

Chapter 2

Further Distinctions Among Major Concepts of Wellbeing



“The quality of life is more important than life itself.”

—Alexis Carrel (<https://www.brainyquote.com/authors/alexis-carrel-quotes>)

2.1 Introduction

Dodge, Daly, Huyton, and Sanders (2012) have highlighted the challenges related to how quality-of-life scholars went about trying to define the concept of wellbeing. They fleshed out a narrative describing the difficulties associated with a single definition of wellbeing that can be embraced by the large community of wellbeing scholars. They argued that a good definition of wellbeing has to be simple, universal in application, optimistic, and a basis for measurement. Ultimately, the definition that will eventually be embraced by the wellbeing research community should reflect the multi-faceted nature of wellbeing and should help policy makers develop policies and programs to enhance the quality of life of targeted constituencies.

In this light, I will continue to discuss these challenges related to defining the construct of wellbeing or quality of life. My goal is to help the reader better appreciate the complex challenges related to the development of an all-encompassing definition of wellbeing or quality of life—a definition that can (1) guide our understanding of its psychological underpinnings, (2) develop better measures to capture the state of wellbeing of selected populations, and (3) formulate better policies and programs to produce more positive outcomes.

2.2 Subjective Versus Objective Aspects of Quality of Life

The wellbeing research community is divided in its treatment of wellbeing. Some researchers use *objective indicators of wellbeing* (e.g., indicators of health, education, crime, pollution, income), while others use *subjective indicators* (e.g., life satisfaction; happiness; satisfaction with various life domains such as social life,

family life, work life, and so on; positive and negative affect, and psychological wellbeing). Sumner (1996) articulated this distinction by asserting that objective indicators of wellbeing require a point of view that is independent from the individual whose quality of life is being evaluated. Subjective indicators of wellbeing tap the concept of wellbeing biased by the individual's frame of mind (i.e., values, attitude, beliefs, motives, personality, and emotional state).

Quality of life usually refers to the degree to which a person's life is desirable versus undesirable, often with an emphasis on external components, such as environmental factors and income. In contrast to subjective well-being, which is based on subjective experience, quality of life is often expressed as more "objective" and describes the circumstances of a person's life rather than his or her reaction to those circumstances. However, some scholars define quality of life more broadly, to include not only the quality of life circumstances, but also the person's perceptions, thoughts, feelings, and reactions to those circumstances. Indexes that combine objective and subjective measures, such as happy life years and healthy life expectancy have also been proposed. (Kim-Prieto & Diener, 2005, pp. 401–402)

Much of this book addresses concepts of wellbeing from a psychological perspective, because it is a book about the *psychology* of quality of life. That is not to say that I dismiss the importance of objective indicators of wellbeing. They are equally important. In fact, I argue strenuously in the last chapter that public policy should rely on both subjective and objective indicators of quality of life. For example, in conducting community indicators projects, it is now the accepted norm that community wellbeing should be conceptualized and measured using both subjective and objective indicators of quality of life. Objective indicators should capture objective dimensions of economic wellbeing (e.g., household income of community residents, unemployment, quality of jobs, people who receive financial assistance, amount of resources allotted toward economic development activity), social wellbeing (e.g., crime in the community, number of people incarcerated, illiteracy, educational attainment, student dropouts, teenage pregnancy, suicide, resources allotted to law enforcement), health wellbeing (incidence of cardiovascular disease, incidence of diabetes, incidence of cancer, number of people in psychiatric facilities, physicians per capita, immunization), and environmental wellbeing (e.g., land pollution, air pollution, water pollution, noise pollution, amount of resources allotted to protect wildlife, amount of resources allotted for landscape beautification).

Objective indicators are necessary but not enough to understand and capture the true nature of community wellbeing. One needs to also capture residents' perceptions and evaluations of community conditions and services (Liao, 2009). These perceptions and evaluations (subjective indicators of community wellbeing) serve to complement the objective indicators. In some cases, objective indicators may not be consistent with the subjective indicators. The objective indicators may tell one story, subjective indicators yet another. In such situations public policy officials should attempt to explain and reconcile this divergence to capture the true picture of the quality of life in the community.

The same can be said about objective and subjective indicators of quality of life in assessing the life quality of an individual, a family, a specific segment of the population (e.g., children, elderly, the disabled, women), a large region involving

many communities, a political state, or a combination of states forming a specific union (e.g., economic union, political union, military union).

Ruut Veenhoven (1996, 2000, 2005b, 2009), a sociologist and one of the founding fathers of the social indicators movement, has long advocated the use of a clever measure to capture societal happiness that is a hybrid of objective and subjective indicators: the Happy Life Years Index. This index employs a happiness measure (“Taking all together, how satisfied or dissatisfied are you currently with your life as a whole?” responses are captured on a 10-point satisfaction rating scale varying from 1 = dissatisfied to 10 = satisfied) and life expectancy (objective measure). The happiness score is then transformed into a 0–1 scale and multiplied with life expectancy score. For example, if a country has a life expectancy of 60 and an average happiness of 6 (transformed to .6), the country’s Happy Life Years score would be 36 years (or 60 years x .6 happiness).

Alex Michalos (2008), another guru of the social indicators movement, has effectively argued that both objective and subjective indicators must be combined to reach an accurate assessment of quality of life, especially at the national level. Based on the distinction of objective and subjective indicators of quality of life, he identified four conditions:

- *Paradise*: People’s living conditions are good and they accurately perceive their living conditions as good too.
- *Real Hell*: People’s living conditions are bad and they accurately perceive these conditions as bad too.
- *Fool’s Paradise*: People’s living conditions are bad but they inaccurately perceive their living conditions as good.
- *Fool’s Hell*: People living conditions are good but they inaccurately perceive their living conditions as bad.

