)	0.007
Community Participation	0.14 (0.13,0.14)	0.11 (0.08,0.13)	0.013
Psychological Distress			
Traumatic Distress	0.28 (0.26,0.29)	0.24 (0.20,0.28)	0.097
Depression	0.20 (0.19,0.22)	0.20 (0.15,0.25)	0.774
Anxiety	0.25 (0.23,0.26)	0.21 (0.17,0.25)	0.076
Suffering	0.44 (0.43,0.45)	0.36 (0.31,0.41)	0.004
Social Distress			
Loneliness	3.31 (3.23,3.39)	3.11 (2.80,3.41)	2.1e-01
Discrimination	0.26 (0.25,0.27)	0.27 (0.22,0.31)	0.744
Character & Prosocial Behaviors			
Promoting Good	7.84 (7.79,7.90)	8.15 (7.96,8.35)	0.003
Delayed Gratification	7.42 (7.37,7.47)	7.74 (7.54,7.95)	0.003
Hope	7.66 (7.60,7.72)	8.06 (7.83,8.29)	< .001
Gratitude	8.13 (8.06,8.19)	8.27 (8.02,8.52)	0.278
Love	8.57 (8.52,8.63)	8.38 (8.17,8.59)	0.076
Forgiveness	0.78 (0.77,0.79)	0.80 (0.76,0.84)	0.396
Charitable Giving	0.49 (0.48,0.50)	0.47 (0.42,0.52)	0.367
Helping	0.59 (0.58,0.60)	0.60 (0.56,0.65)	0.533
Volunteering	0.28 (0.27,0.29)	0.21 (0.18,0.25)	< .001
Physical Health & Health Behaviors			
Self-Rated Physical Health	6.79 (6.74,6.84)	7.01 (6.78,7.24)	0.062
Health Limitations	0.25 (0.24,0.26)	0.15 (0.11,0.19)	< .001
Pain	0.52 (0.51,0.53)	0.41 (0.36,0.46)	< .001
Smoking	1.32 (1.19,1.45)	0.30 (0.15,0.44)	< .001
Drinking	2.65 (2.55,2.75)	2.25 (1.89,2.61)	0.035
Exercise	2.56 (2.51,2.62)	2.79 (2.56,3.02)	0.050
Socioeconomic Outcomes			
Financial Security	6.49 (6.41,6.57)	6.50 (6.16,6.84)	0.909
Material Security	7.04 (6.96,7.12)	6.77 (6.42,7.12)	0.139

Outcome	Born in this country	Born in another country	Global p-value
Education	0.33 (0.32,0.33)	0.41 (0.37,0.46)	< .001
Employment	0.59 (0.58,0.61)	0.68 (0.63,0.73)	< .001
Subjective Financial Wellbeing	0.80 (0.79,0.82)	0.84 (0.80,0.88)	0.104
Housing	0.72 (0.70,0.73)	0.65 (0.60,0.70)	0.013

Note. Values represent means or proportions. Numbers in parentheses indicate 95% confidence intervals.

4. Discussion

4.1 Flourishing in the United States by age

One notable finding from this study is that flourishing in the U.S. is age-related, with the young faring worse on numerous outcomes, a pattern that echoes findings from other recent studies (Chen et al., 2022; Helliwell et al., 2024). It is worth dwelling on its main features and providing potential explanations.

For many Americans, increased age is accompanied by financial stability, home ownership, and established social networks. While economic disparities certainly persist, the stability afforded by a well-established career or retirement can provide the conditions necessary for increased well-being. Moreover, older adults often benefit from a lifetime of accumulated resources and social capital, which can buffer against economic and social stressors that might otherwise detract from happiness and mental health.

On the opposite side of the age spectrum, younger adults (under 30) in the U.S. report lower psychological wellbeing—including lower happiness, life satisfaction, and poorer mental health—compared to older adults (see also Chen et al., 2022; Cowden et al., 2023). This trend is striking given that younger individuals tend to have better physical health and fewer chronic illnesses. Moreover, this age-related pattern diverges from findings in the early 2000s, when a U-shaped relationship between age and psychological well-being was often observed among U.S. adults, with both younger and older adults reporting higher levels of well-being compared to those in midlife (Chen et al., 2022). Several factors may have contributed to this shift, including growing economic pressures, increased rates of problematic digital media use, social and cultural changes, identity formation challenges, and differences in emotional regulation, which may disproportionally affect recent cohorts of young people.

Young adults today face significant financial stress compared to previous generations. The transition from education to stable employment has become more difficult due to the rise of the gig economy, stagnant wages, and increased competition for jobs (Twenge, 2017). Many young people struggle with underemployment or precarious work conditions, which can lead to uncertainty, stress, and lower life satisfaction (Frey & Stutzer, 2002).

