Analyzing Wellbeing: A Framework for Development Practice

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Abstract

This paper is a piece of advocacy for the use of wellbeing analysis in social and development policy and practice, drawing on the work of the Wellbeing in Developing Countries Research Group (WeD) at the University of Bath, UK. The paper offers a simple definition of wellbeing, and then explores the three basic dimensions that this comprises. It notes some potential hazards in taking wellbeing as focus, and concludes by considering what difference a focus on wellbeing could make to social and development practice.

Keywords: Wellbeing, Framework, International Development

1. 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 is a piece of advocacy for the use of wellbeing analysis in social and development policy and practice, drawing on the ESRC research project on Wellbeing in Development Countries (2002-2007), with country teams in Ethiopia, Bangladesh, Peru and Thailand (see Gough and McGregor 2007). The paper offers a simple definition of wellbeing, and then

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explores the three basic dimensions that this comprises. It notes some potential hazards in taking wellbeing as focus, and concludes by considering what difference a focus on wellbeing could make to social and development practice.

2. 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.

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. 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. 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 and the 'economics of happiness.'

3. 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. '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). This 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.

A locally grounded conception of wellbeing is evident in a Bangladeshi villager's description of an 'ideal society' as one in which: '*bhat, kapor o shonman niye shukhey thakbo*' [we live in happiness with rice, clothes and respect] (my translation). (Siddiqi 2004:50).

This statement shows two aspects to the relational dimension of wellbeing. The first is more public or social, '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 different dimensions of wellbeing and the cultural grounding of them all.

4. Wellbeing in Three Dimensions

The WeD approach to wellbeing thus identifies three key dimensions: the material, the relational and the subjective. The material comprises assets, welfare and standards of living. For practical analysis, the relational is divided into two spheres: the social – social relations and access to public goods; and the human –capabilities, attitudes to life and personal relationships. The subjective also has two aspects: on the one hand people's perceptions of their (material, social and human) positions, and on the other hand cultural values, ideologies and beliefs. This section discusses how these different dimensions relate to one another. The following section sets out each of the dimensions in more detail.

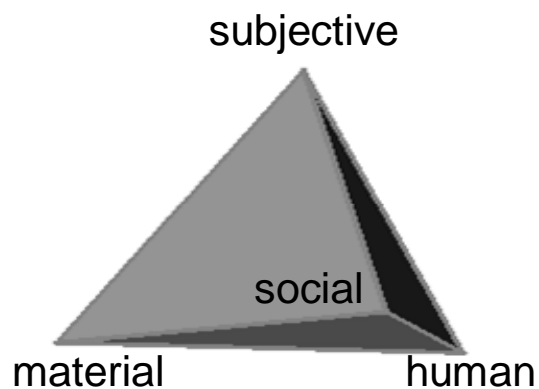**Figure 2: The Pyramid of Wellbeing**

Figure 2 presents wellbeing as a pyramid, with material, social and human at the base, rising to the subjective dimension at the apex. The logic behind this is as follows. First, the triangular shape expresses interdependence: that the different aspects of wellbeing are linked and none can exist without the others. In fact, as seen above in the case of rice, many items will comprise some element of material, social and human, such that these should be seen as helping to constitute, rather than to contradict each other. In distinguishing different elements of wellbeing it is important not to forget their unity. Second, seeing the figure in three dimensions suggests how wellbeing emerges in the interplay of 'objective' – that is, externally observable and independently verifiable – aspects of people's circumstances, and their 'subjective' perceptions and assessments of these. Third, placing the subjective at the apex tempers any tendency to divorce 'subjective' from 'objective', reinforcing the point made above about the cultural grounding of material welfare or standards of living.

