

Positive Mental Health and Wellbeing

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Introduction

The past twenty years have seen an explosion of interest in positive approaches to mental health, happiness, and wellbeing. While these concepts vary considerably from one another, they share an optimistic charge and an identification of people as active subjects rather than passive patients. They are also characterised by a broader understanding of what constitutes mental *health*, marking a shift from the minimal definition of an absence of mental *illness* to a more expansive emphasis on optimal psychological functioning and/or a fulfilling experience of life (Westerhof and Keyes 2010).

This focus on happiness and wellbeing acts as a bridge between global mental health and the broader arena of national and international policy making. First, the promotion of happiness itself is seen as the proper *purpose* of policy. In the UK one of the primary proponents of 'happiness economics' has thus argued strongly for greater government investment in mental health, and particularly Cognitive Behavioural Therapy (CBT) (Layard 2006). Globally, the Government of Bhutan has gone furthest in seeking to incorporate happiness as a national development target, and spearheaded a successful move for the United Nations to adopt a 'Happiness Resolution' in 2011. Second, subjective measures of wellbeing are increasingly seen as suitable *indicators* of wider policy success. Canada, Australia and New Zealand were joined by the UK in 2011 in incorporating subjective measures of wellbeing in national census surveys. The Organisation for Economic Co-operation and Development reported in 2013 that France, Italy, the United States, the Netherlands, Japan and South Korea were also either using or planning to use such measures.

Although the positive charge of 'wellbeing' attracts wide-ranging assent, this is by no means universal. Critiques of more positive approaches to mental health are launched from both conservative and radical perspectives. Some distrust the breadth and 'fuzziness' of the notion of wellbeing, preferring the greater precision of clinical diagnoses of mental illness. Another fear is that the wide scope of 'wellbeing' as a focus of governmental concern – and supported through a plethora of voluntary and private sector organisations - legitimates an ever-greater intrusion of the state into the personal lives of citizens. Alternatively, concerns are raised that the stress on personal responsibility for positive mental health could be used to justify the withdrawal of state services or welfare support, or represent ideological pressure to say that they are 'happy', rather than engage in a struggle for social change.

As is described later in the chapter in more detail, the dominant approaches to subjective dimensions of wellbeing are also subject to conceptual and methodological critique. In the global context, a major issue is the tendency still to consider positive mental health as a property of individuals. This has been criticised as reflecting a culturally – and some would say ideologically – specific identification of personhood. Similarly, it has been argued that the character of mental health and psychological processes needs to be understood in relation to, rather than in abstraction from, the wider social context. Researchers of wellbeing in the global south have gone further to argue that material, relational and subjective dimensions of 'the good life' are profoundly intertwined (Gough and McGregor 2007; White, 2010). Perspectives on wellbeing from indigenous peoples, such as the Maori or Australian aborigines, Adivasis in India, or so-called 'Indios' in Latin America, tend to be the most holistic, emphasising relations of moral reciprocity between human communities,

other forms of life, the earth, and divine powers (McCubbin et al. 2013, McGregor et al. 2003, Panelli and Tipa 2007, Rodriguez 2015, Wilson 2003).

This chapter provides an opportunity to explore themes that are germane to the study of the concepts of mental health and wellbeing. We begin by sketching out some of the trajectories across different academic and policy fields that have contributed to the current emphasis on positive mental health and wellbeing. We then introduce the key concepts of 'subjective wellbeing' and 'psychological wellbeing' and describe some of the methods by which these are assessed. We consider what the two approaches have in common and how they differ. We then discuss some of the main criticisms that are levelled at them. The chapter closes by considering two very different ways that positive approaches are being pursued in policy and practice in the global south: psycho-social wellbeing in the context of disasters and humanitarian crises, and political mobilisation around notions of 'living well' in Latin America.

A brief history of happiness and wellbeing studies

The ubiquity of current appeals to happiness and wellbeing suggest that they reflect a range of different interests and cultural trends. Within psychology, they are led by the positive psychology movement, launched by Martin Seligman in 1998 during his presidency of the American Psychological Association. This builds on a longer history of humanistic psychology which includes figures such as Marie Jahoda (1958) and Abraham Maslow (1954), both of whom argued for a positive emphasis on mental health against the overwhelming preoccupation with mental illness. In Western popular culture the emphasis on happiness and wellbeing chimes with the rapid expansion of counselling and psychotherapies, and the normalising of these as forms of life-coaching and aids to personal growth, rather than simply treatment to address dysfunction (e.g. Rose 1989; Illouz 2008). This is paralleled by a psychological and affective turn in academic social science which has seen a rapid expansion in the attention paid to intra-psychic processes amongst sociological, anthropological, and economic scholars (e.g. Connell 2005; Craib 2002; Frey 2001; Kahnemann 2012; Lutz 1998; Mama 2002; Moore 2007).

