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ARTICLE

Discourse on wellbeing in research and practice

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Abstract: The aim of this article is to consider debates around the contested nature of concepts of wellbeing in health and social science research and practice, given that government policy discourse centres on the importance of wellbeing as a tool for making policy and evaluating outcomes. It draws attention to the work of McNaught (2011). He has developed a definitional framework of wellbeing, in which wellbeing is perceived to be a macro concept or area of study concerned with the objective and subjective assessment of wellbeing as a desirable human state. The framework broadens wellbeing to a range of different domains beyond individual subjectivity, which has been the traditional focus of concern, and extracts it from customary affiliations with health to incorporate the family, community and society as a whole. The framework reflects the conceptual complexity of 'wellbeing' and highlights its dependency upon a range of social, economic and environmental forces that provide the resources and the contexts for the generation and maintenance of wellbeing at all levels of society. The article argues that the framework provides a paradigm that facilitates further development and systemisation of research and knowledge in the field of wellbeing. Firstly, the framework has the capacity to bring some clarity, inclusiveness and holism to research and practice. Secondly, it is useful as a tool to enhance theoretical frameworks and to guide the design and development of both health and wellbeing interventions. Thirdly, it provides the philosophical underpinnings for wellbeing policy development.

Keywords: wellbeing, definitional framework, holistic research, theoretical framework, policy development, well-being

1. Introduction: Health and wellbeing as contested definitions

Debates around concepts of wellbeing traditionally flourished within the philosophy of ethics, particularly around how 'one ought to live' and the virtues of finding happiness and satisfaction (Haybron 2008). Historically, sociologists have also expressed interest in wellbeing, especially 'subjective' wellbeing, where the individual seeks to re-evaluate wellness, and in the potential of wider social forces, such as modernity, to influence it (Veenhoven 2008). Contemporary debates about human wellbeing have also generated a growing body of literature and research as well as policy discourse (Stratham & Chase, 2010; McNaught, 2011; Seligman, 2011; Dodge *et al*., 2012).

While there is extensive, if contradictory, literature on the concept of wellbeing, it has defied simple definition, because of its inherent complexity (McNaught, 2011). Contemporary discourse often initially refers to the WHO (1946: 100) definition that "health is not the mere absence of diseases but a state of wellbeing". Whilst this definition links the concepts of health and wellbeing, it also has a tendency to underplay the significance and complexity of wellbeing as a concept. Health tended to be located within biomedical and positivist discourses.

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Wellbeing, on the other hand, was theoretically perceived as more appropriate to the domains of the emotional and psychological. As a result, wellbeing was often subsumed as one of many domains comprising the concept of health, as opposed to a phenomenon that might be analysed separately, even if it was agreed that both were related. The idea that wellbeing lay in the objective and subjective arena influenced argument around its measurement, for example, in the idea that it is effectively measured through finite economic and social indicators such as income, housing and work (Diener *et al*., 2009). Others, veering more towards the subjective side, relied upon individual, emotional and psychological interpretations of wellbeing (Felce & Perry, 1995).

Positive psychology has tended to integrate subjective states and objective elements such as family, community and the built environment. It then focuses upon how wider structural domains impact upon psychological development and influence individuals' active ability to cope, thrive and build resilience on the subjective level. The 'Quality of Life' concept has focused on the degree to which an individual's life is 'desirable' as opposed to 'undesirable', often accentuating environmental and structural determinants, such as income and other economic indicators. The structural circumstances and influences on the individual are accentuated as opposed to how individuals may interpret or alter the circumstances that impinge upon wellbeing. Clearly, there is much sense in acknowledging the wider circumstances influencing subjective wellbeing. However, it may also be suggested that analyses of the concept require a clear range of specialist areas of research and practice that understand positive states of existence in particular domains, among particular populations and circumstances (McNaught, 2011).

