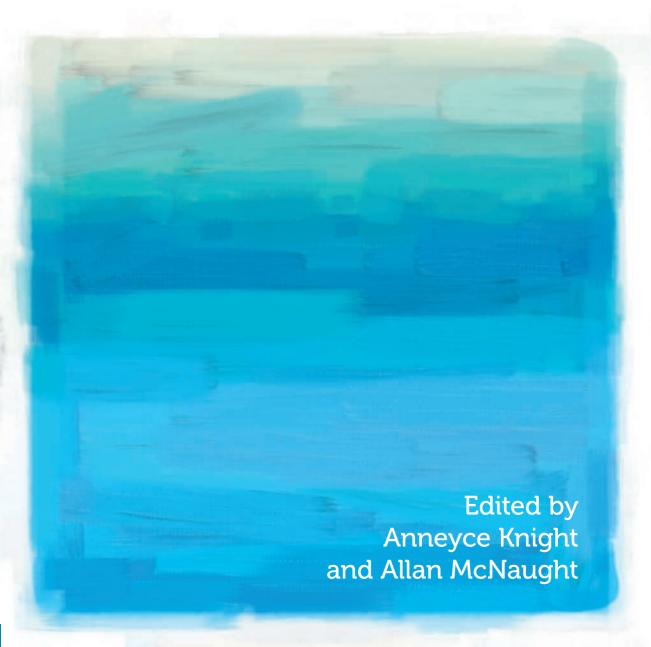
Understanding Wellbeing

An Introduction for Students and Practitioners of Health and Social Care



Understanding Wellbeing

An Introduction for Students and Practitioners of Health and Social Care

Health and Social Care titles available from Lantern Publishing Ltd

Clinical Skills for Student Nurses edited by Robin Richardson ISBN 978 1 906052 04 1

 $\it Understanding \, Research \, and \, Evidence-based \, Practice \, {\rm by \, Bruce \, Lindsay \, ISBN \, 978 \, 1 \, 906052 \, 01 \, 0}$

Values for Care Practice by Sue Cuthbert and Jan Quallington ISBN 978 1 906052 05 8

Communication and Interpersonal Skills by Elaine Donnelly and Lindsey Neville

ISBN 978 1 906052 06 5

Numeracy, Clinical Calculations and Basic Statistics by Neil Davison ISBN 978 1 906052 07 2

Essential Study Skills edited by Marjorie Lloyd and Peggy Murphy ISBN 978 1 906052 14 0

Safe and Clean Care by Tina Tilmouth with Simon Tilmouth ISBN 978 1 906052 08 9 $\,$

Neonatal Care edited by Amanda Williamson and Kenda Crozier ISBN 978 1 906052 09 6

Fundamentals of Diagnostic Imaging edited by Anne-Marie Dixon ISBN 978 1 906052 10 2

Fundamentals of Nursing Care by Anne Llewellyn and Sally Hayes ISBN 978 1906052 133

The Care and Wellbeing of Older People edited by Angela Kydd, Tim Duffy and F.J. Raymond Duffy

ISBN 978 1 906052 15 7

Palliative Care edited by Elaine Stevens and Janette Edwards ISBN 978 1 906052 16 4

Nursing in the UK: A Handbook for Nurses from Overseas

by Wendy Benbow and Gill Jordan

ISBN 978 1 906052 00 3

Interpersonal Skills for the People Professions edited by Lindsey Neville ISBN 978 1 906052 18 8

Understanding and Helping People in Crisis by Elaine Donnelly, Briony Williams and Tess Parkinson

ISBN 978 1 906052 21 8

A Handbook for Student Nurses by Wendy Benbow and Gill Jordan ISBN 978 1 906052 19 5

 $\it Professional\ Practice\ in\ Public\ Health\ {\rm edited\ by\ Jill\ Stewart\ and\ Yvonne\ Cornish\ ISBN\ 978\ 1\ 906052\ 20\ 1}$

Understanding Wellbeing

An Introduction for Students and Practitioners of Health and Social Care

Edited by Anneyce Knight and Allan McNaught



ISBN: 978 1 908625 00 7

First published in 2011 by Lantern Publishing Limited

Lantern Publishing Limited, The Old Hayloft, Vantage Business Park, Bloxham Road, Banbury, OX16 9UX www.lanternpublishing.co.uk