A rather different trajectory is evident at the macro level. Here, recognition of environmental 'limits to growth' (Meadows et al. 1972) has spawned re-consideration of economic models that identify human wellbeing with increased consumption, and suggestion of the need for new – or perhaps a return to older – models of human flourishing (e.g. Alkire 2002; Deneulin 2014; Jackson 2005, Kasser 2009; Li and Xioa 2011; Martinez-Alier et al. 2010). This has come together with an associated set of calls to move 'beyond GDP' in national and international measurements of economic and social progress (e.g. OECD 2013; Stiglitz et al. 2009; Sen 1999). It also has affinities with the 'capability approach' of Amartya Sen, which has made a major contribution to placing wellbeing on the global economics and international development agenda. This developed as a critique of measuring standards of living either by what people have (commodities) or by the pleasure or happiness they derive from these (utility) (Sen 1983). Instead, the concept of capability focuses on the individual and 'the alternative combinations of things a person is able to be or do' (Sen 1993: 30). Sen counts the ability to be happy amongst 'important functionings', but resists the suggestion that being happy is the sole or pre-eminent purpose of human life (Sen 1993: 37). Like the psychological wellbeing approaches described below, he also emphasises agency and freedom as both prerequisites for and constituents of wellbeing.

Connections looping back from macro-economic to individual measures of positive mental health are made by the burgeoning 'economics of happiness' literature. This follows Easterlin's (1974) discovery of the 'paradox' that, while within a given country wealthier people tend to report being happier, rising GDP over time in the US does not correspond with higher levels of happiness. This finding has been widely and hotly contested, but an

incontestable outcome of the subsequent debate is that 'happiness' has become a serious topic for discussion in policy and economic communities (e.g. Deaton 2012; Dolan and White 2007; Graham, 2012; Helliwell et al. 2013; Layard 2005; Stevenson and Wolfers 2008; Thin 2012).

As mentioned above, the Government of Bhutan has become the global standard-bearer for the promotion of 'Gross National Happiness' (GNH). Inspired by a throwaway comment of the King of Bhutan in 1972, both the idea and the measures of GNH have been re-worked many times, making it a truly 'glocal' project, seeking to meld ecological awareness and Bhutanese 'wisdom' together with standard development and Western 'science of happiness' scholarship. 'Happiness: Towards a New Development Paradigm' (NDP 2013) produced by 'an international expert working group' for the Government of Bhutan in December 2013, exemplifies this mix. Standard development concerns with living standards, health and education and environmental sustainability appear alongside the values of service, interconnectedness and co-operation. Since 'the inner transformation of our own mind-sets and behaviours is as important for happiness as the transformation of these outer conditions of wellbeing' (NDP 2013: 34) it recommends in addition 'happiness skills' 'drawn creatively from human historical experience, wisdom traditions, and modern science' (NDP 2013: 20).

The new focus on happiness and wellbeing thus draws on established traditions in humanistic psychology and welfare economics, but it does so with a new twist. While the earlier traditions were significantly philosophical and discursive, both positive psychology and happiness economics are positivist and empiricist in orientation, their arguments grounded in statistical manipulation of large datasets, with claims buttressed by appeals to 'science' (e.g. Diener 2000, Layard 2005). As discussed later in the chapter, this has not gone unchallenged. There are many questions about the robustness of the data, the limitations of quantitative methods, the ways happiness and wellbeing are conceptualised, and the ideological politics involved.

Key concepts and methods

Subjective Wellbeing - SWB

In some ways the simplest notion is Subjective Wellbeing, or SWB. This is a means of measuring how happy people are in and with their lives. Amongst psychologists, SWB is typically conceptualised as a composite of life satisfaction, derived through 'cognitive' thought or reflective processes and 'affect balance' which refers to emotions or feelings. It is proposed that affect needs to be measured along two dimensions (positive and negative) as the presence of negative emotions is not equivalent simply to the absence of positive ones (Keyes, 2005).