The burden of student loans is a major source of anxiety among young adults in the U.S. According to the Federal Reserve, student debt has reached record levels, leading to financial stress and delayed milestones such as homeownership and starting a family. Research indicates that high levels of debt are negatively associated with mental health and life satisfaction (Walsemann, Gee, & Gentile, 2015).

The rise of social media has created new challenges for young people as well. Platforms such as Instagram, TikTok, and Twitter contribute to unrealistic social comparisons, where individuals constantly compare their lives to curated and filtered versions of others' experiences (Chou & Edge, 2012). This phenomenon has been linked to higher rates of depression, anxiety, and lower self-esteem among young people (Haidt, 2024; Capraro et al., 2025).

Despite being more "connected" than ever, young people report higher levels of loneliness than older generations. The decline in face-to-face interactions, exacerbated by increased digital communication, has weakened traditional social bonds. Cigna's 2020 Loneliness Index found that Gen Z (born after 1996) reported the highest levels of loneliness compared to older adults. Loneliness is a well-documented risk factor for poor mental health and lower life satisfaction (Hawkley & Cacioppo, 2010).

Emerging adulthood (ages 18–29) is a period of identity exploration, career decisions, and relationship formation. However, this stage is often accompanied by uncertainty and instability, leading to stress and anxiety (Arnett, 2000). Many young adults struggle with finding their purpose in life, which negatively affects their psychological wellbeing (Schlegel et al., 2009). Declines in participation in marriage and in religious communities among youth may also adverse affect meaning and purpose, social connectedness, and well-being more generally (Chen et al., 2020, 2023).

American culture places a strong emphasis on success, achievement, and self-optimization. Young people are expected to establish their careers, develop financial independence, and maintain an active social life, all while navigating an uncertain economy. The pressure to succeed and "have it all" can lead to chronic stress and feelings of inadequacy, negatively impacting life satisfaction and happiness (Schiffrin & Nelson, 2010).

Beyond this, there are various potential explanations for greater psychological well-being among older adults. Research suggests that older adults have better emotional regulation skills, allowing them to manage stress more effectively. The socioemotional selectivity theory (SST) (Carstensen et al., 1999) suggests that as people age, they focus more on emotionally meaningful experiences and relationships, which enhances their overall happiness. Young adults, in contrast, experience greater emotional volatility and are more affected by negative experiences (Gross et al., 1997).

As suggested by SST, older adults focus more on deep, rewarding social connections and invest less in fleeting or superficial interactions (Carstensen et al., 1999). This intentional narrowing of social networks tends to enhance positive affect and life satisfaction while reducing negative emotional experiences. As priorities shift from acquiring material success to nurturing relationships and savoring everyday moments, older individuals report higher levels of happiness and overall well-being.

The theory of Selective Optimization with Compensation provides another explanatory framework. As certain physical or cognitive abilities decline with age, older adults learn to compensate by focusing on their strengths and optimizing the use of available resources. For example, while some aspects of physical health may deteriorate, many older adults concentrate on activities that remain accessible and enjoyable, thereby sustaining their sense of purpose and satisfaction. This process of selecting the most rewarding activities and compensating for losses contributes to an elevated sense of well-being despite aging-related challenges (Regier & Parmelee, 2021).

A further important factor is the improvement in emotion regulation with age. Over time, individuals tend to develop better strategies to manage stress and negative emotions. Longitudinal studies suggest that older adults are more adept at reframing stressful situations, accepting inevitable life changes, and employing adaptive coping mechanisms (Almeida et al., 2023; Charles, 2010). These abilities help reduce the impact of stressors and contribute to greater mental health and life satisfaction. Researchers have found that, compared to younger adults, older individuals experience fewer daily hassles and demonstrate a lower propensity for anger or anxiety (Carstensen et al., 1999). This enhanced regulation is partly due to accumulated life experience and a broader perspective that helps contextualize transient difficulties.

Psychological research has indicated that aging is often accompanied by an increase in wisdom—a more balanced perspective on life that includes acceptance of its imperfections (Jeste & Lee, 2019). This wisdom involves understanding that setbacks and challenges are a natural part of life, which can reduce the stress associated with striving for unattainable ideals. The resulting acceptance helps foster a resilient outlook, whereby older adults derive satisfaction not from the absence of problems but from their ability to cope effectively. This nuanced perspective can contribute to an overall rise in psychological well-being as people age (Ardelt & Jeste, 2018).

