Wellbeing

DEFINITION

‘Wellbeing’ (or ‘well-being’) is now a common term and yet it defies a simple definition. It can be conflated with contentment, the common good, quality of life, mental health or even health as a whole. Various permutations of cognitive elements (especially about meaning) and affective elements (especially about happiness) are connoted when the word is used.

KEY POINTS

- Wellbeing can be defined in a range of ways.
- It has become an important priority for politicians in the developed world as an alternative or additional goal to economic prosperity.
- It is now an opportunity for the political advancement of the mental health professions.
- The derivation and nature of wellbeing are discussed in a variety of ways by religious and secular disciplines.

The ambiguities noted in the definition above are unpacked below in summary. When we look at the psychological literature on wellbeing, we find a range of authorities with overlapping concerns about how humans can live their lives to the full (Ryff and Singer, 1998). For example, we find preferred terms such as ‘self-actualisation’ (Maslow, 1968); ‘individuation’ (Jung, 1933); ‘the will to meaning’ (Frankl, 1958); ‘personal development’ (Erikson, 1950); ‘basic life tendencies’ (Buhler, 1972); ‘the fully functioning person’ (Rogers, 1962); and ‘maturity’ (Allport, 1961).

HEDONIC AND EUDEMONIC ASPECTS OF WELLBEING

Since antiquity, the concerns of the above writers have broadly focused on positive mood (being happy in a predominant or sustained way in life) or on positive meaning and fulfilment. The former are ‘hedonic’ and the latter ‘eudemonic’ aspects of wellbeing. Hedonism was a philosophy that emphasised the pursuit of pleasure, whereas eudemonia (or ‘eudaemonia’), from Aristotle, emphasised the pursuit of a meaningful life (Ackrill, 2006). The two can go together in our experience but not always. For example, we might find meaning in suffering in various forms, such as being depressed (Andrews and Thomson, 2009).

Our chances of subjective wellbeing are at their best if we live peaceably with a network of good friends and have enough money to avoid poverty. People with a faith also tend to fare better (Myers, 2000). Faith provides us with both social
capital and ‘existential ordering’ in our lives. Thus, for those without faith (for example, atheists and humanists), it is particularly important to reflect on these matters of social capital and existential ordering as they have to be reinvented contingently in human life.

Some psychologists emphasise the objective aspects of the good life – for example, Skinner’s utopian vision of Walden Two, in which our world contains predominantly positive reinforcement to ensure peaceful harmony in society (Skinner, 1948). Others (most of the authors noted above) tend to use more subjectivist or experiential criteria. Within American humanistic psychology, we find a convergence on the pursuit of positive wellbeing within the ‘human growth movement’. In the American tradition of individualism, we find Carl Rogers echoing Aristotle’s emphasis on eudemonia:

for me, adjectives such as happy, contented, blissful, enjoyable, do not seem quite appropriate to any general description of this process I have called the good life, even though the person in this process would experience each one of these at the appropriate times. But adjectives which seem more generally fitting are adjectives such as enriching, exciting, rewarding, challenging, meaningful… It means launching oneself fully into the stream of life. (Rogers, 1962: 5)

Whereas Rogers focuses on the inner life of individuals and Skinner on the outer world of positive contingencies, both convey important aspects of our current public policy agenda about wellbeing.

**POLITICAL INTEREST IN WELLBEING**

The current interest of politicians in wellbeing suggests that the leaders of developed societies are exploring a measure of progress beyond the economic. There is little point in people being richer if they are no happier, and even the latter term begs a question about its relationship with values and meanings (Layard, 2005). Happiness is an emotional state which is transitory and can even be artificially induced (by drugs and other forms of consumption). It may or may not be linked in the lives of people with a long-term sense of fulfilment, inner peace and contentment or with giving and receiving support and affection.

