Understanding the enigma called Wellbeing

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ARTICLE DETAILS

ABSTRACT

Ever since the emergence of the field of wellbeing, the literature on psychological well-being has progressed rapidly. Wellbeing is defined as not just the absence of disease or illness, but as a complex combination of a person's physical, mental, emotional and social health factors. Wellbeing is linked to how you feel about yourself and your life. Every aspect of your life influences your state of wellbeing. One can derive a sense of wellbeing from a happy intimate relationship, close friends, a fulfilling career, money, a fit body, leisure pursuits, healthy self-esteem, optimistic outlook, achievable goals, a sense of purpose and meaning and spirituality. The factors that influence wellbeing are interrelated. Current social indicators can capture aspects of quality of life but not the subjective well-being of people because they do not reflect the actual experiences such as the quality of relationships. Why is wellbeing so elusive? Wellbeing is important, but seems a little hard to come by. Measurement of wellbeing itself is difficult proposition as it is so subjective; how we feel about our life largely depends on how we perceive and evaluate it. Much of what we think will improve our wellbeing is either misguided or just false. Contrary to what many people believe, wellbeing isn't just about being happy, nor is it only about being wealthy or successful. And it's certainly not limited to physical health and wellness. In fact, focusing on any of these elements in isolation may drive us to frustration and failure. When striving to improve our lives, we are enticed by prospects that promise to make our lives better. While it might be easier to treat these critical areas in our lives as if they operate independently, they don't. These factors do not operate in isolation and can be understood in totality. This symposium is an effort to define and understand the concept of wellbeing in a holistic manner, looking at it from different perspectives.

INTRODUCTION

Defining well-being

Well being as a term, construct and concept still eludes us as there has been no consensus around a single definition of it. It is a growing area of research but it still remains an enigma due to lack of a simple and tangible definition with a universal application. Many philosophers have tried to formulate metrics by which to assess how well a person's life is going for her. The concept often invoked in this debate is that of well-being: if we can determine the person’s level of well-being (perhaps averaged over her life so far), then we can see how well her life is going for her. Philosophers tend to agree that the things that improve a person’s wellbeing (e.g. circumstances, experiences) are things that are ultimately good for that person. Being ‘ultimately good’ means that they are valuable just because they pertain, not because of (or even despite) any further effects. Even as the academic debate rages over a single definition of well-being, there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfilment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good.

Well-being is most usefully thought of as the dynamic process that gives people a sense of how their lives are going, through the interaction between their circumstances, activities and psychological resources or ‘mental capital’. Because of this dynamic nature, high levels of well-being mean that we are more able to respond to difficult circumstances, to innovate and constructively engage with other people and the world around us. As well as representing a highly effective way of bringing about good outcomes in many different areas our lives, there is also a strong case for regarding well-being as an ultimate goal of human endeavour.

Different disciplines have examined different aspects of well-being that include the following:

- Physical well-being.
- Economic well-being.
- Social well-being.
- Development and activity.
- Emotional well-being.
- Psychological well-being.
- Life satisfaction.
- Domain specific satisfaction.
Engaging activities and work.

Research in wellbeing has grown manifold in the last few years (e.g., Diener, Suh, Lucas, & Smith, 1999; Kahneman, Diener, & Schwarz, 1999; Keyes, Schmutzkin, & Ryff, 2002; Stratham & Chase, 2010; Seligman, 2011). Ryff and Keyes (1995) had observed the absence of theory-based formulations of well-being is puzzling. The question of how well-being should be defined still remains largely unresolved, which has given rise to blurred and overly broad definitions of well-being (Forgaard, Jayawickreme, Kern, & Seligman, 2011). This deficit can be traced back as far as Ryff (1989a), who believed that there has been particular neglect in the task of defining the essential features of psychological well-being. Indeed, Thomas (2009) argued that well-being is intangible, difficult to define and even harder to measure. What constitutes well-being, a complex, multi-faceted construct that has continued to elude researcher’s attempts to define and measure’ (Pollard & Lee, 2003).

An early attempt to define well-being was Bradburn’s (1969) classic research on psychological well-being. His interest was in how individuals coped with the daily difficulties faced by them. Bradburn reported how psychological well-being (which he also referred to as happiness) was the variable that stands out as being of primary importance. He related this to Aristotle’s idea of eudaimonia, which is now more commonly translated as well-being. Aristotle believed this to be the ultimate goal of all human actions. Most of Bradburn’s research focused on the distinction between positive and negative affect. His model specified that an individual will be high in psychological well-being in the degree to which he has an excess of positive over negative affect and will be low in well-being in the degree to which negative affect predominates over positive (Bradburn, 1969).

Diener and Suh (1997) believed that subjective well-being consists of three interrelated components: life satisfaction, pleasant affect, and unpleasant affect. Affect refers to pleasant and unpleasant moods and emotions, whereas life satisfaction refers to a cognitive sense of satisfaction with life (Diener & Suh, 1997). Headey and colleagues (Headey, Holmstrom, & Wearing, 1984a; 1984b; Headey, 2006) picked up on the need for positive and negative affects to be seen as distinct dimensions, rather than opposite ends of the same continuum (Bradburn, 1969) as they are only moderately negatively correlated (Headey, 2006). (Lee and Ogozolu, 2007) and (Singh and Duggal, 2008).

Ryff’s early work (Ryff, 1989a) identified aspects that constitute well-being: autonomy, environmental mastery, positive relationships with others, purpose in life; realisation of potential and self-acceptance. More recent research has placed different emphases on what well-being is: ability to fulfil goals (Foresight Mental Capital and Wellbeing Project, 2008); happiness (Pollard & Lee, 2003) and life satisfaction (Diener & Suh, 1997; Seligman, 2002a).

