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# Wellbeing as a process of accrual: beyond subjectivity and beyond the moment.

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## Abstract

Although the notion of wellbeing is popular in contemporary literature, it is variously interpreted and has no common definition. Such inconsistencies in definition have particular relevance when considering wellbeing programs designed for children. By developing a broader conceptualisation of wellbeing and its key elements, the range of programs and services developed in the name of wellbeing will achieve a more consistent cross-disciplinary focus to ensure that the needs of the individual, including children, can more accurately be addressed. This paper presents a new perspective on conceptualising wellbeing. The authors argue that conceptualising wellbeing as an accrued process has particular relevance for both adults and children. A definition for accrued wellbeing is presented in an attempt to address some of the current deficiencies in existing understandings of an already complicated construct. The potential for the ideas presented when considering wellbeing as a process of accrual may have further application when considered beyond childhood.

# **Wellbeing as a process of accrual: beyond subjectivity and beyond the moment**

## **Introduction**

While popular in contemporary literature, the notion of wellbeing is variously interpreted and as such has become a ubiquitous term for all things health related within the community. It is somewhat perplexing that despite its wide use and application across a range of disciplines, wellbeing reflects many of the elements of “buzzword” status that can undermine the efficacy of programs applied in its name. An assumed knowledge of the wellbeing intent for each program is required as evidenced through the varying application for wellbeing in terms of physical capacity, emotional capacity, spiritual capacity, cognitive capacity or simply as a substitute for “mental health” (La Placa, McNaught, & Knight 2013). Such demarcations, while expeditious do little to help shape a holistic view of wellbeing that extends beyond the sum of its parts. When considering the plethora of wellbeing enhancement programs available, it is apparent that a definition of wellbeing that is applicable across a range of domains is required, if only so that wellbeing programs can be objectively measured according to common criteria.

Wellbeing in its broadest sense encompasses all aspects of the human experience as perceived by an individual at any given time. The key elements of wellbeing have been extensively debated in the philosophical, health, psychological and economic literature and in the absence of an agreed definition for wellbeing (Dear, Henderson & Korten, 2002; La Placa, McNaught & Knight, 2013; McAllister, 2005; McNaught, 2011, Watson, 2010) researchers apply definitions based on their discipline imperatives. For example, McAllister defines wellbeing as

More than the absence of illness or pathology; it has subjective (self-assessed) and objective (ascribed) dimensions; it can be measured at the level of individuals or society, it accounts for elements of life satisfaction that cannot be defined, explained or primarily influenced by economic growth. (2005, p. 2)

Shah and Marks (2004, p. 2) define wellbeing as “more than just happiness. As well as feeling satisfied and happy, wellbeing means developing as a person, being fulfilled, and making a contribution to the community.” While Dodge, Daly, Huyton and Sanders (2012, p. 230) define wellbeing as “the balance point between an individual’s resource pool and the challenges faced.” There is also contention as to whether wellbeing should be considered a construct (Seligman, 2011) or a state (Dodge et al., 2012). Further to this, much contemporary research broadly applies wellbeing across social, physical, cognitive, environmental/economic and psychological domains (Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002; La Placa, McNaught & Knight, 2013; Pollard & Lee, 2003; Ryan & Deci, 2001; Ryff & Singer, 1998; Schickler, 2005).

Moreover, Pollard and Lee (2003, p. 60) describe wellbeing as “a complex, multifaceted construct that has contributed to elude researchers’ attempts to define and measure.”

Carlisle and Hanlon (2008, p. 265) are more critical in describing wellbeing as “an ill-defined and distracting red herring for those concerned with improving health.” This definitional conundrum reflects the interdisciplinary nature of wellbeing and the priorities of each field of endeavour. As Michalos (2008, p. 354) states “human wellbeing is too multifaceted to be captured by a single discipline” which results in repeated interdisciplinary critical discussions about what wellbeing actually means. Despite the expressed discontent across many fields, the term wellbeing remains in common use and as such demands a greater level of clarity in definition.