Anthropological and sociological research also highlights cultural narratives that shape perceptions of aging in the U.S . Although the culture places a high value on youth and productivity, there is also a growing recognition of the strengths that come with age. The accumulation of life experiences, coupled with an emerging cultural emphasis on wisdom and mentorship, can help older adults achieve a more integrated and positive self-concept (Isaacowitz et al., 2003). This shift is reflected in our findings, where older respondents consistently rate their overall life satisfaction and mental health more favorably than younger cohorts.

4.2 Flourishing in the United States by education attainment

The generally positive associations identified between educational attainment and various dimensions of well-being in the U.S. are consistent with established theoretical constructs and empirical evidence from prior research. At a foundational level, Sen's (1993) capability approach emphasizes that well-being should not be assessed solely through material resources or utility, but through the substantive freedoms—capabilities—people have to achieve valued ways of living. Education plays a central role in expanding these capabilities: it not only enhances individuals' ability to earn but also enables them to participate meaningfully in civic life, make informed health choices, cultivate relationships, and experience autonomy. The U.S. data presented in this paper tends to align with this view. Higher levels of education are correlated with more favorable outcomes across many psychological well-being indicators (e.g., increased happiness, life satisfaction, life evaluation today and in the future, optimism, meaning and freedom), as well as better self-rated physical health, social support, civic engagement, and prosocial behaviors (e.g., promoting good, delayed gratification, gratitude, love, charity giving, and volunteering).

These findings are consistent with those of Oreopoulos and Salvanes (2011), who draw on correlational analyses of large-scale survey data (such as the U.S. General Social Survey) and natural experiment designs employing compulsory-schooling-law reforms and sibling comparisons to argue that the value of schooling extends far beyond its impact on earnings. In addition to boosting income, education yields a host of nonpecuniary returns, occupational

prestige, greater autonomy and social engagement, reduced risk of welfare dependence, improved health and family outcomes, enhanced civic participation, and the intrinsic enjoyment of learning. These benefits stem from the specific skills and experiences acquired in school, such as long-term planning, decision-making, and patience.

Complementing this line of research, Akari et al. (2025) examined the causal relationship between college completion and happiness over five decades in the U.S. Their findings reveal that tertiary education is increasingly associated with higher levels of subjective well-being, primarily through economic channels. However, these U.S.-specific patterns may not translate to other national contexts, where different economic structures and policy environments shape how education influences subjective well-being.

Furthermore, recent analyses highlight the uneven distribution of these benefits across population groups. Andersson (2018), analyzing data from the U.S. General Social Survey, finds that while college attainment is generally associated with higher levels of happiness and life satisfaction, these benefits are shaped by individuals' gender and childhood socioeconomic background. Specifically, women from disadvantaged families experienced the strongest well-being gains from earning a college degree, a pattern consistent with the theory of *resource substitution*, where education compensates for earlier life disadvantages. In contrast, men demonstrated a *cumulative advantage* pattern, with the greatest life satisfaction benefits accruing to those from already privileged backgrounds.

Similarly, Lee and Yang (2022) claim that the positive relationship often observed between educational attainment and emotional well-being may be partially explained by unmeasured individual characteristics rather than education alone. They argue that earlier research may have overstated the impact of education due to confounding factors such as personality, early life experiences, or access to resources. Their findings on the U.S. reveal gender differences: women experience a clearer emotional benefit from attaining a college degree, whereas for men, the association is either non-significant or minimal. These differences suggest that while college has broad benefits, its emotional and economic returns are conditioned by both structural inequalities and life-course trajectories.

Extending the analysis to a global context, Wilson-Fadiji and Lomas (2024) analyzed three waves (2020–2022) of cross-sectional Gallup World Poll data across 142 countries and 31 well-being indicators. Consistent with prior Western-focused studies, they find that higher educational attainment is generally related to better life evaluations and quality-of-life scores. However, when stratified by region, age, and sex, the link between education and daily emotions proves far more heterogeneous: in high-equality welfare states (e.g., Australia, New Zealand) and certain Latin American contexts, those with minimal schooling sometimes report stronger emotional well-being and perceptions of safety than their more educated peers.

This complexity is also reflected in Akari's (2021) analysis of the education–well-being relationship. Studying 24 OECD countries, Akari shows that while higher educational attainment is initially linked to greater life satisfaction, this association weakens once labor market outcomes such as income are considered. In contexts with widespread skills diffusion—where advanced credentials are common—the benefits of education diminish further. Akari also finds a strong positive relationship between societal-level skills diffusion and overall happiness, suggesting that people are more satisfied in meritocratic systems than in those based on rigid hierarchies or inherited privilege.

