

Welcome

Internationally, there is increasing interest in, and analysis of, human well-being and the economic, social, environmental and psychological factors that contribute to it. Current thinking suggests that to measure social progress and national well-being we need something more than GDP. Facilitating the transfer and exchange of knowledge to bring about more well-being for everyone is a major goal of science. However, the relationship between science and public policy is complex and there is a need to create new spaces where dialogue is fostered and where knowledge is translated into action.

Over the past decade, the National Health Strategy of Ireland (e.g. Quality and Fairness: A Health System for you) has emphasised the importance of an interdisciplinary integrated approach in achieving its vision of equity, person-centeredness, quality and accountability in health care provision. A lifespan approach to health is also widely accepted, for example, in the context of recent government reports on well being in Ireland (NESC, 2009). *The Health and Well-Being* priority theme at the Whitaker Institute for Innovation and Societal Change at NUI, Galway, brings together colleagues from Medicine, Nursing, Health Sciences, Social Science, Business, Public Policy and Law, and is organized around key themes, including: Lifespan Health and Well-Being: biological, psychological, and social system perspectives and interdependencies; Behaviour Change Interventions and Lifespan Health; Chronic Illness, Pain, and Disability; Lifespan Engagement and Policy Change; and Health Care and Health Services across the Lifespan.

The core objectives of our priority theme include:

1. Promotion and maintenance of health and well-being across the lifespan
2. Understanding plasticity, resilience and capacity to change across the lifespan
3. To promote the development of integrated health and well-being support systems that can take account of biological, medical, psychological, sociological, and economic interdependencies.

We are currently working on a diverse range of projects in the areas of: Chronic Pain; Developmental Delay and Dementia; The stigmatization of psychological difficulties in children; The Galway Wisdom Project; Driving Attitudes, Risk, and Behaviour; Coronary Heart Disease and Diabetes; Interventions to reduce pain and preventative health behaviours; The economics of well being; Psycho-Oncology.

We are delighted to welcome you today and we very much welcome opportunities to collaborate with conference participants in future health and well-being projects. Importantly, people continue to question the adequacy of GDP as an indicator of progress, especially as the link between economic growth and psychological and social well-being is not always positive. There is a wider question of what matters in life, and the ongoing debate about individual and societal wellbeing seeks to address this question. Following on from last year's successful conference on barriers to well-being in Ireland, the Health and Well-being research cluster at the Whitaker Institute, NUI Galway in collaboration with TASC are delighted to host this conference, which will focus on well-being measurement and the design

of a national well-being index for Ireland. This conference features keynote lectures from the directors of the Canadian, UK, Scottish, and Japanese well-being indices, along with a closing address from Minister Alex White, Minister of State for Primary Care at the Department of Health. The conference also includes a series of wellbeing perspective lectures that focus on gender and well-being, equality and well-being, and sustainability, the built environment and well-being. Conference participants will have the opportunity to participate in a collective intelligence design session focused on the design of a new Irish index of well-being. This conference booklet also includes a set of essays from conference participants that provide critical, reflective and integrative perspectives on well-being measurement, policy, and practices. There are also a set of well-being conference posters on display and a number of good opportunities over coffee and lunch and evening drinks to discuss important issues and network and learn from one another. Importantly, this conference brings together scientists, community organizations and policy-makers and provides an excellent opportunity to discuss the latest advances in well-being research and policy. Finally, all conference participants will be invited via email to join a dropbox folder that includes a copy of the most recent version of our Interactive Management (IM) software and workbook materials.

Interactive Management is a key piece of design infrastructure that the new Whitaker Institute for Innovation and Societal Change is promoting and using in collaboration with members of the Health, Ageing and Lifespan Development research cluster. Interactive Management (IM) is a software supported collaborative design process that allows a group of individuals with a vested interest in solving a problem to design problematques (i.e., graphical influence structures) that describe causal relationships between a large set of problems in a problem field. IM taps into and enhances our largely underdeveloped cognitive capacity for graphical, systems thinking. It enhances the collaborative power and action potential of groups who seek to work together toward the resolution of problems and the realization of possibilities. IM draws upon a long history of development in the fields of mathematics and systems science and is neutral as regards its scientific and social applications (<http://warfield.gmu.edu/im>).

We would like to thank the Whitaker Institute for Innovation and Societal Change and the National University of Ireland, Galway for their generous support in funding and hosting this event. We would like to thank our colleagues in TASC for their generous support in collaborating, facilitating and promoting this event.

We hope that you find the programme interesting and that the meeting provides a valuable opportunity to share ideas with colleagues and friends.

Michael Hogan, AnnMarie Groarke, Chris Noone

**Well-Being in Ireland: Designing Measures and Implementing Policies,
Thursday 6 June, 2013**

8.30 – 9am: Registration

9am: Welcome: Dr. Pat O'Hara – Chair of the National Statistics Board

Keynotes

9.20 – 9.50: Professor Bryan Smale, University of Waterloo, Director, Canadian Index of Wellbeing: *The Canadian Index of Wellbeing: Social Indicators and Subjective Wellbeing Approaches.*

10:00 – 10.30: Stephen Hicks, Assistant Programme Director, Measuring National Well-being Programme | Office for National Statistics, UK. *Measuring National Well-being: Experiences from the Office for National Statistics*

10:30 – 10:50: Coffee break

11:00 – 11:30: David Signorinni, Head of Performance Unit , Office for National Statistics, Scotland: *Wellbeing in Scotland: Past, present and future*

11:40 – 12:10: Yoshiaki Takahashi, Project Manager for Happiness Studies in the Japan International Cooperation Agency: *Well-being Indicators in Asia: Similar to or different from others?*

12:20 – 12:40: Minister of State for Primary Care at the Department of Health, Alex White.

12:50 – 2:00: Lunch

Perspectives on Wellbeing

2:00 – 2:20: Gender Perspectives on Wellbeing – Dr. Nata Duvvary, School of Political Science and Sociology & The Whitaker Institute

2:30 – 2:50: Well-being and Sustainable Communities – Professor Kevin Leyden, School of Political Science and Sociology & The Whitaker Institute

3:00 – 3:20: Equality and Wellbeing – Nat O'Connor, TASC

3:30 – 4:00: Coffee break: poster viewing, and essay award

4:00 – 6:00: Collective Intelligence Design Sessions

10.00 – late: Drinks in the King's Head

The Canadian Index of Wellbeing: Social Indicators and Subjective Wellbeing Approaches
Professor Bryan Smale

University of Waterloo

The Canadian Index of Wellbeing (CIW) provides unique insights into the quality of life of Canadians and the communities in which they live both overall and in eight specific domains that matter to wellbeing: our standard of living, the quality of our environment, our health, our education, the way we use our time, the vitality of our communities, our participation in the democratic process, and our leisure and culture. Unlike GDP, which only measures economic progress, the CIW is designed to measure and compare wellbeing across domains and for a variety of geographic areas and subgroups within the population. In this presentation, the two approaches used by the CIW to assess and track wellbeing over time are described: a social indicators approach that contributes to the development of the CIW composite index, and a subjective wellbeing approach that gathers data through a community-based survey designed around the CIW framework. The opportunities created and challenges faced with both approaches are described, as well as the contexts within which each are best suited. The results of these efforts assist in the development of social policies that ensure Canadians have equal access to opportunities and experiences that enrich and contribute to their health and wellbeing.

Measuring National Well-being: Experiences from the Office for National Statistics

Stephen Hicks

Office for National Statistics

The Office for National Statistics established the Measuring National Well-being programme in November 2010 with the aim of providing a fuller picture of how society is doing by supplementing existing economic measures with wider social and environmental measures. It is seeking to establish an accepted set of National Statistics to help people understand and monitor National Well-being.

This presentation outlines the experiences of the Office for National Statistics in developing measures of well-being for the UK. It shows why it is important to measure well-being, examine different approaches to measuring well-being, as well as considering some of the challenges faced in developing measures that better reflect the well-being and progress of society.

Developing measures that have an impact on decision making is vital, both for policy makers and the public. The presentation outlines how these measures are beginning to be used for different public policy purposes. Not only in the policy making process, but also to allow people themselves the ability to understand and monitor the well-being of the nation and make better decisions in their own lives.

There are a range of issues to consider when designing measures of well-being and the presentation raises key questions that need to be addressed when undertaking a measurement programme of this sort.

Wellbeing in Scotland: Past, present and future

David Signorinni

Office for National Statistics, Scotland

Scotland's approach to wellbeing is to start from a broad positive vision of the future, set out in the Government's Purpose and National Outcomes, and to use a dashboard of indicators to measure progress towards these goals.

Launched in 2007, Scotland Performs is a transparent, impartial and continually updated website where citizens can assess the performance of Scotland as a society. The set of indicators covers personal physical, mental and subjective wellbeing, but also wider measures of economic, social and environmental wellbeing.

