

Wellbeing: conceptual issues and implications for interdisciplinary work

Sarah Edmunds

*Department of Psychology, University of
Westminster*

Summary

Wellbeing is a common term in both policy and academia but it is often used in a conceptually vague way and means different things to different people. These issues may limit its potential to create the positive changes that are intended by those who promote wellbeing. Interdisciplinary research and practice offers great potential to further our understanding of, and ability to enhance, wellbeing. However, this type of research is challenging.

I believe that as a society we still have much to learn about wellbeing and how it can be enhanced. I think that each academic discipline has something useful to contribute to this debate and that bringing their varying perspectives together is important to move our understanding forward. However, having worked in interdisciplinary teams for the last 10 years I have experienced many challenges associated with such interdisciplinary research and think we need more discussion about why interdisciplinary work is so difficult and how it can be done better.

Introduction

Wellbeing has long interested lay people, governments and academics alike and in recent years the term has been used increasingly in the policy and academic literature. Many governments and policy-makers now describe the promotion of wellbeing as an explicit goal, and this has included the reorientation of healthcare towards wellbeing in many countries.¹

Despite this current interest in wellbeing the term is still often used in a fuzzy way without a clear conceptual basis. There is also no universally agreed definition of wellbeing although it is generally thought to involve positive states of being across several domains of a person's life. It can be described as a socially constructed term; in other words the concept of wellbeing has been created or invented by participants in our culture and exists because people agree to behave as if it does exist. This idea helps to explain why wellbeing is problematic to define. It has evolved to have different meanings in different policy areas and academic disciplines.

Each meaning of wellbeing is appropriate within its context but the diversity of meanings can cause difficulties in situations where multiple agencies work together to promote wellbeing. At a surface level the concept of wellbeing is useful in this situation as it acts as a unifying goal for diverse agencies, and so helps to create a sense of agencies working together rather than pulling in different directions.² However, a closer examination is likely to show that the different agencies have different beliefs about what wellbeing is, how it may be identified and measured, and crucially how it may be achieved. For example, individual health needs, personal liberties and opportunities, living standards, quality of life and social exclusion are all overlapping aspects of wellbeing which different agencies will prioritise in varying orders.³ The result is that agencies working together for a seemingly common goal of improving wellbeing are likely to have different understandings of this goal which can lead to difficulties in decision-making and targeting resources.

A further consideration when discussing wellbeing is how it is differentiated from the related term 'health'. As with the definition of wellbeing this is a contested issue; different academic disciplines and policy areas differentiate between wellbeing and health in different ways. There is also debate within disciplines. For example Carlisle *et al*⁴ suggest that within the discipline of public health, the term 'health' relates to individual physical functioning whereas wellbeing is seen as a broader concept. On the other hand Cameron *et al*⁵ argue that health is a broad concept that includes positive and negative components. They consider that the term wellbeing is a confusing and unhelpful addition and are critical of its use in the public health arena at all. A third viewpoint is put forward by Miller and Foster (see page 4); they suggest that many people view health and wellbeing as the same thing, or very closely related.

In this paper I have chosen to focus on understanding the meaning of wellbeing as this seems to me a pre-requisite to differentiating it from health. I consider wellbeing as a broad concept that has meaning within non-medical disciplines such as economics as well as those which have traditionally focused on health-related outcomes. The following section provides a brief overview of the ways in which the term is used across a number of disciplines.

How the term wellbeing is used across disciplines

Much of the research and discussion into wellbeing has occurred in psychology and economics. Within psychology two currently popular perspectives are the hedonic and eudaimonic approaches. The hedonic approach focuses on happiness and defines wellbeing in terms of the attainment of pleasure and avoidance of pain.⁶ So, hedonic psychologists work to maximise happiness and minimise misery. Research within this perspective investigates subjective wellbeing in terms of the presence of positive mood, the absence of negative mood and life satisfaction.⁷ The eudaimonic approach focuses on meaning and self-realisation and defines wellbeing in terms of the degree to which a person is fully functioning.⁶ Eudaimonic psychologists believe that subjective happiness cannot be equated with wellbeing. One argument for this is that some actions which are initially pleasurable, for example smoking or taking drugs, are not in the long term good for people or able to promote wellness. Assessment of eudaimonic wellbeing typically includes measuring constructs such as autonomy, growth, self-acceptance, mastery and positive relatedness,⁸ or in other words happiness plus meaningfulness.⁹