© 2011, Kate Beaven-Marks, Ben Bruneau, Fiona Bushell, Harry Chummun, Anne Gill, Bill Goddard, Mark Goss-Sampson, Veronica Habgood, Alfonso Jimenez, Stella Jones-Devitt, Qaisra Khan, Anneyce Knight, Simten Malhan, Allan McNaught, Nevin Mehmet, Carlos Moreno-Leguizamon, Stuart Spear, Clarence Spigner, Christine Stacey, Jill Stewart, Silvano Zanuso

The right of Kate Beaven-Marks, Ben Bruneau, Fiona Bushell, Harry Chummun, Anne Gill, Bill Goddard, Mark Goss-Sampson, Veronica Habgood, Alfonso Jimenez, Stella Jones-Devitt, Qaisra Khan, Anneyce Knight, Simten Malhan, Allan McNaught, Nevin Mehmet, Carlos Moreno-Leguizamon, Stuart Spear, Clarence Spigner, Christine Stacey, Jill Stewart and Silvano Zanuso to be identified as authors of this work has been asserted by them in accordance with the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, copied or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without either written permission from Lantern Publishing Ltd or by a licence permitting restricted copying in the UK issued by the Copyright Licensing Agency, Saffron House, 6-10 Kirby Street, London EC1N 8TS, UK. www.cla.co.uk

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

The authors and publisher have made every attempt to ensure the content of this book is up to date and accurate. However, healthcare knowledge and information is changing all the time so the reader is advised to double-check any information in this text on drug usage, treatment procedures, the use of equipment, etc. to confirm that it complies with the latest safety recommendations, standards of practice and legislation, as well as local Trust policies and procedures. Students are advised to check with their tutor and/or mentor before carrying out any of the procedures in this textbook.

Production project management by Deer Park Productions Typeset by Kestrel Data, Exeter, Devon Cover design by Andrew Magee Design Ltd Printed and bound by Charlesworth Press, Wakefield, UK Distributed by NBN International, 10 Thornbury Road, Plymouth, PL6 7PP, UK

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

Contents

Lis	st of Abbreviations and Acronyms	ix
The Contributors		
	croduction neyce Knight and Allan McNaught	1
Pa	rt 1: Overview	
1	Defining Wellbeing Allan McNaught	7
2	Wellbeing and Health Stella Jones-Devitt	23
3	Ethics and Wellbeing Nevin Mehmet	37
4	Monitoring and Evaluating Wellbeing Projects Carlos Moreno-Leguizamon and Clarence Spigner	50
Pa	rt 2: Psychological Aspects of Wellbeing	
5	Psychoneuroimmunology and Wellbeing Christine Stacey	67
6	Psychological Aspects of Wellbeing Ben Bruneau	79
7	Spirituality and Wellbeing Anneyce Knight and Qaisra Khan	94

Part 3: Physical Aspects of Wellbeing

8	Food and Wellbeing Stuart Spear	111	
9	Exercise and Wellbeing Alfonso Jimenez, Silvano Zanuso and Mark Goss-Sampson	124	
10	The Genetics and Genomics of Wellbeing Harry Chummun	134	
11	Promoting Wellbeing in Long-term Conditions Silvano Zanuso and Alfonso Jimenez	146	
Par	t 4: Social Approaches to Wellbeing		
12	Social Policy and Wellbeing Allan McNaught and Simten Malhan	161	
13	Public Health, Wellbeing and Culture: A Critical Perspective Clarence Spigner and Carlos Moreno-Leguizamon	174	
14	Environment and Wellbeing Veronica Habgood	187	
15	Housing, the Built Environment and Wellbeing Jill Stewart and Fiona Bushell	201	
16	Education and Wellbeing Bill Goddard	214	
17	Wellbeing and the Workplace Kate Beaven-Marks, Anneyce Knight and Bill Goddard	227	
18	Information for Wellbeing Anne Gill	240	
Conclusion Anneyce Knight and Allan McNaught			
References			
Index			

Ethics and Wellbeing

Nevin Mehmet

Learning outcomes

In this chapter you will learn how to:

- relate ethical theories and concepts to wellbeing;
- analyse the differences between health and wellbeing using ethical concepts;
- discuss what happiness means in an ethical context;
- analyse the role of personal responsibility in respect of wellbeing.

This chapter will focus on the ways in which ethical theories and philosophical concepts are related to wellbeing. It provides an overview of how ancient philosophy teachings from the likes of Socrates, Plato and Aristotle have shaped the way in which the concept of human wellbeing is viewed and what it means to live 'the good life'. This chapter will explore the concept of happiness and explore some of the main ethical theories and concepts of wellbeing.

