



Centre for Applied Research & Evaluation
International Foundation

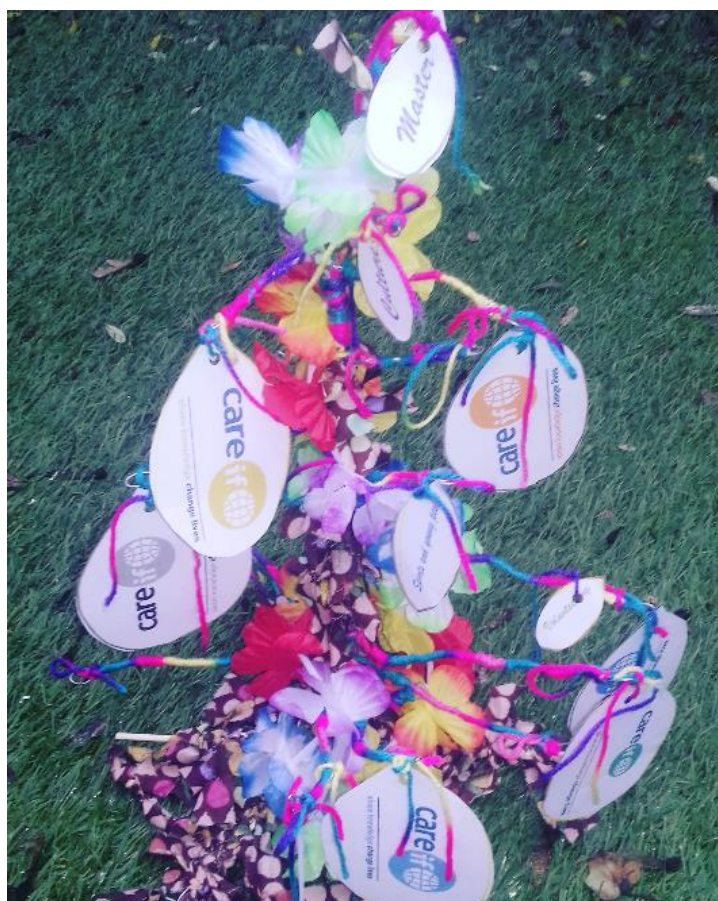
www.careif.org



WORLD PSYCHIATRIC ASSOCIATION

Advance Psychiatry and Mental Health Across the World

www.wpanet.org/



CAREIF/WPA SURVEY OF WELLBEING

May-July 2016

Jenny Willis, Dinesh Bhugra

& Albert Persaud

SUMMARY REPORT February 2018

Jenny Willis

FOREWORD

Over the last few years, public policy has increasingly come to understand the importance of creating a framework in which citizens can develop a sense of wellbeing and personal fulfilment. While this is something we all pursue for ourselves, it is also something to which we can and should contribute to creating for others. But this is easier said than done. Wellbeing is a nebulous concept and means different things to different people. Understanding it is crucial if we are to make progress in creating the conditions in which it can thrive for all of us. So I welcome this global survey by the Centre for Applied Research and Evaluation – International Foundation (Careif) and the World Psychiatric Association. It provides invaluable insights in what wellbeing means to individuals across the world. It is a fascinating journey through how life is lived today and I am sure will be a critical resource for academic researchers and public policy-makers alike. I look forward to future instalments of this informative and important work. I congratulate Careif and the World Psychiatric Association.

Michael Wills

Lord Wills of North Swindon and Woodside Park

CONTENTS

		Page
Foreword	Lord Willis of North Swindon & Woodside Park	2
Executive Summary		3
I Background	The research and researchers	5
	Why wellbeing?	5
	What is wellbeing	6
	Why is wellbeing important?	8
	A model of personal wellbeing	10
	The aims of the research	11
II Summary of Findings	The perceived meaning of wellbeing	12
	Is wellbeing synonymous with happiness?	13
	Which parts of your life does your wellbeing involve or affect?	14
	What sorts of things do you do to enable you to create a sense of wellbeing?	15
	Is your sense of wellbeing something that comes out of doing one or many things?	16
	What sorts of things diminish your sense of wellbeing?	18
	If you are unhappy about your state of wellbeing, how do you change it?	20
	Is there a relationship between wellbeing and achieving things that are important to you?	21
	How do your cultural beliefs and practices impact on your wellbeing?	23
	Do you have a disability or enduring illness? How does it impact on your wellbeing?	24
	Does your gender or sexuality have an impact on your wellbeing?	26
	Does your religion have a relevance to your wellbeing?	28
	What role does spirituality (not related to formal religion) play in your wellbeing?	29
	Qualitative evaluation of potential contributors to wellbeing	31
	What are the 3 most important things for your wellbeing and why are they important?	33
	What things are NOT important to your wellbeing?	34
	Any other comments	37
III Conclusion		37
Postscript		38
References		38

SURVEY OF WELLBEING, 2016

Executive Summary

1. Wellbeing is important to the mental health of individuals and to their quality of life, and cannot be divorced from its social repercussions. Demographic changes as populations migrate and life expectancy increases are expected to impact on individual wellbeing and bring challenges to policy makers. Quantitative data on wellbeing are gathered e.g. by the ONS, but this study sought to complement such data through in-depth, qualitative analysis of narrative responses.
2. Careif and the WPA both aim to improve the mental health of individuals and communities globally, and recognise the need for policy and practice to be founded on formal research. To this end, they worked together on this scoping exercise, designed to test the research methodology and indicate issues requiring further investigation.
3. The research tool was an anonymous on-line questionnaire, comprising 19 questions related to respondents' perceptions of wellbeing and potential contributors or detractors, and their own practices. A second section gathered biographical data to allow for comparisons by gender, age, location etc. and seek cultural differences. The survey was conducted in May-June 2016.
4. There were 128 valid responses. Respondents were self-selected hence may not be typical of a random sample of the population. Women outnumbered men by 2:1; whilst all age groups were represented, the sample was skewed towards mid- to later-life. Although there were a few individuals from countries around the world, the majority were UK-based, preventing us from identifying cultural differences. We also note that there was a disproportionately high number of respondents who work in a religious role.
5. Wellbeing and happiness are often confused and used as synonyms. Our respondents distinguish between the two, but observe that happiness may be one element of wellbeing. They suggest that there are qualitative and time differences, which mean that wellbeing can continue even when a period of unhappiness is experienced.
6. Wellbeing is perceived to affect all aspects of life. It is achieved through a subjective and ever- changing combination of factors. These include the activities we engage in, which lead to heightened affect (feelings) and our sense of purpose (Eudaimonia).
7. Low levels of wellbeing are not the consequence of a simple absence of positive factors. We find that enhancers of wellbeing relate primarily to action, whereas detractors focus on health and inter-personal relationships.
8. There is a positive link between achievement and wellbeing. We have posited cultural and sub- cultural differences in the degree of significance, which call for further research.

9. Respondents' perceptions of culture focus on the values and practices of their community. Religion is particularly important to them, but further research is necessary to test the validity of this in other cultures and sub-cultures.
10. Impaired health is reported by all age groups in our sample. The highest levels of mental illness are found in those aged 41-50. Women outnumber men in the 60+ age group, but high levels of wellbeing and determination to enjoy the remaining years of their life are found here.
11. Both men and women perceive that their gender, sex or sexuality has had a negative impact on their sense of wellbeing. We find discriminatory practice continues to be experienced in the work place, and women have fears ranging from mild anxiety to the danger of rape in general life context. The respondents who express the highest levels of wellbeing in this respect are openly gay women.
12. Religion and spirituality are found to play similar roles in sustaining wellbeing. They both provide moral frameworks for living, and practices offer opportunities to meet social (affective) needs and those of purpose (Eudaimonia). No qualitative difference in wellbeing is found between those who do and those who do not have a religious belief.
13. Quantitative data are consistent with the qualitative evaluations given by respondents on aspects of wellbeing, confirming their validity. They again demonstrate that personal wellbeing derives from a subjective combination of factors related to affect, life satisfaction and purpose (Eudaimonia). This changes according to circumstances. Whilst meeting basic health needs is primary, the order of satisfaction of others e.g. esteem, self-actualisation, varies between individuals and for any one at different moments in their life.
14. Respondents chose to make additional comments, most of which demonstrate that the research achieved its first objective, that of sensitising participants to their own perceptions.
15. We have determined numerous areas requiring further research. Those related to culture, religion, gender/sex/sexuality and health are of particular importance to personal wellbeing and mental health. They show that we have achieved our third object, identification of future research questions.
16. Further research is necessary with cohorts from different cultures and subcultures in order to test our second objective, cultural differences in wellbeing.
17. We conclude that the research has made an important contribution to our understanding of wellbeing and should be continued.

Dr Jenny Willis

Careif International Advisor for Wellbeing and Education

October 2016

I BACKGROUND

The Research and Researchers

In May-July 2016, the Centre for Applied Research and Evaluation – International Foundation (Careif), an international mental health charity that aims to protect and promote mental health, eliminate inequalities and strengthen social justice, joined forces with the World Psychiatric Association (WPA), whose mission is to promote the advancement of psychiatry and mental health globally, to conduct a world-wide, on-line survey of personal wellbeing.

The principal researcher, Dr Jenny Willis, is International Advisor for Education & Wellbeing, Careif, and worked closely with Dr Albert Persaud, Co-founder & Director of Careif and Professor Dinesh Bhugra, then President of the WPA, on the design of this survey. She is indebted to them for their support, and to Erica Crompton for the cover design of this report.

Why Wellbeing?

A current Google search for 'wellbeing' produces 95,400,000 results in 0.67 seconds. The word is everywhere, promising the latest panacea: be it the beneficial properties of shampoo¹ or an advertisement for business space ('Put well-being at the heart of your building'²), we are bombarded by the word. It has even been seized on for political purposes, as this headline from 7 November 2017 claimed: 'UK wellbeing rises after Brexit vote'³. But what does the term mean? Something scientifically designed to improve your *health*? Something that will make you *feel* better? It can, in fact, denote either and far more, depending upon context and discipline.

A 2008 comparison of discourses on wellbeing⁴ found that, despite disciplinary differences, they all agree that wellbeing is a cultural concept hence variable according to the values of time and place; it includes notions of desiring 'a good life', and health may be one component (Figure 1).

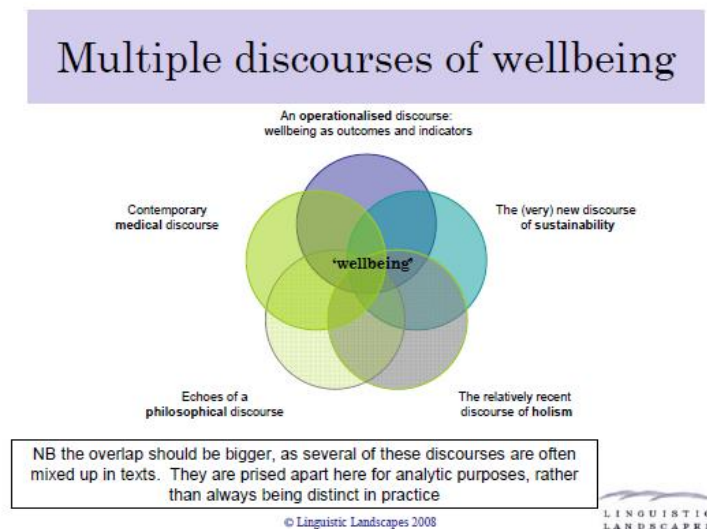


Figure 1: From Ereaut and Whiting 2008:10⁵

Whilst there are commonalities, there are disciplinary differences, which make the concept elusive. We cannot even agree on its spelling – is it well being? Well-being? Or wellbeing? For consistency, we use the latter. But what is wellbeing?

What is wellbeing?