When considering specific aspects of wellbeing as applied across disciplines it is apparent that an individual can experience, simultaneously, both positive and negative wellbeing, that can further cloud an individual overall assessment at any given time (Diener & Oishi, 2005; Fattore et. al, 2007; Kim-Prieto, Diener, Tamir, Scollon & Diener,

2005; Pollard & Lee, 2003; Weston, 1999). Just as an individual could experience positive physical wellbeing – optimal physical health and enjoy a healthy and nutritious diet combined with exercise, they may, at the same time experience low social wellbeing exhibiting depression, negative self-concept or suicidal ideation. To explain persons overall wellbeing in such a case would present a challenge in any discipline, particularly when the available definitions of wellbeing vary so widely. This individual's present sense or expression of wellbeing does not fit neatly within the available descriptions of wellbeing that focus predominantly on the presence of positive traits and attributes. While such definitions may suitably describe an individual's physical 'wellbeing' or 'being well', it is clear that wellbeing is significantly more than merely 'being well' (Schickler, 2005).

This definitional conundrum reflects the interdisciplinary nature of wellbeing and the priorities of each field of endeavour. As Jones and Sumner, (2009 p. 33) assert, definitions of wellbeing are ambiguous and “contested in the literature” difficulties that support the arguments of Fattore, Mason and Watson (2007 p. 11) who state that “wellbeing is socially contingent, a construct embedded in society and culture and prone to change and redefinition over time.” Crivello, Camfield and Woodhead (2009 p. 53) also note that, “wellbeing is an important but somewhat elusive concept... open to numerous definitions, conceptualisations and methodological approaches”. As with many socially constructed conditions and conventions, it is to be expected that periodical redefinitions of wellbeing can and should occur. However, without a baseline definition that is inclusive of the elements prioritised across disciplines, such a process of evolution and redefinition cannot begin, let alone evolve. Until such a focused conceptualisation of wellbeing is conducted the dilemmas of definition will remain.

## Conceptualisations of wellbeing

The focus on wellbeing has evolved from being one component of health to a field of holistic interest in its own right (Fraillon, 2004). Definitions incorporating wellbeing have developed from the traditional health-based underpinnings to a wider acknowledgement of the range of elements that contribute to its formation. A dilemma not apparent when considering the personalised features of subjective wellbeing.

When considering the difficulties in defining the broad term ‘wellbeing’ (Dear, Henderson & Korten, 2002; La Placa, McNaught & Knight, 2013; McAllister, 2005; McNaught, 2011, Watson, 2010), some lessons are available from the clear definition of “subjective wellbeing.” Subjective Wellbeing (SWB) developed by Diener et al (1999 p. 278) is defined as “a broad category of phenomena that includes people’s emotional responses, domain satisfactions, and global judgements of life satisfaction.” Importantly SWB is specific to a particular individual and is representative of a specified time period. Under an SWB framework, an individual’s reported level of wellbeing must be understood to be flexible and ever-changing (Watson, 2010; Weston, 1999) and likely to differ depending on contextual factors which are difficult, if not impossible, to control. An assessment of SWB at any given time should be considered with caution because firstly it contains a subjective account by an individual, and secondly will be most likely influenced by temporary affectations.

Defining wellbeing in a way that relies upon temporary affectations such as those applied in subjective wellbeing assessments is not helpful when attempting to understand wellbeing as a holistic entity. These short-term appraisals do not permit the individual to draw upon the influences of previous experience in their determinations. Therefore, “it is more appropriate to regard subjective wellbeing as a fluctuating state rather than a stable trait” (Headley & Wearing, 1991, p. 56). However, when considering wellbeing as having the ability to transcend the temporary time dimension, it becomes a significantly more

stable trait. Temporary affectations focus on single experiences (either positive or negative), which makes it difficult for the individual to see beyond that reference point. Considering wellbeing as having the potential to be both a state and a trait may serve to have greater utility in the development of a workable definition.

To assess subjective wellbeing, Diener et al (1999 p. 278) posited the multifaceted considerations of the physiological and psychological elements on the subjective judgements made arguing “although some might argue that SWB is, after all, subjective, it nevertheless depends on reactions in multiple physiological and psychological systems.” However despite the consolidation of multiple internal systems it remains apparent that considering isolated points in time is clearly not sufficient to inform a long term perspective of an individual’s social and emotional wellbeing beyond subjectivity.

The lack of clarity in defining wellbeing may stem from the interchange of various expressions such as *wellness*, *positive mental health* and *subjective wellbeing* without distinction between them leading to a pervasive interchange of use in contemporary media and policy documents.