Arjun Appadurai's (2004) discussion of 'the capacity to aspire' sets out in more detail how material wants are nested in cultural values. He argues that aspirations 'form parts of wider ethical and metaphysical ideas which derive from larger cultural norms' (2004:67-8). He identifies three levels in this. 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 arranged or love marriages; joint or nuclear family structures; honourable and dishonourable forms of work, and how these vary for men and women; 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, social and personal 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 dimensions of wellbeing identified here have resonances of other, more established discourses. Within the

development lexicon a close cousin is livelihoods approaches with their different forms of 'capital' or 'resources'. 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 obvious added value of a wellbeing approach is its explicit inclusion of the subjective. Grounding the human and social in the relational also gives them a distinctive character, as the section below describes.

5. The Dimensions Explained

This section offers some further content to the three headings, material, social, and human. 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

The material concerns practical welfare and standards of living:
- Objective aspects include: - income, wealth and assets
  - employment and livelihood activities
  - levels of consumption
- Subjective aspects include: - satisfaction with income and wealth
  - assessment of one's standard of living compared with others'
  - assessment of present standard of living compared with past

The social concerns social relations and access to public goods:
- Objective aspects include: - social, political and cultural identities
  - violence, conflict and (in)security
  - relations with the state: law, politics, welfare
  - access to services and amenities
  - networks of support and obligation
  - environmental resources
- Subjective aspects include: -perceptions of safety, respect and discrimination
  - (dis)satisfaction with access to services
  - assessment of treatment/support given or received
  - perceptions of environmental quality

The human concerns capabilities, attitudes to life and personal relationships:
- Objective aspects include: -household structure and composition
  - education, information and skills
  - physical health and (dis)ability
  - relations of love and care
- Subjective aspects include: -(dis)satisfaction with levels of health, information, skills, education
  - self-concept and personality
  - sense of competence, (in)capability and scope for influence

- trust and confidence
- religious faith

The material aspects of wellbeing are the most familiar to development approaches: levels of consumption, livelihoods and wealth. The subjective side of the material concerns people's self assessment of their economic position. The social dimension of wellbeing comprises the classic 'social capital' components of social networks along with access to public goods – policing and the law, social and welfare services, the quality of the physical environment and access to amenities. It also concerns social divisions and inequalities, and the forms of entitlement and domination codified in identities by class, caste, gender, religion, race, ethnicity, age, disability, 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 collective action on matters that concern them. Subjective dimensions of the social concern how satisfied people are with their access to services, amenities and the way they are treated, their views on the physical environment, and how they perceive the social setting - as safe or unsafe, characterised by justice or discrimination.

Recognising the centrality of relatedness in the construction of wellbeing does not therefore 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.

Designation of the human sphere again begins with familiar development categories: human capital and capabilities. Its grounding in the relational, however, means that it also includes household structure and composition, as well as personal attitudes and intimate relations of love and care. As Christopher (1999:147) states, this raises an important question about the understanding of the 'human': '…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. 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 human seems in many ways to offer the 'home' context of the subjective, holding as it does the psychological variables of self-concept and personality, sense of competence and trust. It is very tempting to situate here all of what people value and hold to be good, the desires they identify and how they feel about their lives. In fact, however, as argued above, cultural values and beliefs relate to all aspects of wellbeing, material and social just as much as human. Grounding the human in the relational helps resist the individualism of much wellbeing literature, which misses out the social and cultural in settling on individuals as the locus of goals, perceptions and traits. Personal values and goals are instead located 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). 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 feature 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.[2] 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.[3]

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

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[2] 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.

[3] My appreciation of this point is due to my reading of Veena Das' work, in particular Das 2000.