Health is a state of complete **physical, mental** and **social** well-being, and not merely the absence of disease or infirmity.⁶

This has been the working definition of health since the Constitution of the World Health Organisation was signed in 1946. Social wellbeing is both personal and interdependent on the individual's cultural environment so has become increasingly significant for social and health services. The last decade has seen a succession of models of wellbeing to aid policy-makers. In 2013, the Organisation for Economic Co-operation and Development (OECD) produced a definition of personal wellbeing⁷ which comprises three dimensions:

1. *Life satisfaction* - cognitive life evaluation by the individual of aspects, or the whole, of their life;
2. Measurement of *affect*, how the individual feels at a particular point in time; and
3. A '*eudaimonic*' aspect, the individual's sense of purpose and engagement.

The dimensions reflect the notion of a 'good life' and were initially conceptualised in a 2-dimensional framework (figure 2).

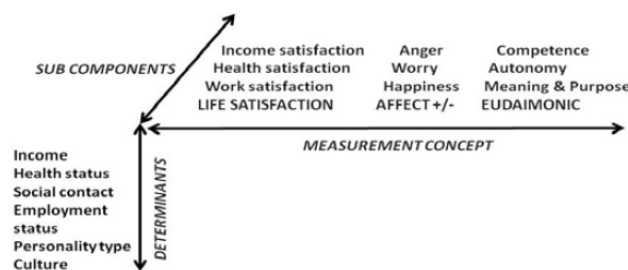
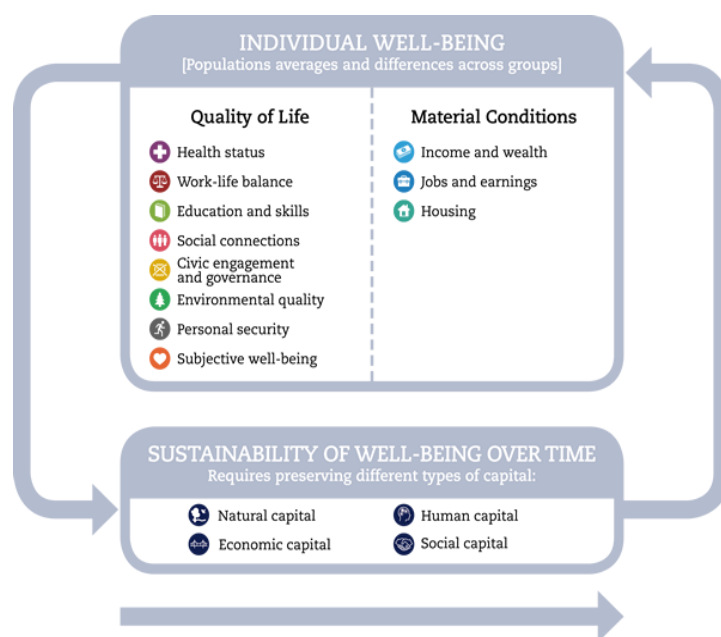


Figure 2: OECD model for measuring personal wellbeing 2013

By 2017, the model had been refined as shown in Figure 3, to connect personal wellbeing to the social and political environment.



Source: OECD, 2017

Figure 3: OECD model of wellbeing, 2017

At the personal level, quality of life is gauged in eight domains, of which health is just one, and these are affected by three material conditions. It is interdependent with the socio-political environment, which includes economic capital, but recognises that this depends on natural and human resources.

The OECD offers an on-line index which enables individuals to assess their personal wellbeing against these dimensions. Responses are also collated by nation to produce a comparative ranking with other nations and give policy makers data on areas ranging from perceived need to satisfaction.

Why is wellbeing important?

We have already identified some reasons for being concerned with personal wellbeing; we now explore these.

Increased longevity

The current UK life expectancy is 79.4 years for men and 83.1 years for women⁸ reflecting a steep rise since the first industrial revolution brought advances in health and living conditions. Longer life is welcome provided that the individual is able to enjoy their older years, and their community can support the recalibration of generations. Figure 4 shows that, by the year 2050, most countries will have experienced significant ageing.

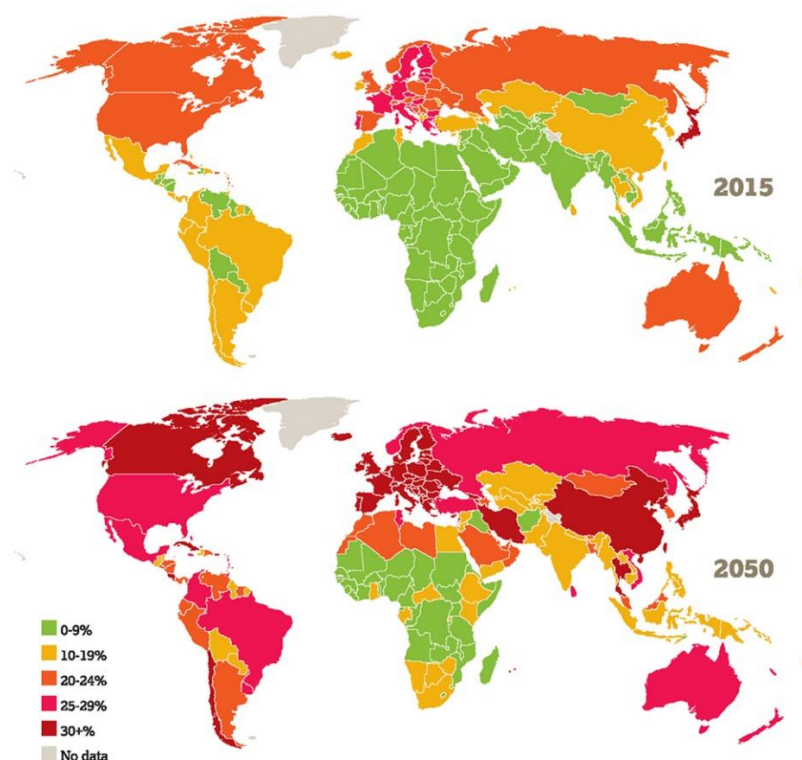


Figure 4: Proportion of population aged 60+⁹

Population growth

Not only is the global population ageing, it is increasing in size: from today's 7.6 billion to an estimated 10 billion in 2056¹⁰. Even when death rates¹¹ for natural disasters and conflicts are taken into account,

the world population as a whole is growing exponentially. How will we manage to maintain personal wellbeing with such pressures on resources?

The WHO has proposed six lines of action to be taken for sustainable development¹². These address the health system, international and intersectional financial responsibilities and factors such as equity and human rights. Such guidance is helpful at the policy level but does not address personal wellbeing. A common mistake is to assume that wellbeing is just a matter of health, or of happiness, whereas it is a uniquely individual condition, inseparable from our sense of identity and personal values at any point in time. Demographic change is both a threat and an opportunity to who we believe we are.

Migration, identity and personal values

Where once societies could retain their individuality, immune to the influence of outsiders, the globalisation of industries and accessibility offered by technology into other cultures and belief systems renders this unrealistic now in all but the most isolated communities. And contact with new ideas is not one-way: migration, whether by choice or by force of circumstances, is bringing the customs, languages and values of other people to new host communities. Migration is at an astounding level: in 2015, 4.7 million people immigrated to one of the 28 countries that form the European Union while some 2.8 million emigrated¹³. Approximately half of the immigrants were from countries outside the EU and 19,000 were estimated to be stateless. Globally, South-East Asia and South America saw the greatest levels of emigration in 2015¹⁴. Migration may be for economic reasons or through displacement due to natural disasters or conflict. Unlike controlled immigration systems, refugees and displaced people may not bring the skills needed in their host communities¹⁵.

In addition to immigrants speaking a different language, not necessarily being able to contribute to the economic capital of their host and requiring social assistance, we could throw in another potential source of discomfort for hosts: religion. Current figures are difficult to find, but data for 2010 indicate that Christianity and Islam are the religion practised by the highest proportions of international migrants¹⁶ yet the West is increasingly secular: adjustment is required by both hosts and migrants.

Such social changes bring into question our individual sense of identity. Can we still classify ourselves simply in binary terms e.g. male, female, British, Indian? As we are exposed to more and more alternative cultures and beliefs, once fixed perceptions of who we are are challenged. The response may be resistance to these influences or assimilation of new values or practices. The latter does not mean that we lose our original sense of identity but that we add more layers to who we are, and are, ideally, able to move comfortably between them according to the context; this cannot be assumed, though (see, e.g.¹⁷).

To summarise, personal wellbeing is significant if we want to ensure that longer life spans are optimised by the individual. Global changes brought about by technological advances, migration and displacement are having an inevitable impact on our lives in active work and use of leisure time. We are having to adjust to these changes and to exposure to different practices and values, calling into question our individual sense of identity. This process of adaptation can undermine the mental health of those whose traditional beliefs are threatened by those of their dominant community. In this world, it is important to have self-awareness, to know who we are and aspire to be and how to achieve personal wellbeing, both for our own benefit and for that of the community.

A model of personal wellbeing

In 2007, as part of the UK Government's Foresight project on mental capital and wellbeing, the NEF was commissioned to examine the evidence on personal wellbeing and mental health and to propose interventions that might achieve a positive shift in mental health. They concluded¹⁸, like the OECD, that wellbeing is a multi-faceted and dynamic state, which is intertwined with social conditions. This was followed by the UK's No Health without Mental Health strategy (2011), which found that targeted interventions in lifestyle could reduce the risk of mental illness, thereby benefiting both the individual and community. Figure 5 shows how they believed individuals at risk of lower levels of mental illness could be nudged into a more healthy zone.

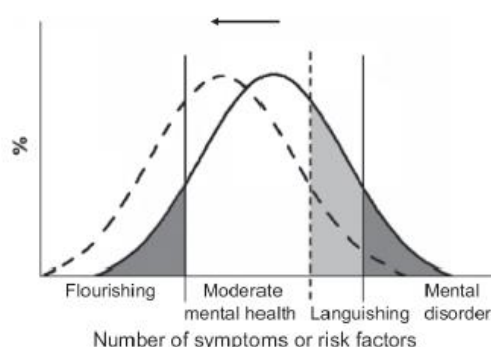


Figure 5: The impact of a positive shift in the population mental health spectrum.

Note the marked reduction of people in the “mental disorder” category.¹⁹

The NEF proposed that this shift could be achieved mirroring the model of healthy eating which relies on maintaining a balanced diet²⁰. They identified a set of 5 contributors to wellbeing, which were formulated as 5 colour-coded postcards. A balanced state of wellbeing could be achieved by incorporating aspects of each type of contributor in our individual lives. These were published in the 2008 Foresight report as 5 Ways to Wellbeing.²¹ They complement the OECD model, recognising the need for physical health, intellectual stimulus, affective support through social interaction, a sense of self-worth and being valued by others.



Figure 6: 5 Ways to Wellbeing²²

It was against this background that we conducted the Careif/WPA survey of personal wellbeing.

The Aims of the Research

This was a scoping exercise which would enable further exploration of emergent issues. It had three primary objectives:

1. To sensitise individual respondents to their personal perceptions of wellbeing;
2. To analyse results in order to examine specifically whether differences in perceptions of wellbeing are apparent in different cultural contexts e.g. national, gender, age, sexuality, ability, religion;
3. To make recommendations on optimising individual and collective mental health and wellbeing.

The survey built on the author's previous research into wellbeing, conducted originally for Lifewide Education²³ and reported in various publications^{24,25}. It differed from national initiatives in that it was predominantly quantitative, soliciting personal perceptions rather than assessing individual views against predetermined criteria. The assumption was that objective 1 would target personal values, responding to our belief that self-awareness and informed decision-making are essential to wellbeing; the second would build on the researcher's earlier surveys²⁶ that indicated distinct, cultural differences in perceptions of wellbeing, requiring tailored, local policy; and objective 3 would bring together personal and social issues at the generic policy level.

The survey was conducted on line; it was anonymous and no contact data were sought or recorded. Data were for research purposes only and no individual is identified in the analysis and report²⁷.

The questionnaire comprised 29 questions. In Section A, 13 open-ended questions invited respondents to explain in their own words what they understood by the term 'wellbeing' and how they sought to achieve wellbeing in their everyday lives. Determinants of wellbeing included in the OECD model (figure 3, above) were tested e.g. whether cultural context affects their sense of wellbeing or whether they had a physical or psychological illness or disability which could be relevant.