Wellness is distinguished by its primary focus upon either the physical condition or the emotions and attitudes of an individual in response to a particular context. Ryan and Travis (1981 p. 3) define wellness as “the balanced flow between contrasting positions, attitudes, or emotions, rather than the attachment to any particular one... learning from each, growing from both.” Wellness does not however effectively reflect a person’s prior experience, developed resilience, or knowledge. Schickler further outlined the difference between wellness and wellbeing as,

“being well as opposed to ill or diseased [is] not then the same as wellbeing, for the latter could occur in the presence of disease. Suffering [is] probably the opposite of wellbeing in that it could be present whether there was disease or ‘wellness’.”. (2005, p. 222)

Wellbeing is often described in mental health research as the interplay between both the presence of positive wellbeing and the absence of mental illness, not the presence or

absence of one component in isolation (Keyes, 2006; Keyes and Lopez, 2002; Ryff and Singer, 1998; Ryff, 1995). The Australian Institute of Health and Welfare (2007) considers wellbeing as a social construct that is dependent on how an individual responds to negative inputs and builds their resilience from these experiences, further illustrating the distinctions between mental health and wellbeing. Keyes and Lopez (2002) noted that researchers in mental health research commonly investigate the dimensions of social, emotional, or psychological wellbeing, suggesting wellbeing is simply a synonym of mental health.

The necessarily narrow definitions commonly provided when referring to wellness and positive mental health do not effectively apply to a lifespan notion of wellbeing. It is imperative therefore that the notion of *wellbeing* is further defined to encapsulate a long-term perspective of wellness, wellbeing and positive mental health across the lifespan.

As discussed previously, an individual's perceived level of wellbeing is typically examined in terms of their subjective wellbeing and an individual's evaluation of their own life (Diener, Lucas & Oishi, 2002; Keyes, 2006; Kim-Prieto et. al., 2005). Such evaluation entails an individual's recollection of events contributing to their subjective wellbeing assessment. However, Diener and Oishi (2005) outlined the importance of caution in recognising the nature of memory as an individual's wellbeing is recreated from what can be recalled in addition to the effect that both temporary and long term situational changes have on an individual's subjective wellbeing (White, 2007).

To investigate the phenomenon of wellbeing further, an exploration into some of the interdisciplinary arguments about wellbeing within Philosophical, Health and Psychological literatures is necessary.

### **Philosophical conceptualisations**

The notion of wellbeing, even in its most broad sense, has been theorised for centuries through the works of philosophers such as Aristotle and Epicurus (Kraut, 2010; Magee,

2010; O'Neill, 2006) and by asking "how one ought to live" (La Placa, McNaught & Knight, 2013, p. 116) and "what constitutes a good society" (Ryan & Deci, 2001, p. 143). The historical origins of wellbeing being achieved through living a good life and the pursuit of happiness inform some of the contemporary debates on wellbeing.

Aristotle questioned ethics and the nature of 'being', which led to theorising that ultimately humans want to "live well" (Kraut, 2010, para 6) and achieve a "happy life" (Magee, 2010, p.38). To do this, Aristotelian thought posits that man ultimately strives for eudemonia (happiness/bliss) as the "highest good" (Kraut, 2010, para 5). Aristotle questioned the purpose of life so humans could understand how eudemonia might be achieved. If the purpose or meaning of life is known, then the steps to achieve eudemonia can be identified and accomplished. Aristotle said "not that happiness is a virtue, but that it is a virtuous activity. Living well consists in doing something, not just being in a certain state or condition. It consists in those lifelong activities that actualise the virtues of the rational part of the soul" (Kraut, 2010, para 8).

It could then be argued that the evaluation of wellbeing is never complete. As such, an individual's holistic wellbeing may never truly be able to be objectively evaluated as complete, as it continues to evolve and respond to past and present conditions. Wellbeing may be considered the process of being by which eudemonia is achieved, which may have the ability be affected and influenced after death.

By contrast, hedonic theories focus on maximising pleasure and minimising pain (Moore, 2004) in order to achieve wellbeing. Hedonic theories explore the extent to which pleasure and pain underlie human action and motivation and, as O'Neill (2006, p. 162) explains,

as far as our own well-being is concerned life before we existed is a mirror of life after we die. Neither matter to us. If well-being consists in having the right mental states of pleasure and the absence of pain, then neither what happens before or after we die can

affect our wellbeing. Hence both should be a matter of indifference to us as far as our own wellbeing is concerned.

