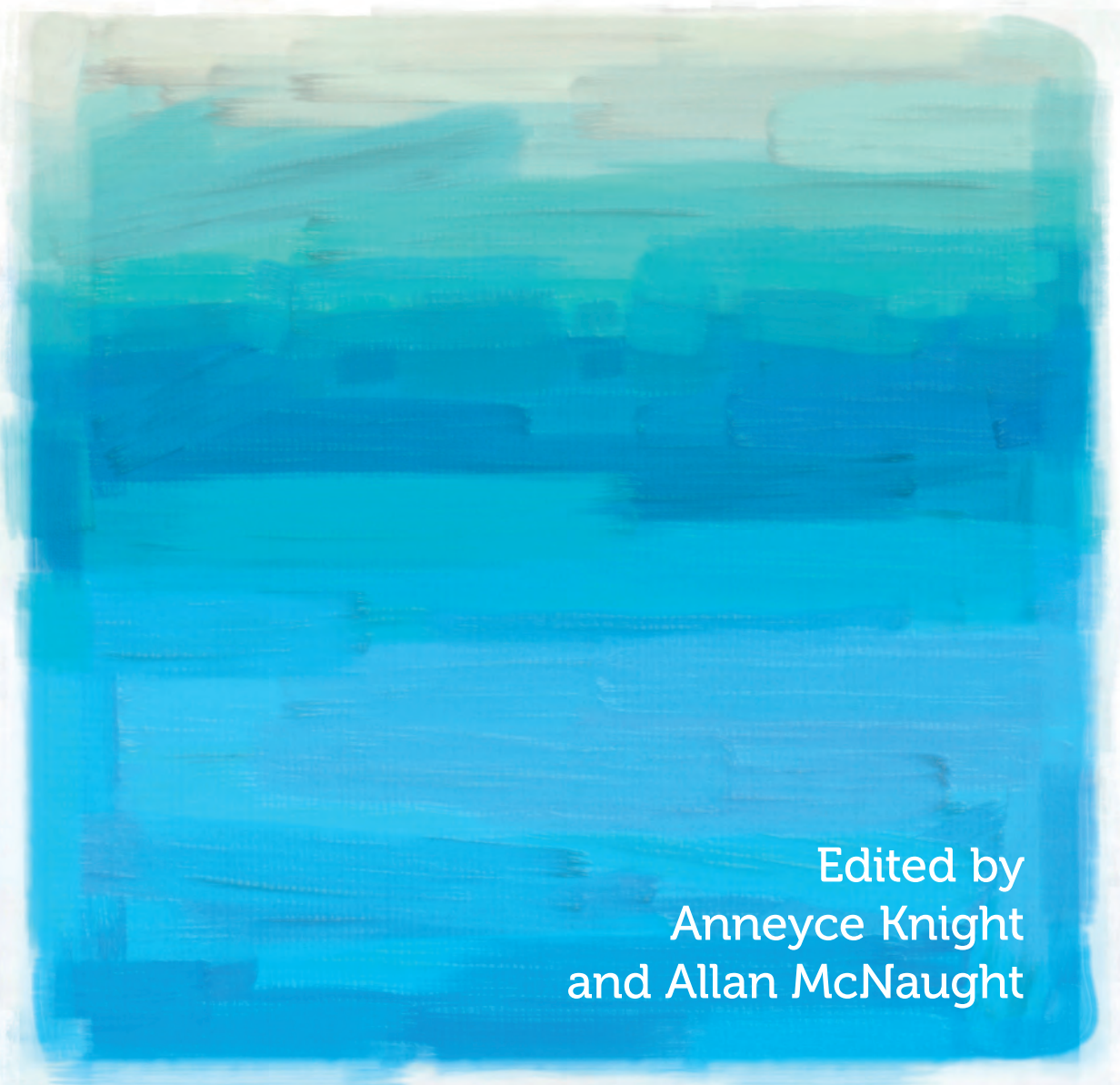


Understanding Wellbeing

An Introduction for Students and
Practitioners of Health and Social Care

A large, abstract graphic consisting of horizontal brushstrokes in various shades of blue and green, covering the lower half of the cover. The strokes are layered and textured, creating a sense of depth and movement.