Questions 14 and 15 listed a series of 12 possible measures of life satisfaction, affect or Eudaimonia that may impact on personal wellbeing. Respondents were asked to score each factor using the scale 0 = of no or little importance, to 10 = of very great importance.

Section B recorded respondents' biographical data (gender, age, country of birth, country of residence, nationality, religion, main occupation, financial situation, physical exercise, volunteering and caring responsibilities). This was to enable disaggregation e.g. by gender, to identify differences between sub-groups.

128 valid responses were returned. Respondents were self-selected and were not typical of a random sample of the population: the cohort was skewed in favour of women (2:1 with men); most respondents were professionals in mid-late career or retired, which affected both their level of education, experience of life and financial situation; there was a disproportionate number of people working in a religious role; and finally, whilst small numbers of respondents participated from numerous countries, there were insufficient proportions for us to be able to make the cultural comparisons that we had hoped for in objective 2, above.

The full report of this survey is lodged in the libraries of the Houses of Commons and Lords²⁸. There now follows a summary of the findings for each question. Respondents' comments are reproduced fully and verbatim in the main report; for this abbreviated report, a sample only of their words is included.

II SUMMARY OF FINDINGS

The data were all analysed manually in order to identify emergent themes and sub-themes. Each analysis used respondents' own, unedited, words to illustrate the themes. Where appropriate comparisons were drawn with leading theories and paradigms of wellbeing.

1. The perceived meaning of 'wellbeing'

Six iterative themes emerged to reflect perceptions of what wellbeing is, representing the medical, holistic and philosophical discourses. They were consistent with the 3 measures used by the OECD (figure 3), life satisfaction, affect and Eudaimonia, being:

- Happiness - affect
- A balance of various elements – life satisfaction
- Contentment - affect
- Achievement - Eudaimonia
- Absence of negative elements - affect
- Socio-political elements – life satisfaction

Comments repeatedly demonstrate the complex interaction between various aspects of each, combining to create a positive or negative sense of well- or not-so-well-being, e.g.

- Wellbeing is a holistic word which represents to me a state of health in body, mind and soul
- A deep sense of meaning and purpose in life. I understand wellbeing as my Being being well. That includes my whole person in communion with others
- The ability to make decisions on my own accord which affect this. Wellbeing for me is space in my life each day where I can relax either mentally or physically. It's about self-care
- A sense of equilibrium between stability and challenge, calmness and exhilaration, respect and daring
- Sense that life has a positive purpose despite the vagaries of different social and personal experiences
- Being free of medical (including psychological), mental, and economic disability, safe from environmental hazards, and have access to healthcare and education, and are provided basic human rights

Figure 7 reproduces the key associations as a word cloud, where the size of font increases in proportion to the number of citations of a theme.



Figure 7: Key perceptions of wellbeing

2. Is wellbeing synonymous with happiness?

The majority of respondents do not believe that the states of wellbeing and happiness are the same, though a small number see the answer in black or white terms of yes or no:

- I think yes. Sadness is opposite to wellbeing

The main findings are that:

- For the majority of respondents, happiness is NOT the same as wellbeing
- Happiness may be one component of wellbeing
- Happiness and wellbeing can be experienced individually or simultaneously
- Wellbeing is sometimes associated with contentment
- Wellbeing may derive from the absence of negative factors
- There is a perceived qualitative difference, with wellbeing being more profound and extensive than happiness
- Wellbeing is seen to be a more long-term state, whilst happiness is briefer
- Some respondents believe we have agency over our wellbeing
- Wellbeing may help us to get through difficult experiences
- This is linked to the view that wellbeing can be a source of happiness
- There may be ethical issues if personal and social wellbeing differ

Typical comments were:

- No, happiness tends to be something elusive that we often experience only in retrospect. We cannot expect to be happy all the time given how complicated and demanding life can be
- No - wellbeing is much more multi-faceted and broader in scope
- No. Happiness is a positive affect; well-being more to do with the absence of difficulty
- Not at all. Happiness is an over-used term and over-rated. Life fluctuates. To be content, to flourish, and accept the peaks and troughs in life is wellbeing
- Not necessarily, but it is closely linked. As sometimes when you are not happy you can neglect your wellbeing
- No. I think happiness is more short term than wellbeing, happiness is an emotion that you can feel instantly, wellbeing is a reflection of an individual lifestyle e.g. whether they have taken steps to look after yourself
- Not exactly, a person who lives according to his understanding of a "good life" comprising of ethical principles defines wellbeing more comprehensively than hedonic (sic) aspects such as happiness

The data suggest that personal wellbeing derives from a combination of external factors and personal resources, which can produce good functioning, as described in the NEF model (figure 6), which in turn leads to good feelings, in a dynamic interaction that produces variable states of flourishing. This is distinct from wellbeing, as highlighted in figure 8, which can be compared with the previous word cloud to give an immediate view of the differences.



Figure 8: Differences between wellbeing and happiness

3. Which parts of your life does your wellbeing involve or affect?

Respondents both state overtly and reveal implicitly that wellbeing pervades all aspects of their lives. Key dimensions are:

- Relationships with family, friends, colleagues and the wider society
- Health, which includes physical, emotional, mental and spiritual aspects, and can be both the positive presence and the absence of factors
- Work
- Self-actualisation
- Leisure activities

Figure 9 shows the respective significance of each of these dimensions. The largest is a combination of all, mentioned by 69 respondents.

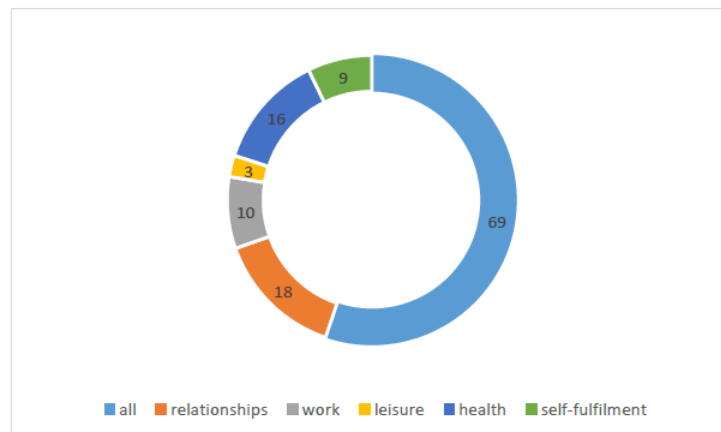


Figure 9: Key contributors to personal wellbeing

Some examples of their responses are:

- All parts. Everything that makes up the person that I am whether physical, emotional or spiritual
- Primarily my inner person. This is a spiritual comment, so it is important for me to know I am loved by God, and by those close to me. Mental health would be the secondary part. I have had bouts of mental unwellness in the past and know that mental unhealth affects the whole person dramatically and potentially catastrophically

- Relaxed state of mind. A feeling that one has some control over one's life. As well as aims and ambitions that one cares about. A good supportive social network
- My well being as I define it is affected by i) my health, I have coeliac disease and joint problems ii) my daughter who is autistic and has several long term health problems. These two factors affect my daily life but I do my best not to let them stop me doing things. Most other people do not know about these issues
- I am asthmatic since early childhood. Since my early 30s I have been diagnosed with osteoporosis. Asthma and osteoporosis has affected my health in various ways, yet I never felt totally unwell. Wellness depends on how I manage these conditions. My asthma is treated (although I could do without the side effects from the medication) and I'm working hard to reverse the osteoporosis diagnosis through diet and exercise. This gives me a sense of control and therefore when I feel I can do something I feel well. At the moment my life is in transition and therefore I am trying to make new goals, achieving this will give me a stronger sense of overall wellbeing

These comments are consistent with the OECD model where aspects of life situation, affect and eudemonia are determined by factors such as health and work, and with the NEF model of flourishing. Factors are rarely cited as independently significant: they are normally part of an inter-dependent set of factors which connect to produce an ever-changing sense of wellbeing, so long as one or more factors do not assume disproportionate importance, as, for instance, in the case of chronic ill health.

4. What sorts of things do you do that enable you to create a sense of wellbeing?

There were a few atypical responses to this question, e.g.

- I would consider wellbeing to be linked more to my circumstances than my actions: being in a good, interesting job that doesn't demand more than my contracted hours, being able to make a non-underground journey to work. As I feel that it is linked to health, I would say that eating well and relaxing/going for walks are actions that I can take to create a sense of wellbeing, but of primary importance here is the sense of having TIME to relax/prepare a healthy meal, so it does turn back to factors to do with circumstances

Most replies identified specific actions, for instance:

- Be conscious, present. Notice and appreciate the gifts of Life. Give time, care support and love to others, watch them experience life and grow. Connect with nature and consciously experience my own senses, emotions and thoughts. Reflect on my sense, thoughts and behaviours, adapting these to align with my values and sense of purpose
- I act as an advocate for myself, my family, my friends, and my community to ensure access to healthcare, educational opportunities, and community safety. I vote in all elections and write to Congress people regarding issues I find important. I also do simple things such as helping to shovel snow for elderly neighbours and other minor, but important help in my community
- Find time for myself e.g. go to the cinema. Try to live healthily and exercise e.g. go swimming. Spend time with my family and friends
- I nurture my relationships. I turn to God and pray. I get busy and try to count my blessings
- I try to have purpose in my life through doing some part time work and volunteering to

help others. Participate in NGOs, taking care of my garden, cultural activities (literature, music, movies, art), traveling, hiking in nature

- Take exercise such as cycling. Act in ways that are morally correct for my conscience, to avoid feelings of guilt or discomfort. Do things that bring me pleasure, such as developing hobbies that relax and challenge. Spending time and being at one with my family. Owning a cat. Knowing myself, what I am capable of and what my limitations are so that I live within realistic aims, but at the same time allowing myself to dream and sometimes to live out those dreams
- For me this involves ensuring that I am able to do the things that make me happy and healthy and have the coping mechanisms to manage the things that make me sad or might contribute to ill health. For example balancing home, work and social lives, feeling happy in my personal relationships, regular exercise and healthy eating, managing stress effectively
- Physically, a cuddle with the one I love. Socially, teaching others or doing something to help others
- I try to be kind and loving to my family and friends, and be fair to people. I also sing (in the London Bulgarian Choir) and singing and listening to music contributes a great deal to my wellbeing. I try to stay healthy, exercise, do my job well. Planning the future is a great part of my wellbeing. Plans don't always work out, but trying and visualising is important

Table 1 summarises responses to this question and compares them with the OECD and NEF models, revealing a close fit with the latter. We conclude that wellbeing varies for each individual and for individuals over time, but that there are common elements which contribute to this state. Having a balance of social interaction, time alone, activities that exercise the body, create a sense of purpose in life and involve learning new things, together with social and healthy eating, are key aspects of respondents' wellbeing.

Table 1: Activities to enhance wellbeing

Our findings	OECD	Nef
Social interaction: friends and family children spouse face-to-face, virtual, physical positive attitude community support time alone	Affect	Connect
Religion/spiritual: prayer Meditation	Eudaimonia	Connect
Helping others: raise morale of others escapism	Affect: affect of others personal affect	Give
Leisure activities: reading, for learning healthy eating for enjoyment exercise for health, for self- actualisation, taking notice, to depress, for moral purpose	Quality of life	Be active; take notice
Avoidance of certain activities: physical health positive mind set	Life satisfaction	
Activities aimed at self- development: purpose in life creativity learning and exploring personal agency self-esteem personal values	Eudaimonia	Keep learning
Having 'me time': for calmness for mental health	Quality of life	
A conscious balance of activities	Quality of life, affect, eudaimonia	All 5 dimensions

5. Is your sense of wellbeing something that comes out of doing one or many things?

Responses are consistent with those to questions 3 and 4, showing that most people derive their wellbeing from participating in a range of different activities (figure 10).

