

# Subjective wellbeing: a primer for poverty analysts

Sridhar Venkatapuram

The article reviews the current theory and measurement of subjective wellbeing (SWB). The first two sections discuss growing efforts in many countries to measure and monitor national wellbeing, particularly in the United Kingdom. The third and fourth sections discuss the novelty and controversies about SWB research. It concludes that a critical approach is essential in evaluating SWB research but dismissing it offhand or framing it as antithetical to objective wellbeing is misconceived. The pressing issue for poverty research and public policy is to determine which insights about SWB are worth using, and how much space within conceptions of wellbeing used in public policy should be given to SWB.

## Introduction

Encapsulating his philosophy of capabilities freedom in relation to poverty, Amartya Sen writes, 'Poverty is about the inability to lead a decent – minimally acceptable – life, and while low income does make it difficult to lead a life of freedom and wellbeing, an exclusive concentration on seeing poverty as lowness of income misses out a great many important connections' (Sen, 2007). What is worth noting as a prelude to the discussion below on subjective wellbeing is that at the same time as advocating the expansion of the definition and analysis of poverty beyond just lowness of income to a broader framework of freedoms and wellbeing, advocates of the new 'capability' paradigm have expressed ambivalence if not vehement resistance to including subjective testimony about wellbeing within this broader conception. This resistance is informed by a variety of sources including the Marxist concept of false consciousness, the work of Jon Elster (1983) and others on adaptive preference formation, the worried well/inverse care law phenomena, as well as deep epistemological problems to do with inter-personal comparisons of subjective experience and testimony.

Much of the new paradigm of poverty analysis promulgates a conception of 'objective wellbeing' – wellbeing of a person, social group, or country that is conceived and evaluated from a non-subjective, external view as if done by an impartial spectator. Developing such an impartial view of wellbeing is said to require inter-disciplinary and philosophical reasoning, contextual analysis as well as open and rigorous public deliberation (Sen, 2009). Examples of such exercises include the

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United Nations Development Programme's Human Development Index and Martha Nussbaum's identification of ten central human capabilities (Nussbaum, 2006: 76–8).

The rapidly growing body of research and policy literature on subjective wellbeing, thus directly challenges both the resistance to subjective testimony as well as the objective conceptions of wellbeing in the new poverty paradigm. The implications of the explosion of interest and research on subjective wellbeing go much beyond poverty analysis, but it is beyond the scope of this discussion to do more than make cursory references to some of those implications.

The following discussion reviews the current theory and measurement of subjective wellbeing (SWB) also referred to as happiness, mental wellbeing, positive psychology, and so forth. So many different terms are being used because many disciplines and policy agendas are involved, ranging from psychology, economics and epidemiology to the social statistics, social inclusion and environmental sustainability movements. Before discussing subjective wellbeing, I briefly describe in section 1 the increasing efforts in many countries to measure and monitor national wellbeing. The second section discusses the measurement of national wellbeing in the United Kingdom. These two sections are presented because the UK is seen as taking a lead in developing national wellbeing measures by, among other things, incorporating 'state of the art' subjective wellbeing measures. The third section then focuses on subjective wellbeing research. The fourth section presents a more critical discussion on SWB.

Indeed, the present discussion could have focused just on SWB – its history and theory, recent research advances, current questions, and so forth. There are already, however, a number of good reviews (Diener et al, 1999; Dolan et al, 2008; Ryan and Deci, 2001; United Kingdom Government Office for Science, 2008; Huppert et al, 2005; Stoll et al, 2012). I would argue that the insights, limitations and controversies about subjective wellbeing come into clearer relief in the context of real-world public policy applications much more than in reviews of the most prominent research projects and academic literature. The development of national wellbeing measures is one such site of practical application, and a very important one at that, and the collection of subjective wellbeing data in the UK is supposed to reflect the most current knowledge in the area.

In the conclusion, I take the position that a critical approach is essential in evaluating subjective wellbeing research and its application in public policies. Dismissing it offhand or framing subjective wellbeing as being wholly antithetical to objective wellbeing is, however, misconceived. Any impartial spectator would reason that the wellbeing of a human being should include various positive mental states such as joy, pleasure and, indeed, some preference satisfaction and happiness. For example, Nussbaum includes joy and pleasure in her list (Nussbaum, 2006: 76–8). Conversely, the impartial spectator would also have good reason to argue that valuing only positive feelings or preference satisfaction would miss out on some very important goods of life. The more coherent and pressing issue for public policy, including poverty analysis, is to determine which insights are worth using and how to integrate them – how much space within conceptions of wellbeing for use in public policy should be given to subjective wellbeing.