Edited by
Anneyce Knight
and Allan McNaught

Understanding Wellbeing

An Introduction for Students and Practitioners
of Health and Social Care

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*This book is dedicated to our children, friends,
families and colleagues.*

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List of Abbreviations and Acronyms

5-HT	Serotonin
5-HTT (SERT)	Serotonin Re-uptake Transporter
ABC	Affective, Behavioural, Cognitive
ACTH	Adrenocorticotrophic Hormone
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
A&E	Accident and Emergency
ALSPAC	Avon Longitudinal Study of Parents and Children
AMOSSHE	Association of Managers of Student Services In Higher Education
BBC	British Broadcasting Corporation
BDI	Beck Depression Inventory
BDNF	Brain-derived Neurotropic Factor
BET	Behaviour, Emotions, Thinking
BMI	Body Mass Index
BTCV	British Trust for Conservation Volunteers
CABE	Commission for Architecture and the Built Environment
CBT	Cognitive Behavioural Therapy
CDC	US Centers for Diseases Control
CFS	Chronic Fatigue Syndrome
CHF	Congestive Heart Failure
CNVs	Copy Number Variants
DCLG	Department for Communities and Local Government
DCSF	Department for Children, Schools and Families
DEFRA	Department for Environment, Food and Rural Affairs
DH	Department of Health
DWP	Department for Work and Pensions
ECM	Every Child Matters
ESRC	Economic and Social Research Council
FSA	Food Standards Agency
FTO	Fused Toes and Other abnormalities (gene)
GDP	Gross Domestic Product
GHI	Gross Happiness Index
GNP	Gross National Product
GP	General Practitioner
HAM-D	Hamilton Rating Scale for Depression

HDI	Human Development Index
HEFCE	Higher Education Funding Council for England
HEI	Higher Education Institutions
HHSRS	Housing Health and Safety Rating System
HImp	Health Improvement Plan
HIV	Human Immunodeficiency Virus
HM	Her Majesty
HPA	Hypothalamic-pituitary-adrenal
HRQL	Health-related Quality of Life
HSE	Health and Safety Executive
IBD	Irritable Bowel Disease
IDRC	International Development Research Centre
JASP	Joint Approach to Social Policy
JIP	Joint Investment Plan
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAA	Local Area Agreement
LDL	Low-density Lipoprotein
LSP	Local Strategic Partnerships
MAA	Multi-Area Agreements
MBCT	Mindfulness-based Cognitive Therapy
MDD	Major Depressive Disorder
MHC	Major Histocompatibility Complex
MMR	Measles, Mumps and Rubella vaccine
MOH	Ministry of Health
MP	Member of Parliament
mRNAs	Messenger Ribonucleic Acids
NCB	National Children's Bureau
NCLSCS	National College for Leadership of Schools and Children's Services
NEF	New Economics Foundation
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NK	Natural Killer
nREM	non Rapid Eye Movement
ODPM	Office of Deputy Prime Minister
OECD	Organisation for Economic Cooperation and Development
OFSTED	Office for Standards in Education
ONS	Office for National Statistics
PCS	Physical Component Scores
PCT	Primary Care Trust
PEST	Political, Economic, Socio-cultural and Technological
PISA	Programme for International Student Assessment
PNI	Psychoneuroimmunology
POMS	Positive and negative effect and mood state in specific interventions
PSA	Public Service Agreements
PSHE	Personal, Social, Health and Economic education

PWB	Psychological Wellbeing (Ryff's Scales)
QoL	Quality of Life
RCP	Royal College of Psychiatrists
REM	Rapid Eye Movement (sleeping)
RENU	Renewable Utilities Nottinghamshire
SAD	Seasonal Affective Disorder
SARS	Severe Acute Respiratory Syndrome
SEAL	Social and Emotional Aspects of Learning
SERT (5-HTT)	Serotonin Re-uptake Transporter
SEU	Social Exclusion Unit
SSRI	Serotonin-selective Re-uptake Inhibitor
STD	Sexually Transmitted Disease
SWB	Subjective Wellbeing
SWS	Slow Wave Sleep
TNF- α	Tumour Necrosing Factor
TPB	Theory of Planned Behaviour
TPH2	Tryptophan Hydroxylase-2 gene
TRA	Theory of Reasoned Action
TSO	The Stationery Office
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund (formerly United Nations International Children's Emergency Fund)
US	United States
USA	United States of America
USHA	University Safety and Health Association
VE	Virtue Ethics
WBT	Wellbeing Therapy
WHO	World Health Organization

The Contributors

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Alfonso Jimenez is Professor of Sports Sciences and Head of the Centre for Sports Sciences and Human Performance at the University of Greenwich. He holds a PhD in Physiology, a Bachelor degree in Exercise Sciences, and different professional accreditations and certifications as CSCS and NSCA-CPT (both Recertified with Distinction). In 2007 he completed a postdoctoral training at Arizona State University (Exercise and Wellness Department). Professor Jimenez serves as Chairman of the Standards Council at the European Health and Fitness Association (www.ehfa.eu), a not-for-profit association based in Brussels that currently represents approximately 9000 health clubs and leisure centres and 18 national associations spread across 22 European countries. The EHFA Standards Council is the independent body able to provide strategic advice, guidance and direction to EHFA, in relation to standards, to achieve the EHFA's main goal to get more people more active, more often. In this role Professor Jimenez is leading different groups of experts from all of Europe to establish the Standards about people (regarding the European Qualifications Framework), programmes (evidence-based structured exercise interventions) and places (sports facilities) at European level. He is serving as consultant for different projects, companies and institutions, including regional governments and health care providers.