In economics, SWB tends to be conceptualised simply as life satisfaction. Many more recent analyses (e.g. Diener et al., 2010) lead to questioning whether life satisfaction and asset balance should be considered together, since they behave rather differently in statistical tests. Life satisfaction tends to correlate with people's economic standard of living, affect balance with their social and psychological wellbeing (Graham 2012).

Life satisfaction measures tend to be quite simple. Especially in economic surveys a single item may be used as an indicator of 'global happiness'. The Gallup World Poll, which is probably the most widely used source of international data on well being, employs just two items to gauge present and anticipated future life evaluations, leading to classification of respondents as 'suffering', 'struggling', or 'thriving' (Gallup, n.d.). Diener's widely used Satisfaction with Life Scale (Diener et al. 1985) has five items. An alternative approach is to measure satisfaction across various life domains. The Personal Wellbeing Index (PWI) thus

asks people to rate their satisfaction with their standard of living; personal health; achieving in life; personal relationships; personal safety; community-connectedness; future security; and spirituality-religion (International Wellbeing Group 2013)

Measures of affect are much more diverse. These aim to rate the frequency with which people experience 'positive' versus 'negative' emotions.¹ This might involve self-assessment against a standard list (e.g. the PANAS scale, Watson et al. 1988). Alternatively, respondents might be asked to recollect emotional experiences which are then categorised as positive or negative, either by themselves or others. Although at one level there is acceptance that this is subjective data on which the respondent must be the ultimate authority, there is a lingering unease with this amongst these scholars, who are predominantly positivist in orientation. 'Experience-sampling' thus aims to collect immediate ratings of emotions as they are experienced – respondents are buzzed or otherwise prompted to record what they are feeling right at that moment (e.g. Larson and Csikszentmihalyi 1983) to avoid the deviations of memory. Researchers sometimes recommend triangulating subjective accounts with 'objective correlates,' such as recording how often people smile (Nettle 2005). Ultimately, the aspiration towards 'science' may lead towards by-passing altogether the need to engage with the subject who thinks and feels to express him or herself as brain imaging technologies provide 'objective' means to assess happiness (e.g. Berridge and Kringelbach 2011).

The attraction of SWB is the extent to which it is parsimonious: it provides a one-off assessment of people's subjective success in life. For economists and the policy community it is seen to provide a direct, quantifiable measure of utility – instead of having to rely on income or consumption as a proxy measure of wellbeing, it is claimed, it is now possible to assess people's happiness directly. Moreover, its advocates claim that it is culture-free, since people make their own judgements by their own criteria – there is no attempt to state what happiness means, but simply 'how happy' people are. This means, it is claimed, that SWB can be used to compare the net effect in terms of increased happiness across very different interventions, or indeed government policy as a whole. The OECD (2013: 36) gives an example of this position:

'being grounded in peoples' [sic] experiences and judgements on multiple aspects of their life [sic], measures of subjective well-being are uniquely placed to provide information on the net impact of changes in social and economic conditions on the perceived well-being of respondents.'

In practice, there are serious doubts as to whether SWB can indeed deliver the benefits to policy that are claimed for it. Even if you set aside the considerable difficulty of representing your life through a single figure, people tend to experience such questions as asking them to rate themselves – a very sensitive issue. 'Social desirability bias' means that people respond with how they would like to be perceived, rather than what they are actually feeling. SWB measures have also shown themselves to be very sensitive to the instruments which generate the data. For example, Deaton's (2012) assessment of SWB amongst Americans during the economic crisis finds that a large proportion of the variability of scores from year to year is accounted for by changes in the order in which questions were asked. Frey and Gallus (2013) also point out that if SWB is adopted as an indicator of governmental success it will become subject to political manipulation – by both government and voters. Finally, of course, the 'emptiness' of SWB means that the link between a policy or other event and a rise or fall in scores is by no means transparent.

