Wellbeing: A Theoretical and Empirical study

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PhD 2016

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A thesis submitted in partial fulfilment of the requirements

of the

Manchester Metropolitan University for the degree of

Doctor of Philosophy

Department of Psychology

Manchester Metropolitan University

September 2016

Abstract

Key words - Wellbeing, theoretical/empirical enquiry, personal responsibility, historical/linguistic contextualisation.

There is mounting theoretical evidence that wellbeing has been mobilised within a personal responsibility agenda (PRA). However, there is little empirical evidence to support this. Additionally, little is understood about the role of historical/linguistic factors in this mobilisation and their influence on mainstream representations of wellbeing. Research indicates current representations of wellbeing assign primacy to academic/professional conceptualisations neglecting lay conceptualisations.

This thesis examines wellbeing through complementary theoretical and empirical investigations. This responds to a need to explore: the mobilisation of wellbeing through empirical investigation; how and why historical and linguistic factors contribute to this mobilisation; whether this mobilisation is assimilated into lay conceptualisations. This is important given wellbeing is a central focus of international and national healthcare policy, an influential concept in health discourse and widely utilised to underpin health and social care services.

Three research strategies were utilised: a synthesis of theoretical evidence; a historical/linguistic contextualisation of wellbeing and qualitative analysis of participant data. Data were collected from existing literature, historical/linguistic sources and semi-structured interviews.

Findings illustrated that historical/linguistic associations between wellbeing and personal responsibility have facilitated its mobilisation within a PRA. Findings also identified that participants rarely associated wellbeing with personal responsibility, which was primarily perceived as the responsibility of the state, despite widespread dissemination of agentic representations of wellbeing.

Findings suggest that wellbeing has been mobilised within a PRA for governance purposes. This has been achieved primarily through the promulgation of agentic representations of wellbeing. However, findings indicated a disjunction between participant and academic/professional conceptualisations of responsibility for wellbeing. This contributes to the revitalised debate about representations of wellbeing and the division of responsibility for wellbeing between the individual and the state.

ACKNOWLEDGEMENTS

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Chapter 1: Introduction

1.1: Thesis overview and précis of chapters

This thesis has a dual purpose of explicating understandings of the concept of wellbeing simultaneously from theoretical and empirical perspectives. This thesis is a report of two investigations, which are intended to complement each other.

The first is an investigation of the mobilisation of wellbeing within a personal responsibility agenda* (PRA), reported in chapters three and four. The second is an investigation of lay conceptualisations of personal wellbeing, reported in chapter six. The use of the asterisk symbol denotes a term which is defined in the glossary (Appendix A).

These two investigations are connected primarily through the theoretical framework, which will be introduced in section 1.4. Chapters one, two, four, seven and eight also link the two investigations by synthesising the theoretical and empirical evidence. This synthesis is achieved in part by exploring issues such as wellbeing and its association with personal responsibility. The association between wellbeing and personal responsibility is addressed, for example, in debates about agentic versus structural representations of wellbeing. These are discussed in detail in chapters two, seven and eight.

The following paragraphs outline what will be covered in the subsequent chapters.

Chapter one outlines the need to establish wellbeing as a concept distinct from coterminous terms such as quality of life, before providing the background and rationale for the study. These help to establish the ideas and arguments, which this research will subsequently develop. The theoretical framework, research aims and research questions are then outlined. This is followed by sections which detail the national and local context within which the research is situated, and ends with a summary.

Chapter 2 presents a literature review which is structured into two sections. The first utilises a domain approach, which facilitates a greater appreciation of the diverse and complex areas of study involved in wellbeing research. The second

utilises a chronological approach, which facilitates an appreciation of the development of wellbeing research across academic and policy spheres from 2000 to the present day.

Chapter 3 presents the theoretical framework underpinning this study. Critiques of wellbeing are discussed with reference to the theoretical premises. Utilising concepts such as governmentality and the responsibilisation process, this chapter explores and critiques how mechanisms of governance and discourse can be orchestrated to influence the way citizens think, act and conduct themselves. This knowledge is used to help frame an appreciation of the mobilisation of wellbeing within a wider PRA.

Chapter 4 starts with a presentation of the methodological features underpinning this thesis. This incorporates discussion about the epistemological positioning of the researcher and the paradigm and theoretical perspective underpinning this study. It also documents the analytical procedures used to synthesise the historical documentary evidence and the methods used to collect and analyse the empirical data. The chapter then documents the methods for the empirical investigation, discusses whether co-researchers can legitimately be considered 'lay' and outlines the parameters of co-researcher involvement in the research process. It concludes by summarising the reflective process and ethical considerations.

Chapter 5 presents a linguistic/historical contextualisation of wellbeing. The linguistic contextualisation synthesises the conceptual development of wellbeing. The historical analysis documents changing conceptualisations of wellbeing with reference to historical associations between wellbeing and personal responsibility. Collectively they frame the linguistic/historical influences on modern conceptualisations of wellbeing.

Chapter 6 documents the empirical findings of a small qualitative study, which explored lay conceptualisations of personal wellbeing in a sample of older adults with long-term conditions (LTCs).

Chapter 7 provides an overview of the study, reiterating key findings. It contextualises key findings in relation to other theories and similar research, particularly those referenced in the literature review. It recaps some of the existing gaps in knowledge and considers how this study has contributed to addressing these knowledge deficits. In addition, this chapter synthesises the theoretical and empirical findings, highlighting how these contribute to the generation of new knowledge. It draws out some recommendations for both policy and research and ends with a discussion of the strengths and limitations of the study.

Chapter 8 considers the extent to which the aims and objectives of the study have been met, and synthesises the most notable findings. This is followed by a summary of the study's contribution to knowledge. The concluding paragraphs draw out some recommendations for policy and research, consider the wider implications for practice and end with some concluding reflective comments.

1.2: Conceptual clarifications

Wellbeing is often conflated with quality of life (QoL), subjective wellbeing (SWB), and happiness (Ryan and Deci, 2001; Camfield and Skevington, 2008; Gasper, 2010). The researcher appreciates their commonalities and draws upon research, which use these terms coterminously. However, within the context of this study the researcher is specifically concerned with investigating wellbeing, and given the propensity for wellbeing to be used interchangeably with 'QoL', 'SWB' and 'happiness' the following section offers an appreciation of the conceptualisations and theoretical similarities and differences between these terms.

QoL and wellbeing are commonly associated with each other because they both have two distinct and identifiable aspects, i.e. objective and subjective dimensions (Rapley, 2003). However, where QoL may be sub-divided into objective and subjective domains, wellbeing has more subdivisions which enables this term to be utilised with more specificity than QoL offers (Camfield and Skevington, 2008; Gasper, 2010). It may be apposite to use this as a basis for appreciating the difference between wellbeing and QoL.

QoL is often used to describe how people feel at a particular stage in life in relation to their current life situation (Bowling, 2001; Bowling et al., 2003). Wellbeing, however, has a strong philosophical aspect (Raz, 2004; Tiberius, 2004, 2011; Sumner, 1999) which helps to distinguish it from conceptualisations of QoL (Camfield and Skevington, 2008; Gasper, 2010; Rapley, 2003). Appendix B explores the conceptual differences between wellbeing and QoL.

Whilst wellbeing and SWB are frequently perceived as synonymous, notions of what constitutes SWB differ from that of wellbeing (Ryan and Deci, 2001). Wellbeing is perceived as consisting of a number of inter-related domains (Kahneman et al., 1999; Ryff, 1989, 1995; Ryff and Singer, 2000a; Ward et al., 2012). SWB, however, is widely perceived to consist of three components: life satisfaction, the presence of positive mood, and the absence of negative mood (Bell, 2005; Fabiola, 2013; Ryan and Deci, 2001). Until recently, SWB was widely accepted as the primary index of wellbeing (Bell, 2005; King, 2007; Ryan and Deci, 2001). However, in the past decade researchers increasingly differentiate between SWB and personal wellbeing (Atkinson and Joyce, 2011; Fabiola, 2013; Scott, 2012a). The UK Office for National Statistics (ONS) now incorporate SWB within the wider umbrella concept of personal wellbeing to measure the extent to which citizens assess their overall life satisfaction (Oguz et al., 2011).

Wellbeing and happiness have also been perceived as being coterminous (Kingfisher, 2013; McMahon, 2006; Oishi et al., 2015). See chapter five for a discussion of the historical/linguistic differences between wellbeing and happiness.

Variations in conceptualisations of happiness across languages, cultures, and time suggest that happiness can conceptually and linguistically be distinguished from associated terms such as SWB and QoL. One can observe discipline-based distinctions between the concepts of SWB and happiness. Economists such as Lord Layard and Richard Easterlin tend to use SWB as a synonym for happiness (Gough, 2002; King, 2007; Ryan and Deci, 2001). Psychologists, however, perceive happiness as a narrower concept than SWB, which means few in psychology use SWB as a synonym for happiness (King, 2007; Seligman, 2011b; Tiberius, 2004).

The utilisation of wellbeing in research and public policy may be grounded in research in which wellbeing, QoL, SWB, and happiness are used interchangeably. However, they are distinct concepts in respect to their linguistic, historical and conceptual identities (Camfield and Skevington, 2008; Gasper, 2010; Langlois and Anderson, 2002; Ryff, and Singer, 2000a; Sarvimaki, 2006; Sayer, 2011; Scott, 2012c; Spiro and Bosse, 2000). These differences mean that whilst I include pertinent findings garnered from QoL, SWB, and happiness research, the overall focus of this study relates specifically to wellbeing.

The following sections briefly review the research undertaken in this study. This is contextualised in relation to the existing literature base, the gaps in knowledge and questions that remain unanswered. These provide the context and justification for this study.

The theoretical aspect of this study outlined below considers the mobilisation of wellbeing within a PRA and explores the role of historical/linguistic factors in this mobilisation.

1.3: Background to theoretical investigation

The influential writer Nikolas Rose was amongst the first in the UK to propose the mobilisation of wellbeing within a PRA in his seminal works (1996, 1999). There is now a well-established theoretical argument that wellbeing has been mobilised within a PRA (Ahmed, 2010; Ferguson, 2007; Graham et al., 2010; Hughes, 1988; Peck, 2013). However, further research is required to investigate how and why this mobilisation has been achieved (Ahmed, 2010; Kingfisher, 2013; Peck, 2013). The theoretical study underpinned by theoretical framework intends to explicate understandings of current efforts to mobilise wellbeing within a PRA.

This thesis argues that wellbeing has been mobilised within a PRA for governance purposes. This argument will be set out in chapter three.

The PRA is a defining feature of western neo-liberalism (Ferguson, 2007; Micklethwait and Woolridge, 2003; Peck, 2013). The PRA refers to efforts utilised

within neoliberalism to facilitate citizens' adoption of responsibility for aspects of living which may formerly have been perceived to be the responsibility of governments* or the state*(Ferguson, 2007; Micklethwait and Woolridge, 2003; Peck, 2013). It is important to note that "The terms the state and government can be confounded but whilst governments can be removed the state with its rights and obligations remain" (Robinson, 2013:557).

The PRA is part of a 'responsibilisation' process (Micklethwait and Woolridge, 2003; Shamir, 2008a). The responsibilisation process refers to a pervasive influence which encourages individuals to take personal responsibility for their actions and behaviours (Ahmed, 2010; Micklethwait and Woolridge, 2003). The PRA and responsibilisation process instil values in line with governing socio-political ethos and are rooted in the prevailing cultural and historical positioning of individualistic motivation for action (Micklethwait and Woolridge, 2003; Shamir, 2008b). These have been utilised in the mobilisation of wellbeing, particularly in its association with health (Fullager, 2002, 2009; Seedhouse, 1995; Sointu, 2005). A consideration of the mobilisation of wellbeing within a PRA, contextualised by the notion of governmentality and governance will be addressed in chapter three.

1.4: Rationale for theoretical investigation

Having outlined the theoretical arguments for 'why' and 'how' wellbeing has been mobilised within a PRA the study also investigates the linguistic and historical factors, which facilitate this mobilisation. This thesis argues that historical associations between wellbeing and personal responsibility and the linguistic status and legacy of wellbeing have been utilised in order to facilitate the mobilisation of wellbeing within a wider PRA. This aspect of wellbeing research is important because "It is only by reflecting on historical and cultural contexts of our categories of analysis, investigation and action that we can gain insight into how our work relates to forms of governance and the interests that they serve" (Kingfisher, 2013:79). Historical factors play a powerful role in wellbeing (Inglehart and Klingemann, 1998; Kingfisher, 2013), but further research is required "To unpack the historical and political forces at work in positing wellbeing as valid, reliable and

universal" (Crawshaw, 2008:259). The widely cited study by Inglehart and Klingemann (1998) identified that historic factors receive insufficient attention in the majority of wellbeing research because they are complex and difficult to disentangle. To date, little research has investigated the role of historical and linguistic factors in the mobilisation of wellbeing (Hughes, 1988; Kingfisher, 2013; McMahon, 2006). There also remains an unanswered question of how historical and linguistic aspects of wellbeing have influenced conceptualisations of wellbeing (Kingfisher, 2013; McMahon, 2006; Oishi et al., 2015).

The limited research, which has explored wellbeing within historical contexts, suggests wellbeing is a high status word historically and linguistically aligned with health and happiness, which are perceived to be personally controlled by individuals (Bergdolt, 2008; McMahon, 2006). This makes it a useful concept for the maintenance of neo-liberalism (Hughes, 1988; Rose, 1999). It has been posited that the high linguistic status accorded to wellbeing has facilitated its appropriation within professional and academic discourse whilst simultaneously undermining its transfer to lay usage (Hughes, 1988; Mathews and Izquierdo, 2009; Seedhouse, 1995). Within the last decade we have begun to witness an upward trajectory of wellbeing within academic, media and political discourse (Bache and Reardon, 2013; Scott, 2012c). One may reflect whether this trajectory can be witnessed within lay narratives (Eraurt and Whiting, 2008; Mathews and Izquierdo, 2009; Scott, 2012c; Seedhouse, 1995). Further research is required to investigate the relationship between professional wellbeing discourse and lay wellbeing narratives. This, however, requires more attention than this thesis can accommodate and is worthy of a thesis in its own right.

Historical and linguistic changes in concepts are particularly important for research, which aims to examine subjective states such as wellbeing (Mogilner et al., 2011; Oishi, 2012; Oishi et al., 2015). Further research is required "To situate wellbeing/happiness in historical context as there is nothing in our current conceptualisations or practices that are transparently self evident" (Kingfisher (2013:79).

Chapter five will explore the role of historical and linguistic factors in the mobilisation of wellbeing and consider how linguistic and historical changes in conceptualisations of wellbeing have influenced modern conceptualisations of wellbeing. This is achieved by synthesising the linguistic development of wellbeing and analysing the historical documentary evidence of wellbeing conceptually.

Having established the background and rationale for the theoretical study, the following sections outline the context and justification for the empirical aspect of this study. The empirical aspect of this study investigates conceptualisations of wellbeing in older adults with LTCs.

1.5: Background for empirical investigation

The dawn of the 21st century heralded a surge of interest in conjoining the concepts of health and wellbeing (Scriven et al., 2005; Seedhouse, 1995, 2006; Knight and McNaught, 2011). The concept of health increasingly came to be understood in relation to the salutogenic model of health (Antonovsky, 1996). This focuses on the notions of positive health which incorporate notions of wellbeing (Knight and McNaught, 2011; Prilleltensky and Prilleltensky, 2007). This paradigmatic shift in conceptualisations of health encouraged the adoption of wellbeing into health policy and legislation (Knight and McNaught, 2011). Since then, wellbeing has become an important and influential element in the language of public health and health promotion (Carlisle and Hanlon, 2007, 2008; Chavez et al., 2005; Seedhouse, 1995, 2006). However, "Although wellbeing has seemingly effortlessly entered in to recent public health parlance little critical attention has been paid to its real meaning or purpose" (Crawshaw, 2008:259).

A growing number of critics challenged the increasingly dominant rhetoric and discourse which popularised the role of wellbeing (Edwards and Imrie, 2008; Furedi, 2006; Ferguson, 2007). This stimulated intellectual debates such as the Economic and Social Research Council (ESRC) series of academic wellbeing seminars (2001, 2002), covered in detail in chapter two. These seminars explored a range of contested points such as dominant conceptualisations and representations of

wellbeing and discursive practices, which promote particular conceptualisations, and representations of wellbeing.

Within the context of health and wellbeing, Fisher (2008) argued "The discourses of governance and of governmentality restrict definitions of authentic wellbeing and empowerment to those consistent with the neoliberalism of the dominant symbolic order" (p.583). Fisher (2008) also questioned the mobilisation of neoliberal representations of wellbeing, which mean lay conceptualisations of wellbeing "Are being undermined by their contact with the health and social care services where they are confronted with oppressive frameworks of meaning" (p.583).

Schwanen and Ziegler (2011) added to this, noting that academics are complicit in neoliberal practices of framing* wellbeing "As personal responsibility which helps to produce "good" older people who look after themselves and their wellbeing in ways that place a rather limited burden on existing and future healthcare systems and national government budgets" (p.723).

Academic wellbeing research may also reinforce the language and practices which hold older adults responsible for the conditions of life, which should be the responsibility of the state (Schwanen and Ziegler 2011). It is important therefore for academics "To provide nuanced and context specific accounts of wellbeing ...to open up alternative conceptualisations of wellbeing" (Schwanen and Ziegler, 2011:723).

In addition to theoretical debates, the introduction of wellbeing powers for local government in the Local Government Act (LGA, 2000) encouraged debates about the practical application of wellbeing (Seaford, 2011). This led to a growing appreciation that qualitative research has an important role to play in explicating understandings of how people conceptualise wellbeing (Cooper, 2014; Diener et al., 1999; Huppert, 2013).

The Local Government Act (2000) was also important for stimulating interest in wellbeing beyond academic remits. Increasingly wellbeing was perceived as a practical, usable tool by policymakers and planners (Scott, 2012c). Professionals

working in public health, regeneration, community and sustainability fields increasingly adopted wellbeing as a malleable concept, which could be utilised to modify behaviour and inculcate a sense of personal responsibility (Seedhouse, 1995; Woolrych and Sixsmith, 2009).

There was growing research interest in the practical application of wellbeing and the role of conceptualisations of wellbeing at a theoretical level. Conceptualising the wellbeing of older adults has been undertaken through theoretical approaches; however, these primarily prioritise academic conceptualisations of wellbeing (Schwanen and Ziegler, 2011; Zaidi, 2008). This trend has been countered in part by Diener (1984, 1994, 2009) and Diener et al. (2009), who studied wellbeing as a subjective experience in the United States (US) and quality of life (QoL) research in the United Kingdom (UK). Research by Bowling (2005), Bowling and Gabriel (2007), Gabriel and Bowling (2004), Gilroy (2007, 2008) and Wilhemson et al. (2005) focused on lay understandings of the good life or QoL. These studies contribute to cross-discipline insight into lay understandings of the good life (Gilroy, 2007, 2008). However, at an empirical level little research has been undertaken to explore lay conceptualisations of wellbeing and how these could be embedded within wellbeing policies and practices (Schwanen and Ziegler, 2011; Zaidi, 2008).

Schwanen has written widely around the subjective experiences of wellbeing and explored different understandings and conceptualisations of wellbeing (Nordbakke and Schwanen, 2014; Schwanen and Paez, 2010; Schwanen and Wang, 2014; Schwanen and Ziegler, 2011). This is important given that research suggests there is a disjunction between lay and professional/academic conceptualisations of wellbeing (Hobbs and Sixsmith, 2010; Woolryche and Sixsmith, 2008). Whilst multiple conceptualisations of wellbeing proliferate, little research has been undertaken to represent lay conceptualisations of wellbeing (Ball et al., 2004; Nordbakke and Schwanen, 2014; Schwanen and Ziegler, 2011). This research attempts to begin to redress this balance.

Wellbeing is a central focus of international and national policy (Carlisle et al., 2009; Schwanen and Ziegler, 2011; Ziegler and Schwanen, 2011). Indeed, the United

Nations General Assembly adopted a resolution that "Invites member states to pursue the elaboration of additional measures that better capture the importance of the pursuit of happiness and well-being in development with a view to guiding their public policies" (Wright, 2014:799).

It is important therefore that lay conceptualisations of wellbeing are represented. This will help ensure aspects of wellbeing identified in lay conceptualisations are included in wellbeing interventions and policies. In order to facilitate this, empirical research is required to investigate lay conceptualisations of wellbeing (Abrahamson and Rubin, 2012; Atkinson and Joyce, 2011; Cooper, 2014; Seaford, 2011).

1.6: Rationale for empirical investigation

This PhD originates from a two-year research project in Manchester, North-West England, in which the researcher was employed as a research associate. The project 'Changing services for people with long-term neurological conditions: Promoting well-being within service provision' (2007–2009) was jointly commissioned by Manchester Metropolitan University (MMU), Manchester City Council and Manchester Primary Care Trust. The project explored ways in which the transformation of service provision for those with long-term neurological conditions might enhance health and wellbeing.

Preliminary findings indicated that wellbeing was not assimilated into participants' narratives, primarily because participants struggled to conceptualise wellbeing. When participants did offer conceptualisations of wellbeing these appeared to differ from professional and academic conceptualisations of wellbeing. In the participants' conceptualisations, they rarely appeared to associate wellbeing with personal responsibility. Conversely, wellbeing was primarily conceptualised as the responsibility of local government and/or statutory bodies*. This suggested further research was required to explore lay conceptualisations of wellbeing.

Given that the participants primarily conceptualised wellbeing as the responsibility of local government and/or statutory bodies, research was also required to explore

whether wellbeing was a meaningful concept and the extent to which personal responsibility was associated with wellbeing.

In addition to the rationale which the original project provided for this research, wider considerations supported the justification for this empirical investigation.

First, at a theoretical level research has also identified a need for a clearer understanding of the extent to which wellbeing is associated with personal responsibility and government responsibility. This has primarily been addressed through considerations of how structural* and agentic* factors impact on wellbeing (Bache and Reardon, 2013; Seaford, 2011; Scott, 2012a; Scott and Bell 2013). The balance between agentic versus structural level approaches to enhancing wellbeing has become a key issue in wellbeing research (Cooper, 2014; Seaford, 2011; Scott, 2012a, 2012c). This is discussed in detail in chapter two. This thesis therefore also seeks to provide an appreciation of the role of the individual versus structural determinants of wellbeing. This will be pursued in relation to associations between wellbeing and personal responsibility.

Second, as outlined in previous sections there is strong theoretical evidence that wellbeing had been mobilised within a PRA. However, to date there is little empirical research to validate this. This research attempts to address this gap in knowledge by investigating the extent to which study participants associate wellbeing within the context of a PRA. Research suggests where there is a divergence between lay and professional conceptualisations, professional conceptualisations are not easily assimilated into lay perspectives (Woolryche and Sixsmith, 2008; Zaidi, 2008). Given the theoretical interest in the mobilisation of wellbeing, empirical research is required to explore whether this mobilisation has been assimilated into lay conceptualisations of wellbeing (Seedhouse, 1995; Schwanen and Ziegler, 2011).

Third, little has been done to operationalise wellbeing (Allen, 2008; Barnes et al., 2013). Some have recognised the need for government leadership to prioritise

older adults' wellbeing in order to address the social and psychological implications of LTCs (Allen, 2008; Office of the Deputy Prime Minister, 2006a). These implications include issues such as social isolation, depression and loneliness (Barnes et al., 2013; Coulter et al., 2013; Office of the Deputy Prime Minister, 2006a). However, given that wellbeing has been enshrined in law as a duty of local authorities (LGA, 2000; Amended Act, 2007) it is important to explore those conditions, aspects and features of human existence which enhance or diminish personal wellbeing from the perspective of older adults with LTCs (Barnes et al., 2013; Ward et al., 2012).

This is therefore a timely and important piece of research, which intends to complement existing quantitative research in order to support the provision of wellbeing services for older adults with LTCs.

1.7: Theoretical framework

The three premises in theoretical framework were constructed to investigate the mobilisation of wellbeing within a PRA. The premises propose wellbeing is mobilised to:

- To obligate/persuade citizens to accept responsibility for aspects of wellbeing which may be beyond their control.

- Facilitate the reduction of government expenditure on health and welfare bills to an ageing population.

- Act as a socio-political tool concerned with approving and validating particular behaviours and lifestyles choices.

1.7.1: Study aims

1- The theoretical component of this thesis aims to explicate understandings of wellbeing and its association with personal responsibility. The theoretical component of this thesis is comprised of two parts. The first part synthesises theoretical evidence that wellbeing has been appropriated within a PRA. The

second part contextualises the linguistic/historical legacy of wellbeing and its association with personal responsibility. Taken together, these seek to explicate understandings of current efforts to mobilise wellbeing within a PRA.

2- The empirical component of this thesis aims to explicate understandings of lay conceptualisations of personal wellbeing. This will contribute to advancing knowledge about how lay people conceptualise wellbeing and the degree to which they associate wellbeing with personal responsibility. The understandings generated by this research could be utilised to facilitate the promotion of wellbeing policies, which are inclusive of and reflect lay conceptualisations of what is important for personal wellbeing.

3- The overarching aim of this thesis is the synthesis of the theoretical evidence with the empirical evidence. The theoretical framework and the research questions link the theoretical and empirical parts of the thesis by exploring the associations between personal responsibility and conceptualisations of wellbeing. This is undertaken through the prism of a historical/linguistic contextualisation of wellbeing. This synthesis may help to explicate understandings of modern conceptualisations of wellbeing and its usage, particularly within the UK healthcare and welfare systems**.**

1.7.2: Research questions

The empirical study examined the following research questions to explore lay conceptualisations of personal wellbeing among a sample of 22 older adults with LTCs aged 50 plus living in the community, residential care and sheltered accommodation.

The four research questions specifically addressed in this thesis are:

Q1 - Have historical/linguistic factors influenced current conceptualisations of wellbeing?

Q2 - Do older adults with LTCs associate wellbeing with personal responsibility?

Q3 - How do older adults with LTCs conceptualise personal wellbeing?

Q4 - Is wellbeing considered a meaningful concept in older adults with LTCs?

1.8: Scope of the empirical study

The empirical investigation is a substantive qualitative account of personal wellbeing amongst older adults with LTCs, which perforce means it has limited scope for wider generalisability. The investigation consisted of a small sample of twenty individuals and two co-researchers. Semi-structured interviews elicited participants' thoughts and opinions and thematic analysis was used to unpack their data.

It is important to acknowledge this is not a cross-cultural or universal study, but rather an exploration of personal wellbeing within specific and defined parameters. The study parameters were restricted to older adults with LTCs because of the rise of ageing population in conjunction with a marked increase in numbers living with LTCs not only in the UK but also in many westernised developed countries. This places considerable strain on government expenditure, particularly health and welfare (Figueras and McKee, 2012). These considerations will be discussed in detail in the following sections.

1.9: Rationale for study parameters

1.9.1: Increasing proportion of UK population with LTCs

The term long-term condition (LTCs) used extensively throughout this thesis is understood within the context of the definition provided by the Department of Health (DoH) (2012b). An LTC is defined as "A condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies" (DoH/Long Term Conditions, 2012b:3).

The prevalence of LTCs rises with age, affecting about 50 percent of people aged 50, and 80 percent of those aged 65. Many older people have coterminous conditions. It is important to note that in absolute terms "There are more people with LTCs under the age of 65 than in older age groups" (Coulter et al., 2013:3). This

factor influenced the choice of age parameters for this thesis, which will be discussed further in the following pages.

Evidence indicates there has been a sharp rise in the numbers of UK citizens with LTCs (Coulter et al., 2013; Cracknel, 2010; NHS England, 2013). Many of these, such as diabetes, liver disease, and obesity are believed to originate from behaviour and lifestyle choices (Coulter et al., 2013; Figueras and McKee, 2012; NHS England, 2013). LTCs are the most common cause of death and disability in England (Coulter et al., 2013; DoH, 2012b; Hibbard and Greene, 2013). More than 15 million people in England have LTCs for which there is no cure (Coulter et al., 2013; DoH, 2012b). There are also increasing numbers of citizens with congenital LTCs such as cerebral palsy who are living longer as a result of improvements in managing and treating these conditions (Figueras and McKee, 2012; NHS England, 2013).

Nationally, the number of people living with LTCs is also forecast to rise sharply over the next two decades (Coulter et al., 2013; Cracknel, 2010; NHS England, 2013; Office for National Statistics (ONS), 2013). The increasing number of citizens with LTCs has been identified as a significant drain on national expenditure, adding considerable strain to health and welfare systems (Cracknel, 2010; Coulter et al., 2013; ONS, 2013a). The DoH (2012a) has tried to address this by promoting a WBA, which they suggest, "Is associated with positive health behaviours in adults and may ultimately reduce the healthcare burden" (p.3).

The National Service Framework for Long Term (Neurological) Conditions has a remit which sets local government targets for improving services for service users with any LTCs (DoH, 2005b). The National Service Framework launched a funding programme to explore improved services for people with LTCs. However, the framework predominantly funded quantitative research predicated upon the need to gather a strong, numerical evidence base (Cracknel, 2010; Hobbs and Sixsmith, 2010; Sixsmith et al., 2013). Much of this work was grounded in the medical model of disability, taking little account of the social and psychological implications of LTCs and the experience of health and social care services (Sixsmith, 2012; Sixsmith et al., 2013). There existed therefore a need for qualitative research, which considered

the wider implications of the social and psychological impact of living with LTCs. This research attempts to address this gap in knowledge.

1.9.2: Ageing populations

The life course characteristics of different age groups have become increasingly important considerations in the study of wellbeing (Cooper, 2014; King, 2007; Marks, 2004). The number of older adults in England is rising and predicted to rise further (ONS, 2013a). Cracknel's (2010) projections predicted that there would be 5½ million older adults in 20 years. A significant proportion of public expenditure relates to welfare benefits for older adults (Cracknel, 2010). This represents a significant economic cost to the NHS. Cracknel (2010) claimed, "The welfare system and the NHS accounted for nearly half of UK government expenditure in 2009/10" (p. 45). With the majority of welfare expenditure dedicated to older adults, the growing proportion of older adults represents a significant challenge to the UK government (Cracknel, 2010; DoH, 2014; ONS, 2009c, 2013b).

The rise of ageing populations, survival rates in people with life limiting conditions and long-term preventable health conditions indicates a clear and pressing need for research, which explores the wellbeing requirements of older adults with LTCs (Barnes et al., 2013; Cooper, 2014; Ward et al., 2012). It is to be hoped that this research can facilitate the adoption of wellbeing approaches, which enhance wellbeing amongst older adults with LTCs and simultaneously "Reduce the healthcare burden" (DoH, 2012a:3).

1.9.3: Age parameters

There is no agreed definition of 'older adults' (Cai et al., 2008; Higgs, 2008; Katz 2012; Ononiwu, 2013; Public Health England, 2013). "Modern chronological and generational boundaries that had set apart childhood, middle age, and old age have become blurred and indeterminate" (Katz, 2012:6).

Categorising older adults is complex and relies on a range of factors such as the positionality of the researcher. What constitutes the start of old age remains contested (Higgs, 2008). The definition of older adults has traditionally been based

on the chronological age in which their contribution to economic activity ends (WHO, 2010). This enables them to proceed into retirement, and become eligible to receive benefits associated with pensioner status (WHO, 2010). Retirement, however, "Is no longer the clear entry point to 'old age' that it once was and, therefore, is anachronistic as a definition of who 'older people' are" (Walker, 2003:6).

Some argue that 50–65 years represents middle not old age (Cronin et al., 2010). Indeed, there is still a strong perception that 65 marks the start of old age (Age Concern, 2006; Craig and Mindell, 2007; Lawton and Salthouse, 1998; Wiggins et al., 2008).

Numerous organisations, however, use 50 years of age as the starting point when defining older adults. ONS research defines older people as aged 50+ unless otherwise declared (ONS, 2012f). Other examples include, The European Commission's 'Quality of life in old age in Europe' (Walker, 2003), The Health Development Agency (2004) and The English Longitudinal Study of Ageing. There has also been an increasing tendency to identify early old age as encompassing individuals aged between 50 and 65 years, i.e. the 'young–old' (Blane et al., 2007a; Siegrist and Wahrendorf, 2010; Vanhoutte, 2012; Whitbourne, 2016). Given the empirical support for 50 as the starting point when defining older adults and the theoretical support for older adults to encompasses individuals aged from 50 years up to 75 years (Blane et al., 2007a; Higgs et al., 2003; Vanhoutte, 2012; Whitbourne, 2016), these mark the lower and upper age limits parameters in this thesis.