This emphasis on achieving goals reflects the work of Emerson (1985) and Felce and Perry (1995), who believed that well-being stems from individuals’ perception of their current situation and their aspirations. Some researchers use the term ‘quality of life’ is that it is used interchangeably with ‘well-being’ in a variety of disciplines. Others believe that this has made the task of defining wellbeing conceptually blurred (Morrow & Mayall, 2009).

A pertinent question which arises here is what is quality of life?

The World Health Organization defined quality of life as:

“an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment” (World Health Organization, 1997).

However, Stratham and Chase (2010) argue that the term wellbeing has enabled psychologists to ‘de-medicalise’ the concept of health. Consequently, it is now possible to consider quality of life separately from illness. Herzlich (1973), placed great emphasis on the attitude of the individual towards health, very like the current emphasis of wellbeing research using subjective wellbeing measures. Herzlich explained how health can be viewed in both a positive and negative light. Firstly, it can be seen as an absence of illness when individuals might not notice health until something affects it. On the other hand, Herzlich proposed that health can be seen in a positive light, as a presence of which one is fully aware because of one’s feelings of freedom and of bodily and functional well-being.

Forgaard and colleagues (2011) proposed that some researchers have preferred to ignore the multifaceted nature of wellbeing and equate it with only one construct (often life satisfaction), leading to the unfortunate omission of other important aspects of wellbeing. Consequently, it seems that a narrow emphasis on quality of life cannot adequately help us to define wellbeing. Indeed, it would seem that quality of life appears to be a dimension of wellbeing rather than an all-embracing definition.

The focus on positive functioning has also attracted increased attention in the past few years (Duckworth, Steen, & Seligman, 2005; Linley & Joseph, 2004; Linley, Joseph, Harrington, & Wood, 2006). It has its roots in William James’ writings on healthy mindedness (James, 1902), and to the work of Rogers (1961), who discussed wellbeing in terms of “the good life”. He believed that each individual strived towards becoming a fully functioning person who is open to experience, is trusting in his/her own organism, and leads an increasingly existential life (Rogers, 1961). His work has partly influenced the work of Ryff and Singer (2008) in their development of core dimensions of psychological wellbeing (PWB): self-acceptance; purpose in life; environmental.
mastery; positive relationships; personal growth; and autonomy.

Joseph and Wood (2010) recommended that psychiatry which has adopted a restricted view of wellbeing, seeing it as an absence of distress and dysfunction to incorporate measures of positive functioning.

The work of Keyes(2005) in the area of mental health has led to the use of the terms ‘flourishing’ and ‘languishing’ as scientific concepts, rather than as philosophical ideals, as they had been previously presented (e.g., Griffin, 1986; Sumner, 1996; Hurthouse, 1999; Nussbaum, 2000). Keyes’ work had a direct influence on the formulation of a well-being manifesto for a flourishing society’ by Shah and Marks (2004). This rather uplifting and encouraging document highlights that one of the key aims of any democratic government should be to promote the good life: a flourishing society, where citizens are happy, healthy, capable and engaged – in other words with high levels of well-being.

Shah and Marks consider wellbeing to be:

Well-being is more than just happiness. As well as feeling satisfied and happy, well-being means developing as a person, being fulfilled, and making a contribution to the community (2004)

Seligman’s new theory of wellbeing concentrates, yet again, on elements of wellbeing which he believes are a set of building blocks for a flourishing life: Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment (PERMA).

In the dynamic equilibrium theory of wellbeing (now more often referred to as set-point theory) Heady and Wearing (1989) suggest links between personality, life events, wellbeing and ill-being. For most people, most of the time, subjective well-being is fairly stable. This is because stock levels, psychic income flows and subjective well-being are in dynamic equilibrium’ (1991).

The science of ‘subjective well-being’ suggests that as well as experiencing good feelings, people need:

- a sense of individual vitality
- to undertake activities which are meaningful, engaging, and which make them feel competent and autonomous
- a stock of inner resources to help them cope when things go wrong and be resilient to changes beyond their immediate control.

It is also crucial that people feel a sense of relatedness to other people, so that in addition to the personal, internally focused elements, people’s social experiences – the degree to which they have supportive relationships and a sense of connection with others – form a vital aspect of well-being.

Mihaly Csikszentmihalyi’s (1975) concept of ‘flow’ – the state in which people are so involved in an activity that nothing else seems to matter (2002), which in turn leads to happiness. The original model assumed that enjoyment would happen when the strength of challenge and skills were both very low as well as when they were both high

Kloep, Hendry and Saunders (2009) observed that;

Each time an individual meets a challenge, the system of challenges and resources comes into a state of imbalance, as the individual is forced to adapt his or her resources to meet this particular challenge.

We can sum up by saying that, “stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge. When individuals have more challenges than resources, their wellbeing takes a hit and vice versa”.

The dynamic nature of the definition also reflects the viewpoint of Nic Marks, of the New Economics Foundation. He said:

“Wellbeing is not a beach you go and lie on. It’s a sort of dynamic dance and there’s movement in that all the time and actually it’s the actuality of that movement which actually is true levels of well-being” (Nic Marks, Radio 4, 7 January 2012)

CONCLUSION

Well-being is not an externally determined concept. It is a way of life. Just like we do lifestyle management for physical well-being, positive emotions like gratitude, forgiveness, hope, joy, contentment, interest and the like can bring about emotional well-being.

References


[46] http://dx.doi.org/10.1007/BF00352944