Allan McNaught PhD, MPhil, BSc (Hons), FRSM

Allan McNaught has worked in health care management, health reform and management strengthening in the UK, Africa, Russia and the former USSR, Bosnia, Serbia and the FYR, as well as in Central and South America and the Caribbean. His work has mainly focused on health system improvement through modernisation and strategic planning of hospital services, together with developing primary care systems and developing local capacity through the establishment of university programmes in health policy, health planning and management. Allan is head of the Social Work and Health Development Department of the University of Greenwich. His main academic interest is in inter-ethnic differences in health care.

Anne Gill SRN, DipN (Lond), Cert Ed, BSc (Hons), MSc

Anne Gill has a nursing background and has worked in Australia, Germany, Scotland and England. She has been involved in continuing professional development for health and social care workers since 1984. A more recent but related interest is in flexible learning for mature students utilising e.learning and blended learning. She is currently programme leader for a Foundation Degree in Care Management involving e.learning plus flexible attendance. She was also part of a team that developed a programme of clinical supervisions workshops that is being used by NHS trusts throughout South-East England. Anne is currently a Senior Lecturer at the University of Greenwich.

Anneyce Knight MSc, PGCE, BA (Hons), RN

Anneyce Knight worked within the NHS and the private sector in a number of roles before taking up her current position as Senior Lecturer in the University of Greenwich's School of Health and Social Care. She is programme leader for BSc Health and Combined Studies and has led on the development of a new BSc Health and Wellbeing programme. Her main research interests relate to inequalities in health and social inclusion, and wellbeing, and she lectures on health policy and contemporary health and wellbeing issues at undergraduate and postgraduate level, both at the University and internationally. She is also European Lead for the School and has presented papers nationally and internationally.

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Ben Bruneau works as a Senior Lecturer in the Health Development Department of the School of Health and Social Care of the University of Greenwich, London. He is the programme leader for the BSc Honours Complementary Therapies programmes. Prior to moving to this position, he worked as programme leader for the BSc Honours Health programme, Assistant Director of Research for the School, and, for a number of years, as a teacher of nurses in a primary health care setting. He has long researched in the field of personality and, for the last few years, he has focused on the influence of personality on stress. He teaches health psychology and research methods and his teaching and research activities have increased his interest in research approaches and new technologies that facilitate methods of studying relationships among psychological constructs. He is at present particularly involved in

research using structural and econometric modelling. His publications include the assessment of stress interventions, the skills and knowledge utilised by health practitioners, and the use of psychometric instruments in the assessment of personality.

Bill Goddard BEd, MEd, MPhil, FRSA, FHEA

Bill Goddard is Principal Lecturer in Education in the School of Education at the University of Greenwich. He has been Director of CPD, Head of the Department of Education Leadership and Development, and Head of the Department of Professional Learning and Development in the School of Education and Training. He is currently programme leader on the Professional Doctorate in Education programme, and was previously the programme leader for the MA in Education and for the BEd (Hons) four-year programme for secondary teacher training.

He has been an external examiner in three British universities and is an ex-CNAA adviser. He has been active in several European research and development projects since 1991, and has taught Masters programmes in The Netherlands and Sweden since 1991. He is currently a Director and Trustee of the Southern Education Leadership Trust (SELT), a charitable company that delivers national leadership training programmes for school leaders and aspiring school leaders in the South of England. A past President of the International Professional Development Association (IPDA), he is Vice-President of The Learning Teacher Network, a European network of teachers engaged in the identification of the future learning needs of teachers, and is the editor of *The Learning Teacher Journal*, a peer-reviewed European journal.

Carlos J. Moreno-Leguizamon BA, MA, PhD

Carlos Moreno-Leguizamon has a social sciences background – medical anthropology and health communication – and has worked in Colombia, the USA, India, Ghana, Tanzania, Kenya and the UK. Professionally, he combines two key areas of experience: on the one hand, programme design, implementation and evaluation of health, cultural and environmental projects from the grass-roots level to the macro institutional level and, on the other, the teaching and researching of health, culture and medical systems. In particular, his research has related to the discourse analysis of illegal drug use, development and environment issues and, above all, health-illness in three medical traditions – Ayurveda, biomedicine and indigenous medicine from Colombia. Currently, as Senior Lecturer and programme leader for MSc Research at the School of Health and Social Care at the University

of Greenwich, he is involved in the implementation of action research projects on black minority and ethnic health issues in South-East England, as well as in the teaching of culture competency and equality and diversity issues to health and social care students.

