



But what is Wellbeing?

A framework for analysis in social and development policy and practice¹

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Introduction

From academics to policy makers to gurus in self-help psychology or interior design, wellbeing, it appears, is an idea whose time is come. But what does it actually mean? Is wellbeing more than a feel good factor, a marketing gimmick to spice up the latest theory or policy, diet regime or paint colour? And if it is more than this, then how much more? For some it is all about personal success or happiness, but for others it goes much further, posing questions not only about what is good for individuals and communities, but also the nature of the 'good society'.

This paper draws on the work of the ESRC Research Group into Wellbeing in Developing Countries (WeD), to set out an approach for the analysis of wellbeing in social and development policy and practice. WeD was based at the University of Bath, UK, with country teams in Ethiopia, Bangladesh, Peru and Thailand 2002-2007.² The paper offers a simple definition of wellbeing, and then explores the three basic dimensions that this comprises. It considers some potential hazards in taking wellbeing as focus, and concludes by considering how wellbeing might be used in social and development practice at the community level.

Why Wellbeing?

Despite the diversity of contexts in which wellbeing appears, there is a surprising consistency in the qualities that it promises. The first is its positive charge. The 'well' within 'wellbeing' commands assent – who could not desire it? This is in marked contrast to many policy approaches which have taken negatives as their focus: poverty, social exclusion, social dysfunction..... This change might appear trivial since the aim of conventional policy approaches is to overcome the negatives they identify. In practice, however, it is a small step from identifying a group as disadvantaged to associating them with social stigma. As Nancy Fraser (1997: 25) states in relation to US domestic policy:

'Public assistance programmes "target" the poor, not only for aid but for hostility. Such remedies, to be sure, provide needed material aid. But they also create strongly cathected, antagonistic group differentiations.'

The move to the positive focus of wellbeing may thus be more significant than it at first appears, since it challenges the stigmatising dynamic that Fraser notes. This has two important aspects. The first is its simple association of the targeted group with a positive concept. In addition and more subtly, wellbeing offers an inclusive aspiration, as relevant for policy-makers and the wealthy as the poor. This can help to combat the 'othering' common in policy labelling, which sets off the targeted group as different – and concerned with inferior goals – from planners and programme staff (see eg Schaffer 1985).

The second key quality of wellbeing is its holistic outlook. At a personal level it promises to connect mind, body and spirit, overcoming the divisions integral to post-enlightenment modernist understandings of the person.³ In policy terms it rejects the compartmentalisation of people's lives according to areas of professional specialisation or the arbitrary 'sectoral' divisions of government departments and

statutory agencies. In this it builds on the foundation of other approaches, such as livelihoods frameworks in international development, and inter-professional or integrated teams in social work.⁴ Like these it aims to move away from outsider categories towards an actor-oriented focus which emphasises 'strengths' rather than 'needs', and to recognise the multiplicity and integrity of people's lives forged in a complex mix of priorities, strategies, influences, activities and therefore outcomes.

This leads into the third key promise of wellbeing: that it is centred in the person and his/her own priorities and perspectives. Perhaps the signature move of a wellbeing approach is its direction of attention not only to external 'objective' measures of welfare but also to people's own perceptions and experience of life. At a simple level, this can be seen in terms of a contrast between the familiar 'objective' indicators of income, nutrition, life expectancy etc with the 'subjective' dimension of how individuals feel about their health or economic status. This has spawned significant new areas of activity and enquiry, with the fields of 'subjective wellbeing,' 'quality of life' and 'life satisfaction' in psychology and social indicators research (see eg Cummins 1996; Diener 1984; Ryan and Deci 2001; Michalos 1997; Veenhoven 2000); and the economics of happiness (Layard 2005) .

Conceptualising Wellbeing

While intuitively appealing, the concept of wellbeing is notoriously difficult to define precisely. In part this is because how people understand wellbeing will be very different in different contexts. The definition given here thus stays at the intuitive level.

Figure 1: Conceptualising Wellbeing



'Doing well - feeling good' is a fairly common formulation for wellbeing which captures the dual aspect of wellbeing noted above. It is one of the terms used for example by Nic Marks of the New Economics Foundation (Nef), one of the leading

think tanks in the UK for advancing 'wellbeing' as a policy focus (Marks 2007). 'Doing well' conveys the material dimension of welfare or standard of living, suggesting a foundation in economic prosperity, though it need not be limited to this. 'Feeling good' expresses the 'subjective' dimension of personal perceptions and levels of satisfaction. The second line, 'doing good – feeling well', reflects more specifically the findings of our research in developing countries. This made clear that the moral dimension, often bearing a religious expression, was extremely important to people. For many of the people we talked to, wellbeing was not simply about 'the good life,' but about 'living a good life.' This adds an important collective dimension to subjective perceptions: they reflect not simply individual preferences, but values grounded in a broader, shared understanding of how the world is and should be. At face value, the final phrase, 'feeling well' indicates the importance of health to wellbeing. However, it also goes beyond this to an again moral sense about feeling at ease with one's place in the world – which is critically associated with how one is in relationship to others.