The idea here is to align objective and subjective assessment of quality of life in ways that may guide public policy to improve the human condition, both objectively and subjectively.

2.3 Inputs Versus Outcomes of Quality of Life

Robert Lane (1994, 1996), a political psychologist, made a distinction between the *quality of society* and the *quality of persons*. Veenhoven (2000) made a similar distinction between *life chances* and *life results*. These distinctions can be viewed in terms of inputs and outputs (or outcomes) of wellbeing. One can think of inputs as opportunities for a good life whereas outputs as the good life itself. For example, at the individual level, quality-of-life researchers commonly refer to concepts and measures of life satisfaction, happiness, and perceived quality of life. These are essentially *outcome conceptualizations* and measures of wellbeing. In contrast, *input conceptualizations* and measures of wellbeing take on the form of opportunities or determinants of life satisfaction, happiness, and other global facets of wellbeing.

Table 2.1 Inner versus outer aspects of wellbeing

	“Outer” wellbeing	“Inner” wellbeing
“Input” wellbeing	Liveability of the environment, quality of conditions external to the individual	Ability to live a fulfilling life, personal capabilities
“Outcome” wellbeing	Utility of life; personal contribution to the good life; moral character of the individual	Life satisfaction, happiness, perceived life quality, overall wellbeing

Source: Adapted from Veenhoven (2000)

These opportunities or determinants may include social conditions (e.g., support from family and friends), financial conditions (e.g., incomes and wealth), intellectual conditions (e.g., education, work experience, professional skills and aptitude), emotional conditions (e.g., emotional intelligence, coping strategies, and positive thinking), personality conditions (e.g., extroversion, self-esteem, optimism, and internal locus of control), work conditions (e.g., job opportunities, means of transportation, access to and affordability of education to training programs), leisure conditions (e.g., access to and affordability of sports and recreational programs in the community), health conditions (e.g., access to and affordability of healthcare in the community), environmental conditions (e.g., air pollution, water pollution, land pollution, noise pollution, community beautification programs), political conditions (e.g., freedom of speech, freedom of assembly, freedom of religion, government corruption, trust in political institutions), etc.

The distinction is important because quality-of-life researchers tend to develop a whole host of wellbeing indices as formative indicators by aggregating many indicators of wellbeing, some in the form of inputs, others in the form of outcomes. Many of these indices can be criticized as an inappropriate mix of “apples and oranges.” Wellbeing indices, thus, must be specific in terms of their goal: Is the intention to capture wellbeing outcomes or wellbeing determinants? As such, separate input and outcome wellbeing indices must be developed.

2.4 Inner Versus Outer Aspects of Quality of Life

Veenhoven (2000, 2016) made the distinction between inner and outer quality of life. Focusing on the preceding distinction between inputs versus outcomes, Veenhoven asserts that *inner wellbeing* can be conceptualized in terms of input conditions (e.g., ability to live a fulfilling life) versus the actual outcome itself that are typically referred to as life satisfaction, happiness, etc. See Table 2.1.

Outer wellbeing in the context of input conditions of wellbeing can be characterized in terms of the liveability of the environment. That is, the focus is on the quality of the environment in the way the environment promotes personal wellbeing (or life satisfaction, happiness, perceived life quality, or overall wellbeing). Examples of outer wellbeing in the form of input conditions include the quality of education afforded to the individual, the quality of the environment that the person

finds himself in, the quality of his family, the quality of economy that is thrust upon him, the quality of public transportation in the community, quality of government at the local and national levels, etc. In contrast, inner wellbeing in relation to input conditions are those that are internal to the individual—the ability to live a fulfilling life. In other words, the focus here is on personal capabilities or individual characteristics that help the person take advantage of environmental conditions and opportunities and transforms those conditions in ways that may generate satisfaction in various life domains and satisfaction with life overall. These personal capabilities may include personality characteristics (e.g., extraversion, genetic endowment for positive affect, high self-esteem, optimism), financial assets (e.g., high income, financial bequests, investments and savings, ownership of property), socio-economic characteristics (e.g., personal associations with the upper classes, residence in upscale neighborhood, high level of education, prestigious occupation), among others.

Focusing on the outer dimensions of wellbeing, one can conceptualize the input conditions as behaviors that people engage in to contribute to society. Veenhoven calls this condition of wellbeing as *utility of life*. Here are examples based on my interpretation of the concept: acts of charity, amount of money donated to charity, amount of work devoted to eldercare, amount of work devoted to childcare, amount of work devoted to the disabled, among others.

To me, the inner conditions of wellbeing can be construed as the ultimate “dependent variable.” In other words, all other conditions of wellbeing are determinants or antecedent conditions to “inner wellbeing.” In this case, we can construe “inner/outcome” wellbeing in terms of life satisfaction, happiness, perceived QOL, absence of ill-being, positive affect, eudaimonia, subjective wellbeing, psychological wellbeing, and overall wellbeing.

2.5 Happiness Versus Life Satisfaction

Consider the following example that helps illustrate the distinction between happiness and life satisfaction. A Catholic priest dedicates his life to the service of God and the Catholic Church. His life is characterized by many bodily and material sacrifices. He does not feel happy because he has deprived himself from the pleasures of life; yet he evaluates his life positively. Note that life satisfaction is derived from goal attainment, even if these goals lead him to experience pain, agony, and material deprivation. The priest has a goal to serve God and the Church. He does this successfully and feels good about his life. Yet he may not experience the simple pleasures of life as other people do—therefore, his “unhappiness” (cf. Rehberg, 2000; Tov, 2018).