Together, these findings suggest that while education is broadly associated with better well-being, its psychological and social returns are neither uniform nor guaranteed. Social origin, gender, national context, institutional supports, and labor market conditions, all shape how education translates into well-being. The GFS also includes data on gender and other relevant sociodemographic variables. Although these factors are not examined in the present analysis due to space constraints, they constitute promising avenues for future research that could yield deeper insights into how education contributes to well-being across diverse social groups in the U.S.

4.3 Flourishing in the United States by immigration status

The findings from Table 5 indicate that individuals born outside the U.S. tend to report higher scores in multiple domains of well-being, including psychological (e.g., evaluation of their future life in five years, optimism, sense of meaning in life, and sense of purpose) and social well-being (e.g. subjective social connectedness, trust, city satisfaction, government approval and political voice) as well as self-rated physical health, when compared to their U.S.-born counterparts. These results are consistent with a substantial body of empirical literature documenting what has been referred to as the *immigrant paradox,* which is often observed in high-income, developed countries (Antecol & Bedard, 2006; Kennedy et al., 2006; McDonald & Kennedy, 2005). This paradox describes the counterintuitive phenomenon wherein immigrants, despite often facing socioeconomic disadvantages, report better health and well-being outcomes than native-born individuals.

Nonetheless, several scholars have noted that the immigrant paradox does not manifest uniformly across all immigrant groups, nor does it necessarily progress over time. For instance, Cuéllar et al. (2004) found no consistent improvement in well-being with longer duration of residence in the U.S. They observed that well-being was more strongly influenced by factors such as income, gender, and age, and that immigrants who remained closely tied to their culture of origin and lived in culturally receptive environments experienced fewer negative mental health outcomes.

A growing literature has explored the relationship between acculturation and mental health outcomes (Berry & Sabatier, 2011; Hashemi et al., 2019), emphasizing the influence of contextual variables such as cultural congruence between origin and host societies, experiences of intergroup conflict, and exposure to stigma, discrimination, or acceptance based on ethnic, linguistic, or religious identity (Sharma & Sharma, 2010).

In addition, the U.S. context introduces distinct structural and psychosocial stressors that may undermine immigrants' mental health. These include the psychological impact of both pre- and post-migration experiences, such as economic insecurity, family separation, and experiences of racism and discrimination (Hall & Cuéllar, 2016; Martinez et al., 2015). A recurring theme in the U.S.-based literature is the pervasive anxiety related to deportation—whether experienced directly or through concern for family members—which acts as a chronic mental health burden (Hacker et al. 2011; Siemons et al., 2017).

Despite a demonstrated need for mental health support, immigrants in the U.S. tend to underutilize mental health services. Derr's (2016) systematic review identified structural barriers such as language, cost, insurance gaps, cultural stigma, and fears related to immigration status as potential contributors to this disparity. These barriers are especially pronounced among

undocumented immigrants, men, young people, and the uninsured. Consequently, while immigrants may report higher levels of subjective mental well-being, systemic inequities in access to services can mask persistent and unaddressed psychological distress.

In summary, the findings of this paper support the existence of the immigrant paradox: foreign-born individuals tend to score better in many psychological, social, and physical well-being dimensions than those born in the U.S. However, this advantage might not be consistent across all indicators of well-being, immigrant groups, or over time. Factors such as acculturation, structural inequalities, and specific contextual stressors play a critical role in shaping the immigrant experience. These results underscore the need for health policies that consider the heterogeneity of immigrant populations in the U.S., taking into account their diverse demographic and socioeconomic backgrounds. Future research should prioritize longitudinal and intersectional analyses to better understand the evolving nature of immigrant well-being.

4.4 Major social and economic problems in the United States and their relation to flourishing

As noted, the GFS is designed to systematically measure core dimensions of human flourishing—happiness and life satisfaction, physical and mental health, meaning and purpose, character and virtue, close social relationships, and financial security—alongside a set of explanatory variables. In light of this dual focus and the main social problems currently facing the U.S., it is both conceptually sound and empirically plausible to expect that the explanatory variables associated with flourishing will also be associated with these broader social problems. After all, these issues raise concern precisely because they point to an erosion of the conditions that support human flourishing.

Scholarly analyses and governmental data indicate that poverty and economic insecurity, racial injustice, mental health and substance abuse, deficiencies in education and health care, housing insecurity and homelessness, public safety and gun violence, political polarization, and climate change and environmental degradation are among the main social and economic problems currently confronting the U.S. These issues are identified as "main" problems based on their magnitude (the large number of individuals affected) and their structural and enduring nature. In 2023, 36.8 million people lived in poverty (U.S. Census Bureau, 2024); nearly 47,000 individuals died from gun-related injuries (Pew Research Center, 2025); and one in five adults experienced a mental illness (National Institute of Mental Health, 2023). Persistent racial disparities across income, housing, and health further demonstrate the structural dimension of these challenges (Liu et al., 2024; Macias-Konstantopoulos et al., 2023; Nakphong et al., 2024), while climate change threatens long-term stability across multiple domains of well-being, particularly for vulnerable communities (Intergovernmental Panel on Climate Change, 2023).