By aligning all of Scotland's public sector behind this single Purpose and National Outcomes, wellbeing is being embedded within policy and decision-making at all levels, ensuring that key recommendations of the Stiglitz-Sen-Fitoussi report are being implemented, and that we really do move 'beyond GDP'.

Scotland currently has a unique combination of Government commitment, significant NGO involvement (from Oxfam Scotland and the Carnegie UK Trust), and growing cross-party political support, all of which are contributing to a distinctive and innovative Scottish approach to National Wellbeing.

This talk will explore how Scotland Performs was developed, what lessons can be drawn from the work so far, and what the key challenges are for the future.

www.scotlandperforms.com

Well-being indicators in Asia: Similar to or different from others?

Yoshiaki Takahashi

Japan International Cooperation Agency

The concept of happiness is well understood among Asian people. The Fourth King of Bhutan, Jigme Singye Wangchuck, answered in his interview in 1979 that Gross National Happiness was more important than Gross National Product. However, only three countries, Bhutan, Japan, and Thailand, among Asian countries have officially developed their well-being indicators. These challenges are quite recent because we need quantitative techniques to specify our meaning of happiness. The Thai National Economic and Social Development Board (NESDB) proposed their Green and Happiness Index in 2007. In 2011, the Centre for Bhutan Studies (CBS) issued the first quantitative survey result of National Gross Happiness. At the end of the same year, the Commission of Measuring Well-being in Japan, an advisory body for Minister of Economic and Fiscal Policy, proposed their indicators. The structure of these three indicators as well as similarity and difference from ones in Western countries will be explained.

Well Being Index: A Gender Perspective

Dr. Nata Duvvury

National University of Ireland, Galway

A body of research has identified the significant gender differences in subjective well being, an important dimension to consider in the construction of a well-being index. Gender norms shape the values and beliefs of women and men as well as their perceptions of their roles and responsibilities – expressed in gender inequality in range of measures that influence well being. The most important difference is the experience of gender based violence, specifically intimate partner violence, which is a common feature of many women's lives – an oft-cited figure is 1 in 3 women has been abused in their marital lifetime. Experience of violence often results in ill-health (in terms of physical and mental health), reduced participation (economic, social and political) and limited social capital. In this presentation we shall focus on the evidence of gender differences in subjective well-being, the implications of violence against women, and the extent to which current indices of well-being specifically address these consequences of violence against women. We shall focus our discussion on the Canadian index of well being, as a prime example of a carefully articulated index with attention to gender.

Equality and Wellbeing: Can we have wellbeing in an unequal society?

Dr. Nat O'Connor

TASC

Studies suggest that high levels of wellbeing can be attained in poorer developing countries, as well as in the more technologically advanced rich countries of the world. If so, material wealth beyond a certain level is not necessarily a prerequisite for a high level of personal wellbeing. Yet, the epidemiological approach taken in Richard Wilkinson and Kate Pickett's *The Spirit Level* shows lower levels of crime and better health and educational outcomes in more economically equal societies. Drawing on Self Determination Theory and other sources, this talk will argue that a high degree of social, political and economic equality are necessary prerequisites for the achievement of a society where most people enjoy a high level of personal wellbeing.

Happiness, the Built Environment, and Sustainability

Professor Kevin M. Leyden

National University of Ireland, Galway

This presentation explores the linkages between the built environment, sustainability, and happiness. The fundamental premise is that the way we plan and maintain the communities we live in can affect our happiness and well-being. Evidence from ten international cities will be discussed. The findings suggest that in addition to traditional predictors of happiness such as self-assessed health, relative wealth, and social connectedness, the design and conditions of cities are associated with the happiness of individual residents. For example, cities that provide easy access to convenient public transportation and to cultural and leisure amenities have happier residents, all things being equal. These findings also suggest that scholars may need to investigate more fully the importance of place and planning policy in their examination of happiness.

The Challenges of Measuring Health and Wellbeing

Dr. Debbie A Marsden & Prof. Paul A Dieppe

University of Exeter

Health and wellbeing are important. Health has always been an important part of the UK's agenda with the introduction of the NHS in 1948. Recent biomedical advances have led to better health care for our bodies, eliminating certain infectious diseases and dealing well with acute medical crises such as heart attacks, and generally allowing us to live longer than before. But paradoxically, chronic ill-health in the UK is increasing, with large percentages of the population complaining of chronic pain, depression, anxiety or generally poor health and wellbeing, (non-communicable diseases) often in the absence of any definable disease of the body (Nuffield Report, April 2012). Over the last few decades, mental health services have improved within the NHS. In addition, the term 'wellbeing' is now gaining currency in recent years, having been incorporated in almost all aspects of government policy, including health, children and young people (*Every Child Matters Framework*, 2003), the place-shaping role of local governments (Local Government White Paper *Strong and Prosperous Communities*, 2006), work and productivity, and sustainable development (*Securing the Future*, 2007). UK politicians have put emphasis on health, wellbeing and happiness in their assessment in communities (*ONS Measuring National Wellbeing: Life in the UK*, 2012). Many documents discuss wellbeing in terms of economy, people and environment and presents data on: average earnings and employment; healthy life expectancy; self-reported life satisfaction and numbers accessing the natural environment. But what is wellbeing? And how can it be measured? And should it be measured? Any attempt to measure wellbeing raises the whole question of what it is, and there appear to be many different types of answers to that.

Wellbeing may be defined as a '*dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community*' (Foresight Mental Capital and Wellbeing Projects 2008, Final Project Report (London: The Government Office for Science)). Wellbeing is inherently multidisciplinary in nature but it can be considered as having three main strands: physical health, healthy eating and mental health, but holding the matrix together are other factors such as personal and social wellbeing – and each element is connected and interacts with each other – cross strand linkage. It is obvious that wellbeing is a multidimensional

matrix-construct and therefore having any one approach to its assessment will have limited value. Measuring or assessing wellbeing from a uni-dimensional approach has limitations as it is derived from a single discipline or method to assess something that is multidimensional, so designing a construct or matrix that incorporates all aspects of wellbeing is a non-trivial task. Therefore, in assessment of wellbeing we need to explore the synergy of qualitative data and map those data into a construct along with quantitative data and bring all the evidence together and apply it as a whole-system. Why is this important – what are we trying to achieve? By assessing wellbeing of the individual, in ‘their’ place (enabling external conditions, such as environment and income) at a specific time (wellbeing is transient), we can design interventions to further explore and understand the interplay between psychological, physical, environmental, peer factors, social factors that all feed into the wellbeing model to help people have healthier futures. Due to the highly individual perspective most people have on their own wellbeing, the discipline in which they know methods to analyse different types of data, views on wellbeing, views on measurement, and area of expertise, measurements that currently exist it will undoubtedly be challenging, but there is a urgent need to address the ‘*slow-motion catastrophe*’ (Chan 2011) of the increase in non-communicable diseases seen in the UK and beyond. Innovative interventions need to focus on extracting pertinent features that overlap and have a common theme, and analyse measures that currently exist and look at the similarities to develop more sophisticated measurement and assessment tools to consequently improve, protect and maintain individuals’ health and wellbeing.

In order to achieve this, disciplinary and methodological fragmentation in research needs to be pulled together and shift from the qualitative versus quantitative debate/wrestle and adopt a more reciprocal approach, bringing the constructs together and accept that wellbeing is not static; it is fluid, ongoing and a dynamic process that changes throughout ones’ life.

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Measuring Wellbeing?

Alanna O'Beirne

Mary Immaculate College

As a Health Promotion Officer I view health and wellbeing as resources for everyday living that are influenced not only by individual genetics and lifestyle choices but also are impacted by a wide range of social determinants. Consequently I argue that measuring wellbeing is complex and that no single measure is sufficient to adequately capture a nation's wellbeing. I also suggest that even when appropriate measurements are developed and used to help people better understand and monitor wellbeing, we don't always prioritise policy in areas where gaps or shortcomings are self-evident.

Since the 1930s traditional measures such as Gross Domestic Product (GDP) have been used to assess the state of different countries. GDP however, which is based solely on economic production, only provides a partial view of the state of a nation. Even Simon Kuznets^[1] (who first suggested GDP as a measure) acknowledged that: "the welfare of a nation can scarcely be inferred from a measure of national income". It is important therefore that we go beyond GDP to measure progress and national wellbeing.

There has been a growing global movement that recognises that many and various domains of life contribute to wellbeing. Composite indexes such as those developed in Canada^[2] or more recently in the UK^[3] provide frameworks for measuring national wellbeing across a range of areas or 'domains'. A range of criteria (such as; validity, quality, consistency and feasibility), are used to select the indicators employed for each measure. The measures of indicators from each of the domains are then integrated to assess fluctuations in citizens' wellbeing over time.