It has been argued that happiness and life satisfaction are two different constructs (Chamberlain, 1988). *Happiness* is an affective construct, whereas *life satisfaction* is a cognitive one (Andrews & McKennell, 1980; Brief & Roberson, 1989; Campbell, 1976; Crooker & Near, 1995; McKennell, 1978; McKennell & Andrews, 1980;

Organ & Near, 1985). Measures of happiness and life satisfaction share a maximum 50–60 percent common variance (Cameron, Titus, Kostin, & Kostin, 1973; Diener, Smith, & Fujita, 1995; Kozma, 1996; Kozma, Stone, Stones, Hannah, & McNeil, 1990). That is, the meaning underlying the constructs of happiness and life satisfaction (as operationalized by the measures used in the studies) overlap significantly. Other studies have found yet lower or nonsignificant correlations (e.g., Balatasky & Diener, 1993; Friedman, 1993). Life satisfaction involves one's evaluation of one's life or life accomplishments against some standard (e.g., the achievements of significant others). Happiness, on the other hand, is more emotional. People simply report they are happy. This is an emotional response, a gut reaction, without knowing why they feel the way they do.

As such, some quality-of-life researchers have viewed life satisfaction as the cognitive element of subjective wellbeing, while happiness is regarded as the affective element. Studies have shown that the cognitive (life satisfaction) and affective (happiness) elements tend to be correlated with absolute values ranging from .25 to .50 (e.g., Diener & Fujita, 1995; Lucas, Diener, & Suh, 1996).

The results of a national survey (Andrews & Withey, 1976) revealed that fun and family contribute more to happiness than to life satisfaction. In contrast, money, economic security, one's house, and the goods and services bought in the market contribute to life satisfaction more so than to happiness (cf. Saris & Andreenkova, 2001). Similarly, Michalos (1980) showed that evaluations of all 10 measured domains (health, financial security, family life, and self-esteem, etc.) were more closely related to life satisfaction than to happiness. Financial security was a crucial factor here. Veenhoven (1991) suggested that the extent to which one's income meets one's material norm has a stronger influence on life satisfaction than happiness (cf. Diener & Fujita, 1995). This contradicts earlier findings. For example, Bradburn (1969) has shown that happiness-oriented people are less pleased with the market than satisfaction-oriented people, and money seems to be less of an important contribution to wellbeing for young than old people.

Furthermore, Inglehart and Rabier (1986) reported that substantial income increments increase happiness but not life satisfaction, while substantial income decrements increase dissatisfaction much more than unhappiness. Thus, the authors conclude that happiness, but not satisfaction, applies to substantial gains, but dissatisfaction and not unhappiness, applies to substantial losses.

Haller and Hadler (2006) have shown that having children is not related to happiness but is positively related to life satisfaction. The authors interpreted this finding as follows: Children place demands on parents to the point of diminishing returns on happiness. Nevertheless, most parents perceive that having children is important to their overall sense of wellbeing (i.e., life satisfaction).

2.6 Subjective Wellbeing as an Umbrella Concept

In a review of the literature on subjective wellbeing, Diener, Suh, Lucas, and Smith (1999) defined subjective wellbeing as a broad category of phenomena that includes people's emotional responses, domain satisfactions, and global judgments of life satisfaction. They added that each of these concepts should be studied individually. However, measures of these constructs often correlate suggesting the need for a higher-order construct (cf. Busseri, Sadava, & Decourville, 2007; Tov, 2018).

Kozma and Stones (1992) have theorized that happiness is a direct function of two psychological states, one short term and the other long term. The short-term state is an affective state that involves positive and negative affect mostly influenced by environmental factors. The long-term state is also an affective state involving both positive and negative affect. The long-term component is dispositional and is less affected by environmental factors (cf. Kozma, 1996).

Based on these distinctions, an attempt is made here to reconstruct these concepts in a framework that integrates these disparate concepts. It is my opinion that this framework may reflect a semblance of consensus among quality-of-life researchers working in the area of subjective wellbeing.

The concept of subjective wellbeing used throughout this book is defined as:

Subjective well-being is an enduring (long-term) affective state that is made of a composite of three components: (a) actual experience of happiness or cumulative positive affect (joy, affection, pride, etc.) in salient life domains, (b) actual experience of depression or cumulative negative affect (sadness, anger, guilt, shame, anxiety, etc.) in salient life domains, and (c) evaluations of one's overall life or evaluations of salient life domains.

Figure 2.1 shows how these three components make up the construct of subjective wellbeing. The figure also shows the determinants of the components. Specifically, one's actual experience of *happiness* is determined by an aggregation of pleasant feelings (e.g., joy, affection, pride) over time in salient life domains, in which each pleasant feeling is determined by a positive life event. Similarly, one's actual experience of *depression* is determined by an aggregation of unpleasant feelings (e.g., sadness, anger, guilt, anxiety, and shame) over time in salient life domains, in which each unpleasant feeling is determined by a negative life event. The third component, *life satisfaction*, deals, not with the actual emotional experiences (e.g., joy, affection, pride, depression, sadness, anger, guilt, anxiety, and shame) but with cognitive evaluations of life overall and salient life domains. One's evaluation of one's own life is determined by an aggregation of evaluations of positive and negative events of important life domains (e.g., leisure life, work life, family life, community life, social life, and sex life) or recall of those evaluations made in the past from memory. The evaluation of each life domain is determined by a host of evaluations of life events in that domain or simply one's assessment of positive and negative affect in that domain.