This paper has explored three key demographic variables: age, education, and immigration status. It is worthwhile to examine how the aforementioned social issues are associated with these variables in the recent literature.

4.4.1 Age and major United States social problems

Age plays a significant role in shaping individuals' experiences of major social problems in the U.S. One critical area related to age is economic instability. Young adults often encounter financial hardship due to mounting student debt and unstable job markets (Pew Research Center, 2020),

while older adults on fixed incomes are facing significant challenges keeping pace with rising costs due to inflation. Policies addressing these problems include expansion of universal child benefits and income supports for young families and strengthened Social Security and retirement savings incentives markets (Pew Research Center, 2020).

Housing affordability is a particularly pressing issue for older adults. In 2021, approximately 11.2 million older adults were cost-burdened, spending more than 30 percent of their household income on housing, representing a significant increase from 9.7 million in 2016. Racial and income disparities further exacerbate these challenges, limiting access to affordable, accessible housing and care for many older adults, particularly those from historically marginalized communities (Joint Center for Housing Studies of Harvard University, 2023).

Access to education also varies by age, with significant implications for lifelong learning and opportunity. Both early childhood education and adult learning programs are essential for equitable development, yet access remains uneven and often stratified by socioeconomic status. Education not only enhances individual capabilities and employment opportunities but also empowers people to make informed choices about their health and participate more fully in civic and political life. Investing in equitable education systems is a powerful lever to reduce health inequities and promote social justice (WHO, 2008).

Gun violence reflects another clear age-related disparity. In 2022, firearm injuries were the leading cause of death among children and adolescents ages 1 to 19 (CDC, 2024). Gun violence affects mental and physical health by contributing to trauma, injury, and death, especially among youth in urban communities (Banks et al., 2017).

Communities with high levels of gun violence experience fear, stress, diminished quality of life, and less life satisfaction. Furthermore, gun violence is destructive of social relationships and character, since it weakens trust, disrupts communities, and increases hostility, undermining virtues like compassion and respect.[2] Scholars have found that persistent gun violence leads to a breakdown of social norms, reducing trust between neighbors and institutions. It can foster a culture of fear and retaliatory behavior, discouraging prosocial action and undermining collective responsibility (Sharkey, 2018). As youth are the demographic most affected by gun violence and public safety deficiencies, policies that support youth development and violence prevention programs and stricter firearm safety regulations may play a critical role in promoting safer communities and better developmental outcomes for youth.

In terms of climate change, research indicates that younger individuals report higher levels of climate anxiety compared to older adults, impacting their ability to function (Clayton, 2020). This growing psychological burden exists alongside the tangible physical health consequences of climate change. Rising air pollution, increasing frequency of heatwaves, and more intense natural disasters are already contributing to reduced life expectancy and increasing morbidity (Watts et al., 2018).

This problem has significant impacts on the political, economic, and social spheres. Climate change is a deeply divisive political issue in the U.S., split along partisan lines. Denialism and industry lobbying delay crucial policy responses. Climate impacts—such as floods, fires,

[2] Kawachi, Kennedy, and Wilkinson (1999) found that higher firearm prevalence and homicide rates were significantly associated with lower levels of social capital—including civic engagement, mutual trust, and group membership.

storms—disrupt local economies, displace populations, and increase insurance and infrastructure costs. Environmental stressors also increase social inequality, migration pressures, and mental health issues, which in turn can reduce society's capacity to respond collectively to environmental risks. Enhancing youth engagement in climate policymaking could be strengthened by climate education in school curricula and green job pathways for young workers (Clayton, 2020).

Another domain where age matters is political polarization. Phillips (2022) finds that rising affective polarization in the U.S. is shaped not only by broad historical forces but also by age-related changes across the lifespan. Using age–period–cohort models, the study shows that affective polarization increases both over time and as individuals age. Each new cohort now enters the electorate more polarized than the last, suggesting that early-life political environments are increasingly divisive. The study argues that affective polarization must be understood as a product of both historical context and lifespan development.

Polarization itself has measurable consequences for well-being. Lee et al. (2022) provide experimental evidence that perceived political polarization causally undermines social trust. When individuals view society as deeply divided, they report lower trust in fellow citizens and exhibit reduced willingness to cooperate for collective benefit. Their findings show that lowering perceptions of polarization increases trust in strangers and willingness to contribute to public-good causes—suggesting that polarization not only shapes attitudes but also weakens the behavioral foundations of social cooperation.