In economics GDP per head is a well established and internationally agreed measure of economic wellbeing.¹⁰ It is increasingly being recognised though that GDP does not capture the whole of societal wellbeing and that wider measures are required, leading to a flourishing of research into the 'economics of happiness'.¹¹ The so-called

Easterlin paradox has been a driver in this area. Easterlin was one of the first economists to measure the relationship between GDP and happiness and showed that reported happiness has remained level in the US over the last 30 years while GDP per head has steadily increased. One suggestion to explain the paradox is that people's happiness is determined by their wealth relative to others in society not in absolute terms.¹² Economics has also been credited with making a significant contribution to identifying the underlying conceptual components of wellbeing, which include cross-cultural comparisons and pluralism.²

Wellbeing has also become an important construct in a number of other disciplines. A review of six discipline areas – psychology and economics, plus biomedicine, health studies, sociology and anthropology – found some noteworthy differences in how the term was used.² A strength of their review was that as well as searching specifically for the term 'wellbeing' the authors identified concepts that were similar to wellbeing but went under a different name in other disciplines. In relation to the four discipline areas not discussed previously the review found:

- the biomedical literature tended to use the term wellbeing interchangeably with physical health
- holistic medicine tended to focus on psychological and physical interactions but paid little attention to social health
- health promotion literature made few references to wellbeing and tended instead to measure discrete health outcomes
- within sociology and anthropology there was little attention to wellbeing. The reviewers did find reference within the anthropology literature to lay conceptions of wellbeing which incorporated issues of power and inequality, inter and intra-societal variation and pluralism.

Two further areas which it is worth mentioning briefly are the environment and spirituality. In the area of wellbeing, social geography focuses on the individual-environment relationship, and includes ideas of quality of life, urban environmental quality and liveable cities.¹³ Spirituality is about personal endeavours to create meaning out of life and the sacred.¹⁴

The need for an interdisciplinary perspective on wellbeing

The above is by no means an exhaustive review of the disciplines in which wellbeing is discussed and researched but it serves to illustrate the variety of ways in which wellbeing is conceptualised across disciplines. The nature of academia where people become experts within their disciplines and may well stay within that discipline for their whole career means that these disciplinary differences are perpetuated. In their review de Chavez *et al*² noted that overall few interdisciplinary studies were identified and concluded that the existing disciplinary boundaries

do not support the development of a more holistic understanding of wellbeing.

Furthermore there are strong theoretical arguments for conducting interdisciplinary research into the nature and meaning of wellbeing. These were put well by Sayer¹⁵ when he stated:

'While all disciplines ask distinctive and worthwhile abstract (ie one-sided) questions, understanding concrete (ie many sided) situations requires an inter-disciplinary, or better, post-disciplinary approach, which follows arguments and processes wherever they lead, instead of stopping at conventional disciplinary boundaries, subordinating intellectual exploration to parochial institutional demands.'

In other words interdisciplinary research would help us to move towards an integrated understanding of wellbeing which is not constrained by disciplinary boundaries.

Developing an interdisciplinary approach to wellbeing

Recent funding calls from the UK research councils show that there is currently a perceived need to develop interdisciplinary research to investigate wellbeing, and the promotion of wellbeing in society. However, one of the pitfalls of research which sets out to be interdisciplinary is that in reality it ends up being a series of studies of the same population each from their own theoretical perspective. For example within a project to promote wellbeing in the elderly in a deprived London borough a public health specialist may look for reductions in indicators of morbidity, a psychologist at whether individuals report greater quality of life and a sociologist in the sense of community wellbeing. The result would be that it was difficult to draw out new understandings about the holistic nature of wellbeing and interactions between factors which cross disciplinary boundaries.