The three components and their interrelationships as well as their determinants capture three distinctions made in the literature: (1) the distinction between the cognitive and affective aspects of subjective wellbeing, (2) the distinction between

Fig. 2.1 Subjective wellbeing: its elements

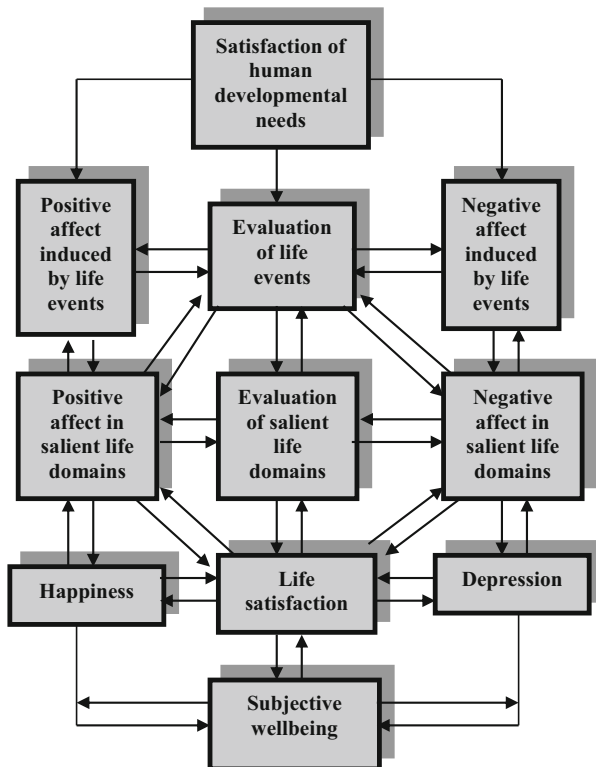


Table 2.2 The underlying constructs of the various components of subjective wellbeing

	Affective	Cognitive
Positive	Cumulative pleasant emotions (short-term) and feelings of happiness (long-term)	Positive evaluation of life events (short-term) and life domains (long-term)
Negative	Cumulative unpleasant emotions (short-term) and feelings of depression (long-term)	Negative evaluation of life events (short-term) and life domains (long-term)

positive and negative affect of subjective wellbeing, and (3) the distinction between short-term and long-term affective states of subjective wellbeing. Furthermore, satisfaction of human developmental needs is directly related to the experience of positive and negative affect. That is, life events satisfy human developmental needs (e.g., biological, safety, social, esteem, actualization needs). The satisfaction of needs also influence and guide people’s cognitive evaluation of life events.

Table 2.2 captures the underlying constructs of these three components of subjective wellbeing. The table shows the three distinctions: (1) cognitive versus affective, (2) and positive versus negative affect, and (3) short-term versus long-term.

2.6.1 *Cognitive Versus Affective*

To reiterate, the distinction between cognitive and affective is important in quality-of-life research. High profile wellbeing researchers such as Parnucc (1995) and Kahneman (1999) have argued strongly that subjective wellbeing can be captured directly and objectively,¹ rather than subjectively. Thus, subjective wellbeing of any period is a conceptual summation of these separate hedonic values, positive and negative, divided by the duration of that period. This is an “affective” conceptualization of subjective wellbeing. It is not identified with the global assessments that people make when asked to rate their overall happiness. The latter is a “cognitive” conceptualization of subjective wellbeing. This is because it is an evaluation made by thinking and judging the major elements of one’s life. This distinction is consistent with the work of many quality-of-life researchers who have made the distinction between cognitive and affective aspects of subjective wellbeing (e.g., Andrews & McKennell, 1980; Brief & Roberson, 1989; Campbell, 1976; Crooker & Near, 1995; McKennell, 1978; McKennell & Andrews, 1980; Organ & Near, 1985; Tov, 2018). These researchers have all argued that happiness and life satisfaction are two different constructs. That happiness is an affective construct, while life satisfaction is a cognitive one. That life satisfaction involves one’s evaluation of one’s life or life domains. In contrast, happiness is an emotional phenomenon. People simply report they are happy. This is an emotional response, a gut reaction, not knowing always why they feel they way they do.

Consider the following study as a sample of studies that have hammered at this point. Schimmack, Schupp, and Wagner (2008) were able to empirically demonstrate in a nationally representative survey in Germany that neuroticism is a stronger predictor of affective (than cognitive) dimensions of subjective wellbeing. In contrast, unemployment and regional differences between East and West Germany are stronger predictors of cognitive than affective wellbeing.

2.6.2 *Positive Versus Negative*

Dating back to the early sixties, wellbeing scholars noted that subjective wellbeing may involve positive and negative affect, and these two states may not be the opposite polar extremes of one dimension (Bradburn & Caplovitz, 1965). This distinction is important because positive and negative affect tend to be influenced by numerous factors. Many quality-of-life researchers have measured subjective wellbeing by a composite index made up of positive and negative affect (e.g., Bradburn, 1969; Diener et al., 1995; Diener & Emmons, 1984; Diener, Sandvik,

¹An example of an objective measure of subjective well-being is to have subjects carry with them a beeper. The experimenter would then beep subjects randomly and ask them to report on their subjective wellbeing during the last few hours or so.

Seidlitz, & Diener, 1993; Headey, Kelley, & Wearing, 1993; Lucas et al., 1996; Tov, 2018; Watson, Clark, & Tellegen, 1988). The impetus for this distinction is the realization that the factors that cause positive affect are different from those that cause negative affect. For example, experiencing culture and the arts may be a factor that may enhance happiness (or positive affect); the lack of culture and the arts may not induce depression (or negative affect). Marital abuse may cause a spouse to feel depressed (negative affect), but the absence of marital abuse does not lead to happiness (or positive affect).