Oberlander (2024) shows that hyperpartisanship undermines trust, cooperation, and public consensus, and has contributed to fragmented health policies, reduced institutional legitimacy, and partisan divides in health behaviors. Similarly, Van Bavel et al. (2024) argue that political polarization is a significant yet overlooked social determinant of health. They show that polarization undermines evidence-based policymaking, widens health disparities across states, erodes trust in medical expertise, and fuels misinformation that discourages preventive behaviors. The authors further suggest that building trustworthy health institutions could mitigate these effects, as distrust fuels reliance on partisan in-groups, and they call for research on how leaders can exacerbate or buffer polarization's health risks.

4.4.2 Education and major United States social problems

One of the most significant areas that varies by educational attainment is economic instability. Research has consistently demonstrated that lower levels of education are associated with lower income levels. Education serves as a critical determinant of employment and health and is foundational to material stability and other flourishing domains (Reardon, 2014). Furthermore, data from the U.S. and the United Kingdom have shown that educated individuals are less likely to smoke, be obese, or engage in heavy drinking, and are more likely to drive safely, live in safe environments, and utilize preventive care (Cutler & Lleras-Muney, 2010). As low educational attainment is a key predictor of poverty, potential policy interventions may include the implementation of universal pre-kindergarten, equitable funding for schools, and the provision of free or affordable post-secondary education.

The link between education and economic outcomes is further complicated and intensified by racial inequality. Racial disparities often mirror the broader neighborhood-level factors, such as segregation, concentrated poverty, and limited exposure to role models and resources, that disproportionately affect Black and American Indian children (Chetty et al., 2020). As Chetty et

al. argue, simply placing students of different races in the same schools is insufficient; without meaningful integration and improved environments, these educational gaps will solidify into intergenerational income inequality. To address these structural inequities, education policy must therefore focus on enhancing conditions within the schools and neighborhoods of marginalized groups.

Another social problem related to educational disparities is gun violence, as limited educational opportunities can contribute to cycles of poverty, social disconnection, and involvement in risky or criminal behavior. For adolescents, exposure to gun violence often disrupts school participation, undermining academic progress and narrowing future opportunities. Studies also show that community violence erodes students' sense of belonging at school, contributing to lower achievement and heightened emotional distress (Borofsky et al., 2013).

Building on this, Lurie et al. (2023) found that exposure to threat-related adversity is associated with a lower endorsement of growth mindset, a belief in the ability to improve through effort, which in turn contributes to poorer academic outcomes and greater anxiety. Their findings suggest that violence exposure may lead youth to feel a lack of control over their abilities, reinforcing fixed beliefs about intelligence and decreasing academic motivation**.** To address disparities in exposure to violence within educational settings, policies should support early identification of at-risk youth through signs like low school engagement and distress. Schools need resources for trauma-informed practices, mental health services, and stronger school-family partnerships.

Education is also closely related to attitudes and behaviors regarding climate change. Schools play a critical role not only in raising awareness of climate issues but also in shaping adaptive and proactive responses among young people. By integrating climate-related content into curricula, schools can equip students with the knowledge and emotional tools needed to understand and address the climate crisis. Fostering supportive school environments where students can openly discuss their concerns could enable them to manage climate-related stress and anxiety more effectively. However, while such educational efforts are essential, adaptation responses remain uneven globally and are often still in the planning phase. Strengthening coordination among governments, educators, and mental health professionals is critical. (Nusche et al., 2024).

With respect to the relationship between political polarization and educational attainment, recent evidence indicates that education can *intensify* rather than alleviate ideological divides, with significant implications for social cohesion and public decision-making. Using nationally representative data from OECD countries, Lee and Tipoe (2024) document an education–polarization gradient in which ideological distance between liberals and conservatives grows with higher education, partly due to stronger value–ideology sorting and greater internet use among highly educated individuals, factors that encourage selective exposure and motivated reasoning.

These patterns are echoed in Ballew et al. (2020)**,** who find that higher education and income both magnify ideological divides on climate change, with education exerting the strongest polarizing effect among conservative white males. Their findings suggest that heightened individualism—valuing personal liberty and limited government—partially explains why more educated conservatives become increasingly dismissive of climate risks.

To address these challenges, higher education institutions should incorporate viewpoint diversity into curricula, orient diversity training toward tolerance of differing perspectives, and foster open-mindedness and constructive dialogue through structured listening practices (Lee & Tipoe, 2024).