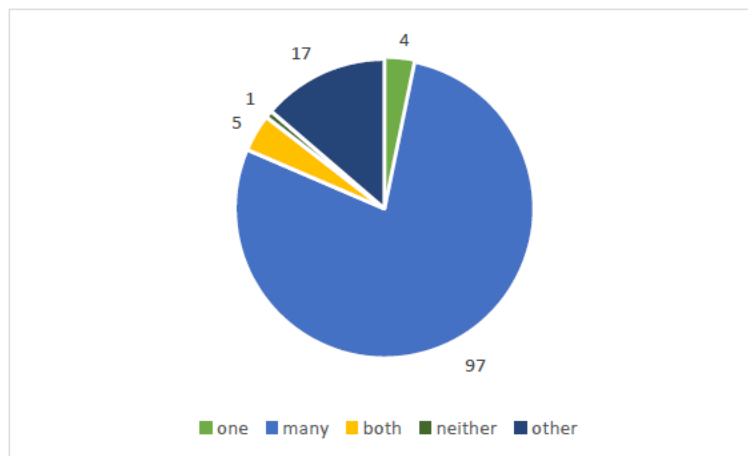


Figure 10: Does wellbeing come from doing one or many things?

Activities vary both for the individual and between individuals, but we see that they include physical, spiritual, leisure and social dimensions. Emergent themes link with affect/Eudaimonia/life as follows:

- Personal agency - Eudaimonia
- Self-actualisation and identity - Eudaimonia
- Family contact - affect
- Physical and mental health – life factor
- Work – life factor
- Exercise and other hobbies – life factor
- Religious or spiritual source - affect
- Giving to others and Learning – affect/Eudaimonia and/or life factor

Some individuals gain pleasure from giving to others in the sense used by the NEF: a look or kind word can be as important as a financial donation or concrete assistance. This supports their affective state and may give them a sense of purpose. We also find many respondents enjoy just observing the world and wondering at its beauty, another source of positive affect. Some illustrations are:

- Part of a matrix, like the plasticity of the brain, composed of several things and always flexible
- Many things. Temperamentally I prefer a varied diet in all things and get bored easily. I read five books at a time for instance and my work life involves concurrent projects. So wellbeing is tended to in variety of ways as listed above
- It's many things, and an increasing sensation (with age) that I'm ok to be who I am
- You can have partial well-being from doing particular things, but full well-being is much more inclusive of what you do and who/ how you are
- Ideally, well bring comes from a broad range of inputs. If one is not being fed in one area of life, one can balance this with positives from other areas of one's life
- My wellbeing not only related to doing but is also related to my constant enquiry into the many aspects of human existence that puzzle me, especially in the area of psychology

- Many things, often many small little things that all add up to create the bigger-picture. Like a jigsaw really

6. What sort of things diminish your sense of wellbeing?

Respondents identify 9 types of factor that reduce their sense of wellbeing. They are:

- Work-related
- Negative feelings
- Time related
- Health-related
- Negative relationships
- Financial factors
- Lack of control
- Social justice issues
- A few disparate 'others'

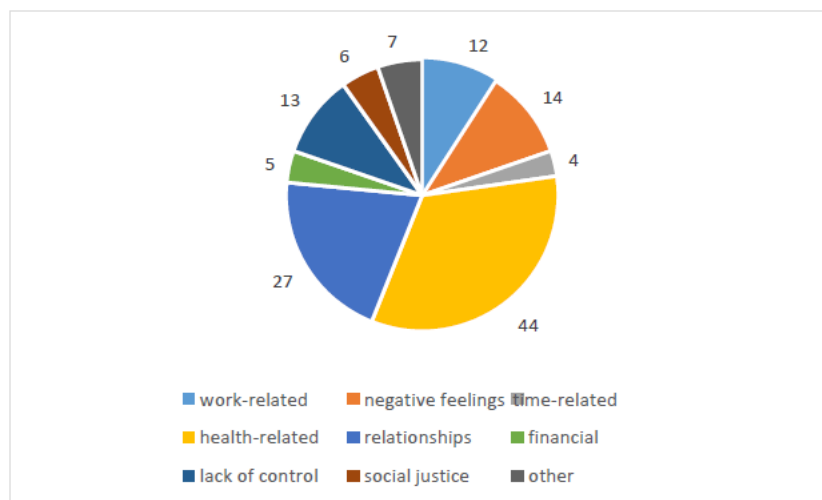


Figure 11: Sources of diminished wellbeing

Their respective weighting is shown in figure 11. We note that some of these are intrinsic, and may be susceptible to personal control, whilst others are extrinsic and likely to be beyond the individual's ability to redress. Many comments are complex, alluding to multiple factors, reminding us again of the complexity and 'messiness' of feelings: they are rarely the result of one factor alone. For instance,

- Feeling overwhelmed by work (workloads / working hours / environment) and lack of support at work, discouragement in talking about issues or acknowledging if I'm not well (attitudes and judgement), difficult social or familial relationships, no personal space, no routine, physical illness.
- Work place stress and harassment, especially subtle gender based
- Loss of close friends and family, unhappiness at work or job insecurity, serious and long standing illness, money worries
- It could be a failure to accomplish something I had hoped for, feeling unwell and not knowing what the cause is, having a misunderstanding/conflict at work. Feeling guilty. Feeling underestimated and wrongly judged. Being treated unfairly. Comparing myself to others who have done better, achieved more

- Taking on too much so that I feel I am not performing my roles (be it at home or work) to the best of my ability. Not making time for exercise
- Not being in control of situations, whether it is machinery going wrong, or time pressure, or faceless bureaucracy
- Poor relationships with co-workers and supervisors, long term work that is not rewarding, frustration with workplace ethics, values and policies, workplace bullying, poor relationship with spouse or family, not feeling creative or able to achieve something, seeing no goal to what one is doing
- People who only relate to me superficially. Failure in any form. Unreasonable expectations and insensitivity about human psychological pain

Table 2 compares the factors which enhance or detract from wellbeing. We find that enhancement is not simply a matter of adding or removing a positive or negative element. This theme is expanded in question 7.

Table 2: Enhancers and detractors

Contributors to wellbeing, Qs3-5	Detractors from wellbeing, Q6
Work related	Work-related: Workload – too much or too little; Colleagues' attitudes, including sexism, not feeling valued Job insecurity, money worries
Religion/spiritual: prayer, meditation	Negative feelings: Anger against oneself or others; Frustration at failure to meet own expectations; Guilt over failure, maybe religious
Helping others: raise morale of others, escapism Activities aimed at self-development: purpose in life, creativity, learning and exploring, personal agency, self-esteem, personal values	Social justice: Global issues Personal e.g. criticism, injustice
Social interaction: friends and family, children, spouse, face-to-face, virtual, physical, positive attitude, community support, time alone Having 'me time': for calmness, for mental health	Negative relationships: Workplace and colleagues, including power and bullying; Family and friends; Conflict; Failure to do something; Lack of control
Avoidance of certain activities: for physical health, positive mind set	Health-related: Illness of loved one; Physical problems, chronic and acute; Mental health issues; Caused by financial worries, bad relationships; Result in tiredness, distorted sense of situation
Leisure activities: reading, for learning, healthy eating, for enjoyment, exercise for health, for self-actualisation, taking notice, to destress, for moral purpose	Lack of control: Behaviour or attitude of others; Situation they are in; Insufficient time to do everything, procrastination; Sense of helplessness
A conscious balance of activities	Financial factors: Insufficient money with repercussions on family and self
	Time-related: Frustration at being unable to do everything Fear of uncertainty; Lack of control
	Other: Responsibility for wellbeing of others Religious fear; Play down experience of low wellbeing

7. If you are unhappy about your state of wellbeing, how do you change it?

Nine categories of action were suggested for improving a sense of wellbeing:

- Exercising personal agency
- Religious/spiritual activities
- Work-related action
- Therapeutic support
- Financial support
- Specific activities to sustain wellbeing
- Social contact
- Wellbeing is rarely diminished
- Other

Figure 12 shows their respective frequencies.

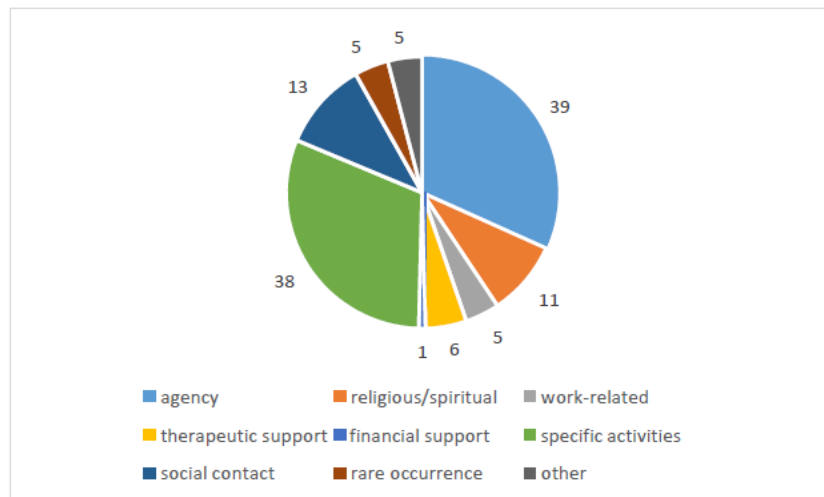


Figure 12: How respondents seek to improve their wellbeing

Factors are complex and iterative. They are a mix of intrinsic and extrinsic factors, but here, extrinsic sources of support are actively sought whereas previously extrinsic detractors appeared insuperable. The first theme, exercising personal agency, details *how* respondents go about effecting change: they use cognitive skills to understand the situation and explore alternative action, rationalise their capabilities and draw on personal strengths such as having a positive attitude. The other types of action draw on personal resources such as relaxation techniques, and enlist external support, e.g. consulting a trusted friend for guidance or moral support. Four specific subsets of activity emerged: relaxation, physical exercise, effecting change, and health-related. A small number of respondents deny that they need to intervene to improve their wellbeing, or play down the significance of this ever happening. A small sample of responses give the flavour:

- I try to pick up on the signs (e.g. poor sleep, feeling down) and act accordingly - talking to friends/family/colleagues, walking my dog, watching a film or reading a book to get me 'out' of myself
- I think you firstly have to acknowledge that there is something wrong, and then recognize that you have power in that situation e.g. leave the job, the problem is when you are unable to due to other factors e.g. the need of money

- adult education course, taking up some form of physical exercise such as cycling or walking - to be out in the fresh air. Not allowing myself to become tired or hungry as that leads to arguments. Making sure that I live within my means - buy cheap furniture from charity shops and restore, or restore my own household items. Look for cheap recipes, i.e. a chicken can do 5 days - roast, cold with salad, in a stir fry and a couple of days as a wholesome soup. Eat plenty of vegetables and fruit. Doing things that give me pleasure - sitting in gardens, creative writing, crafts etc. Spending positive time with family. Owning a pet
- By acting on tasks that are in my control and I could influence them, e.g. achieve a task at work which has been sitting on my desk for a long time causing pressure and stress. Helping a loved one, dedicating time to talk, supporting a friend
- For small daily issues, I use mindfulness-based meditation, taking my thoughts to a particular sense (usually touch or sound). For the bigger picture, I sit with whatever is making me uncomfortable and try to plot a way out and forward. Having something to look forward to, no matter how small (i.e. visiting a favourite gallery/coffee-shop etc.) is also vital
- Physically - go to the doctor. Emotionally - go out and interact with others
- Try and stay connected with people who give me a sense that I have some value even if I doubt it

8. Is there a relationship between wellbeing and achieving things that are important to you?

Achievement is accepted as one of our higher human needs (Maslow, 1943)²⁹, which builds on the satisfactory meeting of basic needs such as food and security, and intermediate needs such as relationships before we progress to these needs. Other researchers (e.g. Tay and Diener, 2011)³⁰ have confirmed the universality of such needs but do not believe they are dependent on achievement of a lower need before a higher one can be achieved.

Responses fell into 8 groups, as shown in Table 3.

