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Understandings of well-being: Implications for public policy

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1. Well-being: Roots of a concept

The shift towards the concept of well-being as an objective in public health policy has a long and protracted history, which can be traced to the fourth century B.C. At this time, ancient Greek philosophers, such as Aristippus and Aristotle, grappled with understanding the concept and instructing people how to achieve well-being through the manner in which they lived their lives. Contemporary scholars and policy makers have continued this tradition apace, embracing subjective measures to complement objective indicators of well-being, most notably gross domestic product (GDP). The desire or resolve to measure subjective well-being emerged, in part, from a growing body of evidence depicting a monotonic relationship between GDP and happiness or life satisfaction: increases in GDP are not matched with similar increases in happiness or life satisfaction. This has been termed the Easterlin paradox and it afflicts many affluent countries including Northern Ireland (NI). In light of this finding, numerous initiatives at the national and international level have questioned the utility of GDP as the sole measure of social progress. These include the Beyond GDP Conference (2007¹) and publications by the Commission on the Measurement of Economic Performance and Social Progress (Stiglitz, Sen, & Fitoussi, 2009²), National Economics Foundation (2009³): 'National accounts of Well-being: Bringing real wealth onto the balance sheet'

and the National Economics and Social Council (2009⁴): ‘Well-being matters: A social report for Ireland’.

2. What is well-being?

There is no single, universal definition as to what constitutes well-being; different people hold different ideas as to what the term means, using different words to describe it. Looking to specific academic lines of inquiry offers little guidance either, given that the object of the assessment differs across disciplines. For example, within the medical and health literatures, well-being is viewed as a positive state of physical functioning enhanced by avoiding harmful behaviours such as smoking, taking drugs or drinking to excess while simultaneously engaging in moderate, salubrious acts such as regular exercise and consuming a healthy diet. Conversely, within the economics literature, well-being is viewed as the extent to which individuals have access to goods and services deemed necessary for an adequate standard of living. Notwithstanding these issues, there is agreement that well-being constitutes an outcome (i.e. a product of how we feel at a given point in time), a process (i.e. an evaluation of either ‘being well’ or ‘being ill’), and a state (i.e. a person’s current condition).

It is important to embrace the plurality of the concept and the multitude of terms used to describe or refer to well-being as opposed to trivialising it. Such terms are important in facilitating our dialogue with other individuals working towards a similar aim across different areas and departments, including academia, industry and voluntary organisations, in public health policy. It also disguises complex, scientific concepts and jargon thereby facilitating effective communication and engagement with the lay public.

However, its pluralism is also its downfall, particularly when applying the construct as an objective in public policy. Many individuals use the term interchangeably, confusing it with other concepts (e.g. satisfaction, happiness, standard of living and welfare), each of which also lack conceptual clarity, thereby muddying already muddied waters. Part of the problem is that these words have become integrated into our everyday vernacular and used somewhat unreflectively. With no clear definition as to what well-being is or how best to measure it, it is difficult to envisage how the concept might prove a useful indicator for public health policy. To facilitate our understanding of the concept, we undertook a conceptual mapping exercise to explore how academics talk and write of

well-being in the literature. Our findings confirmed the two dominant discourses in the literature: well-being as an individual good and well-being as a common good.

2.1. Individual good

Understandings of the ‘individual good’ are underpinned by two different schools of thought, indicative of ancient normative accounts of well-being: hedonia and eudaimonia. *In toto*, these accounts view well-being as the private property of individuals; something that only they can experience and feel.

Hedonia is underpinned by the utilitarian philosophy of Jeremy Bentham. He formulated the ‘greatest happiness principle’ reasoning that it is the role of social policy to maximise happiness for the greatest number of people by promoting pleasurable activities and discouraging harmful or distasteful acts. These early hedonist accounts provided insight into an individual’s mental state, measuring perhaps how well a person or a group of people might perceive their lives to going, either across the lifespan or in relation to specific domains, such as health, relationships or work. Difficulties in measuring mental states, however, soon shifted attention from subjective to objective indicators of well-being, namely preferences. Until recently, preference-realisation accounts, which suggest that individuals maximise their well-being by fulfilling their desires, have remained the dominant paradigm in public policy. Yet, over the last two years, policy has been reverting towards mental states, particularly subjective well-being colloquially termed happiness. The regression towards subjective conditions, or *Back to Bentham* as it is commonly known, emerged against a backdrop of understanding which suggests that (1) happiness is the main goal of humans; it is an end in itself, (2) it is measurable, (3) we know what makes people happy and (4) policies should strive to make most people happy for most of the time (Layard, 2005⁵).

According to hedonists, income is an important indicator of well-being. Findings exploring the relationship between income and happiness within countries show that absolute income matters. Increases in wealth and disposal income perpetuate gains in well-being while decreases in wealth and disposal income lead to drops in well-being. This relates to the purchasing power of money. Richer people are happier because they have more disposable income which affords them greater freedom to behave how they please. This approach underpins the government’s philosophy that high levels of

economic growth, achieved via a capitalist economic system, can secure the nation's well-being. However, at the country level of comparison, many studies show that income and happiness are unrelated, leading governments to reassess the priority given to economic growth and explore eudaimonic explanations of well-being.