Figure 4. Wellbeing as Process
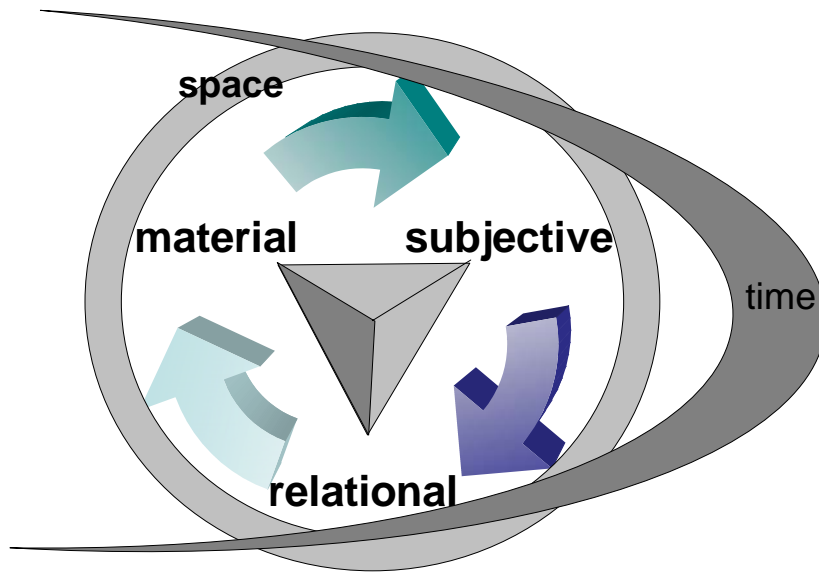
The first dynamic shown in Figure 4 is indicated by the arrows: these suggest the inter-relationship and co-constitution of the various dimensions of wellbeing. Which factor is driver and which driven, which is prominent and which less significant, will differ between different actors and situations. 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. 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. 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.

6. The Hazards of Wellbeing

Although a wellbeing approach has much to recommend it, it also carries potential hazards. 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.[4] 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 who can afford to pursue it, 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

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

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 (*ibid* 265; 271). Confirming Sointu's warning, wellbeing in policy practice shrinks easily into 'subjective wellbeing' shorn of any material anchor. Cuts in unemployment support are justified on the basis that 'having a job is good for your mental health.' Counselling to promote individual 'resilience' displaces programmes which provide tangible benefits or policies which address more substantial, structural change. At its worst wellbeing is profoundly de–politicising: the issue becomes not to change the world but the way you feel about it. Excessive individualism in approaches to wellbeing is thus not only of concern 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 *well*being 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.

7. Promoting Collective Wellbeing

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 three 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 consider wellbeing as something that inheres within the community as a collectivity. These two approaches are clearly linked – community wellbeing could hardly be high if all its members were miserable. A third approach draws together this combination of the individual and collective with the understanding of wellbeing as a social process. Wellbeing then becomes something that happens in relationship – between the collective and the individual; the local and the global; the people and the state. Relationship is thus at the centre of wellbeing analysis and politics. Promoting the wellbeing of poor and excluded people means transforming the terms on which they engage with others and others engage with them.

Figure 5 suggests how the wellbeing dimensions translate to the community level. This comprises both what goes on within the community and relationships with the outside.

Figure 5: Wellbeing at Community Level

The material concerns practical welfare and standards of living:
- Objective aspects: - income levels; housing quality; tenure status
  - employment and livelihoods opportunities
  - availability of information and communications
  - availability/quality of services and amenities: water, sanitation, electricity, credit, shops; schools, colleges; clinics, hospitals; sports centres, play areas; places of worship…
  - infrastructure and accessibility (eg public transport)
  - quality of environment
- Subjective aspects: -people's satisfaction and perceptions of these

The social concerns social relations and public goods:
- Objective aspects: -community formation: main majority/minority groups; in-/out- migration; lines of solidarity/conflict;
  - organizational belonging: churches, mosques, temples, clubs, sports, political parties, gangs, action groups….
  - informal association: where (different groups) get together
  - community relations with state – law, politics, welfare
  - violence, crime and (in)security
- Subjective aspects: -people's satisfaction and perceptions of these
  - experience of collective action

The human concerns capabilities, values and attitudes:
- Objective aspects: - age distribution; health status; education levels;
  - household composition/stability
- Subjective aspects: -understandings of 'a good community', 'a good society'
  - community self-concept
  - community fears and aspirations
  - levels of (dis)satisfaction
  - trust and confidence in each other
  - 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'.[5]

The social 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. 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 geography-based differentials in access to state services, but also

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[5] 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. See eg *Participatory Learning and Action:* http://www.iied.org/NR/agbioliv/pla_notes/index.html,

chances of 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.