4.4.3 Immigration status and major United States social problems

Immigration status plays a significant role in shaping individuals' experiences across a range of pressing U.S. social issues. Economic instability is a persistent concern for many immigrants, especially those without legal status. Undocumented workers are particularly susceptible to job insecurity and wage theft due to their limited legal protections and precarious standing in the labor market. As Gonzales (2016) illustrates, these vulnerabilities persist even for those who pursue higher education and strive for upward mobility. Young individuals with an undocumented status often encountered blocked pathways, where the benefits of education were undermined by limited legal access to stable employment.

Housing insecurity is also a significant concern, particularly for undocumented immigrants. Immigrant homeownership is shaped by factors like legal status, settlement location, duration of U.S. residence, access to employment, and availability of financial services. Even though some immigrant groups, such as long-established Cuban immigrants in Florida or highly educated Asian immigrant groups, have achieved high homeownership rates, others remain disadvantaged. These disparities also exist within immigrant communities, influenced by differences in education, income, and migration histories (Cornelissen, 2023).

Given the ongoing experiences of labor exploitation and housing exclusion among undocumented immigrants, it is essential to explore viable pathways to legal residency and ensure the enforcement of fair housing protections (Gonzales, 2016).

Educational inequality also disproportionately impacts immigrant youth, who encounter a range of challenges that can hinder their academic development, including limited English proficiency, under-resourced schools, and poor preparation for higher education. Many immigrant youth come from families with low socioeconomic status, where parents often have limited formal education and are unfamiliar with the U.S. school system. Language barriers and fear of deportation further restrict parental involvement, a key factor in student success (Suárez-Orozco et al., 2011). Promoting educational equity for immigrant youth requires the implementation of targeted interventions, such as bilingual and English as a Second Language (ESL) programs, as well as tuition equity policies that support undocumented students (Suárez-Orozco et al., 2011).

Beyond the systemic challenges in the economy, housing, and education, immigrants also face the immediate and traumatic threat of violence, which significantly shapes their migration experience and subsequent well-being. Migrants to the United States increasingly confront gun violence across multiple stages of the migration process. Survey evidence shows that nearly half of migrants arriving at the U.S. southern border report being threatened with a firearm, far exceeding rates in the general U.S. population, and those who experienced such threats exhibit elevated PTSD symptoms, often linked to robberies, extortion, or intimidation by both criminal actors and authorities (Weigend Vargas, Goldstick and Vargas., 2024).

At the same time, migrants with insecure legal status face heightened vulnerability to violence, including physical and sexual assault, because they lack safe avenues for reporting

abuse, fear deportation, and are subject to power imbalances embedded in spousal and employment-based visa regimes; these vulnerabilities are compounded for women, who disproportionately experience gender-based and state-perpetrated violence. Accordingly, effective intervention to secure migrant safety must involve protections that separate reporting of violence from immigration enforcement, accessible pathways to secure status for those experiencing abuse, and the extension of support services to all migrants regardless of their immigration conditions (Innes et al., 2024).

These social vulnerabilities are both reflected in and intensified by the nation's deepening political polarization. Baker and Edmonds (2020) find that immigration attitudes became a central driver of voting behavior in the 2016 U.S. presidential election, more so than in previous elections. This change was influenced by Donald Trump's strategic use of immigration as a core campaign issue. They also document a counterreaction: as Republicans adopted more restrictive positions, non-Republicans grew increasingly pro-immigration after 2016.

Along similar lines, Abrajano, Hajnal, and Hassell (2017) argue that polarization is fueled by potent media and rhetorical framing. Their study shows that decades of predominantly negative media coverage focused on Latinos in the mainstream media are associated with a shift in white partisanship toward the Republican Party. This effect is particularly significant because, unlike other political issues, immigration coverage is often one-sided, offering few positive counter-frames. These findings underscore the need for more balanced media reporting and further investigation into the distinctive role of immigration in shaping political divisions.

4.5 Limitations

This study identifies key associations between well-being outcomes and factors such as age, education, and migration status, providing a detailed snapshot of flourishing in the contemporary United States. However, it is crucial to consider these findings in light of the study's limitations. The most significant limitation stems from the cross-sectional nature of the analysis, which precludes conclusions about causality and leaves open the possibility of unobserved confounding variables.