A significant hedonic perspective is found in Epicurean philosophy, which focuses on living an enjoyable life and acknowledges the importance of social aspects in achieving happiness. O'Neill (2006, p. 161) describes happiness as "a matter of securing those stable pleasures that could be realised among a small group of friends." As with other hedonic theories, Epicurean philosophy ultimately aimed to "liberate people from fear, not only the fear of death but the fear of life. Ryan and Deci summarise the hedonistic and eudemonic positions on wellbeing in that

hedonism ... reflects the view that wellbeing consists of pleasure of happiness. The second view [eudemonism] ... is that wellbeing consists of more than just happiness. It lies instead in the actualisation of human potentials ... [Both views] are founded on distinct views of human nature and what constitutes a good society. (2001, p. 143)

The focus on wellbeing through life, however, would not be complete without an acknowledgement of death and dying, where the finality of the physical human experience for each individual occurs. The existentialist view challenges the 'problem' of death to equip individuals with the necessary perspective to live a meaningful life.

Existentialist positioning on individual existence and wellbeing informs what Heidegger terms 'being-toward-death' (Hinman, 1978). The way an individual embraces and accepts mortality and imminent death is key to how the meaning in life is constructed until that time. How an individual constructs, responds to and explains experiences may contain inherently existential or spiritual rationales. Regardless of what an individual's spiritual alignment may be, any points of being between birth and death can be considered in terms of being-toward-death, as death (at least of the physical body) signifies the finality of life.

Even within the two very broad areas of Aristotelian (eudemonic) and Epicurean (hedonic) philosophies, contrasting views and opinions exist, particularly surrounding the

evaluation of wellbeing and the role of death in understanding it. The hedonic perspective may be broadly understood as defining wellbeing in terms of short-term gratification, with the intent that this gratification be continued as long as possible. Alternatively the eudemonic perspective presents wellbeing as more long-term and enduring. However, neither of these perspectives is completely supports a holistic view of wellbeing. While there are some similarities between these broad perspectives of wellbeing, there is no definitive conceptualisation. Even in contemporary discussions of wellbeing, there are difficulties in determining how wellbeing can be clearly defined.

In contemporary discourse, the capabilities approach (Nussbaum, 2003; Sen, 1979) is frequently discussed within discourse about wellbeing in philosophy, and has been compared to a modern interpretation of Aristotelian philosophy on *being* as described above (O'Neill, 2006). The capabilities approach involved outlining a “social minimum... resources a person needs in order to lead a minimally decent life in their society” (White, 2008, para 5). Nussbaum (2003) outlined 10 capabilities that she felt should be provided by each society as an entitlement and “opportunity for functioning.” The capabilities of; life, bodily health, bodily integrity, senses, imagination and thought, emotions, practical reason, affiliation, other species, play as well as political and material control over one’s environment were seen as essential for individual opportunities for optimal functioning, each capability being regulated to an extent by a nations political process (Nussbaum, 2003 p. 418). These capabilities are explained in terms of “having a set of constitutional guarantees like those on this list, or based upon them, citizens would be informed from the beginning of life that there are certain entitlements that are particularly central, and deprivation of which is particularly tragic” (Nussbaum, 2003 p. 418). It is through an evaluation of these opportunities for functioning that an individual’s wellbeing could be established.

## **Health conceptualisations**

Much of the health literature identifies wellbeing as primarily focusing on the negative aspects of human experience (Ryff & Singer, 1998; Ryff, 1995). The term wellbeing is identified by Crisp (2008) as being used primarily within a health context, although Carlisle and Hanlon (2008 p. 265) argue “that if ‘health’ is to be used as a broad term encompassing both positive health (being well/well-being) and negative health (being ill), then the term ‘well-being’ becomes redundant.” This is in contrast to World Health Organisation’s (WHO) definition of health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (WHO, 1946 p. 100). This definition of health makes it apparent that domains of wellbeing are the components that constitute an individual’s health and suggests that health and “complete mental and physical wellbeing” are synonyms. As such, the domains of wellbeing may be considered symptoms of health which may render it difficult to determine what wellbeing actually is, let alone measure it (Adams, 2012; Dear, Henderson & Korten, 2002; McAllister, 2005; Pollard & Lee, 2003). Such a broad application is particularly problematic when developing and evaluating wellbeing programs for interest groups.