And so we come to the final question: what difference would focusing on wellbeing make to development policy and practice? The honest answer is that we do not yet know. Wellbeing opens up space for a rather different set of conversations than the conventional growth-redistribution polarity, but – as the section on hazards makes clear – it does not determine what the outcomes of those conversations will be. There is no doubt that there is amongst those advocating wellbeing a lot of energy for change and especially to question the supreme value of economic growth. But for many, perhaps most of these, there is also a good measure of 'business as usual.' Thus the OECD's project to develop 'sets of key economic, social and environmental indicators' for measuring wellbeing has quite a radical agenda of broadening access to the generation and use of information. Its idea of 'progress', however, leaves intact a conventionally Eurocentric historiography.[6]James Purnell, Secretary of State, UK Department of Work and Pensions expressed this ambivalence well in a conference speech in September 2008. He described how for him wellbeing means: 'There's more to life than money, or more precisely more to politics than growth. […] 'I do believe that markets work, growth does matter, but it needs to be good growth.'

'Good growth', he went on, means growth that is, environmentally sustainable and makes people happy – something with which few would disagree.[7] As a think-tank which doesn't have elections to worry about, the New Economics Foundation can afford to think more radically, with their 'Happy Planet Index' and 'Wellbeing Manifesto'.[8] Here there is more sense of a genuine shift of values, with proposals that productivity gains be taken in units of time rather than money, or the work-life balance re-set with increased parental leave in children's early years. However, its predominant focus remains the individual. Seeing the promotion of wellbeing as requiring a shift in the terms on which disadvantaged people engage with and are engaged by others would lead considerably further into issues such as the terms of international trade; the establishment of human rights and the rule of law; formal and

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[6] See www.oecd.org/progress.

[7] Seehttp://www.youngfoundation.org/files/images/Conference_Report_FINAL.pdf.

[8] See http://www.neweconomics.org/gen/hottopics_well-being.aspx.

informal mechanisms for gaining access to services; rates of violence and social conflict; and the scope for political action.

Moving on from policy to programme level, institutions and organisations offer the most immediate candidates for a wellbeing perspective. In such delimited environments it is easy to see the inter-relationship of individual and collective, and how the organisation of space and management of time affects this. Studies in hospitals, clinics, schools, offices, and factories show consistently that how people are treated is of vital importance to how well they do – in practical terms of health, learning, and productivity outcomes, not merely 'satisfaction' with the experience. Yet – as Neil Thin (2008) argues in the case of education – wellbeing has been strikingly absent in development debates over both the purpose of programmes (education is assumed to be in and of itself 'a good thing') and the *form* that provision should take.

In working with communities, anecdotal evidence suggests that the positive charge of wellbeing may be significant. The organiser of a London-based project, for example, described how its aim of using satellite technology to produce a web-based map of the community was undermined by the fact that local people did not want their neighbourhood identified globally as a 'poverty black-spot'. A common response to our survey was that people had never been asked about their aspirations before. If, as Appadurai (2004) argues, 'the capacity to aspire' itself needs to be developed in people who are used to managing in very harsh environments, asking them their dreams and then beginning to work out how at least some of them might be achieved may in itself be significant. A participatory process of wellbeing analysis may then go beyond this to provide a base-line set of indicators for use in project monitoring and evaluation. However, the open agenda of wellbeing does pose dangers. Wellbeing analysis has to be contextual. The generic framework suggested here will need to be customised for use in each particular context. To minimise the cost of this on the community, a significant part of this process will be to identify a limited, specific number of wellbeing indicators for use in a 'light touch' 'good enough' approach.