But beyond this recent political interest in the topic, the disciplinary perspective of those studying it frames its nature. For example, through the lens of comparative religion, we can explore what the great faiths have said about wellbeing. This is relevant today because of the world distribution of faith groups that encourage particular ways of thinking about wellbeing. Deistic religions emphasise fulfilment in life though serving God and so eschew homocentric definitions of the good life. However, the latter are often defined by striving for peace, love and understanding in our dealings with others. Non-deistic traditions like Buddhism emphasise compassion, authenticity, the transitory nature of life, the acceptance of suffering and the futility of the individual ego grasping for either possessions or permanence.
More secular approaches to the topic in human science are divided between those that privilege social relationships and those that privilege the individual mind. For example, sociologists have mainly emphasised the link between wellbeing and social networks or social capital. By contrast, psychologists are more likely to emphasise ‘mental capital’ than social capital. The recent political emphasis has thus provided an opportunity for disciplinary advancement. For example, Cary Cooper, who led a team of psychologists and psychiatrists investigating wellbeing for the British government, made the point that:

This is wonderful for psychology. It’s showing the real importance of psychologists: I’m talking educational psychologists, clinical psychologists, occupational psychologists and health psychologists. There’s recommendations for every single one of them in this report, about early detection, about treatment, it’s all there. This is a blueprint for how psychology can improve the mental capital and well-being of our population. We’ve been given a real fillip in this work. (Cooper, 2008: 1010)

Note how wellbeing (an existential matter for us all) soon collapses into its opposite, which then becomes a site for professional expertise. Thus, the language of ‘early detection’ and ‘treatment’ immediately creeps in, when it is wellbeing (not pathology) that is supposed to be its focus.

Those involved in the Mental Capacity and Wellbeing Project publicised their findings in *Nature* (Beddington et al., 2008). The summary opening statement of the article emphasised that ‘Countries must learn how to capitalize on their citizens’ cognitive resources if they are to prosper, both economically and socially. Early interventions will be key.’ The main findings of the report were summarised as in the list below, which gives a small nod to social context (the allusion to ‘social risk factors such as debt’):

- *Boosting brain power in young and old* There is huge scope for improving mental capital through different types of intervention. The genetic contribution to mental capital is well below 50 per cent in childhood, rising to more than 60 per cent in adulthood and old age.
- *What science could do in the early years* Cognitive neuroscience is already uncovering neural markers, or biomarkers, that can reveal learning difficulties as early as in infancy.
- *Early detection of mental disorders* The challenge of tackling mental ill health is considerable. There is great potential in improving diagnosis and treatment, and in addressing social risk factors such as debt.
- *Learning must continue throughout life* This can have a direct effect on mental health and wellbeing across all age groups, and has particular promise in older people.
- *Changing needs for a changing workplace* The workforce is changing both in demographics and in the demands placed on it. Workers’ mental wellbeing is an important factor when attempting to improve the mental capital of economies and societies (Beddington et al., 2008: 1058).
Alongside this psychological focus, a recurring aspect of wellbeing policy discussions is whether in principle the concept should really be conflated simply with positive health. The grounds for this are quite strong. Most of the social factors shaping mental health also shape physical health. For example, the very poor have both poor physical and mental health. Both of the latter (together and apart) affect reported subjective wellbeing. It is useful, then, when we are discussing wellbeing to consider general public health models, which are holistic in their conceptual ambition. An example is given diagrammatically in Figure 1.1, from Dahlgren and Whitehead (1993).

Note that an approach to wellbeing which is purely psychological only focuses on the inner tiers of this diagram. In developed countries, where material needs are largely met (by some countries more than others with adequate welfare safety nets), the outer circles are taken for granted – hence, the norms in these societies focus more on the psychological aspects of wellbeing.

**WESTERN HUMANISTIC AND POSITIVE PSYCHOLOGY**

A full-bodied psychological focus on wellbeing can be found in the growth of ‘positive psychology’ (Peterson and Seligman, 2004; Rogge, 2011). This explores psychological strengths and virtuous human action – the converse of the study of psychopathology. It has many resonances with both Buddhism and the existential approach to a meaningful existence offered by Maslow (1968), with his emphasis...
on self-actualisation, which is possible beyond the fulfilment of our basic needs (Ryan and Deci, 2001). Also, Frankl (1958) emphasised that people are born seekers after meaning. This is expressed by us engaging actively in life, developing positive mutuality in our relations with others and accepting that life brings with it disappointment and suffering. These cannot be avoided but they can be sources of new forms of activity and relationships.

Frankl argued that we become alienated and distressed when we do not orientate ourselves towards meaning in life. Meaning, not happiness, defined wellbeing for existential therapists and psychologists like Frankl and Maslow (although neither was opposed to happiness). This more philosophical approach to wellbeing is somewhat removed from the ‘mental capital’ model described above, which is more economistic in its logic.