Psychological Wellbeing - PWB

By contrast with SWB, proponents of Psychological Wellbeing (PWB) do focus on the substantive content of what constitutes positive mental health or 'optimal psychological functioning'. Carol Ryff in particular seeks to re-engage the theoretical tradition of humanistic psychology which she sees as having been marginalised by its lack of empirical measures. (Ryff 1989). The starting point of PWB theorists – and the core of their objections to SWB – is that what makes you *feel* good may not necessarily *be* good for you. What matters is not simply pleasure, but fulfilment. They therefore critique the SWB approach for being 'hedonic' and identify themselves as 'eudaemonic', following in the Aristotelian tradition. For Ryff (1989:1070) this is about 'the important distinction between the gratification of right desires and wrong desires.' For Ryan and Deci (2001: 146) what matters is not just pleasure but 'the striving for perfection that represents the realization of one's true potential.' Interestingly, Martin Seligman (2011) has recently also come to criticise his earlier emphasis on 'authentic happiness' and endorse instead a broader 'construct' of 'wellbeing'.²

Ryff set out to establish a model of Psychological Wellbeing which could be empirically assessed across six domains (Ryff 1989; Ryff and Keyes 1995). These six domains are: self-acceptance (a positive and acceptant attitude), purpose in life (goals and beliefs that affirm a sense of direction in life), autonomy (self-direction guided by socially accepted internal standards), positive relations with others (satisfying personal relationships), environmental mastery (capability to manage complex environments) and personal growth (insight into one's own potential for self-development) (Ryff and Keyes 1995).

By contrast, Ryan and Deci's project was a theory of motivation, 'Self-Determination Theory (SDT),' which emphasises the psychological importance of intrinsic motivation - doing something for its own sake, rather than for the sake of getting some other reward. SDT maintains there are three universal psychological needs: competence, autonomy, and relatedness. Rather than theorising psychological wellbeing directly, therefore, it is seen as an outcome of meeting these needs. Much of the controversy surrounding their approach has centred on the concept of autonomy, and whether this is genuinely a universal need, or one that reflects the theorists' particular cultural location in the affluent United States. In response they define autonomy in opposition to heteronomy or control by others, arguing that this frees it from any primary association with individualism (Ryan and Deci 2011).³ Unlike Ryff, who is openly hostile to SWB approaches, they maintain that SWB (which they define as life satisfaction plus feelings of happiness) represents one possible indicator of positive psychological health, but only one. More importantly 'assessments of self-actualization, vitality, and mental health... assess well-being conceived of as healthy, congruent and vital functioning' (Ryan and Deci 2001:147)

Ryff's six domains and Ryan and Deci's three psychological needs can be assessed in a number of different ways, but none has the simple portability of SWB. By contrast, the 'Warwick-Edinburgh Mental Wellbeing Scale' (WEMWBS) comprises just fourteen questions (or seven in the short version) about mood, energy and cognitive functioning. As a framework this does not have the theoretical ambitions of either Ryff and Keyes or Ryan and Deci, but instead comes much closer to a conventional, diagnostic understanding of mental health. This is perhaps not surprising given that it was developed in partnership with the Scottish National Health Service (Tennant et al. 2007). It does, however, manage to avoid the widespread tendency of health oriented frameworks to slip into negative measures which actually focus on mental illness.

Critiques of Psychological Wellbeing concentrate largely on its cultural content. Diener et al. (1998: 35) charge it with being anti-democratic, since the definition of what matters is determined by experts whereas SWB allows people to assess satisfaction and happiness by their own criteria. Ryff's representation of the six domains, which sets out a mini profile of high and low scorers is particularly vulnerable to charges of cultural bias, compared with the more abstract and therefore more culturally accommodating core of the SDT. Ahmed

(2010:12) presents instead a socio-political critique of eudaemonic approaches to wellbeing, that the notions of 'higher' and 'lower' forms of wellbeing on which they depend are vulnerable to class, ethnicity and gender bias, as 'hierarchies of happiness may correspond to social hierarchies.'

Critiques

As presented above, there are clear and significant differences between SWB (i.e. a measure for assessing the subjective success of a life), and PWB (a more substantive way of understanding what it means for a human being to flourish). However, it is also important to recognise the commonalities between the concepts which derive from their shared disciplinary grounding in North American quantitative psychology. First, they both have an unquestioning commitment to a methodological and ontological individualism. The individual is the unit of analysis, and the individual is psychological, *affected by* the material, social and cultural milieu but not fundamentally constituted through these. This is typically criticised in terms of a *cultural* bias, drawing attention to the fact that people in other geographical locations see relationality as fundamental to personhood (e.g. Christopher 1999; Christopher and Hickinbottom 2008). While there is a cultural dimension to this, it is also a *disciplinary* bias. Qualitative sociological work approaches subjectivities of wellbeing as much more fluid, provisional and relational constructions, a matter, to quote Atkinson (2013), of 'assemblages' rather than 'components'. Indeed within psychology itself, feminist writers such as Mama (2002) and Benjamin (1998) along with the whole tradition of psychoanalysis clearly contest simplistic models of personhood that are mobilised by positive psychology. The key issue here is whether it is such a simple thing to know and speak one's true feelings or make an assessment of one's life?