## I National wellbeing measures

Governments and other institutions worldwide are increasingly interested in measuring and monitoring wellbeing at the individual, social group and national levels. Such measurement and monitoring is meant to inform policymaking in a variety of domains. Furthermore, at least in Europe, there are efforts to create some uniformity in national wellbeing measurement instruments in order to make cross-country comparisons possible. There are also a growing number of global measurement instruments for measuring and monitoring wellbeing across countries (Parliament Office of Science and Technology, 2012).

### **What is wellbeing?**

In the literature relevant to the present discussion, definitions of wellbeing vary and many terms are used including national wellbeing, individual wellbeing, subjective wellbeing, happiness, quality of life, and positive psychology. Some view wellbeing as wholly psychological; it is subjectively experienced by individuals. Such psychological experience can refer to positive moods or emotions such as happiness. It can also be an evaluative judgement about one's satisfaction with life overall or within certain domains of life. A contrasting view is that wellbeing refers to a largely external assessment of a person's daily living conditions such as her abilities and opportunities to live a good life in a particular community or country. Yet another prominent view is that wellbeing results from or reflects meaningful and sustainable interactions between an individual and their social and physical environment.

### **Wellbeing research**

Researchers from different disciplines including economics, psychology, public health, neurobiology, and sociology are examining the causes, components, consequences and distribution of both subjective and objective wellbeing. In the first instance, the aim is to identify personal characteristics, behaviours, life experiences and external conditions that are correlated with aspects of wellbeing such as higher longevity, better health, more life satisfaction and happiness. Beyond simple descriptions, however, there is clearly a concern about causation. For example, Amartya Sen argues that life expectancy is the 'absolutist core' of wellbeing, and that it is a function of well-functioning economic and political institutions (Sen, 1995; Sen, 1999; Venkatapuram, 2011). Edward Deci and Richard Ryan argue that living a life with self-direction, meaningful relationships, engagement and skill development leads to greater wellbeing (Ryan and Deci, 2000).

A novel aspect of wellbeing research coming out of psychology in recent decades is that it focuses on the components and causes of positive aspects of human lives. This is in contrast to the traditional focus in health sciences on the negatives such as illness and impairments. The starting premise is that the absence of mental and

physical impairments does not necessarily lead to positive wellbeing; it is understood as having its own distinct causes, constitutive components, dynamics, and so forth.

### ***Motivations for national measures***

Against this background of wellbeing research, five key factors have motivated several countries to develop national wellbeing measures. First, there is now political interest in developing new indicators to assess how well or poorly the lives of citizens are going that are more informative than macro-economic indicators such as GDP. Second, there have been advances in measurement techniques to capture more efficiently people's daily experiences of emotions. Third, researchers are identifying different dimensions or kinds of subjective wellbeing, and their links to health, mortality, productivity, cost-savings and environmental sustainability. Fourth, economists and policy makers see potential for using subjective wellbeing data in policy design, monitoring and evaluation of programmes, and to target scarce resources more efficiently. Fifth, there is excitement about the potential for behavioural economics research – the psychology of decision making under uncertainty – to inform the design of wellbeing public policy.

### ***Limitations of economic indicators***

Part of the political interest in developing national wellbeing measures, such as in the Sarkozy initiated Commission on the Measurement of Economic Performance and Social Progress (CMEPSP) in France, is to find supplementary measures to the standard economic measures of national progress (Stiglitz et al, 2009). During periods of affluence and economic growth, the rosy economic figures such as rising GDP have been recognised as not capturing all that there is to economic performance, social progress and social equity (the CMEPSP was established in early 2008 prior to the start of the global economic crisis.) Because the CMEPSP report, its background papers, and many others have thoroughly reviewed the problems with the prevalent use of GDP and national accounts as indicators of national wellbeing, I move onto what the CMEPSP suggested as a template for national wellbeing measures.

The CMEPSP's influential report recommended that national wellbeing measures should include eight core components: material living standards (income, consumption and wealth); health; education; personal activities (including work); political voice and governance; social connections and relationships; environment (present and future conditions); and insecurity, (economic and physical) (Stiglitz et al, 2009: 14). In large part due to recommendations of the Commission, many countries with established social statistics agencies are developing a set of key indicators or a 'dashboard' of national wellbeing.