1.9.4: Local context

The ONS classified Manchester as the third largest city in England, with a population of 503,000 (ONS, 2009i). It has the third most culturally diverse population in the UK (ONS, 2009i) and high levels of deprivation alongside pockets of affluence (Department of Communities and Local Government, 2010). Manchester has a significantly higher than national average incidence of people with the most dangerous LTCs, i.e. cardiovascular disease, stroke and coronary obstructive

pulmonary disease (DoH, 2012b). It also has a higher than national average rate of people who die from preventable LTCs, linked to lifestyle choices and risky behaviour such as smoking, drinking and drug taking (Public Health England, 2013). Manchester also has a higher than national average rate of early mortality, i.e. under 75 years (ONS, 2009c).

These contextual factors provided the rationale for situating this research within the geographical boundaries of Manchester, England. Manchester is not, however, so different from the rest of UK that it should be considered a special case. However, the high number of deaths from preventable conditions and people with LTCs in Manchester means that statutory agencies in this region are likely to seek to undertake activities and/or interventions which address these considerations (Iddons, 2009). This research aims to explore conceptualisations of wellbeing in older adults with LTCs in order to identify what they consider is most important for wellbeing. This is intended to support the provision of evidence-based wellbeing services for older adults with LTCs in Manchester.

1.10: Summary

This chapter illustrated how this thesis is structured, gave a précis of the thesis chapters, outlined the background and rationale for this thesis, reviewed the key issues requiring research attention and summarised the importance of this research. Additionally, it introduced the theoretical framework along with the study aims and the research questions. Before moving on to chapter two it is important to briefly review how the following chapters will attempt to answer the gaps in knowledge and unanswered questions identified in the introduction. If we are to understand how and why wellbeing has been mobilised within a PRA we need to:

a) Consider how mechanisms of governance and discourse can be orchestrated to influence how citizens think, act and conduct themselves. This will be discussed in chapter three.

b) Explore the historical/linguistic associations between wellbeing and personal responsibility. This will be discussed in chapter five.

c) Consider how older adults with LTCs conceptualise wellbeing within lay frames of reference. This will be addressed in chapter six.

Chapter 2: Literature Review

2.1: Literature search methods

Appendix C contains a detailed account of the process and procedures underpinning the literature search which commenced in 2008 and terminated in 2015. This literature review adopted a selective approach which focuses on studies of particular relevance to the researcher's work (Gasper, 2010), drawing from purposively selected literature in keeping with the parameters of this thesis.

The literature search was undertaken through four stages. The first stage undertaken prior to data collection identified potential references using a range of search strategies and inclusion/exclusion criteria. These were detailed searches, which aimed to provide a general overview of the evidence base rather than a specific literature review. The second stage was undertaken throughout the writing-up process in order to ensure the literature review held current currency (Polit and Beck, 2006). This stage was based on retrieving references which had been identified in stage one and reading the abstract to ascertain relevance to the study parameters. The third stage was undertaken in order to ensure the review was as comprehensive as possible. It involved using references retained in stage two as the basis for the literature review. Searches were conducted via electronic database searches, web searches, web sites of key organisations and research organisations, journal searches, bibliographies and grey material. A fourth and final additional stage was undertaken to ensure the review was current and was as comprehensive as possible. This contained the original search parameters but went beyond the specification of the original literature overview.

Searches included terms such as 'personal', 'subjective' and 'eudaimonic wellbeing', and components of wellbeing such as 'economic' and 'psychological wellbeing'. Synonymous or closely related terms such as 'quality of life', 'life satisfaction', 'happiness', and 'welfare' were also included. Additional searches combined wellbeing with 'health' 'age' 'history' and 'linguistics'.

2.2: Domain approach to wellbeing

The first part of this literature review utilised a 'Domain Approach' to wellbeing, summarising domains widely perceived to be wellbeing's principal components. This approach facilitates researchers' ability to analyse specific components of wellbeing, providing a means of exploring one aspect of wellbeing in relation to another. The domain approach primarily explores the current state of knowledge for the empirical study. Some question the efficacy of utilising this approach because these tend to result in research being conducted in silo, failing to reflect the holistic nature of wellbeing/QoL (Atkinson 2013; Atkinson and Joyce, 2011; Atkinson et al., 2012). The second part of the literature review utilised a 'Chronological Approach' to explore the current state of knowledge for the theoretical study. This approach "Moves towards integrating the diverse domains and dimensions of wellbeing through a relational and situated account of wellbeing" (Atkinson 2013:138). The two approaches complement each other, providing a broad, holistic overview of the development of wellbeing research.

There are innumerable understandings of wellbeing; however, most agree wellbeing involves an experiential understanding of what is important in the domains of everyday life (Diener et al., 2003; DoH, 2014; Ryan and Deci, 2001). Concurrently, many argue that individuals structure their cognitive, affective experiences and memories by life domains (Clark, 2002b; Clark and Gough, 2005; Durayappah, 2010; King, 2007; Lewin, 1951; Sirgy, 2002). Wellbeing is increasingly envisaged as incorporating a number of components organised around central human needs (Abdallah and Shah, 2012; Diener et al., 2003; Ryan and Deci, 2001; Sirgy, 2002).

Most wellbeing researchers agree that the dimensions of wellbeing are not mutually exclusive domains but inter-related components of a holistic whole (Diener et al., 2003; Ryan and Deci, 2001; Ryff, 1989, 1993; Ward et al., 2012). The following domain approach facilitates an appreciation of the diverse and complex areas of study involved in wellbeing research.

2.3: The ageing process and wellbeing

The ageing process represents a significant challenge to the personal wellbeing of older adults (Demakakos et al., 2010; Seedhouse, 2001; Steptoe et al., 2012). There is a general consensus that psychological wellbeing and functioning are particularly affected by the ageing process (Barnes et al., 2013; Ryff, 1989b, 1995; Ryff and Keyes, 1995; Ward et al., 2012). Early empirical research undertaken by Ryff (1989b) and Ryff and Keyes (1995) indicated that psychological wellbeing has an age-differentiated profile. Ryff (1989b) and Ryff and Keyes (1995) reported that increasing age is associated with higher levels of depression, and a reduction of 'purpose in life' and 'personal growth'. These results have been validated by the work of others, revealing that "Psychological functioning has a highly differentiated profile across the adult life cycle" (Warr, 2007:64). Differential ageing* has been identified as a key factor in the degree to which age may impact on wellbeing. Schuz et al. (2009) identified that ageing has a smaller impact on wellbeing for older adults who remain physically and mentally healthy than for those whose health declines.

There is increasing evidence to suggest the ageing process leads to concomitant health conditions (Bernard and Scharf, 2007; Clarke and Warren, 2007; ONS, 2012, 2013). The association between concomitant health conditions and the ageing process has been widely identified as detrimental to wellbeing (Fortin et al., 2006; King, 2007; Seedhouse, 2001; Sixsmith, 2012). Laux et al. (2008) argued that age-related health clustering impacts significantly on the ability to manage life circumstances in relation to wellbeing. Coping mechanisms are an important way to offset the impact of ageing and concomitant health issues on wellbeing (Biesecker and Erby, 2008). Employing coping mechanisms to deal with the ageing process and health conditions is more strongly associated with wellbeing in people with concomitant or serious illnesses (Schuz et al., 2009). Older people with health issues are more likely to use coping mechanisms to cope with loss, disappointment and negative states of mind, thereby aiding emotional wellbeing (Carstensen, 2009).

Some argue ageing *per se* is not necessarily associated with negative wellbeing (Gasper, 2007b; King, 2007; Myers and Diener, 1995). Carstensen (2009) reported that greater awareness of mortality encouraged older people to actively inculcate wellbeing by living in the moment. The importance of living in the moment has led to suggestions that temporal perspectives may be important factors in lay perceptions of ageing and wellbeing (Clarke and Warren, 2007; Durayappah, 2010). Some argue that "Average happiness is remarkably stable over the lifespan" (Layard, 2005:33). However, over 40 years of data suggests age and wellbeing has a U-shaped curve (Allen, 2008; Diener et al., 2009; Dolan et al., 2008; Easterlin, 2000; King, 2007; Oguz et al., 2013). A number of theories have been proposed to account for this well observed phenomenon.

Some suggest differing levels of wellbeing over a life-course trajectory may be the result of internal physiological changes rather than external circumstances (Ebstein, 1996; Roe et al., 2010). Others argue age-related changes in wellbeing are more likely to be the result of psychological changes (Bell, 2005; Demakakos et al., 2010; Steptoe et al., 2012); whilst others claim the decline in wellbeing during the middle age and the subsequent rise later in life represents what has been called the "Death of ambition and birth of acceptance" (The Economist, 2010).

In recent years, 'active ageing' has been increasingly associated with wellbeing. Stenner et al. (2011) argue this is because it "Will enable the expanding older population to remain healthy (thus reducing the burden on health and social care systems) and to stay in employment longer (thus reducing pension costs)" (p.467). Bowling (2008) surveyed 300 people aged 65+ in the UK, reporting that active ageing was primarily associated with physical health and functioning (43%), leisure/social activities (34%), mental health (18%) and social relationships/connections (15%).

The active ageing agenda has been criticised in recent years for encouraging an idealisation of active and successful ageing which relies on normative standards that many older people cannot attain (Barnes et al., 2013; Holstein and Minkler, 2007; Stenner et al., 2011; Ward et al., 2012). Active ageing has been perceived as a concerted effort for "Increasing quality and quantity of life years, enhancing

autonomy and independence, and reducing health and care system costs" (Stenner et al., 2011:468).

The active ageing agenda has identified that physical, mental and social activities are all important aspects of the ageing process. Further research is required to explore interactions between temporality, ageing and wellbeing; however, the ageing process and resultant health conditions have been widely identified as detrimental to wellbeing. The following section explores the impact of health on wellbeing.

2.4: Health

Extensive research has explored the relationship between health and wellbeing and documents a well-established association between health status and wellbeing (Ballas et al., 2007; Okun et al., 1984; DoH, 2012b; Prilleltensky and Prilleltensky, 2007; Sixsmith and Boneham, 2007). Health is often perceived as "One of the key determinants of SWB" (Schuz et al., 2009:23). Research reports that people frequently cite health as an important contributor to wellbeing (Barnes et al., 2012; Cooper, 2014; Diener et al., 2008; Layard, 2005; Shah 2005; Schuz et al., 2009; Ward et al., 2013). Adaptation theories for example have been used to investigate the degree to which changes in health impact on wellbeing.

Adaptation to changes within physical health and the subsequent impact on wellbeing is well documented (Cohen and Biesecker, 2010; Gasper, 2010; Schuz et al., 2009; Schwartz et al., 2006). Diener et al. (2008), for example, explored how the emergence of a health condition may affect SWB temporarily. They reported that levels of SWB tend to revert overall to pre-condition levels of SWB. This phenomenon known as 'Set-point Theory' has been widely reported and is discussed in more detail in chapter six.

2.4.1: Adaptation

Theories of adaptation are chiefly concerned with the degree to which people can cope with illness and can adjust or modify their aims and objectives to suit their changing life circumstances or new health status (Diener et al., 2008). In the context of ill health and/or disability, adaptation is "The process of coming to terms with the implications of a health threat and the observable outcomes of that process" (Biesecker and Erby, 2008:400). Diener et al. (2008) argued that an individual's ability to adapt has an important bearing on SWB. Little qualitative research has been undertaken in the UK to explore how adaptation to ill health and coping mechanisms affects personal wellbeing (Hobbs and Sixsmith, 2010; Kahneman and Deaton, 2010; Layard 2005; Lazarus, 1991).

Whilst adaptation to health issues and impact on personal wellbeing requires further research, much can be learned from theories of adaptation, which have been widely researched in QoL research. Cohen and Biesecker (2010) proposed that theories of adaptation are extremely useful for framing understandings of QoL as a quantifiable outcome of the adaptation process. Coping mechanisms play an important role within adaptation theory (Abbot et al., 2008). Some coping mechanisms, however, appear to be more effective than others are. Avoidance, distraction, and disengagement techniques were associated with lower QoL in some studies (Abbot et al., 2008; Brown et al., 2000; Lazarus, 1991). Conversely, acceptance, optimism, and hopefulness were associated with higher QoL (Berglund et al., 2003). Other studies have identified social support as the most effective mechanism in helping people cope and adapt to ill health (Helgeson 2003; Schwartz and Frohner, 2005).

Phillips (2006) identified that self-reported QoL could appear to increase after disablement or diagnosis of terminal illness. Adaptive preference theories seek to clarify this seemingly unexpected finding by suggesting that some individuals adopt evasive adaptive action. This refers to people trivialising or ignoring their disability and/or debility or focusing on the important things in life which remain or which they retain control over (Gasper, 2007b; Lazarus, 1991; Schwartz et al., 2006). See

Sen (1979, 1987, 1993, and 2002) for a comprehensive critique of adaptive preference theories.

2.4.2: Biographical disruption

Theories of biographical disruption review adaptive theory by arguing that adaption theories often view disability, debility, and adaptive processes as a relatively stable and linear occurrence (Bury, 1982). The concept of biographical disruption was introduced by Bury (1982) as a means to understand experiences of chronic ill health and how people respond and adapt to chronic ill health (Hubbard et al., 2010). Since Bury's (1982, 2001) research indicates that biographical disruption may make the transition from ill health to managing one's health condition particularly difficult for those who experience sudden onset chronic ill health, impairment* or disability* (Hobbs and Sixsmith, 2010; Hubbard et al., 2010), being able to adapt to a changing daily life routine in this context is more challenging for those with concomitant psychological issues and may have a particularly detrimental impact on wellbeing (Hobbs and Sixsmith, 2010).

Since Bury's (1982) theory of chronic ill health as biographical disruption, criticism of biographical disruption has increased, especially from disability studies (Williams, 2000). Within disability studies there has been an increasing call for the perception of chronic health and biographical disruption to be understood within the social model of disability* (Goodley and Lawthom, 2006; Williams, 2000). The relevance of body image, for example, has also been identified as an important factor within lay perceptions of chronic health (Charmaz, 1995; Goodley and Lawthom, 2006). Disability, impairment and ill health often involve fluctuating symptoms, deterioration and improvement over periods of time (Hobbs and Sixsmith, 2010; Barnes et al., 2012; Taylor, 1977; Ward et al., 2013). These fluctuations may undermine the usefulness of adaptation and biographical disruption theories to understanding the wellbeing of people in ill health (Hubbard et al., 2010; Reeve et al., 2010).

The large number of theories, which propound to help explain the relationship between health and wellbeing highlights the challenges wellbeing researchers face

in explicating understandings of the highly complex relationship between wellbeing and changes in health. However, further wellbeing research on the role of coping mechanisms within adaption theories may offer a greater appreciation of how changes in health affect wellbeing.

2.4.3: Self-reported health

The ONS (2012c, 2012f, and 2013c) highlighted a clear and positive relationship between self-reported health and personal wellbeing. The ONS (2011a) used regression analysis to explore the size and strength of the relationship between self-reported health and personal wellbeing. The findings indicated that the size of the relationship between self-reported health and personal wellbeing is larger than any other variable included in the model. One important caveat for this data is that it is not known how the subjective and objective interaction between health and wellbeing operates, a matter subject to much discussion (Adams, 2011; Allen, 2008; Fortin, 2006, 2010). However, self-reported health aligns more to personal wellbeing than objective measures of health (Adams, 2011, ONS, 2013c).

Dolan et al. (2008) explored subjective aspects of health and wellbeing and argued that people who consider themselves subjectively to be in good physical and mental health may be objectively happier. However, the direction of causality remains unclear; for example, happier people may be less likely to report feeling ill than unhappy people (Dolan et al., 2008). Further research is required to explore the extent to which the relationship between personal wellbeing and health is the result of personality characteristics rather than objective health conditions (Dolan et al., 2008; ONS, 2011a).

2.4.4: Disability and impairment

The ONS reviewed research and reported clear evidence of a relationship between self-reported disability and personal wellbeing (ONS, 2011a). People who reported a disability gave lower ratings on average for life satisfaction and 'happiness yesterday' and higher ratings for 'anxiety yesterday' than people who did not report

a disability. However, the size of the relationship between self-reported disability and personal wellbeing was small (ONS, 2011a).

Edwards and Imrie (2008) "Explored the moral discourse of wellbeing and its implications in the context of disability in the UK" (p.338). They claim that structural issues which act as barriers to people with disabilities or impairments are more detrimental for personal wellbeing than the disability or impairment. Edwards and Imrie (2008) argued that disability *per se* is not detrimental to wellbeing, but rather it is the current wellbeing agenda (WBA) in the UK which is detrimental for the wellbeing of those with disabilities. This is grounded in their assertion that mainstream representations of wellbeing undermine societal understanding of disablement in society. This emphasises "Biologism, personality and character traits, and a policy prognosis that revolves around self-help and therapy, or individuated actions and (self) responsibilities" (Edwards and Imrie, 2008:338).
The 'Social Model of Disability' suggests that body image in those with disabilities is an important mediating factor on wellbeing (Goodley and Lawthom, 2006). Evidence suggests those with a positive body image tend to have higher levels of wellbeing (Charmaz, 1995; Goodley and Lawthom, 2006).

Whilst there is evidence that disability has a negative influence on wellbeing, the causal direction remains unclear. Increasingly, critics argue that it is the societal representations of disability and the structural barriers and constraints which people with disabilities and impairments face which truly undermine wellbeing (Edwards and Imrie, 2008; Goodley and Lawthom, 2006; Hobbs and Sixsmith, 2010).

In summary, health is widely perceived as one of the key determinants of wellbeing. Multiple health conditions, which develop in advanced older age, have a particularly negative impact on personal wellbeing. Self-reported health has a particularly strong relationship with wellbeing. However, there remains a shortage of longitudinal studies, which would help to clarify the direction of causality between them (Dolan et al., 2008). Self-reported disability has a significant but

much smaller relationship with personal wellbeing when other variables are held equal, including self-reported health. However, little is known about how long-term chronic physical or mental health conditions affect wellbeing.

Research indicates physical health and psychological health are strongly associated with personal wellbeing. Psychological wellbeing also correlates strongly with personal wellbeing and is discussed in the following section.

2.5: Psychological* wellbeing

Bradburn's (1969) seminal work on the structure of psychological wellbeing laid the foundations for growing research interest in psychological wellbeing. Bradburn (1969) was able to demonstrate that positive and negative affect were independent variables. Bradburn (1969) used this to define happiness as the balance between positive and negative affect. This altered what researchers perceived as important for psychological wellbeing and spearheaded new approaches to the study of psychological wellbeing.

Early empirical research into psychological wellbeing was criticised for narrow conceptions of positive functioning (Ryff, 1989a; Ryff and Keyes 1995). Research focused on the importance of happiness, and failed to recognise the importance of aspects of psychological wellbeing such as sense of purpose, self-acceptance and self-realisation (Ryff and Keyes, 1995).

Much of the early theoretical research around psychological wellbeing emphasised the importance of loving, trusting inter-personal relationships (Ryff, 1989a; Ryff and Keyes, 1995; Ryff and Singer, 2000a; Sellers et al., 2006; Sen, 1993). Theoretical hypothesis such as 'Adult Developmental Stage Theory' also emphasised the importance of intimacy (Hatch et al., 2007). Positive relations with others are now widely recognised as an important aspect of psychological wellbeing (Diener and Biswas-Diener, 2008; Skinner et al., 2008; Winefield et al., 2012). Winefield et al. (2012) for example, used 'Positive Relations with Others', 'Environmental Mastery' and 'Life Satisfaction' as measures of overall wellbeing. The importance of positive

relations with others has been consistently emphasised in conceptualisations of psychological wellbeing (Ryff, 1989, 1998; Ryff et al., 2006; Winefield et al., 2012). Ryff (1989a) was an important figure in advancing theoretical debates about aspects of psychological wellbeing and functioning. Ryff's research laid much of the groundwork for modern conceptualisations of psychological wellbeing (Alkire, 2013; Bilancini, 2012; Bloodworth, 2005; Burman, 2008; Winefield et al., 2012).

One of the most important domains of wellbeing is psychological wellbeing (Alkire, 2013; Ryan and Deci, 2000; Ryff, 1985, 1989a, 1995, 2006). The extent to which aspects of psychological wellbeing are binary opposites or separate constructs is of key interest. For example, Winefield et al. (2012) conducted research to distinguish between psychological wellbeing and psychological distress. Winefield et al. (2012) indicated that psychological wellbeing was not the binary opposite of psychological distress. Instead, there exists a continuum between psychological wellbeing and psychological distress.

Psychological wellbeing has been widely perceived as having a number of inter-related domains. These domains include autonomy, environmental mastery, purpose in life, personal growth, positive functioning, self-realisation, informed choice and control and interpersonal relationships (Devine et al., 2006; Doyal and Gough, 1991; Ryff and Keyes, 1995, 2006; White and Pettit, 2004; Veenhoven, 2000).

Ryan and Deci (2000), however, reduced the number of psychological needs associated with psychological wellbeing. Ryan and Deci (2000) identified three innate psychological needs – autonomy, competence, and relatedness – which their research indicated were necessary to achieve psychological wellbeing. It is important to note, however, that they are concerned with those things which foster wellbeing, rather than those which are indicative of wellbeing (Chavez et al., 2005).

Chavez et al. (2005) reviewed wellbeing and reported that literature concerned with psychological wellbeing continued to focus on domains such as self-

acceptance, sense of purpose or fulfilment in life, continuing personal development, feelings of interpersonal connectedness, happiness and SWB. However, the work of Ryff (1989a, 1989b, 1995, 1999) and Ryff and Keyes (1995) has encouraged new research into psychological wellbeing which contests the earlier focus on the binary nature of the aspects of psychological wellbeing such as absence of positive affect and the presence of negative affect (Chavez et al., 2005). Ryff et al. (2006) for example, called for "Clarification of whether psychological well-being and ill-being comprise opposite ends of a bipolar continuum, or are best construed as separate, independent dimensions of mental health" (p.85).

Theoretical research into psychological wellbeing has advanced understandings of mental health and applied notions of psychological wellbeing. In the UK, mental health has been linked to the psychological wellbeing debate through the work of Sir Richard Layard (Bird, 2007; Newton, 2007).

Layard (2005, 2006, 2009) concluded, "In Britain mental illness has now taken over from unemployment as our greatest social problem" (P.1030). Figures suggest that 300 out of 1,000 people in the UK experience mental health problems every year (Bird, 2007). This has led to increasing research into mental and psychological wellbeing within policy contexts.

Alternative representations of psychological wellbeing have increasingly emerged in recent years, perhaps because of the positive psychology movement. The concept of wellbeing is integral to positive psychology, which is concerned with the strengths and virtues that enable individuals and communities to thrive (Kahneman et al., 1999). Non-biological approaches to the study of psychological wellbeing have come forward to explore alternative perceptions of psychological wellbeing. These include Alkire (2013), who defined psychological wellbeing as "Reflective life satisfaction, positive affect, spirituality and mind training" (p.6).

Alkire (2013) is part of a new generation of human development researchers who explore wellbeing in relation to non-industrialised/developing countries. Human development researchers from the 'Wellbeing in Developing Countries' group offer new paradigmatic approaches to understanding wellbeing. These tend to build on

theoretical work such as Doyal and Gough's (1991) 'Theory of Human Needs', McClelland's 'Human Motivation Theory' (1961) and Ryan and Deci's (2000) 'Self-determination Theory'. Current human development researchers are constructing theoretical expositions, which explore wellbeing and basic needs in relation to wider aspects of wellbeing such as environmental sustainability and ecological preservation.

In summary, psychological wellbeing is highly correlated with personal wellbeing and is considered one of the most important domains of wellbeing (Allen, 2008; Dolan et al., 2008; Oguz et al., 2013). Positive relations with others are now widely recognised as an important aspect of psychological wellbeing. Autonomy may be a key component of psychological wellbeing; however, opportunity and the capability to choose are also important. Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life and Self- Acceptance are all statistically significant in predicting psychological wellbeing. Positive psychological functioning, which incorporates self-acceptance, self-actualisation, and optimal functioning, is also perceived to be an important characteristic of psychological wellbeing.

The premise of psychological wellbeing often rests on models of rational choice, which posit that people use logic and rationality in their pursuit of positive functioning (Ahmed, 2010; King, 2007; Mc Gregor, 2006; Ryan and Deci, 2000). However, Kahneman (1994, 1999) argued that people do not always make rational choices, and that these choices do not necessarily enhance psychological wellbeing.

The impact of psychological distress on psychological wellbeing has become increasingly important to those interested in psychological wellbeing (Oswald and Powdthavee, 2007a; Winefield et al., 2012). This may be because the incidence of reported psychological distress has consistently risen in the UK over the past twenty years (Oswald and Powdthavee, 2007a). However, inconsistent findings on the relationships between psychological wellbeing and psychological distress means that further research is required to unpack this (Winefield et al., 2012).

2.6: Physical wellbeing

Higher levels of physical wellbeing have been identified as having a significant impact on health and holistic wellbeing (Carlisle and Hanlon 2007; Chavez et al., 2005; Griffin, 2010; Penedo and Dahn, 2005; Reiner et al., 2013). This is also associated with better emotional and mental health (Allen, 2008; McCormick et al., 2009; Reiner et al., 2013).

Penedo and Dahn (2005) identified that physical wellbeing has a positive association between better functional capacity and better mood states. Physical wellbeing has also been identified with decreased risk of disease, illness, and injury; better immune functioning; speedier recovery; and increased longevity (Diener and Biswas-Diener, 2008; Ostir et al., 2000, 2001; Pressman and Cohen, 2005). Penedo and Dahn (2005) reviewed cross-sectional and longitudinal studies, which evaluated the relationship between exercise, physical activity, physical wellbeing and mental health and wellbeing. Penedo and Dahn's (2005) results support a growing literature base which indicates that exercise, physical activity and physical wellbeing have beneficial effects across several domains of wellbeing, most significantly in psychological, emotional and social wellbeing (Allen, 2008; McCormick et al., 2009; Reiner et al., 2013).

Much of the UK research around physical wellbeing indicates that exercise and physical activity are associated with mental health, psychological wellbeing and health outcomes (Biddle et al., 2003; Callaghan et al., 2011; Reiner et al., 2013). However, to date much of the UK evidence originates from quantitative clinical trials (Reiner et al., 2013; Trivedi et al., 2011) which tend to contain limited sample sizes and have short follow-up periods (Callaghan et al., 2011).

Physical health is considered hugely important for physical wellbeing (Allen, 2008; Barnes et al., 2013; McCormick et al., 2009; Ward et al., 2012). Research indicates physical wellbeing underpins holistic wellbeing (Allen, 2008; McCormick et al., 2009). In addition to which it has been identified as an important mechanism for combating illnesses and improving functionality (Penedo and Dahn, 2005; Reiner et al., 2013; Scheier et al., 2006).

Factors which undermine physical wellbeing may often result from long-term chronic ill health, impairment or disability (Allen, 2008; McCormick et al., 2009). These often result in depression and other mental health issues, which further undermine physical wellbeing (Allen, 2008; McCormick et al., 2009).

In summary, much of the UK research around physical wellbeing indicates that exercise and physical activity are also associated with psychological wellbeing, emotional wellbeing and holistic wellbeing. Further research is required to explore the interaction between the environmental determinants of physical wellbeing and the opportunities to facilitate greater physical wellbeing. Similarly, the associations and relationships between physical wellbeing, emotional wellbeing and personal wellbeing need clarification around the direction of causality.

2.7: Spiritual, religious and emotional wellbeing

When considering the impact religion* and spirituality may have on wellbeing, it is important to take into consideration the relationship between spiritual dimensions and wellbeing and to acknowledge the differences between spirituality and religiosity (Chavez et al., 2005; McCullough et al., 2000). Spirituality is associated with religion, and the terms overlap but are not synonymous. An individual may report being spiritual but claim no affiliation with religion (Sartori, 2010).

2.7.1: Spiritual wellbeing

Visser et al. (2010) defined spirituality as an experience of a connection with the essence of life. Piedmont (1999) emphasised the importance of spiritual wellbeing in fostering a sense of being non-judgmental. Additionally, it is also associated with altruistic behaviour, having meaning in life and contributing to a sense of connection with others and the wider world (Bartlett et al., 2003; Vilhena et al., 2014; Woolryche and Sixsmith, 2008).
Koenig (2008) selectively reviewed the role of religion and spirituality on health and wellbeing and concluded that religion and spirituality act as powerful coping mechanisms, which help to facilitate wellbeing. These mechanisms help people

make sense of challenges, inculcate a sense of control and support the socio-cultural rules and observations that facilitate mutual support and cooperation (Clark and Lelkes, 2005; Graham et al., 2010; Shobhna, 2008). More recently, Vilhena et al. (2014) explored spirituality and wellbeing in 774 cancer patients. They concluded that spirituality might facilitate and improve emotional wellbeing and resilience by encouraging a sense of positivity (Bartlett et al., 2003; Shobhna, 2008; Vilhena et al., 2014).

There are those, however, who dispute evidence of a positive association between wellbeing and religion/spirituality. Hebert et al.'s (2006) systematic review of the relationships between religion/spirituality and wellbeing suggested that the effects of religion and spirituality on wellbeing remain unclear (Hebert et al., 2006).

2.7.2: Religious wellbeing

Early research on religion and wellbeing suggested church-related activity was associated with wellbeing (Clark and Lelkes, 2005; Cohen, 2002; Joshi et al., 2008). Similarly, Inglehart (1990) reported that religious affiliation and worship attendance was positively associated with happiness and life satisfaction. Religiousness has been identified by some as one of the best predictors of wellbeing amongst older people as it can facilitate resilience through finding meaning in life circumstances and events (Okun and Stock, 1987). This claim has been substantiated by research which suggests religiosity is important for wellbeing, particularly for older people because it fosters emotional wellbeing and helps with difficult life transitions (Donovan and Halpern, 2002; Joshi et al., 2008; McCullough et al., 2000). However, there is some evidence to indicate that social standing influences some of the relationship between religion and wellbeing (Dolan et al., 2006, Dolan and White, 2007).

Dolan et al. (2006) reviewed factors affecting wellbeing and identified church attendance and a belief in God as being positively associated with SWB. There has been much speculation concerning why religion may be particularly important for

older peoples' wellbeing (Donovan and Halpern, 2002; Graham et al., 2010; Inglehart, 1990; McCullough et al., 2000). Donovan and Halpern (2002) theorised this is because religion confers a sense of purpose and continued participation within a social and supportive social network.

More recently, Oguz et al. (2013) analysed results from the UK Annual Population Survey (2011–2012). Those participants who reported a religious affiliation compared to those who did not were more likely to feel 'satisfied' with their life and feel they lived a 'worthwhile' existence (Oguz et al., 2013).

However, other studies have found that religious faith can impact negatively on wellbeing (James and Wells, 2003; Koenig, 2008). For example, religiosity may exert a detrimental impact on personal relationships and emotional wellbeing if those within one's close social circle do not share the same religious convictions (James and Wells, 2003). Koenig (2008) also cautioned against a tendency to focus predominantly on the positive associations between religion, health and wellbeing. "While religious beliefs and practices can represent powerful sources of comfort, hope and meaning, they are often intricately entangled with neurotic and psychotic disorders, sometimes making it difficult to determine whether they are a resource or a liability" (P.289).

2.7.3: Emotional wellbeing

Emotional wellbeing is shaped by factors including gender, ethnicity, socio-economic position, environment, inequalities, health and disability (Allen, 2008; Cameron, 1975; Clifton, 2009; Demakakos et al., 2010; Diener and Larsen, 1993; McCormick et al., 2009). Emotional wellbeing has a close association with physical health and wellbeing (Allen, 2008; Demakakos et al., 2010; Ostir et al., 2000, 2001). The relationship between health and emotional wellbeing has become of increasing interest to wellbeing researchers in recent years (Abdallah, 2012; Allen, 2008; Pahl, 2007). This may be the result of ageing populations and the detrimental impact that

ill health and conditions such as dementia have on emotional wellbeing (Abdallah, 2012; Allen, 2008).

Allen (2008) argued that the UK has a large and growing number of older people with poor emotional wellbeing because of a greater prevalence of mental health issues. This is compounded by an increase in reported depression in older people and 'older' old people, i.e. those over 85 (Allen, 2008). Depression, the most common mental health issue for those aged 65+ (Allen, 2008), has been frequently identified as having a negative impact on emotional wellbeing (Abdallah, 2012; Allen, 2008; Barnes et al., 2013; Diener and Larsen, 1993; McCormick et al., 2009). Poor access to 'talking therapies' for older adults (Layard, 2005) has exacerbated the incidence of depression (Allen, 2008). This has concomitantly led to increased levels of poor emotional wellbeing (Allen, 2008; McCormick et al., 2009).

There is also strong evidence of an association between physical health and poor emotional wellbeing (Abdallah, 2012; Allen, 2008; DoH, 2008; ONS, 2011, 2012). This association, exacerbated by health inequalities, means those from deprived backgrounds are more likely to experience poor emotional wellbeing than those from affluent backgrounds (Allen, 2008; ONS, 2011, 2012). "Poverty has a clear relationship with poor emotional wellbeing across the life cycle and worsening income inequalities compound that" (Allen, 2008:22).