## **Psychological conceptualisations**

An individual’s perceived level of overall wellbeing is typically examined in psychology in terms of their subjective wellbeing (Diener et al, 1999; Diener, Lucas & Oishi, 2002; Keyes, 2006; Kim-Prieto et al, 2005). Within health and psychological research, there has been a focus upon the negative aspects of human experience (Ryff & Singer, 1998; Ryff, 1995). However, when measuring wellbeing for social, economic, cognitive and physical impact, Pollard and Lee (2003 p. 65) identify positive measurements of wellbeing while a deficit model was used when referring to psychological wellbeing.

In psychological literature, there continues an ongoing debate between the hedonic and eudemonic perspectives of wellbeing (Deci & Ryan, 2008: Kashdan, Uswatte & Julian,

2006). Ryan and Deci (2001, p. 144) describe the hedonic position: “wellbeing consists of subjective happiness and concerns the experience of pleasure versus displeasure broadly construed to include all judgments about the good/bad elements of life.” Hedonic conceptualisations of wellbeing could be argued as being inherently subjective, as the ways that specific points in time are evaluated rely on a subjective assessment to determine the extent of the balance between pleasure and pain (Ryan & Deci, 2001).

O’Neill (2006, p. 165) argues against this, because “our lives are not a series of events such that at any moment we can say now whether our lives are going well or badly.”

With consideration to wellbeing for children, the hedonistic view of experience embodies a significant threat to individual long-term wellbeing, therefore illustrating important evidence to suggest that the baseline of wellbeing will be constantly and continuously increasing while not necessarily apparent to the individual. For example, an infant has a greater level of hedonistic endeavour than an adolescent, the latter who draws upon a range of inter-relational experiences where the affects of personality traits such as empathy and sympathy are developed. Hedonistic behaviour beyond infancy needs the mediating effects of positive personality traits such as empathy and sympathy to regulate any antisocial hedonic acts, which would therefore support a eudemonic assumption.

Paradoxically, a eudemonic life view threatens a person’s developing wellbeing as it leads to contentment and satisfaction that may stifle self-fulfilment (Kashdan, Uswatte & Julian, 2006). Irrespective of the applied framework, from a life-span developmental perspective, neither a hedonic or eudemonic attribution adequately encapsulates the multi-elemental constituents of wellbeing.

It is apparent that wellbeing in its broadest sense encompasses all aspects of human experience but is representative of an individual’s state *and* potential holistically at a given point in time. In seeking an agreed definition of wellbeing, it is evident that wellbeing is:

- Multifaceted (Camfield, Streuli & Woodhead, 2009; Fraillon, 2004; Michalos, 2008; Pollard & Lee, 2003)
- Dependent on context (Crivello, Camfield & Woodhead, 2009; Fattore, Mason & Watson, 2007; Pollard & Lee, 2003)
- Inclusive of social, economic, environmental, psychological, emotional, and cognitive components (Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002; Ryff & Singer, 1998; Schickler, 2005).

Crivello, Camfield and Woodhead (2009 p. 53) assert that “wellbeing is a socially contingent, culturally anchored construct that changes over time, both in terms of individual life course changes as well as changes in socio-cultural context.” As such, wellbeing measures and policies do need continued evaluation and assessment to ensure the wellbeing needs of a society continue to be met. Furthermore, many characteristics commonly associated with wellbeing are ever changing and fluctuate dependent on the context and circumstance within which an individual finds him/herself (Fattore, Mason & Watson, 2007; Ryan & Travis, 1981; Weston, 1999). However, such refinement and evolution in terms of the constituent elements of wellbeing is not a sufficient argument for the absence of a definition.

Rathi and Rastogi (2007 p. 32) suggested that wellbeing consists of “autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance”, Hattie, Myers and Sweeney (2004 p. 363) posit that wellness consists of interconnected components within higher order dimensions of, “creative self, coping self, social self, essential self, and psychological self... [and] a way of life oriented toward optimal health and wellbeing in which mind, body and spirit are integrated by the individual to live life more fully”. Others argue that wellbeing is merely a “symptom of mental health” (Keyes & Lopez, 2002; La Placa, McNaught & Knight, 2013). While these concepts and definitions contain many of relevant components of wellbeing, they do not accurately describe *all* that is ‘wellbeing’.