Secondly, both PWB and SWB are governed by the culture and institutions of statistical research: disciplinary rules about the generation of data, forms of analysis and model validation and the reporting of results. This builds in a conservative bias, not necessarily in terms of ideological politics, but in the logic of research. For example, scales that have already been 'validated' raise fewer questions from potential reviewers and conventional measures allow comparison with other studies and contexts. This betrays a structural commitment to universalist approaches over contextual ones: a scale 'proves' itself by being 'validated' in multiple settings. But the fact that people can be induced to respond to a given scale does not mean that it necessarily reflects anything about how they actually think about their lives. This construct validity can be present but relevance and meaning relatively absent. And the strong bias towards existing measures limits the potential for innovation and restricts the scope for something quite unexpected to be discovered.

Thirdly, and following on from this, the dominant methods used in such research – closed questions or statements which are answered on a Likert scale – are highly limiting and disciplining to respondents. Ordinary people in most parts of the world do not live their lives in the general, but the particular, not in the abstract, but the concrete and embodied. However sensitive one seeks to be in reflecting the contexts in which lives are lived (and the rules of the game as set out in the previous paragraph place strict limits on this) the structure of these questions and their requirement to abstract from and generalise about one's life are very far from the 'natural' way that people choose to express themselves (White and Jha 2014). You cannot capture the texture of the lived experience of wellbeing through a number on a scale of 1-10! Schwarz (1999) argues persuasively how 'the questions shape the answers' in questionnaire research, because respondents seek to pick up from the structure and format exactly what is required. This raises the question as to whether the relative stability of SWB [Cummins (2009) reports a global norm of around 75%] might be as much a property of the scale – people's choice to represent themselves as happier rather than

unhappier but not ecstatic – as a reflection of inner feelings. In addition, average scores vary according to whether cultural norms encourage positive (ideal type North American) or modest (ideal type East Asian) statements about the self (Diener et al. 2000). Differences in average levels of response across societies might thus not tell us anything about people's actual 'happiness', but rather social and cultural norms about the 'presentation of self' (Goffman 1959).

Going one step further, it is possible to see how the fact of undertaking a survey itself is placing strict limits on what you can and cannot discover: you can only allow what will fit the categories you have pre-determined. Qualitative methods that allow people to define their own categories or to present their wellbeing without such prescribed classifications provide openings for exploring how people present their lived experiences (Camfield et al. 2009; White and Jha 2014) Ethnographic methods, for example, facilitate opportunities for researchers to gain insight into complex emic perspectives on wellbeing and mental health. See also chapter x by Mills and White in this Handbook.

Fourthly, their commitment to the individual as unit of analysis severely limits the ability of these approaches to recognise the social and political. Seligman (2011:16) provides an extreme example of this, as with extraordinary naivety he characterises his (new) wellbeing theory as

'essentially a theory of uncoerced choice and its five elements comprise what free people will choose for their own sake.'

As the work of Lukes (1974) and many others shows, 'choices' are never completely 'free' but reflect values, preferences and opportunities all of which are shaped and made available or unavailable to different kinds of people through complex social and political processes. The social and political context also constructs differential aspirations and feelings of satisfaction or acceptance (Appadurai 2004). High scores may reflect the low expectations of internalised oppression, rather than genuinely positive experience. This also affects the ratings of the same individuals over time. The use of subjective measures in policy evaluation is bedevilled by 'adaptation' – the way that expectations shift with experience.

Choice is also foundational to SDT through its stress on autonomy:

'Autonomous self-regulation is central in allowing the individual to choose and most fully develop preferred ways of being, and in doing so to satisfy basic psychological needs which in turn lead to vitality and happiness' (Ryan and Deci 2011:45).

