

Needs, Wants and Goals: Wellbeing, Quality of Life and Public Policy

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Abstract This paper considers the possible contribution of Quality of Life methods in international development policy and practice. It discusses the role of theories of human needs in how public policy makers and implementors might distinguish between ‘needs’ and ‘wants’. There is a good case for extending theories of human need to encompass social and psychological needs, but when we do so the ability of theory to distinguish between ‘needs’ and ‘wants’ begins to evaporate. Rather, by virtue of the core relationship between needs denial and harm, it is argued that a theory of human need can provide a framework for reasoning about what constitute needs. Empirical quality of life data can then assist policy makers to identify what constitute needs satisfiers in particular societal and cultural contexts. They also can provide important information to enable processes of public reasoning about the relative societal importance of different needs claims. The paper uses data generated through the application of two Quality of Life methods in Southern and Northeast Thailand, which were employed as part of a comprehensive study of the social and cultural construction of wellbeing in developing countries, to illustrate its arguments. The paper concludes that if routinely incorporated into local policy process, such quality of life methods have a possible contribution to make to effective democratic governance for development.

Keywords Human need · Wants · Wellbeing · Public policy · International development

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Introduction

The concept of human need provides one of the main rational underpinnings for public policy. But what constitutes a ‘need’ as opposed to a ‘want’ and how we might distinguish between them are matters of considerable contention. At one end of the spectrum there are those who generally reject the worth of distinguishing between the two, since they regard theories of human need as little more than a front for the paternalist imposition of someone else’s values and principles (c.f. Stern 1989). The central tenet of neo-classical economics and more broadly of libertarian thinking is the recognition of individual or consumer sovereignty. The idea of revealed preferences obviates the requirement for debate over what is a need and what is a want as it is the market rather than the government that provides the most appropriate mechanism for satisfying both.

This is an extreme position, however, and in most societies, regardless of their dependence or otherwise on a market philosophy, the language of needs is still powerful in debates over public policy. This is particularly so for social policy that is intended to address issues of poverty and deprivation. It is when policy is addressing poverty that the debate over needs and wants gains special political significance and becomes the subject of overt ideological and political contention. After all, where public resources are scarce it would seem to be important that we are able to distinguish ‘frivolous wants’ from ‘real needs’ so that public effort and money is not distracted from addressing the most important deprivations.

In this paper we offer a contribution to the needs–wants debate by discussing the ways in which consideration of the subjective dimensions of human wellbeing reflects on theories of human need. The paper reviews different conceptual approaches to human need and considers how these are modified when greater cognizance is given to the subjective and socially constructed dimensions of human wellbeing. Recognition of the significance of the meanings with which we come to understand what is needed for social human life entails a broadening of the standard conception of what constitutes a human need but doing this makes the conceptual distinction between needs and wants more difficult to sustain.

The paper argues that a theory of human need provides an essential framework for reasoning over the political decisions that are inherent in public policy responses to needs claims. The core of this position is the recognition that human needs are defined by evidence that their denial results in actual harm to the person. But a theory of human need cannot exhaustively identify what constitute needs satisfiers in all particular environmental, social and cultural contexts. Moreover, a theory of human need does not tell us how to prioritize competing needs claims over each other. These considerations reinforce the argument that judgments about what are to be affirmed and authoritatively sanctioned as needs are inherently political decisions to be made in particular societal contexts, albeit we must recognize that all societies exist and operate in a global community (see Thompson 1987, Woodhead 1987). The value of a theory of human need in policy processes is that it provides a way of interrogating what are claimed as needs by assessing whether there is evidence that their denial in that context results in harm. As such political deliberations over what needs are to be recognized can be better informed by reasoned theoretical argument

and by the assessment of relevant data on quality of life that is generated through the application of sound social science methodologies.

The final section of the paper illustrates the ways in which information about need and wants might be used in development policy deliberations using quality of life data from research on the social and cultural construction of wellbeing in communities in Northeast and South Thailand. We conclude by exploring the place of these methods in deliberative public policy processes as a means of more systematically engaging with the aspirations and ‘satisfactions’ of the intended beneficiaries of development interventions. The careful integration of such methods may also help us to avoid the worst excesses of top-down, paternalistic approaches which tell people what they need and what they are going to be given to address that need (Standing 2002).

Theories of Need and the Organization of Human Societies

Taking a broad view we can recognize that human need has been a key organizing concept for all human society and an important reference point in defining the relationship between the person and others in the wider social collectivities in which they live (Sahlins 1974). Simply, a person ‘in need’ is a person who is identified as requiring assistance from others. Across history and in societies around the world this has been manifest in different forms of social organization. For example, in local communities there are often forms of collective action (sometimes with a religious basis, sometimes secular) to ‘help the needy’; in modern nation states there are often welfare arrangements which seek to offer the citizen a minimal guarantee of subsistence; and at the level of global community there are universal declarations, such as the United Nations Millennium Declaration, which call for global public action in support of nations whose citizens fail to meet many needs and experience debilitating poverty in a world of relative plenty.