A study by Schickler (2005 p. 221) found the term ‘wellbeing’ was used by participants to describe, “connotations of higher feelings, such as enjoyment and vitality, being in control of one’s life and of ethical congruity.” This description again associates wellbeing with feelings of positivity and aspiration, disregarding the reality that an individual's wellbeing can be both positive and compromised at any given time and is frequently reconstructed and fortified by both positive and negative experiences (Diener & Oishi, 2005; Kim-Prieto et. al., 2005; Morgan et. al. 2007; Weston, 1999). This wellbeing “balancing” often occurs for example when physically ill patients can, and do report instances of experiencing positive wellbeing while being classified as being medically, physically or clinically ‘unwell’ (Cummins, 2005; Schickler, 2005).

### **Beyond Subjectivity- Defining wellbeing**

The key constituent elements of wellbeing represent an intersecting triumvirate of the emotional, physical and cognitive self. As such, wellbeing should be viewed as the state of an individual as affected by these elements, within which, a range of descriptors reside.

An individual's *emotional* wellbeing can include feelings such as happiness, satisfaction, worry, and anxiety; relationships with peers, family, teachers, significant others; psychological attributes such as depression; and social components of wellbeing such as the ability to make choices including one’s spirituality, quality of life and psychological disposition. *Physical* wellbeing includes environmental factors including global and local concerns, physical location, resources, socioeconomic status, financial stability, economic position, safety and security, home environment, and physical health. *Cognitive* wellbeing includes learning, memory, educational attainment, intellectual successes and failures.

Finding a suitable and workable definition of wellbeing has particular relevance when considering children’s lives. With reference to children, Pollard and Lee (2003 p. 69) noted “wellbeing is often framed within a model of child deficits rather than a model of child strengths. As a result, researchers, policymakers, and practitioners may erroneously

focus research and intervention efforts on children's deficits and discount the potential to identify and promote children's strengths." Children's wellbeing is sometimes considered in terms of well *becoming*, defining the child as incomplete and undergoing preparation for adulthood (Crivello, Camfield & Woodhead, 2009; Fattore, Mason & Watson, 2007; Jones & Sumner, 2009).

### Accrued Wellbeing

Based on a review of the relevant literature that considers wellbeing, subjective wellbeing, and mental health, a holistic and aspirational definition of wellbeing has been developed. By adopting a life stage/lifespan view of wellbeing, we have re-described the broader notion of wellbeing to recognise the process of accrual by individuals. We seek to bring greater recognition to the process of growth across the life span and define Accrued Wellbeing (AWB) as:

*an individual's capacity to manage over time, the range of inputs, both constructive and undesirable that can, in isolation, affect a person's emotional, physical and cognitive state in response to a given context.*

A key strength of Accrued Wellbeing is that it develops alongside the fluctuations of the threatened and heightened states of subjective wellbeing and continues to develop until death. AWB is informed and developed as individuals age and gather experience and as such maintains an exponential baseline. The recognition of wellbeing accrual across the lifespan represents an important consideration when developing support services relevant to individual's life stage with reference to personal circumstance, environment, age, context, and experiences. Because AWB shifts the focus of the individual and those seeking to provide support services away from the restrictive and often emotional fragility of the short term subjective experience of wellbeing, it offers a superior and more workable set of experiential reference points from which to take action.

Accrued Wellbeing (AWB) represents a primary state of wellbeing that influences how the individual responds to, and experiences a range of inputs or stimuli and indeed

recovers from experiences of low subjective wellbeing. Individuals' self-assessment of wellbeing fluctuates according to the nature and degree of input at a given time, however, while the individuals' subjective wellbeing may be threatened in the short term, a "moment-in-time" self-assessment of one's own wellbeing may be a misleading indicator if the individuals' Accrued Wellbeing (AWB) is not also considered.

Within the above definition, the "individual" can represent a person, group, community, culture or society. As such, due recognition of the accrual process can assist and enable an informed and considered assessment of the underlying and sustained wellbeing as a "subject" seeks to manage the range of *inputs* in their particular context.

Wellbeing "inputs" can include the physical, social, environmental, economic, cognitive and psychological, with each being influenced by the accrued experience of the individual and how the input has previously been acted upon (experienced) and how the individual seeks to act (informed response). The level of accrued wellbeing is particularly relevant when supporting individuals who believe themselves to be experiencing low wellbeing based on a subjective assessment. In-the-moment subjectivity may result in the individual placing disproportionate weight to the input, discounting the capacity building effects of the other factors and their level of Accrued Wellbeing such as social support, physiological health and economic condition. At these times the "individual" may believe they have no wellbeing, thereby ignoring the protective effects of other elements and may be supported by their community to recognise or work through the stressful experience.