Table 3: Achievement activities related to wellbeing

Theme	Sub-themes
Simple yes	Elusive inner pleasure, obvious link
Leisure related	Improving skills, doing household chore
Work/profession related	Purpose, joy, confidence, control, 2-way process, intrinsic rewards, drive, failure, own expectations, altruism
Relationships with others	Familial, workplace, pride, helping others
Health related	Impact of ill health, pursuit of good health, control, spiral of cause/effect
Balance of activities	Distinction between wants and needs, sense of purpose, must be personally meaningful
Personal qualities	Confidence/control/achievement, productivity, wellbeing-achievement cycle, drive, motivation, realistic expectations, spills into other domains, self-actualisation, intrinsic and extrinsic sources, altruism, self-esteem, creativity
Other	Conscious effort, definitions are variable/subjective, humility, derives from others' success, pursuit not achievement itself that matters, can be detrimental to pursue achievement

Some typical comments were:

- Paradoxically no, as soon as I achieve something that I want it no longer feels worth having
- Yes, albeit this is I think not a prerequisite. I say this because such feelings of wellbeing in achieving things is more a 'booster shot' to wellbeing and is not a sustainable way to a deep wellbeing
- To a certain extent. As a bereavement counsellor, seeing a client starting to come to terms with their grief and have futuristic thinking matters to me
- Yes most definitely. My family, my friends, are the things that matter the most to me. Achieving harmony and happiness therein is affected by one's personal wellbeing. Being effective in the workplace is also dependent on a level of wellbeing, as is being in control of practical matters - chores, finance, care of others etc.
- Wellbeing to me is dependent - to some extent - on feeling fulfilled "wholistically" (sic); so engaging in things that are meaningful to me and matter to me (reading, art, listening to music, being creative). I presume some aspect of wellbeing could also stem from feeling successful and accomplished at work, but the "things that matter to me" tend to be "outside work" to me. So perhaps here "achieving" them is more about achieving to make time (ideally routinely) to engage in these activities.
- I'm very proud of the work that I do and that in turn makes me have a strong sense of wellbeing - I guess it's all wrapped up in my identity
- Yes. If I didn't feel like I was achieving anything then I would be very unhappy in life and demotivated. The wellbeing of my mind and spirit depends on the feeling of being useful and being successful (not in a competitive way, but in a quiet day to day, achievable way)
- It is difficult to draw a line between societal definitions of success (and when we feel we are credible in society we can feel well), and the things that give us person happiness and wellbeing. Perhaps a sense of wellness is also achieved by how we perceive how others perceive us! It's not that those things totally matter but that by acquiring something perceived as credible in life that we can feel well

When these themes and subthemes are compared with Maslow's hierarchy of human needs, we find considerable alignment. It is also evident that there is no neat differentiation between activities and the need(s) they satisfy: for example, aspects of work can respond to self-actualisation, esteem, belonging and safety needs. This reflects a need for variety or balance.

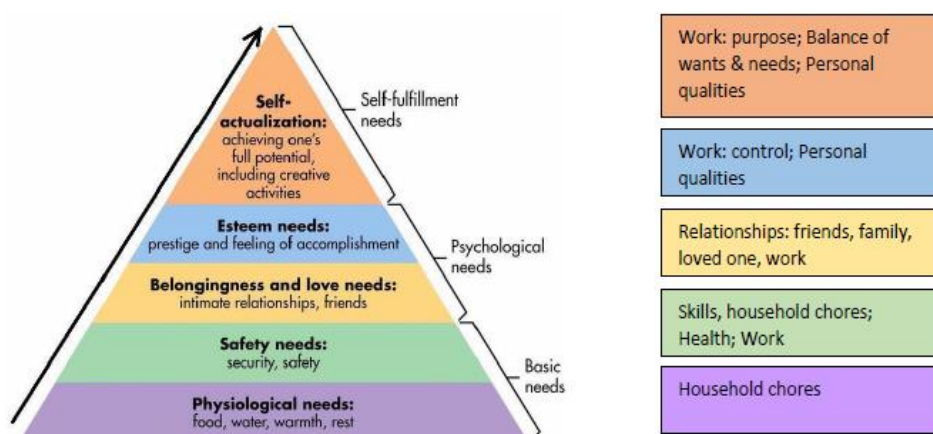


Figure 13: Achievement and wellbeing

9. How do your cultural beliefs and practices impact on your wellbeing?

Culture is one of the determinants of wellbeing in the OECD model, but the term can denote either big-c culture (as in an appreciation of culture) or small-c culture (traditions, customs, habits) e.g. Bennett³¹. The wording of question 9 left the meaning open to individual interpretation. No comments took up the big-c concept of culture, and, unexpectedly, a large proportion of responses associated culture with religion, e.g.

- In one sense I would say no because my first reaction is to state that I have no cultural beliefs and practices however on further reflection: I am a feminist but have grown up in the era of supermodels and size 0. Despite my best attempts, aside from feeling fit which makes me feel better, a desire to be slimmer is always lurking and although as a curvy size 14 (post baby) I can often feel good about myself, a little bit of weight here and there has a negative impact on my wellbeing. I am also an atheist and therefore do not have to dedicate time to a faith (and do not feel that I need to)

3 substantive categories of impact emerged, relating to:

- Personal identity
- Beliefs
- Practices

Some illustrative comments are:

- Culturally sanctioned behaviour will give you less stress and thus good well being in terms of mental health
- Expectations placed on a man, farther (sic), husband apply pressure to achieve in so many areas. Provide wealth, security, happiness, support, achievement which can be at cost of own well-being
- I am a practising Christian and this governs the way in which I live my life. The practice of worship brings about feelings of peace, and the fellowship engenders feelings of belonging to a wider family. The teachings of Christianity provide guidance daily, and knowing the love of God is a great comfort
- ... there is often a British 'stiff upper lip' attitude with certain family/friends or organisations, that when you openly talk about your wellbeing, it is seen as weakness. So I think more culturally in terms of the work I do (humanitarian) than anything else, it's frowned upon or there's an unwritten rule about not speaking about your feelings and your balance and ability to cope, because emotional intelligence is seen as being too emotional, and knowledge about your wellbeing is seen as weakness
- Culture can work both ways - introducing a degree of familiarity and structure to remind you of the important markers in life, but can also mark you out as not complying with the expected norms
- I believe it is important to be kind to people and not judge them. This gives me a sense of wellbeing

Themes were further analysed against the type of impact they have, positive, negative or neutral (Table 4).

Table 4: Cultural beliefs, practices and wellbeing

Adverse impact	No/limited impact	Positive impact
Culture can have adverse effect on personal wellbeing Danger of social control Constraints of expectations e.g. gender, body image Materialism of Western culture Socially unacceptable practices /issues e.g. appearance of weakness, mental illness Failure to meet cultural expectations	Limitations of values/beliefs alone Only effective in face of adversity No sense of cultural identity Culture is transient Don't need culture to have strong values	Culture contributes to individual social role Culture provides moral framework Cultural importance of helping/giving to others Cultural importance of social relationships Religious belief can enhance wellbeing through sense of belonging Religion integral to sense of self Religion offers moral framework Religion is motivator Ritual of praying gives spiritual release Other religious practices enforce balance Mindfulness and other forms of spirituality Can escape into another culture/subculture Can learn about another culture through reading Music and other arts of heritage culture Social contact with like-minded subculture

It appears that the same factor can be either beneficial or detrimental, according to the individual or to the degree of impact. For instance, having a social or moral framework can be both supportive and a source of constraint, just as cultural norms can be reassuring or, when an individual fails to live up to them, a detractor from wellbeing.

The most significant dimension that emerged is beliefs, by which the majority of respondents mean Christian faith. Their faith has become internalised to the point of being an essential part of the individual's identity. It gives them a moral framework to guide their daily behaviour, and can sustain their positivity in the face of adversity. On balance, the majority of potential influences of culture on wellbeing are positive. They enable individuals to lead meaningful, empathetic lives. There is evidence to suggest that personal agency offers the potential to find greater wellbeing in an alternative culture or subculture.

Responses all fall within the small-c definition of culture. The nearest mention of large-c is in the behavioural references to learning about culture through reading and sustaining culture through music, but this is an oblique reference.

10. Do you have a disability or enduring illness? If yes, how does it impact on your wellbeing?

47% (n=56) of respondents are aged 51 years or more, and 71.4% are over the age of 41, representing older people, yet only 46% of respondents said that they had an illness or disability which impaired their wellbeing. The nature of this is disaggregated by age in Table 5, which confirms that the proportion of the 3 oldest age groups affected by an enduring illness increases steadily, from 31%, to 46% then 50% of each subset. The numbers for the two younger groups are small, but it was surprising to find greater illness in the 21-30 year olds than in the 31-40 year olds. Examination of their conditions

reveals them to be asthma, coeliac disease and cancer, whereas the older groups have forms of illness associated with ageing, such as osteoporosis, arthritis and sensory loss.

Table 5: Age and enduring illness

Age group	Total in group	Total in group with condition	% of group with condition
21-30 years	12	3	25
31-40 years	22	4	18
41-50 years	29	9	31
51-60 years	28	13	46
>60 years	28	14	50

Psychiatric conditions, including depression, were the most numerous subset of illness. No obvious correlation was found for region, suggesting that all nationalities may be prone to mental illness. There is a higher incidence for female respondents, but we recall that females outnumber male by 2:1 in this study.

- Treatment resistant Bipolar disorder has made much of my life very difficult. It wasn't after decades (sic) that I realized why and finally got treatment. It wasn't for another half decade before I found an effective treatment
- Depression since mid-teens. Can impact significantly on my self-motivation and productivity
- Experience and survivor of a stroke has affected my balance, memory and for a long time my confidence. Prior to effects of stroke, I have experienced mental health, effects of symptoms and long term medication on my body and my family life, as well as struggling (with mostly success) to maintain wellbeing
- I had cancer, a pretty rare form of it, I had to have major surgery and I thought I'm officially cancer free now I have some long lasting problems and some other medical conditions because of it now - this impacts my wellbeing as it seems to make the top of my wellbeing scale that much lower (I'm not able to feel like I can have as positive a wellbeing as I did prior to the cancer)

Table 6: Respondents by physical and psychological ill health

Age/yrs	21-30		31-40		41-50		51-60		>60	
Condition	Phys.	Psych.	Phys.	Psych.	Phys.	Psych.	Phys.	Psych.	Phys.	Psych.
Male	1	0	0	1	2	2	4	0	3	0
Female	2	0	1	2	3	3	3	1	9	1
Total	3	0	1	3	5	5	7	1	12	1

Respondents deal stoically with their impaired wellbeing, playing down the seriousness of their condition, and coping positively. Although age may have posed restrictions on their previous activities, and pain may be enduring, older respondents appear to have a high level of wellbeing, and are not

overwhelmed by depression in the face of their impairment. If our sample is typical of older people, a future when this age group is proportionately higher appears to be optimistic.

- I am a diabetic and getting older, with some limits in mobility. If allowed, these factors could produce dis-satisfaction, frustration, even bitterness, which would destroy all sense of well-being. That would result from choosing to follow such paths of thought instead of the choosing to look for the opportunities afforded by each change in circumstances which leads to contented well being. I am in the early stages of heart failure which has increasingly restricted my ability to do routine activities and is a major source of frustration
- I have coeliac disease which stupidly effects me often in social situations and can make me frustrated however it is not a chronic or acute illness. It is other people's reactions that bring me down rather than a physical problem
- I have a visual problem that sometimes can limit me but I try not to make that affect me

11. Does your gender or sexuality have an impact on your wellbeing?

The terms 'sex' and 'gender' are often used synonymously but 'gender' refers to the 'economic, social and cultural attributes and opportunities associated with being male or female' (UNFPA, 2009³²) as opposed to 'sex', which indicates biological differences between men and women. 'Gender' is a social construction which changes over time and can vary between societies. Our aim was to explore this complex area where multiple personal and cultural factors may interact.