This dimension of relationship is crucial to the understanding of wellbeing that developed through the WeD research. As we sought to distil a locally-grounded measure of quality of life people repeatedly directed us to the centrality of relatedness in their lives, whether in the importance of a 'good marriage,' support in old age, or political connections (Devine 2008; Devine et al 2008; Camfield et al 2008). Such a grounded approach to wellbeing is expressed well in the comment of a Bangladeshi villager quoted by Dina Siddiqi (2004:50). He characterised an 'ideal society' as one in which:

"bhat, kapor o shonman niye shukhey thakbo" ' [we live in happiness with rice, clothes and respect].⁵

This statement marks the relational aspect of wellbeing in two ways. The first is more public, 'respect' (*shonman*), which refers both to being treated right by others and to personal honour. The second has a more intimate face. 'Happiness' (*shukh*) is associated with harmonious close relationships – as in the common term '*shukh-shanti*' (happiness and peace) which is perhaps the term that is most commonly used to express the sense of wellbeing in everyday speech in Bangladesh.

The statement also points to a further characteristic of wellbeing: its grounding in a particular social and cultural location. Almost all commentators recognise that when it comes to 'subjective' questions of values and ideals the answers will differ by context. What this comment shows is that culture is also an issue in relation to material dimensions of wellbeing. The reference to rice is far from incidental. It points to the cultural embedding of this particular human need – it is sufficiency in rice, not wheat or potatoes or caloric intake that characterises wellbeing in Bangladesh.

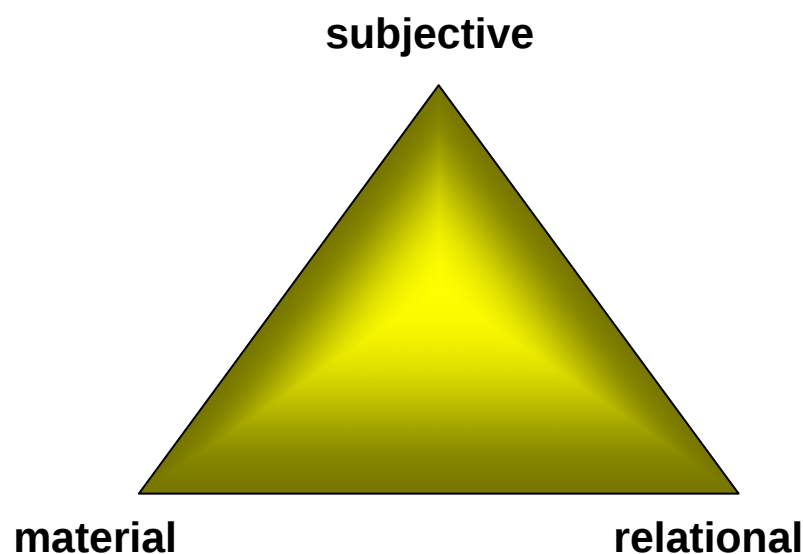
The mention of rice also evokes notions of relationship. To share rice in Bangladesh is to indicate shared identity; classically, at least, Hindus might share tea and biscuits with Muslims, but eating rice together was reserved for those of one's own community. Similarly, a common way of describing a ruptured marriage is to say, 'she no longer eats her husband's rice.' Self-sufficiency in rice is an ideal of the peasant household, a ground of personal satisfaction as well as mark of social status 'Rice' in this statement is thus a highly condensed symbol, indicating the

close intertwining of the different dimensions of wellbeing and the cultural grounding of them all.

One Figure Three Dimensions

The WeD approach to wellbeing thus integrates three dimensions: the subjective, material and relational. This section discusses in more detail how these are understood.