## Measuring national wellbeing in the UK

In November 2010, in response to a request by the government, the UK's Office for National Statistics (ONS) began developing indicators of national wellbeing. These were developed based on guidance from international and national expert and stakeholder panels as well as wide public consultations. The UK is seen as taking a global lead in developing national wellbeing measures because of the process it is using, and for being at the forefront of incorporating subjective wellbeing measures. While the CMEPSP used the metaphor of a car dashboard, the heuristic model the ONS presents suggests subjective wellbeing as the central focus or outcome with proximate and distal influencing factors. The proximate factors include 'relationships, health, what we do, where we live, personal finance and education and skills'. The distal factors include 'governance, the economy, and the natural environment' (United Kingdom Office of National Statistics, 2012: 23).

### Subjective wellbeing questions in UK

Alongside identifying the indicators for and collecting information on the proximate and distal influencing factors, the ONS began asking four questions on subjective wellbeing as part of the annual Integrated Household Survey (IHS) and the Opinions and Lifestyle Survey. The IHS sample population is made up of 165,000 adults aged 16 and over (United Kingdom Office of National Statistics, 2012). For each of the four questions, respondents rated their answer on a scale from 0 to 10, where 0 is 'not at all' and 10 is 'completely'. The four questions were:

- 1 Overall, how satisfied are you with your life nowadays?
- 2 Overall, to what extent do you feel the things you do in your life are worthwhile?
- 3 Overall, how happy did you feel yesterday?
- 4 Overall, how anxious did you feel yesterday?

The first annual report was released in July 2012. Three-quarters of people rated their life satisfaction as 7 or more out of 10 and 80 per cent gave a rating of at least 7 when asked if they felt that their lives were worthwhile. At the same time 40 per cent of the respondents scored high on the anxiety scale. Teenagers, those aged over 65 and those with partners reported higher life satisfaction and worthwhile ratings. Almost half of those unemployed rated their life satisfaction as below 7, as did two-fifths of those with a disability.

### Subjective wellbeing

The novelty of the UK ONS's development of national wellbeing measures lies not just in the capturing of subjective wellbeing information. It is also that they are capturing information on four currently recognised dimensions of subjective wellbeing, all in one place. Subjective wellbeing is often referred to as happiness, but

it is only one component or dimension. Subjective wellbeing is often divided into two distinct areas – ‘hedonic’ and ‘eudemonic’ wellbeing (Ryan and Deci, 2001). Hedonic wellbeing encompasses moods or emotions, termed affect, and includes happiness, pleasure and joy. Psychologists are now also exploring a broad range of ‘feeling good’ emotions such as interest, engagement, optimism and confidence. There is also now a distinction made between positive affect and positive evaluation of how one’s life overall is going (global evaluation) or within certain domains. Moreover, along with it becoming more established that experiences of positive and negative emotions work independently there is attention being given to measuring the daily presence of negative emotional experiences such as anxiety, pain, tiredness and anger.

Thus, hedonic wellbeing, which initially focused on happiness, is now separated into three dimensions including positive affect, unpleasant affect, and life satisfaction. What is interesting about this fast developing area of research, with its appealing focus on human happiness, is that prominent researchers are reticent about developing a comprehensive theory on subjective wellbeing. Recently, there have been efforts by some advocates to link it to theory, most prominently to Jeremy Bentham’s utilitarianism (Layard, 2011). However, for most researchers the primary focus is on collecting more ‘elementary facts’ about each of these dimensions.

Eudemonic wellbeing, in contrast to hedonic wellbeing, is a term that directly draws on Aristotle’s philosophy of a flourishing life. Advocates of eudemonic wellbeing conceive of a flourishing human life or wellbeing as something broader than one made up of pleasurable experiences or fulfilling desires. This is because individuals who have certain subjectively felt needs may impair their own development and growth through satisfying those needs, even when they are pleasure producing (for example, drug use). Nevertheless, there are a variety of theories and conceptions of what eudemonia, a good life, good development, or healthy living is for individuals. Many of these theories draw on both philosophy and psychology, and have much in common with proponents of objective wellbeing.