INTRODUCTION

Ethics, or the more commonly used term 'normative ethics', addresses questions about morality in that it attempts to define what is good and evil, right and wrong, justice and virtue. Ethics is a part of philosophical thinking. Philosophy dates back to ancient civilisation and has provided a platform for moral reasoning and philosophical understanding of how one should live.

Modern philosophers or ethicists have contributed two main ethical theories to the development of health care thinking, namely utilitarianism and deontology. Utilitarianism is a doctrine proposed by Jeremy Bentham (1748–1832) and later by John Stuart Mill (1806–76), whereby an action is morally good if it produces the greatest amount of good or pleasure for the greatest number of people. Deontology (deon meaning 'duty') proposes that it is the moral intention of the agent that makes the action right or wrong. According to Immanuel Kant (1734-1804), we have a moral duty within society to act in a morally right way. Kant established a set of universal laws whereby a moral action was either right or wrong in a more universal context (applicable to all). Using this approach, Beauchamp and Childress (2001) established a set of principles (autonomy, beneficence, non-maleficence and justice) that originate in deontology theory. These two main ethical theories and principles provide a framework for critical thinking, and provide a structure for the analysis of difficult moral dilemmas and situations that can arise within a health care setting.

Virtue ethics arose from the work of the ancient philosopher Socrates and was then developed by Plato and, more extensively, through the work of Aristotle. This theory focuses the attention on character rather than actions (though that's not to say actions are not considered), and particularly focuses on the virtues of the individual. This will be discussed further within this chapter. However, Socrates, Plato and Aristotle, using the underpinnings of Virtue Theory, sought to answer the complexities of wellbeing, and what it means to live a 'good life'.

Within the ethical context, wellbeing, according to Crisp (2008), is most commonly used within philosophy to describe what is good for a person, and this question is of great importance within moral philosophy. Buchanan (2000) poignantly defines wellbeing in terms of integrity, of living one's life in accordance with values that matter. It is the constant striving to see more clearly the values that define us as human beings, the kind of person one wants to be and the kind of society one wants to live in that enables us to live a 'well' life. Although different values may well conflict with one another, and different individuals may express differing values that give their lives meaning, purpose and happiness, nevertheless it is a life based on integrity (common value) that, according to Buchanan (2000), enhances our wellbeing.

Note that the definition of wellbeing discussed within this chapter is in the context of philosophical questions and does not replace those outlined in other chapters in this book.

THE DIFFERENCES BETWEEN HEALTH AND WELLBEING

The terms and meanings of 'health' and 'wellbeing' have become conflated in modern use, despite their being conceptually distinct. Health is now an integral part of popular concerns, with copious reading material and the advertising of books on diet, exercise, stress, recovery, vitamins and biofeedback. Health books have replaced books on the philosophy of the good life and we have reduced the concept and idea of the human good life to physical fitness and to the regimented rituals of diet and exercise. The WHO definition of 'health' is rather static and provides an impoverished notion of what constitutes wellbeing. Crisp (2008) states that the philosophical term 'wellbeing' is far broader, encapsulating concepts that relate more individualistically to how well a person's life is lived. Crisp views health as constituent of wellbeing and, more importantly, that health is not all that enhances wellbeing. To confirm the challenges now facing the field of philosophy, we need to rethink the terms and conditions of wellbeing that go beyond the regimes of physical fitness and beauty rituals.

Aristotle made a consistent distinction between 'health' and 'wellbeing'. Health (halos) referred to the biological functioning, but 'wellbeing' was denoted by the Greek term eudemonia, which may also be translated as 'flourishing', 'happiness', 'blessedness' or 'prosperity'. In Aristotle's writings, wellbeing is the ultimate good, the telos ('end' or 'goal') of all human activity, which is guided by our ability to reason, and it is therefore categorically distinct from all 'natural goods' such as health and wealth. According to Aristotle, health is too dependent on fate, fortune or luck; it was unthinkable to Aristotle to leave the prospects of living a good life to chance. Health and wealth were mere instrumental goods. Placing a higher priority on pursuing wealth or health than on living an honourable life could be harmful, both materially and morally. Wellbeing is what he saw as the highest goal of human activity; this should be the pursuit towards which all intentional, purposive and reasoned actions are directed.