Eudaimonists criticise the pursuit of wealth and material goods, arguing that while money has instrumental value as a means to other things, it lacks intrinsic value and it is not an end in itself. Often accredited to Aristotle and translated as flourishing, eudaimonia, reflects the extent to which an individual has a 'sense of coherence' or 'life purpose'. For eudaimonists, well-being results from virtuous behaviours such as courage, honor, valour, generosity, justice, and fairness. A 'good life' is a life lived according to one's true potential, through moderation and reason. Thus, while hedonists view well-being as the sum of collective pleasurable experiences, eudaimonists view well-being as a meaningful appraisal of one's existence. Numerous theories have been informed by eudaimonia including Self Determination Theory, Ryff's Theory of Psychological well-being and perhaps most notably, the Capabilities approach.

2.2. Common good

Yet, a society is more than the sum of its parts and an exclusive focus on the individual good is orthogonally opposed to alternative approaches, which promote the 'common good'. The common good reflects those goods which are shared by all members of a society but are not private to any one individual (i.e. public wealth). Essentially, the common good is the whole of various institutions, social activities, customs and habits, or 'structures of living together' which emerge from life in common, from the relationships between people (Deneulin, 2008, p.110⁶). These are those irreducible social goods – goods which are a part of well-being and only exist because people share them. While the common good arises from the collective actions of individuals, unlike collective goods, the common good ceases to exist once individuals stop interacting. For example, the National Health Service (NHS) is an institution which is a concrete expression of the irreducible social good of solidarity or social cohesion. Today, however, this value is being slowly eroded and replaced by individualism as reflected in the push for the NHS reforms and a two-tier health system: a public health care system for the poor and a private system for the rich.

Although the capabilities approach is concerned with what individuals value and have reason to value it is perhaps the closest account, which also endorses the common good. It prioritises those institutions, processes and structures independent of sensations yet which still allow happiness and satisfaction to flourish. If policy is to advance the individual good, it is important to consider these structures of living together (i.e. common good), which determine in the first instance, what the citizens of a given society are likely to have reason to value.

3. Well-being in policy

Policies which hyperbolise the individual good, place individuals at the centre of the policy process. As a result, they tend to prioritise individual outcomes and individual agency as the means to advancing well-being. Policies are developed and tailored to meet and support individuals' needs, and efforts are directed towards assessing the risks that individuals face; either removing those risks or ensuring appropriate supports are put in place to negate these risks.

Such policies endeavour to improve well-being through the way in which individuals live their lives across the lifespan and/or specific life domains. Inevitably, the types of objectives and targets set are likely to focus on helping individuals to make better, more informed choices as regards how they live their lives. A key objective within 'Investing for health', for example, is 'to enable people to make healthier choices'. Yet, this approach ignores those institutions which also can impact on a person's ability to lead healthy lives; responsibility for improving and sustaining well-being rests solely with the individual. Furthermore, focusing on individuals and promoting the interests of the majority, fails to consider how changes may impact on the well-being of subservient and minority groups. For example, policies are unlikely to advance well-being for the entire nation when fruit and vegetables are becoming a luxury good for the most poverty stricken members of society.

Policies which endorse the common good place society at the centre of policy, striving to develop and sustain those institutions, structures and processes - the scaffolding - that allow individual well-being to flourish. Such policies endorse the original meaning of Kennedy's aphorism 'a rising tide lifts all boats'. They situate individual well-being

within a wider macro context, and argue that only by improving how a society functions can we improve the individual well-being of its citizens.

Policies which seek to advance a common good focus on those structures of living together which affect the opportunities and choices presented to people. Thus, rearticulating the concept of 'healthier choices' as a common good, involves redirecting our attention to those higher order institutions which influence people's decisions such as the accessibility and affordability of fruit and vegetables, and perhaps more importantly, the monopoly of shelf space by larger conglomerates. Policies which fail to address the common good therefore erroneously exclude other pertinent actors with a key role to play in advancing well-being including industry, other Governmental departments as well as community and voluntary organisations.

Too few policies actually address the common good. For example, a key aspect of the 1997 regional strategy for health and social well-being in Northern Ireland was to improve community care. Specifically, the aim sought 'to support people at home or in their own community unless their needs can be met more appropriately and effectively in hospital'. While the reference to 'community' appears to endorse the common good, the individual is the object of assessment. At best, this policy, like many others, provides an individualistic interpretation of the collective. One exception which attempts to enhance both the individual and the common good is the 2002 regional strategy document, 'Investing for health'. In addition to helping people make healthier choices, it makes other claims including the intention 'to improve our neighbourhoods and wider environment', by enhancing the quality of the air which is experienced by individuals and affects their well-being but is not reducible to individuals. Advancing well-being, therefore, is a two-way process between those structures of living together, which increase the freedoms or capabilities available to a society, and its citizen's agency to use these opportunities so as to advance their own well-being.