Poverty and deprivation have been widely recognised as significant risk factors for poor emotional wellbeing in later life (Allen, 2008; Barnes et al., 2013; DoH, 2008; Pahl, 2007). Research suggests that this is likely to be related to factors such as fear of crime and poor quality housing (Allen, 2008; Barnes et al., 2013; Dolan et al., 2006; ONS, 2011, 2012). Factors which appear to be particularly relevant for poor emotional wellbeing include ill health, depression, disability, loneliness, poverty and isolation (Abdallah, 2012; Allen, 2008; Barnes et al., 2013; Diener and Larsen, 1993; DoH, 2008; Ward et al., 2012).

Conversely, there is evidence to suggest that positive emotional wellbeing is principally associated with social interaction and community wellbeing (Abdallah,

2012; Allen, 2008; Barnes et al., 2013; Pahl, 2007; Turk, 2009). Participation and interaction within close social contexts such as family life, one's neighbourhood and wider community are seen as particularly important for fostering and protecting emotional wellbeing (Abdallah, 2012; Allen, 2008; Barnes et al., 2013). This is especially the case for older adults whose social circle tends to diminish as they age (Allen, 2008; McCormick et al., 2009).

Opinions differ about what is most important for emotional wellbeing. Turk (2009) suggests respect and social status within one's community underpins emotional wellbeing. However, there is general consensus that emotional wellbeing, particularly for older adults, depends to a large degree on social interaction (Allen, 2008; Barnes et al., 2013; Ward et al., 2012).

2.8: Economic wellbeing

Traditionally, the study of economic wellbeing assumed wellbeing was a function of income (Easterlin, 1974, 2009; Frey and Stutzer, 2002; Paim, 1995; Qizibash, 1998). Research suggests that a number of variables are important for economic wellbeing (King, 2007; Paim, 1995; Qizibash, 1998). However, the effects of employment, unemployment and income levels have a significant influence on economic wellbeing (Abdallah, 2012; Biswas-Diener, 2008; Diener et al., 1999; Diener and Biswas-Diener, 2002; Dolan et al., 2006; Easterlin, 2009; Jeffrey et al., 2014; ONS, 2012, 2013). This recognition has led to them being widely used as the most popular proxy measures of economic wellbeing, a format followed here.

2.8.1: The relationship between economic wellbeing and income

The relationship between income and wellbeing has been extensively explored (Seaford, 2011; Stoll, 2012). It is widely agreed that the interaction between them is complex and multi-layered (Dewe and Cooper, 2012; Diener, 1999; Frey and Stutzer, 2002; Stevenson and Wolfers, 2008). One of the most contested points in

this field of study centres on whether the relationship between economic wellbeing and personal income is linear or curvilinear (Dewe and Cooper, 2012; Frey and Stutzer, 2002; Jeffrey et al., 2014).

Evidence indicates that wealth has a greater influence on wellbeing in poor countries than in rich, and has a greater impact on people who are poor than those who are rich (Easterlin, 1974, 1995, 2001, 2009; Frey and Stutzer, 2002; Wilkinson and Picket, 2009). This phenomenon has been explained by the 'Theory of Basic Needs' (Maslow, 1957; Doyal and Gough, 1991). It has been widely documented that since World War II, despite a considerable increase in standards of living and personal income there has not been a commensurate rise in wellbeing (Blanchflower and Oswald, 1999; Easterlin, 1974, 1995, 2001, 2009; Marks and Shah, 2004; Layard 2006). These findings helped to establish claims of a curvilinear relationship between wellbeing and income (Dewe and Cooper, 2012; Stevenson and Wolfers, 2008). Evidence suggests this is linked to the 'Theory of Diminishing Returns' (Biswas-Diener, 2008; Easterlin, 1974, 2009; Stevenson and Wolfers, 2008; Stoll et al., 2012).

The 'Theory of Diminishing Returns' suggests once wealth has reached subsistence level, its effect on wellbeing is greatly reduced (Diener and Diener, 1995; Inglehart and Klingemann, 2000; Stevenson and Wolfers, 2008). This paradox is widely referred to as the 'Easterlin Paradox' (Macunovich and Easterlin, 2008). The Easterlin Paradox has come under increasing criticism in recent years for being based on short-term data (Jeffrey et al., 2014; Stevenson and Wolfers, 2008). Some research suggests that the Easterlin paradox does not exist and wellbeing has a linear relationship to personal income (Booth, 2012; Hagerty and Veenhoven, 2003).

Booth (2012), for example, argued, "Contrary to popular perception, new statistical work suggests that happiness is related to income and that this relationship holds between countries, within countries and over time. The relationship is robust and also holds at higher levels of income as well as at lower levels of income" (P.19). There is now growing support for claims that long term data indicates the existence

of a positive and linear relationship between economic wellbeing and personal income (Stevenson and Wolfers 2008; Diener et al., 1993; Deaton, 2008).

Criticisms of the Easterlin Paradox led Easterlin et al. (2010) to revisit the phenomenon. Easterlin et al.'s (2010) findings indicated that there was a positive correlation between income and happiness/wellbeing in the short term. This was mitigated, however, as happiness/wellbeing tends to fall during periods of economic decline and rise during periods of economic expansion. Furthermore, Easterlin et al. (2010) argued that data from developing countries demonstrates that the long-term relationship between income and wellbeing still conforms to the Easterlin Paradox.

Despite growing support for the existence of a positive and linear relationship between economic wellbeing and personal income there remains considerable support for the Theory of Diminishing Returns and a curvilinear relationship between economic wellbeing and personal income (Biswas-Diener 2008; Clark et al., 2008; Dolan et al., 2006; Easterlin et al., 2010; Kahneman and Deaton, 2010).

Kahneman and Deaton (2010) found that income does correlate with economic wellbeing/happiness, but that the rate of positive association diminishes past a certain income threshold. Research suggests higher earners generally report better life satisfaction, but diminishing returns means that people's daily emotional wellbeing only rises with earnings until a threshold annual income of $75,000 is reached (Kahneman and Deaton, 2010). This has been linked to claims that higher incomes enable better health, increased life expectancy and less stressful life events (Ballas and Dorling, 2007; Jeffrey et al., 2014; Kahneman and Deaton, 2010).

However, some argue this could be counteracted by a diminished opportunity to undertake leisure activities or to establish strong social networks, both of which enhance wellbeing (Deiner and Biswas-Deiner, 2002; Jeffrey et al., 2014; Lewis and Purcell, 2007). Kasser and Ryan (1993) reported that the desire for material gain may have a negative impact on wellbeing, where the desire for a higher income increases workplace stress. Workplace stress has been associated with having a negative impact on close personal relationships (Dewe and Cooper, 2012; Lewis and

Purcell, 2007). Marriage particularly suffers where "Possessing an upper income is associated with a doubled to quadrupled likelihood of divorce" (Clydesdale, 1997:605).

Advances in research have generated a broad consensus that income is only modestly correlated with wellbeing (Clark and Senik, 2011; Easterlin, 2009; Easterlin et al., 2010). Associations between income and wellbeing appear strongest for those in Western nations with relatively low-income rates, although research has also have found effects for those at higher income levels (Argyle, 1999; Blanchflower and Oswald, 1999; Easterlin, 2009).

Many studies indicated that national wealth has a greater influence on wellbeing than personal income (Diener and Diener, 1995; Diener and Suh, 1999; Easterlin, 2009; Inglehart and Klingemann, 2000; Kahneman and Deaton, 2010; Veenhoven, 1991). However, as with personal income, evidence suggests there is a point of diminishing returns (Biswas-Diener, 2008; Kahneman et al., 2006: Stoll et al., 2012).

2.8.2: Unemployment

Jahoda's (1982) seminal research on the psychology of unemployment and employment produced one of the earliest and most influential studies on the effects of unemployment and employment on economic wellbeing. Jahoda (1982) identified that the unemployed were deprived five categories vital to wellbeing "Time structure, social contact, collective effort or purpose, social identity or status, and regular activity" (p.87). Jahoda (1982) maintained that unemployed people were unhappy because they were deprived of these qualities and not simply because they were poor. This interpretation led to research such as Clark and Oswald (1994) and Clark et al. (2004), which furthered understanding of the relationship between wellbeing and employment (Dewe and Cooper, 2012; Jeffrey et al., 2014).

Research has subsequently identified that unemployment negatively affects wellbeing in the short and the long term (Abdallah, 2012; Argyle, 1999; Deaton,

2011; Dolan et al., 2006; Lewis and Purcell, 2007). Individuals who are unemployed experience significantly lower wellbeing (Abdallah, 2012; Dolan et al., 2006; Jahoda, 1982; Warr et al., 2010). The unemployed, however, cannot be considered a homogenous group (Abdallah, 2012; Clark et al., 2004). Those who have been unemployed for more than six months have a significantly lower wellbeing than those who have been unemployed for less than six months (Abdallah, 2012). There is also evidence that unemployment is not unremittingly bad for wellbeing (Abdallah, 2012). In communities where a significant number of the population is unemployed, unemployment does not appear to have detrimental effect on wellbeing (Abdallah, 2012; Argyle, 2002; Dewe and Cooper, 2012). One explanation for this finding is that the social comparison and social standing components of the impact of unemployment on wellbeing is moderated when living in a social group in which unemployment is the norm (Abdallah, 2012; Ballas et al., 2007; Lewis and Purcell, 2007).

2.8.3: Employment

Paid employment has been widely reported as key in the wellbeing of individuals (Argyle, 2002; Ballas et al., 2007; Clark and Senik, 2011; Dewe and Cooper, 2012; Haworth, 2007; Lewis and Purcell, 2007; Warr, 2007; Warr and Clapperton, 2010). Paid employment is important because it has economic benefits and facilitates access to resources. It can also be an indicator of feeling valued by others and by ourselves (Ballas et al., 2007; Haworth, 2007; Layard, 2005; Lewis and Purcell, 2007; Warr and Clapperton, 2010). In addition to which, paid employment has also been identified with fostering satisfaction, meaning and purpose in life (Blanchflower and Oswald, 1999; Clark and Senik, 2011; Deaton, 2011; Lewis and Purcell, 2007; Warr, 2003).

Job satisfaction also appears to play an important part in the positive impact employment has on wellbeing (Dewe and Cooper, 2012; Jeffrey et al., 2014; Warr and Clapperton, 2010). Jeffrey et al. (2014) reported that most aspects of an individuals' psychological wellbeing such as sense of purpose, positive emotions,

morale, motivation and life satisfaction were enhanced for those in paid and unpaid employment with job satisfaction.

Research has increasingly focused not only on the impact of employment on wellbeing but also on the importance of meaningful work (Dolan et al., 2006; Lewis and Purcell, 2007; Prilleltensky and Prilleltensky, 2007; Warr, 2007; Warr et al., 2010). Employment, both paid and unpaid, particularly that which is stimulating and meaningful has been identified as engendering factors, related to improved wellbeing; for example, feelings of self-control, flow and the opportunity for creative experiences (Haworth, 2007; Lewis and Purcell, 2007; Warr, 2007; Warr et al., 2010).

In addition, employment helps to facilitate social standing, a sense of pride and belonging, which helps people "Construct their social identity" (Myers and Diener, 1995:14). Employed individuals also demonstrate better wellbeing (Abdallah, 2012; Dolan et al., 2006; Jahoda, 1982). However, evidence, suggests that employment does not have a consistent independent relationship with wellbeing (Abdallah, 2012).

For many economists it is the earning potential of paid employment which facilitates a higher sense of economic wellbeing. However, Carr (2004) identified that "In economically advanced countries people who value earning money more than other goals are less satisfied with their standard of living and their lives" (P.33). Studies have increasingly focused on the individual differences such as goals, values and personality traits that could moderate the relationship between personal income and wellbeing (Abdallah, 2012; Dewe and Cooper, 2012; Warr and Clapperton, 2010).

Malka and Chatman (2003), for instance, proposed that individual differences in intrinsic and extrinsic work orientation might moderate these relationships. Their research showed a connection between wellbeing and income, which changed depending on the individuals' extrinsic and intrinsic orientations towards work (Malka and Chatman, 2003). Individuals with a more extrinsic work ethic exhibited a

stronger association between income and SWB. Those who valued an intrinsic approach to work exhibited a stronger association between income and emotional wellbeing (Malka and Chatman, 2003).

Other studies have since confirmed that the impact of work on economic wellbeing varies depending on factors such as personality traits and values such as the extrinsic and intrinsic orientations of the individual (Dewe and Cooper, 2012; Warr, 2007; Warr and Clapperton, 2010). For those with an intrinsic orientation paid and unpaid employment can facilitate an improved sense of economic and holistic wellbeing (Haworth, 2007; Lewis and Purcell, 2007; Prilleltensky and Prilleltensky, 2007).

Ballas and Dorling (2007b) explored the impact of major life events on happiness and wellbeing and concluded that it was employment-related gains rather than employment status which was a significant predictor of wellbeing. This interpretation is supported by those who argue that immersion in work, 'flow' and the pleasure from that pursuit has the most significant impact on wellbeing (Haworth, 2007; Lewis and Purcell, 2007; Prilleltensky and Prilleltensky, 2007). These help people to establish and accomplish goals, achieving one's aspirations and personal fulfilment, all of which are experiences which embody the notion of eudaimonic wellbeing (Delle Fave and Massimini, 2003a; Lewis and Purcell, 2007).

It is important to note, however, that not all employment *per se* has an equal effect on economic wellbeing (Biswas-Diener, 2008; Deaton, 2008; Dolan et al., 2006; Easterlin et al., 2010). For example, individuals who have temporary employment contracts experience lower wellbeing than those on other contracts, even when controlling for other factors (Abdallah, 2012; Donovan and Halpern, 2002). Self-employed people meanwhile are more satisfied and experience a greater sense of wellbeing than employed people doing equivalent work (Dolan et al., 2006; Donovan and Halpern, 2002). This was also true when taking into consideration confounding factors such as the self-employed working longer hours, having fewer holidays and earning less (Donovan and Halpern, 2002).

In summary, research indicates that income is important for economic wellbeing, but beyond a certain level of earnings commensurate with the earning potential of those of a similar socio-economic position the impact of income on wellbeing declines.

Similarly, employment is also important for economic wellbeing but it is the presence of meaningful, interesting, stimulating and satisfying employment which has a positive impact on economic wellbeing. Conversely, routine, monotonous, repetitive employment has a negative impact on economic wellbeing. Factors such as job insecurity, work/life balance and zero hour contracts have a significant and negative impact on economic wellbeing.

Unemployment has perhaps the most significant and negative impact on economic wellbeing. However, even in this area there is evidence which indicates that social comparison has an important mitigating role to play. That is, those unemployed living in a community of high unemployment suffer less from the stigmatising factors of unemployment, which lessens the significant and negative impact on economic wellbeing.

It is difficult to ascertain the relationship between income, employment, unemployment and wellbeing. The number of possible diverging and confounding factors which may interact with and affect the data make the task extremely difficult. This review indicates a need for greater research into the individual factors that could affect findings.

2.9: Social wellbeing*

Some have argued that wellbeing has been narrowly perceived as that which pertains to the personal (Haworth and Hart, 2007; Prilleltensky and Prilleltensky, 2007; Seligman 2011). At a theoretical level there has been a tendency for some wellbeing theories to underplay the social domain (Bruni and Porta, 2007b;

Haworth and Hart, 2007; Phillips, 2006). In a comparison of wellbeing theories Phillips (2006) identified that those with an economic focus assume social wellbeing pertains solely to the wellbeing of individuals. Bruni and Porta (2007b), who claimed that economic theories of wellbeing tend to ignore inter-personal relationships and social wellbeing, support this observation. Gasper (2010) acknowledged this oversight and argued that wellbeing theories should do more to evaluate the social needs and requirements of individuals.

Conversely, at an empirical level research has endeavoured to explore wellbeing in connection to relationships (Bjørnskov, 2007; Bowling et al., 2003; Myers and Deiner, 1995). Indeed Bowling et al. (2003) claimed, "The largest body of empirical research on the various facets of well-being has focused on the structure of social networks and the functioning and supportiveness of human relationships" (p.272). The evidence has resulted in a consensus that social relationships and social wellbeing are integral to personal wellbeing (Allen, 2008; Barnes et al., 2013; Dolan et al., 2006; Donovan and Halpern, 2002; Gasper, 2010; McCormick et al., 2009; Ward et al., 2012). There is strong evidence that important social networks*, which include friendships, close relatives, neighbours, colleagues and romantic partners all play an important role in facilitating social wellbeing (Allen, 2008; Barnes et al., 2013; McCormick et al., 2009; Ward et al., 2012).

Evidence suggests that social wellbeing is underpinned by social acceptance, and the fundamental need to belong (Allen, 2008; Barnes et al., 2013; Haworth and Hart, 2007; Li et al., 2005). Taken together these studies suggest that social wellbeing contributes to personal wellbeing by inculcating a sense of meaningfulness, belonging, happiness and social acceptance. There is some evidence to suggest aspects of social wellbeing such as support networks are particularly important for psychological wellbeing because they act as important buffers against stress, anxiety, isolation and depression (Barnes et al., 2013; McCormick et al., 2009; Ward et al., 2012).

There is also strong evidence that associations between social participation and support is of key importance for social wellbeing (Barnes et al., 2013; Lawton, 1980;

Li et al., 2005; Sixsmith and Boneham, 2007; Ward et al., 2012). This is particularly the case when participation and support stems from relationships which are felt to be reciprocal and offer a balance between dependence and independence (Allen, 2008; Barnes et al., 2013; Ward et al., 2012). This corpus of research has enabled researchers to argue that social wellbeing in the shape of social connectedness is one of the key determinants of personal wellbeing (Allen, 2008; Barnes et al., 2013; Taylor, 2011; Ward et al., 2012).

Conversely, research indicates that poor social wellbeing characterised by social isolation leads to feelings of depression and anxiety (Allen, 2008; Bjørnskov, 2007; Li et al., 2005). "Lack of attachments is linked to a variety of ill effects on health, adjustment and well-being" (Baumeister and Leary, 1995:497). However, the benefits to social wellbeing derived from social networks depend on the nature and quality of those networks (Barnes et al., 2013; Bjørnskov, 2007; Li et al., 2005). Social networks, which are superficial or one-dimensional, may have a negative impact on social wellbeing (Allen, 2008; Barnes et al., 2013; Bjørnskov, 2007; Li et al., 2005).

In addition to the development of social relationships, social wellbeing is linked to social capital. This association focuses on the key components of participation, trust and reciprocity and the social networks of bonding, bridging and linking ties (Li et al., 2005; Haworth and Hart, 2007; Sixsmith and Boneham, 2007). However, much of the research concerned with social capital is more closely aligned with community wellbeing and so will be addressed in the following section.

In summary, the degree to which social wellbeing affects personal wellbeing and community wellbeing remains a matter for debate. However, evidence suggests social wellbeing through mechanisms such as connectedness and relationships has a significant impact on personal wellbeing. Further research is necessary to try to unpack this.

2.10: Environmental wellbeing*

A relationship between an individual and the environment is seen as critical to perceptions of identity, belonging and familiarity (Ballas et al., 2007a; Ballas and Dorling, 2013; Newton, 2007; Pickering, 2007). Sayer (2000) argued that these are integral to inclusion, participation and engagement, themselves seen as key facets of wellbeing. The Foresight Report (Environment Agency, 2004) and National Institute for Clinical Health Excellence guidance (NICE), (2008) both reinforced the importance of the environment as a key determinant of wellbeing.

2.10.1: Natural environment*

Much of the early work, which identified the natural environment as essential for personal wellbeing, was predicated on an intrinsic assumption that humans had an inherent relationship with nature (Bird, 2007; Naess, 1973; Newton, 2007; Pickering, 2007; Wells et al., 2010; Wilson, 1984).

Wilson's 'Biophilia Hypothesis' (1984) asserted that at a fundamental level human identity and self-actualisation relies on our relationship with the natural environment. This has been influential in encouraging others to develop theoretical accounts, which help provide frameworks for understanding the complex relationship between humans and the natural environment (Galloway, 2006; Newton, 2007). In addition to which, Wilson's Biophilia Hypothesis (1984) offers theoretical support for those who argue that humans have an emotional attachment to the natural environment (Newton, 2007). For many this attachment meets subconscious and deep-rooted human needs and promotes wellbeing (Abdallah, 2012; Abdallah et al., 2012; Bird, 2007; Newton, 2007; Pickering, 2007; Stoll, 2012).

However, much of the early evidence linking the natural environment and wellbeing was generated through small-scale qualitative studies. This led to disagreement over whether these studies contributed robust and reliable evidence, which met the perceived requirement for a robust clinical and quantitative evidence base (Newton, 2007). The concerted move towards larger quantitative

studies accompanied research which increasingly sought to offer theoretical suppositions to support empirical evidence (Newton, 2007).

Newton (2007) undertook a literature review to substantiate claims that the natural environment plays an important role in wellbeing. Newton's review was a significant step forward for those interested in conceptualising and exploring the connections between the natural environment and wellbeing. Its main value lay in its presentation of a wide body of evidence of the role the environment may play in wellbeing within the context of sustainable development.

Newton (2007) reported a positive and significant association between the natural environment and wellbeing. This, however, was primarily based on qualitative findings from outside the UK. Further research is required to determine the extent to which global findings are replicated in the UK (Abdallah et al., 2012; Berry, 2014; Newton, 2007).

Since Newton's review (2007), much of the UK research undertaken to explore interactions between the natural environment and wellbeing has continued to utilise quantitative approaches (Abdallah et al., 2012; Berry, 2014; Sustainable Development Commission, 2007a). White et al.'s (2013) longitudinal study based on 18 years of panel data (1991–2009) identified that the natural environment has the potential to have a considerable and negative impact on psychological health and wellbeing. There is also evidence that some people do not respond positively to natural landscapes in urban areas (Abdallah et al., 2012; Newton, 2007; Stoll et al., 2012).

The safety implications of green spaces are particularly pertinent for women and older people (Butterworth, 2000; Commission for Architecture and the Built Environment, 2009; Stewart and Bushell, 2011). Fears for personal safety, issues over access and perceptions of the natural environment as unkempt or valueless offers support for claims that the natural environment may have a negative impact on wellbeing (Giles-Corti and Donovan, 2002; Giles-Corti et al., 2005; Newton, 2007). UK quantitative research findings largely support global findings that greener environments and interaction with nature have a predominantly positive impact,

particularly for psychological, personal and community wellbeing. However, further qualitative research is required to help identify why and how different aspects of the natural environment enhance feelings of wellbeing (Berry, 2014; Stoll et al., 2012; Thompson and Marks, 2008).

In summary, there is a strong evidence base to support claims that the natural environment has a positive impact on wellbeing. In addition to which, living in a greener area has a significant impact on mood and cognitive functioning. However, much of the research used to support this claim has been undertaken in the US, Japan and Scandinavia and is restricted by an over reliance on observational research. An important caveat to note is that whilst findings from previous research have indicated a correlation between wellbeing and green space, research has not been able to prove the direction of causality (Dolan et al., 2006; Newton, 2007; White et al., 2013).

In recent years, the UK has experienced a growth of quantitative studies seeking to explicate understandings of the interactions between the natural environment and wellbeing. However, this review has identified that further research is required to explore the potential benefit of more urban green spaces at a population level in promoting wellbeing. Furthermore, there is a need in the UK for qualitative research to unpack the relationship between aspects of the natural environment and the positive and negative impact they may have on wellbeing.

2.10.2: The built environment

The World Health Organization (WHO) (1986) identified the need for research, which recognised the impact of the built environment on health and wellbeing. Since then there have been concerted efforts to investigate the relationship between the built environment and wellbeing (Crawshaw, 2008; Sciven and Garman, 2005; Seedhouse, 1998, 2001; South and Woodall, 2010; WHO, 1998).

The Local Government Act (2000) swelled this interest, encouraging disciplines such as public health/health promotion and social geography to focus on exploring the

impact of the built environment on wellbeing (Ballas et al., 2007a; Cameron, 2006; Carlisle and Hanlon, 2008; Crawshawe, 2008). This interest was primarily aligned to the interactions between building and urban planning policy, design and wellbeing (Ballas, 2010, Ballas and Dorling, 2013; Butterworth, 2000; Carlisle and Hanlon, 2005, 2008). This interest sparked research, which subsequently identified that active involvement in planning for the built environment was an under-utilised arena for improving health and wellbeing (Black, 2015; Commission for Architecture and the Built Environment, 2007, 2009; Carlisle and Hanlon, 2005, 2007).

Research which explores the relationship between wellbeing and the built environment tends to coalesce around studies that explore wellbeing in relation to housing and its immediate locale, and those which explore wellbeing in relation to the wider aspects of the built environment (Black, 2015; Stewart and Bushell, 2011). This approach is used in the following sections.

2.10.3: Housing

There is a well-documented and established evidence base which supports claims of a relationship between wellbeing and housing (Allen, 2008; Black, 2015; Commission for Architecture and the Built Environment, 2007, 2009; Stewart and Bushell, 2011). Amongst the earliest research to demonstrate this relationship were two studies employing longitudinal designs, which showed sustained improvements in wellbeing among people relocating to improved housing (Carp, 1968; Lawton and Cohen, 1974). Three other studies also suggested that differences in housing affect wellbeing (Martin, 1973; Schooler, 1970; Smith and Lipman, 1972). The differences reported in these studies appeared to suggest that wellbeing improved in spite of a reduction in social interaction. This implied that the physical aspects and conditions of a dwelling directly affect wellbeing (Schooler, 1970; Smith and Lipman, 1972). More recently, there have been sustained efforts to isolate the interaction between housing conditions and wellbeing/QoL (Black et al., 2015; OECD, 2011; ONS, 2012b; Potter et al., 2012).

Since the worldwide recession there is evidence to suggest that the relationship between wellbeing and housing conditions is often predicated on pecuniary

resources (Gibb, 2014). However, it is important to acknowledge, "Measuring housing conditions and their effects on people's well-being is a complex task" (OECD, 2011:82). Despite these challenges, research has identified that well maintained housing has a significant impact on wellbeing (Black et al., 2015; Gibb et al., 2013; OECD, 2011; ONS, 2012b). Whilst the importance of housing has been acknowledged in relation to wellbeing, Black et al. (2015) noted that in order to facilitate a sense of personal wellbeing "Beyond the house itself, our homes need to be in well-designed neighbourhoods with strong communities" (p.5).

The importance of the dwelling space on wellbeing is therefore not limited to personal housing conditions. Weich et al. (2002), provided evidence that those living in deprived urban areas characterised by derelict buildings, graffiti and neglected public spaces were more likely to suffer episodes of depression than those who lived in areas with well-maintained buildings and public spaces. Such research offers support for the 'Environment Stress Hypothesis', which implies that the quality of a neighbourhood has an impact on mental wellbeing (Cairney et al., 2010; Cairney et al., 2013).

2.10.4: Public spaces

Empirical research suggests that there are a number of public spaces which facilitate wellbeing (DCLG; 2008; Liu et al., 2009; Spokane et al., 2007). These include open public spaces such as parks, gardens and other recreational areas and other settings such as post offices, libraries and civic centres (Butterworth, 2000; DCLG, 2008). Empirical research indicates that informal public spaces such as high streets, pubs, cafes, post offices, and other 'Third Places' (Oldenburg, 1989, 2000) are the heart of a community's social strength and cohesion (Appleyard and Lintell, 1982; Burton et al., 2011; Liu et al., 2009; Oldenburg, 1989, 2000; Spokane et al., 2007).

Oldenburg (1989, 2000) identified the home as the 'first place', work as the 'second place' and informal public spaces as the 'third place'. These spaces are of key importance for wellbeing as they facilitate interaction, access to support and those ties of social wellbeing which connect communities (Oldenburg 1989, 2000).

Research, however, suggests that the way people use public space and place varies according to factors such as age, gender, ethnicity and a variety of other factors (Dooris, 2004, 2006). These may create issues over territoriality and ownership, which can help to reinforce problems of social isolation and exclusion for certain sectors of society (Burton et al., 2011; Butterworth, 2000; Department for Communities and Local Government, 2008). Evidence indicates that aspects of the built environment have both a positive and negative impact on wellbeing, depending in part on how an individual perceives the space (Burton et al., 2011; Butterworth, 2000; Department for Communities and Local Government, 2008).

Recent research suggests that wellbeing in later life is closely related to the built environment, which in itself is an important mediator of ageing experiences and opportunities (Burton et al., 2011). Burton et al. (2011) suggested that the physical characteristics of neighbourhoods appear to have a significant impact on the mobility, independence and wellbeing of older people and women.

Clarke and Nieuvenhuijsen (2009) argued that "Consideration of the built environment is particularly pertinent for older people: as they age, they are likely to spend more time in their home and community environments, and declining health and functional status can make them more susceptible to barriers in them" (p. 14).

Promoting environments which enable older people to flourish has been identified as an important aspect of local government wellbeing actions (The Foresight Mental Capital and Wellbeing, 2008). Changes which will enhance the built environment include improving the design of homes and towns, improving access to public spaces and making open public spaces safer and more appealing (Foresight Mental Capital and Wellbeing, 2008). These spaces need to be maintained, attractive, well lit, and networked to other resources to reduce fears for personal safety (Butterworth, 2000; Dooris, 2004, 2006).

Housing has both a direct and indirect impact on wellbeing: the physical aspects and conditions of a dwelling directly affect wellbeing, but housing conditions also have an indirect impact on wellbeing (Black et al., 2015; Commission for Architecture and the Built Environment, 2007, 2009; Stewart and Bushell, 2011).

Dwelling space is considered a fundamental human need as it provides protection from the elements. In addition to which housing offers space for familial interaction and is associated with privacy, personal identity, a sense of belonging and connection to where we live (Black et al., 2015). Poor housing conditions have a negative association with psychological wellbeing and undermine holistic wellbeing (Allen, 2008; Black et al., 2015; Commission for Architecture and the Built Environment, 2007, 2009).

In summary, public spaces within the wider context of the built environment are of key importance for wellbeing as they facilitate interaction and those bonds of social wellbeing which connect communities, enhancing community wellbeing. However, the way people use public spaces is dependent upon factors such as age, gender and ethnicity. Fears for personal safety, for example, may restrict access to public spaces and undermine wellbeing. Current perspectives on the impact of the built environment on wellbeing tend to concur that it is a combination of satisfaction with one's dwelling and one's opportunity to access public spaces, which is key for wellbeing.

One of the most significant problems facing those who seek to explicate the relationship between the built environment and wellbeing is that the built environment comprises of a huge number of individual elements such as street layout, road design, quantity and quality of green spaces. Future research may need to focus explicitly on which aspects of the built environment makes the most impact on wellbeing and why these particular elements or characteristics of the built environment are so important. Much of the research to date originates from single discipline studies. There exists therefore a need for multi-disciplinary research, which explores the impact of the built environment on wellbeing.

2.11: Temporality

The movement away from positioning wellbeing within quantifiable boundaries (Tomlinson and Kelly, 2013) encouraged the expansion of wellbeing research in

disciplines not traditionally associated with wellbeing research (Bilancini, 2012; Stoll et al., 2012). Social geographers Ballas and Dorling (2007), for example, began to measure the impact of major life events upon happiness. Research conducted by social geographer El-Shaarawi (2015) around the interplay between temporality, displacement and distress in refugees found that geographical displacement led to an altered experience of time. For the refugees in this study, the altered experience of time had a detrimental impact on envisaging the future and the affective forecasting of future feelings of wellbeing. This and other emerging research are using empirical research to explore the importance of temporal perspectives, that is, the way we think about the past, present, and future and the effect this has on our behaviour. This has been explored at a theoretical level over a considerable period of time, for example, Lewin (1942), Heidegger (1962) Zimbardo and Boyd (2008) and Durayappah (2010).

Zimbardo and Boyd (2008), for example, expanded the 'Zimbardo Time Perspective Inventory'. This uses self-reported data to identify an individual's orientations to the past, the present and the future. Zimbardo and Boyd's (2008) research indicated that temporal perspectives are an important individual characteristic that affects psychological and societal functioning.

However, until recently little qualitative empirical research had explored the role of temporality on wellbeing (Durayappah, 2010; Freund, 2010). Recent research has begun to address this deficit, this includes Schwanen et al. (2012), Galvin and Todres (2013), Guell et al. (2014), Åström et al. (2014), Zajenkowska et al. (2014), Griva et al. (2015) and El-Shaarawi (2015). In a forthcoming book, Wunderlich (2016) explores the importance of the 'everyday sense of time' by investigating the intersections between temporality, patterns of wellbeing and engagement in urban spaces. Literature such as this is part of a growing trend, which seeks to understand the influence temporality and temporal perspectives may exert on wellbeing. However, further empirical research is needed to substantiate theoretical notions of temporality and the intersections with wellbeing.