One of the most influential and enduring taxonomies of need is provided by Bradshaw (1972) who identifies four separate types: *normative* (determined by ‘professionals’ or ‘experts’), *comparative* (assumed from shortfalls in resources for a particular group), *expressed* (articulated in order for them to be satisfied), and *felt* (not expressed, or articulated in a way that will not enable their satisfaction). This categorization is important because it sensitizes us to the fact that the term is often used with differing meanings (see also Gasper 2004). Bradshaw’s typology of need has been widely adopted in public policy circles and one way that it has been used is to consider a need more genuine where it is identified as such from more than one perspective. There is good sense in this approach since, for example, if a need is ratified both by the person who is experiencing it and by expert observers of their circumstance then it would seem reasonable that it be accepted as a need. But the Bradshaw typology does not provide us with a theory of human need and as such its use for comparing across differing social and cultural contexts becomes difficult (a point Bradshaw himself makes 1994). Doyal and Gough (1991), on the other hand, advance a comprehensive and universal theory of human need as a necessary underpinning for any public action. Their deliberations lead them to argue for the recognition of only two basic human needs: the needs for ‘health’ and ‘autonomy’,

which are universal in the sense that denial of either of them, in any social and cultural context, for any human being, will result in objectively verifiable harm for that person. Some minimal levels of satisfaction of these two basic needs are a precondition for meaningful human action and interaction. The Doyal and Gough (hereafter D&G) theory is elaborated by a framework whereby the two basic needs are met through the satisfaction of a set of eleven universal intermediate needs. The theory accounts for local contexts by recognizing that in different social and environmental contexts these intermediate needs can be met in different ways. Thus the need for health is met partly through the satisfaction of the need for shelter, the satisfier of which will be different in a northern temperate climate than in a more southerly tropical climate.

The D&G theory of human need already moves us well beyond a traditional conception of 'basic needs', usually thought of as consisting of food, water and shelter. It also argues that a notion of a hierarchy of needs is conceptually unhelpful (ibid: 159–64). The problems of thinking in terms of a hierarchy are affirmed by empirical observation where in many situations we can observe human beings trading-off the satisfaction of more 'basic' needs for the satisfaction of so-called higher order needs (De Waal 2004). However, this does not obviate the fact that the idea of 'basic needs' has been influential in international development debates and that it was the rallying call for a major international development initiative led by the World Bank during the 1970s. Since then policy debates and theoretical advances have considerably stretched our understanding of needs. Streeten (1995), one of the original champions of the basic needs movement in international development, has subsequently advised the inclusion of more 'qualitative' needs such as participation; a good environment, and freedom to choose; while authors such as Agarwal (1992) argue for recognition of the spiritual dimensions of need.

Amartya Sen's work on 'Development as Freedom' represents an apotheosis in reframing the needs debate (1999) not just for developing countries but globally. The purpose of development, he argues, is not in meeting needs but in enabling people to achieve the 'doings' and 'beings' that they have reason to value. Sen's emphasis on 'having reason to value' is important to note since it raises the question of how we are to understand the relationships between deliberative reasoning at the individual and societal levels. This problem is critical to our later discussion of how policy processes engage with the distinction between needs and wants.

Until recently the literature of social psychology has not connected substantially with international development thinking and practice (for an exception see the work of Rojas who contributes to this volume), but it provides an important point of intersection with this aspect of current human needs debates. In particular Ryan and Deci's (2001) exploration of a eudaimonic conception of subjective wellbeing connects with both the D&G theory and with Sen's insights. Their formulation of Self Determination Theory (SDT) identifies three universal and basic psychological needs, which are for relatedness, competence and autonomy. As with the D&G theory, their basis for claiming these to be universal and basic needs is that when they are not met the person concerned can be observed to experience psychological and then physiological harm. As Ryan and Deci note, however, Self Determination Theory is an 'organismic psychology' (Ryan 1995) and thus fundamentally concerned with "... the processes of internalization, through which external

regulation and values become integrated into the self” (Ryan and Deci 2001, p146). For this reason their three basic psychological needs all refer to sense of self ownership of the values underpinning the ‘doings’ and ‘beings’ of the person. This is evident in their definition of autonomy, which they are also careful to distinguish from other notions of freedom:

Autonomy ... refers to the evolved propensity to self-regulate ones actions, a propensity that is experientially associated with feeling volitional and integrated. Autonomy does not herein mean independence or separateness, but rather refers to the self-endorsement of one's own behaviour that is, feeling personal value and interest with respect to what one does.

(Ryan and Sapp 2007, p76)

The notion of a feeling of self-endorsement highlights the importance of the absorption of ambient social values and norms and recognizes that our notions of autonomy and freedom are socially and culturally constructed. In other words our understanding of what it is to be autonomous is founded in the meanings of the particular social collectivities in which we live our lives (Devine et al 2007).

Both the D&G Theory of Human Need and Self Determination Theory rest on the view that the physiological harm, which can be objectively and scientifically verified, is fundamental to theories of human need (McGregor 2007). In this respect Manfred Max-Neef’s work on Human Scale Development (1989) contains many points of connection to the Doyal and Gough arguments but, perhaps as a result of taking a more ecologically sensitized approach to the exploration of the relationship between development and human needs, he recognizes some of the difficulties with human responses to the satisfaction of what they consider to be needs. He argues that harm may occur not only when needs are not met but also when they are satisfied by the use of ‘inhibitors’, ‘pseudo-satisfiers’, or ‘violators’. For example, in many developing societies the need to satisfy hunger can be satisfied *in extremis* by the consumption of stimulants which suppress feelings of hunger but which are of little nutritional value, such as *coca leaves* in the Andes or *khat* in East Africa.

Following similar lines and emerging from the SDT tradition, Kasser (2002) and others have developed theories which explore the growing perception of the dysfunctional aspects of the satisfaction of materialist needs (as opposed to material needs such as for food or water). Aside from the increasingly obvious problems of obesity, Kasser argues that the internalization and pursuit of materialist needs as well as their means of satisfaction may result in harm to a person’s self esteem and psychological wellbeing. With Ryan he argues that goals only positively influence subjective wellbeing to the extent to which they link to the three basic psychological needs of relatedness, competence, and autonomy (Kasser and Ryan 1996). Kasser et al. (2007) subsequently demonstrate that the pursuit and achievement of ‘extrinsic’ goals (for example, wealth or fame) cannot increase wellbeing as they originate in the thwarting of basic psychological needs. They suggest that by pursuing ‘needs substitutes’, which are akin to Max-Neef’s ‘pseudo-satisfiers’, “... an individual becomes preoccupied with second and third-order values or motives that are derivative and now disconnected from intrinsic needs that were unsatisfied” (ibid, p.11).