The importance of terms of engagement of course applies within any project – and its management – as well to the external environment. Best practice in participatory research, learning and action points to the need for separate spaces to enable different voices to be heard beyond those of the often self-styled 'community leaders'. It also stresses that more

significant than techniques are the relationships that govern the process, which ideally are founded in mutual respect; a readiness to listen, reflect and be challenged; and a shared engagement which makes things imaginative and fun.

8. Conclusion: Wellbeing as Social 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 that comprises material, relational and subjective dimensions. The constellation of these and the dynamics between them vary with history and geography, life-cycles, and different ways in which time is managed and space is organised. Wellbeing may be assessed at both individual and collective level, but its grounding is in the links between them: 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.

For social and development policy and practice the paper has two implications. First, wellbeing is not a panacea: adopting a wellbeing approach will not replace politics. On the contrary, the review of hazards shows that there are serious politics in the ways wellbeing is understood. Calls to re-frame policy in terms of wellbeing come from many different quarters. They certainly seek a change, but the politics of that change need to be investigated, not assumed. Second, for the social process conception of wellbeing advocated here the policy implication is clear. Relationship must be at the centre of policy as well as analysis. Promoting the wellbeing of poor and excluded people will thus mean transforming the terms on which they engage with others and others engage with them, at structural as well as more immediate levels.

References

Andrews, F.M. and S. B. Withey (1976), *Social Indicators of Well-being: Americans' Perceptions of Life Quality*, New York: Plenum Press

Appadurai, Arjun (2004), 'The capacity to aspire: culture and the terms of recognition', in V. Rao and M. Walton (eds), *Culture and Public Action*, Stanford: Stanford University Press, pp. 59-84.

Bourdieu, P. (1977), *Outline of a Theory of Practice*, Cambridge: Cambridge University Press

Camfield, L., K. Choudhury and J. Devine (2008), 'Wellbeing, Happiness, and Why Relationships Matter', *Journal of Happiness Studies*. Online first: DOI 10.1007/s10902-007-9062-5.

Christopher, John Chambers (1999), 'Situating Psychological Well-Being: Exploring the Cultural Roots of Its Theory and Research', *Journal of Counseling & Development*, 77(2): 141-152.

Das, Veena (2000), 'The act of witnessing: Violence, poisonous knowledge, and subjectivity', in V Das, A Kleinman, M Ramphele and P. Reynolds (eds), *Violence and Subjectivity*, Berkeley: University of California Press, pp 205-241.

Devine, J. (2008), 'Wellbeing and the Rotten Foundations of a Development Success', *WeD Briefing Paper* 3/08, ESRC Research Group on Wellbeing in Developing Countries, University of Bath.

Devine, J., L. Camfield and I. Gough (2008), 'Autonomy or Dependence - or Both?: Perspectives From Bangladesh', *Journal of Happiness Studies*, 9:105-138.

Fraser, Nancy (1997), *Justice Interruptus: Critical Reflections on the "Post-Socialist" Condition*, London: Routledge

Gough, I. R. and J.A. McGregor (eds) (2007), *Wellbeing in Developing Countries: New Approaches and Research Strategies*, Cambridge: Cambridge University Press.

Hirschman, A.O. (1984), *Getting Ahead Collectively. Grassroots Experiences from Latin America*, Oxford: Pergamon Press

Kandiyoti, Deniz (1999), 'Rethinking the Patriarchal bargain', in C. Jackson and R. Pearson (eds), *Feminist Visions of Development*, London: Routledge, pp.135-151.

Mitchell, Timothy (1990), 'Everyday Metaphors of Power', *Theory and Society*, 19(5): 545-578.

Siddiqi, Dina M. (2004), 'Shalish and the Quest for Gender Justice: An Assessment of Strategic Interventions in Bangladesh', Final Report, Dhaka: Research Initiatives Bangladesh

Sointu, E. (2005), 'The rise of an ideal: tracing changing discourses of wellbeing', *The Sociological Review*, 53 (2): 255-274.

Thin, Neil (2008), 'Schoolchildren's well-being and life prospects: justifying the universal tax on childhood', Paper at Development Studies Association conference, Westminster, November 2008.