The current UK government is now committed to measuring people's 'individual' and 'psychological' wellbeing, using such indicators as 'satisfaction', 'anxiety' and 'happiness' (Stratton, 2010; Office for National Statistics, 2012). However, the emergence of wellbeing in policy discourse has not encouraged consensus either in respect of current government policy or in respect of how wellbeing is defined. The Department for Environment, Food and Rural Affairs (DEFRA) (2009) defines wellbeing as meeting individual need, giving sense of purpose in terms of personal relations, financial reward and attractive environments. On the other hand, government policy increasingly conceptualises health and wellbeing, not only in terms of absence of pain and disease, but also in terms of how they are produced through individual action and wider communities (Department of Health, 2010a; 2010b). The current UK government also often tends to view health and wellbeing as one and the same, produced on the social, physical, psychological and environmental level, suggesting that wellbeing is a multi-levelled definition, but not fully articulated as such. As a result, researchers, practitioners and policy makers need to be clearer in respect of potential definitional frameworks and how they are used to articulate interventions, policy and evaluations. It can be argued that McNaught's (2011) framework attempts to provide the parameters within which operational definitions of wellbeing can be constructed. By so doing, it provides a common currency that facilitates the operationalization of wellbeing research and practice initiatives, thereby making rigorous evaluations and comparisons more possible than is currently the case.

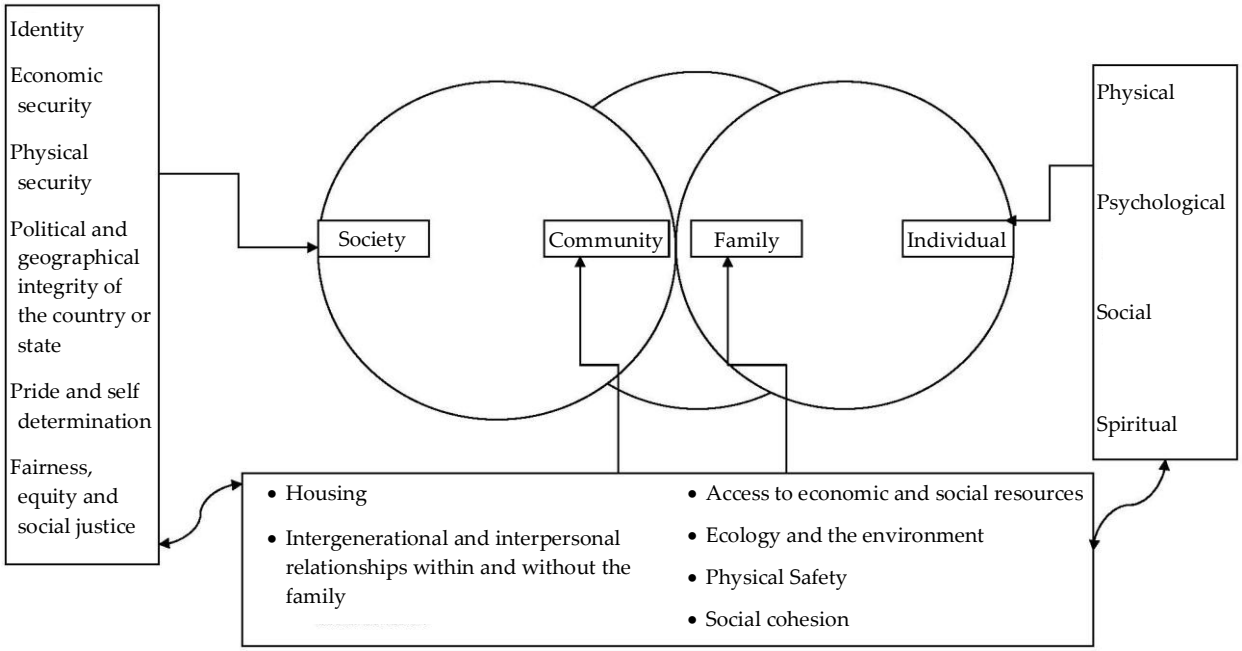
2. A definitional framework for the concept of wellbeing

Given the multiplicity of approaches in defining and theorizing wellbeing, McNaught (2011) has attempted to identify and articulate the principle factors and relationships that create what is perceived to be 'wellbeing' through the development of what he terms a *definitional framework* of wellbeing. This framework is predicated on the idea that wellbeing constitutes an area of

research and practice that has objective and subjective components, and that social scientists cannot make rational evaluations of wellbeing as a state unless both are taken into account.