Placing subjective measurement to the fore, the OECD recently launched an updated version of its online Better Life index.^[4] This index allows site visitors to rate their country on a range of indicators identified by the OECD as essential to good quality of life. In Japan a framework has been developed that emphasised subjective wellbeing drawing on extensive research in the area of happiness studies.^[5] Scientists like Adrian White in the UK have explored data from a range of sources to create 'happiness maps' which illustrate global levels of subjective wellbeing.^[6]

While there is debate about whether or not one should use subjective and/or objective measures to assess wellbeing it seems likely different measures will be used in particular situations depending on the research question being explored. What we do know is that there are essential prerequisites for health and wellbeing. In 1986 the Ottawa Charter for Health Promotion ^[7] explicitly outlined the fundamental conditions and resources needed. These are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity.

So, how are we doing in relation to the prerequisites for health and wellbeing?

Currently there are at least 10 sites around the world where there are major wars ^[8] occurring. Although housing is a basic human need, it is estimated that globally 100 million people approximately live without shelter or in unhealthy and unacceptable conditions. Focus Ireland ^[9] estimates that in Ireland alone there are up to 5,000 people who are homeless at any one time. Having a home here doesn't guarantee wellbeing either. Consider citizens who live in or near the two thousand 'ghost estates', dotted around our country or the many more living in houses now laden with 'negative equity'.

The education domain has historically been a source of strength in terms of Ireland's wellbeing. But not all sectors of our society gain equally from this resource that can contribute to not only individual long-term wellbeing but also to the overall development of our country. One in four Irish adults has problems with reading, writing and maths. ^[10] About 9,000 young people leave school prior to sitting the Leaving Certificate (Ireland's terminal examination at second level). Youngsters from working class and unemployed households record much higher levels of early school-leaving rates and these young people are more likely to be unemployed than those who completed second level. They are also more likely to report poorer health, long-term illness, and to experience anxiety or depression. ^[11]

According to the Food and Agriculture Organisation of the United Nations there are 925 million under- or malnourished people in the world. At the same time more than 1.4 billion adults are overweight. In Ireland 38% of adults are overweight and 23% are obese. 22% of Irish 5-12 year olds are overweight or obese. ^[12] While the debates of how to tackle our 'obesity epidemic' rage, arguments over global warming and how to save the planet may sometimes seem to be held at a remove from one's personal existence. Yet, one only has to

mention the word ‘cryptosporidium’ for people in Galway to understand the necessity of having a stable eco-system.

Some final points:

Examining wellbeing from a multi-dimensional perspective that is contextually based would appear to hold most promise in terms of developing metrics for assessing wellbeing. The asset-based approaches which consider actions across the life course (as being attempted in Scotland presently) also offer potential insights to inform policy development. Progress however, from measuring to policy to action is slow, though this should be considered in the context of the many barriers to wellbeing identified in the literature (for details of barriers in the Irish context see for example work of Hogan and Groarke, who are currently engaged in health and lifespan research).^[13]

I recognise that measures of national wellbeing are still very much under development in many countries and so I welcome initiatives such as the piloting of a wellbeing module for inclusion in the Central Statistics Office’s Quarterly National Household Survey (2013). I am particularly interested in measures that will allow us to make comparisons between different groups within the population to see how sub-groups are doing across a range of topics. Such measures will offer better understanding of policy impacts on wellbeing.

TASC^[14] have raised interesting questions about what kind of society we want to live in over the coming decades and this should be to the forefront as we debate not only our economic future but rather our whole future. Riegen (2012) recommends that we should emphasise the minimization of suffering in public policy and pay relatively little attention to the maximization of happiness^[15]. In an Ireland and world which seems to place a premium on maintaining the wellbeing of a particular, very small, minority of the population at great expense to the remaining majority’s wellbeing, I for one am inclined to agree.

Notes and references:

1. Simon Kuznets was a Russian American economist at Harvard University who is credited with coming up with the idea of Gross National Product.
2. The Canadian Index of Wellbeing describes wellbeing as “The presence of the highest possible quality of life in its full breadth of expression, focussed on but not necessarily exclusive to; good living standards, robust health, a sustainable environment, vital

communities, an educated populace, balanced time use, high levels of democratic participation and access to and participation in leisure and culture.” More details available at <https://uwaterloo.ca/canadian-index-wellbeing/>

3. The Office of National Statistics in the UK highlight that “national wellbeing is influenced by a broad range of factors including economic performance, the state of the environment, sustainability, equality, quality of life as well as individual wellbeing.” The aim of the programme is to develop and publish an accepted and trusted set of National Statistics that will help people to understand and monitor national wellbeing. More details are available at <http://www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index>
4. The OECD Better Life Index is available at <http://www.oecdbetterlifeindex.org/>
5. See the work of Yoshiaki Takahashi at the Japan International Cooperation Agency.
6. White, A. (2007) A Global Projection of Subjective Well-being: A Challenge to Positive Psychology? *Psychotalk* 56, 19-20.
7. World Health Organisation, (1986) *Ottawa Charter for Health Promotion*
8. The Uppsala Conflict Data Program (based in Uppsala University, Sweden) has recorded ongoing violent conflicts around the world since the 1970s. This program considers conflicts that cause at least 1000 violent deaths per year as a major war.
9. United Nations Commission on Human Rights (2005). See also the World Health Organisation’s website for extensive information in relation to homelessness. Focus Ireland is one of a number of sites that provides information on homelessness in the Irish context. I recognise that measuring homeless is problematic and there are issues also with definitions in this area so precise figures are hard to obtain.
10. More detailed statistics available on the National Adult Literacy Agency website www.nala.ie
11. Byrne, D. and Smyth, E. (2010). No Way Back? *The Dynamics of Early School Leaving*. Dublin: The Liffey Press in association with the ESRI, NCCA and the Department of Education and Science.
12. Harrington J, Perry I, Lutomski J, Morgan K, McGee H, Shelley E, Watson D and Barry M (2008). *SLÁN 2007: Survey of Lifestyle, Attitudes & Nutrition in Ireland. Dietary Habits of the Irish Population*, Department of Health and Children. Dublin: The Stationary Office.
13. McDonough, M. (2013) Breaking down the barriers to flourishing wellbeing. *The Irish Times*, January 22, 2013.
14. TASC describes itself as an independent progressive think-tank dedicated to promoting equality, democracy and sustainability in Ireland through evidenced-based policy recommendations. See website www.tascnet.ie
15. Riegen, J. (2012) ‘Healthy workplaces, are they linked to health and wellbeing?’ Presentation at the Wellbeing and Public Policy conference, Victoria University of Wellington, 13th – 15th June, 2012.

Points to Consider when Creating a National Index of Well-Being

Carly Cheevers

University College Dublin

This essay briefly discusses a number of points to take into consideration in relation to measuring the well-being of a population using a national index. Creating a national index of well-being involves combining a number of single indicators which are representative of various elements of well-being into a composite index, thus providing one single number with which to track and monitor the well-being of the population. Considering the multidimensionality of well-being, composite indices are a useful way to holistically represent well-being (Ben-Arieh & Goerge, 2001).

The creators of the macro-level Canadian Index of Well-Being (CIW) outlined a number of possible approaches when initiating the development of a well-being index: a) a Top-Down approach, which explores the conceptual understanding of well-being as a starting point, b) a Bottom-Up approach, which begins with exploring the availability of potentially relevant data and c) a Bi-directional approach, which involves processes a) and b) occurring simultaneously (Michalos et al., 2009). The CIW was created using the bi-directional approach which seems the most pragmatic and productive approach, as in this way the conceptual and operational definitions of well-being will dynamically evolve together, resulting in a much more thorough output.

No matter which approach is used, devising a definition of well-being that is agreed upon by all stakeholders is a formidable task. Differing opinions on what constitutes well-being can be traced back as far as the Ancient Greek philosophers (Ryan & Deci, 2001). Two perspectives on what constitutes well-being have dominated the field: the hedonic and eudaimonic perspectives. The hedonic view believes well-being pertains to happiness and pleasure, with the widely studied concept of subjective well-being (an individual's rating on their life satisfaction, happiness, general affect or quality of life (Steel, Schmidt, & Shultz, 2008)) largely fitting this approach. Alternatively, the eudaimonic view believes that well-being is a state of fulfilment at realizing one's potential and the extent to which one is fully functioning (Ryan & Deci, 2001). Nowadays, composite indices of well-being using population data may include indicators from both perspectives.