Cummins (2005) discussed the interplay of homeostatic buffers to support the maintenance of a generally positive subjective wellbeing and reinforces the importance of a balance between external protective factors such as wealth, and the internal buffers such as a positive sense of self. By considering the accrual process, wellbeing can be recognised as a state of continued evolution, changing over time, responding to and building on previous experiences and thereby influencing the individuals' existing

awareness of their present state of wellbeing beyond the subjective state. Cummins and Nistico (2002) refer to a wellbeing set point from which an individual's wellbeing either endures or worn away by external threats. While each of the inputs can affect the individual's wellbeing in isolation, it is essential to consider the frequency and intensity of each input and how these elements can threaten or heighten the accrued elements of an individual's wellbeing. From an accrual perspective it should be recognised that no threatening inputs can extinguish the individual's overall wellbeing and indeed every experience both positive and negative, contributes to the accrual of experience as a protective factor.

The definition provided above encompasses the ability for an individual to experience positive or negative aspects of any event, either independently or in any combination that resides within the wellbeing domain. As White (2007) discussed, the effect that both temporary and long-term situational changes have on an individual's subjective wellbeing acknowledges that wellbeing is not a fixed concept. Moreover, accrued wellbeing is an enabler, a state of readiness and is capacity building.

While the assessment of a person's level of wellbeing can be ascertained either through observational analysis or self-report, given the variability of personal experience it will always maintain a level of subjectivity. An individual's ability to experience 'wellbeing' is not determined by demographic and social characteristics such as age, gender, culture, class, experience, intelligence and ability and as such, it is essential that any established set of criteria remains independent from the impacts of short-term subjective variations. Because wellbeing exists in a state of continued and necessary conflict battling for resolution, the ongoing management of these conflicting effects serve to establish the more readily observed, yet still subjective, notions of resilience, confidence, happiness, emotional stability and coping. Further development of assessment criteria for identifying and individual's AWB is warranted but such discussion is beyond the scope of this paper.

## Accrued Wellbeing through childhood

Accrued Wellbeing draws upon many of the skills and character traits developed in childhood; coping, problem solving, conflict resolution, self-efficacy, internal locus of control, autonomy and resilience. Of these, resilience is often considered as a critical protective factor when faced with the threatening inputs of life experience. In childhood, resilience is defined by “what differentiates the child who is vulnerable to negative outcomes from adversity, compared with the child who appears to cope despite adversity...the ability to ‘bounce back’ from stress, or ‘to recover from, adapt, and remain strong in the face of adversity” (Crivello, Camfield & Woodhead, 2009 p. 54).

Resilience is a key life skill transferable into adulthood as Sen (1999, cited in Jones & Sumner, 2009 p. 42) noted, the “capabilities that adults enjoy are deeply conditional on their experiences as children.” Resilience however, does not equate to wellbeing but is both a contributor and result of wellbeing accrual. Wellbeing development throughout childhood and assisting children to recognise the accrual process as a protective strategy will not only aid in enabling children to experience a more optimistic and resilient childhood, but will also equip them with many of the key skills for the positive transition to adulthood (Sargeant, 2008).

When considering the development (accrual) of wellbeing throughout childhood, Fattore, Mason and Watson (2007) identified the autonomy of children as an important contributor to this process. In their study the children identified the importance of being involved in decision-making processes (along with other characteristics) to the development of positive sense of wellbeing. Given this perspective, it is evident that school based wellbeing programs and other activities that purport to benefit its students, should include the consultation and collaboration with children as key stakeholders.

Wellbeing is often cited as a main objective of interventions and preventative programs that focus on children and seek to continually refine their delivery, aiming to either

promote and enhance positive wellbeing practices, or reduce and eliminate negative wellbeing risk factors depending on their focus (Fraillon, 2004; Ryff, 1995). Within the education sector, many schools have adopted wellbeing policies guided by national, local and community expectations in order to promote children's wellbeing. However, as with other fields that promote a wellbeing agenda, the variability in the available definitions of wellbeing presents challenges to the evaluations of these programs. As Pollard and Lee (2003 p. 62) note "wellbeing is a term that is commonly used but inconsistently defined in the study of child development" thus raising the question as to whether the wellbeing programs and policies currently in place in schools are actually enhancing the positive aspects of children's wellbeing. While intervention and prevention programs are important, an acknowledgement of the accrual process explicit in our AWB definition will better guide the evaluation of the current processes that focus on children's wellbeing.