Figure 2: Dimensions of Wellbeing



The first thing to note about Figure 2 is that whereas the 'subjective' remains, the 'objective' has disappeared. A category of 'objective' is hard to justify if the concept of well-being is to be person-centred, since all persons, including officials and academics, see and speak from a particular place, none has an un-biased, universal vision.⁶ This point is further strengthened by our view, as introduced above, that understandings of wellbeing are socially and culturally constructed. This means there is no 'objective' reality, outside of culture or society, which can be set against people's 'subjective,' encultured, perceptions of their circumstances. Rather, it is culture and society which defines what is seen as objective, the limits of what is taken as possible or probable (see eg Mitchell 1990).⁷ To say this is not to deny the importance of the physical or external; material welfare and standards of leaving are clearly fundamental to any notion of wellbeing. Rather, it is to say that the material, social and cultural need to be understood as intrinsically intertwined. As Sahlins (1976: 168) puts it:

'No society can live on miracles... None can fail to provide for the biological continuity of the population in determining it culturally....Yet men [sic] do not merely "survive". They survive in a definite way.'

In discussing the three dimensions of wellbeing, therefore, it is important not to forget their unity.⁸ The image of the triangle expresses the interdependence and relationship of the different dimensions, such that none can exist without the others. Furthermore, as seen above in the case of rice, any particular item will comprise some element of all dimensions, such that these need to be seen as helping to constitute, rather than to contradict, each other.

The second point to note about Figure 2 is the placing of the subjective. Depending on the context of discussion and the priorities of the actors concerned, in practice the relative importance of these dimensions will shift over time. This said, the placing of the subjective at the apex of the triangle is not random, but follows the argument set out by Arjun Appadurai (2004) in his discussion of 'the capacity to aspire'. Consistent with the argument above, this presents a socially and culturally grounded understanding of the different dimensions of wellbeing. Aspirations, Appadurai claims,

'form parts of wider ethical and metaphysical ideas which derive from larger cultural norms.'

(Appadurai 2004:67-8)

He identifies three levels which nest people's aspirations in culture. The first, most immediate level, consists of a 'visible inventory of wants.' These contain the specific wants and choices for this piece of land or that marriage partner which people consciously identify and may seek to pursue. It is this level that commonly appears – though usually in a rather more generalised way - when people are asked to itemise their needs or goals by social or development workers or scholars of wellbeing. At the next level are the 'intermediate norms' which may not be expressed, but nevertheless structure the particular wants through local ideas about marriage, family, work, virtue, health and so on. These in turn relate to 'higher order normative contexts' which comprise a larger 'map' of ideas and beliefs concerning such matters as life and death, the value of material goods versus social relationships, this world and other worlds, peace and conflict. 'The subjective' is thus much more than a random selection of individual perceptions or preferences. Instead these perceptions are seen as constituted in culture and ideology which in turn structure the material and relational through a cascade of associations that makes them meaningful and designates some as pressing.

The final issue to note regarding Figure 2 is that it is already familiar. The three dimensions of wellbeing identified here have resonances of other, more established discourses. Nearest to hand, perhaps, is that of 'capitals', where 'natural', 'physical' or 'material' is brought together with 'social' and 'symbolic'. Rather more distant is the Marxist terminology of the 'means of production' (and in some formulae, reproduction), 'relations of production', and 'ideology.' A similar pattern can be found in religious discourse, such as the Christian formulation of being right with God, enjoying material sufficiency, and being right with one's neighbour. While each of these formulations is of course distinct in its ideological and conceptual baggage,

it is interesting to see how easy it is to translate at this very basic level from one to another.

The Dimensions Explained

Having set out the basic framework, this section offers some further content to the three headings, subjective, material and relational. Reflecting the dominant usage of the language of wellbeing, the primary orientation is towards the level of the individual household. I indicate later how these dimensions might 'translate up' to the community level.

Figure 3: Dimensions of Wellbeing Explained

- o *The material* concerns practical welfare and standards of living:
 - o income, wealth and assets
 - o employment and livelihood activities
 - o education and skills
 - o physical health and (dis)ability
 - o access to services and amenities
 - o environmental quality
- o *The relational* concerns personal and social relations
 - o relations of love and care
 - o networks of support and obligation
 - o relations with the state: law, politics, welfare
 - o social, political and cultural identities and inequalities
 - o violence, conflict and (in)security
 - o scope for personal and collective action and influence
- o *The subjective* concerns values, perceptions and experience.
 - o understandings of the sacred and the moral order
 - o self-concept and personality
 - o hopes, fears and aspirations
 - o sense of meaning/meaninglessness
 - o levels of (dis) satisfaction.
 - o trust and confidence

The material dimensions of wellbeing bring together items commonly distinguished as 'human capital' - or 'capabilities' in Amartya Sen's language – such as health and education, with others designated as 'assets,' or material, physical, natural or financial capital. Alongside items that people have or own, it includes 'common property resources' such as the natural and physical environment, that they share with others.