Offer (2006) provides an analysis of ‘The Challenge of Affluence’ which broadens this discussion of harm in another way. Not only are the kinds of behaviors encouraged by the satisfaction of materialist needs harmful to the person but they are harmful to our societies. As an economic historian, Offer uses data on the 20th century development of the US and UK to argue that the increasingly ‘myopic’ or short-term nature of many needs satisfaction decisions under conditions of rising affluence have served to undermine the devices or mechanisms of commitment in British and American society. The decline of these institutions of commitment, which range through societal institutions such as marriage; the savings ethic, and the personal value of self-control, he suggests, lie at the root of many contemporary societal problems (for example, divorce and its related emotional costs for all involved; indebtedness and the stresses of modern living).

In awareness of this range of more recent contributions to the needs debate Ian Gough has argued for extending the D&G theory of human need to better recognize the social and psychological dimensions of need. This includes strengthening its recognition of the importance of close primary relationships and social participation, as well as increasing the emphasis on the role of “mental well-being, cognitive capacities and competences, to recognize the importance of the subjective and the emotional in human well-being [and] affiliation, belongingness and relating, to recognize the centrality of collective membership and identity in well-being” (Gough 2003, p.2). This broadened approach to needs illustrates the interconnectedness between our psychological selves, our material selves and our social selves, and therefore the importance of looking at the needs of the whole person in their social context (Douglas and Ney 1998, McGregor 2007). When basic needs are expanded to include relational and psychological aspects, however, the theoretical distinction between needs and wants begins to fade away because social meanings and subjective interpretations are brought into play. This new approach to human needs highlights the role of inter-subjective meanings in our recognition of needs and requires us to integrate an understanding of the social and political processes whereby needs are deliberated into our theory of needs. It begins to provide a more substantial insight into the relationships between physical, social and structural sources of harm (Galtung 1971).

When these different strands of argument are brought together we can also recognize that there is a tension between a notion of individual needs and a broader sense of the needs of society. On the one hand the argument thus far indicates that it is important to take account of all *expressed* needs because they are founded in the values that the person has internalized and they form an important basis for their deliberations and their actions. But, on the other hand, it is increasingly apparent that not all *expressed* needs are socially desirable or acceptable if we are to live together successfully. For example, in their efforts to satisfy some things that people regard as needs they may inflict harm to themselves (which others in society may then have to bear the costs of rectifying or treating); they may inflict harm on others; or they may damage important shared social institutions.

Needs and Wants in their Social and Cultural Contexts

There are many ways to discover what people think that they need and want, but research within the social indicators tradition (QoL, subjective wellbeing,

‘economics of happiness’, etc.) provides us with an increasingly sophisticated and systematized body of approaches to this. A wide variety of methods have been developed to gather information on what people regard themselves as needing or wanting in order to achieve a good quality of life and provide insights into how satisfied they feel with the extent to which they are meeting those needs (Hagerty et al. 2001). This has been paralleled by work on measuring and evaluating health states within healthcare to direct resource allocation decisions (Ham 1998). However, much of this work has been criticized for having paid too much attention to technique and psychometric manipulations and too little attention to the theories of human need or want to which they must ultimately relate (Cummins et al. 2004). Some critics go further, arguing that many of the measures are built on implicit views about needs and wants which are not systematically reflected upon or scrutinized (Hunt 1999; Camfield 2002). In cross-cultural work such implicit theories are a matter of particular concern and this is recognized by researchers such as Biswas-Diener and Diener (2001, 2006) who have increasingly sought to ground their analyses in primary work in developing country contexts, and by research groups such as the International Wellbeing Group (Lau et al. 2005). Nonetheless, within health-related quality of life measurement at least many QoL researchers seem unaware of the extent to which their measures contain ethnocentric biases in their conception of what constitutes a need or a want.

There is a vast body of empirical work in developing country contexts that is concerned with poverty and this provides us with its own insights into human needs and wants in poorer, non-Western contexts, but this literature has not often been related directly to the discourse that grown-up around Quality of Life (for exceptions see the work of Valerie Moller and more recently Alkire 2007). But there is a growing body of empirical work (to which the papers in this volume also contribute), that has begun to join up the two traditions of study and the divergent discourses from which they emerge. These provide us with valuable insights into human needs, wants and how we might begin to approach the issue of quality of life in poorer, non-Western contexts.

In particular these studies tend to expose the tensions between ‘universal’ and ‘local’ conceptions of what humans need (McGregor 2004). For example, an early study by Okafor (1985) in rural Nigeria reveals the dissonance between patterns of government spending on what were officially perceived as needs and what local people ranked as needs. Although the supply of clean water was ranked as the main local priority, it ranked only sixth in terms of government expenditure and only accounted for 6% of the total of that expenditure. The main category of government expenditure was on electricity supply, which accounted for 25% of total spending, but this was placed only sixth in the local ranking of needs. More recent work in India by Brinkerhoff et al. (1997) used a combination of ethnography and ranking methods to explore local needs in two broadly similar villages. That study concluded that while there was some degree of similarity between the main needs expressed in the two communities, local needs were strongly influenced by the specific contexts of time and place. As they put it, “the differences in BMNs [basic minimum needs] between the two villages, which are similar in many respects, are in sharp contrast for those claiming universal needs [... as] people are constrained by both the social and geographical contexts in which they operate” (ibid, p.274–5). An important

methodological point drawn from this study was that that responses about needs were also affected by the level at which the question was framed; for example, whether answers were elicited at individual, family, community, or regional levels.