2.12: Component review summary

This review outlined the rationale for the organisation and sequence of topics covered in this domain approach to wellbeing. It documented the impact of domains of wellbeing widely recognised as key for personal wellbeing (Barnes et al., 2013; Marks and Shah, 2005; Ward et al., 2012). The review detailed the broad context of the research area under investigation, highlighting the relevant issues or debates which characterise these fields of research. At the end of each section, the current state of the research was summarised and gaps in knowledge and issues with the existing research were identified.

This literature review highlighted the paucity of multi-disciplinary approaches to wellbeing. Historically, wellbeing research has been undertaken within the confines of single disciplines. This research has therefore drawn upon a multi-disciplinary evidence base to contribute to wider understandings of wellbeing.

The research presented in the first part of this review highlighted the following gaps in knowledge:

- The extent to which coping mechanisms and adaptation are used to offset the impact of ageing and health issues on wellbeing.

- Unpacking the relationship between temporality and wellbeing.

- Unpacking the relationship between the natural environment and wellbeing

- Unpacking the relationship between the built environment and wellbeing.

- The extent to which wellbeing is associated with personal responsibility.

This study will build on existing research by explicating understandings of these gaps in knowledge. This will be achieved through a qualitative study conducted with older adults with LTCs. This will make an important contribution to knowledge as the absence of an established evidence base for these aspects of wellbeing constrains efforts to enhance citizen wellbeing through evidence-based policies.

The first part of this literature review has been structured to offer an appreciation of the complexity inherent within the subject area and provides the evidential base

for the empirical component of this study. The second part of this literature review, which follows, documents the chronological development of wellbeing research since the Local Government Act (2000). This provides the evidential base for the theoretical component of this study. It also seeks to present an appreciation of the changing narratives of wellbeing. These are espoused in critical questions such as 'What purpose does the wellbeing agenda serve?' (Gasper, 2004; Scott, 2012a, 2013; Scott and Bell, 2013) and 'Whose purpose does the wellbeing agenda serve?' (Atkinson and Joyce, 2011; Scott, 2012, 2013; Stenner and Taylor, 2008). These questions reflect increasing concerns regarding 1) agentic versus structural representations of wellbeing (Bache and Reardon, 2013; Bache et al., 2015; Seaford, 2011); 2) how wellbeing is represented to different sections of society (Atkinson and Joyce, 2011; Scott, 2012a, 2012c; Sointu, 2005; Taylor, 2011); and 3) how these representations impact on citizens (Atkinson and Joyce, 2011; Edwards and Imrie, 2008; Sointu, 2005; Scott, 2012c, 2013).

2.13: Chronological approach to wellbeing

Since the introduction of the Local Government Act (2000), several new terms such as 'wellbeing agenda', 'wellbeing politics' and the 'science of wellbeing' have emerged within the field of wellbeing (Carlisle and Hanlon, 2007; Edwards and Imrie, 2008; Shah, 2005). These terms reflect the upward trajectory of wellbeing within academia, the media and political rhetoric (Barnes et al., 2013; Scott, 2012c, 2014; Scott and Bell, 2013; Taylor, 2011). Whether this trajectory can be witnessed within lay narratives remains under-explored (Barnes et al., 2013; Hobbs and Sixsmith, 2010; Scott, 2012; Seedhouse, 1995; Ward et al., 2012).

Seedhouse (1995, 2002) raised concerns about wellbeing and a wellbeing agenda (WBA), which will be explored in detail in chapter three. Since Seedhouse (1995), a small but growing number of researchers suggest that wellbeing holds little currency for lay people (Eraurt and Whiting, 2008; Hobbs and Sixsmith, 2010; Mathews and Izquierdo, 2009). Wellbeing is a concept widely used and understood in academic/professional discourse, but it is not well understood and is rarely used

by lay people (Eraurt and Whiting, 2008; Mathews and Izquierdo, 2009; Scott, 2012c; Seedhouse, 1995).

2.13.1: The impact of the Local Government Act 2000

The Local Government Act (2000) gave local authorities the power to promote wellbeing as part of their duty to citizens (Department of the Environment, Transport and the Regions, 2001; Department for Communities and Local Government, 2008; Local Government Association, 2003). As such, it was the introduction of these new powers which stimulated efforts to coordinate the WBA (Gasper, 2004; Seaford, 2011; Scott, 2012c).

The UK national government sought to promote the economic, social and environmental wellbeing of communities through strategic plans for local wellbeing (Atkinson and Joyce, 2011; Atkinson et al., 2012; Scott, 2014; Scott and Bell, 2013). Scott (2011, 2014) proposed that the Local Government Act (2000) encouraged a marked increase in the WBA, in part because the Act provided little direction about what measures local councils might adopt to enhance citizen wellbeing. The arrival of local government wellbeing powers encouraged a surge in wellbeing research (Atkinson and Joyce, 2011; Atkinson et al., 2012; Scott, 2012a, 2014).

There was an expansion and extension of wellbeing research after the introduction of the Local Government Act (2000) (Abdallah et al., 2008; MacKerron, 2011; Nettle, 2005; O'Donnell et al., 2014; Ryan and Deci, 2001). In many respects, however, research proceeded along divergent lines with different disciplines devoting attention to largely separate lines of inquiry (Chavez et al., 2005). These lines of inquiry often made little or no attempt to provide an explicit definition of the concept (Bilancini, 2012; Galloway, 2006; Gasper, 2004b, 2010; Ryan and Deci, 2001; Seedhouse, 1995).

In addition, there was growing concern that research drew upon similar but not analogous concepts such as happiness, life satisfaction and QoL, which used different methodological approaches to the study of wellbeing (Edwards and Imrie, 2008; Gasper, 2010; King, 2007). All of these issues were perceived as undermining

efforts to homogenise findings, which could be applied across a range of policy settings.

In response to this, the Economic and Social Research Council series of academic seminars (2001, 2002) brought together experts from diverse backgrounds to explore wellbeing (Scott, 2012c). These seminars were important steps in encouraging new ways of thinking about wellbeing (Scott, 2012c). They also reflected a growing trend in moving beyond traditional methods and approaches when exploring wellbeing (Carlisle and Hanlon, 2007; Edwards and Imrie, 2008; Gasper, 2010; Stenner and Taylor, 2010).

2.13.2: The wellbeing agenda

The UK government was also involved in advancing and promoting wellbeing research (Donovan and Halpern, 2002; O'Donnell et al., 2014) as part of the wider WBA. In 2002, the UK Prime Minister's Strategy Unit explored the potential for promoting 'happiness policies' at a 'Life Satisfaction Seminar' in Whitehall. This prompted debates about the WBA and its role in society and governance (Furedi, 2008; King, 2007; Layard, 2005; Marks and Shah, 2004).

Chavez et al. (2005) provide a useful overview of the way in which the WBA developed in the light of two important QoL developments. The first was the conceptual introduction of SWB into empirical research. The second was the importance of recognising the role of utilising subjective assessments of wellbeing in a range of policy settings. This was particularly important for this thesis as it gave some recent historical contextualisation of the rationale for incorporating subjective accounts of wellbeing into the "Politics of wellbeing" (Edwards and Imrie, 2008:341). Before this development, it could be argued that the WBA in the UK was primarily concerned with drawing upon objective measures of wellbeing (Qizilbash, 1998, 2009). This paradigm shift led to recognition of the need for research to explore subjective accounts of wellbeing using qualitative methods (Clark, 2002b, 2005; Clark and Gough, 2005; O'Donnell et al., 2014).

2.13.3: The role of personal responsibility

Other developments in the field of wellbeing research included efforts to investigate wellbeing and the role of personal responsibility. Halpern et al. (2004), for example, explored the "Appropriate division of responsibility between the individual, community and state" (p.7) with regard to personal responsibility, behaviour change and the maximisation of wellbeing. They argued that personal responsibility and personal agency were fundamental for the attainment of eudaimonic wellbeing. Furthermore, Halpern et al. (2004) claimed a WBA which promoted personal responsibility in order to elicit behaviour and lifestyle changes would prove beneficial for the individual and the state.

These developments were perceived by some as part of a transition from former social welfare approaches to more neoliberal welfare agendas (Ferguson, 2007; Foucault, 1982, 1985, 1991; Froggert, 2002; Kingfisher, 2013; Rose, 1996, 1999). The appropriation of wellbeing to inculcate personal responsibility and behaviour change was increasingly evident in the policy documents of national government (Atkinson, 2011; Atkinson and Joyce, 2011; Edwards and Imrie, 2008; Fullager, 2002, 2009; Scott, 2011, 2014; Scott and Bell, 2012). This is discussed in detail in the following chapter.

Sointu (2005) offers a sociological interpretation of the appropriation of wellbeing within a wider WBA. Sointu (2005) deconstructed UK media text and representations of wellbeing over the 1985–2003 period to assess the appropriation and framing of wellbeing by the media within specific discourse. Sointu (2005) argued that wellbeing discourse has increasingly relied upon exploiting an individual's sense of self in order to facilitate a WBA. This places the responsibility for the creation and maintenance of wellbeing in the hands of the individual. In addition to which it "Emphasises proactive agency and self-responsibility as meaningful and normal" (p.255). A more in-depth sociological critique of the appropriation and mobilisation of wellbeing follows in chapter three.

2.13.4: Structure versus agency debate

The expansion of wellbeing research in disciplines not traditionally associated with wellbeing led to increasing concerns about the role of structure* versus agency* in efforts to enhance public and personal wellbeing (Ballas and Dorling, 2013; Scott and Bell, 2012; Wollny et al., 2010).

The Foresight Mental Capital and Wellbeing project (2008) identified a "Trend in recent years towards a model of public services based on greater levels of personal choice, active citizenship, personal responsibility, and 'co-production'" (p.18). This model of public services recognised the difficulty in determining the balance of responsibility for wellbeing between structural and agentic factors (Jordan, 2008; Scott, 2012a, 2012c; Tomlinson and Kelly, 2013). The role of the State*/statutory agents* in the promotion of wellbeing has become an issue of growing concern (Atkinson, 2011; Atkinson and Joyce, 2011; Scott, 2012a, 2012c; Scott and Bell, 2012). This will be considered in detail in chapter three.

The work of Edwards and Imrie (2008), for example, raised critical objections to the role of the WBA across UK society. Edwards and Imrie (2008) considered the wider implications of a WBA which sought to promote a 'politics of happiness' which had been embedded in government policy and discourse (Edwards and Imrie, 2008). Edwards and Imrie (2008) drew attention to the role of the New Economics Foundation (NEF), a prominent and prolific organisation concerned with wellbeing research. Edwards and Imrie (2008) argued that NEF's representation of wellbeing emphasised that wellbeing is attained by "happy, healthy, capable and engaged citizens" (p.338). Edwards and Imrie (2008) argued that this representation of wellbeing could only be aspired to by citizens without disabilities. Edwards and Imrie (2008) concluded that current government sponsored representations of wellbeing emphasised "Personality and character traits, and...individuated actions and (self) responsibilities" (Edwards and Imrie, 2008:340).

The use of expert voices* such as NEF and Lord Layard to promote wellbeing have been in evidence in the UK from the middle of the decade (Shamir, 2008a).

However, the appointment of David Halpern, in 2010, as director of the government's new Behavioural Insight Team, informally known as The Nudge Unit' (Shamir, 2008a), indicated that the government was seeking to influence people's behaviour by "Using wellbeing as a lever to nudge people towards specific behaviour change under the subterfuge of promoting wellbeing"(Abdallah et al., 2012:12).

In 2011, the UK government commissioned the ONS to consult and develop measurements of wellbeing as part of the ongoing move away from using structural economic measures to assess social progress (Self et al., 2012). Thus began the systematic measurement of national wellbeing through agentic measures of wellbeing (Atkinson, 2013). This approach was pursued through publications such as the ONS National Debate "Measuring National Well-being" (2011a) and the "Initial investigation into Subjective Well-being Data from the ONS Opinions Survey" (ONS 2011b).

Agentic representations of wellbeing became a key element in mainstream efforts to promote personal responsibility within public sector models (Atkinson, 2011; Atkinson and Joyce, 2011; Lammy and Tyler, 2014; Scott, 2012a). Agentic representations of wellbeing and the WBA were disseminated through mechanisms such as the creation of the Wellbeing Czar* Lord Layard, the work of the Behavioural Insight Team (formerly the Behaviour Change Unit) and the inclusion of wellbeing questions in ONS data sets (Abdallah et al., 2012). These advents meant that the WBA and its association with a PRA continued to flourish in the UK (Abdallah et al., 2012; Lammy and Tyler, 2014).

There were, however, dissenting voices about the role of the individual versus the state; for example, The Foresight Mental Capital and Wellbeing project (2008) noted, "A major issue will be to...determine the balance of responsibility for action – between the State, employers, families and individuals" (p.47). Similarly, the Organisation for Economic Cooperation and Development (OECD) (2011) explored the structure versus agency debate, concluding that structural determinants of wellbeing "Were also essential for positive wellbeing" (p.3).

The Care Act (2014) also considered the role of structural versus agentic factors on wellbeing. The Care Act (2014) introduced a general duty on local authorities to promote an individual's wellbeing (Care Act, 2014). The act identified the duty of local authorities to promote individual wellbeing and emphasised the role of governance in ensuring the wider determinants of wellbeing were addressed (DoH, 2014; Perkins and Hunter, 2014). The Care Act (2014) drew attention to the importance of structural factors and the role of governance by declaring that physical, mental and emotional wellbeing were the responsibility of statutory agencies. Oishi et al. (2015) contributed to the structure versus agency debate, calling for historical research to address important questions regarding the balance between agentic and structural representations of wellbeing and how these have changed over time.

2.13.5: Situating wellbeing within historical and linguistic contexts

Inglehart and Klingemann (1998) argued that historical factors play a powerful role in wellbeing, but receive insufficient attention in the majority of wellbeing research because they are complex and difficult to disentangle.

Kingfisher (2013) argued that wellbeing has deep historical roots which should be understood within historical contexts and noted the importance of considering how historical contextualisations may help to answer the 'how' and 'why' questions underlying the appropriation and mobilisation of wellbeing.

There has also been a growing recognition that linguistic analysis can help reveal how historical contexts impact on representations of complex concepts (DeWall et al., 2011). Similarly, historical and linguistic changes in concepts can be particularly important for research which aims to examine subjective states such as wellbeing (Mogilner et al., 2011; Oishi, 2012; Oishi et al., 2015). Research undertaken by Oishi et al. (2015) and McMahon (2006) in reviews of happiness/wellbeing offer new appreciations of the historical development of concepts.

In recent years, efforts have been made to research the historical and linguistic development of happiness such as Mogilner et al. (2011), McMahon (2006, 2006b, 2010), Oishi (2012) Oishi et al. (2015) and Peterson (2005). These works explored the shifting meaning of happiness and its allied concept of wellbeing. Oishi et al. (2015) posited, "That the linguistic analysis of the term happiness is critical to advance psychological theory and the scientific understanding of well-being" (p.2). In addition to which, it "Demonstrate the utility of a historical perspective on psychological science" (p.3). Mogilner et al. (2011), McMahon (2006, 2006b) and Oishi et al. (2015), whilst using wellbeing and happiness coterminously, recognised and highlighted the need for specific historical and linguistic contextualisations of wellbeing.

Kingfisher (2013), meanwhile, proposed that future research needs:

> To situate wellbeing/happiness in historical context as there is nothing in our current conceptualisations or practices that is transparently self evident…that can be easily universalized across time and space. It is only by reflecting on historical and cultural contexts of our categories of analysis, investigation and action that we can gain insight into how our work relates to forms of governance and the interests that they serve.

(p.79)

2.13.6: Chronological review summary

The chronological review summarised the current state of UK research since the Local Government Act (2000), and provided an appreciation of the changing narratives and chronological development of wellbeing research.

This review has highlighted the impact of the Local Government Act (2000) on wellbeing research; this included the expansion and extension of wellbeing research into disciplines not previously associated with wellbeing. The review then considered some previously adumbrated aspects of wellbeing research. These included the WBA, and the expansion and extension of wellbeing research. This was followed by representations of wellbeing and the role of personal responsibility, which documented the appropriation and mobilisation of wellbeing. This

documented strong theoretical evidence that wellbeing has been mobilised within a wider PRA.

The structure versus agency debate highlighted critical objections to the role of the WBA through expert voices and mainstream efforts to promote wellbeing in association with personal responsibility. Finally, situating wellbeing within historical and linguistic contexts documented the need for historical and linguistic contextualisations of wellbeing.

2.13.7: Integration of theoretical and empirical reviews

The empirical review identified the need for research to explore lay understandings of the association between wellbeing and personal responsibility. This is supported by the chronological review, which identified the need for research to establish whether lay people associate wellbeing with personal responsibility. There is also a need for research which focuses efforts to support the theoretical evidence of the mobilisation of wellbeing with corroborative empirical evidence. In order to facilitate the integration of theoretical and empirical gaps in knowledge, this study intends to consider the theoretical and empirical evidence for the association between wellbeing and personal responsibility. This is of key importance, given that there is a perception that "Government input to improve wellbeing is less influential than the personal choices we all make" (Cabinet Analysis and Insight Team Blog, 2015) and that wellbeing has become well-established as 'an explicit policy goal' (Bache et al., 2015).

Taken together, this literature review identified that further research is required to explore agentic versus structural representations of wellbeing and the balance between government and personal responsibility for wellbeing (Ferguson, 2007; Naumova, 2014; Seaford, 2011; Scott, 2012a, 2012b, 2014). Chapter three seeks to address this by exploring how and why wellbeing has been utilised in association with personal responsibility.

As a whole, this literature review domain considered the evidence for understanding wellbeing. It also noted that wellbeing is influenced by factors such as historical and linguistic context, which have received little research attention to date. Chapter five addresses these gaps in knowledge by investigating how historical and linguistic developments have influenced modern conceptualisations and representations of wellbeing.

The following chapter presents the theoretical framework underpinning this study and offers an appreciation of the raft of sanctioned extensions to power, which facilitates the mobilisation of wellbeing.

Chapter 3: Theoretical Critiques of Wellbeing

The following theoretical chapter documents the theoretical evidence that wellbeing has been mobilised within a PRA. It references wellbeing theories and theoretical positions in relation to the theoretical framework. This is contextualised in relation to sociological, health and political critiques of wellbeing.

This chapter explores and critiques how mechanisms of governance and discourse can be orchestrated to influence the way citizens think, act and conduct themselves. This is used to help frame an appreciation of the appropriation and mobilisation of wellbeing within a wider PRA.

This chapter begins by outlining the theoretical framework; then moves on to present a sociological critique, which considers the first theoretical premise that wellbeing has been mobilised to persuade people to accept responsibility for aspects of wellbeing which may be beyond their control.

Following this, health-orientated critiques are drawn together to consider the second theoretical premise that a WBA has been utilised to facilitate the reduction of government expenditure on health and welfare to an ageing population.

This is followed by a utilisation of the concepts of governmentality and governance to discuss the final theoretical premise that wellbeing has been mobilised as a socio-political tool to validate particular behaviours and lifestyles choices.

The final section outlines alternative theories regarding the mobilisation of wellbeing and concludes with a summary.

3.1: Theoretical framework

The literature review established a strong evidence base to support claims that wellbeing has been mobilised within a PRA. The following chapter will present a theoretical framework which seeks to explicate understandings of how and why wellbeing has been mobilised within a PRA. Theoretical frameworks are important because they introduce and describe the theory that explains why the research problem under study exists (Swanson, 2013). The research problem anchors the study, forming the basis from which the theoretical framework is constructed (Jacard and Jacoby, 2010; Swanson, 2013; Swanson and Holton 3rd, 1997).

Theoretical frameworks also demonstrate understandings of theories and concepts relevant to the topic of research, "In addition to which [they explain] the meaning, nature and challenges associated with the phenomena" (Torraco, 1997:115).

Theoretical frameworks help define the specific viewpoint the researcher will take in analysing and interpreting the data (Jacard and Jacoby, 2010; Swanson, 2013). They also facilitate the construction of new knowledge by validating or challenging theoretical assumptions (Swanson, 2013). This enables the researcher to discern which assumptions or factors are important and which are not (Jacard and Jacoby, 2010).The following theoretical framework was constructed to explore those theoretical assumptions widely identified as underpinning the research problem, i.e. 'Why and how has wellbeing been mobilised within a PRA framework?'

The theoretical framework underpinning this thesis proposes that wellbeing is utilised:

- To obligate/persuade people to accept responsibility for aspects of their wellbeing, which may be beyond their control (Ahmed, 2010; Ferguson, 2007; Jordan, 2008; Kingfisher, 2013; Scott, 2012a, 2014; Seedhouse, 1995).

- To facilitate the reduction of government expenditure on health and welfare to an ageing population (Ferguson, 2007; Jordan, 2008; Miller, 2008; Kingfisher, 2013; Seedhouse, 1995).

- As a socio-political tool concerned with approving and validating particular behaviours and lifestyles choices (Ahmed, 2010; Bache and Reardon, 2011; Fullager, 2002, 2009; Sointu, 2005).

This particular framework is primarily concerned with exploring the mobilisation of wellbeing within the broader context of PRA. It has a multi-disciplinary focus, i.e. it draws from multiple disciplines. A predisposition towards certain theoretical positions is often linked to the dominant epistemological positioning adopted by those in particular disciplines (Carlisle and Hanlon, 2007; Chavez et al., 2005; Gasper, 2010; Poon and Cohen-Mansfield, 2011; Ryan and Deci, 2001). This tends towards a 'natural' inclination to perceive wellbeing within certain discipline boundaries, indeed the majority of wellbeing theories predominantly utilise a single discipline focus (Chavez et al., 2005; Gasper, 2010; Gough, 2005; Hubin, 2005). This perpetuates research which is constrained by boundaries which lay people may neither understand nor relate to (Clark and Gough, 2005; Gasper, 2010). These approaches provide a framework, internally consistent within a particular discipline but one-dimensional for those more concerned with multi-disciplinary perspectives (Galloway, 2006; Gasper, 2010).

Wellbeing research increasingly needs to accommodate the role wellbeing plays as a cross discipline concept by undertaking research which utilises multi-disciplinary approaches and theoretical understandings (Clark and Gough, 2005; Gasper, 2004b, 2010). Involving different disciplines helps to generate more holistic understandings of the topic under discussion (Chavez et al., 2005). In addition to which it is more appropriate for topics of research such as wellbeing, which fall in the intersections between disciplines (Gasper, 2010; Scott, 2012c).

This framework utilises multi-disciplinary perspectives, which recognise intersections between disciplines (Chavez et al., 2005).

3.2: Sociological critiques

The first premise of the theoretical framework proposed that wellbeing is utilised to obligate/persuade people to accept responsibility for aspects of wellbeing which may be beyond their control.

3.2.1: Sense making

Contemporary modes of subjectivity such as those discussed by Charles Taylor (1989), Michel Foucault (1991), Antony Giddens (1991), and Nikolas Rose (1999) have tended to underpin sociological critiques of wellbeing (Kroll, 2011; Peck, 2013). These form a key sociological understanding of wellbeing as a neo-liberal tool in which notions of subjectivity shift from a sense of self pertaining to the duties and obligations laid down by external or higher authorities to a sense of self pertaining to the unique subjective experiences of the individual (Ahmed, 2010; Ferguson, 2007; Peck, 2013).

Sociological critiques of wellbeing have a propensity to argue that wellbeing has been mobilised to encourage citizens to accept responsibility for structural aspects of wellbeing, which may be beyond their control. This mobilisation has facilitated a shift from government-led welfare-based actions to improve wellbeing to a PRA in which citizens are expected to enhance wellbeing through their own actions (Ahmed, 2010; Kingwell, 1998; Peck, 2013; Scott, 2012c).

Perri's (2007) 'Sociological Theory of Wellbeing' (2007) conceptualises wellbeing in relation to the ways in which people make sense of their lives and social environment. Perri's (2007) theory seeks to negate the role of personal responsibility for wellbeing, instead asserting that the role of political responsibility has much more to contribute to the attainment of wellbeing. This contrasts with most mainstream wellbeing theories, which intimate that wellbeing is the personal responsibility of the individual attained through personal happiness or fulfilment (King, 2007; Gough, 2005; Nordbakke and Schwanen, 2014). Perri's (2007) neo-Durkheimian theory of wellbeing proposed that social institutions* and forms of social organisation such as healthcare and education bodies underpin how people

make sense of wellbeing. Furthermore, Perri argued that the "Capabilities for well-being inhere in social relations and social organisation, not in the individual and still less in individually owned resources" (p.128). Perri (2007) argued that structural aspects of wellbeing are most important for wellbeing because of the way "They are organized, refracted, filtered, selected, articulated and even mobilized through sense-making" (p.139).

3.2.2: Challenging the wellbeing agenda

Sociologists challenge mainstream interpretations of the mobilisation of wellbeing, offering alternative critiques of the promotion of wellbeing (Baltatescu, 2007, unpublished PhD thesis; Kroll, 2011, unpublished PhD thesis; Sayer, 2011).

Fullager (2002, 2009), Furedi (2004, 2006), Sointu (2005) and Veenhoven (2004) encouraged sociological debate about the role of wellbeing. Fullager (2002, 2009) and Sointu (2005) in particular highlighted and questioned the mobilisation of wellbeing as part of wider efforts to persuade people to accept responsibility for aspects of their wellbeing beyond their control. They also contributed to the wider debate about who should be considered responsible for wellbeing. Some sociological approaches to wellbeing argue that the western neo-liberal style of governance seeks to shift responsibility for individual wellbeing from the state to the citizen (Fisher, 2008; Foucault, 1982; Fullager, 2002, 2009; Furedi, 2004, 2006; Sointu, 2005; Stacey, 1999).

This commodification of wellbeing (Bartram, 2012; Carlisle and Hanlon, 2007; Williams, 2000) facilitated representations of wellbeing primarily as the responsibility of the individual (Atkinson, 2011; Atkinson and Joyce, 2011; Fullager, 2005, 2009; Miller and Rose, 1990, 1995; Rose, 1989, 1996; Scott, 2012c; Sointu, 2005; Stacey, 1999).

Sointu (2005), for example, propounded a sociological critique of the mobilisation of wellbeing across society. Sointu's analysis documented the context within which wellbeing is discussed in two UK newspapers over the 1985–2003 period.

This critique utilised understandings of the links between subjectivity, personal responsibility and political governance and their influence on the prominence of wellbeing across multiple discourses.

Sointu proposed that in the early years (1985–86), wellbeing tended to be discussed and used in relation to the functioning of state institutions, especially with regard to the national economy. However, by the end of the 1980s wellbeing had become increasingly commercialised with mainstream media discourse representing wellbeing as attained through the actions of individuals rather than through the state. By the end of 2003, however, wellbeing discourse contained an implied injunction for the renunciation of certain types of unhealthy behaviour for more wholesome behaviour. This formed part of wider efforts to encourage citizens to accept responsibility for aspects of wellbeing which may be beyond their control. This injunction was framed simultaneously within consumerist language and located within the PRA (Sointu, 2005).

3.2.3: The role of government

Some sociological critiques of wellbeing centre around concerns that wellbeing research implies that governments have a duty (moral and/or ethical) to actively promote policies aimed at influencing citizen wellbeing (Bartram, 2011; Bjornskov, 2012; Duncan, 2010; Furedi, 2003, 2004; Veenhoven, 2008). This is founded on a long-standing concern of whether the pursuit of happiness or wellbeing is an appropriate ethical-political goal of governments and/or state agencies (Bjornskov, 2012; D. Bok, 2010; Booth, 2012; Briggs, 1970; Duncan, 2010; Furedi, 2004; Hobbes, 1651; Locke, 1689; Smith, 1776). These authors primarily associate wellbeing with the individual and concepts such as self-efficacy and agency. This provides the basis for their understanding that wellbeing is the responsibility of the individual not government.

Furedi (2004) was amongst the earliest sociologists who questioned the appropriation of wellbeing within political rhetoric (Baltatescu, 2007, unpublished PhD thesis). In an early sociological critique of the mobilisation of wellbeing, Furedi (2006) argued that the WBA was an "Over-intrusion of politics into the subjective

realm and an attempt to dress up social problems as emotional problems" (Furedi, 2006: online).

Since then, a growing number of sociologists have questioned the role of the state and state responsibility in wellbeing policies (Bartram, 2011; Duncan, 2010). A growing number of sociologists are uncertain whether the new science of happiness/wellbeing has a sufficient evidence base to be utilised by governments for the pursuit of state objectives (Bjornskov, 2012; Duncan, 2010; Furedi, 2004, 2006). Bartram (2011) argued that sociologists are also "Sceptical about the idea that we can offer meaningful suggestions for government actions more generally, as long as we lack a more systematic understanding of well-being as a foundation for "policy implications" (p.17).

For some sociologists, this raises concerns that the WBA frequently attempts to inform or advise what action should be undertaken within policy agendas to increase civic wellbeing. This approach has been criticised on two counts. The first for presuming that there is a direct and linear path from wellbeing findings to policy implementation (D. Bok, 2010; Cooper and Huppert, 2014). The second for the assumption that those versed in wellbeing research understand the wider issues connected with how public policy works (Bartram, 2011; Duncan, 2010).

3.2.4: Sociological contributions to the wellbeing debate

In the past five years, there has been an increase in wellbeing research undertaken by those using sociological approaches. This has been driven in part by concerns that qualitative research is marginalised across mainstream wellbeing research (Bartram, 2011; D. Bok , 2010; Newton, 2007; King, 2007; Scott, 2012). Qualitative research has a strong tradition within sociology and offers sociologists an opportunity to engage with and contribute to this particular domain of wellbeing research (Bartram, 2011; Kroll, 2011, unpublished PhD thesis). Sociologists have also expressed concerns that failing to participate in direct engagement with wellbeing research may undermine the ability of sociology to influence policy shaping, public discourse and political rhetoric (Baltatescu, 2007b; Bartram, 2011, 2012; Duncan, 2010). These are areas of significance and importance for

sociologists as they are concerned with societal processes and the wider societal determinants of wellbeing (Bartram, 2011; Duncan, 2010).

Concern about the lack of sociological input into wellbeing research has led to sociological studies such as those undertaken by Ahmed (2010), Frost and McClean (2014) and Kroll (2011). These have explored wellbeing in relation to sociological notions of power, discourse and structural factors and their impact on individual and societal wellbeing. Sociologists are increasingly considering the contribution sociology can make to wellbeing research. Bartram (2011) proposed that sociologists might be "Particularly well placed to investigate changes in how people talk about and act on happiness, analyzing those changes with conventional sociological tools to perceive inequalities, relations of power, etc. that might result from discourses and practices of happiness" (p.19). Sociological commentators and theorists are increasingly critical of a WBA which appears to prioritise agentic aspects of wellbeing over structural aspects (Baltatescu, 2007, unpublished PhD thesis; Kroll, 2011, unpublished PhD thesis; Perri, 2007).

In summary, it is apparent that sociological critiques of wellbeing have explored the underlying use of social norms within modern wellbeing discourse. These have been considered in relation to issues of governance, power and responsibility. They have also raised concerns about the role of government and the promotion of a WBA. Mainstream and traditional sociological critiques of wellbeing tend to suggest that wellbeing has been utilised to encourage citizens to accept responsibility for aspects of their wellbeing which may be beyond their control. This is achieved by negating the role of structural determinants of wellbeing in direct contrast to previous periods in recent history "When the UK government via the welfare state was the primary agent in the creation and maintenance of health and wellbeing" (Sointu 2005:255-6). This is indicative of a style of governance which seeks to shift responsibility for individual wellbeing from the state to the citizen. The following section will explore whether a WBA, which negates the role of structural determinants of wellbeing, is also associated with reducing health and welfare expenditure.

3.3: Health critiques

The second premise of the theoretical framework proposed that wellbeing is utilised to facilitate the reduction of government expenditure on health and welfare to an ageing population.

With the rise of neoliberalism, wellbeing in association with health became increasingly perceived as a consumable commodity (Gould and Gould, 2001; Sointu, 2005; Stacey, 1997). This led to government rhetoric and discourse which represented health and wellbeing as the responsibility of the citizen (Carlisle and Hanlon, 2007; Seedhouse, 2005; Williams, 2000). Health approaches to wellbeing have until recently assumed that physical health and functioning is a fundamental condition for wellbeing (Buchanan, 2000; Scott and Bell, 2013; Shah, 2004). A small number of health critics began to argue that government representations of wellbeing use these assumptions to promote agendas which prioritise individual endeavour over state responsibility (Buchanan, 2000; Seedhouse, 1995; Stacey, 1999; Williams, 2000).