The framework broadens wellbeing to a range of domains beyond individual subjectivity and extracts it from customary affiliations with health to incorporate the family, community and society as well as a range of environmental, geographic, socio-economic and political forces. While the individual is included in the model, the individual perspective does not dominate; the model considers all aspects of wellbeing. The four domains of the framework are individual wellbeing; family wellbeing; community wellbeing and societal wellbeing.

Figure 1. A structured framework for defining wellbeing



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The framework perceives wellbeing as dynamically constructed by its actors through an interplay between their circumstances, locality, activities and psychological resources, including interpersonal relations with, for example, families and significant others. Individuals alter their own accounts of their lives with reference to four domains. An example is when an individual does not feel happy with the situation in his or her birth family and resolves this by moving to another branch of the family or decides to do things differently when he or she starts a family. Conversely, individuals can choose different models of relationships (personal and familial) where their previously unmet needs are satisfied. This can also involve moving to a new community or setting that offers economic opportunities and psychological resources different from those the individual previously had within the family.

2.1. Individual wellbeing

McNaught (2011) perceives individual wellbeing as an important component of the framework, locating the active agent as possessing the power and consciousness to interpret and design wellbeing. Drawing upon Diener (2005), subjective wellbeing includes positive and negative evaluations about, for example, work and life satisfaction and affective reactions to life events

such as joy and sadness. Whilst individuals actively create and interpret wellbeing, it is capable of being influenced by socially defined concepts of wellbeing such as 'how life should be' and other standard definitions (Michalos, 1985; Veenhoven, 2008; Robinson, 2010). Individual wellbeing is multi-dimensional, incorporating, for example, subjective experiences of career and financial wellbeing, and physical, psychological, spiritual and moral experiences, further conditioned by those wider structural conditions and objective circumstances of an individual's life which are capable of external observation and measurement.

2.2. Family wellbeing

Family wellbeing refers to positive and negative evaluations such as life and work satisfaction, interest and engagement, quality of interpersonal and intergenerational relations, family access to economic and other resources and circumstances in which individuals live their lives (however one defines the family). Families mould individuals and provide resources such as love; money; and information and status, which can enhance or reduce individual wellbeing. The family is conceptualised as a system organised around a hierarchy of subsystems of individuals and family members (Bonomi *et al*., 2005), providing welfare, adjustment to circumstances and developmental outcomes from childhood to adulthood.

2.3. Community wellbeing

Whilst there is no universal definition of community or community wellbeing, the concept generally refers to the social, cultural and psychological needs of individuals, their families and communities. It extends beyond solely subjective wellbeing, recognising the influence of health, poverty, transportation and economic activity, and of environmental and ecological considerations. Central to the concept of community is 'social capital', which includes skills, goods and resources required to enable individuals to develop adequately in terms of both health and wellbeing (Coleman, 1998; Putnam, 1995; 2001; Baum & Ziersch, 2003; Helliwell & Putnam, 2007). Identification with and participation within localities and communities can often be a source of social, psychological, spiritual/moral and physical wellbeing. Communities themselves are moulded and influenced by external sources and events that can erode economic viability and physical and environmental security. The relationship between family and community wellbeing is central to the framework. For example, individuals can construct and draw upon personal and economic resources through familial relations, but this ability is mediated through available opportunities and constraints within the wider community (Williams *et al.,* 2011; Smith *et al.,* 2011). Individuals and families might possess higher levels of wellbeing and social capital when they live in areas of low deprivation, or of regeneration, and have positive interaction with neighbours and friendship networks.