Clark's study of rural and urban people in Western Cape, South Africa (2000) asked respondents to specify the "most basic aspects of life [...] the bare essentials without which a person cannot cope or manage at all, and without which life is unbearable". He then asked them to rate their importance, and to establish locally appropriate thresholds by specifying how much a person would need to "just get by" and "live well". Respondents identified 'jobs', 'housing', and 'education' as the three most necessary, although they also mentioned the importance of having a good family, religion, health, good food, and happiness. According to Clark this indicated that they "were aware of many of the better things in life but chose to emphasize their urgent needs" (ibid, p.15). Under the WeD research program a similar approach was also adopted by Guillen-Royo in her study of urban slum dwellers in Lima (2008) and in a rapid survey of twenty villages in rural Ethiopia (Lavers 2008). These studies identified remarkably similar sets of expressed needs, but in each context these were prioritized in different ways. Unsurprisingly, in the rural Ethiopian communities a need for 'land and agricultural inputs' was ranked as a top priority, followed by the needs for 'food' and 'shelter', while in the urban Lima community 'health' was ranked top, followed by 'good and peaceful family relationships', and then by 'sufficient nutritious food'.

Biswas-Diener and Diener's comparative study of need fulfillment and life satisfaction among homeless people in Calcutta and California (2006) reported similar differences in priorities despite common dissatisfaction with all material needs, with the exception of food. For example, while housing was important in California as both a predictor of global life satisfaction and satisfaction in other domains, only one aspect of housing predicted life satisfaction in Calcutta – overcrowding – and this actually increased life satisfaction, possibly because it acted as a proxy for social relationships. The combination of low satisfaction of basic/physiological needs and high satisfaction with social/psychological, which was observed particularly in Calcutta, supports the argument of this paper that "social needs merit renewed attention, and [...] may be as important as physical needs¹ [...] Physical, social, and psychological needs might interact in a more 'horizontal' fashion to create overall psychological well-being, and [...] a success in one can counterbalance a failure in another" (ibid, p.201).

The majority of these findings broadly support an extended version of the D&G theory of human need. They also illustrate the interplay between the satisfaction of what people perceive as their needs in specific contexts and measures of their state of subjective wellbeing. This proposition is tested in Thailand by Guillen-Royo and Velazco (2005) who found that alongside relative income, satisfaction of the intermediate needs identified in the D&G theory had a pronounced effect on people's reported happiness with life as a whole.

Diener and Lucas (2000) argue for increased recognition of the importance of the social context in shaping the goals that people aspire to. Observing that goals are the

¹ Baumeister and Leary's comprehensive review (1995) also found a strong correlation between meeting needs for social relationships and SWB.

“salient information” that people use to make judgments of subjective wellbeing (SWB) they note that “biological needs, along with cultural socialisation, can strongly influence people’s goals” (2000, p. 71) and for this reason “needs influence more global reports of SWB to the extent that they are taken as goals” (ibid).

Lavers’ analysis of WeD quality of life data from rural Ethiopia (2008) finds support for this position. While some goals, for example, for health, daily food, and protective housing were considered ‘very necessary’ by most respondents and thus correspond to the universal conception of need advanced by D&G, the goals which would be more associated with the universal need for autonomy were less highly prioritized by respondents. Reflecting an increased awareness of the social and cultural construction of the meaning of concepts such as autonomy, Lavers concludes that “...individuals’ and communities’ goals are deeply rooted in the cultural values of the community and will often reflect existing power relations based on gender, race and age.” (2008, p30).

Corresponding to this type of evidence, Hamilton (2003), in a comprehensive review of *The Political Philosophy of Needs*, advocates widening our notion of needs to include drives, goals, and necessary elements of human functioning, as he argues that in any given context these cannot be separated because of the internalization of what is socially accepted as a need in a given culture. This acknowledges the inherent fluidity of needs and wants by suggesting that the view of what constitutes a need may change with changing values. Social change itself will bring with it changes in what constitute needs in a given social and cultural context and not only will existing needs change, but new needs may emerge and with them new types of harm.

Wellbeing, Needs and Quality of Life

The research program from which this paper is drawn started from the position that human wellbeing is an important concept which can be both meaningful and practical for our study of development and social change. In particular it proposed that an empirical operationalization of wellbeing in different developing country contexts would provide important insights into why poverty persists for some people in some developing countries (Gough and McGregor 2007).

Although ‘wellbeing’ is much referred to in international development policy discourse and much discussed in the literature the idea has proven much more difficult to put into practice. Drawing on a broad range of intellectual influences from development studies, moral philosophy and social psychology the research started from the premise that a notion of wellbeing that is to be practical for international development policy must be a rounded one that recognized the material, relational and mental dimensions of a person’s wellbeing. In order to develop a methodology for empirical study the WeD group established and has then refined a distinctive and stipulative definition of wellbeing. The result of its conceptual reviews and fieldwork in the four countries has been an acknowledgement that effectively relating wellbeing to policy requires the adoption of a social definition of wellbeing, where we understand wellbeing as a state of being with others, which arises when human needs are met, when one can act meaningfully to

pursue one's goals, and when one enjoys a satisfactory quality of life (McGregor 2008).