Therefore, according to Aristotle, the *telos* of rational human activity is to bring about wellbeing, happiness and the 'good life' for human beings, but what is the 'good life'? Aristotle characterised human flourishing as a life of excelling in values that are distinctively human. In his words, 'How should a human being live? In accordance with all the forms of good functioning that makes up a good human life' (Aristotle, 1985).

Activity 3.1 Reflection

- What do you think Aristotle meant in the quote above?
- Aristotle used the analogy of a knife to describe human functioning. We call a knife a good knife if it cuts well, because this is the function of the knife. So we could, by comparison, call a human life a good life if it did that which is a defining function. What do you think this means?
- Write a list of what you think makes us human and what are our 'functions'.

This distinction between health and wellbeing offers an alternative to the health status model of wellbeing that has dominated health promotion, and this enables us to understand how health professionals may have confused a state of physical fitness with the ideal of wellbeing. In a health context, this distinction enables us to understand individuals who may suffer a disease but who we would still regard as living well. For example, a woman who is diagnosed with breast cancer who peacefully approaches her own death with the support of the family might be said to be 'well', despite the fact that she is facing death.

Using this example, it is fair to question whether we see health as a descriptive term or a normative concept. Are we well when we measure up to a set of clearly defined indicators, or does the concept refer to an evolving understanding of the values and ideals now packed into the term 'wellbeing'? Is there a connection between how health and wellbeing are viewed by society and by individuals? As a society in the UK we have a fairly passionate regard for physical fitness and this is evident in the cornucopia of workout videos, gym memberships, sports clothing and smoking bans while, at the same time, we have among the highest rates of violence, drug abuse, STDs and obesity in the world. What does all this suggest to us about society's concept of wellbeing?

It is clear that defining distinctive concepts of health and wellbeing that evaluate the conceptual view of promoting individual health, not by a set of risk factors, but through a shift in our approach, would entail us viewing wellbeing as a process of living well through the engagement in social practices that embody a set of common values.

THEORIES OF WELLBEING

Before the concept of happiness can be discussed, we should explore the theories of wellbeing that provide the basis of the philosophical underpinning from which happiness is derived when discussing living a 'happy' or a 'good' life. Parfit (1984) divides theories of wellbeing into three types:

- hedonistic;
- desire;
- list theories.

Hedonistic wellbeing

Hedonism identifies wellbeing with pleasure; it is primarily concerned with balancing the greatest pleasures. Socrates was the first philosopher to discuss hedonism in relation to obtaining happiness. This view was extended by Bentham (1969), cited in Haybron (2008), who said that nature placed human beings under the governance of two supreme masters, pain and pleasure, and, by balancing these two experiences, a hedonist will seek experiences that value pleasure over pain. The more pleasantness one can pack into one's life the better it will be, and the more painfulness one encounters the worse it will be, and the duration and intensity of these experiences will enable the individual to measure their value.

Activity 3.2 Nozick's objection

Imagine a machine that you could be plugged into for the rest of your life. This machine would give you experiences of whatever kind you thought most valuable or enjoyable (writing a novel, playing sports, attending concerts, etc.). You would not know you were plugged into the machine and there is no worry about machine failure. Once plugged in you would remain there for the rest of your life.

- 1. What would you plug into?
- 2. How would this benefit your wellbeing?
- 3. Is this a man-made experience? A Virtual World?
- 4. Would this affect the value of your experiences?

According to Crisp (2003) and Haybron (2008), the attraction of this view is that it accommodates the plausible thought that if anything matters for individual welfare it is the pleasantness of life experiences. Despite the attractiveness of this theory, a serious objection by Nozick (1974), based on the 'experience machine' analogy (see Activity 3.2), still forms the basis of rejection of this theory by modern-day philosophers.

Desire

Desire theories identify wellbeing with the satisfaction of individual desires. A common version of desire theory is 'informed desire', whereby an individual is informed about all the facts of a particular desire, thus providing a platform for rationality and reflection. The positive aspect of this theory is the flexibility of acknowledging the varying desires that individuals seek, particularly in a changing society where desires change with modernity. The problem with this approach is the reliance on a specific form of individual pleasure in order to achieve wellbeing that could have the potential to harm other individuals even if informed desire is exercised. Aristotle, cited in Crisp (2008), states that relying on a theory whereby we seek to uphold our desires is somewhat problematic, irrespective of whether those desires are informed or not.