4. A well-being framework: Future directions

It is the role of public policy to advance the nation's well-being by protecting and promoting both the individual and the common good. Post-industrial (i.e. modern) society poses a number of challenges for individuals, challenges which can seriously impact on their well-being including the ability to achieve an acceptable work/life

balance, an adequate income or pension, and transferable life skills. However, public policy can mitigate these threats by embracing the individual and the common good.

To embrace both the individual and common good public policies must recognise:

- the limitations of GDP,
- the need for other measures to supplement GDP,
- that well-being is not just about instant pleasure,
- that well-being may involve delayed gratification or hardship,
- that well-being centres on having a purpose in life supported by loving friends and family,
- that well-being also requires having the institutions in place to provide the conditions which allow society to function and its citizens to flourish, and
- that any attempts to improve the individual and/or the common good may result in positive or negative spill over effects (i.e. externalities) which actually impact on the individual well-being of some people and/or groups.

The lists below contain some tentative suggestions as to how public policy can address and hence advance both the individual and the common good. First, to address the individual good, public policy can ensure individuals have the capabilities to advance their own well-being by:

- ensuring individuals have an adequate income to meet the basic living standards as endorsed by the values in a given society
- ensuring individuals are involved in meaningful activity including work related activities
- using *choice architecture* (where appropriate) to nudge individual's behaviour and influence and improve the decisions people reach in ways that benefit their well-being – improve health, avoid debt (see Thaler & Sunstein, 2009⁷)
- ensuring individuals have an adequate work/life balance to meet personal and family needs and responsibilities through flexible working, job sharing etcetera
- ensuring affordable facilities for health and recreation (e.g. outdoor gyms), and
- providing supports to help individuals to live independently and make informed decisions.

Second, public policy can address the common good and instigate a cultural shift from a militant society concerned with survival of the fittest to an egalitarian society by promoting:

- sustainable development (e.g. carbon rationing) instead of rapid GDP growth,
- equal distribution of income (e.g. progressive tax policies to redistribute wealth, cap top income brackets), in place of income growth per head,
- a participation not an employment rate,
- ensuring individuals have equality of access to a viable education system from early years right across the lifespan,
- providing an affordable health care system for all, which may involve a shift from state provision towards an enabling state so as to manage increasing financial pressures,
- shifting from housing completion to occupancy rates,
- shifting towards a cooperative economy (businesses, community based organisations and households), and
- rebuilding and strengthen trade unions.

5. Conclusions

It is the role of public health policy to promote the well-being of its citizens. Yet, how policy makers choose to conceptualise well-being determines how they measure, monitor and ultimately advance a nation's well-being. Public policies which prioritise the individual good are unlikely to significantly improve the well-being of a population unless they also consider those social institutions, processes and structures which shape what a society deems important for well-being.

As a devolved member of the United Kingdom, Northern Ireland is currently piloting new measures of subjective well-being. Monitoring the nation's subjective well-being informs the policy cycle by providing new evidence as regards how well individuals perceive their life to be going, thereby influencing the types of policies developed and implemented. This is important given that objective and subjective conditions of experience may not always align in the expected manner. For example, it is possible for individuals to report being very happy or satisfied with their lives despite living in abject conditions and vice versa. Therefore, understanding the point at which subjective

interpretations both converge and diverge with objective conditions is crucial to inform policies and advance well-being.

However, these indicators build on the fail safe atomist measures to promote the individual good at the expense of the common good. This report explains that it is equally important for policy makers to consider the interdependence between people and structures as reflected by the common good when formulating policies. In doing so, they will guarantee that government policies target the individual good alongside those institutions, processes and structures indicative of the common good, both of which shape well-being outcomes.

Biographies:

Joanne Wilson is a doctoral candidate in Social Policy in the School of Sociology, Social Policy and Social Work. Her interests rest with the concept of ‘well-being’ and its associated relationships with ethics, social justice and equality within the regional, national and international development discourse. She is currently exploring the key drivers behind the concept’s rise to political hegemony, assessing how the concept of well-being is conceptualised, operationalised and measured in two different policy contexts on the island of Ireland: a version of the National Health Service (NHS) in Northern Ireland and a mixed health care economy involving private, public and voluntary care sectors in the Republic of Ireland.

Lindsay Prior has been a Professor of Sociology in the School of Sociology, Social Policy and Social Work at the Queen’s University Belfast (QUB) since 2005. He is also a Principal Investigator and member of the management committee of the Centre of Excellence for Public Health at QUB. He is interested in understanding how lay people understand the diseases and illnesses that afflict them as well as how ordinary people understand the nature and role of physical exercise in everyday life and to explore the nature and impact of ‘health policy’ on health behaviours and health outcomes. He is also interested in how data might be analysed using qualitative and quantitative techniques and the role of documents and inscription in social research.

¹ Beyond GDP (2007) <http://www.beyond-gdp.eu/>

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