Subjective quality of life or QoL has been an important component of the WeD research and was defined in that program as "the outcome of the gap between people's goals and perceived resources" in particular contexts. The definition highlights the interplay between people's conceptions of their goals and satisfaction with their achievement, given their material and social circumstances, and implicitly treats all valued goals as equal. During the exploratory research, WeD used the individualized Global Person Generated Index as this represented the best operationalization of the WeD definition. However, WeD subsequently developed its own measure of weighted goal attainment (the WeDQoL), which bridges the gap between the ideographic approach of the GPGI and nomothetic approach of international measures such as the WHOQOL. The findings of the WeDQoL are reported below (further information on its development can be found in Woodcock et al. 2008) and subsequently related to D&G theory of Human Need, reaffirming the centrality of social and psychological needs.

Global Person Generated Index

The Global Person Generated Index (GPGI) is an 'individualised' QoL measure that uses a mix of open-ended questions, scoring, and points allocation to establish a particular person's satisfaction with the areas of life that are most important to them (see Fig. 1). It was developed in 1994, revised four years later to broaden the focus from health-related QoL to QoL itself, and piloted in three of the four WeD countries in 2004 (Ruta et al. 1994; Ruta 1998; Ruta et al. 2004). The GPGI has three stages: firstly respondents nominate up to five areas that they consider important to their lives (for example, family) and explain their importance. Secondly, they score these out of seven to indicate their level of satisfaction (where 0 represents 'the worst you can imagine' and 6 represents 'exactly as you would like to be'). Finally, they 'spend' ten points across the areas to illustrate their relative importance and a final score is calculated to represent the shortfall between people's desired and actual achievement in these areas. The GPGI was used during the initial, exploratory phase of WeD's research into QoL in Northeast and South Thailand to ground the concept of QoL in the reality of the WeD sites. It was administered to a representative sample of 102 men and women from rural and peri-urban locations, alongside a semi-structured interview (Jongudomkarn and Camfield 2006; Camfield and Ruta 2007), and the results are reported in Table 1.

Here we are concerned only to consider the areas of life that people regarded as most important to them and Table 1 shows that 'money and assets' was clearly reported as the most important aspect of people's lives (nominated by 84% of respondents), followed by Health, Children, Family Relationships, Employment, and Accommodation, which were nominated by approximately half of the respondents².

² During the analysis conceptually similar areas were grouped together under single category headings (for example, *Money, assets* where a respondent specifically mentioned money, assets, wealth, or riches). Little grouping was required, however, suggesting that people understood the task and responded in summary form, hence the importance of the accompanying interview in interpreting the data.

Step 1: Identifying Areas	Step 2: Scoring Each Area	Step 3: Spending Points
<p>We would like you to think of the areas of your life that are most important to you. Please write up to FIVE areas in the boxes below</p>	<p>In this part we would like you to score the areas you mentioned in step 1. This score should show how you felt about this area over the past MONTH. Please score each area out of 7 using this scale:</p> <p>6 = Exactly as you would like to be 5 = Very good, but not how you would like 4 = Good, but not how you would like 3 = Fair 2 = Poor, but not the worst you could imagine 1 = Very poor, but not the worst you could imagine 0 = The worst you could imagine</p>	<p>We want you to 'spend' 10 points to show which areas of your life you feel are most important to your overall quality of life.</p> <p>Spend more points on areas you feel are most important to you and less on areas that you feel are not so important.</p> <p>You don't have to spend any points on an area.</p> <p>You can't spend more than 10 points in total.</p>
<input type="text"/>	→ <input type="text"/>	→ <input type="text"/>
<input type="text"/>	→ <input type="text"/>	→ <input type="text"/>
<input type="text"/>	→ <input type="text"/>	→ <input type="text"/>
<input type="text"/>	→ <input type="text"/>	→ <input type="text"/>
<input type="text"/>	→ <input type="text"/>	→ <input type="text"/>
Total must add up to 10 points		

Fig. 1 'Global' Person Generated Index of Quality of Life [GPGI]

The remaining reported aspects were nominated by less than a third of the 102 respondents. Although these preliminary affirmations of the value of different needs and needs satisfiers are confirmed by the WeDQoL results, they also on the face of it present a slightly different picture from the one that emerged when people talked about good and happy lives in the exploratory study. For example, people named good family relationships as the main characteristic of a household living well, and the main reported source of happiness was family and/or children (Jongudomkarn and Camfield 2006). However, if the GPGI data are read in conjunction with the individual interviews, it becomes apparent that in Thailand that money, or a good job, is regarded as a means to meet other needs within the family and to ensure future security, thus enabling good family relations (Camfield and Ruta 2007).

The WeDQoL

The WeDQoL is an individually weighted measure of QoL that was designed to fit the logic of the research programme (Woodcock et al. 2008) by obtaining scores that

Table 1 Number/ percentage specifying areas in the Global Person Generated Index (GPGI)

Area	Frequency	Percentage
Money, assets	82	83.6
Health	53	54.1
Children	52	53
Family	49	50
Employment	48	49
Accommodation	47	47.9
Material security, basic needs	34	34.7
Land	30	30.6
Spouse, partner	15	15.3
Education	11	11.2
Transport	11	11.2
Parents	9	9.2
Friends, neighbours	7	7.1
Happiness, satisfaction	7	7.1
Environment	6	6.1
Debt	5	5.1
Religion	5	5.1

102 respondents, approx. 4.8 responses per person

not only reflected the general perspective of people in each country, but also the priorities of each person completing the measure, taking into account their particular geographical and social position. A questionnaire was developed with a common format for application across all four countries studied and with additional items that reflected the priorities of people in particular countries (for example, *being satisfied with what you have* and *having metta-karuna for others*³). In Thailand the 51-item WeDQoL was interview-administered to 369 people aged between 15 to 89 years (mean age 45.7, sd 18.0). Respondents rated the perceived necessity for wellbeing of the 51 goals using a three-point scale (0 to 2, where 0 represents 'unnecessary', and 2 'very necessary'), and then rated their satisfaction with their achievement of the same goals. The scores for necessity were used to weight the scores for satisfaction so goals that were 'not necessary' were excluded when calculating goal satisfaction, while those that were 'very necessary' were weighted highly.