3.3.1: Concerns about the role of wellbeing

Seedhouse (1994) was amongst the earliest health critics to raise concerns over the role of wellbeing (Carlisle and Hanlon, 2007). Seedhouse claimed theories of wellbeing should not be mobilised within health contexts because there is an implicit assumption that the promotion of wellbeing equates to the promotion of health. Seedhouse (1995) criticised the emerging WBA for promoting wellbeing as a fashionable replacement term for health. Seedhouse (1995) suggested part of the rationale for the mobilisation of wellbeing is its conceptually ambiguity, which has helped the language of wellbeing replace the language of health. This has helped revolutionise the way government thinks about and plans for health and wellbeing. This in turn stimulated an emerging WBA, in which some conceptualisations are preferred over others (Seedhouse, 1995). For example, white middle-class academic conceptualisations may be authenticated whilst others conceptualisations are dismissed. Seedhouse (1995) suggests these authenticated conceptualisations underpinned the emerging WBA.

This WBA could then be utilised to facilitate the reduction of government spending on health bills to an ageing population by approving and validating behaviours and lifestyles choices which endorse healthy living (Griffin, 2010; Nordbakke and Schwanen, 2014; Seedhouse, 1995). Thus, the WBA is less concerned with improving health practices and more concerned with reducing health expenditure (Fullager, 2009; Nordbakke and Schwanen, 2014; Seedhouse, 1995). The WBA also encouraged citizens to accept responsibility for aspects of wellbeing beyond their control (Ahmed, 2010; Ferguson, 2007; Nordbakke and Schwanen, 2014; Peck, 2013; Seedhouse, 1995).

As outlined in chapter two, alternative interpretations of the role of wellbeing emerged after the Local Government Act (2000). At a theoretical level, health approaches to wellbeing increasingly perceived wellbeing as a pragmatic tool which could be utilised to influence risk-taking behaviours and poor lifestyles (Cooper, 2014; Griffin, 2010; Ogden, 2012; Ryff and Singer, 2000). These approaches tended to emphasise multidisciplinary/interdisciplinary understandings of wellbeing and conferred primacy to structural representations of wellbeing (Carlisle and Hanlon 2007; Cooper, 2014; Ogden, 2012).

3.3.2: Consumer culture

Critics from health backgrounds increasingly began to question whether mainstream wellbeing research focused too much on "Maximising individual happiness, rather than developing the kind of societies in which all humans can flourish" (Carlisle and Hanlon, 2007:266). Some public health critics suggested consumer culture has been mobilised to promote a representation of wellbeing which fits the Western neoliberal model, i.e. the achievement of wellbeing through consumerism (Carlisle and Hanlon, 2007, 2008; Crawshaw, 2008; Williams, 2000).

The notion of individual responsibility created through a consumer culture permeated healthcare approaches to wellbeing (Rose, 1999; Sointu, 2005; Stacey, 1997, 2000). Stacey (1997) coined the term 'self-health' to make explicit the links between self-responsibility, consumerism and health. Sointu (2005) argued that

health approaches have been extended to "Incorporate the notion of wellbeing to such a degree that we now perceive our ability to be healthy as part of our identity to be bought and bargained, for example, through the use of league tables for hospitals" (p.268).

The focus on consumer culture, which prioritised the agentic determinants of wellbeing, has been vigorously challenged in recent years. The expansion of dominant mainstream discursive approaches within health such as 'Empowerment Approaches' have contributed to the promotion of representations of wellbeing which focus on agentic determinants of wellbeing (Crawshaw, 2008; Scott and Bell, 2013; South and Woodall, 2010). Empowerment approaches have tended to overlook structural determinants of wellbeing and shifted the emphasis of responsibility from the healthcare system to the patient (Edwards and Imrie, 2008; Scott and Bell, 2013).

Critics of empowerment approaches suggest that agentic representation of wellbeing may be more concerned with the reduction of health and welfare expenditure than with health issues (Berry, 2014; Buchanan, 2000; Crawshaw, 2008; Edwards and Imrie, 2008; Froggett, 2002). This appraisal has received support from those interested in the role and function of neo-liberalism. A growing cadre of authors experienced in politics and governance have questioned the role of wellbeing and personal responsibility within modern society (Miller and Rose, 2008; Peck, 2013).

3.3.3: Wellbeing and its relationship to welfare

As documented in chapter two, there is growing concern that personal responsibility is connected with neoliberal efforts to make citizens self-examining, self-governing and autonomous (Ferguson, 2007; Miller and Rose, 2008; Peck, 2013). These facilitate the piecemeal dismantling of welfare, thereby reducing overburdened welfare systems through discursive practices and policies which promote self-sufficiency and empowerment (Ferguson, 2007; Kingfisher, 2013).

Recent years have witnessed a growing debate about wellbeing and its relationship to welfare (Jordan, 2008; Searle, 2008; Taylor, 2011). Some suggested the language of wellbeing was replacing the language of welfare (Dean, 2010; Stenner and Taylor, 2008; Taylor, 2011). This has caused some degree of concern that wellbeing has been mobilised to restrict welfare services and the social provisions of the welfare state (Dean, 2010; Taylor, 2011). In fact, it has been suggested "That a preoccupation with individual wellbeing alone has the potential to detract from the continued importance of collective welfare and the social provision of the material conditions in which much individual wellbeing is lived and felt" (Taylor, 2011:779). Furthermore, "Wellbeing is increasingly supplanting welfare as a central political goal for social and public policy" (Taylor, 2011:777). This replacement of state maintained welfare with individual maintained wellbeing facilitated the removal of state financing from aspects of the welfare system which are increasingly perceived as the responsibility of the individual (Fleuret and Atkinson, 2007; Stenner et al., 2009; Taylor, 2011)

In recent years, Seedhouse's (1994, 1995) concerns of a WBA and its attendant motivations to reduce government health and welfare expenditure have been reignited. Wright (2014), for example, argued that "The Wellbeing agenda contributes to cost-benefit approaches to health provision that do indeed evaluate various psychological complaints not in terms of subjective suffering but of the loss to the economy through sick leave" (p.797).

Those critical of the WBA have once again begun to question the commodification of wellbeing which promotes agentic representations of wellbeing within health contexts (Barnes et al., 2013; Edwards and Imrie, 2008; South and Woodall, 2010; Ward et al., 2012). Critics suggested that the prevailing "Focus on well-being which reinforces personal responsibility... may present a distraction from efforts to address enduring structural inequalities in health" (Carlisle and Hanlon, 2008:263).

3.3.4: Blurring the boundaries between wellbeing and QoL research

At a theoretical level wellbeing in health disciplines remains relatively under-explored, despite health being widely recognised as one of the key drivers of wellbeing (Allen, 2008; Abdallah and Shah, 2012; Berry, 2014; Galloway, 2006; Hausman, 2015). Health approaches to wellbeing have often relied upon findings from QoL research. Examples include, providing evidence of an association between physical health, optimal functioning and SWB (Nussbaum and Sen, 1993; Scrivan and Garmen, 2005; Vilhena et al., 2014). Whilst health is recognised as fundamentally important for QoL, Dodge et al. (2012) and Vilhena et al. (2014) cautioned researchers against applying health-related QoL research to wellbeing. Vilhena et al. (2014) and Dodge et al. (2012) proposed that whilst QoL is related to wellbeing, it should not be seen as synonymous with wellbeing.

Lhussier (2009), however, suggested that regardless of whether wellbeing and QoL are different concepts, researchers in these fields should blur the boundaries between these concepts in order to revitalise and progress research. Lhussier (2009) argued that keeping within disciplinary boundaries has stymied research and undermined efforts to operationalise QoL/wellbeing. Blurring these boundaries will release QoL research from current constraints and facilitate the development of alternative approaches to research theory and practice (Lhussier, 2006, 2009).

Lhussier (2006, 2009) offers an alternative approach to understanding QoL/wellbeing within health contexts. Lhussier highlighted a growing recognition in QoL research that empowerment discourse has promoted an environment in which the patient is held responsible for their LTCs (Lhussier, 2006; South and Woodall, 2010). "This discourse simultaneously shifts the emphasis of responsibility from the healthcare system to the patient which is financially advantageous for the health services" (Lhussier, 2006:162).

Lhussier (2006) investigated discourse and representations of QoL/wellbeing within the NSF for LTCs (DoH, 2005), which is "Expressly concerned with improving patient QoL and providing services to support independent living" (DoH, 2005:5).

Within the NSF, enhancing QoL and independence are promoted as fundamental aspirations for patient with LTCs (Lhussier, 2006). Lhussier (2006) argued that this approach centres on patients being forced to accept responsibility for improving their QoL through their care and management of their LTCs. This "Bio-medicalisation utilises discourse of patient empowerment and independence to facilitate patient management of long-term conditions and reduced healthcare costs" (p.219).

Lhussier (2006, 2009) offered evidence that patients with LTCs can circumvent prevailing representations of QoL promulgated by healthcare professionals. Patients are capable of constructing conceptualisations of QoL, which are appropriate for them and their circumstances. These alternative conceptualisations of QoL/wellbeing can be utilised within alternative health approaches to the operationalisation of QoL/wellbeing (Lhussier, 2006, 2009).

In summary, this section has provided evidence that health is generally recognised as one of the key drivers of wellbeing. Indeed, some have argued that health has the potential to act as a bridge between competing wellbeing theories. Despite this, health approaches and theories in particular remain a relatively underexplored area of research. Health approaches to wellbeing have often relied upon findings from QoL research. However, more recently researchers have sought alternative approaches to understanding QoL/wellbeing within health contexts. Discursive approaches, for example, have suggested that empowerment discourse adopted within health approaches to wellbeing shifts the emphasis of responsibility from the healthcare system to the patient. Within the past decade, mainstream health approaches to wellbeing have conceptualised wellbeing as a commodity. These approaches, however, have been vigorously challenged in recent years.

The "Creative struggles between competing interests and discourses" (Scott and Bell, 2013:537) have had an important part to play in health approaches to wellbeing. At a theoretical level, health critics of the WBA originally tended to confer primacy to structural representations of wellbeing. However, more recent mainstream health approaches to wellbeing have mobilised representations of

wellbeing which fit Western neoliberal models of consumerism. Dominant discourse and mainstream discursive approaches within health such as empowerment approaches may have contributed to the promotion of conceptualisations of wellbeing, which focus on the agentic determinants of wellbeing (South and Woodall, 2010). These have tended to overlook structural determinants of wellbeing. Critics of these approaches suggest that this commodification of wellbeing is likely to isolate certain sections of society, particularly those with health issues (Berry, 2014; Buchanan, 2000; Crawshaw, 2008; Edwards and Imrie, 2008).

3.4: Where wellbeing fits within citizenry and governance

3.4.1: Governmentality

The final premise of the theoretical framework proposed that wellbeing is utilised as a socio-political tool concerned with approving and validating particular behaviours and lifestyles choices. Using notions of governance will help frame understandings of why a WBA has been mobilised within UK government legislation, discourse and rhetoric.

'Governmentality' is a concept originally conceived by Michel Foucault (1901–1984) (Jones 1998). Governmentality offers a framework for analysis of political discourse and can be understood as "a 'guideline' for the analysis...of historical reconstructions embracing a period starting from Ancient Greece right through to modern neo-liberalism" (Foucault, 1983; 1984). Governmentality forms an important strand of this thesis because "It provides a rationale for the ways in which governments assemble, retain and employ power through mechanisms which utilises modern technology, apparatus and stratagems to control and govern the thought processes and behaviours which regulates modern societies" (Jones 1998:965).

Governmentality is a complex concept, which alludes to different notions of governance. Foucault (1991) variously identified that it referred to the processes by which government seeks to create a citizenry that adheres to its conceptualisation of a governable society (Foucault, 1991). However, it could also be considered as the 'art of government' (Foucault, 1991), which utilises techniques and stratagems to facilitate a governable society (Foucault, 2002). Governmentality is a tenet primarily associated with westernised liberal democracies, i.e. neo-liberalism (Rose, 1999). Foucault uses governmentality to explore how governments sanction extensions to their power through social control via the mediums of state institutions such as police authorities, schools, hospitals, criminal justice system, etc, 'Czars'* and public rhetoric and discourses.

3.4.2: Mechanisms of governance

More established neo-liberal governments use the political-media complex, official discourse, historical and cultural ties, propaganda and indoctrination as tools to create a population which ostensibly controls its own behaviours (Rose, 1989). The political-media complex refers to "The mutually beneficial relationships which have been established between a state's political agents, [and] its special interest groups for example expert professionals" (Semetko and Valenburg, 2000:96). The political-media complex endorses the socio-political control used by governments to reinforce governance by engendering a society in which citizens are expected to act as instruments of their own control (Miller and Rose, 1990; Sointu, 2005; Stacey, 1997, 2000).

The following example demonstrates how mechanisms of governance can be manipulated to influence citizen behaviour.

Lupton (1995, 1999b) and Petersen and Lupton (1996) explored the utilisation of health discourses in relation to the concept of 'risk' to demonstrate how governance and discourse can be orchestrated to influence citizen perceptions and behaviour (Baltrescu, 2007b). Lupton (1999) identified changes in the meaning of risk and documented how social perceptions of risk have shifted over time. Lupton (1999b) suggested that in the Middle Ages, the concept of risk did not include the

idea of human fault and/or responsibility; risk was beyond an individual's control. However, this began to change during the Industrial Revolution and from the 19th century onwards, risk was no longer associated exclusively with natural phenomenon but with human actions and behaviour. Perceptions of risk continued to shift until by the late 20th century risk was less associated with natural phenomenon or divine retribution and more closely associated with rational thought, human efforts, control and manipulation of one's environment (Lupton, 1999b). Lupton (1999b) proposed that the concept and language of risk in the late 20th century, which flourished in 'expert discourses'*, may be grounded in perceptions that selected risks "have an important ontological status in our understandings of selfhood and the social and material worlds" (p.14).

Sociologists have applied Lupton's (1999b) proposal to understand and help explain why the concept and language of wellbeing has flourished in expert discourses (Fullager, 2002, 2009; Sointu, 2005). Expert discourse has become a substantial force in the promotion of health and wellbeing (Bergdolt, 2008; Hughes, 1988; Scott, 2012c). Similarly, "Self responsibility has become the cultural norm used to target a notion of an idealised individual based on health behaviours under the auspices of the sphere of wellbeing" (Sointu, 2005:262).

Fullager (2002, 2009) utilised the work of Lupton in her study of two Australian campaigns, which analysed "The way discourses of leisure and healthy lifestyles have been produced through the governmental objectives of health policy and promotion aimed at the body" (Fullager, 2002:69). Fullager (2002) focused on the process of normalising risk reduction practices (Lupton, 1995, 1999a) to examine how leisure discourse, which utilised risk, has been mobilised as a governmental strategy.

Fullager (2002) identified some significant shifts in the way Australian health policy had problematised the role of leisure, recreation and physical activity in relation to the identification of lifestyle disease risks to individual and social wellbeing. Fullager's (2002) findings indicated that health promotion had mobilised agentic

forces through particular discourses of leisure, technologies of the self, management strategies and normative lifestyle practices.

Fullager (2002, 2009) argued that governmental power was exercised through a form of rationality in which particular truths and logics about healthy living were identified implicitly via the promotion of self-examination, self-care and self-improvement (Lupton, 1995; Dean, 1999a; Rose, 1999). These discourses were then used to inculcate a sense of personal responsibility for individual behaviour and lifestyle choices (Fullager, 2002, 2009). This sense of personal responsibility has increasingly been appropriated within a wider PRA.

3.4.3: Governance, responsibilisation and the WBA

The trend towards a PRA and a responsibilisation process* within neo-liberalism is perceived by some as a regressive aspect of the shift towards governance of the self in modern societies (Peck, 2013; Rose, 1999; Taylor, 1989). The PRA acts as a socio-political tool, which promotes particular behaviours and lifestyles choices through notions of empowerment, autonomy and control (Ferguson, 2007; Kingfisher, 2013; Micklethwait and Woolridge, 2003). Governments, state institutions and the political-media complex promote a responsibilisation process, which persuades societies and individuals to take personal responsibility for their actions and behaviours (Ahmed, 2010; Micklethwait and Woolridge, 2003; Miller and Rose, 2008; Rose, 1999).

The responsibilisation process is covertly powerful, as it does not demand compliance with official regulations or absolute authority (Micklethwait and Woolridge, 2003). Instead, it instils values in-line with governing socio-political ethos and is rooted in the prevailing cultural and historical positioning of individualistic motivation for action (Micklethwait and Woolridge, 2003; Shamir, 2008b). Research suggests the responsibilisation process has been utilised in the mobilisation of a WBA, particularly in its association with health (Seedhouse, 1994, 1995; Sointu, 2005; Stacey, 1997).

Alternative interpretations of the responsibilisation process suggest it is a progressive aspect of the principles of neo-liberalism which ensures certain standards of behaviour are maintained by the least responsible sections of the business and government communities (Micklethwait and Woolridge, 2003; Shamir, 2008a). This aspect of neo-liberalism lays the foundations for how neo-liberalism can benefit wider populations (Auld et al., 2008; Cashore et al., 2004; Shamir, 2008b), keeping it alive as a major political force by invigorating and infusing it with new realities (Shamir, 2008b).

Traditionally the relationship between responsibilisation and neo-liberalism has been seen as the politico-economic organisation of state and citizens, based upon historical and cultural positioning (Moloney, 2006; Rose, 1999; Shamir, 2008a). The PRA underpins neoliberalism, which favours indirect governance rather than direct interventionism (Ahmed, 2010; Ferguson, 2007; Rose, 1999). When considered in relation to the WBA this can be exemplified by "The commandment to 'be happy' which amounts to a form of insidious social control, in which we are encouraged to look inwards (and blame ourselves) for the causes of our trouble" (Moloney, 2006:27).

The mobilisation of the PRA and the WBA by neo-liberal governments contributes to discourse and rhetoric which seeks to manage and control citizens and the increasing demands on national resources (Rose, 1999; Taylor, 2011). This has been achieved in part by employing expert voices* from economic backgrounds (Ahmed, 2010; Edwards and Imrie, 2008; King, 2007). These expert voices add their weight and influence behind government wellbeing rhetoric, discourse and policy (Ahmed, 2010; Edwards and Imrie, 2008).

The UK government mobilisation of wellbeing through a PRA has utilised the expert voice of one of the main proponents of wellbeing (Lord Layard) who was appointed as the 'Wellbeing Czar' in 2008 (Ahmed, 2010). Other neo-liberal nations such as Australia, Germany and the US have also extended the ambit of the PMC and the promotion of wellbeing by bringing on board celebrated and ostensibly impartial experts (Ahmed, 2010; Miller, 2008). For example, pre-eminent stalwarts of the

WBA such as Stiglitz, Sen and Fitoussi (2011) were employed to orchestrate French public opinion around wellbeing (Taylor, 2011).

Neo-liberal governments increasingly apply the happiness principle to influence thoughts and actions whilst simultaneously shifting issues formerly conceived of as public into the private domain (Furedi, 2004). This enables governments to shift the blame for societal problems onto individuals rather than confront those wider determinants, which are beyond the control of individuals (Seedhouse, 1995; Taylor, 2011).

Current representations of wellbeing have been used extensively through government discourse and rhetoric. These have been criticised for being more concerned with approving and validating particular behaviours and lifestyles choices in line with consumerist ethics than with establishing positive constructions of responsible citizens and holistic communities (Edwards and Imrie, 2008; Ferguson, 2007; Kingfisher, 2013).

"Many have questioned the role of the WBA within the political system as an attempt to legitimise socio-economic control of the population particularly those members of society who fail to conform to the idealised image of the responsible citizen" (Edwards and Imrie, 2008:346). In so doing, individual responsibility and a private rather than public commitment to personal wellbeing takes precedence over the functions of state responsibility (Barnes et al., 2013; Fleuret and Atkinson, 2007; Furedi, 2004; Taylor, 2011).

3.4.4: Alternative accounts of the role of wellbeing

A number of alternative perceptions of the role of wellbeing as a socio-political tool have been proposed. Jordan (2008), for example, argued that at a theoretical level wellbeing allows us to consider 'social value' as underpinning societal progression. This is contrasted with economic theories of societal progression, which promote 'utility' as a concept associated with welfare (Jordan, 2008; King, 2007; Qizilbash, 1998; Taylor, 2011). Dean (2010) argued that "The advantage of wellbeing as a term is that it can turn our attention to the positive aspects of social policy, as opposed

to the negative aspects relating to social problems" (p.100). This last point has been widely posited by wellbeing proponents such as the new economic foundation (NEF) and those associated with the positive psychology movement (Seligman, 2011a,b).

Wood and Newton (2005), meanwhile, proposed that a WBA which replaced notions of welfare with wellbeing facilitated social development and social policy. The influential Wellbeing and Development (WeD) group draws on universal theories of human need (Doyal and Gough,1984, 1991) to argue that wellbeing as a socio-political tool is more relevant than welfare because it encompasses wider notions of what is important for human development (Taylor, 2011).

3.4.5: Alternative theories for the mobilisation of wellbeing

A number of alternative theories have been proposed regarding the mobilisation of wellbeing in the UK. Perhaps one of the most widely promulgated suggested that wellbeing has been mobilised as an alternative indicator of societal advancement other than traditional measures such as Gross Domestic Product (Aked et al., 2010; Marks, 2006a; Marks and Shah, 2004; Shah, 2005a). Easterlin (2008) posited that until recently, "Economists have tended to conceptualise wellbeing as pertaining to objective proxy measures of life satisfaction e.g. Gross Domestic Product per capita, life expectancy, educational attainment" (p.6). These conceptualisations have come under increasing criticism for their tendency to infer that all things being equal, people will choose those things which enhance their wellbeing, and thus their choices act as proxies for what can be perceived as constituting their wellbeing (see Ryan and Deci, 2001; Gasper, 2004b).

Increasingly, those within economic disciplines have spearheaded a growing interest in wellbeing as an indicator of societal advancement (Easterlin, 2003; Frey, 2008; Layard 2005; Marks et al., 2006a). This has been perceived as a response to research, which suggests that despite increasing levels of Gross Domestic Product per capita, life expectancy and educational attainment, citizens' life satisfaction had reached a plateau (Easterlin, 1976).

Some suggest that wellbeing has been mobilised as part of wider efforts to emphasise the non-material determinants of wellbeing in order to enhance the environmental sustainability agenda (Aked et al., 2010; Marks et al., 2006b; Morphet, 2008; Stern, 2006). The environmental sustainability agenda first came to global prominence when the United Nations Conference on Environment and Development (1992) introduced the 'Local Agenda 21' (Bosselmann et al., 2008). This promoted the role of government in association with local communities in enhancing environmental sustainability (Bosselmann et al., 2008).

The environmental sustainability agenda was subsequently redefined in the UK as the broader sustainability agenda (Bosselmann et al., 2008; Morphet, 2008). Since then the Local Government Act (2000), which granted wellbeing powers to local governments in the UK, has been used to promote a sustainability agenda (Bosselmann et al., 2008; Morphet, 2008). Indeed, Morphet (2008) suggested that in the UK local governments have sought to mobilise wellbeing powers in order to position themselves at the forefront of the sustainability agenda. Bosselmann et al. (2008), however, argued that despite localised efforts to mobilise wellbeing, local government wellbeing powers have proved largely ineffectual. Despite Bosselmann et al.'s (2008) claims, there is some support for the claim that wellbeing has been mobilised within the wider environmental sustainability agenda (Aked et al., 2010; Marks et al., 2006b; Morphet, 2008; Stern, 2006).

The Sustainability Development Strategy 'Securing the Future' (2005), for example, linked wellbeing explicitly with environmental sustainability policies (Aked et al., 2010). Aked et al. (2010) suggested that placing wellbeing at the heart of the sustainable development agenda recognises that the WBA has an important role to play in environmental sustainability. Furthermore Aked et al. (2010) proposed that the wellbeing powers bequeathed to local government enable them to mobilise wellbeing as part of wider efforts to encourage citizens to initiate behaviour change and lifestyle which will help alleviate some local environmental issues.

Stuff (2016) has also contributed to a growing debate about the WBA by suggesting that wellbeing can and has been used to facilitate work productivity. This

complements the work of Sointu (2005), who proposed that language used in the media represented wellbeing within work productivity discourse as part of wider efforts to make citizens responsible for aspects of wellbeing formerly the responsibility of organisations.

3.4.6: Summary

This chapter has investigated the "Developing wellbeing agenda, adding a critical and dissonant voice to the current conceptualisation of where wellbeing fits within citizenry and governance" (Stenner and Taylor, 2008:435). It has documented diverse theoretical approaches and alternative perceptions of the mobilisation of wellbeing. The accumulated evidence documented here suggests there is increasing support for the theoretical premises underpinning this study.

There is increasing theoretical evidence that wellbeing is one of a raft of measures utilised to reduce government expenditure, promote behaviour modification and inculcate personal responsibility. Some argue that wellbeing has been re-cast as a civic duty, moulded to satisfy the requirements of governmentality. The evidence presented here suggests the current WBA is helping to shape how the public perceive and conceptualise wellbeing. This is promulgated through its use of:

- Legislation, for example, the Local Government Act (2000).
- 'Expert voices', for example, the Wellbeing Czar Lord Layard.
- Agentic representations and publications of wellbeing, for example, 'Five Ways to Wellbeing' (Aked et al., 2008).
- Research, for example, the Whitehall Wellbeing Working Group (W37G) (2005).
- Consultation, for example, 'How should we measure wellbeing' (ONS, 2010).

This chapter has provided evidence to support the theoretical premise of this thesis that wellbeing has been appropriated and mobilised within governance frameworks. This has chiefly addressed the question of why wellbeing has been appropriated and mobilised.

The following chapter describes the methodology and methods used in this study.

Chapter 4: Methodology and Methods Chapter

This chapter discusses the epistemological perspectives, paradigms, data collection, analysis and the research methods which underpin this study. The chapter also incorporates an overview of the participant and co-researchers' selection process. It presents the participants' profile, discusses the co-researchers' involvement in the research process and concludes by summarising the reflective process and ethical considerations.

4.1: Background to study

As detailed in chapter one, this PhD thesis originated from a participatory research project. During the course of this project, service users elected to refer to themselves as co-researchers/co-advisors. They worked alongside the researcher throughout the research process. Two of the co-researchers/co-advisors (Alison and Jim) agreed to take part in this thesis as co-researchers. Henceforth, when the term co-researchers is used, it will refer to Alison and Jim.

4.2: Methodological approach

This section will set forth the theoretical underpinnings which inform the methodology utilised in this PhD thesis. It will include discussions around epistemological perspectives, paradigms, data collection, analysis and research methods.

The distinction between epistemology, methodology and method can be fluid and hard to categorise (Cutcliffe and Harder, 2012; Glasper and Rees, 2012). Harding (1986) defined epistemology as the philosophical perspective which facilitates the decision-making process. This concerns what type of knowledge is possible and what can be known. Method and methodology are terms which are often used interchangeably; however, this can be confusing as they refer to different aspects of the research process (Cutcliffe and Harder, 2012; Glasper and Rees, 2012).

Cutcliffe and Harder (2012) propose that methodology concerns the process whereby the researcher describes, explains and justifies the methods used but not the actual methods themselves. Cutcliffe and Harder (2012) define methods as the specific research procedures, tools and techniques of research (Cutcliffe and Harder, 2012:4). It is generally accepted that the methodology justifies and is followed by the method (Carter and Little, 2007; Cutcliffe and Harder, 2012; Glasper and Rees, 2012; Harding, 1986).

4.2.1: Epistemology

Epistemology refers to the theory of knowledge. It "Provides much of the justification for particular methodologies i.e., the aim, function, and assumptions of method. Our epistemological positioning within the context of our research informs our theoretical framework, which in turn informs how we 'read' and relate to the text we explore" (Schwandt, 2001:71). The primary epistemological perspective is framed within a social constructionist approach and takes into account the doctrine of historicism.

The theoretical framework has guided the respective positions adopted within this thesis. At a theoretical level, this study is underpinned by social constructionism and historicism. Social constructionism plays an important role within this thesis and is congruent with the theoretical and empirical components of this study.

The theoretical framework is concerned with exploring lay narratives in order to explicate understandings of how and why wellbeing has been mobilised within a PRA. It was important therefore to adopt an approach which facilitates the presentation of lay narratives and their representations of knowledge and understanding (Andrews, 2012; Morley et al., 2014). Social constructionism draws attention to the fact that human experience, including perception, is mediated historically, culturally and linguistically (Willig, 2001). It therefore offers the researcher a paradigm consistent with the theoretical framework.

Historicism gives an indication of my postionality with regard to the historical/linguistic chapter and the importance of the utilisation of historical

analysis and contextualisation within the context of this thesis. The theoretical framework enables the researcher to discern which assumptions or factors are important and which are not (Jacard and Jacoby, 2010). Historicism facilitates the researcher's perspective in understanding the theoretical premises within a historical context. These epistemological positions are linked to principles that value subjective experiences and allow for a diverse appreciation of ways of knowing.

4.2.2: Paradigm

The paradigm underpinning this study utilises social constructionism. A paradigm is a set of assumptions, concepts, values, and practices that constitutes a way of viewing reality for the community that shares them, especially in an intellectual discipline (Easterby-Smith et al., 1991; Göktürk, 2007). In recent years, social constructionism has become a widely utilised approach in social science research (Andrews, 2012; Burr, 1995, 1998; Morley et al., 2014). Social constructionism proposes that human experience and inter-action is cultivated through historical, cultural and linguistic context. This is particularly important in this study, which is contextualised by an investigation of how historical/linguistic factors explicate understandings of the mobilisation of wellbeing within a PRA. Drawing on social constructionism as a paradigm facilitated the researcher's ability to appreciate how socio-historical contexts affect and change word meanings and their conceptualisations and representations in society.

Social constructionism proposes that what is perceived and experienced is never a direct reflection of environmental conditions, but must be understood within the specific context of these conditions (Andrews, 2012; Burr, 1998; Schwandt, 2003). This implies that no form of knowledge is superior to other forms of knowledge (Burr, 1998; Morley et al., 2014; Parker, 1998).

Traditional academic research tends to locate academic empirical knowledge as superior knowledge, i.e. that which we should strive to create; thereby, producing a hegemonic construction of 'valid knowledge' (Andrews, 2012; Bryman, 2008; Morley et al., 2014). Social constructionism, however, facilitates the presentation of

lay narratives and their representations of knowledge and understanding. It espouses equal validity for academic, professional and lay narratives and representations of knowledge and understanding. This positioning is consistent with the epistemological perspective employed in this thesis.

4.2.3: Theoretical perspective

The theoretical perspective underpinning this study is historicism. Historicism originated during intellectualism in 19th century German scientific enquiry (Felluga, 2003; Morera, 2013; Schwandt, 2001; Young, 2004). Historicism proposes that all knowledge and understanding are historically conditioned and contextual (Felluga, 2003; Morera, 2013; Schwandt, 2001). Historicism seeks to ground and locate understanding and knowledge within a historical context (Hamilton, 2003; Mikics, 2007; Morera, 2013). Historicism challenged the prevailing view of history which interpreted history as a progressive linear process, operating according to universal laws (Mikics, 2007; Morera, 2013). This predominant view had been widely held by historical thinkers since the Enlightenment (Dixon, 2005; Felluga, 2003; Mikics, 2007). Historicism stresses the unique diversity of historical contexts and the importance of developing specific approaches, which are appropriate to each unique historical context (Felluga, 2003; Morera, 2013). Historicism also questions the notion of rationality and truth, embedded in traditional historical thinking, arguing instead for the pursuit of a historical contextualisation of knowledge and reason (Dixon, 2005; Morera, 2013).

This thesis utilises Wilhelm Dilthey's (1833–1911) understanding of historicism. Dilthey argued that individual's lived experiences project into the past and future and are intimately bound to socio-historical context (Dixon, 2005; Felluga, 2003; Hamilton, 2003; Young, 2004). This contrasts with Karl Popper's (1957) understanding of historicism, that there are historical laws in existence. Popper (1957) proposed that historical laws form cyclical patterns that can be observed and used as templates to inform and govern action and policy within social contexts (Hamilton, 2003). Popper's (1957) understanding of historicism, however, has been challenged for not being consistent with the fundamental philosophy of historicism,

which refutes the notion that true and objective knowledge exists and can be discovered (Dixon, 2005; Hamilton, 2003; Morera, 2013).

4.3: Historical analysis

Historical analysis considers and balances differing perspectives in order to appreciate competing or corroborating narratives (Dixon, 2005; Gardner, 2010; Wyche et al., 2006; Young, 2004).