In Ireland, indicators for a national index of well-being will likely be sourced from the Central Statistics Office, administrative data and large scale national, European and international surveys. There will likely be some gaps in data that will need to be investigated and addressed. There are many points to consider when choosing indicators to represent well-being. Of course, the first consideration is their relevance, and how well the indicators map onto the agreed upon conceptual understanding of well-being. On this note, the overarching domains to be included in the index of well-being need to be decided upon. In the past, well-being has often been measured through a negative lens, with a tendency towards measuring the presence or absence of problems. However, it is important to focus on the strengths of a population and the ways in which they flourish, as well as the difficulties they face (Pollard & Lee, 2003; Seligman & Csikszentmihalyi, 2000). Thus, in order to adequately address the continuum of well-being, a composite index of well-being needs to include both positive and negative indicators (Moore & Lipmann, 2005). In addition, it has been suggested that best practice in creating composite indices of well-being is to include a range of objective, observable and subjective indicators (Moore, Vandivere, Lippman, McPhee, & Bloch, 2007) and the properties of the indicators need to be examined to ensure they are reliable and valid. The temporal and spatial aspects of the indicators also need to be considered, i.e. within what time frame are indicators considered eligible for inclusion and how much of the country is covered by the indicators included. It has to be decided if both children and adults will be included in the national index of well-being, and whether all age groups, or perhaps more importantly - life stages, are adequately represented by the indicators used. Furthermore, depending on the type of indicators used, and the way in which the index will be utilized, there will likely be ethical and legal matters to be considered. Finally, in terms of semantics, O'Hare & Gutierrez (2012) examined the labels applied to indices and domains used in measuring child well-being, and made a strong case for the necessity of increased consistency of labels in the field of composite well-being indices.

The method of calculating index and domain scores needs to be carefully decided upon, as does the weight allocated to each indicator and domain in the overall score. The consensus at present regarding composite indices of well-being is to weight constituent domains equally, given that a) there is no appropriate alternative (Hagerty & Land, 2007) and b) that the nature of well-being means that no single domain should dominate (Moore & Theokas, 2008).

Of crucial importance, and something which has been overlooked thus far, is the method used to calculate pertinent changes in well-being across time in order to be able to highlight true areas of need for policy intervention. The CIW team examine change using a method of percentage change in each indicator and the overall index score across time. While this method is useful and easily interpreted, consideration then needs to be given to the magnitude of percentage difference which is meaningful for indicators and indices in order to indicate significant improvements, or worrying disintegrations in well-being that are not just typical fluctuations in data. Additionally, as this index will no doubt evolve across time with the availability of data, theoretical shifts and new evidence, each index should involve a rigorous audit and evaluation to ensure best practice.

Finally, it is important to review the best practice of other countries which have constructed national indices of well-being, but it is equally important to start anew from an Irish perspective as to what constitutes well-being in our country.

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Well-being and Sustainability: Ethnographic Perspectives

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Abstract

This paper considers wellbeing through the lens of anthropological research. In the wake of the global economic downturn, wellbeing is moving onto the national agenda of several countries. Economists, psychologists and social scientists currently measure well being quantitatively, the UK for instance have fielded proposals for well being policy and national barometers to measure well being (national well being index). Anthropology's contribution to the study of wellbeing starts from a strongly qualitative ethnographic perspective, focusing on well being at the micro level. We treat well being not as a stable state of being but more as a field of struggle that connects situated material practices to broader social and political aspirations. Specifically, in this paper we discuss sustainability practices in the context of an Ireland nostalgic for a pre- Celtic Tiger era and aspiring for greater ontological security. We therefore map the nexus between sustainability and well being through an emerging community of enthusiasts for the 'Green' movement.

Irish people are living through a historical moment of entrenched economic, social and moral crises in the aftermath of the Celtic Tiger where non-commensurate ideas of prosperity, religion, and politics have ignited deep debate. A general sense of disenchantment is also part of the current zeitgeist, anchored in a broader failing of faith, identity, and community. This is also the age of 'Anthropocene' where the human agent has been foremost in environmental erosion, ushering in an era where climate change and sustainability have become pressing concerns. Similarly, stern austerity measures within certain cultural contexts are forcing individuals and collectivities of various kinds to reconsider their consumption practices and standards of living, 'well-being' writ large is no longer just an individual concern but a national and global issue. Anthropologists study wellbeing ethnographically, at the micro level. We treat wellbeing not as a stable state of being but more as a field of struggle that connects situated material practices to broader

social and political aspirations. Specifically, in this paper we discuss sustainability practices in the context of an Ireland nostalgic for a pre- Celtic Tiger era and aspiring for greater ontological security. We therefore map the nexus between sustainability and well being through an emerging community of enthusiasts for the 'Green' movement.

What can anthropology offer the study of wellbeing, particularly given an increasing appreciation for numerical evaluations of well-being across individuals, cultures, societies and nations? Well-being is of course a multifaceted concept, anchored broadly across diverse aspects of any individual's life. As such wellbeing is borne at the interstices of such spaces, and it is in these in-between places of the everyday that anthropological research does its best work. While economists, psychologists and social scientists currently measure well being quantitatively with the UK fielding proposals for well being policy and national barometers to measure well being (national well being index), thinkers such as Amartya Sen and Martha Nussbaum have worked on developing what they have called a 'capabilities approach' wherein wellbeing is defined in terms of 'functionings' which emphasize what people themselves value doing and being.

Anthropological work is congruent with this line of inquiry; what people find meaningful in life is infinitely rich and not easily quantifiable. The notion that there is one single way in which to pursue happiness or wellbeing is not supported by the ethnographic archive (see Mathews and Izquierdo 2010:1). Anthropologically speaking, wellbeing looks and feels differently in different times and places. Often, it is in considering what is actually at stake in *particular* circumstances that well-being, morality or happiness, come to light for individuals (cf Kleinman 2006).

Anthropologists studying societies across the globe are acutely aware that such notions are often deliberately ambivalent, and do not translate well. What generates well being in one society often cannot do so in another. Australian Aborigines, for instance, conceive of well being in terms of kin relations and mutual obligations and responsibilities (Heil 2010), while the shift from Communism to Capitalism in China has altered the horizons of possibilities for well-being contemporary youth towards personal liberation (Jankowiak 2010). When a UN report in 2006 described Sierra Leone as the 'least liveable' country in the world (calculated on the basis of GNP per capita based on global

purchasing power), the anthropologist Michael Jackson returned to the fieldsite he had come to know over the course of thirty years in order to make sense of this claim from his informants' and friends' perspectives (2011).

Jackson understands well-being not as steady state of being that is achievable and sustainable, but instead as a 'field of struggle...it signifies a hope without which existence would be untenable—that life, for ourselves and those we care about, holds more in store for us than less' (2011:ix). Could the contemporary preoccupations of, say, Europeans and Americans be so easily set alongside those of the Sierra Leoneans for the sake of comparison? In the face of perennial scarcity, of a recurrent loss and risk of loss of lives, livelihoods and lifeworlds (Jackson 2005), can one society said to be more equipped than another to endure or thrive?

Jackson's particular set of responses rests on the existential quandary that the pursuit of well-being throws up; that we all experience our lives as lived within limits. Thus Jackson charts a course towards understanding hope as the medium of well being, whether via a stoical acceptance of personal fate or the search for what Hannah Arendt (1958) called 'natality', the pregnant present of any given moment (or indeed anywhere between those two ideal-type options). For Jackson then, it is fertile ground to consider well-being as both common to our shared humanity and equally resistant to any reductive metric that would seek to place one society or nation against another without a good deal of caveats.

Over the course of our research in Ireland, we have found a generalized dissatisfaction with the character and nature of political practice and societal values in the context of the Irish (so called) Celtic Tiger, an Ireland in crisis providing a space for broad debate on the nature of Irish society and the notion of 'the good life' (characterized in popular debate by the loss of personal autonomy and national sovereignty) and subsequently, 'wellbeing'. The discourse on austerity has broadly produced new cultural formations. How and where value and wellbeing are engendered has generated renewed debate. Our research evidences individuals and groups who are re-considering the role of the market and its link to value formations, particularly in the context of sustainable lifestyles. Through community gardens, allotments, alternative centres and spaces, 'clean' clothing

campaigns, individuals who self-identify as ‘green enthusiasts’ are seeking value change for Irish society. Whether articulated through concerns around food (in particular the GM debate), clothing, urban planning (transport), or the loss of community, what we have been confronted with are new cultural formations anchored in a broad quest for a sustainable society. For many of our research participants, there is a burning need to attempt a broad decoupling of materialism from the notion of wellbeing, which further complicates how wellbeing might be newly conceived. We have traced the lives and actions of ‘green enthusiasts’, finding a renewed form of hope and well being among them.

In contemporary Ireland, what matters most, what can establish a shared sense of well being is not only a sense of what the future holds for us, but also what from the past we would wish to retain. Thus hope vies with nostalgia for our moral imagination in constructing a world that is endurable, but also durable; a world in which we can flourish. The ethnographic lens is an important tool in understanding this vision of flourishing, so too is the rich accompanying anthropological analyses.