Table 2 provides the frequency of scores for each goal necessity item, in descending order of importance (according to mean score). As the mean scores reduce the standard deviations rise, indicating a much higher level of contestation over goals perceived as less important. The only item considered either 'necessary' or 'very necessary' by everyone was *water*. However, *faith, food, electricity, family relations, neighbor relations, health, room or house, behaving well, healthcare*

³ Metta-karuna is a Sanskrit term meaning 'loving-kindness', which is an important practice for Thai Buddhists.

Table 2 Goal necessity item responses from 51 items in the WeDQoL-Thailand survey instrument (in order of importance)

Item name	Necessity rating frequencies (%)			Mean	s.d.
	Not necess.	Necess.	V. necess.		
Health	1 (0.3%)	34 (9.2%)	331 (90.5%)	1.90	0.31
Food	3 (0.8%)	47 (12.7%)	319 (86.4%)	1.86	0.37
Water	0 (0%)	56 (15.2%)	313 (84.8%)	1.85	0.36
Family relations	2 (0.5%)	56 (15.2%)	311 (84.3%)	1.84	0.38
Room or house	4 (1.1%)	55 (14.9%)	310 (84.0%)	1.83	0.40
Electricity	2 (0.5%)	64 (17.3%)	303 (82.1%)	1.82	0.40
Well-behaved children	3 (0.8%)	66 (17.9%)	300 (81.3%)	1.80	0.42
Education children	9 (2.4%)	69 (18.7%)	291 (78.9%)	1.76	0.48
Behaving well	1 (0.3%)	108 (29.3%)	260 (70.5%)	1.70	0.46
Healthcare access	2 (0.5%)	112 (31.4%)	255 (69.1%)	1.69	0.48
Wise spending	3 (0.8%)	114 (30.9%)	252 (68.3%)	1.67	0.49
Provide for family	13 (3.5%)	101 (27.4%)	255 (69.1%)	1.66	0.54
Faith	2 (0.5%)	132 (35.8%)	235 (63.7%)	1.63	0.49
Family occasions	10 (2.7%)	118 (32.0%)	241 (65.3%)	1.63	0.54
Basic household goods	6 (1.6%)	129 (35.0%)	234 (63.4%)	1.62	0.52
Living environment	6 (1.6%)	132 (35.8%)	231 (62.6%)	1.61	0.52
Community peace	8 (2.2%)	130 (35.2%)	231 (62.6%)	1.60	0.53
Children	29 (7.9%)	91 (24.7%)	249 (67.5%)	1.60	0.63
Neighbour relations	4 (1.1%)	141 (38.2%)	224 (60.7%)	1.60	0.51
Community groups compatible	6 (1.6%)	141 (38.2%)	222 (60.2%)	1.59	0.53
Satisfied with what have	4 (1.1%)	151 (40.9%)	214 (58.0%)	1.57	0.52
Improving community	15 (4.1%)	135 (36.6%)	219 (59.3%)	1.55	0.57
Metta-karuna	3 (0.8%)	160 (43.4%)	206 (55.8%)	1.55	0.51
Friendship	8 (2.2%)	150 (40.7%)	211 (57.2%)	1.55	0.54
Knowledge & education self	21 (5.7%)	145 (39.3%)	203 (55.0%)	1.49	0.60
Own vehicle	29 (7.9%)	142 (38.5%)	198 (53.7%)	1.46	0.64
Sanitation	27 (7.3%)	147 (39.8%)	195 (52.8%)	1.46	0.63
Clothes	21 (5.7%)	164 (44.4%)	184 (49.9%)	1.44	0.60
Partner	50 (13.6%)	119 (32.0%)	201 (54.5%)	1.41	0.72
Teach others	16 (4.3%)	212 (57.5%)	141 (38.2%)	1.34	0.56
Participate neighbourhood	20 (5.4%)	215 (58.3%)	134 (36.3%)	1.31	0.57
Recognised in community	33 (8.9%)	194 (52.6%)	142 (38.5%)	1.30	0.62
Convenience goods	41 (11.1%)	181 (49.1%)	147 (39.8%)	1.29	0.65
Public transport	35 (9.5%)	197 (53.4%)	137 (37.1%)	1.28	0.63
Celebrations	32 (8.7%)	225 (61.0%)	112 (30.4%)	1.22	0.59
Recreational space	41 (11.1%)	209 (56.6%)	119 (32.2%)	1.21	0.62
Telephone	51 (13.8%)	193 (52.3%)	125 (33.9%)	1.20	0.66
Beautiful house	80 (21.7%)	175 (47.4%)	114 (30.9%)	1.09	0.72
Own business/shop	120 (32.5%)	126 (34.1%)	123 (33.3%)	1.01	0.81

Table 2 (continued)

Item name	Necessity rating frequencies (%)			Mean	s.d.
	Not necess.	Necess.	V. necess.		
Small no. children	113 (30.6%)	148 (40.1%)	108 (29.3%)	0.99	0.77
Spacious house	134 (36.3%)	135 (36.6%)	100 (27.1%)	0.91	0.79
Personal progress	152 (41.2)	143 (38.8%)	74 (20.1%)	0.79	0.75
Travel for pleasure	156 (42.3%)	174 (47.2%)	39 (10.6%)	0.68	0.66
Accessories	1 (0.3%)	34 (9.2%)	331 (90.5%)	0.61	0.65

access, well-behaved children, satisfied with what you have and wise spending were each considered ‘not necessary’ by fewer than five respondents. The majority of these would be counted as intermediate or basic needs by D&G (*water, food, family relations, health, healthcare access, and room or house*). The remainder were almost all added in Thailand and clearly are important in that historical and environmental context (*neighbor relations, behaving well, well-behaved children, satisfied with what you have and wise spending*). At the other extreme, fewer than 100 respondents endorsed *personal progress, accessories, and travel for pleasure* as ‘very necessary’. All of this suggests that respondents were making considered judgments about what was necessary to their wellbeing and that the results provide important insights into what is currently valued for a good quality of life in these communities in Thailand at this time (see also Table 1).