The historical analysis undertaken in chapter five contextualises the mobilisation of wellbeing through the prism of the historical and linguistic development of wellbeing. The historical analysis is textual data, which contributes to the literature review and the theoretical premise that wellbeing has been mobilised within a wider PRA. This offers an appreciation of the role of historical and linguistic factors in the current mobilisation of wellbeing. The historical documentary evidence selected was determined by the available data, which in this field of research remains scarce (Bergdolt, 2008; S. Bok, 2010; Kingfisher, 2013; McMahon, 2006, 2010). Sources were drawn upon in order to explicate how and why conceptualisations of wellbeing may have changed over time. The main contributors to the historical documentary evidence were the works of Bergdolt (2008), McMahon (2006) and Oishi et al. (2015). Additional sources where available were also included. These combined sources were used to authenticate or challenge the validity and reliability of the researcher's interpretations and analysis.

Historical analysis is an approach which draws on narratives based on available evidence (Gardner, 2006, 2010; Marshall and Rossman, 2009). It reflects upon 'how' and 'why' events occurred and the contexts in which they are presented (Marshall and Rossman, 2009). Historical analysis seeks to provide exploratory answers such as how and why changes occurred in society. Additionally, it considers how the evidence and methods of verification utilised may have influenced findings (McMahon, 2006; Yılmaz, 2007). Importantly, historical analysis does not *per se* aim to generalise applicable arguments to other similar cases (Gardner, 2006). Historical analysis involves reviewing and interpreting a diverse range of sources by drawing

upon a wide range of analytical skills (Mahoney and Rueschemeyer, 2003; McMahon, 2006; Yılmaz, 2007).

"Historical analysis is commonly used in social research as an introductory strategy for establishing a context or background against which a substantive contemporary study may be set" (Wyche et al., 2006:47). Wyche et al. (2006) argued that historical analysis "Forces people to become more aware of their preconceptions about a topic and...Because of its ability to defamiliarize the present, historical analysis can be a powerful recourse for inspiring innovative approaches and conceptualisations" (p.48). Historical analysis is often combined with other methods as it has the power to challenge dominant assumptions attached to social research questions (Gardner, 2010; Mahoney and Rueschemeyer, 2003; Marshall and Rossman, 2009; Morera, 2013; Wyche et al., 2006).

History should not be perceived as a series of facts, but as a series of competing narratives based on an individual's interpretation of the evidence (Gardner, 2006). "Historical accounts always carry the status of interpretations of real past events rather than straightforward factual representation of them" (Gardner, 2010:5). Thus, the agency of the authors and historians must be perceived in relation to the historical accounts they utilise and the manner in which they interpret them (Dixon, 2005; Gardner, 2010; McMahon, 2006; Morera, 2013). It is important to recognise and comprehend the positionality of a source in order to assess the source's validity and reliability (Gardner, 2006, 2010; Morera, 2013; Young, 2004).

Historical analysis endeavours to present well-balanced and transparent interpretation through a number of important procedures (Gardner, 2010; Mahoney and Rueschemeyer, 2003; Waring and Bentley, 2012; Yılmaz, 2007). The historical documentary evidence was analysed through the procedures set out below:

- Comparing and contrasting the evidence provided by sources, paying due regard to diverging ideals, values and the institutions from which the data originated.

- Considering the multiple narratives and perspectives of the sources, paying due regard to motives, belief systems, political interests and expectations.

- Assessing the author's credibility as a means of scrutinising the source's validity and reliability.

- Considering proposed cause and effect relationships.

- Paying due regard to issues such as the socio-political status and/or profile of the source.

- Paying due regard to the influence of conventional and unconventional ideas and beliefs and their dissemination.

- Comparing evidence across time, cultural groups and geographical regions in order to highlight issues which transcend regional, cultural and temporal boundaries.

- Distinguishing between unsubstantiated opinion or anecdotal evidence and theories based on robust evidence.

- Providing interpretation of competing historical narratives.

- Challenging implicit representations of historical inevitability and linearity, i.e. the depiction of a direct line between past and present as if there were some predestined outcome.

- Challenging theories [your own and others] that may require amendments as new evidence emerges, new interpretations are offered and contextual perceptions change.

- Analysing and evaluating major debates concerned with alternative interpretations of the evidence.

- Taking into consideration the influence the evidence represents for the present by reflecting on the constraints and opportunities apparent in the past.

- Guarding against judging the past within current norms and value systems.

4.3.1: Historical comprehension

The historical analysis undertaken in this thesis has been grounded in the utilisation of historical comprehension. This is a key process which acknowledges the difference between historical facts and historical interpretations whilst recognising that they are related (Mahoney and Rueschemeyer, 2003; Waring and Bentley, 2012; Waring and Robinson, 2010). Sources purposively select evidence and facts, which reflect what may be construed as the most important, salient and significant aspects. Differing perspectives therefore require interpretation and analysis in order to assess the source's validity and reliability (Drost, 2011; Mahoney and Rueschemeyer, 2003). Whilst primary and secondary sources are widely utilised, literary sources such as novels, poetry, plays and music are often helpful in illustrating how the theories and analysis presented in historical narratives operated in society (Waring and Bentley, 2012; Waring and Robinson, 2010). This helps to generate a more rounded and holistic understanding of the subject matter (Drost, 2011; Waring and Robinson, 2010; Waring and Bentley, 2012).

4.3.2: Historical Postmodernism

The work of Yýlmaz (2007) details the impact post-modernism has had on the way historical analysis and interpretation is undertaken and represented. Historical Postmodernism argues that the representation of history is influenced by historians' philosophical orientations. These orientations include commitments to a positivist or idealist paradigm, epistemological position, political alignment, belief systems, personal backgrounds and academic trainings (Yılmaz, 2007).

"Being aware of how historians of different historical orientations construct differing interpretations of the past" (Yılmaz, 2007:178) is one of the preconditions for transparent historical analysis. This "Rejection of historical realism is a major theme in the philosophy of postmodernist historicism" (Yılmaz, 2007:181), and one which is congruent with the epistemology underpinning this thesis.

Yılmaz (2007) suggests that whilst historical postmodernism represents a marginalised perspective, its positionality adds an important dimension to historical

analysis. Whilst this historical analysis does not claim to be written from a post-modernist perspective, it has utilised its cogency. This is reflected in the choices of sources, the diverse range of historical perspectives and the analytic and interpretative conclusions drawn. This has meant drawing upon traditional historical accounts which may present a euro-centric colonial reading of events (Brown, 2009; Endacott, 2010; Young, 2004) and the perspectives of post-modernists who seek to offer more inclusive analysis and interpretation (Yılmaz, 2007). Both perspectives offer insight into competing narratives such as the 'Grand Narratives' (Yılmaz, 2007) and under-represented 'Micro Narratives' (Young, 2004) in order to highlight the difficulties in conducting historical analysis.

4.4: Methods for empirical study

4.4.1: Qualitative approach

This study has been undertaken using a qualitative approach because little qualitative research has been undertaken in the UK to explore lay conceptualisations of wellbeing (Barnes et al., 2013; Eraurt and Whiting, 2008; Ward et al., 2012). This is despite the argument that "The concept of wellbeing lends itself to qualitative assessment as people conceptualise wellbeing individually and socially through the cognitive and affective appraisal of their lives" (Diener et al., 1999:237). Additionally, this study seeks to explicate understandings of complex concepts and theoretical positions. Qualitative research is ideal for this type of study because it helps to unpack complex issues (Barnes et al., 2013; Doyal and Gough, 1991; Clark and Gough, 2005). These factors help justify the adoption of a qualitative research approach to this study.

Qualitative research is a broad methodological approach which encompasses a diverse number of different research methods (Creswell, 1998, 2008; Denzin and Lincoln, 2005; Miles and Huberman, 1994). Some propose that qualitative research is primarily imbued with an exploratory agenda (Willig, 2001). Others suggest that qualitative research is frequently used to reveal patterns and relationship between

data (Creswell, 2008; Denzin and Lincoln, 2005; Savin-Baden and Major, 2013). The aim of qualitative research, however, varies widely and is frequently predicated on the disciplinary background of the researcher (Gasper, 2010).

Qualitative research and qualitative research methods have been criticised by some (Creswell, 2008; Savin-Baden and Major, 2013). For example, there are concerns that qualitative research and qualitative methods are too concerned with issues not directly related to the research problem (Savin-Baden and Major, 2013). Other concerns raised include claims that findings based on qualitative research are not generalisable as they are concerned with specific populations or contexts (Savin-Baden and Major, 2013). Other concerns raised about qualitative methods argue that it is not robust because procedures such as probability sampling are not employed (Creswell, 2008; Savin-Baden and Major, 2013). It is important therefore when using qualitative methods that one draws upon reflexive practice. The role of reflexive practice in mediating methodological issues is discussed in section 4.9.

Qualitative researchers, however, have countered criticisms, arguing that qualitative research seeks to understand a research topic from the perspectives of the local population and is not explicitly concerned with generalisable findings (Creswell, 2008; Savin-Baden and Major, 2013). Qualitative research is particularly effective when investigating issues within the context of a particular population or specific period of time (Braun and Clarke, 2006). Here, the primary objective is to "Describe and understand how people feel, think, and behave within a particular context relative to a specific research question" (Braun and Clarke, 2006:77).

Qualitative research methods such as discourse or thematic analysis offer numerable approaches to the research problem and facilitate diverse, complex and nuanced accounts of a research problem (Creswell, 2008; Holloway and Todres, 2003; Savin-Baden and Major, 2013).

Qualitative analytic methods have been roughly subdivided into two traditions. The first tradition consists of those methods associated with a particular theoretical and/or epistemological position. These include conversation analysis in which there is limited variability in the application of methods and discourse analysis which has

"Different manifestations of the method, from within the broad theoretical framework" (Braun and Clarke, 2006:77).

The second tradition consists of those methods that are essentially independent of theory and epistemology and can be applied across a range of theoretical and epistemological approaches. One such method is the one adopted in this study, i.e. thematic analysis, which "Provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data" (Braun and Clarke, 2006:77).

The particular qualitative method adopted here was identified by the co-researchers as congruent with their research expertise (this is discussed in detail in section 4.7). Section 4.8 discusses the use of thematic analysis as the analytic method in this study.

Excerpt from Researcher's Reflexive Journal (December 2007)

My consideration of using discourse analysis, an approach well suited to this PhD, is dashed after conferring with Alison and Jim. They find it intimidating and complex!!

Critical theory, which involves both understanding and theoretical explanation focus on historical specificity, improving the understanding of the topic through the integration of all the major social sciences. Critical theory is congruent with my epistemological perspective, however, appears oriented toward critiquing and changing the phenomenon under study. This contrasts with traditional approaches, which are oriented to explaining the phenomenon under study. Given this study is orientated towards the more traditional approach, this isn't the method either.

4.4.2: Sampling framework

Sampling has huge implications for the internal and external validity of research and how representative it might be in wider contexts (Keiding and Clayton, 2014; Mason, 2010; Palys and Atkinson, 2008; Suen et al., 2014). It can be challenging to choose a sampling framework consistent with one's wider epistemology. Given the constraints under which PhD study is often undertaken, such as availability of funds and time limitations, sampling frameworks often present the researcher with difficult decisions (Charmaz, 2006; Keiding and Clayton, 2014; Mason, 2010; Ritchie et al., 2003).

Sampling is usually categorised as being based on probability or non-probability sampling. The non-probability sampling framework utilised in this study was part purposive*, part snowball* and part self-selecting*. Purposive sampling is widely associated with qualitative research where the intention of the research is to explore particular groups in society who fit a certain criterion rather than to conduct research across a population (Palys, 2008; Palys and Atkison, 2008). "Researchers who use this technique carefully select subjects based on study purpose with the expectation that each participant will provide unique and rich information of value to the study" (Suen et al., 2014:105).

Purposive sampling ensures that the profile of those involved is congruent with the characteristics under investigation. In this study, the parameters for those involved were not considered overly restrictive.

With regard to sampling, this study sampled a cross section of older adults from a broad base. The participants in this study included those living in institutional settings and those living in the community. This sampling framework aimed to reduce the likelihood of the samples producing biased results not indicative of the wider population (Fadem, 2009; Jacobs et al., 2009; Keiding and Clayton, 2014; Mokhtarian and Cao, 2008). Non-probability sampling, however, has particular issues which must be addressed by the researcher: e.g. selection bias. The following sections address these issues.

4.4.3: Selection bias

Self-selection bias is a considered to be a problem in research which utilises non-probability sampling and may undermine the robustness of the research (Gail and Benichou, 2000; Keiding and Clayton, 2014; Mokhtarian and Cao, 2008). Self-selection may make the determination of causality difficult to establish. Additionally, it may undermine how representative the sample is and whether the findings in the study population are generalisable and valid in other populations (Fadem, 2009; Keiding, 2015; Keiding and Clayton, 2014).

Self-selection bias arises in any situation in which individuals select themselves for inclusion in a study (Gail and Benichou, 2000; Jacobs et al., 2009; Mokhtarian and Cao, 2008). This can lead to a biased sample that is a situation where the characteristics or demographics of the people who select themselves lead to an over-representation of a particular group in the study (Gail and Benichou, 2000). Conversely, non-response bias may also occur, i.e. a situation where a particular demographic fails to select themselves for inclusion (Gail and Benichou, 2000).

Given this study was undertaken by a lone researcher on a limited budget, the ability to address self-selection bias was limited. The researcher promoted and recruited to the study across the administrative districts of Manchester to try to ensure the demographic profile of participants was in broad agreement with the demographic profile of Manchester, as reported in the ONS data figures (ONS, 2009i).

The ability to influence non-response bias was also hampered by the researcher's limited resources. However, the researcher made every effort to promote and recruit across the demographic spectrum including hard-to-reach groups. However, given the absence of certain groups from this study such as homeless, migrants and refugees, there may be qualified concerns about non-response bias in this study.

Selection bias on the part of the researcher is also a recognised problem (Fadem, 2009; Gail and Benichou, 2000). Despite efforts to eliminate bias from research there may be a purposeful or subconscious intent on the part of the researcher to

select people congruent with the research aims and objectives. In much the same way as with self-selection bias, this has implications for the generalisability and validity of study findings (Fadem, 2009; Gail and Benichou, 2000).

It is difficult to say with any certainty if the researcher is guilty of having a subconscious intent to select people congruent with the research aims and objectives. However, it is certain that there was no purposeful intent on the part of the researcher to select people congruent with the research aims and objectives.

4.4.4: Sample size

There are a number of factors which may influence the potential size of a sample in qualitative research. These include budgetary and resource considerations; time constraints; heterogeneity of the population; the selection criteria; the inclusion of special interest groups; need to obtain multiple samples within one study; and types of data collection methods used (Charmaz, 2006; Guest et al., 2006; Mason, 2010; Ritchie et al., 2003).

Mason's (2010) review of qualitative research suggested that fifteen was the smallest acceptable sample size. Charmez (2006), however, suggested a sample size up to twenty-five people could be considered fit for purpose in qualitative research. The growing utilisation of qualitative research has led to calls for a greater focus on the need for qualitative researchers to generate robust research (Fadem, 2009; Guest et al., 2006; Jacobs, 2009; Keiding and Clayton, 2014; Mason, 2010).

Mason (2010) suggested that few researchers identify why they have chosen their particular sample size. This lack of clarity and little practical guidance for estimating sample sizes has been critiqued for undermining efforts to establish qualitative research as robust (Guest et al., 2006; Mason, 2010; Morse, 2000).

Mason (2010) argued that most researchers avoid or shy away from discussing what constitutes a sufficient sample size. "The point of saturation is, as noted here, a rather difficult point to identify and of course a rather elastic notion. New data (especially if theoretically sampled) will always add something new, but there are

diminishing returns, and the cut off between adding to emerging findings and not adding, might be considered inevitably arbitrary" (p.12).

Efforts to establish practical guidance for estimating sample sizes in qualitative research led Mason (2010) to propose that the concept of saturation should be the guiding principle for sample size in qualitative research. Mason (2010) investigated how many people were involved in PhD studies utilising qualitative interviews. The findings indicated that the extent to which these numbers varied depending on the methodological approach. Mason (2010) identified that a wide range of sample sizes was observed in PhD studies, but "The most common sample sizes were 20 and 30" (p.16).

After the saturation point for recruitment and retention was reached, the final sample size for this study was 20 participants and 2 co-researchers. The following sections document the study population.

4.5: Recruitment of participants

The term 'participants' refer to all those taking part in research; this is in line with the British Psychological Society Code of Human Research Ethics. This code underpins the ethical approval granted by Manchester Metropolitan University (MMU) for this study. The use of the term participants does not intend to infer that this research is participatory research. In this study, "Participation is understood more as the involvement of any groups of people who are not professional researchers" (Bergold and Thomas, 2012:4).

A recruitment drive was initiated with posters and leaflets detailing the study. These were distributed to community centres, day centres, residential centres, residential care homes, warden-assisted accommodation and events connected with the original project. The events connected with the original project included one workshop session and two focus group events. Potential participants who learnt about the study after attending events connected with the original project contacted named Manchester City Council staff responsible for promoting these events. These staff members had agreed, prior to the recruitment drive, to act as

intermediaries on behalf of the researcher. Staff members conveyed the contact details of potential participants who had enquired about the study to the researcher. Potential participants who learnt about the study from material distributed to community centres, day centres, residential centres, residential care homes, warden-assisted accommodation contacted the managers of these institutions. These managers had agreed, prior to the recruitment drive, to act as intermediaries on behalf of the researcher and conveyed the contact details of potential participants who had enquired about the study to the researcher.

Criteria for taking part in the study were limited to those aged 50 or over, who identified themselves as having an LTC and who lived in Manchester. The researcher contacted twenty seven potential participants matching the inclusion criteria and provided them with all the relevant information on the study. This included an invitation letter, participant information sheet, interview guide and consent form. Depending on individual preferences, potential participants could obtain more information about the study from the researcher either in person or over the telephone.

Twenty of the twenty seven potential participants self-selected to participate in the study. None of these participants had taken part in the original project. The participants were able to choose where they would like to be interviewed. Some chose to be interviewed in the day centres they attended and some chose to be interviewed in their accommodation. Pseudonyms are used throughout the report to refer to participants.

4.5.1: Participants' profile

Excerpt from Researcher's Reflexive Journal (11 May 2009)

In the spirit of reflexivity, I reflected at length upon the terminology used in this thesis. The term 'researcher' promotes a representation of myself to myself and to others, while within the term is located a position of authority and power, particularly in relation to 'participant' which perpetuates an in-balance of power. This places both myself and the 'participant' in pre-determined roles in which I hold the balance of power. I have reflected at length on how I would choose to portray those who took part in this thesis. However, after much deliberation, I have concluded that 'researcher' and 'participant' conveys our relationship as closely as the alternatives and is in keeping with the ethos of the study.

The participants were selected from across the three administrative districts of Manchester (Central, North and South) in order to capture the diversity of people's experiences. Nine participants lived in North Manchester, seven lived in South Manchester and four lived in Central Manchester. The participants included men and women from different ethnic and cultural backgrounds within an age range of 50 to 76 years. In this study, 'younger end of the age spectrum' refers to participants aged 60 or under (n=9) and 'older end of the age spectrum' refers to participants aged 70 and over (n=4).

The nature of participants' health conditions varied considerably. Some participants' conditions were lifelong such as cerebral palsy, which occurs at birth and may result in long-term disability (Hobbs and Sixsmith, 2010; Iddons, 2009; The Neurological Alliance, 2000). Other conditions included depression, stroke, cancer and traumatic acquired brain injury (TABI). These may occur at any point in the life-course (Hobbs and Sixsmith, 2010; Iddons, 2009; The Neurological Alliance, 2000). Other conditions tend to manifest at particular stages in the life-course. One participant had pyriecis, which tends to manifest in childhood, while three had multiple sclerosis, which tends to manifest in middle adulthood. Other conditions

included angina, arthritis, cataracts and dementia which tend to manifest in later life (Hobbs and Sixsmith, 2010; Iddons, 2009; The Neurological Alliance, 2000).

Five participants lived in residential care accommodation, five lived in warden-assisted living accommodation, six lived in council-rented accommodation and four lived in owner-occupied accommodation.

Warden-assisted living accommodation consisted of on-site care staff (24 hour / 7 days a week) and non-resident management staff. Warden staff contributed to the residents' wellbeing by facilitating independent living through activities such as shopping trips and shared social activities (Manchester City Council, 2005a).

Residential care normally provides accommodation, which includes meals and personal care but does not include nursing care. Personal care includes help with medication, assistance in getting up or going to bed, and help with eating, washing and dressing (NHS, 2014). These usually consist mainly of single room dwellings but may also have kitchens (NHS, 2014).

Council residential accommodation varied according to the tenants' requirements.

Participants in this study held varying tenancy agreements. Information regarding tenancy agreements was not routinely collected in this study, and therefore is not included in Table 1. However, issues around tenancy agreements emerged as important in the participants' narratives, so the following sections outlining tenancy agreements and rights are included for information purposes.

There are two types of tenancy agreements in council residential accommodation: an introductory tenancy and a secure tenancy. Introductory tenant residents have fewer legal rights than a secure tenancy, which is only offered to tenants who demonstrate that they "Can act responsibly" (Manchester City Council, 2015:online).

Tenancy rights for those who live in supported accommodation of either warden-assisted living accommodation or residential care depended on the type of accommodation and level of support received (Hobbs and Sixsmith, 2010).

Tenancy agreements ranged from assured short-hold tenancy, to assured tenancy and secure tenancy. Assured short-hold tenancy usually lasts between 6 to 12 months and requires notice of eviction. Assured tenancies may be a fixed-term tenancy or a periodic rolling tenancy (Manchester City Council, 2015). Secure tenancies have the longest tenure but also include introductory tenancy agreements, usually between 12 to 24 months, which frequently limit residents' notice of eviction (Hobbs and Sixsmith, 2010).

4.5.2: Table 1- Participants' profile

Name	Age	Status of LTCs	Ethnicity	Employment status	Living accommodation
Sara	50	Congenital - Cerebral palsy and stomach ulcer	White	Unemployed	Warden-assisted accommodation
Shawn	51	Late Onset - MS and clinical depression	Black	Unemployed	Residential care home
Ben	52	Late Onset - Stroke and clinical depression	White	Unemployed	Warden-assisted accommodation
Caroline	52	Congenital - Cerebral palsy and gall stones	White	Unemployed	Warden-assisted accommodation
Audrey	52	Congenital - Cerebral palsy	White	Unemployed	Residential care home
Tim	57	Late Onset - TABI and heart attack	Mixed Race	Unemployed	Owner occupier

Davindra	58	Late Onset - TABI, clinical depression	Asian	Unemployed	Warden-assisted accommodation
Ivy	60	Late Onset - Stroke and angina	White	Retired	Council-rented accommodation
Jake	62	Late Onset - MS, depression and diabetes	White	Retired	Council-rented accommodation
Silvia	62	Late Onset - MS and clinical depression	White	Retired	Residential care home
Simon	63	Late Onset - TABI, clinical depression and angina	White	Retired	Warden-assisted accommodation
May	64	Late Onset - Stroke, arthritis and dementia	White	Retired	Council-rented accommodation
Jack	67	Congenital - Pyriecis and dislocated shoulder	White	Retired	Residential care home
Moira	68	Late Onset - Stroke and clinical depression	White	Retired	Council-rented accommodation
Raj	68	Late Onset - Stroke,	Asian	Retired	Owner occupier

		diabetes and arthritis			
Andrea	69	Late Onset - Cancer, kidney failure and diabetes	Jewish	Retired	Owner occupier
Delphine	70	Late Onset - Stroke, angina and arthritis	Black	Retired	Council-rented accommodation
Jenny	72	Late Onset - Stroke and diabetes	White	Retired	Owner occupier
Brenda	74	Late Onset - Stroke, angina, arthritis, and cataracts	White	Retired	Owner occupier
Denise	75	Late Onset - Stroke, arthritis, angina	White	Retired	Council-rented accommodation

4.6: Co-researcher involvement

As previously detailed, the two people (Jim and Alison) who eventually became the co-researchers in this thesis had been involved in the original project as community researchers/advisors. They were engaged as part of a recruitment drive for the original project, which took place in 2007. The term 'co-researcher' is an empowering term selected by participants during their first training event (see Appendix H).

4.6.1: Lay versus professional dichotomy

User controlled research may have some justification for debating whether co-researchers should still be considered 'lay' (Evans et al., 2004). Some suggest that once research participants have received training there is room to argue the extent to which they may be considered lay (Bergold and Thomas, 2012; Durham Community Research Team, 2011; Staley, 2009). It is true to say "Co-researchers step back cognitively from familiar routines, forms of interaction, and power relationships in order to fundamentally question and rethink established interpretations of situations and strategies" (Bergold and Thomas, 2012:1). However these acquired skills do not mean they are no longer constitute being lay (Flick, 2009). The distinction between terms lay and professional revolves around knowledge not training (Abrahamson and Rubin, 2012; Bolam et al., 2003; Earl-Slater, 2004). Another clear distinction between lay and professional is that professional researchers receive a salary whilst lay researchers receive expenses or fees as recompense for travel costs, etc.

The debate to whether co-researchers can still be considered lay can be illuminated within the context of this research by the understandings of the co-researchers themselves. The co-researchers recognised that they had a level of awareness, skill-set and knowledge of the research process, which the other participants did not possess. However, they continued to identify themselves as lay participants. Indeed, the study data supports this sense of identity as the co-researchers' data were coterminous with the participants' data although in some respect, and in some cases more detailed. This detail, however, may be attributable to the greater number of interviews undertaken with the co-researchers. For an in-depth discussion around lay involvement in research, see McLaughlin (2009a,b).

The researcher recognises that there are different degrees of participation (Bergold and Thomas, 2012) and that co-researchers have contributed to the research process unlike the participants. However, their engagement in this study was circumscribed by their skill-set, knowledge and expertise, which marks them as lay rather than professional.

The researcher also recognises that there is a relationship between her and the co-researchers, which distinguishes them from the participants. However, this does not alter their status as lay. Lay in this study perceives their contribution to the research as being their lived experiences, and their everyday knowledge of the topic under discussion (Bergold and Thomas, 2012). For an in-depth discussion around lay involvement in research, see Appendix D.

4.6.2: Co-researcher training

Guidelines from INVOLVE (2007) indicated that training was a key undertaking for service users brought on board in research projects to ensure their full and informed participation (Branfield and Beresford, 2006). In consultation with the co-researchers a training agenda was devised and delivered in three half days over the course of one month.

The co-researchers undertook three training sessions. An external training provider delivered the first two sessions. Training aimed to familiarise the co-researchers with the research methods, research techniques, power sharing, an appreciation of ethics, committee membership, data analysis and the writing up process. Training also covered learning about the basic premises about qualitative research, the development of critical thinking skills and equipping the co-researchers with the necessary skills to engage in reflective practices. For full disclosure on the training process, see Appendix H.

A third training session focused on equipping the co-researchers with data analysis skills and was delivered by the researcher and her line manager. This involved a data workshop session which explored discourse analysis, content analysis, thematic analysis and grounded theory.

4.6.3: Remuneration

The researcher consulted with the co-researchers about study payment and an agreement was reached that £10 per interview/consultation session was sufficient to cover the out-of-pocket expenses and as compensation for the time spent. Alison accepted this payment but Jim declined. In addition to the £10 per interview, Alison

and Jim were given refreshments and paid a small sum to cover the costs of travel and parking when attending progress meetings.

4.6.4: Collaboration

Before the co-researchers became involved in this study, the researcher ensured that they knew the aims and objectives of the research and the personal time commitment that would be required. This included a commitment from the researcher to provide the co-researchers with ongoing support and a commitment from the co-researchers to undergo training.

Support included:

- Preparation, briefing and debriefing
- Progress meetings
- Information sharing
- Training and mentoring
- Regular contact and one-to-one support outside meetings
- Explaining things and checking understanding
- Transport, remuneration and refreshments

In addition to the training and support, the researcher established regular progress meetings. The progress meetings took place in a variety of settings; these included the co-researchers' homes, community spaces and the workplace of the researcher. This process enabled the co-researchers and the researcher to periodically reflect on the progress of the research and to establish action points collaboratively. This process involved a number of meetings in order to clarify the focus and direction of the study and ensured the acknowledgement of each person's input. In addition to the progress meetings, regular communication was maintained between the co-researchers and the researcher. Communication was achieved through a variety of mediums including personal one-to-one contact, telephone conversations and emails.

Clear roles were established for the co-researchers, taking into account their different skill-sets, interests, knowledge and expertise. Discussions were held to demonstrate how each role contributed to the research process.

Whilst this research does not claim to be participatory research, the involvement of the co-researchers throughout the research process means that it utilises aspects of the participatory research process (Bergold and Thomas, 2012; Durham Community Research Team, 2011). When utilising aspects of participatory research it is important to manage expectations (Barnes and Cotterell, 2011; Bergold and Thomas, 2010; Duffy and McKeever, 2011; Simpson et al., 2014). This was done by establishing the co-researchers' expectations at the beginning and revisiting these at intervals during the research process. This enabled reflection upon original expectations to consider if they had changed and if these changes were acceptable to the co-researchers.

The co-researchers contributed to the design and methodology of the study. This involved contributing their points of view to the means of data collection, data analysis and the writing up of findings. The co-researchers' involvement in this study influenced the focus of the research questions as well as its design and content.

The following sections detail the extent to which the co-researchers were involved in the different stages of the research process.

4.6.5: Choice of methods

The co-researchers were involved in discussions around the choice of data collection and data analysis methods. Having received training in these aspects of the research process, they felt they had the necessary skills to make a meaningful and informed contribution to this aspect of the research process. The researcher and co-researchers collectively decided how the data would be collected and analysed. However, the co-researchers considered that involvement in the epistemological perspectives and paradigmatic approach was beyond their skill-set, and this aspect of the research process was the sole responsibility of the researcher.

4.6.6: Analysing and interpreting data

The researcher and Alison worked together on the data analysis both individually and collaboratively throughout the data collection period and for an additional three-year period (2010–2013). The researcher sent Alison drafts of the data analysis two weeks prior to face-to-face consultation sessions, which took place in her living accommodation. During this consultation session the researcher and Alison assessed and discussed each other's solo analysis and interpretation of the data. During this time, the researcher and Alison engaged in the process of data immersion and crystallisation, i.e. a process that distils understanding from text. This facilitated the emergence of concepts organically in addition to those identified through a deductive coding process. This process also involved working together collaboratively in order to synthesise our individual analysis. Subsequent to the preliminary analysis, themes were further informed by the ongoing literature review and discussions were held between the researcher and Alison with regard to the identification of themes.

Alison also reviewed final drafts of the full data analysis chapter and made comments concerning her perception of the validity of findings. Additionally, she was consulted with respect to presentation and the clarification of the findings chapter.

Jim throughout the course of the research intended to be involved with the data analysis; however, a decline in his health led to his decision to step back from active engagement with the data analysis process.

The analysis of the data has therefore been a collaboration between the researcher and Alison in order to frame understandings in lay terms and perspectives.

4.6.7: Writing up findings

The co-researchers did not undertake any of the writing up, but were involved in reading through drafts of specific chapters of the thesis in accordance with their particular and individual interests. Alison read through and commented on chapters

one, six and eight. Jim read through and commented on summarised drafts of chapters two and five.

4.6.8: Dissemination

The co-researchers attended and contributed to two MMU conferences in which the study researcher presented early findings of the study. The co-researchers involvement included reading through the presentations, helping the researcher pick which aspects of the study to present and in what format (PowerPoint). One of the researcher's [Alison] was also involved in answering questions from conference attendees about her level of engagement and involvement with the study.

The co-researchers also attended and contributed to an MMU knowledge transfer event. This highlighted the opportunities and challenges of utilising aspects of participatory approaches in research. Their involvement included participating in a question and answer session to explore some of the opportunities and barriers to engagement they had experienced whilst working in academic research.

4.6.9: Ownership

The two co-researchers felt that involvement in this thesis gave them the opportunity to "Contribute to the accumulation of knowledge" (Jim) and to "Give something back" (Alison). For Jim, contributing to an academic endeavour which would advance knowledge formed an important motivation for participating in the study. This motivation and dedication to intellectual development was important for him. He considered his involvement in the production of a PhD thesis to be part of his legacy. Jim therefore declined the option to have his name replaced with a pseudonym. Alison, however, was more interested in the applied outcomes of the research than with academic recognition and she elected to have her real name replaced with a pseudonym. Their reflective diaries in Appendices J and K contain a fuller account of their perceptions of being involved in this study.

However, mutual ownership of a PhD thesis cannot truly exist because in this context the research process is intended to lead to an academic qualification for the researcher alone (Durham Community Research Team, 2011). However, the co-

researchers were involved with the design and implementation of this thesis. Without their time, effort and commitment this thesis would be less an account of lay personal wellbeing and perhaps more of an account of the researcher's perception of how lay people conceptualise personal wellbeing.

In some methods of analysis it is only the researcher's 'voice' that is heard and the researcher's account of the data (Barnes and Cotterell, 2011; Duffy and McKeever, 2011; Simpson et al., 2014). The decision to use thematic analysis in the production of this thesis facilitated and enabled the researched to have a voice, to account for the data and to some degree feel a sense of ownership.