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Wellbeing
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Since the beginning of time, the world has been going through constant change & development. However, the body & mind that we have been given as our passport to live in the world has not evolved in the same way. We live now in a world so far removed from nature & from the simple lifestyle of our ancestors that our bodies and minds are struggling to cope. Have you ever wondered why we have such a significant amount of mental and physical sickness in a world where we have such sophisticated medicines & highly technical hospital equipment available?

One of our main objectives at present in the world must be mental and physical health with the aim of implementing and integrating a more holistic and complete approach in the form of wellbeing programmes into hospitals, schools, universities and retirement homes.

Ireland is in a desperate need of a revision within its health care system. In designing and introducing a new wellbeing policy we can look to India and to America for examples of how combining the eastern holistic methods with the western medicine can be of a greater benefit to both the health practitioner and the patient. Research carried out at the University of Rochester Medical Center states that doctors who are trained in mindfulness meditation are 'less judgmental, more self-aware and better listeners when it comes to interacting with patients'. Ideally we need to introduce the wellbeing education as part of the Doctor and Nursing training. At Kent state university, one of the largest nursing schools in America, nurses are being taught to care for themselves so they can care for others using holistic therapies like yoga and meditation.

Today when a person is admitted into a hospital in Ireland they are given a pill and left to their own devices. This is not enough. When a person leaves a hospital they need be armed with knowledge of how to keep themselves healthy instead of this constant

reliance on medicine. We need to develop more hospitals with the fundamentals on healing and wellbeing and not only on expensive machinery and medicines. In truth all paths need to be housed under the one roof as each human being needs a different form of treatment for their return to health. Allopathy along with all forms of medicine has its limitations. We need to combine the foundations of a healthy lifestyle via complementary treatments with the necessary medicine via allopathy for real change in our global health system and the health of people long-term. All types and forms of conventional and complementary medicine have a valid role to play in a person's healing depending on one's emotional disposition, temperament, beliefs and health condition.

Numerous studies have shown the benefits of mindfulness based stress reduction in treating cardiovascular disease, depression, addictions and chronic pain. Ireland is falling behind in terms of its healthcare practices. In America Dr Jon Kabat-Zinn, an MIT-trained molecular biologist has been instrumental in integrating meditation practices into mainstream medicine. Perhaps it is time that we as a nation must question what we are afraid of in being more inclusive of a more holistic approach to our health.

At a first glance, the wellbeing therapies like naturopathy and yoga can seem like a whimsical & quirky way of living. We read stories about Yogis in the Himalayas in India standing on one foot for a number of years to gain salvation and peace of mind in this life. Rest assured there are simpler methods we can all master & easily integrate into the modern day medical and educational setting to enable us to live well without having to resort to standing on one leg for too long.

Hippocrates is regarded as the greatest physician of his time, and he himself believed in the natural healing process of rest, a good diet, fresh air & cleanliness. He advocated treating the body as a whole & not just as individual parts. This is where the power of the more holistic complementary treatments like meditation, yoga based stretches and proper diet come into their own. Dr David Servan Schreiber, a clinical professor of psychiatry at the university of Pittsburg school of medicine who was diagnosed with brain cancer in his early 30's and went on to live a better quality of life following his diagnosis as he began

to take into account the dramatic effects of lifestyle on health. In his book 'anti cancer a new way of life' he provides numerous scientific studies that provide the required proof that our environment, what food we choose to put into our mouth and how our emotional responses to life play a major role in assisting medicine in helping people return to health and maintain a good quality of life.

Otto Heinrich Warburg, the German biologist won the Nobel Prize in medicine for his discovery that 'the metabolism of malignant tumours is largely dependent on glucose consumption' indicating how our intake of sugar plays a major role in maintaining the health of our organs. In spite of this growing body of proof that diet and lifestyle changes have a place amongst medicine there continues to be a fear and resistance in the integration of such health programmes. There is a respect given to medicine that is not yet being extended to other alternative and more complete methods of healing. Yes there are charlatans out there who have given false hope to many and emptied their pockets at the same time. I am not talking about this type of treatment. I refer here to scientific based natural therapies that give a human being back their dignity and control over their life again when faced with a life threatening diagnosis or personal crisis.

Our health and education are closely linked and both need a revision in the now. Children need to leave school equipped with a balanced knowledge of academics along with emotional understanding and wellbeing. Children need to know how they can live a healthy and contented life as well as how to read and write. They need to learn how to cope with their emotions and how to add and subtract in equal measures. They need to be armed with techniques which will help them in times of stress and have the capacity and understanding to absorb the academic knowledge they are receiving along the way. Life is a series of challenges and a child who knows his or her mind will be in a better position to cope with situations which arise throughout their life.

The current structure of schooling in Ireland is not of benefit to all who enter into this particular system. We can look to the Steiner school as an example of a more open and inclusive approach to learning. Emphasis needs to be placed on a more balanced

wellbeing and academic education. By incorporating a well-being programme into the teacher training curriculum at university level, teachers can seamlessly integrate short sessions where appropriate into the school day. This will in the long-term help to alleviate the often stressed and overworked teachers that need to be able to take care of themselves and thus take better care of our children. A study from the University of Leuven discovered that in 'Teaching teens how to practice mindfulness through school programs could help them experience less stress, anxiety and depression'.

Introducing new wellbeing policies into any country will of course face some challenges. Upton Sinclair, a twentieth century American journalist said 'it's difficult to get someone to understand something when his salary depends upon his not understanding it'. Medicine is a lucrative business and the financial rewards are perhaps the greatest obstacles to change in terms of a more holistic approach to health. Aside from this aspect tradition, attitude, and the fear of change will be amongst the other challenging obstacles to be overcome. When addressing those in a position to pass such new legislative policies, they need to be assured of the value of such practices. This is where the growing scientific studies that prove the benefits of complementary treatments will be of use. With regard to the cost of a new national wellbeing policy, research in the American Journal of Health Promotion shows that 'practicing Transcendental Meditation is linked with lower yearly doctor costs, compared with people who don't practice the meditation technique'. It makes sense to balance the current practices with wellbeing complementary treatments.

There are a number of ways to incorporate wellbeing into the already existing structures that can be both cost effective and introduced into the present routine without much disruption.

One example would be to create a series of practical wellbeing instructional film clips that can be used in hospital wards, schools, universities and retirement homes. Access can be through DVD or online. A similar practice is already being used in America by Urban Zen who has created an integrative therapy programme in collaboration with many hospitals in providing care for the patient and carer.

Another valuable resource would be to create a volunteer wellbeing training course where the practical wellbeing techniques are taught to groups of individuals before being certified as wellbeing volunteer practitioners who can then practice in hospitals, schools and retirement homes as required not only in Ireland but worldwide.

Medication and meditation have only one letter that suggests their differences. Maybe it's time we began allowing meditation to be part of our medication. The Persian poet and philosopher Rumi once wrote 'Out beyond the ideas of wrong doing and right doing, there is a field I will meet you there'. This field of neutrality, equality and respect is the place where the western practices must meet with the eastern practices in moving forward and creating a new world of wellbeing.

Apples and Oranges- How can we compare subjective well-being across heterogeneous populations?

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Abstract

Traditionally, methods of measuring wealth, well-being thought to be a bi-product of wealth, employ Gross Domestic Product (GDP). However, utilising GDP per capita to gauge variation in quality of life across countries and time trivialises the impacts that non-material factors may have when evaluating indices for overall well-being. Furthermore, evolving dynamic interaction effects among heterogeneous populations provides numerous challenges in effectively comparing well-being across countries and time. This discussion uses US macroeconomic data to examine variation in well-being rankings.

Background

Traditionally, methods of measuring wealth employ Gross Domestic Product (GDP); the methodology originally engineered by the Nobel Laureate Simon Kuznets. [1] Quantifying economic activity using a recognised international framework facilitates detailed economic evaluation of trends and outcomes across countries. Increased economic activity has improved overall health and welfare in relation to life expectancy and mortality rates; thus the existence of strong correlations between wealth, health and well-being are irrefutable. [2-4] Utilising GDP per capita to gauge variation in quality of life across countries and time however trivialises the impacts of non-material factors when evaluating indices for overall well-being. [5] Measuring well-being is both an embryonic and contentious area of research with a selection of proposed techniques for enhancing current methodology undergoing rigorous scrutiny with little international consensus. [6-7] Recent departures from subjective measures of well-being include focusing on capabilities as quantifiable units of well-being. [8-9] However, evolving dynamic interaction effects among heterogeneous populations provides numerous challenges in effectively comparing well-being across countries and time. This discussion investigates possible determinants of variation in well-being indices across populations and proposes future areas of investigation, in particular addressing heterogeneity in cross country comparisons.