Similarly, when people evaluate their lives, they focus on their evaluation of salient life domains. Certain life domains tend to generate more satisfaction than dissatisfaction, and vice versa. For example, in income and standard of living, a person who evaluates that domain positively may experience little satisfaction. In contrast, a person evaluating the same domain negatively may experience high level of dissatisfaction. How about leisure life? Evaluating one's leisure life positively may produce high levels of satisfaction. Conversely, evaluating the same domain negatively may produce little dissatisfaction (cf. Herzberg, 1966; Herzberg, Mausner, Pederson, & Capwell, 1957).

Recently, Huppert (2009) in reviewing much of the evidence of the drivers of wellbeing versus ill-being made the following assessment (cf. Sirgy, 2017):

- Personality drivers of wellbeing (e.g., extraversion) tend to be different from personality drivers of ill-being (e.g., neuroticism);
- Demographic factors (e.g., gender, age, marital status) tend to be associated with wellbeing in diverse ways than ill-being;
- Socioeconomic factors (e.g., income, education, and socioeconomic status) are differentially correlated with wellbeing versus ill-being; and
- Psychographic factors (e.g., interests and activities) are also differentially correlated with wellbeing versus ill-being.

2.6.3 Short Term Versus Long Term

Note that the model shows that the three components of subjective wellbeing are not momentary, transient, and ephemeral affective states. They are enduring and stable affective states. They are long-term states determined by an aggregation of short-term affect experienced over time. This distinction between short-term and long-term subjective wellbeing is consistent with the research conducted by Kozma and Stones (1992). Kahneman (1999) argued that assessments of happy or unhappy moments aggregated across time amount to "objective happiness" (short-term construct). In contrast, philosophers such as Sumner (1996) argue that wellbeing must be based on global evaluations of life (long-term construct) (cf. Tov, 2018; Veenhoven, 2000, 2005a).

2.7 Subjective Wellbeing Versus Eudaimonia

Kesebir and Diener (2009) have questioned whether the eudaimonistic notion of wellbeing can be truly lumped with other concepts of subjective wellbeing such as happiness, positive and negative affect, life satisfaction, perceived quality of life, and domain satisfaction. Here is what these authors had to say about this issue:

It is important for the purposes of this discussion to emphasize that most of the empirical studies conducted in psychology regarding happiness . . . conceive of happiness not in the eudaimonic sense—embodying a value judgment about whether the person is leading a commendable life—but rather in the sense of subjective well-being. Clearly, high subjective well-being and eudaimonic happiness are not necessarily interchangeable concepts, and it is easily imaginable that a person could feel subjectively happy without leading a virtuous life. However, we believe, and many contemporary philosophers . . . agree, that subjective well-being and eudaimonic well-being are sufficiently close. It is reasonable to use subjective well-being as a proxy for well-being, even if it is not a perfect match. Admittedly, current empirical psychological research cannot directly answer the ancient philosophical question of how to live well. As researchers of subjective well-being, our hope is that we answer this question indirectly by illuminating a *sine qua non* of the good life—namely, subjective well-being. (Kesebir & Diener, 2009, p. 62)

A recent study by Vitterso, Soholt, Hetland, Alekseeva Thoresen, and Roysamb (2010) discussed the theoretical distinction between *hedonic wellbeing* and *eudaimonic wellbeing*. They argue that the cybernetic principles underlying hedonic wellbeing are different from eudaimonic wellbeing. Goal attainment in hedonic wellbeing reflects homeostatic balance (i.e., a state of equilibrium and assimilation), which reflects a state of happiness. In contrast, lack of goal attainment reflects a state of disequilibrium that induces feelings of interest, curiosity, challenge, and task absorption. The latter may be reflective of eudaimonic wellbeing. Specifically, several studies were conducted in which the authors were able to show that the experience of hedonic versus eudaimonic wellbeing is dependent of the extent to which the task at hand is easy or difficult. The individual is most likely to experience hedonic wellbeing when the task is easy but eudaimonic wellbeing when the task is difficult.

Sanjuan (2011) has conducted a study to test the hypothesis that *psychological wellbeing* (another term for eudaimonic wellbeing or perfectionist happiness) may influence subjective wellbeing (another term for prudential happiness or life satisfaction) through the mediating effect of *affect balance* (hedonic wellbeing or psychological happiness). The data involved 255 adults surveyed using various instruments capturing these constructs. The results were supportive of the hypothesized interrelationships among these three concepts of happiness. Psychological wellbeing tends to induce positive affect, which in turn plays a key role in life evaluations (cf. Heintzelman, 2018; Tov, 2018).

2.8 Subjective Wellbeing Versus Psychological Wellbeing

Huppert (2009) asserts that *psychological wellbeing* is about lives going well. This means that the construct combines subjective wellbeing with *effective functioning*. Subjective wellbeing may focus too much on positive emotions. According to Huppert, psychological wellbeing focuses on sustainable wellbeing in the sense that negative emotions can play a significant and positive role in long-term wellbeing. People must learn to manage negative emotions to enhance long-term positive emotions. Of course, psychological wellbeing is undermined when negative emotions are experienced often without the benefit of learning and long-term positive emotions. Researchers working with psychological wellbeing view positive emotions more broadly than happiness and contentment. Positive emotions may include interest, engagement, confidence, and affection.

Most importantly is the concept of *functioning*, which involves the development of one's potential, having control over life's circumstances, beliefs that life has meaning and they have a purposeful role to play in life, and having positive relationships with others.