Christine G. Stacey BSc (Hons), PGDipHE, MA, RN, DNCert, FNP

Christine Stacey has a nursing background and she worked in a variety of clinical settings in the UK before spending 16 years in the developing world where she circumnavigated the globe working with an aid organisation. Her working interest in other health systems led to the University of Greenwich and she was, until recently, the programme leader for Complementary Therapies. Her teaching interests lie with the emerging discipline of Psychoneuroimmunology and the socioeconomic perspectives of health in both traditional environments and via e.learning. Her research interest is with the education and training of student nurses in primary care.

Clarence Spigner MPH, DrPH (USA)

Clarence Spigner's background is medical sociology, anthropology and public health. While a pre-doctoral fellow, he worked as a health planner for the NHS in 1982. He wrote his doctoral dissertation on race, ethnicity and health in the UK and the USA. His area of expertise in the health of the public encompasses race and ethnic relations, health promotion, programme evaluation and health planning. His publications include books on knowledge and perceptions about organ donation and transplantation, tobacco-related behaviour, the intersection of popular culture on perceptions and behaviour, and the African diaspora. He has a visiting professor appointment at the University of Greenwich and is currently professor of Public Health at the University of Washington.

Fiona Bushell BSc (Hons), MSc, PhD, FRSPH

After obtaining a degree in Microbiology, Fiona Bushell retrained as an environmental health officer and worked for three Kent councils. While studying for her MSc in Environmental Health at Thames Polytechnic (now the University of Greenwich), she joined the University of Greenwich as a senior lecturer specialising in food safety and health promotion. She was a lecturer on the BSc Environmental Health programme for 13 years and was programme leader for four years. Her PhD thesis, undertaken with the University of Bradford, examined the adequacy of the education and training of environmental health officers

in food control. For the last seven years she has been a senior lecturer in Health Promotion and Public Health at Canterbury Christ Church University teaching undergraduate and postgraduate students. She is currently Pathway Leader of the MSc in Health Promotion and Public Health. Her publications include professional papers and contributions to two books on public health.

Harry Chummun PhD, BSc (Hons), RT, RN

Harry Chummun qualified as an adult nurse in 1976 and worked as charge nurse in various medical wards until 1983. He qualified as a nurse tutor in 1984 and worked in the Middle East as a lecturer practitioner. He returned to England in 1991 and has since worked as a nurse tutor at the University of Greenwich. He obtained his Bachelor degree in Applied Biological Sciences in 1996 and his PhD in Physiology in 2000 from the University of Greenwich. Since 2001, he has been responsible for the implementation of 'genetics and genomics' in the pre-registration programmes for nurses and midwives and in 2010 he was appointed as the Genetics and Genomics Coordinator, pre-registration programme at the University of Greenwich. He has published extensively in professional journals on anatomy and physiology and nursing topics, and continues to contribute chapters in various books. He is also an Associate Lecturer for the Open University and a teaching member of a private company providing education and training for qualified midwives and complementary therapists.

Jill Stewart BSc (Hons), MSc, PhD, PGCE (PCET), MCIEH, FRSPH, FRGS, ACIH

Jill Stewart's environmental health and housing career started in local government, leading to her current post as Senior Lecturer and Research Lead in the Social Work and Health Development Department, School of Health and Social Care, at the University of Greenwich. She currently teaches across public health and housing programmes to postgraduate level and to visiting overseas students. Her main research interests include evidence-based practice and the effectiveness of front-line strategies and interventions in sometimes very challenging public health and housing situations. She pioneered the idea and development of the Chartered Institute of Environmental Health's Private Sector Housing Evidence Base, an online resource available to members, and she was its first editor. Her publications include books and numerous papers published in peer-reviewed and professional journals and she has presented to a range of local, national and international conferences. She is the Public Health Route Leader for the MA Professional Practice in Health and Social Care at the University of Greenwich.

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Mark Goss-Sampson is a Principal Lecturer in the Centre for Sports Sciences and Human Performance at the University of Greenwich. For the past 15 years he has been teaching in the field of sport, exercise and fitness at both undergraduate and postgraduate levels. He holds a PhD in Neurophysiology and completed his postdoctoral training at the Institute of Child Health, University College London. His first degree was in Biochemistry and Physiology from the University of London. His principal research is in the analysis of human movement and sensorimotor coordination ranging across sports performance, work-based ergonomics and the effects of training programmes on activities of daily living and wellbeing in the elderly population. He has also served as a consultant for projects relating to the health care industry and government bodies.