There were differences within the sample, which partially reflected the demands of different environments. For example, *having food* and *electricity* were in the top five priorities of rural and peri-urban sites, but not urban sites, where these are these were both readily available in the communities studied. Good *family relations* was explicitly a priority in rural and urban sites, but not peri-urban, because households in peri-urban communities were less disrupted by the longer periods of economic migration that are characteristic of the remote rural and urban communities studied. Respondents in rural areas placed a stronger emphasis on social relationships, reporting that the 25-item factor of (good) *community and social relationships* was significantly more necessary than those in peri-urban and urban areas⁴, and that having a *partner*, and *participating in the community* were more necessary than for those in peri-urban areas. Respondents in rural areas also perceived *having children, providing for your family, participating in the neighborhood and celebrations* (all $ps \leq 0.01$) as more necessary than those in peri-urban and urban areas⁵. *Electricity* was one of the top five priorities in the South, where it is a major productive input for rubber plantations, and *being debt-free* in the Northeast, where 9% of RANQ households reported ‘excessive’ debt.

When this data is presented graphically we see a steady downward gradient indicating a set of goals around which there is considerable consensus shifting to

⁴ Significance was tested using t-test or ANOVA as appropriate and reported at $ps \leq 0.001$.

⁵ Although these were not significant after Bonferroni correction.

those around which there is contestation. Further information can be added and Fig. 2 illustrates the relationship between the perceived importance of goals and the levels of satisfaction reported for the goal. By presenting them in ranked order of goal importance, the figure highlights the disjuncture between the priority of the goals and the perceived level of satisfaction of them (Fig. 2).

This ‘jagged teeth’ figure indicates that even for basic items such as health, food, sanitation, and education there are important gaps between the extent to which people view them as important and the extent to which they feel satisfied in their achievement. Of particular note for this sample is the high level of necessity which people accord to education for children, but the relatively low level of satisfaction in its achievement.

The graphical representation is a powerful way of illustrating gaps in achievement and in aspiration, which can be amenable for policy adoption and which gives some indication of the ways that public policy outcomes are failing to match people’s own visions of what is important for a good life and a good society. The analysis can be further refined and focused in on particular groups within the sample. For example, subgroup analyses of the WeDQoL necessity and satisfaction data suggested that while rural

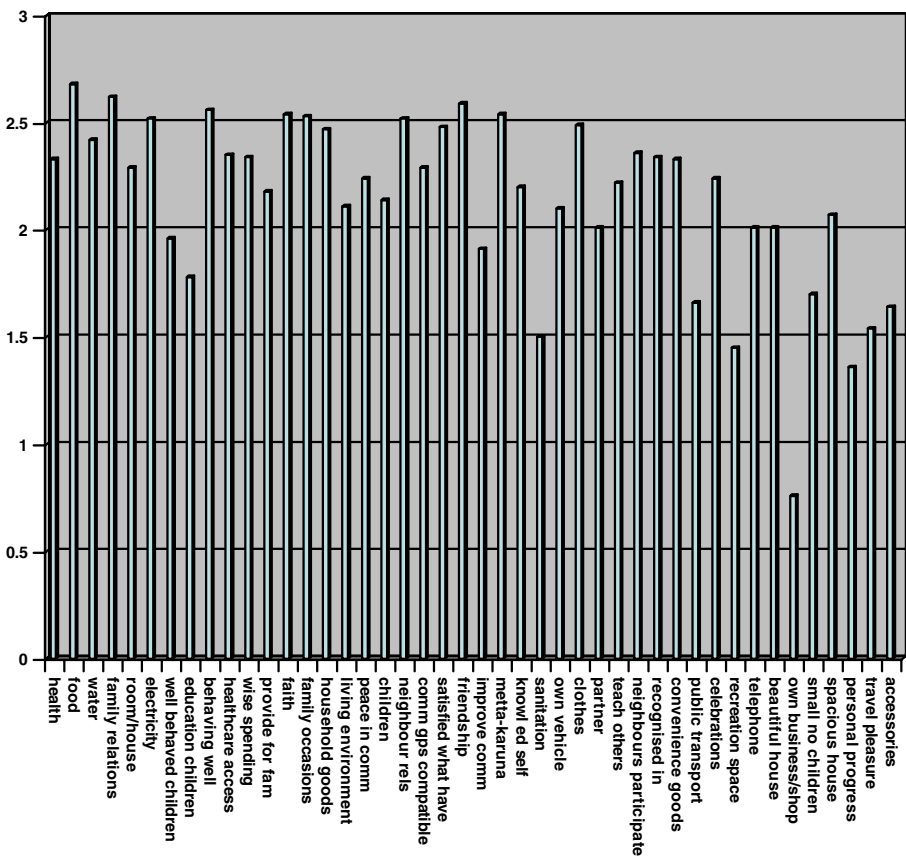


Fig. 2 Necessary goals and the levels of satisfaction reported for each goal in Thailand, presented in ranked order of goal importance

or urban location, gender, and age were relatively unimportant⁶, socio-economic status was highly significant in relation to what people aspired to and the extent to which they felt these aspirations had been achieved. For example, poor respondents perceived 'education for yourself' as less necessary than non-poor respondents ($ps \leq 0.001$), and the same was true of 'teaching what you know to others' ($ps \leq 0.01$), 'education for your children' and 'higher education' (both $ps \leq 0.05$). They also reported lower goal attainment on 'teaching what you know to others' ($ps \leq 0.05$) and 'education for yourself', although the latter narrowly escaped significance.