2.4. Societal wellbeing

The promotion of wellbeing at the societal level has come to the fore in recent years, generating further debate about how to define and assess wellbeing. Stiglitz (2002) points out that change in the economy and its effects on society have rendered Gross Domestic Product (GDP) as a measurement of economic wellbeing inadequate. The framework draws upon Skilton (2009), who perceived societal wellbeing as a positive or negative mental state arising not only from the actions of individuals but also from a host of collective goods and relations with other individuals. A requirement for societal wellbeing is that basic needs are addressed and that individuals are integrated through a collective sense of purpose, achievement of goals and

participation in society. The concept of societal wellbeing draws in other elements of the framework in that it recognises that national and international concerns and conditions affect local communities and individuals and vice versa.

The influence of society generally on subjective and individual wellbeing is demonstrated, for example, in the financial rewards, forms of employment, public services and state of the environment that national policy encourages and creates. The development of the concept of societal wellbeing has raised issues around structural social inequalities (Wilkinson & Pickett, 2010) and the development of methods for assessing and measuring it, for instance, the Human Development Index (HDI) and the concept of Gross National Happiness (GNH).

We now proceed to consider how the framework may be extended for future use among researchers, practitioners and policy makers as wellbeing assumes centre stage in national and global policy discourse.

3. Clarity and holistic research and practice

The framework posits wellbeing as a macro concept or paradigm with clearly recognised components and relationships that have been established in a range of uni- and multi-disciplinary studies. It does not dispute that there are conflicts and nuances in the way 'wellbeing' is operationalized and conceptualised. However, the essence of the framework is that these conflicts and nuances can be contained within the overall dynamics of the framework, which anchors the operational conceptualisations of wellbeing within a clear and broader definition. This is consistent with the philosophical and scientific origins of the concept of wellbeing. The framework acknowledges the contested nature of concepts and ideas around wellbeing, demonstrating its multiple nature; but integrates it into a framework which provides for some organisation, structure and clarification. Simultaneously, the framework appears to allow sufficient opportunity to focus on the very rich and detailed specifics that comprise wellbeing. It also accentuates the 'uniqueness' of wellbeing as a topic in itself, as distinct from concepts of health; although there is much space in the model to examine relations with health and various other domains. It focuses upon wellbeing as more of an existential and multiple concept and domain of the human experience than previous models which attempted to work towards uncontested universal definitions (Dodge *et al.*, 2012).

The framework allows for objective and subjective definitions and assessments of different strands of wellbeing. The attainment of wellbeing, as a result, is not just a matter of behavioural change or advancement of 'positive psychology'. The framework's multi-level and inclusive approach recognises that the quest for public and social policy solutions is a strategy that allows structures that are detrimental to individuals, families and communities to be altered. The model is also elastic enough to focus on individual 'psychology' and individual requirements, whereby the lay person can articulate needs and solutions. The inclusion of objective and subjective dimensions, together with a range of domains of study, provides clear guidance to researchers as to what research methods to employ when conducting research on potential interventions, strategies and likely outcomes. The strength of the framework is that it brings together how people feel about their circumstances and assessment of how their objective circumstances affect them as individuals, families and societies. The virtue of this approach is that it reverses a tendency towards fragmentation, silo thinking and silo analyses in the social sciences. It is likely that a combination of quantitative and qualitative methods will suffice, depending on the area and content of study. Clarity around research and frameworks also enhances more effective practice (Glanz *et al.*, 2008).

4. Development of potential theoretical frameworks and design of wellbeing interventions

Glanz and Rimer (2008) assert that behaviour change and education is best served when it is built upon a combination of theories. Theoretical frameworks inform assumptions about behaviour and its determinants, pioneer data collection and underpin planning of adequate and innovative interventions. Traditionally, health belief and ecological theories have shaped both health and wellbeing interventions. We anticipate that the definitional framework provides a route for the development of other theoretical frameworks to guide the design of interventions. The structure of the framework is dynamic because the components are lived entities, and the relationships within and between these entities are in continual flux. This emphasis upon change and the multi-levelled construction of wellbeing locates the model in the school of thought that combines both agency and structure. It locates active individuals within a web of other domains which themselves are altered by the other domains and the individual. Wellbeing is constituted through a duality of structure (Giddens, 1984; Stones, 2005). Social environment and structure is both the medium and the outcome of social action as individuals negotiate reflexively through both according to circumstances and interpretation.