Methodology

Underpinning Theory

Easterlin (2001) highlighted that the relationship between *income* and *happiness* is not as straight forward so as to suggest those with higher incomes have higher levels of happiness; additionally to income, a role is accorded material aspiration in deducing variation in well-being. [3] Material aspiration not only changes generationally due to a multitude of factors, it can be a driver of, as well as be impacted by, changes in income; measuring well-being across time therefore suggests controlling for heterogeneous patterns in consumption. Becker also attests that income is not the sole driver in estimating increases in quality of life over time and suggests valuations of life which are used to produce well-being measures are non-linear and subject to environmental factors. [5, 10] Therefore, not only does this income effect change over time, it is also a function of a range of other factors including position in the life cycle, peer effects, access to healthcare and other environmental, societal factors.

Data Analysis

A number of macroeconomic attributes were pooled across a range of sources. In order to attempt to control for cross-country heterogeneity, the United States was used for this analysis given the uniformity of the healthcare, education, taxation and political systems. Well-being was measured using happiness rankings across the 50 states from the Gallup Healthways Well-Being Index from 2012 [11]. Population density, median age and Gini coefficient per state was taken from the 2010 US census; gross state product (GSP), state expenditure, state debt were extracted from 2012 US revenue statistics and age-adjusted death rates per 100,00 (2008-2010) were extracted from the CDC. [12-14] All variables were ranked. Bivariate analysis, correlations analysis and multivariate quantile regression analysis using both Excel and Stata was carried out to estimate the correlates of well-being rankings.

Findings

Hawaii has the highest ranking of well-being and the lowest death rates as well as the eight lowest inequality index. The other States in the top five; Colorado, Minnesota, Utah and Vermont also have low death rates and most have low inequality indices. The five States at the bottom of the well-being rankings; Arkansas, Tennessee, Mississippi, Kentucky and West Virginia all rank in the top eight highest death rates. Correlations were analysed and

presented (Table 1). Increased happiness is strongly correlated with decreased age-adjusted deaths per 100,000 and a moderate correlation was evidenced with the Gini measure of income inequality, i.e. greater income equality is positively correlated with higher reported well-being; this could be a peer effect i.e. ‘keeping up with the Jones’s.’

Table 1: *Correlations Matrix*

Variables	Happiness Ranking	State Spending	State Debt	Gross State Product	Age-adjusted Deaths	Population Density	Median Age	Gini Coefficient
Happiness	1							
State Spending	0.2323	1						
State Debt	-0.1581	0.9807	1					
Gross State Product	-0.2045	0.99	0.9812	1				
Age-adjusted Deaths	-0.729	-0.0394	-0.1294	-0.0512	1			
Population Density	-0.1423	0.5094	0.4971	0.5177	-0.1104	1		
Median Age	-0.0201	-0.0962	-0.0848	-0.1034	-0.1036	0.3647	1	
Gini Coefficient	0.4172	-0.587	-0.5714	-0.5805	-0.1771	-0.4453	-0.0302	1

The quantile regression analysis suggests that age-adjusted death rates significantly impacts on reported well-being across the 50 states. A one unit increase in the ranking level of age-adjusted death rates relates to nearly a one unit decrease (0.784) on the happiness rankings at a 99% significance level ($P < 0.01$). Income inequality, though not yielding a statistically significant role on ranking of well-being may indeed have a negative effect on perceived

well-being i.e. the greater the income inequality in a State, the lower the reported well-being. The role of state level income (GSP), population density and median age have no impact on the well-being rankings.

Discussion

The debate continues on how to measure well-being across populations. Income traditionally used to measure wealth and productivity, does have its merits for purposes of comparison, namely the practical ramifications of using a median of exchange accepted internationally. However, in this analysis, population level income/ expenditure is not driving the variation across reported well-being. Focusing on environmental factors, it is clear a role is accorded death rates, possibly a proxy for risk or uncertainty of death which intuitively would affect well-being. It is also suggested that increased income inequality provides a setting where class relations are strained and thus decreasing societal well-being.

Another factor that may add value to current methodologies in estimating well-being comes from the neoclassical economic notion of how rational individuals maximise utility based on a consumption-labour trade-off. [15] A balance between work and leisure time at the individual level maximises utility (happiness); at the societal level the aggregate balance should in effect maximise well-being. Measuring the fruits of labour does not adequately capture the drivers of well-being but measuring time spent in leisure activities may give rise to further understanding of its multifaceted nature. Using recognised time-use surveys, leisure time can be analysed to a high degree of accuracy and used for stratification of well-being in cross-country comparisons. In addition to measuring leisure time, 'leisure time sought' could also be incorporated and a differential calculated between the level of leisure time sought and that used over a fixed period of time. This differential of 'net leisure time sought' may of further use for purposes of stratification. The value of money may differ according to populations due to cultural diversity and imaged material aspiration; the notion of time and the value imbedded in this, however is not subject to heterogeneous interpretation and therefore may provide the key in comparing subjectivity across countries.

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GDP and Its Discontents

Brian O'Shea

“We must rapidly begin the shift from a "thing-oriented" society to a "person-oriented" society. When machines and computers, profit motives and property rights are considered more important than people, the giant triplets of racism, materialism, and militarism are incapable of being conquered.” Martin Luther King (1967).

Unfortunately this “value” revolution that MLK promoted never came to pass. Governments and the societies they represent have remained fixated on the ideology that constant growth is good and should be maintained without the obvious realisation that economic expansion is impossible to maintain on a finite planet (Jackson, 2009). Economic growth and the consumeristic lifestyle that is needed to maintain it has been touted by economists and politician as a marvel of human ingenuity as it has raised living standards and increases happiness. Although this has been true insofar as providing basic needs and a comfortable subsistence, just like putting more and more fertiliser on land produces diminishing results the same is true for economic growth. This has been explained succinctly through the Easterlin (1974) Paradox where the drawbacks of economic progress and growth can diminish some of the positive effects of happiness caused by this very same growth.

Although the validity of this hypothesis was challenged by Stevenson & Wolfers (2008), they confused the short term relationship of growth and happiness with a long term one which is always nil. Analysing 17 developed, 9 developing and 11 transition countries, Easterlin et al., (2010) revealed that happiness rises for economic expansion and falls in responses to economic contraction, yet over the long term (10 years or more) happiness does not increase as a country's incomes rises. This is consistent with the idea of the “hedonic treadmill” where the pursuit of happiness through accumulation of more goods requires harder and longer work days, reducing leisure time and its resulting positive effects (Walsh 2012). Therefore the use of the Gross Domestic Product (GDP) or Gross National Product (GNP) throughout countries as the measure of economic achievement and hence societal success must be reevaluated as it leads to false aspirations as what is relevant to sustain “the good life”.

Robert Kennedy (1968) eloquently emphasises the problem of using Gross National Product (GNP): “Our GNP... counts special locks for our doors and the jails for those who break them. It counts napalm and the cost of nuclear warheads, and armoured cars for police who fight riots in our streets.... it measures everything, in short, except that which makes life worthwhile”. For an economy to be thriving, problems need to be serviced rather than eradicated. This is no truer than for wars throughout history as it creates employment, fuelling an economic expansion, producing enormous profits for specific private interests at the expense of human lives (see Butler, 2013). Similar appeals could be made to the health industry where the more sick people are in a given country the better it is for GDP as it creates a booming medical sector where more doctors, nurses and medication is needed. Likewise homelessness and poverty will never be solved in our current market models as nobody has come up with a way to make profits off this social abomination.

A cursory look at the prison population growth in the US strikes an easy blow to the Milton Friedman Laissez-faire style of economics where private prison companies stocks are traded on Wall Street. Therefore the more people incarcerated in these prison the more profits produced. Since these companies are legally bound to put profits over human or environmental concern, is it any wonder the US accounts for 25% of the World prison population with over a half of those imprisoned for drug related crimes (Zakaria, 2012). Perhaps the pursuit of money and lobbying by private interests under the pretext of improved GDP is blinding governments’/ people to the fact that drug intake is a form of self-medication and it is statistically higher in deprived socio-economic environments. Additionally prisons have been described as “graduate schools” for crime by Harvard psychologist James Gilligan (2001) who spent his career studying inmates. Rather than address the sociological conditions that leads to aberrant behaviours, particularly the widening income gap between the rich and poor within countries (see Wilkinson & Picketts, 2011), using GDP promotes a competitive, self-interest market model where the greater differential advantage you have over your fellow man, your rival business or distant country (i.e. economic warfare) the more likely you are to rise the ladder of social success, maintain market share or be a world superpower.

At home and schools, children are groomed and nurtured to pursue extrinsic motivations through grades, shiny stars (Kohn, 1993) and from the bombardment of advertising which implicitly tells them they are inadequate if not in the possession of certain goods which act as social cues to impress their peers (Linn, 2005). Make no mistake advertisements are directly exploiting humans' most primitive desires for status and sexual attraction by linking them to a product, with fear, inadequacy and social ostracisation being important tools to ensure conformity. This then carries on into adulthood with the strong need for the acquisition of money to fulfil these learned goals. This is seen through the increased uptake of professions with no true social benefits, producing nothing tangible yet they are the most well paid (e.g. stock traders; sales and marketing). Furthermore research has shown that intrinsic motivation predicts greater task persistence, produces more patents and has been shown to reduce ill-health such as anxiety, depression and other negative indicators when compared to those whose main motivation is money (for review see Pink, 2011). However breaking down archaic economic assumptions that money produces the only incentives can be a nightmare.