There is much contentious debate between the advocates of hedonic and eudemonic wellbeing largely around whether happiness or positive affect is the totality of subjective wellbeing or wellbeing. Whether the views of experts on what constitutes a good life or eudemonia should supersede a person’s own determination of whether they are experiencing wellbeing, and what causes and constitutes their wellbeing, is also controversial. Proponents of hedonic wellbeing believe that eudemonic wellbeing advocates are unjustifiably paternalistic.

The four questions the ONS is using, and the order in which they are asked, are meant to reflect the state of the art of the field of subjective wellbeing research. The questions were developed by Paul Dolan, Richard Layard and Robert Metcalfe (Dolan et al, 2011). Indeed, the four questions are intended to reflect both the hedonic and eudemonic conceptions of wellbeing. In the ONS documents, subjective wellbeing is divided into three categories: evaluative (question 1), experience (questions 3 and 4), and eudemonic (question 2). The experience or affect category has two questions, one for positive and the other for negative emotional experiences. As stated earlier,

eudemonic wellbeing has much in common with objective wellbeing in that its conceptualisation and measurement is done through an external perspective. Some proponents of eudemonic wellbeing would resist it being classified as subjective wellbeing at all. Dolan and colleagues take the position that eudemonic wellbeing becomes subjective wellbeing when it becomes operational (Dolan et al, 2011: 9). That is, we are to understand that the best way to gather data on eudemonic wellbeing requires asking people for self-reports on ‘how much meaning our lives have’ and thus, it becomes akin to the other evaluative responses to subjective wellbeing. However, they put quotation marks around ‘eudemonic’ to identify blurred boundaries between subjective and objective wellbeing.

### **Why subjective wellbeing**

As stated above, there are a number of factors that are driving policy and public interest in wellbeing and subjective wellbeing. We may rightly ask if the driving factors are justified or well-reasoned. Many of the prominent early researchers of subjective wellbeing do seem to take the view that happiness is a fundamental value and thus are motivated to push forward the boundaries of knowledge. At the same time many of the ONS documents related to subjective wellbeing quote the CMEPSP report as if it was advocating the inclusion of subjective wellbeing in national wellbeing measures. Those involved in the CMEPSP, including Amartya Sen, vehemently resist the inclusion of subjective wellbeing measures in national wellbeing measures. Indeed, the indicators which the CMEPSP identifies do not include subjective wellbeing measures. However, advocates of subjective wellbeing were members of the CMEPSP, and one of the 12 recommendations does relate to measuring subjective wellbeing. Some advocates of objective wellbeing argue that the CMEPSP report was a great milestone in the efforts to redefine and measure national wellbeing, but that it was a consensus document rather than one which has thoroughgoing coherence. Nevertheless, putting aside whether the CMEPSP’s recommendations are enough to justify measuring subjective wellbeing for public policy, it seems reasonable to ask what are the insights or potentialities of subjective wellbeing research that are motivating such exuberance?

There is a large and growing body of scientific literature, well over three decades, which shows the benefits of subjective wellbeing, narrowly or broadly conceived. The Foresight report on mental wellbeing and mental capital concludes that a ‘high level of wellbeing is associated with positive functioning, which includes creative thinking, productivity, good interpersonal relationships and resilience in the face of adversity, as well as good physical health and life expectancy’ (United Kingdom Government Office for Science, 2008: Section 2.2). Each of these claims is based on a large set of background papers that survey up-to-date scientific literature. The Foresight report goes on further to claim, ‘from the perspective of positive mental health, the aim is not simply to reduce the prevalence and severity of disorder, but to enable individuals to move towards flourishing, through the development and implementation of policies to improve mental health and wellbeing for the whole

population. It is important that healthy individuals, particularly children, can benefit from the promotion of positive mental health, as well as in clinical populations' (United Kingdom Government Office for Science, 2008: Section 2.2).

Whether hedonic or eudemonic wellbeing, a growing body of research shows that wellbeing is unequally distributed across populations, often along the socio-economic gradient. There are some surprising relationships. For example, self-reporting of wellbeing is highest among the young and elderly leading to research projects on possible causes. There is also much research literature on the possible relationship between income and wellbeing initially started by Richard Easterlin's findings that happiness increases across countries along the GDP gradient, but within countries, it does not increase over time with increasing incomes (Easterlin et al, 2010). Recently, Kahneman and Deaton found that hedonic wellbeing does not vary significantly across the socio-economic gradient, but life satisfaction keeps increasing higher up the socio-economic ladder (Kahneman and Deaton, 2010). Perhaps one of the most important areas of research deals with health. Researchers are examining the relationship between positive wellbeing, particularly positive affect and health (Diener et al, 1999). Levels of positive affect appear to predict mortality – is causal to survival – independent of baseline health status. It is unclear if positive affect is a marker for underlying biological, behavioural, or temperamental factors (Steptoe and Wardle, 2012; Steptoe and Wardle, 2011).