The WeDQoL results show many points of connection with D&G theory of human need, suggesting that it provides an accurate measure of the perceived satisfaction of universal and 'local' needs, in the form of people's own responses about valued goals. They also confirm our proposition that social and psychological needs are highly valued and identify needs satisfiers that were not sufficiently covered by D&G theory in its original form. For example, *improving the community* (considered 'very necessary' by 59% of respondents), *participating in the neighborhood* (36%), *teaching others* (38%) and *behaving well* (71%). Even where respondents lacked particular needs satisfiers, for example, *well-behaved children*, they still recognized their value (81% of respondents considered them 'very necessary' only 59% of whom had children) emphasizing the social nature of conceptions of wellbeing.

Conclusion

This paper arises from a research program in which the initial motivation was to improve our understanding of the persistence of poverty in many developing countries of the Global South. For the International Development Industry and its constituent agencies, 'poverty' is big business and it has been for years, but relatively modest progress has been made in agreeing the reasons for the persistence of poverty, far less the policy measures that are required to attack it effectively. Rather than adopt the usual poverty study approaches, this research reframed our understanding of poverty in terms of people's efforts to achieve wellbeing. By drawing on a Quality of Life tradition, largely developed in the industrialized North, the wellbeing approach seeks to further break down the usual division between studies of the developed North and the poor developing South, since it equally recognizes that in the most affluent of countries there are those who repeatedly fail to achieve any meaningful degree of wellbeing, and even in the poorest countries of the South some people achieve surprisingly high levels of wellbeing.

The paper began with an exploration of the relationship between needs, wants, and wellbeing in universal theories of human needs and national policy models. We acknowledged the political implications of the difficulty of distinguishing between needs and wants and have outlined a potential role for QoL within international development in local deliberative democratic processes. We compared the universal needs posited by D&G theory with the findings of a similar deliberative exercise carried out by WeD in Thailand; these findings also identified social participation,

⁶ People aged over 65 reported 'education for yourself' as less necessary than those aged 25 to 44, but this was hardly unexpected.

relationships and religious practice, as locally recognized needs, thus presenting a more comprehensive account of needs. These results also affirm that people not only identify goals that are concerned with their personal wellbeing, but goals that are concerned with the wellbeing of others and with societal institutions.

There is a fundamental tension, however, in an expanded understanding of needs as while people have goals whose satisfaction affects their wellbeing, in theory it is necessary for policy to be able to distinguish between goals driven by ‘wants’ rather than ‘needs’ and more beneficial to give precedence to the latter (e.g. Gough et al. 2007, p.13–14). Analysis of the empirical evidence identifies further disjunctures between what people in different contexts say they need and what universal theories argue constitute needs, and between theoretical and empirically derived views of needs and those currently recognized in development initiatives. In respect of the first challenge, although the differences are often debated in terms of the differences between universal and local models, it can also be interpreted as a contestation between different levels of the local (e.g. local – Western theory, local - national policy discourse, local – community consensus, and local – personal priorities) in order for an idiosyncratic ‘want’ to be validated as a normative need (McGregor 2004). The WeDQoL was presented as one way of bridging the artificial divide between needs and wants as it combines emic origins and an individualized approach to measurement with a focus on the fulfillment of valued needs, which is characteristic of eudaimonic measures of human flourishing. Basing assessments of wellbeing on areas identified by respondents as contributing to their wellbeing should produce a more accurate measurement.

Using illustrative data from Thailand, the study highlights the disparities between what people rank as important for their quality of life and their level of satisfaction in their achievement of these. This could represent important information for policy makers at all levels. And, as Copestake puts it ‘Identifying location specific areas of frustrated aspiration (such as this) is potentially useful for development practice.’ (2008, p2). Certainly, in the case of Thailand, reforms of local government structures and procedures are creating more space for data such as this to be integrated into democratic policy processes.

We conclude that a theoretical framework for interpreting human need remains a vital tool for public policy deliberation, but that measures of people’s QoL are a valuable and legitimate complement to this. The application of QoL methods can generate indicators of the wellbeing of local populations that provide valuable additional information about what constitute ‘needs satisfiers’ for particular people in particular social and geographical contexts. As such, we argue, it is worth exploring how QoL might be routinized in all stages of policy processes from policy formulation through to implementation and evaluation. But, in doing this it will be important to avoid the traps of technocracy that beset many QoL methodologies. For example, in the field of health-related quality of life measurement many QoL instruments and methodologies are either founded in technocratic starting points or quickly become technocratic in their practice and analysis and thus difficult for the lay person to engage with. Paradoxically this takes much of subjective measurement in an anti-democratic direction despite its initial inclinations to take better account of what matters to people themselves (Campbell and Converse 1972). Efforts might instead be made to integrate more user-friendly QoL methodologies into ongoing

processes of deliberative or interactive governance, for example, through national ‘barometers’ such the Australian Unity Wellbeing Index, or more direct participation. This has the potential to ensure that policy decisions are made transparently, taking account of the wellbeing conflicts that lie at the heart of most public policy and public resource allocation debates (for example, the Oregon experiment in healthcare rationing, Ham 1998). These debates are necessarily ongoing because of the dynamic nature of wellbeing: our social construction of wellbeing changes as the societies we live in change around us.

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