This theoretical approach moves beyond purely positivist foundations and enables health and social care professionals to consider how structure, for example, the family and/or community (and individual interpretations of them), is produced in combination, ensuring a framework that focuses on wellbeing on various levels (Smith *et al.,* 2011). As Delle Fave and Massimini (2007) point out, individuals acquire from their environment information that they subsequently replicate and transmit. Subjectivity and reflexivity allow space for individuals to reinterpret and reassess everyday stimuli that originate in wider circumstances beyond the individual.

The most effective interventions seek to influence individuals and environments (Smedley & Syme, 2000; Glanz & Rimer, 2008; Smith *et al*., 2011; Buck & Frosini, 2012). The definitional framework can guide healthcare practitioners in unpacking the influence of a range of domains, assessing their significance and impact in terms of behaviour change and population-based intervention outcomes. The personal and structural rules and resources (Giddens, 1984; Hendrey & Kloep, 2002; Williams *et al.,* 2011; Smith *et al.,* 2011) of an individual or community (for instance, family and community relations and/or ability to cope, thrive or develop resilience) impact significantly on how wellbeing (along with health) is created and maintained. For example, individuals with poor physical health may interpret their conditions differently according to attitude, behaviour and circumstances. Individuals can develop wellbeing through mobilising personal resilience despite poor circumstances such as poverty or inadequate housing and physical disease (Smith *et al*., 2011). Similarly, individuals can choose to moderate negative behaviour that affects health and wellbeing. This includes behaviour such as over-consumption of alcohol or reactions to stress depending on, for instance, personal characteristics or peers and families, that may facilitate effective resilience and motivation to change (Smith *et al*., 2011). The question of adapting resources to fluctuating challenges and circumstances has been taken up by Dodge *et al*. (2012) in their attempt to provide a simplified and universal definition of wellbeing.

The development of interventions does not exist independently of the circumstances of individuals and the contexts in which they occur. Similarly, interventions not only generate outcomes, but actually spell out contexts of choices and responses that influence process and outcome. For example, the Healthy Foundations Life-Stage Segmentation model (Williams *et al.,* 2011; Smith *et al.,* 2011) suggests that interventions to enhance health and wellbeing should account for, for instance, the psychological motivations, resources and environmental

constraints and opportunities that affect behaviours. Interventions should be designed to match the abilities and resources of an individual at a given time, but strategies can be altered as the individual develops and changes (Williams *et al.*, 2011; Smith *et al.*, 2011).

By clearly identifying domains of wellbeing, the framework can assist researchers and healthcare practitioners to identify potential and/or appropriate levels of interventions. For example, community has been found to be a significant influence in the success of interventions (McNaught, 2011; Smith *et al.*, 2011), where the quantity and quality of community resources and relations impinge upon outcomes. By providing a multi-level framework, and classes of relationships or factors to measure and monitor, the framework provides a starting point to initiate design of the intervention without being prescriptive. The framework also provides other potential resources and outcomes generated through other contexts. The main benefit of the framework is its attempt to establish a common language and conceptual boundaries in a field of study which has been difficult to make sense of. As a result, it is easier to evaluate the significance of theoretical contributions and design and evaluate initiatives in a more systematic and organised way. Conceptual rigour will enhance the design and development of health and wellbeing initiatives, ensuring that they are more manageable and focused. The framework will also develop rounded portraits of groups and individuals, their needs and requirements and provide the most effective means of assistance (Smith *et al.*, 2011).