The importance of a sense of autonomy or personal agency to wellbeing is not in doubt. The issue is how this is conceived. Devine et al. (2006) consider whether autonomy emerges as significant to wellbeing in various pieces of research in Bangladesh, as an example of an environment which is poor in material resources but relationally dense and rich. They find that autonomy is important, but suggest that this is expressed through:

'a complex array of situated autonomies that embrace a wide range of covert as well as overt behaviour patterns, decisions, and actions' (Devine et al. 2006:28).

Importantly, they go beyond the individual to argue:

'autonomy is determined not only by the agential capacities of an individual but also by the nature of relationships he or she may enjoy with others.' (Devine et al. 2006:28)

Underlying all of this are epistemological questions about whether any approach to wellbeing can serve across all contexts, and ontological questions about the role of culture in the formation of personhood. Such questions apply, of course, to all characterisations of mental health or illness which claim to be universal. Obeyesekere (1985:134) poses the problem neatly:

'Faced with generalised feelings of loss and sense of hopelessness labelled depression in the USA, in Sri Lanka [we] would say that we are not dealing with a depressive but a good Buddhist.'

Similarly, Fernando (2012) recounts her encounter with a Tamil woman who had been tortured by the Sri Lankan military. Her lack of distress was interpreted by Fernando to be the process of psychological denial. When asked what the torture experience meant to her the woman replied: 'Well, I am *really* looking forward to my next life. I must have done some terrible things to have deserved this horrible suffering. I now that in my next birth I will have the most wonderful life. This knowledge makes me happy' (Fernando 2012: 397). Constructs of the experience and meaning of distress and mental health and illness cannot be understood through a universalist framework but are instead intertwined with context, culture and beliefs of people and societies.

While theorists of psychological wellbeing may recognise the importance of the social, material, cultural and political environment in promoting, supporting, or undermining autonomy, this is conceived as an external relationship, in the mode of 'the social determinants of health.' Such a framing cannot capture the ways that constructions of wellbeing or happiness are themselves implicated in relations of power. And yet this is critical if we are to understand what people are saying as they respond to the questionnaires. As Ahmed (2010: 5) points out, the context of happiness research is anything but neutral. If happiness is what everyone wants, then to be asked how happy you are is a very loaded question. Furthermore, if analysis centres on the individual, where is the space to consider

'feminist critiques of the figure of "the happy housewife," black critiques of the myth of "the happy slave," and queer critiques of the sentimentalization of heterosexuality as "domestic bliss"which expose the unhappy effects of happiness, teaching us how happiness is used to redescribe social norms as social goods.' (Ahmed, 2010:2)

The ideological character of the promotion of happiness is similarly criticised by Held (2002) who talks of the 'tyranny' of the positive attitude and Ehrenreich (2009) amongst many others. Fernando (2012), in his reflection on the global mental health (GMH) research agenda, makes a different kind of critique as she questions who benefits from the focus on the suffering of communities in 'low-power' countries such as Sri Lanka: GMH researchers and their institutions benefit, journals who publish the findings, the research community as a whole and the funders gain from the research. Notably less obvious is the benefit that participating communities themselves derive from these large scale research studies on mental health and wellbeing, and Fernando argues that community benefit and wellbeing is as important as individual benefit.

Psycho-social wellbeing

Having considered the two dominant framings of wellbeing, both of which ultimately rely on abstracting the individual from his or her social context, we now turn to approaches which seek to develop a more collective and contextual approach. We consider first psycho-social wellbeing, particularly in the context of international development, humanitarian, and post-disaster rehabilitation. We then look at Latin American approaches to promote *buen vivir*, 'living well'.

The first psycho-social approach we introduce here is called 'inner wellbeing', developed through research in India and Zambia (White et al. 2014; www.wellbeingpathways.org). This began with the definition: 'Wellbeing is experienced when people have what they need for life to be good.' This places subjectivity at the centre, linking together experience, resources, needs and evaluation. It is phrased in collective terms, but is also open to individual interpretation. The research aimed to explore the interplay between the experience of wellbeing and the external conditions in which people live their lives. Within this general approach, the psycho-social conception of wellbeing is termed 'inner wellbeing', which is defined as 'what people think and feel they are able to be and do.' Inner wellbeing is a domain-based model, comprising seven inter-related domains.⁴ Its psychosocial orientation means that it emphasises people's grounding in and interaction with a particular social and cultural context, rather than internal psychological processes.