2.9 Hedonic Wellbeing Versus Eudaimonic Wellbeing

Huta (2016) has argued that Eudaimonia and hedonia have been defined in terms of the following behavioral phenomena: orientations (personal priorities, motives, values, and goals), behaviors (actions and thoughts related to the planning of action), experiences (emotions, feelings, and cognitive appraisals underlying emotions), and functioning (abilities, habits, and accomplishments). The author used these behavioral phenomena to make a clear distinction between hedonic and eudaimonic wellbeing. This distinction is clearly articulated in Table 2.3.

2.10 An Ontological Model of Wellbeing

Simsek (2009) argued that current conceptualizations of subjective wellbeing focus on unifying the affective (emotional wellbeing, positive/negative affect, and happiness) and cognitive dimensions (life satisfaction, domain satisfaction, psychological wellbeing, and eudaimonia), but these attempts have been atheoretical. The author develops a new meta construct called "ontological wellbeing" that serves to integrate the affective and cognitive dimensions. Ontological wellbeing is based on the notion that life is a personal project—a goal we desire for its own sake. This personal project can best be viewed from a temporal perspective: past, present, and future. Therefore, the ultimate personal project as life (Eudaimonia, personal growth, and

Table 2.3 Distinguishing hedonic wellbeing from eudaimonic wellbeing in terms of orientations, behaviors, experiences, and functioning

	Eudaimonic wellbeing	Hedonic wellbeing
Orientations	Pursuits of authenticity, self-discovery, autonomy, and identity; pursuits of meaning, mattering, and contributing to the big picture; pursuits of excellence, quality performance, and virtue; pursuits of growth, self-realization, maturity, and learning	Pursuits of pleasure, enjoyment, and fun; pursuits of comfort, ease, and painlessness
Behaviors	Behaviors to include planning personal goals, volunteering, expressing gratitude, listening to another person’s point of view, preserving at a specific valued goal despite obstacles	Behaviors to include going to a big party, having sex with a person one does not love, drinking alcohol, shopping for non-essentials, and watching a movie that is pure entertainment
Experiences	Feelings of meaning, value, purpose, broad implications; elevation, inspiration, awe, and transcendence; feelings of self-connectedness, and authenticity; feelings of accomplishment, progress, and non-hubristic pride; engagement, immersion, interest, and flow; personal expressiveness and deep fit with one’s activities; life satisfaction; happiness; vitality and feeling alive	Positive affect, emotional wellbeing, and affect balance; arousal of positive affect; satisfaction, wants/needs are met, and replenishment; carefreeness and light-heartedness; comfort, low negative affect, low strain, and relief
Functioning	Self-realization, individuation, and coming into one’s own; maturity, wisdom, ego development, and sophistication; competence, excellence, insight, understanding, and skill; accomplishment, achievement, and progress; achievement of meaning, purpose, and big picture; integration, autonomy, and non-conformism; ethics, morality, virtue, honesty, integrity, and justice; social contribution, generativity, altruism, and responsibility; self-regulation, perseverance, planning, and organizing; abstract thinking, perspective-taking, and long-term view; quality relationships and social wellbeing; resilience and active coping	Abilities to savor, play, and prioritize enjoyment; abilities to let go, take breaks, and not worry needlessly; abilities to be here and now, be spontaneous, and go with flow; healthy selfishness and ability to put self first if warranted; habit of minimizing unnecessary effort and difficulty; skills at things that are hands-on, practical, and applied; sensuality, physicality, sexuality, and ability to be primal

Source: Adapted from Huta (2016, p. 224)

psychological wellbeing) is evaluated cognitively and affectively. The nature of these evaluations is best described in a 2 x 3 matrix below (see Table 2.4).

In the same vein, Durayappah (2011) proposed a 3Ps model designed to integrate disparate subjective wellbeing concepts. The 3Ps model also breaks down subjective wellbeing along a temporal dimension: past, present, and future. The past component of subjective wellbeing focuses on happiness that comes from reminiscing,

Table 2.4 Ontological wellbeing

	Affective evaluations	Cognitive evaluations
Past	Affective reactions to evaluation of one's past circumstances (e.g., feelings of anger with oneself, regret, sadness about the past, feelings of joy)	Recall of salient past events (good and bad); reminiscence and life review
Present	One's emotional reactions to what they are currently doing	Evaluation of life as a whole in current circumstances
Future	Affective reactions such as anxiety, hope, and optimism	One's perception of one's future—optimistic or pessimistic outlook on life

Source: Adapted from Simsek (2009)

expressions of gratitude, and being able to derive meaning from past experiences. Much of the evidence reflects processes and outcomes related to evaluation of past experiences. Examples of subjective wellbeing constructs and measures directly related to the “past” include happiness (happiness measure; Fordyce, 1988), subjective wellbeing (Satisfaction With Life Scale; Diener, Emmons, Larsen, & Griffin, 1985), and meaning (meaning in life questionnaire; Steger, Frazier, Oishi, & Kaler, 2006).

The present component of subjective wellbeing focuses on positive emotions, flow experiences, and emotional experiences related to self-determination. Much of the evidence reflects processes and outcomes related to the actual experience of a life event. Examples of subjective wellbeing constructs and measures directly related to the “present” include affect (PANAS is an example measure; Watson et al., 1988), experienced utility (measured to experiential sampling methods; Kahneman, Krueger, Schkade, Schwarz, & Stone, 2004), and unpleasantness (U-Index, Kahneman & Riis, 2005).