The relational dimensions of wellbeing include intimate relations of love and care as well as the classic 'social capital' components of social networks and interactions with organs of the state – policing and the law, local or national politics, social and welfare services. As mentioned above, relatedness emerged as a central issue in WeD field research. The importance of such factors is strongly confirmed by standard numerical indices of wellbeing, which link low quality of life with social exclusion and personal isolation and high quality of life with social connectedness (eg Campbell et al. 1976 in Offer 2008). Others argue the centrality of relationship to wellbeing from a therapeutic perspective (Stratton 2007). The apparent consensus may however obscure the deeper question that Christopher (1999:147) poses:

'...what is the self that is in relation to others? Is it the individualistic self who has relationships to get certain psychological needs, such as intimacy, met? Or is it the self experienced as metaphysically connected to others such that identity already incorporates others'?

This is an established area of dispute in social anthropology and sociology of the person, and in some areas of feminist scholarship. The predominance of individualist ideology in the West suggests that relationships are exterior to, rather than constitutive of, the person. There are, however, a large number of dissident voices from a variety of perspectives that contest this. These maintain that individualism is a Western folk model of the person, an ideological ideal rather than a description of how real people are (eg Asad 1993; Benjamin 1988; Christopher 1999; Craib 1994; Douglas and Ney 1998; Elshtain 1981, Lee 2001).⁹ This is a major debate which cannot be considered in detail here. The understanding of wellbeing that underlies this paper, however, is that the dimensions of subjectivity and relationality are fundamentally intertwined. Relationships are not, as in a social capital approach, something that an individual 'has'. Rather, people become who and what they are in and through their relatedness to others.

The other side of social life is the construction of distinction and difference. Recognising the centrality of relatedness in the construction of persons and wellbeing should not eliminate, but rather re-situate the significance of social structure and power relations. First, as in a family, even relations of love and care are not necessarily egalitarian, but often hierarchical. As feminist work has shown, relations within the home are by no means independent of those outside it. Second, although these relations appear at one level as a cultural and personal 'given', they still have to be realised in social practice (see eg Bourdieu 1977). Space for the play of power is opened up as what the formal 'rules' mean in practice becomes a matter of negotiation. 'Legitimate' claims to entitlement may thus be rejected, 'illegitimate' claims asserted, and/or the terms of entitlement contested. Third, neither relations of love and care, nor wider networks of support and obligation are innocent of force or violence. They may offer privilege, but can also expose one to extreme forms of exploitation and abuse. Finally, of course, there is no doubt that at the aggregate level structural differences of age, sex, race and class remain important predictors of difference in opportunities and well-being. The capacity to foster and set the terms of personal linkages is not evenly distributed. Children and women in particular are vulnerable to claims being made on and over them, which they have comparatively little scope to influence or dispute.

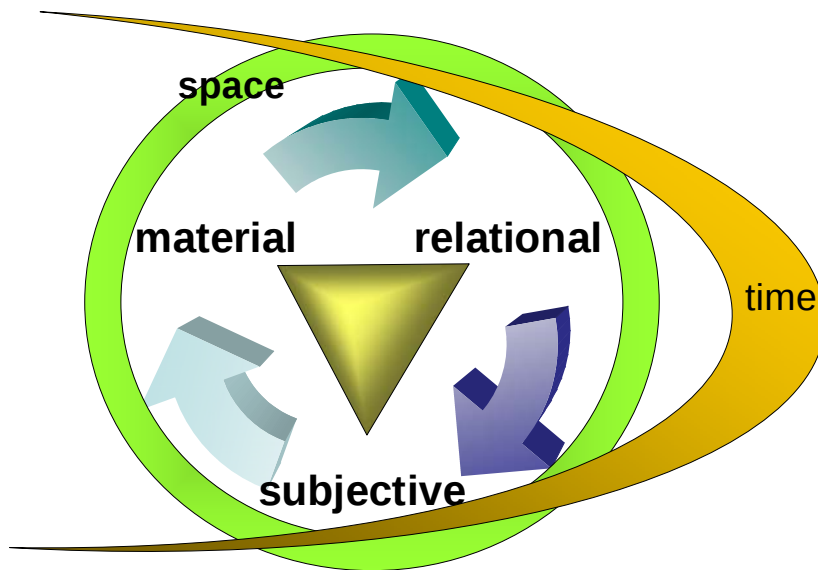
The final aspect of the relational dimension is therefore social divisions and inequalities, and the forms of entitlement and domination codified in identities by class, caste, religion, race, ethnicity, age, gender or ritual responsibility. It considers whether people are subject to violence, or other forms of social conflict and (in)security; and the 'political' arena: the mechanisms and scope they have for personal and collective action on matters that concern them.