5. Wellbeing policy development

As has been mentioned, government policy in the United Kingdom increasingly places wellbeing at its centre (Department of Health, 2010a), although no agreement has yet emerged as to what constitutes wellbeing. At the same time, the government is encouraging opportunities for national and local services to develop and deliver services related to wellbeing (Department of Health, 2010b). The establishment of Health and Wellbeing Boards, and new roles for General Practitioners (GPs) in England providing for wellbeing locally under GP consortia, is an example of this. Health and Wellbeing Boards are integral to the changes to the English public health structure currently being implemented. We feel that a clearer and holistic definitional framework of wellbeing can significantly assist this, providing philosophical guidance to underpin, develop and evaluate wellbeing policy. Holistic approaches, if adopted, will have implications for the changing roles of healthcare professionals as well as for their ability to develop expertise. More innovative approaches will be required for service delivery within future financial constraints and an evolving public health system (Department of Health, 2010b).

There is also a requirement to develop wellbeing strategies in the long term if the concept is to have any value or public policy relevance. This, for instance, means developing a long-term perspective on how to encourage wellbeing across the lifespan (given an ageing population) and developing the relevance of the domains through the life-course and associated life-stages (Department of Health, 2010b; Smith *et al.*, 2011). It also entails delivering policy aligned to wider issues of economic cycles and social change. Stewart and Knight (2011), for example, have examined the influence of private sector housing across the generations within the context of, for instance, neighbourhoods and social capital. The other requirement for wellbeing policy formulation will be the continued consumerization and globalisation of healthcare (Jones-Devitt, 2011) and issues of access to wellbeing services. Devolution to Wales and Scotland also has implications for policy and practice (Bain & Adams, 2011). Wellbeing, defined holistically and assigned long-term relevance and value, must be backed up by relevant practical application which enshrines these goals. Consumerism often elevates the individual, choice and

risk (Kemshall, 2002) but is this to occur whilst neglecting structural determinants such as poverty and poor environments? As Venhooven (2008) asserts, subjective wellbeing is both an outcome of social systems and a factor in their functioning.

Delle Fave and Massimini (2007) draw our attention to the concept of 'optimal experience', a state of engagement, involvement and enjoyment which individuals may experience according to personal preference and the wider environment. Such an outlook strengthens the case for person-centred wellbeing interventions and public policies that are long term and cover all relevant domains and contexts. This calls for a collaborative approach between researchers, intervention agencies and service users to ensure consistency by policy makers (Delle Fave & Massimini, 2007) if wellbeing is to be established as an important element of future policy commitment. The clarity and consistency in domains throughout the framework reinforces the need for continued clarification of wellbeing and development of policy. The framework's ability to locate wellbeing within a macro concept or area of study concerned with objective and subjective assessment and the broadening of the concept of wellbeing to a range of domains beyond individual subjectivity, provide some clarity and consistency to assist future policy development.

6. Conclusion

This article has provided a brief overview of contemporary debates around wellbeing and outlined McNaught's (2011) definitional framework of wellbeing, which we argue is broad and holistic, but sophisticated enough to deconstruct and apply practically. The model has some limitations. For example, it does not explore the global domain in much detail, nor the potential consequences of globalisation to establish global standards of wellbeing, often predicated on a Western view. Questions around global and established standards will assume increasing importance and bring the issue of 'universal' versus 'culturally specific' ideas around wellbeing to the debate (Diener, 2009). It can also be argued that the framework is biased towards a Western 'post-industrial' society, although that does not preclude developing similar frameworks within non-Western countries and contexts. Currently, the framework provides the ability to study and analyse wellbeing in different cultures and contexts. There is also capacity to explore how individuals in different cultures and communities adapt rules and resources according to circumstances and constraining influences. This article has outlined three distinct but related theoretical and practical uses of the framework: its capacity to bring some clarity, inclusiveness and holism to research and practice; its usefulness to theoretical framework development and design of wellbeing interventions; and as a tool for wellbeing policy development.

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