Hanafin et al. (2007 p. 79) acknowledge the "need to understand and represent the complexity and multi-dimensional nature of children's lives in a way that is easily understood by different stakeholders" but without a clear and agreed understanding of wellbeing, researchers may, as Pollard and Lee (2003 p. 67) suggest "report that they are measuring a child's wellbeing when in fact they are assessing a single domain or indicator of wellbeing, not recognising they are merely assessing one *aspect* of wellbeing."

Considering wellbeing as a state of readiness where an individual can thrive, repel, confront and cope with the information presented to them, it is apparent that these skills are rarely given due weight as relevant to children. There is a growing body of research involving children that reveals key evidence of the skills children apply to fulfil the tasks of childhood in the face of distressing experiences or exposure to the negative "adult world influences" (Gillett-Swan, 2013; Sargeant 2007, 2012) such as media, environmental concerns and global conflict. The mechanisms children apply such as their Importance Filter (Sargeant 2007) allows children to remain largely optimistic about their

future, despite being surrounded by seemingly negative societal inputs, supports the notion that even in the early years of childhood, wellbeing is being accrued.

The process of wellbeing accrual while primarily useful to support the individual in forming objective and optimistic self assessments throughout the life span has particular relevance in childhood as the child's resilience, perspective and capacity is being formulated through a range of experiences. It enables competence, recognition, autonomy, personal power (not powerlessness), purposefulness in addition to the development of physical, emotional, and social skills (Fattore, Mason & Watson, 2007). Involving children as active contributors to enhancing their wellbeing and experiences of childhood will enable adults to gain authentic insight into what it is to be a child in contemporary society and assist their recognition of their own accruing wellbeing. These inclusive practices will provide the vital information needed to assist children and young people to successfully negotiate the key transitions through life. It is evident that younger children tend to be more optimistic about their lives and futures compared with those in adolescence (Sargeant, 2005; 2007), and if guided, adults may develop a better understanding of children's wellbeing and its development through the accrual process beyond either party's subjectivity.

When considering Accrued Wellbeing at any point in an individual's life stage, the definition will assist in not only helping individual to recognise their built capacities of resilience, health and emotional strength in order to address short term subjective pressures, but it also represents a futures focus for individuals at times when a positive subjective wellbeing is felt. The futued notion of Accrued Wellbeing can have particular relevance in preventative health and wellbeing education programs targeted at school aged children to reinforce the importance of healthy and lifelong lifestyle habits. The AWB definition should be shared with even young children as they develop a focus on healthy behaviours. By returning to the AWB definition regularly throughout childhood

and across the lifespan with reference to a set of accrued wellbeing indicators, each individual can participate in mapping their own accrued wellbeing. These indicators and the mapping activities are currently in development.

## Conclusion

Wellbeing is a highly popularised and aspirational concept in philosophical, psychological, medical and health literature yet there has not yet been a clearly defined and workable definition of wellbeing that incorporates its multifaceted, multidimensional and progressive elements. As such wellbeing programs remain at risk of ineffective application. By identifying the key elements of wellbeing and recognising the process of accrual that sits alongside other more temporary wellbeing affectations as described in the presented definition of Accrued Wellbeing, a more holistic and foundational understanding of wellbeing can emerge. Such understanding will resolve the perceived conflicts between the interplay of the wellbeing elements, the impact of context, and the capacity for wellbeing to fluctuate within an individual's subjective state. Acknowledging the presence of Accrued Wellbeing alongside the more unstable but popularly applied subjective wellbeing will enable helping professionals to recognise an individual's AWB and better provide socially and personally relevant support, from which outcomes can be measured against common criteria. The benefits of considering wellbeing as a process of accrual resides in the ability to build upon the physical, psychological and life experiences to inform the future direction of wellbeing. When working with children however, the benefits of life experience are not as vast as those in the adult population. By understanding wellbeing as a process of accrual in childhood adds a facilitative element to the process. Children can be assisted in their navigation of childhood by the key adults involved in their lives such as parents, teachers and other helping professionals. However it should also be noted that the results of such supportive guidance may not be identified until a later stage in life when assessing a person's accrued wellbeing. By defining

wellbeing in terms of the state of an individual affected by the immediate and the accrued emotional, physical and cognitive life experiences, responsive support services, particularly for children may be more effectively directed.

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