In between these two positions about wellbeing (one about mental capital and the other about existential meaning) can be found the study of comparative health within populations. Here we find a strong interdisciplinary consensus on the importance of relationships (Pilgrim et al., 2009), as well as on the injuries of class placing limits on our capacity for wellbeing. The latter come not just from the direct impact of poverty but also from the relative deprivation of being excluded from status and meaningful engagement as citizens (Sennett and Cobb, 1972; Wilkinson, 2005).

This middle position about wellbeing suggests that it is best understood as a psychosocial phenomenon, which certainly implicates objective conditions; it is easy to rejoice in the tent of plenty and understandable if we feel miserable when having little in life. But it also implicates subjective meanings, which are internal states (attitudes, values, beliefs) derived from relationships, so they are negotiated intersubjectively.

THE GLOBAL CONTEXT OF WELLBEING

One common aspiration of public policy within developed societies has been to promote wellbeing. The very prospect of such an aspiration immediately throws into relief Skinner’s environmental emphasis. For example, absolute poverty and war conditions affecting the general population pre-empt this. In the past few decades, ongoing wars in Africa and the Middle East have simply negated wellbeing for the majority. The policy aspiration is meaningful in North America, Australasia or Western Europe because: (a) they have developed economies; and (b) they have been free of warfare on their own soil, although, with sporadic terrorist attacks, this picture is now changing to some extent.

However, we cannot assume that measures of wellbeing applied cross-nationally form a neat linear pattern in which peace and increased wealth lead to improvements in reported wellbeing. For example, in repeated studies conducted globally, Inglehart and his colleagues have found a curvilinear relationship between wealth and subjective wellbeing, as shown in Figure 1.2 (Inglehart et al., 2008).

One of the richest countries in the world, the USA, is not the happiest, being well outperformed by much poorer Latin American countries, and those in Scandinavia with a social democratic tradition in which boasting about one’s wealth is
This trend mainly results from differences in status inequalities and poor welfare provision in the USA, which generates envy (in the first case) and insecurity (in the second case). Basically, peaceful and more equal societies are happier societies (Wilkinson and Pickett, 2009).

This trend of a curvilinear relationship has continued in the past 10 years (Helldwell, et al. 2020), with some countries punching above or below their weight, when considering their economic wealth. When COVID-19 emerged, commentators were curious to understand its impact on global mental health. Early indications were that within richer countries there were ‘winners and losers’ (Zavlis, et al. 2021).

For example, working at home and avoiding workplace bullying and commuting stressors, and having greater flexibility of time management, meant that some people felt psychologically better not worse. These people were also financially better off from avoiding commuter costs. However, those without work had no such advantages but had to contend with the stress of social isolation. In the latter case, those already suffering from social anxiety or agoraphobia were now socially validated for their avoidance of public contact.
The 2021 World Happiness Report (Helliwell et al., 2021) addressing COVID-19 also noted that it seems to have had little impact on the hierarchical order of previous cross-national trends in the curvilinear pattern described by Inglehart et al., noted above.

**CRITICS OF THE PURSUIT OF HAPPINESS**

Some writers have offered us sustained critiques of wellbeing defined by the pursuit of happiness; note that it is a fundamental component of the US constitution. One criticism from non-theistic philosophies such as Buddhism is that grasping for goals is counterproductive. This is summarised from empirical psychology by Martin (2013: 31) thus: ‘to get happiness forget about it: then with any luck, happiness will come as a by-product in pursuing meaningful activities and relationships’.

Critics of consumer capitalism, such as Barber (2007), have pointed out that constant consumption does not make us happier but it does render us more immature in our expectations about life and constantly envious of those who have more than us. This creates a ‘hedonic treadmill’, on which we consume more and more because something better is always promised by the next purchase or the new model of what we have already. Studies of GNP (gross national product) have shown that its increase is not necessarily reflected in raised levels of subjective wellbeing (Layard, 2005).

Some feminist critics, such as Ahmed (2010), have argued that our current developed-world preoccupation with happiness is not freeing but oppressive. She utilises case studies of ‘feminist killjoys’, ‘unhappy queers’ and ‘melancholic migrants’ to demonstrate her argument. Echoing the Buddhist point (and from Rogers and Martin, above), she notes that we should focus on ‘happenstance’ not happiness.

See also: mental health; pleasure; spirituality.

**FURTHER READING**


**REFERENCES**