A minority of 1:3 respondents (n=36:92) felt their gender or sexuality affected their wellbeing. Of these 36, 8 were male, 25 female, the others undeclared. This was a disproportionate number of females for a cohort where the sex ratio was 1:2 male/female. The age profiles of this minority of 'yes' respondents differ by sex: with one exception, males were aged 41 years or more whereas females spanned all aged groups from 21 upwards, with ages 21 to 50 being most numerous (cf. Senik 2016:16³³). Respondents are from diverse cultures, indicating the global implications of this issue.

Table 7: Respondents whose gender or sexuality affects their wellbeing

Age	Male	Female
21-30 years		UK x 4 Ireland Germany
31-40 years	India	UK x 6
41-50 years	UK x 2	UK x 4 India Andorra Ireland
51-60 years	UK x 2 Finland	Australia UK x 2
>60 years	UK x 2	UK x 2 Singapore
Total	8	25

Seven forms of impact emerged. Table 8 lists these, together with their frequency and their perceived affect on wellbeing. Feminist views and references to empowerment were the most numerous. Their

comments reveal emotions from anger at the failure of others to understand their reasons for sexual equality, to pleasure at having control. Actual, or fear of, victimisation comes next. It occurs both at work and in everyday life. Fears range from experiencing subtle discomfort to fear of rape.

Table 8: Impact of gender or sexuality on wellbeing

Theme	Mentions	Nature of impact on individual
Female empowerment	8	Discrimination (female), positive feminism (female), anger (female)
Fear and safety issues	5	Harassment/victimisation at work, subtle discomfort to rape (female), children's attitudes (female)
Sexual issues	5	Positive sexual relationship
Physical issues	4	Body image, effects of pregnancy, periods (female)
Work-related issues	4	Multi-tasking (female) Work or family (female) Enjoyment from variety (female)
Expectations of gender	4	Body image (female) Controlled emotions (male) Enjoyment of femininity (female) Source of stress (female) Self-imposed and by others (fem.) Motivator (female)
Male perceptions	2	Supportive of women (male), while males have unfair advantage (male)

- I think women have always to be aware of personal safety issues. I have travelled a great deal both in the UK and around the world. I find when I am alone there are places I do not feel comfortable in gender is a social practice that affects people always. If you are a women (sic), you suffer discrimination no matter what

Physical issues relate to social expectations e.g. having a certain body shape and the difficulty of attaining or maintaining this in light of pregnancy and menstruation.

- As a woman I feel that my gender can impact on my wellbeing as I am judged by this e.g. body shape can be a preconception (I can catch myself in a mirror and feel fat and this impacts on my wellbeing as a result)
- Being male means strong commitments and society want men to be immortals in some way and never to show emotions. This has affected me a lot as I have been an emotional person all my life

Expectations of their gender may be self- or socially imposed, and are mostly sources of conflict, for men and for women, when they feel under pressure to conform with social norms. One woman, though, is defiantly proud of her gender and (homo)sexuality.

- It has in the past; I'm lesbian, and when I was a teenager in the 1980s being gay was definitely frowned upon (worsened by the advent of AIDS). Wider society dictated that I was not 'natural' and that any relationship I might have was 'pretend', which undermined my own sense of worth and value.

Differentiation of work both at home and in the workplace, and the need to multi-task, are generally a source of negative feelings and stress, but one woman finds enjoyment in having a variety of tasks.

Having to choose between family or career remains a problem for some. Two men express empathy with women, and criticise the tendency for white males to have dominant roles.

- I feel that I am at an advantage being white and male - an unfair advantage
- I still think women are not as well treated in our society. We struggle for equality in what is still essentially a man's world

Having a strong and loving relationship with a sexual component is important to wellbeing in both men and women. Our findings are consistent with those of Helliwell et al. 2015.³⁴

Our sample is predominantly UK based yet, despite programmes of education and the existence of legislation to protect individual rights, discrimination on the grounds of gender or sexuality continues, indicating that there is a need for further research and educational programmes.

12. Does your religion have a relevance to your wellbeing?

Religion may respond to 'hedonic', or for social needs (Graham and Crown, 2014³⁵). The happiest people are found to be most likely to seek 'social insurance' or 'social buffering' through religion, whilst the least social find religion offers them social contact. This can occur at individual, social group and large group levels, which can have both a positive unifying value for the group and be a source of division between groups who hold differing beliefs. Personal religious behaviour and average religiosity are found to have a positive impact on life satisfaction, even for the non-religious in religious areas (Clark and Lelkes, 2009³⁶).

48.44% of respondents state that religion impacts on their wellbeing, but we have observed that our cohort is atypical of a random selection, having a bias towards religion, particularly Christianity. Buddhism, an unspecified reference to visiting the temple, and numerous allusions to spiritualism are also made.

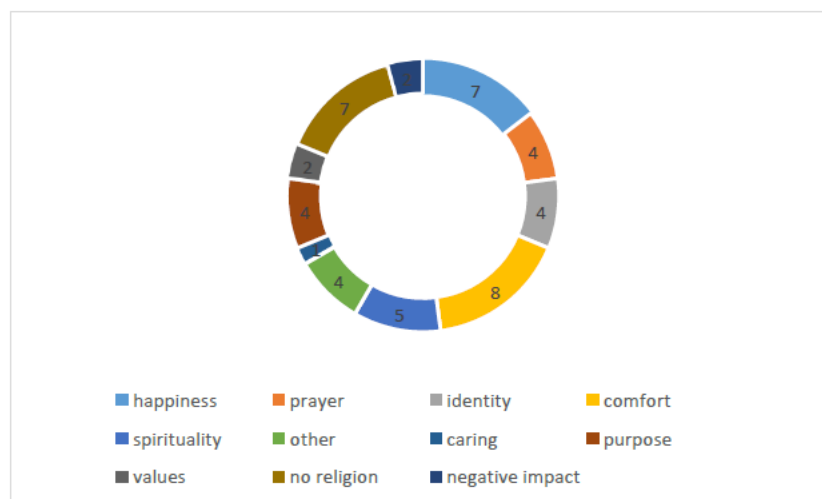


Figure 14: Impact of religion on wellbeing

Eleven themes emerged (figure 14 shows their respective significance):

- Association between religion and happiness
- Prayer and worship
- Religion is integral to personal identity
- Comfort derived from religious belief

- Spirituality
- Caring for others
- Sense of purpose
- Personal values derive from religion
- Other
- No religion
- Negative impact of religion

These include beliefs and values and practices, which variously respond to affect, life factors and Eudaimonia. The overwhelming impression is that religious belief brings a sense of peace and meets the need to feel a sense of purpose in life, helping believers to cope with emotionally difficult life events and to confront mortality. The rituals associated with observance of a faith are also reassuring, and fellow believers may offer a means of social support. Whilst most responses are positive, a few recognise the potential for religion to be constraining for the individual or abused by fanatics e.g.

- Yes. Fundamental to my emotional tranquillity and optimism
- I am not highly religious, but trusting God is very soothing and helpful at times
- It is absolutely central to who I am and how I choose to react to the circumstances of life - I can be able to be content in whatever circumstances life brings if I am secure in the creative purposes of God and assured of his loving involvement amidst those circumstances
- It provides the context for a set of sustaining relationships, helpful practices and challenges to serve others. (Providing you don't take it literally!)
- It can give you a sense of well being but it could be a false well being, the person who takes up terrorism in the name of a religion may feel a sense of well being but it is a false well being
- I am an atheist. My belief that there is no afterlife or other dimension impacts negatively on my wellbeing. It is not a comforting thought!
- Really it's lack of religion that improves my wellbeing! I am atheist!

13. What role does spirituality (not related to formal religion) play in your wellbeing?

26 people (19.69%) said that spirituality played no role in their wellbeing, a few people merely cross-referenced with their answers on the role of religion, and the remaining 98 respondents (74%) demonstrated how spirituality affects their wellbeing. This is a substantially higher proportion of the cohort than perceive a religious impact, suggesting that individuals' moral values do not derive essentially from a formal religion.

Ten broad themes emerged in relation to spirituality:

- Providing a moral framework (values)
- Links with religious belief and practice
- Being more than religion
- Specific levels of importance
- Making sense of life
- Reflection/meditation
- Being connected
- Giving a sense of purpose (eudemonia)
- Bring a sense of calmness/peace

- Other

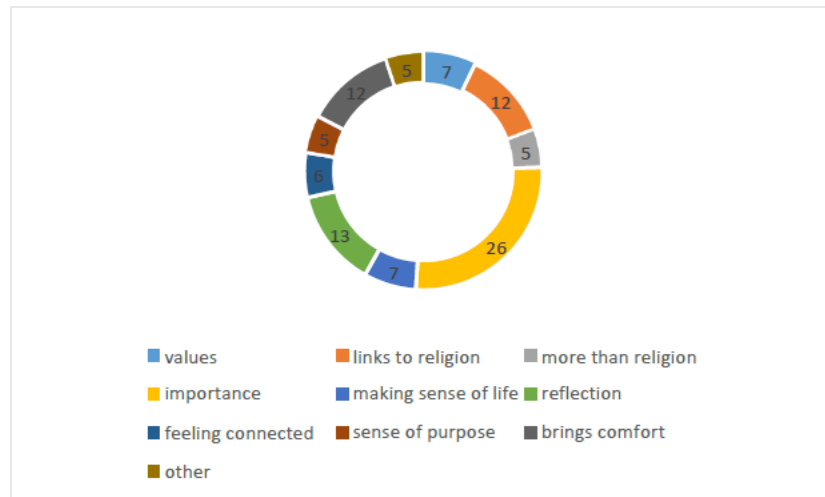


Figure 15: Impact of spirituality on wellbeing

These are reminiscent of the themes found around religion, once more supporting Eudaimonic and affective needs through practices and belief systems. Table 9 (overleaf) brings together the themes for both religion and spirituality.

Spirituality and religion are distinct from each other, yet some of the responses to question 13 have both implicitly and explicitly revealed close links. Both are found to support affect, Eudaimonia and social needs; the issues are complex and not neatly distinguishable. Instead, we each find our unique combination of religious and/or spiritual dimensions. Both religion and spirituality offer moral frameworks for behaviour, provide opportunities for connecting with others and adopt similar practices of prayer or reflection, which contribute to a sense of purpose, hence wellbeing. Even though answers cannot be found to the meaning of life, our respondents are largely content to accept that these questions are beyond human understanding, and to find purpose in their existence.

- Helps make better decisions and understand what's morally good and bad
- I personally think spirituality is related to formal religion in many ways. I think my spirituality gives me a higher reserve to impact my wellbeing - it provides me with a positive outlook, which in turn my spirituality is connected to my practice of religion helps strengthen my wellbeing
- I cannot separate the two - my spirituality is entirely informed by the faith I hold
- Spirituality has a very important role to play in my wellbeing. More important than formal religion. Formal religion and doctrine can make me feel sometimes uneasy and this can upset my sense of well being. Spirituality is unique to me and activities which I consider spiritual (walking, praying, reading poetry and the bible, meditating) will always enhance my wellbeing
- I am not spiritual as such, or at least any "spirituality" I have isn't associated with/defined by any formal perspectives I know of. But perhaps the overall drive I have to ensure I feel personally fulfilled and that my "real" self and ideal self match could be thought to reflect some kind of humanistic spirituality?
- Connectedness to the whole world and all humanity, changes our perspective in a very good way
- My spirituality gives me a purpose to living. I feel part of a larger plan, it helps me to feel that I belong. When I am outdoors the beauty of creation makes me feel at one with the world