The subjective dimensions of wellbeing concern what people value and hold to be good, the desires they identify and how they feel about their lives. The individualism of much wellbeing literature means the social and cultural dimensions of this tend to slide, as the focus settles on individuals as the locus of goals, perceptions and traits. As suggested above in the discussion of Appadurai (2004), the approach here contests this. Rather than seeing personal values and goals as belonging simply to the individual, it locates these within broader normative frameworks and ideologies, understandings of the sacred, what the moral order is and should be, and what it means to live a meaningful life. Sometimes these take an explicit religious or political form, at other times they are part of the collective unconscious, the cultural hegemony in which societies are grounded (see eg Bourdieu 1977; Comaroff, J. and J. 1991). The status of these frameworks thus varies, as does the degree to which they are contested. However, in no case are they 'just there': they are grounded in and the means of significant exercise of power.

On the face of it the subjective would seem to be the dimension of wellbeing that most clearly demands a qualitative approach. Paradoxically, however, the dominant approach to the subjective in wellbeing research has been quantitative, with the generation of numerical profiles reflecting people's self-assessed quality of life. 'Global happiness' scores are now a common feature in economic household surveys. These ask questions such as: 'Taking all things together, how would you say things are these days?' (Andrews and Withey 1976). Answers describing the self as 'very happy,' 'fairly happy,' or 'not too happy' appear as a number on a Likert scale which may be subjected to exactly the same computations as any other piece of quantitative data.¹⁰ The meaning of answers to such wide-reaching and non-specific questions may be open to doubt. Beyond this, there is an irony that the stress on perceptions and their numerical coding, can divorce 'the subjective' from the *subject*. Despite the stress on individuals, the individual person in practice gets lost, as the numerical answers given to particular questions become the data, which can then be cross-tabulated with answers to other questions, or with the same questions answered by other respondents. The methodology requires that the focus is on abstracted perceptions, rather than the person whose perceptions they are. By contrast, the approach set out here seeks to remain faithful to the central promise of wellbeing perspectives – to be person-centred. This means exploring the constitution of people as subjects, recognising consciously the duality of the notion of 'subject,' evoking as it does both the passive mode of 'subjection' – being subject to – and the active mode of 'subjectivity' – being subject of. This in turn means that wellbeing is not understood simply as a state that people do or do not experience. Rather, like subjectivity itself, it is a process, realised through the 'work' people put into making meaning out of their lives.¹¹

The notion of wellbeing as a process introduces the need to insert some movement into the model. This is pictured graphically in Figure 4.

Figure 4. Wellbeing as Process



The first dynamic shown in Figure 4 is indicated by the arrows: these suggest the inter-relationship and co-constitution of the various dimensions of wellbeing. Which factor is driver and which driven, which is prominent and which less significant, will differ between different actors and situations. This understanding of wellbeing as a process (or set of processes) then relates to the next dimension – time. Understandings of what wellbeing is change with historical time. People's ideas of their own wellbeing – and their estimations of whether they have or will achieve(d) it – also change through the life-cycle.¹² Expectations of the future and reflections on the past also have a bearing on how people conceive of their present – and how people feel about their present affects how they read their pasts and future. Such personal evaluations are in turn affected by how people conceive of time itself: whether linear or circular; whether limited to this life-time, as a prelude to eternity, or in continuity with the ancestors and those yet unborn. Some of this is hinted at in the basic model, with references to social identities by age and the sense of meaning, but beyond this time needs to be explicitly recognised as providing integral animation to wellbeing as a whole.

Finally, the circle denotes space. People's understandings of and capacities to achieve wellbeing depend critically on the geography of the space they are in.¹³ For many this is not of course set, but variable, with daily migrations to work or school, or longer term movements for employment, marriage, or care-based relationships. There is also an important figurative aspect to this. In some cultural contexts a sense of space and place is fundamental to notions of moral order. Two aspects of space are figured in to the basic model, with the references to culture and to environmental quality under material wellbeing. As seen later in relation to the community level, the use of space is much more fundamental to wellbeing than these limited references would suggest. This deserves more attention than can be given in the confines of this paper.

The Hazards of Wellbeing

This paper is at base a piece of advocacy for the use of wellbeing analysis in social and development policy. However, it is important to note that 'wellbeing' is not without its critics, and that they have important points to raise. Fundamentally, these all concern the politics of how wellbeing is defined and used. The approach that is put forward in this paper recognises the politics of wellbeing as a central concern, and seeks to reflect this in the form it takes. At the same time, however, this can easily unravel in the practical politics of interpretation and implementation.¹⁴ The critiques noted here therefore point to hazards that may always potentially recur, and should therefore be the subject of vigilance.