Table 1 Foundations of Knowledge Framework

| Knowledge assumption | Explanation |
|--|---|
| Research domain | Within a discipline there is a focus on a domain which is conceptualised as having one meaning whereas in a different discipline the same domain may have a different meaning (eg an economic approach to poverty as income-related or a social science approach focusing on human poverty). |
| Values/standpoints/normative theories | Each research approach is based on a normative theory about 'the good life' and how it might be obtained (eg human need theories, feminism). This normative theory varies between disciplines. |
| Ontology – what is the world assumed to be like? | This recognises that conceptualisation of the world is both a theoretical and methodological exercise. The main division is between positivism and relativism. |
| Epistemology – how can the world be known about? | <i>Positivists</i> assert that this is through measurement, and that measurement is independent of the context and character of the measurement process. <i>Relativists</i> are interested in unique interpretations and consider that the meaning of data may be different for every interpreter. <i>Critical realists</i> consider that what is important is: 'is a piece of knowledge practically adequate at this point in time?' |
| Theories, conceptual frameworks and models – understanding and explanation | What is thought of as a theory varies between and within disciplines and is linked to particular epistemologies. Three types of sociological theory are: <i>theorising</i> (using theories of other scholars to further develop theories); <i>conceptual frameworks</i> (using a framework to guide exploratory empirical research when not much is known in the area); and <i>theories</i> (sets of substantive propositions). |
| Methodological frameworks | These include research objects, research instruments and modes of analysis. Each discipline has its own research instruments and analysis methods. The research objects which are prioritised also differ between disciplines. |
| Theoretical and empirical conclusions | There are four types of comparisons which can be used in conclusions. These are: 1) purely individualising comparisons (treats each case as unique); 2) purely universalising comparisons (identifies common properties); 3) variation finding comparison (systematic differences); 4) the encompassing approach. A post-disciplinary approach would use all approaches interactively depending on the problem to be investigated. |
| Rhetoric | Different disciplines each have their own language and meanings attached to words. During interdisciplinary research the meanings of words and symbols becomes very important and there is a need for people from each discipline to be clear about what they mean and try to understand what people from other disciplines mean. |
| Implications for action and practice | Different disciplines vary in terms of what they consider should be done as a result of research and who it should be who does this. For instance should governments, individuals or communities be the end users of the research? |

(Adapted from Bevan¹⁶)

One novel approach which may help researchers from various disciplines develop a common, conceptually clear understanding of wellbeing is the 'Foundations of Knowledge Framework'.¹⁶ The nine components of this framework are described and explained in Table 1. By highlighting the ways in which disciplines differ in their understanding of wellbeing this framework could provide a basis from which wellbeing could be better conceptualised and operationalised.

In my experience, difficulties in developing interdisciplinary research around wellbeing can occur because individuals are so accustomed to the knowledge assumptions prevalent within their own discipline that they are unwilling to consider alternative perspectives of others. This may in part be due to limited understanding of the knowledge assumptions which underlie other disciplines. For example some researchers within an interdisciplinary team may take a positivist approach and see the aim of their work as improving objective outcome measures such as educational achievement, whereas others may take a relativist view and see the aim of their work as improving people's subjective interpretation of their circumstances. These individuals may also differ in what they consider should change as a result of their efforts, eg individual's lives, community wellbeing or government policy. The Foundations of Knowledge Framework provides a framework for researchers or practitioners to explain their own understanding of wellbeing and explore how this differs from others within an interdisciplinary group. As a result of this increased understanding more integrated research designs and interventions could develop.

A further consideration is the individual characteristics that are required of an interdisciplinary researcher or practitioner. Myerson¹⁷ described cross-disciplinary research as requiring: personal commitment, self-reflexivity, a communicative character and openness to dialogue, and a culture of intellectual encouragement. In my experience of interdisciplinary discussions around the meaning of wellbeing these qualities are very important to enable ideas to develop. For example, people must feel safe to ask questions about ideas which are new to them but which are very familiar to others in the group. There can also be a natural tendency for each member of the group to argue for the superiority of their disciplinary understanding of wellbeing over the understanding of other disciplines which can prevent progress if members do not reflect and become aware that this is what they are doing.

In summary this discussion has highlighted the variety of meanings attached to the term wellbeing and the potential problems which can occur as a result. Greater conceptual clarification of the term when it is used in both

academic and policy arenas may help to focus and bring together interdisciplinary projects around a truly common goal. The difficulties of undertaking this type of truly interdisciplinary work should not be underestimated but it has great potential to help us move forward and understand wellbeing more holistically.

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