Using GDP places cyclical consumption and the drive for money expansion at the forefront of governmental policies, dictating the debates, resulting in diminished recognition of the variables that lead to a constructive society (social capital, intrinsic motivation, subjective wellbeing, equality, leisure time, ecological sustainability) which protects and plans for future generations. By using alternative measures (e.g. Happy Planet Index & Gross National Happiness) governments' focus and goals will evolve from the cut throat business model, shifting their gaze towards what is relevant, ensuring that they are better placed to implement policies that benefit citizens. Small steps such as these would start to promote a "person orientated society" improving alignment with more sustainable values. However, if steps such as these are not enacted humanity will continue on its collision course of climatic and population ruin (Meadows, 2004) due to the depletion of our natural resources manifested from our socially constructed narcissistic obsession with things.

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Transitioning towards sustainable consumption: The importance of combining quality of life indicators with economic policy measures.

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The Challenge

With excessive consumption levels exerting immense strain on the environment globally (OECD, 2010), a shift towards sustainable consumptionⁱ has now become imperative for those in political arenas. If emission reduction targets are to be achieved, there is an urgent need to alter current consumption patterns. Such change is crucial to merge economic resilience with environmental protection and social development (Jackson, 2009). This paper posits that a more tailored policy approach – one that incorporates issues of quality of life and wellbeing - is paramount in order to achieve a shift towards sustainable consumption, whilst simultaneously achieving a more equitable and just society in the process.

To date, policy interventions aimed at promoting sustainable consumption have neglected issues related to quality of life and wellbeing. Policymakers have focused predominantly on information provision with the aim of altering consumption behaviour. However, sustainable consumption policies are unlikely to be successful if they detract too severely from an individual's quality of life (Bell & Morse, 2001). Sustainable consumption policies with a focus on quality of life and wellbeing may have more cultural salience for many and as a result, these policies may be more successful in terms of encouraging pro-environmental behaviour change (Doran, 2007).

State of the Literature

Numerous tensions and contradictions emerge from sustainable consumptionⁱⁱ literature, particularly with regard to issues pertaining to quality of life, health and wellbeing (Jackson, 2009; Diener & Seligman, 2004; De Geus, 1999). In modern consumer society, a widespread misconception exists which equates increased consumption with enhanced quality of life and improved wellbeing. The pursuit of happiness or enhancement of an individual's quality of life appears to be focused around the rapid appropriation and disposal of more and more material goods and services (Bauman, 2007). Many pro-

consumption commentators argue that this ability to consume at will permit the satisfaction of consumer wants and needs, through a sense of self-fulfillment (as cited in Bauman, 2007). Many critics of consumption challenge this association, arguing that escalating rates of consumption have no direct correlation with improved levels of well-being or enhanced quality of life (Diener & Seligman, 2004; Stutzer, & Frey, 2010). Although a certain level of consumption is necessary in order to address basic human needs, excessive consumption has not been found to be synonymous with improved wellbeing or enhanced quality of life (De Geus, 1999).

Research finds that over-consumption activities can be psychologically harmful to individuals (De Geus, 1999). Increased levels of consumption, wealth, and augmented economic choice are associated with reductions in individuals' wellbeing and quality of life. Indeed, consumer culture – with its ever-changing and expanding states of consumption – is argued to materialise at the cost of higher levels of depression, stress, and anxiety on behalf of the individual (Ahuvia, 2008; DEFRA, 2003). Indeed, many of these aforementioned health issues tend to exasperate in frequency, volume and intensity in developed countries with high Gross Domestic Productⁱⁱⁱ (GDP) (Oswald & Nattavudh, 2007).

Therefore, GDP alone may not be a good indicator or measure of a country's overall growth or development. Although GDP is an excellent tool for measuring increased economic production, it has been critiqued as being a somewhat inferior measurement of overall wellbeing and quality of life performance (Jackson, Jager, & Stagl, 2004). It is misleading to conflate issues pertaining to quality of life or wellbeing with arbitrary statistical measures such as income. Research consistently demonstrates that after certain minimum levels of per capita income are reached, average levels of happiness and wellbeing do not increase as countries grow wealthier (Easterlin, 1974, 2005). Furthermore, policy which is predominantly based on such a refutably objective measure such as income or economic growth tends to overemphasise the importance of monetary gains in relation to wellbeing, whilst simultaneously underestimating other factors, such as health, family and stable employment (Easterlin, 1974; Graham, 2012).

A different vision of growth, success and development is needed in order to achieve a shift towards sustainable consumption (Jackson, 2009). Alternative measures to GDP – which are gaining momentum in political arenas – have long been considered a potential means to support sustainable consumption whilst subsequently addressing determinants of wellbeing (DEFRA, 2003). The concept of quality of life offers one such alternative to GDP. This multi-dimensional concept provides a broader overview of progress through the use of both objective and subjective measures of wellbeing. Quality of life incorporates the interconnectedness of several domains of living. Hence, policy based on such a concept may provide a wider scope of focus for policymakers.

Conclusion

In terms of achieving a shift towards sustainable consumption in an all-island Irish context, a refocusing of policy away from current narrow policy focuses – which are often fixated on economic growth-oriented initiatives – is needed (OECD, 2010). This political shift has already taken place internationally and is reflected in different policy treaties; such as the OECD's motto of '*better policies for better lives*' or Germany's commission which has been set up to explore the links between growth, prosperity and quality of life. Unfortunately, both wellbeing and quality of life research and policy is still in its infancy across the island of Ireland.

There is a need for greater critical engagement – from policymakers, business, NGOs and consumers alike – if a transition towards sustainable consumption is to be achieved. Policy is needed which emphasises the advantages of sustainable consumption in terms of promoting better quality of life for individuals. For example policies need to highlight the links between sustainable consumption and the promotion of better health or production of cleaner, safer, healthier environments for individuals and communities. Such a refocusing of policy towards quality of life and wellbeing issues may elicit more meaningful, intrinsic behavioural change with regards to individuals' sustainable consumption.

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¹ Tim Jackson's definition of sustainable consumption has been adopted in this paper (Jackson, 2006), which defines sustainable consumption as the use of goods and services that meet people's basic needs and bring a better quality of life; while having only minimal impact on the environment has been adopted in this paper

¹ GDP, or Gross domestic product, is defined as 'annual total value of goods produced and services provided in a country, excluding transactions with other countries' (Oxford English Dictionary, 2012).

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ⁱⁱⁱ GDP, or Gross domestic product, is defined as 'annual total value of goods produced and services provided in a country, excluding transactions with other countries' (Oxford English Dictionary, 2012).

The Relationship between Perceived Social Support and Adolescents' Adjustment to Maternal Breast Cancer: A Mixed Methods Approach.

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AIM

Examine the relationship of perceived social support and adjustment of adolescents of mothers diagnosed with breast cancer and examine if this relationship is moderated and mediated by factors such as coping styles, perceived stress levels, self-efficacy and the mother-adolescent relationship

OBJECTIVES

1. Assess the level of perceived social support and the level of adjustment in an Irish sample of adolescents of mothers with breast cancer.
2. Identify the contribution of individual differences in perceived social support, perceived stress, coping self-efficacy and the quality of mother-adolescent relationship in the level of adolescent adjustment (mood and well-being).
3. Determine the mediating and moderating effects of coping, perceived stress, mother-adolescent relationship and self-efficacy in the relationship between perceived social support and adjustment.
4. Having identified important social support needs of these adolescents, design and evaluate the effectiveness of a web based intervention to enhance perceived social support and adjustment.

METHODOLOGY

The study has a mixed methods approach with repeated measures, within and between group variables. Participants are women in Ireland diagnosed six months prior to the study and their adolescents (14-19 years).

The study has 3 phases: (1) qualitative interviews, (2) survey (3) AMBC Intervention.

RESULTS (ONGOING RESEARCH)

The AMBC Intervention has already been designed and piloted. This is an 8 week program which includes information and activities on: breast cancer, social support, self perception, staying calm, assertiveness, emotions, communication and asking for help.

Effects of acceptance-based coping on task performance and subjective stress

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This paper examines the interactive effects of acceptance-based coping and job control on task performance, subjective stress, and perceived control. Forty-eight undergraduate and graduate students first participated in brief educational programs based on either acceptance or control coping strategies. They then participated in a 30-min high workload task under either high or low job control conditions. The results demonstrated a significant interactive effect of acceptance-based coping and job control on perceived control and task performance. No such effect was found for subjective stress. We conclude that to improve employees' perceived control and job performance, there should be an increase not only in job control through work redesign, but also in psychological acceptance. The results provide direct evidence of acceptance as a moderator of the relationship between job control opportunities and employee well-being outcomes.