The first critique of a wellbeing focus is that it is a preoccupation of affluence, like one of those expensive gifts labelled 'for the one who has everything.' Wellbeing, in this reading, is the preoccupation of the over-rich and over-privileged, who can afford to fret about the quality of their over-full lives. At its simplest, this would suggest that a focus on wellbeing is inappropriate for the poor: they have other, more immediate concerns to get on with. At its most extreme, such an approach can imply that the quintessentially human aspects of life – relationships of love and care, human rights and the sense of meaning and the sacred – are less important for those who are struggling to meet their material needs. This is manifestly untrue. However, there is no doubt that some formulations of 'quality of life' concerns do appear a luxury for people in some circumstances. At its best, therefore, this critique directs us to the politics of how 'wellbeing' is defined, and the implications this has for social exclusion or inclusivity.

The second hazard of wellbeing concerns its practical application within policy and politics. The concern here is that if 'subjective wellbeing' is allowed to float free from other dimensions, it could validate a withdrawal of material support in the form of state-sponsored welfare or aid programmes, on the grounds that those who suffer material poverty may rate their quality of life as highly as those who have much more – a new variation on the 'poor but happy' theme. If the World Values Survey finds people in Bangladesh to be 'happier' than many in much wealthier countries, does this undermine the case for international aid? This again points us to the politics of wellbeing definitions, measures and use. It is worth remembering that underlying the development of quality of life measures in the context of health care, has been the motivation to determine not only which treatment is more effective, but also which patient more worthy of investment.

A third major critique of wellbeing concerns its co-option by individualism. Christopher (1999) uses anthropological and historical evidence to argue that dominant theories and measures of psychological wellbeing are grounded in the cultural values of liberal individualism. This is touched on in the discussion of individualism earlier. Christopher poses his argument in the context of counselling and psychotherapy. He argues that models of psychological wellbeing conform to the dominant ideology of Western society. They are thus part of the syndrome they seek to uncover, rather than being able to offer the grounds of independent insight into it. As a result they valorise the responses of people who share these assumptions (Western subjects) as if they indicate superior quality of life in real terms. At the same time, they potentially mis-interpret the responses of other (non-

Western) subjects, therefore attributing to them a much lower quality of life than may in fact be justified.

Sointu (2005) sharpens the political blade still further. From an analysis of UK newspaper coverage, she traces a shift in the meaning of wellbeing from the mid 1980s to the 1990s, from a focus on the 'body politic' to preoccupation with the 'body personal.' While they pose as holistic and alternative, critical of the aggressive, accumulative spirit of the age, in fact 'personal wellbeing pilgrimages' and 'different "wellbeing practices" '

'are generally affirmative to the consumerist values of mainstream society at the same time as they increasingly confirm self-reflection and self-responsibility in relation to questions of health and wellbeing as normative.'

(ibid: 260)

As discourses of wellbeing strengthen ideologies of individual choice and responsibility, they not only create a climate amenable to the increase of state interference and the reduction of state support, but also help construct 'citizen-subjects' who can be governed more effectively through their "self-responsible" self-monitoring' and their cultivation of appropriately flexible relationships (265; 271). Concern with the exclusive identification of wellbeing with the individual level is thus not restricted to academic debates on the nature of personhood. It has direct implications for the kinds of policy a focus on wellbeing will sustain.

The final hazard of taking wellbeing as focus is a more practical one. This is that the core promises of wellbeing as being positive, holistic, and person-centred, can make it unwieldy, blunt analysis and produce false consensus. The positive spin of *wellbeing* can seem to exclude negative experiences or dimensions, such that some people maintain there should be a dual focus on wellbeing and 'ill-being'. The concern with values and goals can reproduce local ideologies without proper recognition of the power relations these embody, disputes or 'misbehaviour', or the unequal rights and responsibilities they confer. The intuitive appeal of a holistic vision can become a real liability in the field when it seems to say that everything must be taken into account, and nothing disregarded. In practice a process of sifting has to occur, which separates out the issues of priority concern. Being centred on the person can blunt analysis of structural inequalities, since people's sense of self and their interests are likely to follow the ego-centred linkages of 'ties that bind' (my family, my community) rather than the categories of race, class, age and gender that sociologists use to chart social difference (Kandiyoti 1998:149). Sensitivity to this issue led to the explicit inclusion of identities and inequalities in the relational dimension of wellbeing, and to the discussion above of power within even intimate relationships.

Wellbeing at Community Level

Arguments concerning the importance of relationality and the politics of wellbeing clearly imply that wellbeing must be sought collectively: contrary to the dominant usage, the proper 'home' of wellbeing may be more properly identified at the community than at the individual level.