Objective list theories

Objective list theories are understood as theories that create lists of what constitutes wellbeing, which consist neither merely in pleasurable experience nor in desire satisfaction. These lists would include friendship, knowledge, accomplishments, etc. Therefore what should go on the list? Haybron (2008) and Crisp (2003) point out that every good should be part of the list, and what is to be part of an individual's list is based on intuition and reflective judgement. Using a more rationalist approach, this encompasses other external pleasures such as friendship and relationships.

An objection to list theories is that they are limited, as they claim that certain things are good for individuals even if they may not enjoy them: for example, including friendship when one might find it more pleasurable to live life alone. The point is that the list theories have a tendency to assume the common 'good' that individuals should adopt, though, on the other hand, list theories may allow for exploration of the values or 'goods' that we all deem to be universally valid.

Although there are objections to these theories of wellbeing, what is

evident is that, by taking a more generalist approach, one can assume that modern-day society is adopting a hedonistic and desire satisfaction approach to happiness. There are obviously negative consequences of this constant seeking of pleasures: for example, the increase in STDs, alcoholism, drug abuse and violent behaviour. Nevertheless, the objective list theory does encompass values and by using this theory a more universal approach to happiness can be further explored.

VIRTUE ETHICS

... we must look more closely at the matter, since what is at stake is far from insignificant: it is how one should live one's life. (Plato, 1992, cited in Haybron, 2008, p. 6)

Virtue Ethics (VE) are concerned with an individual's character, whereas with consequentialism and deontology it is the individual's actions that are of importance (Macintyre, 2007). For Virtue theorists the central question of morality is 'What kind of person ought I to be?' and not 'What ought I to do?' Arguably, due to its agent-based nature, virtue can be seen as the heart of our moral reasoning as it is the character of the person that can determine which action to take, irrespective of duty/ obligation or aspiring to the greater good. As human beings we have the ability to reason, tempered by our emotional reactions, that enables us to make judgements about our actions. Moreover, it is the habitual practice of our experiences and behaviours that can determine how we develop good characteristics and that enables us to act in a morally good way (Gardiner, 2003). The character of the moral agent is pivotal in VE and this is what sets VE apart from deontology and consequentialism.

Historically VE began with the Greek philosophers Socrates, Plato and Aristotle. Their search for the elements that made a person good was not based on the way a person acted but on what sort of characteristics a person had. For example, an honest person is not just someone who performs honest acts, it is a disposition that is ingrained in the individual (Macintyre, 2007). Additionally, Aristotle, the father of VE, outlined four cardinal virtues:

- courage/fortitude;
- temperance;
- prudence/wisdom;
- justice.

Aristotle considered these virtues to be of the utmost importance in an

individual's morality (Slote, 2001). Over time the habitual practice of these virtues enables an individual to act in a good way when confronted with a moral dilemma. Aristotle termed this phrenesis or 'practical wisdom'. An ability to be virtuous, by the exercising of the virtues together rather than in isolation, leads to eudemonia or 'human flourishing' or 'wellbeing'. The question that then arises is how do we act virtuously and, most importantly, how do you know when you have acted virtuously? The 'doctrine of the mean' is that someone's character lies between two states of the given virtue. For example, if we look at courage as being a virtue then vices would be either a deficiency of virtue, i.e. acting in a cowardly way, or an excess of the virtue, i.e. being foolhardy. Therefore, to be courageous would be the mean between these two states. For example, defending your home against an intruder is courageous, but if you are outnumbered or your life is in danger then, arguably, Aristotle would interpret this as being foolhardy and not courageous.

As society norms have evolved and changed over time, what we deem as virtuous has also evolved. Although some universal virtues have stayed the same, for example, honesty, justice and courage, some of the other virtues have been driven out by our society norms. Chastity, for example, is no longer considered a virtue. Modern-day ethicists such as Rachels (1999) and Hursthouse (1999) identify benevolence, civility, self-control, compassion and kindness as an evolution of the original virtues. However, they are still based on interpretations of the cardinal virtues, so many different formulations do exist, but the fundamental virtues still remain.

Activity 3.3 Reflection

- What do you think about Aristotle's virtues?
- How are these virtues learned, imparted or acquired?
- Do you think that some of these virtues have been lost in today's society and, if so, which ones? Should they be acquired again?

