

Wellbeing – between specific and global

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Abstract

Wellbeing includes two principle components – hedonic wellbeing and eudaimonic wellbeing. Broad analysis upon professional literature regarding wellbeing (Chen et al., 2013) show that the notions of subjective wellbeing and psychological wellbeing, along with the SBS components, are inter-correlated (Chen et al., 2013; Wood, Froh & Geraghty, 2010; Mitchell et al., 2009). This fact is somehow to be expected, as all generally refer to wellbeing (Chen et al., 2013). Despite the fact that daily events can have an impact upon general wellbeing and specifically upon SBS, it has been noticed in longitudinal studies that the SBS level is relatively stable for most people (Pavot & Diener, 2013; Diener, 2000). An explanation of this phenomenon is described by the "hedonic treadmill" principle (Lyubomirsky & Della Porta, 2010; Frederick, 2007; Diener, Lucas & Scollon, 2006; Diener, 2000; Diener et al., 1999), which is basically a top-down process (Sheldon, Boehm & Lyubomirsky, 2013).

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I. HISTORY AND KEY-CONCEPTS

Psychology succeeded in developing along years several programs and interventions aimed at ameliorating and even cure a significant number of mental disorders. Assessing the client/patient in order to establish a clinical diagnosis represented the main area of interest (Bolier et al., 2013; Jacobs Bao & Lyubomirsky, 2013; Senf & Liau, 2013; Maddux, 2002; Seligman, 2002; Seligman & Csikszentmihalyi, 2000).

Although there are still new aspects which require studies to be conducted in the area of psychological pathology, the focus on rigorous investigations in areas regarding individuals' wellbeing and of "good life" (of accomplished individuals and prosper communities) has been a secondary area of interest. Integrating knowledge about psychology with that regarding the development and keeping wellbeing seems to be the logical step in the clinical psychology research (Maddux & Lopez, 2015; Ruini & Fava, 2015).

The definition of health as given by the World Health Organization shows that health does not imply simply the lack of pathology but also a better state, indicating the possibility that people could be happy even if they face a psychological disorder (Bolier et al., 2013).

Some considered that the focus on pathology has led to neglecting a component proven to be useful within a therapeutic frame, namely developing people's resilience in facing problems with the purpose of preventing psychological pathology (Bolier et al., 2013; Jacobs Bao & Lyubomirsky, 2013; Senf & Liau, 2013; Diener & Seligman, 2002; Seligman & Csikszentmihalyi, 2000).

II. SUBJECTIVE WELLBEING

At the moment, the concept of wellbeing is seen as an umbrella – concept by a large part of the scientific community, as on the other hand some consider it is more of an emotional state than a broad concept including several elements (Dodge et al., 2012).

Wellbeing includes two major components – hedonic wellbeing and eudaimonic wellbeing. Hedonic wellbeing includes subjective wellbeing (SBS) (Wood, Froh & Geraghty, 2010). Also, it includes a cognitive and an emotional component (Pavot & Diener, 2013; Mitchell et. al., 2009).

The emotional component is captioned by evaluating the level of positive affectivity (PA) and negative affectivity (NA) Pavot & Diener, 2013; Mitchell et al., 2009; Kashdan, Biswas-Diener & King, 2008). The emotional component, negative affectivity (NA) and the positive one (PA) are distinctive constructs, stable and significantly different from other constructs and can be

seen as states or as traits (Pavot & Diener, 2013; Watson, Clark & Carey, 1988). PA and NA are not opposed on the same continuum, as both can manifest on a lower or higher level. A high score of PA reflects the measure in which a person feels active, enthusiastic or alert, while a lower score is associated with sadness and lethargy. In the case of NA, the person who has a high score may be more distracted, being predisposed to negative emotions. A lower level might represent a state of calm (Brdar, 2004). Multiple studies have shown the association of such states with disorders such as depression, anxiety and general emotional distress (Brdar, 2004; Carr, 2004; Watson, Clark & Carey, 1988).