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Nevin Mehmet's career in health started within complementary medicine, leading to her current post as a Senior Lecturer in the Social Work and Health Development Department, School of Health and Social Care at the University of Greenwich. During her academic development she has had a growing and active interest in ethics and ethical decision making within health care. She currently teaches ethics across a range of programmes including public health, health, social work and nursing. Her main research interests lie in the area of values and decision making and she is currently completing her MA in Medical Ethics and Law at Keele University.

Kate Beaven-Marks MSc, CMIOSH, MIRM, MinstLM, PDHyp, BCH, CI

Kate Beaven-Marks is the Occupational Health and Safety Assistant Manager with the University of East London. She has a wealth of knowledge in occupational health and health and safety gained from a career that has ranged from heavy industry through to higher education. Recently she has developed a range of wellbeing initiatives for staff and students, including the introduction of a stress management awareness training programme and a series of 'WISE UP' campaigns promoting wellbeing and health. She draws on her professional communication skills, qualifications and experience, as well as her skills and experience as a hypnotist, hypnotherapist and teacher in this field. She has lectured and taught both in Europe and internationally on the use of positive and directional language for enhanced communication effectiveness. Her skills, knowledge and experience have combined to create a specific

method for teaching professionals how to effectively enhance their communication and presentation skills. Currently she is a student on the EdD programme at the University of Greenwich, and her research focuses on the impact of the National Occupational Standards on hypnotherapy teaching and learning in the UK.

Qaisra E. Khan BA (Hons) MA

Qaisra Khan is an experienced public sector professional who has undertaken a number of roles ranging from local councillor and social services inspector to care coordinator. She has worked as Spiritual and Cultural Care Coordinator at Oxleas NHS Trust since 2004. She has been a visiting lecturer at St Mary's University College, Twickenham for over 10 years and has lectured on the University of Greenwich Dark Empire course for three years. She has recently presented a session on mental health awareness for Muslim Spiritual Care Provision in the NHS, a project of the Muslim Council of Britain. Her education includes an MA in Islamic Cultures and Societies, School of African and Oriental Studies, University of London and a BA (Joint Honours) in History and Archaeology, St David's University College, University of Wales. The BA involved a year's study of Christian theology. Publications include public inspection reports, contributions to the Runnymede Trust journal, *Life in the Day: A Recovery Journal* by Pavillion and *MCT* magazine for multicultural teaching. She has recently received a long service award for being a school governor for over 10 years.

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Stella Jones-Devitt works at Teesside University and is responsible for overseeing the educational quality of employer engagement provision. Prior to this, she was head of subject for health studies and community engagement at York St John University. She has taken an eclectic educational route with a first degree in graphic design and higher degrees in health-related fitness and health promotion and education. This has been matched by a corresponding occupational route that has resulted in working as a freelance book designer; developing health and wellbeing programmes for organisations and individuals; and lecturing and teaching experience that encompasses everything from basic adult education to the facilitation of Master's level learning. Her current academic interests concern: developing critical thinking approaches in academic practice – specifically in the context of health and social care; knowledge economies and workforce development; the socio-political context of higher education; the feasibility of inter-professional working

in an increasingly marketised world; and the values and effectiveness of health-promoting practice and its relevance to the general population.

Simten Malhan PhD

Simten Malhan gained her PhD with her thesis on *The Relationship Between Quality of Life and Health Marketing* from the University of Hacettepe in 2004. From 2002 to 2005 she worked on a Turkish Burden of Disease study as the Director of Intervention Cost, a project that was financed by the World Bank. She became an associate professor in 2008. Also in 2008 she became head of the Medical Document Department in Baskent University. She has authored and co-authored over 100 papers and conference contributions. She has four books published in the field of quality of life and economic evaluation in health care. She teaches on a variety of courses at Baskent University at Ankara in Turkey in the Department of Health Care Management. She is also a consultant on health reimbursement systems in Turkey.

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Silvano Zanuso received his Bachelor degree in Exercise Science at the University of Padua, his Master of Science at Manchester Metropolitan University and his PhD in Exercise Physiology at the Universidad Europea de Madrid. He is the senior scientific adviser of the Technogym Medical Scientific Department. He is contact professor at the Faculty of Medicine of Padua University in the Department of Exercise Science. His main scientific interest is in the effects of physical activity and exercise on subjects with metabolic disorders. He is consultant for health promotion for different governments and public institutions. He has held conferences and educational programmes in more than 20 countries and currently publishes in scientific indexed journals.

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Stuart Spear has worked as a journalist for over 15 years, specialising in food policy, housing, health and safety, environmental protection and public health. For six years he was the editor of *EHP*, the Chartered Institute of Environmental Health's monthly magazine, which goes out to environmental health officers nationally. Before that he was deputy editor of the weekly news magazine *Environmental Health News*. He has written extensively about all aspects of food including food safety, sustainability, nutrition and food production. Since going freelance in early 2010 he has been doing Department of Health funded research into the role local government plays in developing the national wellbeing

agenda. He continues to write for a number of publications on food policy and gives talks on wellbeing.