Whereas the concept of inner wellbeing was developed through an academic research project, an operational approach to psychosocial wellbeing has also been constructed as an alternative to mental health responses to humanitarian emergencies. Mental health approaches – which were dominant in humanitarian aid circles for several decades – are associated with a biomedical and psychiatric orientation to understanding the impact of conflict on people (Pupavac, 2006). Post-Traumatic Stress Disorder (PTSD) scales became a common means of assessing the impact of distress on populations and interventions were based on Western psychological and psychiatric theory and practice. Known as 'the trauma discourse' and associated with an orientation towards identifying disorders (PTSD, depression, anxiety) and vulnerability, the approach was criticised for imposing an alien view of mental health on people who were not asked about how they understood and identified their own wellbeing needs and priorities (Summerfield, 1999). This clinical approach to providing mental health services was seen as being culturally insensitive and largely contextually irrelevant for affected populations. It was partially in response to this that groups of practitioners and academics developed an alternative conceptualisation focused on psychosocial wellbeing (Psychosocial Working Group, 2003). The main differences between the trauma and the psychosocial approaches were that the latter aims to be holistic in its understanding of the emotional, social, physical, material, spiritual and political needs of affected populations. Psychosocial wellbeing was understood to be related to three domains: firstly human capacity, secondly social ecology, and thirdly culture and values. Any initiative aimed at improving any of these three spheres could thus be seen as a psychosocial intervention (Psychosocial Working Group, 1998). For example, the exhuming of mass graves, forming a knitting group, working with a community to establish a football field could all be seen as activities that improve psychosocial wellbeing. This 'anything goes' approach was criticised by trauma-oriented professionals some of whom maintained the need for training and supervision of counsellors and therapists as the appropriate provision of mental health services (Hubbard & Pearson, 2006). A further distinguishing feature of the psychosocial wellbeing approach is the emphasis on the material and socio-economic aspects of wellbeing, on the basis that it may be difficult to discuss emotions when you are thinking about how to feed your hungry children that evening. The focus on the intra-psychic as separate and disconnected from the rest of life (physical, material, social) is criticised as an artificial and theoretical distinction that has little relevance to how people think of their lives (Miller and Rasmussen 2009).

The development of the Interagency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support (2007) have contributed to a reduction in the tensions between the psychosocial and psychiatric paradigms by establishing the contributions that each can make for different segments of the population. The IASC interventions pyramid describes different levels and types of service provisions that fulfil functions for various groups of the population: the majority of people cope with their experiences without the need for additional interventions if security, basic service provision and local forms of support are re-established. A small minority who are suffering from mental illness need to receive

specialised psychological or biomedical treatment. The rest of the population falls somewhere between these two ends of the continuum and may benefit from focused, non-specialised assistance in the form of support groups, psychoeducation, or various forms of psychosocial training (Wessells & van Ommeren, 2008). Mental health and Psychosocial Support (MHPSS) has now come an established way to refer to the whole field. Commentators have however highlighted persisting tensions that can emerge when a disaster or emergency situation has occurred and the MHPSS 'circus' is mobilised (Pupavac, 2006).

Partly in reaction to the perceived conservatism of subjective wellbeing, psychosocial wellbeing has positioned itself at the progressive end of the continuum with the potential to be oriented towards accountable service provision. Its proponents have often situated themselves within a political and human rights agenda that sees its role as supporting people's own initiatives at rebuilding their lives. This, of course, does not mean that the potential is always realised; however, the discourse and the possibilities it creates allow for context, local agendas and power issues to be brought to the fore of discussions about the appropriateness of mental health interventions in emergency settings. It also bears some resemblance to recent initiatives for recovery from mental illness to be defined by the service-users themselves rather than having this defined by clinical and medical staff on their behalf (see chapter xx of this book on recovery approaches).

Popular Mobilisation for Wellbeing: *Buen Vivir* in Latin America

All the approaches reviewed so far have been developed 'top down' by academics or professionals. By contrast, in Latin America alternative conceptions of what it means to live well have been the focus of grass-roots mobilisation from 'bottom up'.⁵ These combine an emphasis on social and economic rights with the cosmologies of specific indigenous peoples, which tend to emphasise oneness, with humanity as part of nature and social relations intertwined with environmental relations. They also tend to be systemic or cyclical in orientation, rather than linear, to emphasise reciprocity, and to emphasise place and particularity rather than aspiring for 'global' universality.