One of the reasons for the marked increase in subjective wellbeing research is due to the development of new inexpensive techniques to capture people's momentary emotional states and how they spend their time on a daily basis (Kahneman et al, 2004). Researchers were able to show that asking individuals to reconstruct the day before, to describe how they spent their time, for how long, and how they felt produces comparable data to surveys which rely on frequent real-time daily reports over a lengthy time period. The significance of this advance has been tempered somewhat by Deaton's finding that answers to subjective wellbeing questions have 'question order effect' (Deaton, 2011; Abdallah, 2011). Answers can be affected by a range of factors including events immediately prior to the survey, the types of questions asked immediately before, and significant social events. Some may use this finding to dismiss subjective wellbeing research. Others argue for great caution but expect that certain modifications can mitigate such effects. They argue that any social science research has the potential to suffer from a variety of distortions and biases.

As subjective wellbeing is becoming separated into multiple dimensions, researchers are linking responses to subjective wellbeing questions to other socio-demographic datasets. This is to identify possible associations with personal characteristics and skills, biology, situational factors, institutional factors, demographic characteristics, and economic, employment and environmental factors. One of the outcomes from the research on subjective wellbeing is the attempt to distil the research findings into self-help tools for individuals or good practices for corporations (Layard, 2011; Action for Happiness; New Economics Foundation, 2008; Hsieh, 2010).

Starting from fairly marginal beginnings, over the past four decades subjective wellbeing research has reached the point of becoming a recognisable area of scientific

inquiry at the intersection of numerous disciplines. It is still, however, nascent and rapidly evolving. Though much has evolved in this field over the last decade, the four research questions Ed Diener and colleagues identified in 1999 (Diener et al, 1999) are still pertinent and can be restated as:

- 1 Does high subjective wellbeing (among other factors) cause aspects of a good life such as longevity and good relationships and/or is causation the other way round?
- 2 How do personality, biology and external environment interact to produce high subjective wellbeing?
- 3 What is the process underlying adaptation to both good and bad conditions?
- 4 What are the specific inputs and points in a person's life where an intervention influences and improves subjective wellbeing?

### **Subjective wellbeing data and public policy**

So far, much of the subjective wellbeing research is based on small scale studies. Researchers in the United States and the UK have very recently begun incorporating subjective wellbeing into large panel studies. Nevertheless, some researchers and policy makers see enormous potential in using subjective wellbeing data in public policy. They see subjective wellbeing data providing alternative ways of doing cost-benefit analysis or impact assessment; informing how to improve quality of life of those who experience chronic and aging related impairments; and helping inform decision making on such things as professions or residential moves. There is also much optimism that subjective wellbeing data can be combined with insights in behavioural economics in order to create 'choice architecture' that will produce more personal wellbeing as well as wellbeing for others. These choices could relate to organ donation, pension savings, health behaviours, and so forth (Parliament Office of Science and Technology, 2012).

### **Limitations and controversies**

One reason that subjective wellbeing at the national level is not being measured by more governments is that there is disagreement as to whether it should be included in national wellbeing datasets. While the CMEPSP included a recommendation regarding subjective wellbeing measurement, it does so in very cautious language. It states, 'Despite the persistence of many unresolved issues, these subjective measures provide important information about quality of life. Because of this, the types of question that have proved their value within small-scale and unofficial surveys should be included in larger-scale surveys undertaken by official statistical offices' (Stiglitz et al, 2009). The CMEPSP strongly advocates for objective wellbeing indicators, but concedes that subjective wellbeing should at least be measured more widely. Providing such an opening for measurement, however, naturally leads to its use or application. Even prior to the findings from large data sets, criticisms of subjective wellbeing and policy applications range widely.

In considering what the criticisms of subjective wellbeing could be, those dealing with methodological issues will be put aside. Dolan and colleagues discuss three such issues including salience, scaling and selection bias (Dolan et al, 2011), but it is not the methodological issues where much of the vociferous debate is occurring. One prevalent criticism is that governments should not try to intervene in people's psychological states, particularly if it is not related to illness. Another is that subjective wellbeing is not an adequate indicator of good quality of life. A person can be happy despite being in poor health or having a low level of educational achievement. Moreover, people can also psychologically adapt to social conditions, so subjective wellbeing can be high if they lower their expectations and aspirations. It is also unclear whether population level wellbeing indicators change or move significantly over time.