Table 9: Emergent themes for religion and spirituality related to wellbeing

Religion	Effect	Spirituality		Effect
Association between religion and happiness	Peace, safety	Providing a moral framework (values)	Moral code; directs behaviour; links to religious belief; help others	Affect
Prayer and worship	Rituals reassuring	Links with religious belief and practice Reflection/meditation	For some, explicitly linked, inseparable; moral framework; practices common with faith e.g. prayer, collective activities, altruism For some, links with prayer; reading; brings sense of peace; make space for it; may be escapism; can help us know ourselves/ accept humble position; can be practised alone or with others; can be done while doing other things	Social, life factors
Religion is integral to personal identity Spirituality Sense of purpose	Integral; resilience; framework of practices and beliefs Holistic; may link to religion; rituals; sense of purpose Sense of calling by God; reassurance	Being more than religion Specific levels of importance	Distinction from religion: spirituality all pervasive, unique to individual, brings self-fulfilment Ranges from minimal to paramount; brings resilience, open-mindedness; ongoing quest; personal agency	Eudaimonic
Comfort derived from religious belief	Strength to cope; social support from members	Making sense of life	Spirituality is intangible; human nature to seek answers; reassurance - part of something bigger; personal responsibility for the environment	Affect
Personal values derive from religion	Moral framework	Giving a sense of purpose (eudemonia)	Part of something bigger; brings reassurance and hope; helps get through difficulties; we are more than physical beings	Eudaimonic
Caring for others	Integral to Christianity	Being connected	With oneself, with others, with God; determines how we behave to others; helps come to term with our place in the world	Social, life factors, eudaimonic
Other	Observe cultural aspect, no religious attendance; prejudice; intolerance; cultural variability	Other	Spirituality used to assess wellbeing; links with creative arts; rejection of spirituality and religion	Affect
No religion	Sense of freedom; negativity of no purpose; struggle to reach this stage	Bring a sense of calmness/peace	Calmness, relaxation, optimism; make space; helps in difficulties; puts things in perspective	Affect, eudaimonic
Negative impact of religion	Religious fanaticism; social pressure to conceal belief			Life factors

14./15. Qualitative evaluation of potential contributors to wellbeing

A set of 12 possible contributors to wellbeing was derived from leading models of wellbeing, comprising factors that relate to life satisfaction, affect or Eudaimonia. They are:

1. Connecting, having good relationships
2. Being healthy, fit, physically active

3. Involved in the world, curious, aware
4. Being creative, inventive
5. Continually learning and developing
6. Doing new things that interest me
7. Making progress in things I am doing
8. Doing things with and for others
9. Having a close relationship
10. Feeling valued by people who matter to me
11. Being able to do things I want/need to do
12. Achieving something I think worthwhile

Each factor was phrased as a statement, which respondents rated on the scale 0 - of little or no significance, to 10 - of great significance to their personal wellbeing.

The three most important factors to respondents were:

1. Connecting, having good relationships (score 91.41%)
2. Feeling valued by people who matter to me (score 91.41%)
3. Achieving something I think is worthwhile (score 90.63)

The first of these focuses on affect, and the other two are Eudaimonic.

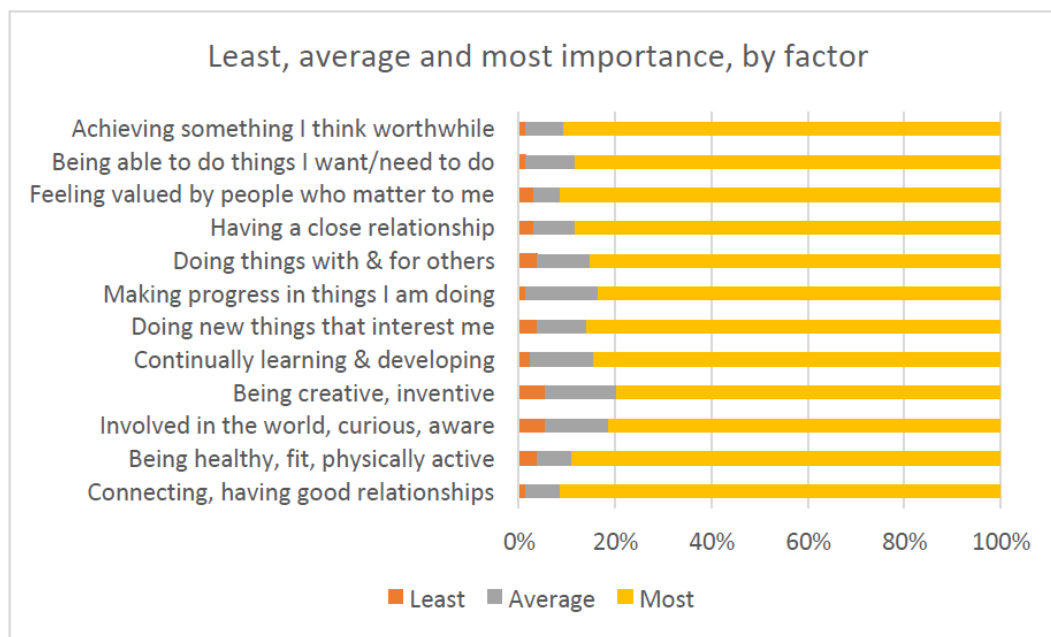


Figure 16: Perceived factors of significance to wellbeing

The factors of least importance to our cohort were:

- Being creative and inventive (score 79.69%)
- Being involved in the world/curious (81.25%)
- Making progress in things I am doing (83.59%)

The first and third relate to Eudaimonia, the second to lifestyle. We noted that whilst they are of least overall importance to respondents, their scores are still high, indicative of the very positive attitude of this cohort.

These responses allow us to test respondents' consistency with their answers in previous and subsequent questions. They also allow us to identify and distinctions between cohorts or subsets e.g. according to culture or gender.

16. What are the 3 most important things for your wellbeing and why are they important?

This was an open-ended question, inviting narrative response. We anticipated that most of the issues raised would have emerged in previous answers, but this was an opportunity to identify respondents' priorities. We can compare these responses with those to questions 14 and 15 for consistency, and with question 17, things of least importance.

Nine key themes were found:

- Relationships
- Affect
- Religion/spirituality
- Health
- Security
- Time
- Activities
- Eudaimonic
- Other

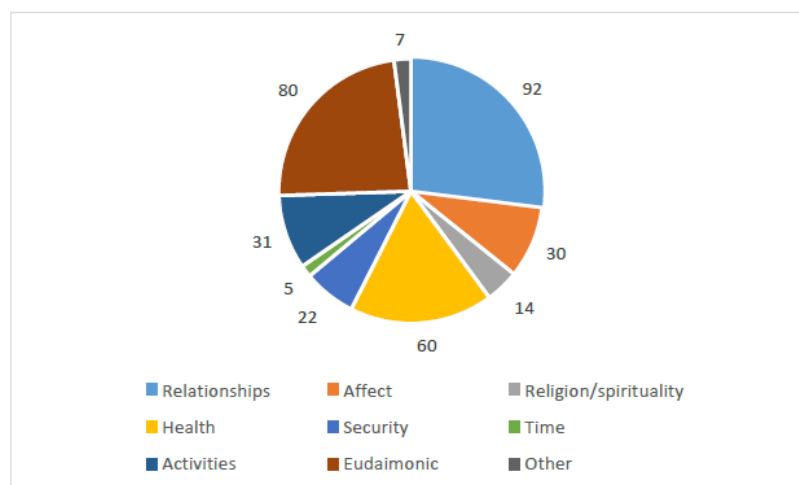


Figure 17: Most important factors for personal wellbeing

Figure 17 indicates the respective importance of each and places close relationships, achievement and health as paramount. However, analysis of their subsets shows how they correspond with the 3 key areas of significance:

- Eudaimonia = 23.46% of total
- Affective = 26.97%
- Life factors = 34.60%

This would suggest that life factors, which include health and security, are of primary importance, followed by affective dimensions then Eudaimonic. However, to view issues in this way overlooks the significance of specific elements of each area. When considered from this perspective, the most important dimensions as determined by the number of responses that relate to them are:

1. Health = 17.59% of total
2. Family/friends = 11.73%
3. Achievement = 9.97%

Some illustrative responses are:

- A good home - this is crucial as being relaxed and comfortable at home makes me feel good and is a strong foundation for everything else that goes on in my life
- Friends and family, because they can help me when I am not achieving
- Seeing friends - helps me to see the wider picture on life and that my problems are not so big after all. Also being a part of other people's life's (sic) makes me feel that there is more to me than just work doing things with others
- Physical health- if you physically feel terrible you're not going to get out to do social things
- My mental health - I've experienced depression and it was the worst pain I've ever been in, so I am now super-aware that good mental health is fundamental to my wellbeing
- Exercise - I don't like doing it but I know I always feel better if I am anxious and I exercise. It gets rid of excess anxiety and makes me have a clearer head and not take things so seriously
- Feeling I am valued by people very close to me - shouldn't matter to me but it does. If my family find me important and value what I think, say and do then things are ok
- Feeling fulfilled - feeling like I am able to lead my life in a way I find personally meaningful, making time for things that are important to me but not strictly necessary (e.g. regular exercise, healthy eating, creative activities)
- Legacy: Contributing positively to the development of my children, the community and mankind
- Feeling a sense of agency in your life, a sense that you have control over some decisions. This allows you to have hope that even bad situations can change

17. What things are NOT important to your wellbeing?

Question 17 is the converse of question 16 but no limit was placed on the number of issues to cite. Responses were again grouped according to affect, life style or Eudaimonia, plus 'other', extraneous responses. The 3 main groups are also analysed further into subsets. They emerged as:

- Affect: relationships, religion
- Eudaimonia: status, external approval
- Life factors: money/ materialism, being fashionable, weather, political, work, time, exercise, food/drink, shopping, others' attitudes/behaviour

The broad overview of these is shown in figure 18, revealing life factors as the group of least significant, followed by achievement.

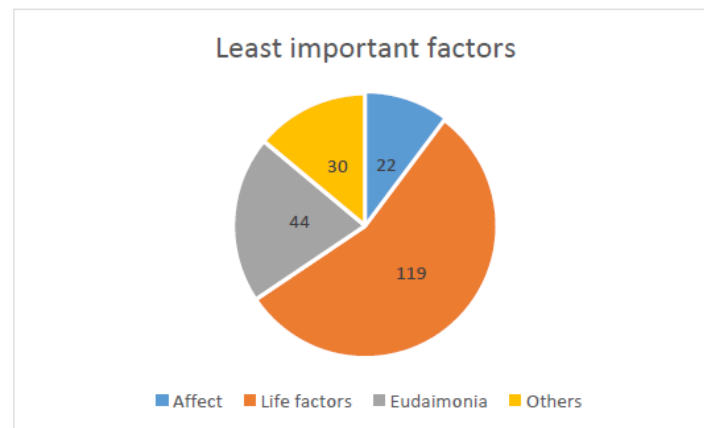


Figure 18: Least important factors for personal wellbeing

Some examples of responses are:

- Actually quite a difficult question to answer as wellbeing for me has so many (often unconscious, dimensions :-)
- This is the hardest question. I think everything is important: every tiny aspect of your life. It's all part of a fine balance
- I'm happy on a low rung as long as I help people and have enough to pay my bills
- Being important - having status
- Beauty; I let my hair go grey and am overweight. So what
- Most things play a part but injustice, crime, and unethical behaviour are detrimental to wellbeing
- What other people think about me. We all spend too much time worrying about what other people think about us, but actually, it isn't important
- I am quite fearful of not being able to do something and so new experiences can unsettle wellbeing. I still do then as this can be the place of growth and development and I am up for that
- Being in a romantic relationship (a happy thing, but not essential to wellbeing)
- Living in a smart area, big house - quite happy where I am, no judgment
- Recognition - beyond the goodwill and positive sentiments of my family and friends
- Selfish aims and ambitions, since these make good, caring relationships impossible
- Eating junk food for gratification
- Shopping for the latest whatever (Phone, clothes, car)
- Time is the most precious thing you can have
- Doing what others want me to (detrimental)
- Judgemental and unfair people

Table 10 compares the factors found to be important or not important in questions 14-17.