Veronica Habgood BSc, MSc, MCIEH

Following a degree in Environmental Science, Veronica Habgood worked for a number of years as an environmental health officer in Suffolk and London, concurrently undertaking further study in environmental protection. She has worked at the University of Greenwich since 1989, lecturing primarily in environmental protection, public health and the environment–health interface, and she is a contributor to a number of established publications. She is currently the Director of Learning and Quality in the School of Health and Social Care at the University of Greenwich, and a corporate member of the Chartered Institute of Environmental Health.

Introduction

Anneyce Knight and Allan McNaught

WHAT IS WELLBEING?

The perceived limitations of concepts of health have led to notions of ‘wellness’ and ‘wellbeing’ emerging as major organising concepts around which to both analyse and to provide services and initiatives to enhance the quality of life of populations, communities, families and individuals. Traditionally, wellbeing is perceived to be a construct that conceptualises health as a state beyond the ‘absence of disease’ and that incorporates subjective feelings of happiness and contentment with spiritual and socio-economic circumstances. This is reflected, in particular, by the WHO definition of health as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’ (WHO, 1946). The WHO subsequently developed this definition within the Ottawa Charter of 1986 to affirm that ‘Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities’ and ‘a resource that permits people to lead individually, socially and economically productive lives’. Within this expanded definition is embedded the notion of wellbeing. Contemporary concepts of wellbeing have developed this further by advancing a more holistic, multifactorial and multidisciplinary explanation of what it is to be ‘well’ in modern society.

This broadened conceptual landscape has provided a rich theoretical space that has energised discussions about public health, and has made more explicit the linkages between the subjective and objective aspects of wellbeing. In so doing, it has engendered greater awareness of the socio-political forces that shape health and wellbeing in society. The contextualisation of biomedical health, which was a by-product of this process, made it obvious to many that action on wellbeing in contemporary society could not appropriately be led by vertical health administration agencies. It was therefore not surprising that local authorities were given authority to exercise ‘wellbeing powers’

under Section 2 of the Local Government Act 2000. The creation of local strategic partnerships (LSPs) led to greater complexity in our understanding of what constitutes wellbeing, as local authorities sought to deliver a wide range of initiatives under these newly awarded powers.

It is interesting to note that this complexity and confusion is further reflected in the definitions advanced by different government departments. For example, DEFRA states that wellbeing is achieved when

basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment, and a healthy and attractive environment. (DEFRA, 2009, p. 119)

In contrast, just prior to the General Election in May 2010, the government, in *New Horizons*, stated that wellbeing is 'A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment' (HM Government, 2010, p. 12), with the particular focus on mental wellbeing. The overall conclusion that can be drawn from these definitions is that wellbeing as a concept is seen as encompassing a positive physical, mental and social state, allowing individuals to participate in society and achieve their personal goals. This has been expressed in differing ways in different policy contexts. However, these contextual differences should not distract us from the fact that the same phenomena is being described and that there are shared objectives in its attempted operationalisation.

New Labour launched its *Health, Work and Wellbeing* project in 2005 (www.workingforhealth.gov.uk), putting wellbeing even more firmly on the political agenda. Subsequently, with the publication of the Sustainable Development Strategy *Securing the Future* (DEFRA, 2006), measures were included for wellbeing for the first time. More recently the *NHS Health and Wellbeing Review: Interim Report* (DH, 2009) focused on the health and wellbeing of NHS staff, followed by the publication of the final report on 23 November 2009. This sets out recommendations for improving the provision of health and wellbeing across the NHS. Health and wellbeing is seen as an important contributory factor to delivering high-quality care in the NHS. The report emphasises that health and wellbeing are not only individual considerations, but also issues for organisations as a whole.

The current (2011) coalition government continues to have an agenda for wellbeing. As part of the proposed NHS restructuring, the public health function will be transferred from the NHS to local authorities and new partnerships will be made based on Health and Wellbeing Boards. It has also been stated that wellbeing should inform the policy-making process. With this political agenda in mind, there is potential for partnership working with effective monitoring and evaluation of wellbeing policies and projects and the development of a stronger evidence base. This will be facilitated by the decision to include questions on subjective wellbeing in the next UK national census – an innovation that has already been adopted in a number of other countries.