In considering what this would mean, there are two potential ways to go. The first would see 'community wellbeing' as the sum, or average, of the levels of wellbeing of the individuals who belong to it. The second would be to consider wellbeing as something that inheres within the community as a collectivity. The two approaches are clearly linked – community wellbeing could hardly be high if all its members were miserable. Whether one starts from individuals and seeks to build up to the collective level, or starts with the collective and seeks to draw in the individuals, does, however, make a difference. In line with the centrality accorded to relationship throughout this paper, this section concentrates on the second approach, and begins to consider what might be the dimensions of a 'community wellbeing project,' where the collective is considered to be more than simply the sum of its parts. In the form of 'vital statistics', however, it incorporates some sensitivity to community wellbeing as an aggregate of the individuals who comprise it. Figure 5 presents an outline of some indicators one might use.

Figure 5: Wellbeing at Community Level

- *The material* concerns practical welfare and standards of living.
 - o vital statistics: age distribution; health status; education levels; income levels; housing quality; tenure status
 - o employment and livelihoods opportunities
 - o availability of information and communications
 - o availability/quality of services and amenities: water, sanitation, electricity, credit, shops; schools, colleges; clinics, hospitals; sports centres, play areas; places of worship...
 - o infrastructure and accessibility (eg public transport)
 - o quality of environment
- *The relational* concerns personal and social relations.
 - o community formation: main majority/minority groups; in-/out-migration; lines of solidarity/conflict; household composition/stability
 - o organizational belonging: churches, mosques, temples, clubs, sports, political parties, gangs, action groups....
 - o informal association: where (different groups) get together
 - o relations with state – law, politics, welfare
 - o violence, crime and (in)security
 - o scope for and experience of collective action
- *The subjective* concerns values, perceptions and experience.
 - o understandings of 'a good community', 'a good society'
 - o community self-concept
 - o community fears and aspirations
 - o levels of (dis)satisfaction
 - o trust and confidence in each other
 - o sense of alienation or connectedness with wider society

In Figure 5, the material comprises some basic mapping of the community, some of which could be gathered from official sources. These could be supplemented through established participatory mapping approaches, such as the 'transect walk' and 'social mapping.'¹⁵

The relational seeks to explore community formation through a combination of local history and statistics, to combine awareness of the present situation with a sense of trajectories through time. It aims to understand formal and informal ways in which people associate together, and the spaces in which this happens. This may be particularly important for the elderly and young people, who may be isolated on the one hand, or lacking appropriate public space on the other. Like the other dimensions, the relational considers both what goes on within the community, and relationships with the outside. In exploring the scope for collective action it is particularly concerned with the range of experiences that people may have, initially within this community, but also more broadly. This follows Albert Hirschman's (1984) observation of co-operatives in Latin America, in which he found that many the leaders had previous experiences of (often unsuccessful) attempts at collective action. From this he derives the notion of 'the principle of the conservation and mutation of social energy,' to express his conviction that, once ignited, the inspiration to work collectively never dies, but remains dormant to be re-kindled when a new opportunity arises.

Some people would object to a 'subjective' category at community level, maintaining that values and perceptions can only be experienced by individuals. While in one sense this is true, it is also the case that people do hold collective understandings of how their community is seen, and this can significantly affect their collective and individual self-confidence. Scheper-Hughes (1992:188) gives an example of this, as she describes how exploited and exhausted people within the Brazilian shanty-town she studied blamed their situation on their "worthless" bodies, comparing their weakness, bad blood, shot nerves and spoiled milk to the strong, vital, pure and fertile bodies of the 'big people'. In the UK, the 'post-code lottery' does not only relate to differential conditions of access to state services, but also chances of consideration for employment for those seen to come from a 'bad' area. Levels of trust and confidence between neighbours are also seen as significant in the 'social capital' literature.

Pursuing a wellbeing project at community level is not, of course, just about having the right analytical framework, but also about the way you go about it. Central to this is the promise of wellbeing to be person-centred. This means that the project must be pursued in a way that maximises the participation and ownership of people from the community itself. This concerns all stages of the project: from defining what wellbeing means; to identifying and prioritising wellbeing needs and goals; to determining the steps and activities through which these may be achieved; to deciding on indicators of achievements; to assessing wellbeing outcomes. As noted above, there are many tried and tested methods for participatory research, learning and action that are easily available for use in this process. But the key to all this is not the techniques, but the character of *relationships* that are established through the process, both amongst community members and between them and any facilitating 'outsiders'. Such relationships need to be founded in mutual respect; a readiness to listen, reflect and be challenged; and a sharing in participation, with a view to making things imaginative and fun.