The future component of subjective wellbeing focuses on anticipation of happiness, optimism, and issues dealing with life purpose and goals. Much of the evidence here reflects processes and outcomes related to expectations and future prospects. Examples of subjective wellbeing constructs and measures directly related to the “future” include anticipation (savouring beliefs inventory; Bryant, 2003), goals (Orientation of Life Goals Scale; Roberts & Robins, 2000), and purpose (Purpose in Life subscale; Ryff, 1989).

Concepts such as Eudaimonia, psychological wellbeing, and authentic happiness focus on personal growth, which has a futuristic view. Life satisfaction and domain satisfaction, on the other hand, focus on evaluations of life achievements in the past. In contrast, concepts such as positive and negative affect, happiness, hedonic wellbeing, objective wellbeing, and emotional wellbeing have one thing in common: a focus on the present.

2.11 A Structural Model of Wellbeing and Illbeing

Røysamb and Nes (2016, 2018) described a structural model of wellbeing and illbeing. They argued that illbeing involves various conditions such as depression, anxiety, drug abuse, eating disorders and psychoses. In contrast, wellbeing involves other conditions such as subjective wellbeing, psychological wellbeing, mental wellbeing, social wellbeing, hedonic wellbeing, and eudaimonic wellbeing. As such the structural model is their attempt to integrate these disparate concepts in theoretical framework to illustrate some of the mechanisms of environmental and genetic factors.

Table 2.5 shows their model. The model involves two basic dimensions: One *positive-negative* dimension and one of *stability-change*. The model posits that humans have various ideals, needs or goal states (e.g., striving to obtain good university grades, attempting to maintain good relationships with people important in our lives), which when attained we feel satisfied, happy, and in harmony. This is the “well-staying” condition. When we are moving towards a goal, we feel excitement, growth and a sense of fulfillment of potentials; in other words, we are in a “well-moving” condition. In other situations, we realize there are obstacles to our goal in which we feel fear, anxiety, or anger. As such we are “ill-moving.” Finally, when a goal is not attained, we may feel sadness, depression, and hopelessness—a condition termed “ill-staying.”

Thus, the model makes the distinction between two concepts of wellbeing, namely well-staying and well-moving. Conversely, illbeing involves the distinction between ill-staying and ill-moving. As we experience life, we move around in this space of illbeing and wellbeing given our genetic makeup. Thus, the good life can be viewed as movement mainly between well-staying and well-moving. With respect to the illbeing side, we are likely experience turning points in our lives. These life junctures may be opportunities for self-correction and possible return to the wellbeing sphere.

Table 2.5 The structural model of wellbeing and illbeing

	Illbeing	Wellbeing
Change	Ill-Moving: Anxiety, fear, anger, threat, obstacle, avoidance system, potential loss, goal state threatened	Well-Moving: excitement, engagement, growth, self-realization, wanting-system, potential gain, goal state approaching
Stability	Ill-Staying: depression, hopelessness, sadness, distress, dysfunction, loss realized, goal state vanished	Well-Staying: satisfaction, harmony, balance, liking system, gain realized, goal state present

Source: Adapted from Røysamb and Nes (2018, p. 273)

2.12 A Hierarchical Model of Wellbeing and Illbeing

Recently, I made some distinctions among wellbeing and illbeing concepts (Sirgy, 2019, 2020). I tried to make the case that wellbeing and illbeing can be construed at six hierarchical levels, varying from the most micro-physiological level to the very macro-social-ecological level (see Table 2.6). At the most micro-physiological level, wellbeing can be construed in terms of a state of preponderance of positive neurochemicals (neurochemicals related to rewards such as dopamine, serotonin, oxytocin, etc.). In contrast, illbeing at the same level can be viewed in terms of a state of preponderance of negative neurochemicals such as cortisol, the stress hormone.

The second hierarchical level is referred to as the “emotional level.” At that level, wellbeing is viewed in terms of a state of preponderance of positive affect (happiness, joy, contentment, etc.). In contrast, illbeing is a state of preponderance of negative affect (anger, sadness, etc.).

The third hierarchical level is referred to as the “cognitive level.” At this level, wellbeing is construed in terms of a state of preponderance of satisfaction judgments in various life domains (satisfaction in domains such as social life, family life, work

Table 2.6 The hierarchical model of wellbeing and illbeing

Hierarchical level	Wellbeing	Illbeing
Physiological level	A state of preponderance of positive neurochemicals (neurochemicals related to rewards such as dopamine, serotonin, oxytocin, etc.)	A state of preponderance of negative neurochemicals such as cortisol, the stress hormone
Emotional level	A state of preponderance of positive affect (happiness, joy, contentment, etc.)	A state of preponderance of negative affect (anger, sadness, etc.)
Cognitive level	A state of preponderance of satisfaction judgments in various life domains (satisfaction in domains such as social life, family life, work life, leisure life, etc.)	A state of preponderance of dissatisfaction judgments in various life domains (dissatisfaction in social life, family life, work life, leisure life, etc.)
Meta-cognitive level	A state of preponderance of judgments of life satisfaction (or satisfaction judgments with one’s life compared to one’s past life, the life of family members, the lives of associates and friends, etc.)	A state which reflects a preponderance of judgments of life dissatisfaction based on various referents or standards
Developmental level	A state of preponderance of positive psychological traits such as personal growth, environmental mastery, resilience, etc.	A state of preponderance of negative psychological traits (pessimism, hopelessness, etc.)
Social-ecological level	A state involving a preponderance of perceived social resources (social acceptance, social actualization, etc.)	A state involving a preponderance of perceived social constraints (social exclusion, ostracism, etc.)