'Living well, is life in plenitude. Knowing to live in harmony and equilibrium; in harmony with the cycles of mother earth, the cosmos, life and history, and equilibrium with all life forms in permanent respect.' (Mamani 2010, in Rodriguez, 2013)⁶

Translated as 'living well together'⁷ these representations of indigenous ideologies have had a major effect in giving form to rights-based struggles against the dominance of traditional political elites, the United States, and neo-liberal capitalism, especially in Ecuador and Bolivia, where they have been incorporated into new national constitutions. The result is a new emphasis on the claims of the natural world and environmental sustainability, the need for redistribution and expanded state welfare provision, and the collective rights of marginalised peoples to inclusion within a state that recognises within it the equal rights of a plurality of cultures and nations (Radcliffe 2011). Rodriguez (2013) presents the components of Ecuador's plan for *Buen Vivir* (2009-2013). These comprise rights to the satisfaction of human needs; quality of life; dignified death; to love and be loved; healthy development of all in harmony with nature; indefinite prolongation of cultures; free time for contemplation; and the emancipation and widening of liberties, capabilities and potentialities.

While the theory is attractive, the practice is more difficult. In reality, both Ecuador and Bolivia remain heavily dependent on mining, oil or gas extraction with high environmental costs. Views of what it means to 'live well together' vary both between and within indigenous groups (Artaraz and Calestani 2014, Loera Gonzalez 2015, Rodriguez 2015). There are serious conflicts of interest between different geographical and occupational groups, and between environmental protection and the financing of social welfare or the provision of

water and sanitation to the urban poor (Fabricant 2013). There are also international dimensions. For any country it is a challenge to implement a radically different economic model given people's pressing needs, the daily politics of reforming state structures and the need to engage with global economic structures and relationships (Radcliffe 2011).

For some readers, we suspect, this direct engagement with politics seems a long way from global mental health. As other chapters in this volume make clear, however, global mental health is a political issue. In addition, at least in their core visions, *buen vivir* approaches represent a holistic approach to wellbeing that specifically resists the separations of mind, body, spirit; human and non-human; personal and political that all of the other approaches that we have reviewed are prey to. It also draws attention to the importance of communities being able to negotiate and work with their own cultural conceptions of what living well means, rather than having an external, perhaps medicalized, model imposed upon them. While it is clearly much more than this, we would argue that *Buen Vivir* constitutes an extraordinarily inclusive vision for positive mental health.

Conclusion

This chapter has reviewed some of the important recent developments in positive approaches to mental health, happiness, and wellbeing. While we generally welcome the positive emphasis and recognition of people as active agents within their own lives, we also sound some notes of caution. In particular, we are concerned by the dominance of quantitative assessment in this area, which seems ironic given its overwhelming emphasis on subjective perspectives and the *quality* of life. The limitations of quantitative approaches are particularly clear when they are used in societies other than those in which they were designed, since they inevitably reproduce their own categories, and are unable to recognise understandings of the world that are different to their own. Researchers in non-metropolitan contexts and at the more critical end of the mental health/psychosocial wellbeing paradigm in particular question the separation of psychological from social, and indeed of the psychological from the relational and material. Advancing positive mental health requires that we restore these connections and re-balance our research agendas so that the complexity of subjectivity and lives lived with others becomes the centre, rather than the periphery, of our vision.

Notes

¹ Whether it is useful to characterize emotions as 'positive' or 'negative' is itself open to debate, of course.

² Seligman (2011:12) characterises wellbeing as a construct made up of: positive emotion, engagement, positive relationships, meaning, and accomplishment.

³ See Miller (2002) for a helpful discussion of the individualism/collectivism binary that has dominated cross-cultural psychology.

⁴ The inner wellbeing domains are: economic confidence; agency and participation; social connections; close relationships; physical and mental health; competence and self-worth; values and meaning.

⁵ *Buen vivir* is the Spanish term for 'living well'. Alternative terms are also used, which express allied concepts in indigenous languages.

⁶ Fernando Huanacuni Mamani (2010). 'Buen Vivir / Vivir Bien Filosofía, políticas, estrategias y experiencias regionales andinas'

⁷ *Buen vivir* is the Spanish term. Other terms in indigenous languages include *suma qamaña* (Aymara) and *sumac kawsay* (Quechua).

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