Paradoxically perhaps, one of the primary outcomes of the enthusiasm for participation in international development has been the growth of a healthy scepticism regarding the idea of 'community' (eg Guijt and Shah, 1998). It is very important, therefore, that participation should not be limited to the often self-styled 'community leaders.' Separate spaces will be required to enable a range of voices to be heard, according to the significant lines of difference that cross-cut communities, such as by class, gender, age, religion, or place of origin. This might seem to generate conflict, but in fact it only enables to come out any conflicts that power relations are keeping hidden. Once the range of views – and the oppositions amongst them – are evident, then a collective process of sifting and prioritising needs to take place. Here again, mechanisms are likely to be needed to ensure that the dominant voices do not simply re-assert themselves.

Finally, the holistic promise of wellbeing should never be forgotten. Throughout the process it is important to keep looking for and working to achieve connections between subjective, material and relational dimensions, while recognising that some of these will inevitably take the form of tensions and trade-offs between them.

Conclusion: Wellbeing as Process

The 'being' in wellbeing suggests that it is a state that can be achieved, and this is conjured by many of its associations in its identification with the 'body personal' – of soft green, calm, balance, and meditative stillness. Policy language may also suggest that wellbeing (like development before it) is an outcome to be sought. While this may be true at the level of aspiration, this paper suggests that wellbeing is more usefully understood as a process, which is inescapably political and always grounded in a particular time and place. Contrary to dominant approaches, the 'home' context of wellbeing is not the individual but the community: wellbeing happens in relationship. At its best, a collective project to enhance wellbeing may thus itself become the means through which wellbeing can be experienced.

Endnotes

¹ My thanks to Stanley O D Gaines Jr and Joe Devine for consultation and comments on this paper.

² WeD was a five year, interdisciplinary study. The scope of its research spanned national through individual level, using a variety of research methods. These included: a review of macro policy dimensions, under the rubric of 'wellbeing regimes;' a survey of resources and needs in approximately 6000 households; a quality of life survey and the development of a quality of life measure; a sub-set detailed household diaries and survey on income and expenditure; and themed sub studies designed to capture more processual dimensions of wellbeing, on locally emergent issues such as migration; marriage; floods; and collective action. Aside from general management, my main involvement was in the Bangladesh team, and therefore I draw primarily on Bangladesh experience here. For more information please see <http://www.welldev.org.uk> and Gough and McGregor (ed) 2007. We are grateful to the ESRC for their support in funding this research.

³ Although as Christopher 1999 argues, terms like 'psychological wellbeing' reintroduce these divisions.

⁴ See (www.livelihoods.org) for more information on livelihoods approaches in international development. See White and Ellison (2006) for more discussion on the continuities between these and wellbeing approaches.

⁵ My translation.

⁶ This of course reflects a larger argument, developed in particular within anti racist and post-colonial scholarship.

⁷ Or, as Bourdieu (1990: 135) puts it: 'agents apply to the objective structures of the social world structures of perception and appreciation that have emerged from these objective structures and tend therefore to see the world as self-evident.'

⁸ The disciplinary and specialist-driven divisions of academics and professionals means that the re-segmentation of wellbeing is a common danger. One could argue, for example, that the mini-industry related to 'subjective wellbeing' is a case of this.

⁹ Some argue that men more closely approximate the individualist ideal than women do.

¹⁰ This question has been used by Global Barometer surveys in Europe, 'New Europe', Africa, and Latin America and numerous economic surveys, & national general household surveys. Other similar questions ask about life satisfaction, and may require a five point answer. My thanks to Laura Camfield for this information.

¹¹ My appreciation of this point is due to my reading of Veena Das' work, in particular Das 2000. See White (2006) for a fuller discussion.

¹² Surveys of American adults recorded by Campbell et al, 1976 record negative scores on wellbeing for those below 55 become positive scores thereafter (Offer 2008).

¹³ This is a point made strongly by Nic Marks (2007), and being pursued within the Nef approach to wellbeing.

¹⁴ The experience of Gender and Development, for example, has been one of constant, ongoing, tensions between 'more political' and 'more technical' understandings and approaches.

¹⁵ A transect walk involves members of a research team walking with community members around the neighbourhood, to get a sense of the lie of the land. Social mapping involves community members sketching out their own sense of the space they are in, and what is important to them about it. Many examples of these and other 'PRA' or PLA' methods are available on the web. Chambers (1994; 2002) offers introductions. *Participatory Learning and Action* is a journal dedicated to these approaches: http://www.iied.org/NR/agbioliv/pla_notes/index.html.

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