THE AIMS AND CONTENT OF THIS BOOK

This book aims to further our understanding of wellbeing within contemporary UK society at an individual, family, community and societal level for policy makers, health scientists, health, social care and wellbeing students and practitioners. This book demonstrates the complexity of wellbeing and that wellbeing is relevant irrespective of whether a person is well or has a physical or mental illness or disability. Wellbeing is also a powerful organising concept for framing relevant social policies. These are issues that are being grappled with by a wide spectrum of countries, and this book includes some elements of this broader debate. The multifaceted nature of wellbeing means that creativity, innovation and an unprecedented level of multiagency and professional working will be required if the goal of ‘Wellbeing for All’ is to be attained. This book seeks to inform this process.

The book is divided into two sections. The first part deals with more conceptual and strategic aspects of wellbeing, including attempting to prove a definitional framework, exploration of the underpinning ethical and philosophical issues, and approaches to monitoring and evaluating wellbeing projects and initiatives. These chapters emphasise our thinking that the pursuit of wellbeing has to be underpinned by something more substantial than good feeling. Projects and initiatives need conceptual, philosophical and ethical clarity. In addition, aims and objectives need to be formulated in such a way that makes them capable of operationalisation and capable of evaluation.

Section two has three foci: the psychological, physical and social aspects of wellbeing. Each chapter seeks to draw together theory, practice and examples within a critical framework to enable students and practitioners

to develop a level of mastery of the concept of wellbeing, its various components and an understanding of real-life experiences of wellbeing via case studies, activities and reflection.

This book does not claim to be the last contribution to the topic, but one which attempts to advance the level of debate and discourse, while providing a more contextualised approach to one of the most significant issues in social policy in the modern world.

Part 1: Overview

Defining Wellbeing

Allan McNaught

Learning outcomes

In this chapter you will learn how to:

- develop working definitions of wellbeing within a framework that will enable you to capture the complexity of the concept;
- compare and contrast the scope and the different components of wellbeing;
- identify the critical connections and interdependencies between the different components of wellbeing.

This chapter seeks to explore wellbeing as a free-standing, multilevelled and complex social construct. The chapter will argue that ‘health’ is but one component of wellbeing and, while the customary coupling extends ‘health’ to encompass the emotional and the psychological (and maybe even ‘holistic’), it pre-empts our understanding and debates about ‘wellbeing’. Wellbeing is a complex, confusing and contested field that would benefit from a framework within which to locate more specific definitions, and to tease out interconnections and cross-cutting issues. The prime objective of this chapter is to give readers of this book a steer by providing a definitional topography for the concept of wellbeing. By providing such a framework, this chapter seeks to make a contribution towards the thinking and discourse about wellbeing, and to assist the reader in locating the individual chapters within a broader context, while also recognising their boundaries/limitations.

INTRODUCTION

Concern with wellbeing has generated a considerable body of literature and research on its many facets and meanings. There is an increasing acceptance that so-called 'objective' measures of social and economic progress are insufficient to analyse and describe human wellbeing, whether at an individual, family, community or societal level. Wellbeing is a feel-good concept that has occupied our 'assumptive world'; it is a concept that is freely used in modern policy discourse, and has become an integral objective in many policy domains, usually without explicit definition. No one seriously opposes this development, although some commentators are amused at the onward march of 'happiness science'. The volume of literature, the elasticity of the concept, and its steady incorporation into the national political and social policy agenda, suggest that the concern and the issues demand serious attention by those concerned with human health and social welfare.

Wellbeing as a concept is frequently coupled with 'health', as in the term 'health and wellbeing'. It will be argued that wellbeing is a broader construct that has a certain moral and philosophical energy: it facilitates reflection on the human condition and provides the backdrop to public policy making and research aimed at the promotion of wellbeing as a desirable state. Therefore, wellbeing is conceptualised as an ideal state of being or existence that we and policy makers strive for, as a contemporary variant of the good life.

Background

The word 'wellbeing' has slipped into our day-to-day discussions, including in 'pop psychology', a range of social policy domains and various fields of academic research. There are competing and contradictory definitions in the literature and some works about wellbeing discuss it extensively, though without actually defining it, or claiming that a definition is impossible. Even when the term is used it is sometimes not clear if it is something profound or just a linguistic flourish. Figure 1.1 shows some of the linguistic issues with the use of the term 'wellbeing'.