HAPPINESS VS EUDEMONIA

They have their little pleasures for the day and their little pleasure for the night: but they respect health. 'We have discovered happiness' say the Ultimate men and blink. (Friedrich Nietzsche, cited in Buchanan, 2000, p. 102)

Nietzsche's quote distinguishes 'Ultimate men' as individuals who think they have discovered happiness through little pleasures but who still maintain the concept that having health is a state of wellbeing. Nietzsche and Aristotle disagree about this, as a heavy preoccupation with physical fitness can become as harmful to wellbeing, both materially and morally, as if we neglected physical fitness altogether. This follows on from the concept discussed above regarding the distinction between health and wellbeing, i.e. that to be in a state of wellness and to feel happiness goes beyond physical fitness, materialism and wealth.

What needs to be established here is what we mean by happiness and we need to keep in mind the different ways in which happiness is defined by different authors. A generally accepted basic view is that happiness is often referred to as a short-lived state of an individual, through a feeling of contentment (Haybron, 2008). This approach forms the basis of philosophical understandings of wellbeing, particularly when comparisons are drawn between living an eudemonian life as opposed to a happy life.

Subjective wellbeing

Deci and Ryan (2008) discuss the concept that wellbeing can be thought of as falling into two distinct traditions, the hedonistic state where the focus is on happiness, and eudemonia, focusing on living well in a more full and satisfying way, although this is based on subjectivism. Vigorous study by Diener (1984) led to the exploration of subjective wellbeing as a term that is often referred to within contemporary research into wellbeing. In Diener's view, wellbeing is considered to be subjective (SWB) because individuals evaluate for themselves, in a more general way, the degree to which they experience a sense of wellness. Experiencing high levels of positive experiences rather than negative experiences, and having a high level of satisfaction within one's life, leads to 'happiness'.

Subjective wellbeing (SWB) as referred to by Kahneman *et al.* (1999) has been closely associated with the hedonistic view of wellbeing, as its central focus is evaluating positive experiences of pleasure. However,

what is interesting to note is that many philosophers and researchers in the field of wellbeing draw upon a more Aristotelian view of wellbeing and eudemonia, in that happiness alone does not constitute wellbeing. Yes, one does need to experience feelings of happiness. But though individuals may report feeling happy or being positively satisfied, this does not necessarily mean that they are psychologically well.

Waterman (1993) stated that wellbeing should not be thought of as an outcome or an end state, but rather a process of fulfilling one's virtuous potentials and living as one was inherently intended to live (we can see this example through Aristotle's analogy of a good knife). Seeking happiness as an outcome to wellbeing through hedonistic pleasure has its problems, as it becomes a state of seeking pleasures or gratifications that may have undesired consequences not only for the specific individual but society as a whole. For example, living a promiscuous life and constantly seeking the feeling of this pleasure may result in the contraction of STDs if precautions are not taken. One could also draw on the examples of not living a virtuous life and not exercising temperance.

Wellbeing and desire satisfaction

The same evaluation may be applied to desire satisfaction as a way of trying to obtain happiness as a state of wellbeing. If we strive to obtain our set desires this again may have detrimental effects collectively and individually as, without exercising judgement and applying a rationale to what constitutes 'useful' desires, desire satisfaction may actually result in unhappiness.

The objective list theories encompass other aspects that one would expect to describe in terms of values such as friendship, relationships, socialisation and accomplishments, and a sense of achievement. Although certain aspects of individuals' lists may be somewhat different, this theory does provide a much stronger understanding of accepting our social needs when seeking 'happiness'. Aristotle's vision of the 'good life' states that humans have the power to evaluate desires and to regard some as desirable and some as undesirable, and this is what makes human beings distinctive. It is the ability to evaluate and exercise judgements that can truly lead individuals to understand what 'happiness' is (Slote, 2001).

Although in some literature eudemonia is used as a synonym for happiness and wellbeing, this can be somewhat problematic. Eudemonia is more concerned with leading a eudemonian life by exercising virtues that in time become habitual through *phrenesis* or 'practical wisdom'.

Happiness, as we have seen, is subjective irrespective of the theories that are used to determine the term 'happiness'. It is a subjective feeling and therefore turns the focus onto specific internal needs. Interestingly, Aristotle had no theory of happiness, only a theory of wellbeing. For Aristotle, to define the concept of happiness would only go against living an eudemonian life, in that the focus would be on simply obtaining pleasures but not necessarily living a good life. Happiness was a state of being and not a state of living so, according to Aristotle, it is only by leading an eudemonian life that humans can flourish and live a life of wellbeing.