4.6.10: Areas of research beyond the co-researchers' jurisdiction

The co-researchers were not involved with the ethics process as the ethics process was completed prior to their recruitment. The co-researchers were not involved with the funding process because funding was obtained prior to the recruitment of the co-researchers.
Neither Jim nor Alison were involved in reading or commenting on chapters three, four, and seven. The co-researchers were not involved in any aspects of data collection due to periods of ill health during this process.

4.7: Method of data collection

In seeking to present new understandings of how conceptualisations of wellbeing are generated, refined and redefined, this thesis required a flexible, pragmatic and focused method of data collection. Semi-structured interviews lend themselves to active engagement with participants and enable the researcher to explore complex issues with sensitivity (Bryman, 2001; Denzin and Lincoln, 2005; Silverman 2005).

The co-researchers proposed that face-to-face semi-structured interviews would also facilitate participant understanding of the complex concepts in this study. In addition to which they believed it would facilitate their engagement in the research process. In line with my commitment to their involvement in the process, it was

agreed that data would be collected through a series of semi-structured interviews from a purposively sampled group of individuals. This is an appropriate choice for data collection as semi-structured interviews are capable of generating a high level of participant engagement. It also encourages the development of reflexivity, which helps to focus the researcher's attention on how to use successive interviews to explore and probe issues and themes identified in previous interviews (Bryman, 2001). This lends itself to an iterative process, which enables the researcher to explore complex issues, building knowledge and understanding successively over the course of the data collection stage (Bryman, 2001; Silverman 2005).

However, the co-researchers and the researcher shared concerns that undertaking a series of single episodic interviews with participants would only provide a generalised appreciation of personal wellbeing. These were unlikely to generate the level of engagement, reflexivity, knowledge and understanding which the exploration of a complex and contested concept required. In addition to which the researcher began to reconsider whether a series of stand-alone semi-structured interviews would facilitate the researcher's task of synthesising theoretical understandings with emerging themes. An additional methodological concern surfaced with regard to the limited opportunity to undertake a series of interviews with the same participant.

To address these methodological issues a decision was made between the co-researchers and researcher that semi-structured interviews would be undertaken with twenty participants and that these stand-alone interviews would be supplemented with a series of semi-structured face-to-face interviews with the co-researchers. However, the co-researchers worried that the interview process might be constrained by the restrictive nature of their health. Further discussion suggested supplementing interviews with additional telephone and email communications and reflective diaries in order to address this concern.

4.7.1: Interview process

The interviews took place from January 2008 to December 2010. They consisted of a series of stand-alone face-to-face semi-structured interviews with twenty

individuals with LTCs undertaken during 2008. These took place in day centres and residential homes.

Concerns raised by the co-researchers about the length of interviews led to a decision to restrict interviews to between 30 and 45 minutes, with regular breaks as and when required. The participants received a copy of the interview schedule at the onset of recruitment and again one week prior to the interview in order to facilitate considered responses and reduce potential anxiety regarding the process.

From January 2008 to December 2010, each co-researcher was interviewed separately six times in order to facilitate a more in-depth exploration of personal wellbeing. The co-researchers received a copy of the interview schedule one week prior to the interview. Interviews with the co-researchers were not time limited as the co-researchers agreed that they would end the interview when they felt it was appropriate. The face-to-face interviews with two co-researchers tended to last between approximately 45 and 60 minutes. The interviews took place in a range of settings including the researcher's workplace, the co-researchers' homes and public places such as cafes and libraries. Research diaries were used to contextualise understandings, whilst telephone communications were utilised to clarify understandings and explore commonality and contradictory findings.

The interviews, while being open-ended and flexible, utilised a semi-structured schedule which included prompts and probes to explore wellbeing in relation to topic areas widely recognised in the literature as important for wellbeing. This facilitated the participants' ability to explore understandings of personal wellbeing within the context of their own lives and offered the opportunity to discuss and prioritise these understandings.

The following section provides a rationale for the utilisation of thematic analysis in this thesis.

4.7.2: Analytic method

Thematic analysis is a versatile, pragmatic and intuitive method of data analysis (Braun and Clarke, 2006). As previous documented, thematic analysis is one of the

methods of data analysis included on the co-researcher training programme. The community researchers identified thematic analysis as the method of data analysis which they felt most comfortable and confident in understanding and using (see Appendix H).

Many have argued that thematic analysis is not a method in its own right (Boyatzis, 1998; Ryan and Bernard, 2000), but rather a generic process of generating themes in data across many different methods of analysis. Some have argued that "Thematic analysis is a poorly demarcated and rarely acknowledged, yet widely used qualitative analytic method" (Boyatzis, 1998; cited in Braun and Clarke, 2006:77). Braun and Clarke's (2006) seminal article argued that thematic analysis is a method in its own right, claiming, "Through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data" (p.78). Braun and Clarke (2006) argued that despite a reluctance to ascribe thematic analysis as a method of analysis, it holds an important place in qualitative research and is often used widely as a 'generic method' of qualitative research.

Braun and Clarke (2006) identified some of the arguments cited against the use of thematic analysis as a method of analysis. They acknowledged that thematic analysis can be undermined by the absence of transparent and concise guidelines.

To assuage these arguments Braun and Clarke (2006) proposed clear and concise guidelines for undertaking thematic analysis. Their guidelines are intended "to celebrate the flexibility of the method and provide a vocabulary and 'recipe' for people to undertake thematic analysis in a way that is theoretically and methodologically sound" (p.78).

Thematic analysis in the context of my epistemological position is an important and pragmatic method of data analysis. It is a process which allows the researcher freedom to acknowledge that themes emanate as much from themselves and their relationship with their co-researchers as from the research process. In the years since Braun and Clarke's (2006) validation of thematic analysis it has become a

more widely accepted and popular method of data analysis, perhaps in recognition of its pragmatic approach and versatility (Yin, 2011).

4.7.3: Analytic process

Thematic analysis was utilised as a vehicle to emphasise lay perceptions of personal wellbeing by concentrating on the narratives of participants. Thematic analysis which "Focuses on identifiable themes and patterns of living and/or behaviour" (Aronson, 1994:8) was undertaken using procedures for categorising and coding key meanings (themes) identified in the data.

Braun and Clarke (2006) identified the analytical steps used in this thematic analysis:

- Familiarisation, i.e. reading and rereading transcripts and notes, identifying initial ideas.
- Code generation, i.e. systematic identification of interesting ideas.
- Theme identification, i.e. collating codes into potential themes supported by relevant data.
- Review, i.e. holistically checking themes against data.
- Labelling themes, i.e. refining themes and defining holistic analytical accounts in relation to research questions.
- Report writing.

An inductive* or emergent generation of coding was primarily utilised to generate themes. The structuring of the interview questions, however, relied upon deductive coding*. These were used to explore those elements of personal wellbeing widely identified within the literature as important contextual factors for understanding wellbeing, for example, 'health' and 'social interaction'. These codes mapped key themes that recurred during the interviews. Following the emergent coding procedure (Stemler, 2001) the data were examined utilising thematic analysis, which facilitates the regularisation of narratives from transcripts.

Observing the suggestions proposed by Granenheim and Lundman (2004), the data were transcribed, read for general comprehension and then re-read thoroughly.

Core meanings were identified and condensed into categories. These gradually coalesced into the emerging themes.

The researcher conducted the analysis during which the process of immersion in the data and crystallisation (a process that distils understanding from text) facilitated the emergence of concepts organically rather than through a preconceived agenda. Provisional themes identified during open coding were labelled based on recurring words, which occurred in the data sets. Subsequent to the preliminary analysis, themes were further informed by the ongoing literature review. In addition, discussions were held between the researcher and Alison (co-researcher) with regard to the identification of themes within her data set. As previously documented, the co-researchers had received training in thematic analysis and had undertaken its usage in data analysis workshops. Alison's reflective diary (see Appendix J) acknowledged that her training in thematic analysis and its subsequent application facilitated her engagement in the data analysis phase and the wider research process.

Excerpt from Alison's Reflective Diary

Being part of this research has been great, as its [sic] an opportunity to get more involved with the university, to meet different people, to widen my experiences and to try and look at things from the professionals [sic] side of things. I did struggle at times in the data analysis workshop but by the end, I began to understand exploring themes, if I have to choose I would definitely pick the thematic analysis approach. I can see myself being able to get more involved with you in the future now that I have had some grounding and experience in actually doing it.

In line with ongoing data collection, minor additions and changes were made to the emergent framework of themes. This ensured that the analysis was grounded in practice and that aspects of the data were not over or under represented in the findings.

Themes sharing common characteristics were grouped together and further analysed to unpick sub themes. This was achieved by critically comparing,

contrasting and reviewing the data until no new themes could be discerned in the data. During this analytical process, identified as analytic generalisation (Yin, 2011), the interview data and concepts were continually condensed. This enabled often "Large, unwieldy categories to be refined into more specific, integrative themes whilst retaining important aspects of the properties and dimensions of the umbrella categories" (Corbin and Holt, 2005:51). Further exploration, analysis, cross-referencing and reflective practice unpicked the similarities and differences between themes, which were eventually refined into seven themes. These seven themes form the basis of the findings, but sub-themes were retained to highlight the complexities which existed in participants' narratives. The participants and co-researchers' data is presented collectively as the same themes emerged from their data sets. However, the co-researchers' familiarity with the parameters of the research may have led to more considered and reflective responses than the participants.

4.8: Reflexivity

"We do not learn from experience…we learn from reflecting on experience" (Dewey, 1933:17). Reflection may be perceived as the precursor to reflexivity (Moon, 1999). Conceptually, reflexivity moves beyond 'reflection' and seeks to initiate deeper understanding about oneself, one's socio-cultural conditioning, how this affects all aspects of one's life and how to use this knowledge to improve oneself (Salzman, 2002).

Reflexivity was first conceptualised by ethnographers working in anthropology in the early 20th century (Moon, 1999). Reflexivity is an important methodological issue in qualitative social science research (Savin-Baden and Major, 2013). It is a process in which researchers undertake to explore and experience those aspects of themselves and their rationalisations which are likely to have influenced every aspect of the research process (Nightingale and Cromby, 1999; Salzman, 2002; Savin-Baden and Major, 2013). Reflexivity has grown in stature as part of a broad academic movement, which began to critique and question the existence of any objective reality to discover (Salzman, 2002).

Reflexivity is now acknowledged as a methodological principle in qualitative research, in much the same way as the observer effect is acknowledged in quantitative research (Salzman, 2002, Savin-Baden and Major, 2013). It has therefore assumed a significance which requires the researcher to provide a full account of their socialised existence in relation to their research project (Hiles, 2008). This knowledge allows others to gain insights; for example, on the belief systems which directed their analytical approach. It is this conferment of the explicit assumptions made and the methods and procedures used which enable others to apply a more rigorous appraisal of the underlying nature of research and to compare and contrast it with other like-minded research (Attride-Stirling, 2001).

The notion of transparency therefore has become a key and over-arching concern in establishing the quality of qualitative research (see Hiles, 2008). However, fundamentally transparency has become the gold standard for the construction and dissemination of qualitative research findings (Hiles, 2008). Nightingale and Cromby (1999) reflected that reflexivity requires the researcher to acknowledge that their socialisation contributes to the meaning-making process. Thus, it is impossible to be detached or separate from the research process and what ensues from it. Reflexivity is a key process in which researchers and those engaged in the research process must seek to explore the myriad ways in which their belief systems influence, and inform the research outcomes (Harper, 2002). This creates new challenges for qualitative researchers who must resist adopting an approach which offers insight into the subjectivity of the researcher rather than the researched (Finlay, 2002; Harper, 2002; Holloway and Todres, 2003; Nightingale and Cromby, 1999).

Personal reflexivity, however, is an important process in which researchers reflect and consider how their beliefs, values, experiences, interests and identities have shaped the research and how we might have been influenced and changed by the research we are doing (Willig, 2001).

Excerpt from Researcher's Reflexive Journal (20 February 2010)

It is over a year since I began to discuss with Alison and Jim how language, socialisation, class, gender, educational attainment, and position within society affects the choices we make in the research. E.g., what wellbeing means, how we internalise and externalise our inner and outer representation of what personal wellbeing means to us. Initially we all struggled with this but Alison's recent email confirms that she is beginning to get to grips with this process. My work on reflexivity for the PG CAP has also helped me enormously. I have read much more widely and appreciate how significantly your views and practices affect how you relate to people and ideas and how these in turn are affected by your upbringing, local environment, family structures, etc. These all impact on what we choose to discuss in our interviews and how we 'talk' about them. I was reflecting that Alison probably projects a certain image of herself to me because we like each other and thoughts or opinions often need to be aligned with image. Likewise I believe the reason Alison and Jim and I began this collaboration has much to do with our shared sense of identities. Alison and Jim certainly know I have strong views on the environment and I wonder how much this may have subconsciously influenced their narratives.

4.8.1: Epistemological reflexivity

Epistemological reflexivity is an important consideration, concerned with assumptions and how these have influenced the research questions, the methodology and the conclusions reached. Willig (2001) reflects that epistemological reflexivity obliges researchers to engage with questions such as: How the research question was defined, the effect this has on what can be 'found', and how the method of analysis has 'constructed' the data and the research findings. These lead to further reflections concerning how the research aims could have been explored through different channels and the degree to which this may have led to different findings. Epistemological reflexivity has informed this study by encouraging the researcher to "Reflect upon those assumptions (about the world, about knowledge) that we have made in the course of the research, and it helps us to think about the implications of such assumptions for the research and its findings" (Willig, 2001:10).

This approach to the structuring of knowledge creation has implications for the research and its findings. For example, the co-researchers and researcher all

identified themselves as working class with strong political affiliations. These shared identities are likely to have affected the topics chosen to explore and our 'reading' of the data. However, as with all research which seeks to investigate complex social phenomena, every effort was made to limit this impact through the utilisation of reflective practice and transparency.

4.8.2: Reflective process

An important aspect of being involved with research is the capacity to reflect or think in-depth about one's own personal perspective of events, experiences and how one's background, gender, ethnicity, and education affects one's perception of things. However "Reflection is not solely a cognitive process; emotions are central to all learning" (Boud and Walker, 1998:194).

During the research training the co-researchers often struggled to feel confident in their ability to undertake reflective practices. Discussions between the co-researchers and researcher were undertaken via email and telephone to assist the reflective process. Reflective papers such as Moon (1999) and Brookfield (1994) were given an abridged read through with the co-researchers in order to help guide and inform their learning. Whilst these were considered to be useful reference points, the researcher's summary of Dahlberg and Halling (2001) appeared most salient.

Dahlberg and Halling (2001) identified different kinds of openness to be achieved by researchers such as open-mindedness, open-heartedness, and openness to dialogues. Dahlberg and Halling's (2001) perception of open-mindedness refers to the capacity to be receptive to research participants and their narratives. Open-heartedness is a type of reflexivity, in which researchers look at themselves in order to reflect upon their actions and behaviours. This includes being able to recognise attitudes, beliefs, inferences and biases that may affect the interpretation of the participants' comments and actions.

Excerpt from Alison's Reflective Diary (Email - 25 March 2008)

I enjoyed the training session with X, I enjoyed X's manner which didn't make you feel you had to choose your words carefully or be afraid of making a mistake. I was also reminded about making assumptions and prejudices, which I found very useful.

The research process sought to promote reflective spaces through co-researcher diaries and informal reflective conversations in which the researcher and co-researchers utilised personal reflection and shared dialogue. This facilitated a deeper exploration of lived experiences in relation to the research questions and conceptualisations of wellbeing. The reflective diaries kept by the co-researchers were not included as data; the data came solely from the interviews. However, they probably informed the co-researchers' responses to questions and may have informed Alison's analysis and interpretation. This assessment of the reflective diaries, however, is perforce subjective and cannot be realistically evaluated. However, the reflective diaries and the researcher's reflexive journal identified that the cycles of reflection engendered feelings of supported openness, camaraderie and mutual support. The co-researchers identified that the reflective process contributed to a sense that the study was a shared endeavour. In time, the co-researchers became increasingly aware of the importance their positionality, amongst other things, had on the research process.

4.9: Ethical considerations

Application for ethical approval for the research was submitted to the National Research Ethics Service (NRES) in April 2007. Approval was granted on 2nd August 2007, with the MMU faculty ethics committee subsequently accepting this approval. Ethical practice within the research was guided by the British Psychological Society guidelines (2005), containing the following principles:

- Attention to facilitating the inclusion of people with language and communication impairments
- Informed consent

- Anonymity

- Confidentiality

- Privacy

- Ensure comfort and facilities necessary to be available for people with physical/mental/spiritual vulnerabilities

- Protection from harm for co-researchers, participants and the project researcher

- Free withdrawal from the research process

Research has an ethical duty to ensure that projects pay due consideration to encouraging and involving participants whose views may not be routinely consulted. The participants who found it difficult to understand verbal or written explanations, or had communication/language difficulties were not excluded from this study. Frequent breaks were taken as necessary for those with concentration or physical problems.

The researcher and co-researchers were trained to the NHS Research Ethics Committee standard. A list of support organisation contact details was supplied for support during the research process. Both co-researchers and participants were given contact numbers for trained counsellors at MMU, should any problems arise.

Ethical practice was constantly reviewed as the research progressed and regular discussions were held to ensure support was available, should difficult or contentious issues arise. Ethical procedures were adhered to throughout the research process.

The following chapter frames the role of linguistic/historical influences in the PRA and on modern conceptualisations of wellbeing.

Chapter 5: Linguistic and Historical Contextualisation of Wellbeing

5.1: Rationale

As previously documented, little is known about the role of the historical and linguistic factors in the appropriation and mobilisation of wellbeing (Kingfisher, 2013; McMahon, 2006; Oishi et al., 2015). Additionally, little is understood about the role of historical and linguistic factors in conceptualisations of wellbeing (Hughes, 1988; McMahon, 2006; Oishi, 2012; Oishi et al., 2015).

This chapter aims to address this by exploring and synthesising the historical/linguistic conceptual development of wellbeing. The chapter starts with an investigation of the linguistic progression of wellbeing. The following linguistic section includes a section on the ontology and semantic extension of wellbeing and a discussion of the role of logomachy in the appropriation of wellbeing. This is followed by an investigation of the etymological roots of health, welfare, happiness and wellbeing. This documents the associations between wellbeing and its closest linguistic/conceptual terms in order to advance understandings of how modern conceptualisations of wellbeing have been mobilised.

5.2 Linguistic contextualisation of wellbeing

5.2.1 Ontology of wellbeing

A consideration of why wellbeing has attained its current eminence adds an important dimension to our understanding of how and why the ontology* of wellbeing may be important in conceptualisations of wellbeing.

The first recorded use of wellbeing in written English was in the poem 'A Wife' in 1613 by Thomas Overbury (1581–1613) (Oxford English Dictionary (OED), 1971). The poem was first published in 1614, and by 1664 it had gone through eighteen reprints and was one of the most popular books of the 17th century in the UK (OED, 1971). It is likely this popularity helped disseminate the word wellbeing, if not the

concept to a wider population. However, the Greek origins of wellbeing assign it linguistic status and probably contributed to the fact that the first recorded use of wellbeing occurred in high literature (Hughes, 1988). This postulation is supported by the fact there are no documented examples of the word wellbeing in the language of the common people such as songs, rhymes or stories from this period (Hughes, 1988). Hughes (1988) explained this by arguing that wellbeing is primarily an "Academic literary concept which seeks to conceptualize it within polite boundaries, failing to acknowledge 'baser' understandings. It focuses on self-actualization for example and ignores sexual gratification or hero culture. It is perhaps this gentrification of the concept which alienates it from the average person" (p.28).

Others suggest that it is not so much wellbeing's Greek linguistic status which has facilitated the gentrification and dissemination of wellbeing, but rather its association with ancient philosophy and philosophers (Kingwell, 1998; McMahon, 2006; Walker and Kavedzija, 2015). Philosophy and philosophers have played an important part in the propagation of wellbeing within academic and literary language (Bergdolt, 2008; McMahon, 2006; Walker and Kavedzija, 2015). Philosophers have theorised about how and why wellbeing is conceptually important. Gewirth (1985) argued that the word wellbeing encompasses three fundamental human aspirations (health, wealth and happiness) which map onto efforts to make sense of our existence. These relate directly to the three states or dimensions of being: the physical world, the physical self and the non-physical self (Gewirth, 1985). In this three-dimensional ontology onto which wellbeing is mapped, sense is made of the physical world by aspiring to wealth, sense is made of the physical self by aspiring to health, and sense is made of the non-physical self by aspiring to happiness. It is important to note that the three concepts used to encompass fundamental human aspirations of health, wealth and happiness are the same concepts identified as being the etymological roots of wellbeing.

5.2.2 Logomachy

Logomachy is a term which stems from Greek and means "To fight about words"
(Hughes, 1988:10). Logomachy is a natural semantic reaction to arguments
"Concerning how we seek to define, understand and relate to contested concepts"
(Gallie, 1964, cited in Hughes, 1988:157). This thesis presented a theoretical
argument that governance mechanisms and the wider PMC had undertaken the
mobilisation and moralisation of wellbeing as a means to promote personal
responsibility and behaviour change. The role of logomachy can be understood to
have played a part in this mobilisation which "Occurs as a result of socio-political
competition for power through linguistic capitalism i.e. the appropriation and use
of words as brand names or 'boosters' ... [which emerged as] the right of politicians
to appropriate /manipulate language" (Hughes, 1988:10). Linguistic capitalism is
disseminated through educational and state machinery as statements of authority.
In this way "Words are mobilised, through powerful vested interests such as the
media, academia and governments" (Hughes, 1988:93).

Whilst "Printing increases the mobility of words and accelerates their currency the
widespread proliferation of access to the Internet effectively acts like a printing
press increasing the rate of...semantic extensions (new meanings added to
established words)" (Hughes, 1988:101).Thus the moralisation and mobilisation of
wellbeing has been accentuated through the proliferation of the World Wide Web
(Hughes, 1988).

5.2.3: Etymology – Wellbeing, health, welfare and happiness

> The meaning of wellbeing is not fixed...its meaning will always be shifting.
> What it means at any one time depends on the weight given at that time to
> different philosophical traditions, world views and systems of knowledge.

> (Ereaut and Whiting, 2007:7)

The etymological development of words offers understandings of how words were
originally conceived (Epps, 2014). It is also suggestive of aspects which are perhaps
no longer relevant to modern society or which are so deeply embedded within the
concept that we only respond subconsciously to the inherent meanings (Epps,

2014; Healey-Ogden and Austin, 2010; Hughes, 1988). In order to begin to unravel the complexity which surrounds the concept it is necessary to return to the roots of the word wellbeing.

The Oxford English Dictionary (OED, 1922) definition of wellbeing identified the etymological roots of wellbeing as "happy, healthy, or prosperous condition, welfare". The following section will therefore offer a brief account of the etymological roots of 'prosperity', 'health', 'happiness' and 'welfare'. The understandings generated here will explicate the shared conceptual foundations, which have led to the increasing use of wellbeing in association with health within a PRA (Edwards and Imrie, 2008; Fleuret and Atkinson, 2007; Rose, 1999; Scott, 2012c; Seedhouse, 1999; Sointu, 2005).

To be 'prosperous' or 'prosperity' occurs in the definition of wellbeing and 'wellbeing' occurs in the definition of prosperity. This circularity of definition helps to create a strong association between the concepts. Etymologically, 'prosperity' is believed to derive from the root to 'prosper', which emerged from uncertain origins (OED, 1989). The earliest dictionary definitions of prosperity included references to being auspicious, favourable, flourishing, enjoying success and economic wellbeing and having vigorous and healthy growth (Guralnik, 1984; OED, 1989; Websters, 1971). There is no evidence to date of a linguistic association between prosperity and wellbeing; however, there exists a historical association (Mogilner et al., 2011; Oishi, 2012; Oishi et al., 2015). The historical association and circular definition connects the two concepts and remains embedded within normative understandings of both concepts (Hughes, 1988; McMahon, 2006; Ulman, 1962).

Historically, 'happiness' and wellbeing have been perceived by many as being coterminous (Kingfisher, 2013; McMahon, 2006; Oishi et al., 2015). However, semantic additions and extensions have led to these words having different nuances of meaning and understanding attached to them (Hughes, 1988; McMahon, 2006; Mogilner et al., 2011; Oishi, 2012). McMahon (2006) reported that happiness has its etymological root in happenstance. "The word for happiness is a cognate with the word for luck. *Hap* is the Old Norse and Old English root of

happiness, and it just means luck or chance" (p.17). Happenstance has a direct root in the concept of chance and has a long association with external happenings which are shaped by chance.

McMahon (2006) argued that this association with chance meant that historically to be happy was an uncertain and unlikely occurrence for all but the most select or lucky members of society. Furthermore, the association with happenstance suggested that the majority of human lives were "Likely to be beset with misery and ill fortune as neither happiness nor wellbeing were under the control or will of humans" (p.70). Historical evidence suggests that wellbeing and happiness share both historical and linguistic roots (Kingfisher, 2013; McMahon, 2006; Mogilner et al., 2011; Oishi, 2012).

Evidence clearly indicates that happiness and prosperity share conceptual roots with wellbeing (Guralnik, 1984; McMahon, 2006; Mogilner et al., 2011; Oishi, 2012). However, to date little research has been conducted to explore the conceptual roots between wellbeing, welfare and health. The circularity of definition which exists between wellbeing, health and welfare may reflect the lack of conceptual clarity which exists for these words (Alexander, 2008; Hughes, 1988; Williams, 1985).

The word 'welfare' has been widely acknowledged as that which formed part of the linguistic root of the term wellbeing (Friedichson, 1966; Guralnik, 1984; OED, 2002), particularly in reference to the philosophical, root of wellbeing, which tends to encompass the negative as well as the positive aspects of a person's life. Welfare is believed to derive from Old English 'wel faran' meaning faring or doing well (Crystal, 2010; OED, 1922), but which also alludes to how a person is faring as a whole, whether well or badly. Historically, the terms health, well-being, and welfare were used interchangeably (OED, Compact Edition, 1971).

The word 'health' has been widely acknowledged as that which formed part of the conceptual root of wellbeing (Guralnik, 1984; OED, 2002). Its etymological roots originate from 'heal' (Guralnik, 1984; McMahon, 2006), i.e. practices which restore the body. The first recorded use of health is documented circa 1000 (OED, 1989). Its

definition included 'soundness of body and the conditions in which bodily functions are efficiently discharged. During the Middle Ages, the meaning attached to health shifted and began to incorporate notions of spiritual, moral and mental soundness/ wellbeing (OED, 1989). The association with wellbeing/welfare continued to expand on the arcane representation of health as that pertaining solely to the physical body (OED, 1989). However, the notion of health was still underpinned by assumptions that health referred to physical vigour, vitality and strength, ideas that are derived from the earliest understandings of health (Bergdolt, 2008; Porter, 1994; Rosen, 1958). By the 17th century, more holistic understandings perceived health as that pertaining to physical strength, efficient bodily functions and moral/mental soundness/wellbeing (Bergdolt, 2008; McMahon, 2006).

This review of the etymological roots of wellbeing helps us to understand how associations between wellbeing, prosperity, health and welfare underpin current conceptualisations of wellbeing. However, research suggests wellbeing is linguistically and historically closest to welfare and health. For example, they all share a concept of wholeness; however, there exists a greater depth of inherent meaning within the concept of wellbeing (Bergdolt, 2008; Donnal, 2006).

The following section explores semantic extensions and the interconnections between wellbeing, welfare and health in order to provide an emic perspective of the origin of the concept of wellbeing and its appropriation and assimilation into the English language.

5.2.4 The semantic extension of wellbeing

During the 17th century, semantic extensions became increasingly common (Hughes, 1988; Mugglestone, 2006; Pinker, 2007; Shay, 2008; Ulman, 1962). Semantic extensions refer to the process whereby what was ostensibly a new word appropriates a wealth of meanings from an older word, often one which has a number of different language stems (Epps, 2014; Hughes, 1988; Shay, 2008; Ulman, 1962). It is apparent that the conjoined word 'well-being' was an early semantic extension (Crystal, 2010; Guralnik, 1984; Hughes, 1988; Jawad, 2012).

The word "'well' is related to the German word 'wohl' which has its origins in the Indo-European branch of language development and referred to 'will'" (Guralnik, 1984:1613). During the 16th century, the religious schism which occurred in the Catholic Church had a profound impact on language development (McMahon, 2006; Pinker, 2007; Shay, 2008). Words of Germanic origin increasingly took root in those nations which sympathised with or converted to the new Protestant religions (McMahon, 2006; Shay, 2008). These new religions increasingly emphasised the importance of the 'will' of the laity as opposed to the will of the church (Harrison, 1990; Hill, 1985, 1990, 1997; McMahon, 2006). The theological and intellectual dissemination of these new religions did much to enhance the importance and influence of the Germanic language (Bergdolt, 2008; McMahon, 2006). The growing influence of the Germanic language may help to explain why an increasing number of conjoined words starting with 'well' took root during the 16th and 17th centuries (Shay, 2008). Alternatively, it may have been the result of the existing historical/linguistic relationship between 'well' and the German word 'wohl' (Guralnik, 1984). Whilst we may never 'know' which explanation is 'true', there is evidence to suggest wellbeing was increasingly associated with the 'will' of the laity as opposed to the 'will' of God as ministered through the Church (Bergdolt, 2008; McMahon, 2006).

The definition of the word 'being' is more complex, but at a base level refers to "Existence" (Guralnik, 1984:128). However, at a philosophical level its definition includes "Fulfilment of possibilities" (Guralnik, 1984:128). Donnal (2006) proposed that 'being' can communicate material existence, a sense of self and a sense of identity. Shakespeare's soliloquy from Hamlet, which starts 'To be, or not to be that is the question!' is a useful example of how literature in this period increasingly began to refer to mental processes and states of mind, questioning the nature and meaning of human existence (Wootton, 2015). Hamlet's soliloquy represents an internalised debate increasingly mirrored within society, which began to create words/expressions to articulate new ways of thinking about selfhood and the human condition (Crystal, 2010; Wootton, 2015).

Compound words were fashioned extensively in this period as literary agents sought to give greater voice to sentiments, beliefs, and contemplations that the Renaissance inspired (Crystal, 2010, 2014; Mugglestone, 2006; Shay, 2008). Combining 'well' with 'being' in its most rudimentary form may have been a means to confer a notion of one being 'well' in the physical sense. Conversely, it may be an example of semantic change which "Involves the development of polysemy, motivated by pragmatic inferencing that allows speakers and listeners to draw associations between particular ideas" (Epps, 2014:587). However, it may also be suggestive of an emerging reflective process, at the heart of 16th/17th century literary works, which addressed fundamental moral and ethical questions (Crystal, 2010; Shay, 2008; Wootton, 2003).

Jawad (2012) offers an alternative interpretation of the conjunction of 'well' and 'being' based on the work of Martin Heidegger (1889–1976) which explored the difficulties inherent in defining 'being'. Jawad (2012) perceived the illusive nature of 'being' as "neatly reduced by the addition of a prefix 'well'" (Jawad, 2012:17). This had the effect of altering the course of social policy into "The pursuit of some ideal, of a minimal state of wellness and happiness, generally identified in objective and money-metric terms" (Jawad, 2012:17).

Conceptually the self, defined as "That conscious thinking thing…" (Locke, 1690:100) flourished during the 17th century. Harrison (1990) suggests that 'self' became intimately associated with 'being' in part as the result of the schism which occurred in the Catholic Church during the 16th century. This upheaval in religious thought contributed to a newly found appreciation of Man's free will as a conscious being distinct from that which was the will of God (Hill, 1985, 1990, 1997; McMahon, 2006; Oishi et al., 2015). It is likely that this played a part in the flourishing of languages in tandem with the dissemination of complex concepts (Crystal, 2010; Mugglestone, 2006; Pinker, 2007). These were vital tools for expressing hitherto unconceivable or under explored cogitations (Crystal, 2010; Hughes, 1988; McMahon, 2006; Pinker, 2007; Wootton, 2003). These factors may have been instrumental in facilitating the utilisation of wellbeing in English literary texts (Hughes, 1988; McMahon, 2006). Thus, the foundations were laid for the

assimilation of wellbeing into the utilitarian movement of the 18th and 19 centuries (Hughes, 1988). This will be explored in detail in the following historical sections.

In summary, wellbeing was explored across linguistic domains, i.e. it included the influences of ontology, logomachy, etymology and semantics in order to explicate understandings of its linguistic development. The linguistic contextualisation also offered divergent and corroborative explanations in order to establish a clearer appreciation of the conceptual development of wellbeing.