Most contemporary discussions of wellbeing start from the WHO definition that 'health is not the mere absence of diseases, but a state of wellbeing' (WHO, 1947). This early coupling has led to a tradition of health being regarded as the province of biomedicine and objectivity, while wellbeing was associated with emotional and psychological states, or subjective wellbeing, and the growth of a specific body of literature concerned with measuring wellbeing as a psychological construct,

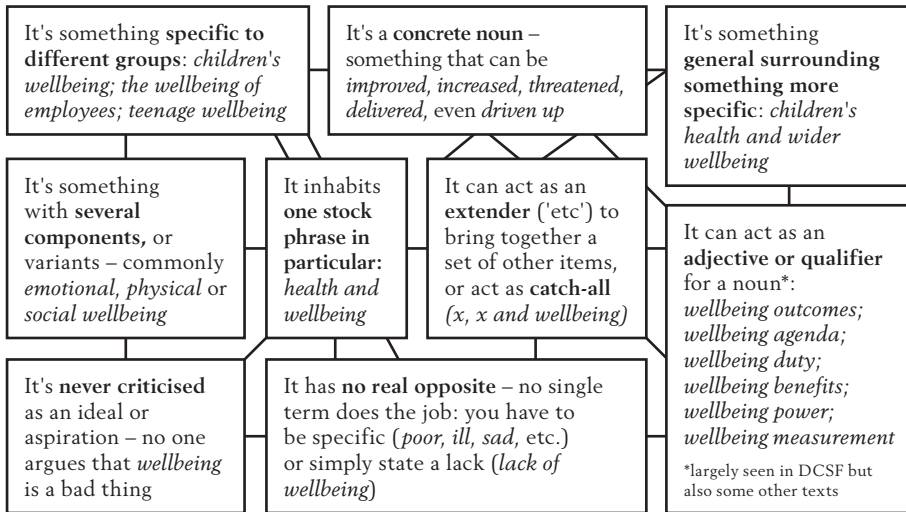


Figure 1.1 The use of the term wellbeing (source: Ereaud and Wright, 2008, reproduced with permission)

as outlined in Chapter 6. The individualisation and internalisation of wellbeing is also expressed in the recent development of positive psychology or 'happiness science'. Interestingly, within the construction of wellbeing as a psychological, subjective phenomenon, some objective elements are usually cited, relating to familial, community and social factors, the built environment and the individual's command over or access to resources. That being said, subjective wellbeing is important in that it tries to encapsulate a notion of how people cope, thrive and survive, individually and collectively.

However, wellbeing can be assessed as both an objective and subjective construct. Because of the complexity of the concept, wellbeing measurement must recognise its multifactorial nature and the need for a range of tools and disciplines, as well as social and policy changes, to be involved in its promotion, measurement and expression. Clearly, some of these instruments will be less validated than others, but this should not detract from the overall integrity of the concept and the approach. For example, an assessment of how well or happy people feel, as individuals or as societies, has been demonstrated by the psychological wellbeing literature (see Chapter 6). Diener and Seligman (2004) have argued that social policy formulation should take subjective wellbeing into account, and should also attempt to monitor it on a longitudinal basis to inform policy. Subjective wellbeing has also been taken up by economists, and transformed into the 'Quality of Life' concept. Quality of life usually refers to the degree to which a person's life is desirable versus undesirable, often with an emphasis on external components such as environmental

factors and income. In contrast to subjective wellbeing, which is based on inner/psychological experiences, quality of life is often expressed as more 'objective' and describes the circumstances of a person's life rather than his or her reaction to those circumstances.

Clearly, the quality of life concept brings another dimension to our consideration of wellbeing, and illustrates the obvious shortcoming of subjective wellbeing. By so doing, it makes the point that it might be more realistic to view wellbeing as a field of study that encompasses a range of specialist areas of research and practice aimed at understanding and promoting a positive state of existence in specific domains and for specific populations or socio-economic and political entities. We are only able to make sense of the varied literature and competing definitions by taking a broader approach that contextualises and incorporates operational definitions, such as happiness, quality of life, and objective and subjective wellbeing. Because of this complexity, the search for a generally accepted definition of wellbeing is fruitless, frustrating and ultimately impossible.

These concepts have also been extended to the societal level, with the King of Bhutan suggesting the development of a Gross Happiness Index (GHI) to replace Gross National Product (GNP) as an index of national wellbeing. President Sarkozy of France has been the first developed-country politician to formally adopt this approach, with the commissioning of a group led by the economist Joseph Stiglitz to develop happiness measures for France. Also, according to Stratton (2010), 'The UK government is poised to start measuring people's psychological and environmental wellbeing, bidding to be among the first countries to officially monitor happiness.' Concepts and definitions of wellbeing can therefore be perceived to be wrapped around the whole structure of humanity and its social and ecological existence. The next section will attempt to outline a 'definitional framework for the concept of wellbeing'. This will provide a framework for more specific definitions and provide an overall framework for understanding the concept of wellbeing.

AN OVERVIEW OF THE FIELD OF STUDY

For Felce and Perry (1995), wellbeing '... comprises objective descriptors and subjective evaluations of physical, material, social and emotional wellbeing, together with the extent of personal development and purposeful activity, all weighted by a personal set of values' (Felce and Perry, 1995, p. 60). For Bentham (1817) 'Directly or indirectly,