Foundational early-life conditions, such as family socioeconomic status or residential context, may set developmental trajectories that shape educational attainment, migration decisions, and later-life well-being. Prior research underscores these possibilities: Chetty, Hendren, and Katz (2016) show that U.S. children who move to lower-poverty areas before adolescence experience significantly better adult outcomes, including higher college attendance, greater earnings, improved neighborhood quality, and lower rates of single parenthood. The influence of place also persists into adulthood: Xiao et al. find that lower neighborhood socioeconomic status across young, middle, and older adulthood is associated with higher cardiovascular risk, while Lawrence et al. (2024) demonstrate that long-term exposure to disadvantaged neighborhoods increases premature mortality. Beyond material outcomes, well-being itself may be intergenerationally transmitted, as Augustijn (2022) shows that parents' life satisfaction is positively associated with their children's life satisfaction, with supportive parenting partially mediating this relationship.

Given these limitations, further progress in this area of research will benefit from studies designed to illuminate underlying mechanisms rather than solely describe observed associations.

Longitudinal and life-course approaches, in particular, offer valuable opportunities to examine how specific structural conditions relate to well-being across diverse sociodemographic groups.

4.6 Future directions and conclusions

This paper utilizes the comprehensive framework of human flourishing proposed by VanderWeele (2017) to provide a detailed, contemporary snapshot of well-being in the United States. We examine a range of well-being outcomes, including psychological, social, and physical well-being, alongside subjective financial security and prosocial behaviors, and analyze how these domains are distributed across key socioeconomic variables.

Although our analysis is cross-sectional rather than longitudinal, it nonetheless fills an important gap in existing literature. Comprehensive assessments of well-being across multiple domains remain rare; most existing studies focus on single dimensions such as mental health, economic security, or social connectedness. By offering an integrated empirical baseline, this study lays the groundwork for future research to track changes over time, detect emerging disparities, and evaluate the effects of policy interventions. The GFS will release future waves of data, enabling time series analyses that build directly on the descriptive foundation established here.

Furthermore, establishing a detailed descriptive foundation is essential for theory development: before causal mechanisms can be tested or interventions designed, the field requires clarity about how different dimensions of flourishing are distributed within the population. In this sense, even as a moment-in-time analysis, this study advances the literature by mapping the current landscape of well-being in the United States and highlighting areas where deeper inquiry is warranted.

The GFS data presented here, and the related interdisciplinary literature suggest that the U.S. occupies a complex and often ambivalent position in distributional patterns of flourishing. On one hand, the U.S. excels in generating economic opportunities and fostering individual achievement, which can translate into high levels of life satisfaction for certain segments of the population. On the other hand, significant socioeconomic problems (discussed above) have created barriers to attaining flourishing and have exacerbated disparities in other domains.

Scholars across disciplines point to complementary avenues for improving well-being. Economists stress that addressing income disparities and investing in social infrastructure can improve overall well-being. Political scientists argue for reforms that enhance civic engagement and trust in public institutions. Sociologists and anthropologists, meanwhile, underscore the importance of community-building and the preservation of cultural practices that support social cohesion and a shared sense of meaning.

For the U.S.to enhance its overall flourishing, policy interventions must adopt a holistic approach. This could include reforms in healthcare and education, initiatives to strengthen community networks, and measures to reduce political polarization. Fundamentally addressing questions of meaning, existential concerns, a sense of connectedness, pro-sociality, and even spiritual matters may also be critical in enhancing overall well-being. Ultimately, integrating the insights from economics, political science, sociology, education, public health, and anthropology offers a comprehensive roadmap for fostering an environment in which all dimensions of flourishing are supported and sustained.

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Author Contribution Statement

F.O. and D.J.S. led the writing of the original manuscript. B.C., T.L., Y.C., R.G.C., B.R.J., and T.J.V. provided critical feedback and contributed to manuscript revisions. R.N.P. was responsible formal analysis and provided the code for data analysis. B.R.J. and T.J.V. secured funding, oversaw project administration,

contributed to the investigation and methodology (including survey design), and supervised the research activity.

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Conflict of interest statement

Tyler J. VanderWeele reports consulting fees from Gloo Inc., along with shared revenue received by Harvard University in its license agreement with Gloo Inc. according to the University IP policy. Other authors declare no competing interests.

Ethical approval

This project was ruled exempt by the Baylor University Institutional Review Board (#1841317-2). All personally identifiable information was removed from the data used in this study by Gallup Inc. Institutional Review Board approval for all data collection activities was obtained by Gallup Inc.

AI statement

During the preparation of this manuscript, the authors used AI-assisted copy editing to enhance readability and to ensure the text is free of grammatical and spelling errors. The authors take full responsibility for the accuracy, integrity, and originality of the work.

Data availability statement

The data that support the findings of this article are openly available on the Open Science Framework and in the Supplementary Materials. The specific dataset used was Wave 1 non-sensitive global data available from February 2024 to March 2026 via preregistration and publicly available thereafter (https://www.cos.io/gfs-access-data).

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