The cognitive component includes a series of evaluations regarding satisfaction towards one's life (Pavot & Diener, 2013; Diener, Lucas & Scollon, 2006). These elements are included in the so-called "tripartite model" (Cummins, 2013; Pavot & Diener, 2013; Dodge et al., 2012). It is true that the model is not universally accepted, but it seems to be a useful model in the research investigating subjective wellbeing (Pavot & Diener, 2013).

More recently, more authors have included the evaluation on life domains such as health, work satisfaction, assessing marriage or managing incomes (Pavot & Diener, 2013; Morrison, Tay & Diener, 2011; Diener, 2000; Diener, Suh, Lucas & Smith, 1999). This model with four components is supported by empirical research (Schneider & Schimmak, 2010; Diener, 2000). Also, it is admitted that SBS is more of a concept which refers to a global state, not domain – specific, while domain – assessment is also a decision which should be made according to the research purpose (Pavot & Diener, 2013).

For the present study we considered that the tripartite model fully serves the research objective.

Positive psychology interventions, aim to modifying the level of NA or PA in order to create the proper sub-layer of a positive evaluation on life. For instance, both anxiety and depression are associated with high levels of the NA component. The difference between them is that in the case of depression the scores of PA are lower (Watson, Clark & Carey, 1988). Favoring the experience of regular positive states, on a longer period of time, may lead to lower depressive and anxious symptoms.

It is important to apprehend that SBS includes three elements which clearly describe the concept (Diener, 1984):

1. It is by definition a subjective state. It does not include external components (for instance health, material situation, virtues). These can, and sometimes do influence wellbeing but are not a necessary condition.
2. It is defined not only by the absence of negative factors but also by the presence of positive factors.
3. Assessment is made globally, not only on specific components.

The second type of wellbeing, the eudaimonic wellbeing, includes more characteristics which are not related to emotional or cognitive-evaluative aspects such as: sense and purpose in life, involvement in activities which allow personal self-actualization, of talents and abilities, and also of the personal potential (Kashdan, Biswas-Diener & King, 2008).

III. INTERVENTIONS AND CONCLUSIONS

The theories emerged regarding wellbeing has encouraged the testing of interventions to facilitate the development on specific components. Notable examples are optimism (Seligman, 2006; Diener, Lucas & Oishi, 2002), the state of “flow” (Csikszentmihalyi, 1999), general wellbeing and happiness (Diener, Lucas & Oishi, 2002).

Special attention has been given to happiness. A series of studies have shown the important role it plays for mental health of individuals. It is also associated to other benefits – physical health, better coping mechanisms or a longer and more successful life (Lyubomirsky et al., 2011; Boehm & Lyubomirsky, 2008; Lyubomirsky, King, & Diener, 2005; Sheldon & Lyubomirsky, 2004).

The positive effects of a high level of wellbeing are also observed on the level of depressive and anxious symptoms (Bolier et al., 2013; Parks, Schueller & Tasimi, 2013; Layous & Lyubomirsky, 2012; Lyubomirsky et al., 2011; Wood, Froh & Geraghty, 2010; Lyubomirsky, King & Diener, 2005). The latter are frequently associated (Watson, Clark & Carey, 1988). Also, the perceived level of stress is associated to high levels of assessing depression and anxiety symptoms (Watson, Clark & Carey, 1988).

Some authors have shown that interventions specific to positive psychology also have effects on decreasing such symptoms (Ruini & Fava, 2015; Bolier et al., 2013).

Interventions have been analyzed regarding the increase of happiness levels based on gratefulness exercise, appreciating positive aspects, involvement in acts of kindness, exercising optimism, using strengths in a new, innovative manner (Ruini & Fava, 2015; Bolier et al., 2013; Layous & Lyubomirsky, 2012).

Also, we should take into consideration the fact that realistically, an elevated state of happiness if not always beneficial. The state of happiness does not being performance to any situation and any activity, as it might also have less pleasant results for the individual (for instance, being evaluated by other as lacking enough criticism towards others, labeling one as being weak (Layous & Lyubomirsky, 2012; Kashdan, Biswas-Diener & King, 2008; Lyubomirsky, King & Diener, 2005).

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