For each of these criticisms, proponents of subjective wellbeing have a response. Governments and other institutions continually try to influence people's psychological states. Influencing the construction of preferences, whether for a toothpaste or votes, is a common practice. Subjective wellbeing may not be a complete indicator of wellbeing, but it is surely an important one. Objective wellbeing indicators focus on external conditions, but individuals react differently to the same external conditions based on their unique expectations, values and previous experiences, so it is important to understand the subjective. Yes, a person can be happy and have low achievements in other domains, but how does that devalue the experience of happiness or the possible beneficial consequences of positive affect? Yes, people can adapt to their disadvantages or social conditions, but we have very little understanding on the causal process. This is true of adaptation to bad conditions as well as good conditions. The problem of someone who is doing well objectively but has poor subjective wellbeing should raise questions about the end goal of objective wellbeing. No, it is not unclear that population level wellbeing indicators move; we can show meaningful movement in population mean levels of subjective wellbeing over time in different countries.

## Conclusion

As I stated in the introduction, proponents of objective wellbeing express great ambivalence to subjective testimony in evaluating wellbeing. There are many justifiable reasons to have a sceptical attitude towards subjective wellbeing research as well as its application in policy. Perhaps, what is also at the core of resistance to subjective wellbeing is the uncertain role of happiness in wellbeing. Sen's militant critique against utilitarianism and welfarism has been translated into 'anti-happiness'. Nussbaum, on the other hand, following through on Aristotle's philosophy of eudemonia, does identify some role for positive emotional experiences among a broad set of valuable life goods. This tension between objective and subjective wellbeing, and more specifically, between capabilities and happiness, has indeed been attempted to be resolved, but to no avail (Bruni et al, 2008).

I would argue that it is too soon to make any final judgement about subjective wellbeing research, how to reconcile it with objective wellbeing, and its role in

public policy. The field is so nascent that most of the literature speaks of potentialities and the need for studies of larger scale. What is worth acknowledging, however, is that the increased interest in subjective wellbeing has created opportunities to reflect much harder about some aspects of both objective and subjective wellbeing. Why should those who are poor and disadvantaged, whether in rich or poor countries, not have the opportunities to experience positive emotions and life satisfaction? Is the worry that if those doing badly according to objective wellbeing indicators improve in subjective wellbeing then they will not be motivated? Or, is it that policy makers will use high subjective wellbeing to justify inaction on objective wellbeing indicators? On the subjective wellbeing side of this debate, there is much to consider about whether increasing positive affect and decreasing negative affect is the totality of wellbeing. The argument that objective wellbeing is somehow paternalistic may lead to the same charge against the guidance of happiness experts down the line.

Significant questions about subjective wellbeing remain at the levels of meta-theory, theory, research and application. The slow accretion of small bits of research findings over many decades has, however, reached a point of at least identifying an under-explored area of human wellbeing. Positive wellbeing research and subjective wellbeing research have also revealed some limited insights, but have received a great amount of attention because individuals and institutions so highly value positive wellbeing. Within a few decades, what began as one dimension or focus on happiness has multiplied into four dimensions. The criticisms against positive affect, so well established in the criticisms of Jeremy Bentham's utilitarian philosophy, may be blinding individuals to the recognition of the potential of research into positive wellbeing, and its possible multiple dimensions.

The profound complexities to do with subjective testimony cannot be used to justify excluding subjective testimony altogether. Subjective testimony is a problem for objective wellbeing as much as it is for subjective wellbeing. It would be a huge mistake to dismiss all of subjective wellbeing research by being against happiness. There is an important opportunity here, created by both the momentum of the CMEPSP report and the increasing interest in subjective wellbeing to improve knowledge and public deliberation about the daily quality of the lives of human beings within and across countries. Curiosity, rigour, caution and robust ethical reasoning are the order of the day.

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**Sridhar Venkatapuram**

Department of Global Health and Development,  
London School of Hygiene and Tropical Medicine, UK  
[sridhar.venkatapuram@lshtm.ac.uk](mailto:sridhar.venkatapuram@lshtm.ac.uk)