Table 10: Comparison of factors important/not important to respondents' wellbeing

Highest scoring factors, Qs 14/15	% of total	Scores for important factors, Q16	% of total	Scores for unimportant factors, Q17	% of total
=1 Connecting, having good relationships	91.41	1 Affective: relationships with family/ friends, with partner, with others; religion, happiness, love, humour	38.70	1 Life factors: money/ materialism, fashionable, weather, political, work, time, exercise, food/drink, shopping others' attitudes/behaviour	55.34
=1 Feeling valued by people who matter to me	91.41	2 Life factors: health, security, time, exercise and leisure activities, balance	34.60	2 Eudaimonic: status, external approval	20.46
3 Achieving something I think worthwhile	90.63	3 Eudaimonic: feeling valued, achievement, creativity, learning, values, helping others, control, purpose	23.46	3 Affective: relationships, religion	10.23
4 Being healthy, fit, physically active	89.06	Other	3.51	Other	13.97
=5 Having a close relationship	88.28				
=5 Being able to do what I want/need to do	88.28				
7 Doing new things	85.94				
8 Doing things with & for others	85.16				
9 Continually learning & developing	84.38				
10 Making progress	83.59				
11 Involved in the world, curious, aware	81.25				
12 Being creative	79.69				

We find that the order of priority for factors important to wellbeing are (1) affect, (2) life factors, (3) Eudaimonia, whilst those considered unimportant are (1) life factors, (2) Eudaimonia, (3) affect. We conclude that affective issues have reversed as we hypothesised (from position 1 to 3), but the other two factors changed positions from 2nd, 3rd, to 1st, 2nd. Other elements listed in the first column are present in the broad descriptors used in answers to questions 16 and 17, e.g. health is a separate theme in that column, but is a sub-theme in the other two sets of responses. When viewed from this perspective, the consistency of responses is found to be greater.

We also analysed our findings in terms of human needs, and were able to find consistency with models such as that of Maslow, where esteem is important and basic needs of low priority.

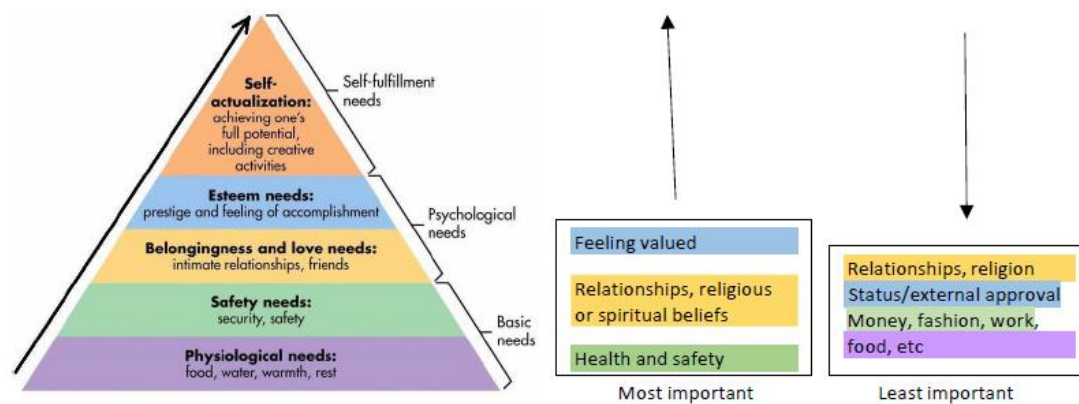


Figure 19: responses to Qs16 & 17 compared with Maslow's hierarchy of needs

18. Do you wish to add any other comments?

23 additional comments were made. A small number picked up a specific issue and gave the writer's opinion e.g.

- I'd like to see a world where 'mental health' isn't separated into a condition that only affects a part of the population; we all have an ongoing mental health status throughout our lives and it needs to be nourished, protected and respected at all times
- Maintaining wellbeing is increasingly difficult, something I personally struggle with. I feel there are too many pressures, a lot of these are intrinsic values but these are probably created over time from extrinsic values

13 comments were complimentary, indicating that the research had achieved its objective of sensitising individuals to their own values, e.g.

- This has been an eye-opening experience so thank you
- Interesting exercise, made me think what is important to my well-being
- Surprised that I could respond so easily to such open /qualitative questions - well done
- Thanks for such though provoking questions!

A few respondents gave their name and contact details with a request to be kept informed of our work.

III CONCLUSION

The research had three principal objectives:

1. To sensitise individual respondents to their personal perceptions of wellbeing;
2. To analyse results in order to examine specifically whether differences in perceptions of wellbeing are apparent in different cultural contexts e.g. national, gender, age, sexuality, ability, religion;
3. To make recommendations on optimising individual and collective mental health and wellbeing.

Objective 1. The comments made in response to question 18 indicate that objective 1 was achieved. Respondents found the tool deceptively easy to use and personally effective.

Objective 2. The lack of diversity in this cohort made it impossible to disaggregate responses by subsets such as culture. We were, however, able to compare this cohort with three previous groups of respondents: a UK set studied in March 2013, a Chinese set studied in April, and an Argentinian set studied in August 2013. Tables 11 and 12 compare the three most, and three least, important factors for each cohort.

The tables show clear differences which may represent cultural and/or differences over time. For instance, the Chinese cohort focuses on achievement and health, with little interest in religion, whereas the Argentinian group prioritises relationships. The two UK groups seek a mix of positive relationships and a sense of being valued.

The survey was a scoping exercise which was intended to lead to further, qualitative exploration of emergent issues. Building on its rich data, careif is now seeking support to roll the survey out to commonwealth countries, thereby gathering further comparative data for policy-makers. It has also been conducted in January 2018 with a group of BMA doctors ³⁷, whose profile shows professional differences in perception.

Table 11: Factors of most importance for wellbeing by cohort

Most important	UK (n=25)	Beijing (n=22)	Argentinian (n=29)	Careif/WPA (n=128)
1 st	(10) Feeling valued	(12) Achieving my ambitions and goals	(1) Having good everyday relationships	(1) Having good relationships
2 nd	(9) Having a close relationship	(2) Being health and fit	(=1 st)(10) Feeling valued	(=1 st)(10) Feeling valued
3 rd	(= 2 nd) (1) Having good everyday relationships	(5) Continually learning & developing myself	(5) Continually learning & developing myself	(12) Achieving my ambitions and goals (reworded)

Table 12: Factors of least importance for wellbeing by cohort

	UK	Beijing	Argentinian	Careif/WPA
Least important	= (4) Feeling creative = (5) Continually learning & developing myself (6) Discovering new things	(14) Having a faith (13) Having enough Money (8) Doing things with and for others	(14) Having a faith (13) Having enough money (4) Feeling creative	(4) Being creative (3) Being involved in the world (7) Making progress

Objective 3. The data and analysis of this survey stretch to more than 250 pages. The report has been lodged in the libraries of the House of Commons and House of Lords. The researcher has shared its findings with psychiatrists, psychologists and other professionals at numerous international conferences and in academic papers as part of this objective to inform individuals and policy-makers.

We conclude that the research has made a valuable contribution to understanding of personal wellbeing and proven the methodology a successful tool for developing individual self-awareness. It offers a novel, qualitative, insight which complements the large-scale quantitative approaches, and is of both individual and collective value as we move through the 21st century and its profound social changes.

Postscript

In order to take the work forward, the theme of the 2018 careif international essay competition³⁸ is wellbeing, specifically that of women in this centennial year since women's suffrage was introduced in the UK.

¹ Well-being shampoo <http://www.letstalkbeauty.com/damaged-hair/naturaltech-well-being-shampoo>. Accessed 10.11.17.

² Betterplacesforpeople.org. Accessed 10.11.17.

³ <http://www.bbc.co.uk/news/health-41893598> 7/11/17

⁴ Ereat, G. and Whiting, R. (2008) What do we mean by 'wellbeing'? And why might it matter? Research Report No DCSF-RW0&3 for the Department for Children, Schools and Families. Available at: <http://www.lifewidescrapbook.co.uk/wellbeing.html>

⁵ ibid

-
- ⁶ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
- ⁷ OECD (2013) OECD Guidelines on Measuring Subjective Well-being, OECD Publishing. Available at <http://dx.doi.org/10.1787/9789264191655-en>
- ⁸ ONS:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2014to2016> Accessed 10.11.17
- ⁹ <http://www.helppage.org/global-agewatch/population-ageing-data/population-ageing-map/>. Accessed 10.11.17.
- ¹⁰ <https://www.un.org/development/desa/publications/world-population-prospects-the-2017-revision.html>. Accessed 10.11.17.
- ¹¹ World Health Organisation. World health statistics 2017: monitoring health for the SDGs, Sustainable Development Goals. ISBN 978-92-4-156486-6.
- ¹² World Health Organisation. World health statistics 2017: monitoring health for the SDGs, Sustainable Development Goals. ISBN 978-92-4-156486-6. Figure 1.1.
- ¹³ e.europa.eu/eurostat/statistics-explained/index.php/Migration_and_migrant_population_statistics March 2017. Accessed 10.11.17.
- ¹⁴ <http://www.un.org/en/development/desa/population/migration/images/slides/intlmigrantstocks2015.png>. Accessed 10.11.17.
- ¹⁵ OECD:
<http://www.oecd.org/media/oecdorg/directorates/directorateforemploymentlabourandsocialaffairs/migration/IMO-2016-facts-and-figures-850x599.png>. Accessed 10.11.17.
- ¹⁶ <http://assets.pewresearch.org/wp-content/uploads/sites/11/2012/07/Faithonthemove-chart-02.png>. Accessed 10.11.17.
- ¹⁷ http://assets.pewresearch.org/wp-content/uploads/sites/12/2015/09/FT_09.24.15_europeImmigrants.png. Accessed 10.11.17.
- ¹⁸ Foresight Mental Capital and Wellbeing Project (2008). Final Project report – Executive summary. The Government Office for Science, London, page 10.
- ¹⁹ Department of Health. (2011). *No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*. London: HM Government. Page 6, figure 1b.
- ²⁰ See e.g. <http://www.nhs.uk/livewell/5aday/Pages/5ADAYhome.aspx>
- ²¹ Aked, J., Marks, N., Cordon, C., & Thompson, S. (2008). *Five Ways to Wellbeing: the evidence*. London: nef.
- ²² Ibid, Box 1, page 8
- ²³ www.lifewidemagazine.co.uk
- ²⁴ Willis, J. 2013. http://www.lifewidemagazine.co.uk/uploads/1/0/8/4/10842717/magazine_spring_2013.pdf
- ²⁵ Willis, J. (2013) The Lifewide Learning, Education & Personal Development e-book CHAPTER C4 *Lifewide Learning Survey of Wellbeing July 2013* and CHAPTER C5 *Comparing international perceptions of wellbeing April 2014*
- ²⁶ See note 30.
- ²⁷ See careif.org for a summary of findings
- ²⁸ Willis, J. Persaud, A. Bhugra, D., 2016. The Centre for Applied Research and Evaluation International Foundation/ World Psychiatric Association. Global Survey of Wellbeing. Report of Findings. www.careif.org and House of Lords Library. London. UK. (*Careif/WPA Wellbeing.2016*).
- ²⁹ Maslow, A. H. (1943). *A Theory of Human Motivation*. *Psychological Review*, 50(4), 370-96
- ³⁰ Tay, L., & Diener, E. (2011). *Needs and subjective well-being around the world*. *Journal of Personality and Social Psychology*, 101(2), 354.
- ³¹ Bennett, M. J. (1998). Basic Concepts of Intercultural Communication. Intercultural Press.
- ³² United Nations Population Fund www.unfpa.org/.
- ³³ Senik, C. (2015). Gender Gaps in subjective Wellbeing, European Commission.
- ³⁴ Helliwell, John F., Richard Layard and Jeffrey Sachs, eds. (2015). World Happiness Report 2015. New York. Sustainable Development Solutions Network.

³⁵ Graham, C., & Crown, S. (2014). Religion and wellbeing around the world: Social purpose, social time, or social insurance? *International Journal of Wellbeing*, 4(1), 1-27. doi:10.5502/ijw.v4i1.1.

³⁶ Clark, A. & O. Lelkes (2009), "Let us pray: Religious interactions in life satisfaction". Paris School of Economics Working Paper.

³⁷ See webcast and related material at <https://bma.public-i.tv/core/portal/webcasts>. Report also available for download at no2stigma.weebly.com (follow the links to Wellbeing).

³⁸ Careif International Essay Competition 2018: details at <http://careif.org/knowledge/>.