Source: Adapted from Sirgy (2019, 2020)

life, leisure life, etc.). As such, illbeing reflects a state of preponderance of dissatisfaction judgments in various life domains (dissatisfaction in social life, family life, work life, leisure life, etc.).

The fourth hierarchical level is the “meta-cognitive level.” At this level, wellbeing is defined in terms of a state of preponderance of judgments of life satisfaction (or satisfaction judgments with one’s life compared to one’s past life, the life of family members, the lives of associates and friends, etc.). Illbeing is the converse state which reflects a preponderance of judgments of life dissatisfaction based on various referents or standards.

The next level is the “developmental level.” Wellbeing is essentially viewed in terms of psychological wellbeing or eudaimonia, which is a state of preponderance of positive psychological traits such as personal growth, environmental mastery, resilience, etc.). Illbeing at the developmental level is viewed as a state of preponderance of negative psychological traits (pessimism, hopelessness, etc.).

Finally, at the most macro level is what I called the “social-ecological level.” At that level, wellbeing is treated as a state involving a preponderance of perceived social resources (social acceptance, social actualization, etc.). In contrast, illbeing at the social-ecological level is a state involving a preponderance of perceived social constraints (social exclusion, ostracism, etc.).

2.13 Conclusion

As mentioned in the beginning part of this chapter, there are important distinctions that quality-of-life scholars have made concerning major quality-of-life concepts. I described these distinctions in terms of subjective versus objective indicators of quality of life, and I have argued that both conceptualizations are complementary, not conflicting. I highlighted the distinction between input and outcome indicators of quality of life and argued that this distinction is important because a comprehensive understanding of quality of life should be based on a goal hierarchy that incorporates both input and outcome indicators. I made reference to the distinction between inner and outer aspects of quality of life, and I suggested that inner/outcome concepts such as happiness, life satisfaction, and Eudaimonia should be viewed as the major dependent variables in quality-of-life studies. I then described those studies that showed that the precursors of happiness may not be the same as the precursors of life satisfaction. Building on this distinction, I developed a framework that incorporates these distinctions among quality-of-life concepts in terms of three major dimensions: cognitive versus affective, positive versus negative, and short-term versus long-term. These distinctions capture the various nuances related to subjective wellbeing. However, as demonstrated in the literature, recent research has clearly distinguished between subjective wellbeing and the emergent, higher-order, constructs of Eudaimonia and social wellbeing. The latter concepts of quality of life are built on subjective wellbeing by going beyond hedonic wellbeing and life satisfaction to capture personal development, moral strengths, and social functioning.

The ontological wellbeing and the 3Ps model attempt to unify the affective (emotional wellbeing, positive/negative affect, and happiness) and cognitive dimensions (life satisfaction, domain satisfaction, psychological wellbeing, and eudaimonia) through a new meta construct called ontological wellbeing. Ontological wellbeing is based on the notion that life is a personal project—a goal we desire for its own sake. This personal project can best be viewed from a temporal perspective: past, present, and future.

The structural model brings to the forefront two key variables, namely wellbeing/illbeing and stability/change. As such, four conditions of wellbeing are identified: (1) “well-staying” (wellbeing in state of stability), (2) “ill-staying” (illbeing in a state of stability), (3) “well-moving” (wellbeing in a state of change), and (4) “ill-moving” (illbeing in a state of change).

Finally, the hierarchical model makes distinctions among wellbeing and illbeing concepts. Well-being and illbeing are construed at six hierarchical levels, varying from the most micro-physiological level to the very macro-social-ecological level. At the most micro-physiological level, wellbeing is construed in terms of a state of preponderance of positive neurochemicals (neurochemicals related to rewards such as dopamine, serotonin, oxytocin, etc.). In contrast, illbeing at the same level can be viewed in terms of a state of preponderance of negative neurochemicals such as cortisol, the stress hormone. At the second hierarchical level (the emotional level), wellbeing is viewed in terms of a state of preponderance of positive affect (happiness, joy, contentment, etc.). In contrast, illbeing is a state of preponderance of negative affect (anger, sadness, etc.). At the third hierarchical level (the cognitive level), wellbeing is construed in terms of a state of preponderance of satisfaction judgments in various life domains (satisfaction in domains such as social life, family life, work life, leisure life, etc.). As such, illbeing reflects a state of preponderance of dissatisfaction judgments in various life domains (dissatisfaction in social life, family life, work life, leisure life, etc.). At the fourth hierarchical level (the meta-cognitive level), wellbeing is defined in terms of a state of preponderance of judgments of life satisfaction (or satisfaction judgments with one’s life compared to one’s past life, the life of family members, the lives of associates and friends, etc.). Illbeing is the converse state which reflects a preponderance of judgments of life dissatisfaction based on various referents or standards. At the next level (the developmental level), wellbeing is viewed in terms of psychological wellbeing or Eudaimonia, which is a state of preponderance of positive psychological traits such as personal growth, environmental mastery, resilience, etc.). Illbeing at the developmental level is viewed as a state of preponderance of negative psychological traits (pessimism, hopelessness, etc.). Finally, at the most macro level (the social-ecological level), wellbeing is treated as a state involving a preponderance of perceived social resources (social acceptance, social actualization, etc.). In contrast, illbeing at the social-ecological level is a state involving a preponderance of perceived social constraints (social exclusion, ostracism, etc.).

As the reader would have noted already there is a plethora of concepts of happiness, quality of life, and wellbeing; and many attempts have been made to make distinctions among concepts. I have to acknowledge that I have been very

selective in identifying concepts and making selective distinctions. For readers who are interested in immersing themselves in this complex and rich literature in both psychology and philosophy, please refer to Intelisano, Krasko, and Luhmann (2020).

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