Perspective Taking: A Contextual Behavioural Approach

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Perspective-taking is a crucially important social skill for individual and social well-being. But what exactly is it and how do we cultivate it? Relational Frame Theory (RFT), a contextual behavioural approach to understanding and influencing language and cognitive processes, can provide new insight into these questions. RFT views perspective-taking as a key language-based skill that develops from early ages and underpins the development of several important phenomena including empathy, a sophisticated sense of self, and transcendence. RFT researchers have conducted several studies on the development of perspective taking in children and adults, including populations in which it fails to develop. In addition, recent RFT literature has proposed a three-level guide to establishing empathy based on the training of perspective-taking skills. It is envisaged that continuing work under the rubric of this approach will shed further light on the development and promotion of perspective-taking, with relevance for a variety of applied domains.

Positive mental health and well-being among a third level student population

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Introduction

There is a dearth of information on positive mental health and well-being among third-level students. Existing research focuses on poor mental health. The aim of this research was to investigate the determinants of positive mental health and well-being in a large, representative sample of university students using the Warwick Edinburgh Mental Well-being Scale (WEMWBS).

Methods

Undergraduates from one university were sampled using probability proportional to size sampling. Following distribution at randomly selected lectures, 2,332 questionnaires were obtained, yielding a response rate of 51% based on lists of students registered to the relevant modules. One-way ANOVAs and multivariate regression were utilised to investigate factors associated with positive mental health and well-being.

Results

The sample was predominantly female (62.66%), in first year (46.9%) and living in their parents' house (42.4%). In multivariate analysis adjusted for age and gender, WEMWBS scores indicating above average mental well-being were observed among students with low levels of physical activity ($p=0.04$), those reporting ≥ 1 sexual partners ($p<0.001$) and those using recreational drugs ($p=0.04$).

Conclusion

The findings suggest that students with a relatively adverse health and lifestyle profile have higher than average mental health and well-being. These findings are contrary to expectations and need to be confirmed in other third-level institutions.

A lifespan perspective on wellbeing in Ireland

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Wellbeing is a broad term encompassing a person's physical, mental and social functioning. Two perspectives predominate. The hedonic perspective on wellbeing focuses on the experience of positive emotions. The eudaimonic ("flow") perspective focuses on the pursuit of meaning and purpose in life. Wellbeing may be best conceptualised as a multi-dimensional construct incorporating both of these approaches.

It has been recognised that simply measuring the economic growth of a country is an insufficient measure of how well its citizens are doing. In Ireland, the National Economic and Social Council published a report in 2009 recommending that a lifespan perspective to assessing wellbeing should be adopted. In order to do this, it is first necessary to identify factors that impact on and facilitate the wellbeing of Irish people. The current research aims to investigate the components of wellbeing in an Irish context using Interactive Management (IM).

IM is a collective intelligence methodology designed to assist groups in solving complex problems. It uses structural thinking to help groups move from individual insights on a given problem to a stage of group consensus. In the current study, IM will be used to generate a model of what the most important components of wellbeing are and to understand how these components inter-relate. Since research indicates that wellbeing is higher in early and later life, with a decline in middle age (Blanchflower and Oswald, 2000), workshops will be held with people at different life stages. This will allow comparison of the factors impacting on wellbeing across these different phases of life.

The current study is being undertaken by as part of a doctorate in Clinical Psychology. The study is being supervised by Dr Jane Walsh and co-supervised by Dr Michael Hogan of the Department of Psychology, National University of Ireland, Galway.

‘The Capability Approach: A Key Method in Identifying Wellbeing Constraints in an Irish Ghost Estate?’

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One of the most significant theoretical contributions to the examination of human wellbeing across many disciplines falls within the development of the Capability Approach (CA) by Amartya Sen and others. This approach advocates that freedom and agency are core elements in evaluating human wellbeing. Individuals should be free to consider what they value and have reason to value. The aim of this research is to adapt and build on the CA, in unpacking dimensions of residential wellbeing within a particular type of development: an Irish ghost estate (Carraig Linn, Loughrea). In using a multi-method qualitative approach to inquiry, seven housing ‘unfreedoms’ are identified. Through interviews, a focus group, video walkabouts and photo elicitation, results show how stakeholders play a significant role in impacting residential wellbeing and in creating barriers to housing freedoms. It is argued that collective agency is pivotal to enhancing overall wellbeing and freedom, as it has the potential to diminish underlining tendencies towards adaptive preference amongst residents. In this way, aspects of individual and communal wellbeing, and the integration of social arrangements are explicated in this particular context.

The nature of 'well-being': Implications for public health policy.

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Using text mining procedures our study examines how the concept of 'well-being' has been used in six fields of academic discourse during the period 1990-2012, and what such use implies for public health policy. We found that over the last two decades references to 'wellbeing' in academic literature have exploded exponentially. The word can, of course, be defined in diverse ways. Some definitions emphasise subjective dimensions of the concept; others emphasise objective dimensions, and we note that that references to wellbeing as a subjective state of mind are currently outpacing references to wellbeing as an objectively measureable state or condition. However it is understandings of the relationship between these two dimensions that are critical to the design of public health policy. In that context, we argue that an implicit but newly emergent theorization of the relationship between subjective and objective dimensions of wellbeing has arisen; a theorization that highlights how objective conditions constitute an essential base on which subjective wellbeing is reliant. Unfortunately, in most current policy discussions this base/superstructure relationship is either misunderstood or deliberately ignored. Consequently the full implications of talking about 'wellbeing' for public health policy are rarely grasped, and the word is subsequently used in ambiguous, messy and nebulous ways that do little to advance a public health agenda.

Workaholism, recovery and detachment from work among Irish academics

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This study examined the relationship between workaholism and post-work recovery and detachment from work in an academic setting. Data was collected from 44 university lecturers. Participants were classified as either workaholics (N= 15), enthusiastic workaholics (N = 13), or non-workaholics (N = 16). They each completed a pre-diary questionnaire and seven daily diaries over the course of a week. Quantitative analysis of data revealed that both the workaholics and enthusiastic workaholics reported lower recovery and lower psychological detachment than the non-workaholics group throughout the week. Non-workaholics also reported lower levels of work-related cognitive intrusion than the two workaholic groups. Qualitative analysis revealed that the workaholics and enthusiastic workaholics reported more barriers to recovery than the non-workaholic group. However, in comparison with the non-workaholics and enthusiastic workaholics, the workaholic group were unique in their expression of worry and anxiety in relation to their work and their recovery ability. These findings suggest that certain groups of workers may have greater difficulties detaching and recovering from work, which in the long term may lead to psychological and health problems. These findings are important for the design of interventions to promote recovery from work.

Exploring Smart-technology Use and Psychosocial Well-being within a Spinal Cord Injured Population

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As a result of developments in medical science and practice, the ultimate goal of rehabilitation for those with spinal cord injury has shifted from extending life expectancies to enhancement of independence and well-being (Hicks et al., 2003). The use of smart technology, a sub-category of assistive technology, can provide many affordances for people with SCI both in clinical rehabilitation settings and in the community. At present, research surrounding the psychological impact of smart-technology is scant. This may be due to the current lack of theoretical frameworks in the area. It is thus the primary aim of the current study, to address this gap by way of an exploratory mixed-methods grounded research study.

Testing an Online Act Intervention for Diabetes Self-Management

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Third wave cognitive-behavioural therapeutic approaches such as Acceptance Commitment Therapy (ACT) stress that attaining well-being is not primarily about symptom reduction but about living in accordance with life values. The aim of this study is to investigate whether a web-based ACT intervention can improve self-management for persons diagnosed with type 2 diabetes mellitus (T2DM).

T2DM requires adherence and monitoring of diet, physical activity, medication/insulin and blood glucose levels. Although individuals newly diagnosed with T2DM are provided with necessary information on how to manage their illness, research shows that knowledge alone does not equal behaviour change; hence the need for psychological interventions to support self-management.

A recent study suggests the potential utility of Acceptance and Commitment Therapy (ACT) for T2DM. The current study extends this previous work by examining whether an online version of ACT might be effective for this population. Participants will be recruited through diabetes websites and randomly assigned to one of two conditions: immediate intervention or wait-list control. The intervention will be delivered over 2 weeks through the medium of animations and related ACT activities. In accordance with ACT philosophy, an emphasis on living in accordance with values will be used to motivate self-management.

It is predicted that the ACT-based intervention will lead to comparatively improved diabetes-related health-outcomes for participants as measured at both post-treatment and 4 week follow-up. If successful, this could also have important implications for web-based ACT delivery and the promulgation of well-being in other health affected populations.