



Understanding How Gallup Uses the Cantril Scale

Development of the "Thriving, Struggling, Suffering" categories

The Cantril Self-Anchoring Striving Scale (Cantril, 1965) has been included in several Gallup research initiatives, including Gallup's World Poll of more than 150 countries, representing more than 98% of the world's population, and Gallup's in-depth daily poll of America's well-being (Gallup-Sharecare Well-Being Index; Harter & Gurley, 2008).

The Cantril Self-Anchoring Scale, developed by pioneering social researcher Dr. Hadley Cantril, consists of the following:

- *Please imagine a ladder with steps numbered from zero at the bottom to 10 at the top.*
- *The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.*
- *On which step of the ladder would you say you personally feel you stand at this time? (ladder-present)*
- *On which step do you think you will stand about five years from now? (ladder-future)*

The Cantril Scale, which has been used by a wide variety of researchers since its initial development by Hadley Cantril, is an example of one type of well-being assessment. At the same time, scholarly research has revealed that measurement of well-being is multifaceted, including a continuum from judgments of life (life evaluation) to feelings

(daily affect). Different measures of well-being provide different perspectives on the process by which respondents reflect on or experience their lives. The Cantril Scale measures well-being closer to the end of the continuum representing judgments of life or life evaluation (Diener, Kahneman, Tov, & Arora, 2009). Research conducted across countries around the world (Deaton, 2008) indicates substantial correlations between the Cantril Scale and income. This contrasts with measures of feelings or affect which appear to be more closely correlated with variables such as social time (Harter & Arora, 2008).

As is the case with most psychological or sociological scales, researchers will utilize a measure like the Cantril Scale in ways they find empirically and conceptually appropriate. The fact that the Cantril Scale has been included in surveys, alongside a number of items, measuring many facets of well-being (i.e., law and order, food and shelter, work, economics, health, and daily experiences) provides the opportunity to analyze how the Cantril Scale differentiates respondents in relationship to these other variables.

While the Cantril Scale can be, and is, reported in different formats by different researchers (including mean scores and full distributions along the zero to 10 point continuum), it is often useful to categorize responses using any scale into meaningful groupings in order to easily communicate the results and report on changes across time. Grouping of response categories is particularly useful when a scale involves many response options, as is the case with an 11-point scale. The Gallup approach to reporting scale scores is to avoid arbitrarily combining scale points, but rather to use an empirical basis for doing so. For the Cantril Scale, Gallup utilized data from the Gallup World Poll and Gallup-Sharecare Well-Being Index daily U.S. poll to group responses together .

While the Cantril "present" and "future" items can be looked at separately, Gallup combined present and future ratings (in psychometrics multiple items are typically used to measure a single construct) in order to improve the reliability of the scale. Statistical analyses suggest the two items are measuring a common dimension of well-being, as the two items correlate highly with one another, form a reliable scale, and become an independent factor relative to other domain-specific well-being items.

One distinct value of the Cantril Scale is the fact that a respondent can self-anchor themselves based on their perspective. While every respondent will have their own unique perspective, the patterns in the data suggest the scale can be meaningfully grouped into at least three distinct categories.

These categories were determined based on analyses of datasets from hundreds of thousands of respondents, considering how the scale continuum for both the ladder-present and ladder-future differentiate on other important measures, such as daily affect, daily experiences, and health problems. These tests were conducted in datasets from more than 150 countries throughout the world. After studying the appropriate cutoff points on each of the ladder-present and ladder-future, the scales were combined to form a "Life Evaluation Well-Being Index". Analyses of data from different regions of the world make it clear that the general tendency is for respondents to provide more optimistic views of the next five years than the present. This is the case for respondents in most countries, with a few exceptions. Based on statistical studies of the ladder-present and ladder future scale and how each relates to other items and dimensions as outlined above, Gallup formed three distinct (and independent) groups, for summary purposes:

Thriving -- well-being that is strong, consistent, and progressing. These respondents have positive views of their present life situation (7+) and have positive views of the next five years (8+). They report significantly fewer health problems, fewer sick days, less worry, stress, sadness, anger, and more happiness, enjoyment, interest, and respect.

Struggling -- well-being that is moderate or inconsistent. These respondents have moderate views of their present life situation OR moderate OR negative views of their future. They are either struggling in the present, or expect to struggle in the future. They report more daily stress and worry about money than the "thriving" respondents, and more than double the amount of sick days. They are more likely to smoke, and are less likely to eat healthy.

Suffering -- well-being that is at high risk. These respondents have poor ratings of their current life situation (4 and below) AND negative views of the next five years (4 and below). They are more likely to report lacking the basics of food and shelter, more likely

to have physical pain, a lot of stress, worry, sadness, and anger. They have less access to health insurance and care, and more than double the disease burden, in comparison to "thriving" respondents.

The conceptual labels were chosen based on the empirical relationships established during various iterations of research, and professional judgment. The percentage of respondents that fall into each category correlates with other country-level characteristics, providing evidence of the construct validity of the categories (Gallup, 2009). For instance, the percentage "thriving" across countries has a reliability of .81 and correlates highly with Per-Capita GDP (PPP), Health Expenditures Per Capita, the Human Development Index Ranking from the United Nations, and Citizen Engagement. The percent "suffering" is less than 1% in Denmark and 40% in Zimbabwe; the percent "suffering" correlates highly with other measures of poverty.

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