PERSONAL RESPONSIBILITY

A concept that is closely related to eudemonia is autonomy. Ryan and Deci (2001) define autonomy within this context as having the experience of choice to endorse one's actions at the highest level of reflection. Aristotle emphasised choice and suggested that virtue, which is central to eudemonia, involves making the right choices; an individual chooses to act virtuously.

As a society are we living a hedonistic life? Are we seeking pleasures that make us happy? Is this wellbeing? We have recently (2010) experienced a period of recession and, although there are strong economic debates about why this has occurred, the question in philosophical terms is, are we living beyond our means? By trying to be happy have we been driven to seek happiness in materialism and possessions? Have we been using what can be considered hedonistic pleasures to try to obtain a 'good life'? A strong objection to pursuing hedonism for happiness or a 'good life' is that, instead of enjoying pleasurable experiences and accepting that this is all they are - just a pleasurable experience - it becomes a habit of collecting pleasures to try to maximise happiness. There is therefore a loss of understanding of the intrinsic value of some activities because, by maximising our own pleasures, we become unable to immerse ourselves in activities such as reading and playing sports that are in themselves valuable, but that also provide pleasure. It is only through taking personal responsibility for the evaluation of these activities that we achieve the understanding that these activities are independently valuable, irrespective of the pleasure we gain from them, and only once we understand this can we begin to understand the meaning of wellbeing.

Nussbaum (1994) held the view that the upbringing of our children and adolescents is deformed in various ways by false views about what

matters in life – excessive emphasis is placed on money, competition and status, and placing value on materialism, rather than placing value on personal attributes and how to lead a 'good life'. Plato stated that it is impossible to heal the body without at the same time treating the soul. Modern scientific medicine has conquered most infectious diseases and many types of biological breakdowns, but it is still ill-equipped for the task of diagnosing and treating ailments of the soul; modern medicine does not have an answer for the problems that stem from our desires and the choices we make about how we want to live our lives (Buchanan, 2000). We have to take personal responsibility for the health of our souls.

Case study and activity 3.4 Applying philosophical approaches to real-life scenarios

Suzan is a 25 year-old who works in a fulltime administrative position. Suzan lives with her parents and a year ago she split up with her boyfriend of two years. Since then she has been on a downward spiral of late nights, alcohol and drug abuse and has had over 50 sexual partners. One night Suzan is taken to A&E following a night of heavy drinking – one of her many admissions to A&E. The A&E staff have recommended that she sees a counsellor so, following a consultation with her GP, she has been referred to the practice counsellor and Suzan has agreed to this.

- What aspects indicate that Suzan is happy or unhappy?
- What aspects of Suzan's life may be attributed to eudemonia?
- What options are available to Suzan?
- What virtues and values are missing from Suzan's life?

Exercising mindfulness and personal responsibility uses Aristotle's approach in that he states that we should look after ourselves before we think about others. If we all exercise virtues then we benefit, and our community and society also benefit in the development of wellbeing. Virtues are not unattainable goals but well within our reach. Although, to some extent, we are conditioned by the society we live in, at some point we have to assume responsibility for the habits we acquire. See Chapter 7 on spirituality, which discusses the importance of personal responsibility and wellbeing.

CONCLUSION

This chapter has explored the ethical theories and concepts that address what we mean by wellbeing. For example, the belief that being healthy constitutes wellbeing is a misconception. What has been discussed in this chapter is the constant struggle that philosophers and ethicists face when discussing the notion of happiness in relation to wellbeing. Although, to some extent, wellbeing is subjective, particularly when the focus is on happiness, it is through an analysis of what constitutes a 'good life' that we can begin to explore the concept of wellbeing. Aristotle retained his view that it is only by exercising virtues that we can begin to lead a eudemonian life that results in true wellbeing. It is only through personal responsibility and through analysis of ourselves that we can begin to determine our own wellbeing. Temperance or, to use a more modern term, 'mindfulness' encourages individuals not to take a hedonistic approach to happiness but, rather, it is through analysis and contemplation of values and, more importantly, society's values, that we can achieve true wellbeing. Indeed, it is only by focusing on our inner selves and our own wellbeing that we can truly flourish within society.

Further reading

Bond E.J. (1996) Ethics and Human Well Being: An Introduction to Moral Philosophy. London: Blackwell Publishers

An ideal introduction to moral philosophy as it deals with the philosophical theories that often lie behind everyday opinions.