Evidence suggests the semantic extension of 'well' to incorporate original notions of 'will' facilitated the conceptualisation of wellbeing as relating to the will of the laity as opposed to the will of the Church. This pragmatic inferencing may have facilitated an association between the 'will' and/or responsibility of the laity for wellbeing, rather than wellbeing as a divine gift administered through the Church.

Additionally, the linguistic contextualisation documented the association between wellbeing and health, wealth and happiness, concepts used to underpin and map human efforts to make sense of our existence. It also drew attention to wellbeing's linguistic status, historical associations and the gentrification process, which facilitated its assimilation into literary works. This is supportive of the premise identified in chapter one that wellbeing's linguistic/historical legacy has facilitated its mobilisation within professional and academic discourse whilst simultaneously undermining its transferability to lay usage.

It is to be hoped that this linguistic contextualisation offers an appreciation of the linguistic factors underpinning why wellbeing has achieved its current eminence within the language of academics and professionals, and moreover to demonstrate how wellbeing's linguistic distinction facilitates its mobilisation within the language and discursive practices of powerful voices.

The following sections will document the historical development of wellbeing and the role of historical factors in the appropriation and mobilisation of wellbeing.

5.3: Historical contextualisation of wellbeing

This historical contextualisation is applied to understanding the role of historical factors in the mobilisation of wellbeing. It is specifically concerned with investigating historical associations between wellbeing and personal responsibility in order to understand how and why historical factors facilitate current efforts to mobilise wellbeing within a PRA.

It also seeks to understand how and why historical changes in conceptualisations of wellbeing continue to influence current conceptualisations of wellbeing. These are important considerations, given that current conceptualisations of wellbeing are utilised to facilitate wellbeing's assimilation into a wider PRA.

5.3.1: Rationale for historical analysis

Chapter four documented the methods and procedures underpinning this historical analysis. The following section outlines the importance of historical analysis within the context of this study.

Historical analysis is increasingly recognised as an important tool in social research as a strategy for establishing a context or background for substantive studies (Epps, 2014; Gardner, 2010; Marshall and Rossman, 2009; Wyche et al., 2006). Historical analysis is often combined with other methods in order to provide "Insights into social phenomena" (Wyche et al., 2006:47). Inglehart and Klingemann (1998) used historical analysis and quantitative data sets to interpret "A substantial and enduring decline" (p.169) of the set point of wellbeing in Belgium. Inglehart and Klingemann (1998) proposed that a decline in wellbeing in Belgium was the result of "Historic factors that have afflicted Belgian society" (p.170). Based upon their findings they posited that varying levels of wellbeing recorded across nations were closely linked with the historical development of nations' political institutions.

How we understand and interpret history and its relationship to modern society directly influences the way we relate to communicating and interpreting words (Bowern and Evan, 2015; Hughes, 1988; Seymour, 2006; Ulman, 1962; Wootton, 2003). It is important therefore to recognise the role of history, power, politics,

rhetoric and linguistic development as integral components of a continuous discourse which links the past, present, and future and has a direct bearing on current ways of constructing meanings (DeWall et al., 2011; Epps, 2014; Kingfisher, 2013; Oishi et al., 2015).

Historical factors may play an important role in the mobilisation of wellbeing, but receive insufficient attention in the majority of wellbeing research because they are complex and difficult to unpack (Inglehart and Klingemann, 1998; Kingfisher, 2013; Kingwell, 1998; McMahon, 2006). The following section titled the 'Trans-historical account of wellbeing' is a historical analysis of selective periods of human history. This will document how historical events, human development and shifting normative values have influenced conceptualisations of wellbeing. The remainder of the chapter contextualises how shifting conceptualisations of wellbeing have been adopted and adapted within government practice in order to promote agendas consistent with shifting notions of governance and responsibility.

5.3.2 Trans-historical account of wellbeing

This section aims to provide a broad overview of the historical development of conceptualisations of wellbeing. The work of Bergdolt (2008), McMahon (2006) and Oishi et al. (2015) make important contributions to the shape of this chapter.

McMahon (2006) reviews wellbeing and happiness (as synonymous terms) in a historical-cultural analysis of conceptualisations, attitudes and approaches to wellbeing/happiness over time. However, there is a suggestion that McMahon (2006) offers a distorted interpretation of the history of Western philosophy in relation to wellbeing (Sirgy and Estes, in press) and rather one-sided summaries in the intellectual debate about happiness (Wright, 2014).

Oishi et al. (2015) undertook a historical/linguistic exploration of happiness/wellbeing to investigate how their meanings have shifted and changed over time. However, Oishi et al. (2015) have been challenged for not recognising in sufficient detail that the compass and language of happiness is constrained within a range of contexts (Walker and Kavedzija, 2015).

Bergdolt (2008), McMahon (2006) and Oishi et al. (2015) have all been criticised for conflating wellbeing with the closely aligned concepts of health and happiness (Bowern and Evan, 2015). This can obfuscate matters, particularly for those who perceive wellbeing as a distinct concept. It also demonstrates that complex concepts such as wellbeing can be hard to explore without reference to closely aligned concepts such as health, welfare and happiness (Bowern and Evan, 2015; Crawshaw, 2008; Forth, 2009; Seymour, 2006).

Bergdolt, for example, equates wellbeing with health, generally perceiving wellbeing as relating to inner balance and the equilibrium of bodily functions (Forth, 2009:413). Bergdolt argued wellbeing has always been associated with health, but over time it has become increasingly associated with physical health and beauty. In time, responsibility for health/wellbeing was "Placed...squarely on the shoulders of individuals...by leading moderate and balanced lifestyles" (Forth, 2009:413).

It is important to note that Bergdolt's (2008) account has been considered more a trans-historical account of the theoretical and practical conceptualisations of health than wellbeing (Crawshaw, 2008). Other criticisms of Bergdolt's (2008) historical synthesis include Boughan (2008), who claims Bergdolt overlooks important secondary sources written in non-Germanic languages; while Forth (2009) suggests Bergdolt focuses on the principle of dietetics and is primarily concerned with Western civilisations. Gardner (2010) criticises the utilisation of anecdotal evidence such as legends and old tales adopted by Bergdolt (2008). These are generally perceived as unreliable sources in traditional historical analysis. However, historical postmodernism accepts the use of anecdotal and literary evidence as helpful in illustrating how the theories and analysis presented in historical narratives operated in society (Gardner, 2010; Wyche et al., 2006; Yýlmaz, 2007). Additionally, these resources augment academic interpretations with more holistic and lay conceptualisations of complex concepts (Gardner, 2010; Wyche et al., 2006; Yýlmaz, 2007).

Current conceptualisations of wellbeing are rooted in the earliest meditations concerning the origins of health via balance and life force (Bergdolt, 2008). The earliest civilisations strove to explore those features of physical existence, which went beyond daily activity and fundamental health concerns (Epps, 2014). These were influenced by wider conceptual understandings of the interaction between humans and life-force balance (Bergdolt, 2008; Epps, 2014; McMahon, 2006). These ideas were influenced by deeply forged connections to the natural world, spirituality and the mystical world, and perhaps gave rise to a conscious appreciation of the more elusive condition of wellbeing (Bergdolt, 2008; McMahon, 2006). However, the expansion of the ancient advanced civilisations such as Egypt, Babylon, Mesopotamia and Persia led to health becoming more closely associated with a conscious concern for physical and spiritual wellbeing and happiness (Bergdolt, 2008; McMahon; 2006; Oishi et al., 2015).

In the ancient advanced civilisations, health and wellbeing were widely ascribed as divine gifts which could be negated through daemons or magicians (Bergdolt, 2008; McMahon, 2006). As McMahon (2006) noted, "Eudaimonia thus contains within it a notion of fortune—for to have a good daimon on your side, a guiding spirit, is to be lucky—and a notion of divinity, for a daimon is an emissary of the gods who watches over each of us" (p.3-4). McMahon (2006) and Walker and Kavedzija (2015) corroborate Bergdolt's assertion that in ancient Greece happiness/wellbeing was deemed beyond human agency, i.e. that which is controlled mainly by luck and the Gods.

Oishi et al. (2015) also substantiate Bergdolt's (2008) assessment that luck was considered to be of primary importance in the pursuit and attainment of wellbeing/happiness. This system of belief, which perceived health, welfare, wellbeing and physical form as products of religious faith persisted as the foundation of health dogma into early pre-classical Greece (Bergdolt, 2008; McMahon, 2006; Oishi et al., 2015). However, Greek historians and philosophers increasingly sought knowledge and understanding from the ancient civilisations and began to apply a scientific approach towards health and wellbeing (Bergdolt, 2008). They explored and codified ancient practices and began to catalogue illness and

anatomy in order to conceptualise new ways of thinking about health and wellbeing (Bergdolt, 2008; McMahon; 2006). By the 5th century BC, philosophers such as Democritus, Alcmaeon and Herodotus increasingly contested this pre-historic faith in the mystical nature of health and wellbeing. They introduced and disseminated notions that the concept of individual agency was key in matters of health and wellbeing (Bergdolt, 2008; McMahon; 2006).

These new theories facilitated the development of credible theories of health such as dietetics (Bergdolt, 2008). Proponents were able to establish that individual's poor or inappropriate behaviour resulted in sickness, which could be remedied by lifestyle and behavioural change. A similar perspective was applied to the growing number of wellbeing theories, and thus the connection between personal responsibility and wellbeing/happiness was cemented (Bergdolt, 2008; McMahon, 2006). This theoretical perspective grew in importance and eventually this belief system permeated from physicians and philosophers to lay people (Bergdolt, 2008).

The notion of personal responsibility was not a new idea, however, having been utilised by ancient societies alongside the more traditional understanding of health and wellbeing as a gift to be given or withheld by a higher force (Bergdolt, 2008; McMahon, 2006; Walker and Kavedzija, 2015). This duality is ancient and rooted in both practical and theoretical understandings of how the environment in its entirety influences human balance and harmony. The paradigm of personal responsibility, however, became enshrined in dietetics, a doctrine that emerged to challenge other theories of health and wellbeing. In ancient Greece, dietetics increasingly underpinned many of the cultural understandings of those philosophers preoccupied with the human condition (Bergdolt, 2008; McMahon, 2006). Dietetics as "An exhortation to take personal responsibility for one's health" (Bergdolt, 2008:5) has continued to shape conceptualisations of the intersections between holistic health, wellbeing and human agency (Seedhouse, 2001).

Thus far, I have primarily addressed how ancient beliefs have helped to shape modern conceptualisations of health. This can be seen as underpinning wider notions of wellbeing, as ancients perceived health within a framework which

incorporated a sense of the spiritual, mental and ethereal conditions under which the human species existed (Bergdolt, 2008; McMahon, 2006). The concept and terminology of wellbeing, however, was first documented and widely established during the Greek civilisation (McMahon, 2006; Ryan and Deci, 2001; Tiberius, 2004).

Aristotle pursued understandings of wellbeing through a eudaimonic perspective that is wellbeing as a synonym for equilibrium or harmonious balance in one's life (Ryan and Deci, 2001). Other philosophers such as Aristippus pursued understandings of wellbeing through a hedonic perspective, perceiving it as a striving for personal pleasure and happiness (Ryan and Deci, 2001). It is in this period that history documents wellbeing as having a health-related inflection, a "Philosophical and cultural-historical dimension" (Bergdolt, 2008:33) and a conceptual association with the environment, society and religion (Bergdolt, 2008; McMahon, 2006).

"The assumption that physical and spiritual wellbeing was also dependent on the individual disposition became increasingly prevalent in the course of the 4th century BC" (Bergdolt, 2008:37). However, alternative theories and practices challenged this assumption by suggesting that happiness/wellbeing was "beyond human agency... and highly contingent upon external conditions (Walker and Kavedzija, 2015:8). Aristotle and Plato were influential in establishing limits to the viability of applying the tenet of personal responsibility within health and wellbeing contexts (Bergdolt, 2008; McMahon, 2006). Aristotle and Plato argued that the holistic nature of existence meant that it was also the responsibility of administrative states to manage those elements of human existence which went beyond that which individuals could reasonably be expected to be responsible for, such as the built environment and its impact on wellbeing (Bergdolt, 2008; McMahon, 2006).

5.3.3: Changing conceptualisation of wellbeing and welfare

Attitudes to wellbeing/happiness shifted gradually over time, but accelerated during particular periods (McMahon, 2006, 2006b, 2010; Oishi, 2012; Oishi et al., 2015). Prior to the medieval period, wellbeing aside from that pertaining to physical health was primarily perceived as beyond the responsibility of man (McMahon,

2006; Oishi et al., 2015; Walker and Kavedzija, 2015). McMahon (2006) argued that the historical/linguistic shift in the meaning attached to wellbeing followed a trajectory. This started with wellbeing/happiness as being the province of the Gods, whereby their divine intervention was necessary for humans to experience it. However, as religion replaced mysticism, wellbeing/happiness became attainable through human endeavour (Bergdolt, 2008; McMahon, 2006; Walker and Kavedzija, 2015).

During the Middle Ages, the association between wellbeing and responsibility expanded (Kingswell, 1998; McMahon, 2006; Oishi et al., 2015). In particular, there was a growing sense that monarchs had a duty and responsibility to consider their subjects' welfare (Bergdolt, 2008; McMahon, 2006). The Reformation in the 16th century also heralded a period in which attitudes and approaches to wellbeing/happiness and welfare shifted radically (McMahon, 2006). McMahon (2006) argued that during this period the rise of religious expression, Protestantism and free will meant wellbeing/happiness began to be thought of as something which humans could and should strive for independent from the will of God (Bergdolt, 2008; McMahon, 2006; Oishi et al., 2015), whilst the provision of welfare to the poorest in society emerged as a societal duty (Mokyr, 2010).

The OED (1971) interpreted the term 'welfare' as having two meanings: how well people live, or what is done by others to help those in need. The Poor Law (1598/1601) was the first legislative statute introduced in England to provide welfare for the very poorest in society (Mokyr, 2010). The concept of welfare was, however, well established amongst the population of England, dating back to Anglo-Saxon rule (Mokyr, 2010). However, as attitudes changed and meanings shifted to take account of this, words which described complex ideas also shifted (Bowern and Evan, 2015; Crystal, 2010; Oishi et al., 2015; Ullman, 1962).

 Between 1650 and 1800 the growth of Puritanism, nationalism and desacralisation led to an increase in 'conscientious industry' (Wootton, 2015) and self-improvement (Briggs, 1970, 2000). Politically reformist notions gathered credence and the mercantile interests of society began to perpetuate altered understandings

of prosperity, wellbeing and welfare (Briggs, 1970, 1983, 2000; Schama, 2002; Wootton, 2015). Romanticism, humanism and idealism, for example, were key concepts which began to enlighten the existence of the gentry and mercantile classes (Black and Levy, 1969; Briggs, 1970, 1983; McMahon, 2006; Wright, 2014). Traditionally, philanthropic observances were perceived as enhancing 'welfare'. The concept of welfare was used to envisage assisting the less fortunate to attain a level of existence which went beyond subsistence and a life of abject poverty (Briggs, 1970, 1983; McMahon, 2006; Trevelyan, 1973). Critics, however, argue that this perception of welfare is an overly romanticised view of the situation (Jawad, 2012; Royle, 2012).

Alternative theories attempt to account for the emergence and promotion of welfare in 19th century England (Walsh et al., 2000). These include Jawad (2012), who claimed it is more plausible that religious duty and observance were the driving factors which impelled the more affluent members of society to provide basic assistance to their fellow humans. Other theoretical perspectives include Stone (1984, cited in Gerard, 1987), who claimed philanthropic acts of welfare provision were pastimes or hobbies of the well to do. Martin (1965, cited in Gerard, 1987) argued that the ruling classes provided welfare assistance to reinforce their socio-political hegemony, whilst Bogardus (1922) claimed that unhealthy workers were not productive and the deliverance of welfare acted as a means to preserve the ruling elite's pecuniary interests. Ballas and Dorling (2013), however, noted that "In Britain it was not until the decades after the 17th century European Enlightenment that the focus for understanding happiness shifted to how people actually felt as they went about their earthly lives" (P.467).

5.3.4: The period of Enlightenment

Wellbeing was increasingly perceived as a fundamental criterion for human advancement during the Enlightenment. The adoption and wider dissemination of the term wellbeing emerged during the latter part of the 18th century as philosophers began to question the nature of wellbeing, human existence and the

role of governments and individuals in promoting it (Bergdolt, 2008; Kingwell, 1998; McMahon, 2006; Oishi et al., 2015; Wright, 2014).

Utilitarianism*, "The theory of the greatest happiness of the greatest number" (Briggs, 1970:323), was perhaps the single biggest contributor to the mobilisation and dissemination of wellbeing conceptually in the modern era (McMahon, 2006; Scarre, 1995; Wright, 2014). However, Briggs (1970) argued that "Utilitarianism... has been perceived historically as important in advancing the cause of self improvement and industrialisation but for failing to support the holistic development of human beings in complex societies" (p.323).

Jeremy Bentham (1748–1832) is widely regarded at the founding father of the British Utilitarian movement (Crisp, 1998; Mitra, 2002; Mokyr, 2010; Morgan, 2010). Bentham's 'utility' (usefulness) equated to human 'happiness' or hedonic wellbeing (Crisp, 1998; Ryan and Deci, 2001). Under Bentham, utilitarians regarded society as a collective of individuals who pursued their self-interest and were governed by a government whose purpose was to balance individual and public happiness (Bentham, 1789). Bentham argued that citizen wellbeing should also be the legitimate responsibility of government and proposed that precept hedonic wellbeing should be the fundamental foundation upon which to organise social and political life (Bentham, 1789; Crisp, 1998).

John Stuart Mill's 'On Liberty' (1859) expanded Bentham's position and was an important treatise on those preconditions which were considered necessary for the fulfilment of human wellbeing (Mitra, 2002). David Hume's 'Treatise on Human Nature' (1738) associated utility (wellbeing) with welfare and happiness (Wootton, 2015). John Stuart Mill in his role as an MP and the wider utilitarian movement were important influences on British legislation and policy (Churchill, 1956; Mokyr, 2010; Morgan, 2010).

Utilitarianism challenged the prevailing social and political ethos of laissez-faire, which held as its central tenet that government should interfere as little as possible in the affairs of its citizens (Mokyr, 2010; Schama, 2001). The utilitarian movement strengthened the demands of those who perceived that welfare, or as the

utilitarians increasingly called it 'wellbeing', should perhaps approximate more closely to the notion of wellbeing for the poor as well as the rich (Kingwell, 1998; Scarre, 1995). This emerging opinion was held by people who began to perceive that societal ills such as poverty and ill health were not necessarily a result of lifestyle choices and irresponsible behaviour (Porter, 1994). A more empathetic view of the impoverished and a growing appreciation of the socio-political climate of reform engendered a realisation that social justice was primarily the responsibility of those with political power (Mitra, 2002; Mokyr, 2010; Morgan, 2010).

Thus, the utilitarian movement was instrumental in shifting perceptions of wellbeing from that which was a matter for personal responsibility to that which was also a state responsibility (Kingfisher, 2013; Kingwell, 1998; McMahon, 2006; Oishi et al., 2015). The emergence of the utilitarian movement under Bentham encouraged a shift in how wellbeing was conceptualised. A minority of the educated elite now perceived wellbeing as the legitimate responsibility of government (Crisp, 1998). This normative shift was accelerated by the French and American revolutions (Bergdolt, 2008; McMahon, 2006).

The French and American revolutions disseminated political, philosophical and practical ideals of state responsibility to provide systems of welfare which sought to promote wellbeing/happiness (McMahon, 2006; Oishi et al., 2015; Poynter, 1969; Schama, 2002). The view that humans should be free to strive for happiness was taking shape amongst enlightened industrialising nations (Bergdolt, 2008; McMahon, 2006; Oishi et al., 2015; Wright, 2014). This was to become a major force in western culture with the inclusion of 'The pursuit of happiness as an inalienable right' into the American Declaration of Independence (1776/8) (Easterlin, 1974; Ho, 2005; Oishi et al., 2015; Wright, 2014).•

John Stuart Mill (1812–1890), Mary Wolstencroft (1759–1797), Adam Smith (1723–1790) and Rev Thomas Malthus (1766–1834) were amongst an expanding number whose theoretical treatises illuminated new avenues to explore connections between the nation state, individuals and societal responsibilities (Bergdolt, 2008;

McMahon, 2006; Porter, 1994; Wootton, 2015). These led to ideas and assertions that the nation state had a responsibility for the health and welfare of the individuals who made up its constituent parts (McMahon, 2006; Morgan, 2010; Porter, 1994).

During the Enlightenment, perceptions of wellbeing shifted from that "Best left to the individual to that which is the appropriate purview of government policy" (McMahon, 2006:71). Indeed, Oishi et al. (2015) noted "That the Enlightenment movement of the 18th century shifted the main question from the religious "How can I be saved?" to the secular "How can I be happy?" (Oishi et al., 2015:8).

5.3.5: Wellbeing, self-improvement and shifting normative values

The early 19th century heralded a period in which self-help pamphlets proliferated (Briggs, 1970). Injunctions such as "Heaven helps those who help themselves" (Smiles, 1832; cited in Briggs, 1970:324) reflected the mood of the rapidly industrialising UK. Those in positions of authority promoted self-improvement as a sensible route to improved health, social behaviour and wellbeing, and as a means to inculcate moral fortitude (Briggs, 1983; McMahon, 2006; Walsh et al., 2000). Social enterprises such as the temperance movement, charity schools and reading groups were established with the intention of improving people's minds and spirits as well as their bodies (Jawad, 2012). The rise of individualism (Briggs, 1970) and the work of writers such as Adam Smith and Rev Thomas Malthus supported those who argued that welfare was not the responsibility of the state (Briggs, 1970; McMahon, 2006). There was, however, a growing sense that life should encompass more than mere existence and that life even for the working classes could and should hold some meaning and fulfilment (Briggs, 2000; Bergdolt, 2008; Zanden and Luiten, 2014).

Conceptualisations of wellbeing are interwoven with histories of what constitutes liveable lives. These are culturally bound up within time-related notions of how lives are expected to be lived (Bergdolt, 2008; McMahon, 2006; Walsh et al., 2000). Periods within history have generated quite different notions of previously well-accepted theories of existence (Briggs, 2000; Bergdolt, 2008; McMahon, 2006). For

example, the changing attitudes in the early 1800s towards the practice of slavery were at odds with centuries of accepted practice (Schama, 2001).

Changing normative values like these were dispersed across social boundaries. They encouraged some members of the aristocracy to argue that workers lived and worked in similar conditions to that of some slaves (Birn et al., 2009; Briggs, 2000; Schama, 2002). However, some argue that these progressive views were at this time still uncommon (Walsh et al., 2000). Many people with wealth and in positions of power retained an antipathy towards the working classes (Gunn, 2006; Schama, 2002), whilst evidence documents that in parliament, both political parties (Whigs and Tories) were politically positioned against improving living conditions, extending welfare and/or political representation to the working classes (Briggs, 1970, 1983, 2000; Schama, 2002; Walsh et al., 2000).

However, the extension of the right to vote in the 'Great Reform Bill' (1832) resulted in the new industrial cities winning the right of representation in parliament and the political process for the first time. This gave urban middle-class men increasing participation in the political process and in shaping the cultural ideology of the nation (Mokyr, 2010; Schama, 2002; Walsh et al., 2000).

In addition, the working classes began to form more cohesive groups and organisations to fight against the most repressive conditions (Birn et al., 2009; Briggs, 2000; Clark, 1986; Schama, 2002). Research undertaken by philanthropists, campaigners and reformers such as Edwin Chadwick and Charles Dickens during the 19th century began to change the way people thought about welfare, wellbeing and the nature of people's existence (McMahon, 2006; Walsh et al., 2000). The flourishing industrial revolution and Britain's reliance upon the working classes to maintain it and hence the wealth, power and prestige of the nation (Porter, 1994) became an important political realisation for all classes (Briggs, 2000; Mokyr, 2010; Morgan, 2010; Schama, 2002).

Socio-economic legislation and civic works were undertaken to enhance certain aspects of life, which directly influenced the ability of the nation to maintain its position as a global power (Mokyr, 2010; Porter, 1999; Rosen, 1974). National

policy directives concerned with improving the lives of all citizens became increasingly associated with the targeted provision of welfare (Birn et al., 2009; Rosen, 1958; Walsh et al., 2000). The following four sections will detail the development of welfare provision in the UK and highlight its contribution to shifting conceptualisations of wellbeing across UK society (Stenner and Taylor, 2008; Taylor, 2011).

5.3.6: Welfare

"Man's desire for happiness, health and wellbeing was bound up more closely with the hedonistic striving of the community for 'welfare'" (Bergdolt, 2008:220). Philanthropic ideals of welfare increasingly envisaged human existence as more than survival, procreation and duty (Briggs, 1983, 2000; Royle, 2012; Schama, 2002). Alternative interpretations of the role of philanthropy in shifting conceptualisations of welfare propose that philosophical ideas were far removed from the legislative and practical implementation of welfare (Royle, 2012; Schama, 2002). England's first legislative attempts to ensure some provision of welfare was made available for the poorest in society were the poor laws set out in acts of Parliament in 1572, 1597/8 and 1601 (Webb and Webb, 1927). However, Royle (1987) argued that the poor laws were less concerned with philanthropy and acted as an "Instrument of control in an age of population growth and increasing vagrancy" (p.172). In 1834, the poor laws were amended to ensure that this piecemeal system of welfare was offered only to those whose existence was threatened. This ensured that welfare provision did not support those who could support themselves (Morgan, 2010; Royle, 2012; Schama, 2002).

However, it is generally accepted that philosophical, literary and political debate began to exert an influence on public attitudes towards the provision of welfare and notions of wellbeing (Bogardus, 1922; Kingwell, 1998; McMahon, 2006; Mokyr, 2010; Poynter, 1969). However, there are contentions to whether improvements in "the provision of welfare were primarily achieved through the work of philanthropists and philosophic radicals" (Rosen, 1958:175) or as a result of religious and faith-based bodies (Jawad, 2012).

The social, political and economic legislation of the 19th century did, however, begin to regulate the worst aspects of life for the under privileged. Many argue that this began to encourage a new public perception of the working classes as citizens of the Commonwealth (McMahon, 2006; Mokyr, 2010; Price, 1999; Royal, 1987). There was a growing commitment to raising expectations, access to opportunity and providing welfare to less fortunate members of society (Mokyr, 2010; Morgan, 2010; Royle, 2012). These incorporated ideals such as encouraging citizens to strive for a life well lived so that "Issues of social welfare became tightly connected with issues of the personal well-being of citizens" (Stenner and Taylor, 2008:416).

5.3.7: Beginning of the shift from welfare to wellbeing

The 19th century heralded a shift in the historical development of wellbeing, as it became less associated with the work of classical Greek scholars (Ryan and Deci, 2001). Documentary evidence from the time suggests what could be considered as a meaningful existence, particularly for the working classes, became more empathetic (Briggs, 1983, 2000; McMahon, 2006; Mokyr, 2010; Royle, 2012). It has been suggested that this facilitated a societal shift from providing welfare which supported subsistence living to wellbeing which supported higher human needs (Kingwell, 1998; McMahon, 2006). This is challenged by Stenner and Taylor (2008), who argued that the shift from welfare to wellbeing began with the emergence of psychology as a social science in the late 19th century.

Psychology was first acknowledged as a legitimate science in Germany three years before Bismarck proposed one of the most important and comprehensive rafts of welfare reforms introduced in 19th century Europe (Stenner and Taylor, 2008). Stenner and Taylor (2008) argued that the adoption of psychology and welfare reforms led to a wider concern to conceptualise welfare not only as a social endeavour, but also as fundamentally linked with the wellbeing of individuals. The emergence of state welfare systems led to the adoption and growth of other new scientific disciplines such as sociology, social policy and social administration (Stenner and Taylor, 2008). Within these disciplines the prevailing understanding of social welfare* "Proximally denotes those 'provisions' a society puts in place to

guarantee a minimum level of 'life quality' or 'well-being' on the part of its citizens, then this points to a clear relationship between social welfare and the well-being of citizens" (Stenner and Taylor, 2008: 417/8).

5.3.8: The influence of the welfare state on conceptualisations of wellbeing

It is widely believed that the term 'welfare state' first emerged in the UK during World War II (Finlayson, 1994). The welfare state "Authorises: what services should be provided, how they should be provided, by whom and on what authorisation and the nature of provision" (Staeheli, 2001:179). There are diverse understandings of what constitutes a 'welfare state'. However, at a fundamental level, there is consensus that welfare state institutions and policies are intended to ensure a population's basic needs are met (Walsh et al., 2000).

Originally, the provision of welfare described systems of socio-economic provision implemented during the 19th century (Mokyr, 2010; Walsh et al., 2000). Welfare provided shelter and subsistence-level food, promoted the notion of duty to the monarch and country, and in places offered schooling in religious education (Mowat, 1952; Gunn, 2006).

During the 20th century, understandings of what constituted welfare advanced and the emergence of new political parties, such as the Labour Party and Liberal Democrat Party heralded new ideological principles and pressed for greater state intervention in the lives of citizens (Staeheli, 2001, 2012). This led to increasing socio-economic and political pressures being exerted upon the government to extend welfare beyond its former conceptualisation (Mowat, 1952). Mowat (1952) speculated that this fundamental shift in ideological thought brought into existence the now widely accepted rationale of providing welfare as a social responsibility into the national consciousness (Staeheli, 2012; Walsh et al., 2000). Mowat (1952) argued that the emergence of the 'welfare state' in the UK was in direct response to the need to improve conditions for working people. Welfare provision formed part of "The duty of the state to maintain the wellbeing of all its members by

guaranteeing them a minimum of income and services and insuring them against the hazards of sickness, unemployment and old age" (Mowat, 1952:22).

"'Wellbeing' and 'welfare' are often bracketed together, in particular wellbeing and state-welfare" (Veenhoven, 2000:91). Evidence from other western societies indicates that this may be part of a concerted effort on the part of governments to moderate and control access to the welfare system. In New Zealand, the term "Welfare was withdrawn from health literature because of its underlying association with 'Government Giving'" (Murdoch, 1999:6). This may help to explain why wellbeing is now increasingly used in preference to 'welfare' (Birn et al., 2009; Ferguson, 2007; Kingfisher, 2013; Murdoch, 1999).

5.3.9: From welfare to wellbeing

Froggett (2002) identified the 1945–1979 period as the era of the 'Classic Welfare State'. During this period the provision of societal and individual wellbeing were envisaged as part of the state's responsibility to co-ordinate social welfare (Froggett, 2002; Stenner and Taylor, 2008). During the Classic Welfare State period the coordination of social welfare encouraged governments to measure the impact of welfare policies on their citizens (Froggert, 2002; Walsh et al., 2000; Weir, 1997a). Proxies for a life well lived such as QoL and life satisfaction were increasingly used to measure the efficacy of welfare interventions (Froggert, 2002; Walsh et al., 2000). This meant that conceptualisations of welfare became proximally associated with QoL and life satisfaction (Walsh et al., 2000; Weir, 1997a).

Shifting political dynamics continued to stimulate new conceptualisations of welfare, e.g. 'Social Democratic Welfarism' (Froggett, 2002; Staeheli, 2001, 2011; Walsh et al., 2000). Social Democratic Welfarism predominated under successive Conservative governments from 1979 to 1996 and the 1996–2009 Labour government (Froggett, 2002). Social Democratic Welfarism emerged in response to efforts to shift societal conceptualisations of welfare from the 'old welfare' model towards a new market led and private model of providing welfare (Froggett, 2002; O'Brien and Penna, 1998; Walsh et al., 2000). The adoption of Social Democratic

Welfarism illuminates changing attitudes to welfare, and what it signified within state machinery. It also marks a period in UK history when changing conceptualisations of welfare explicitly mobilised its historical/linguistic association with wellbeing (Stenner and Taylor, 2008).

The following section starts with an international example of governance efforts to mobilise wellbeing within the context of welfare provision by replacing the language of welfare with the language of wellbeing.

5.3.10: A 'welfare to wellbeing' strategy

A 'welfare to wellbeing' strategy was promoted in New Zealand by the Department of Social Welfare to reduce the incidence of long-term welfare dependency (Murdoch, 1999:5). Concerted efforts were made to mobilise vested interests to disseminate the strategy across the nation (Murdoch, 1999). The business sector and media were broadly supportive of the strategy, whilst other government departments adopted it as a "Vehicle for mobilising and focusing efforts" (Murdoch, 1999:7). Other sectors, however, challenged the appropriateness of the strategy, suggesting structural rather than agentic factors were more important in the campaign to reduce welfare dependency and improve wellbeing (Howell, 1997; Robinson, 1997, cited in Murdoch, 1999). The branding and active mobilisation of the concept of wellbeing utilised by a New Zealand state department highlights the utilisation of the WBA in ageing neo-liberal westernised societies (Murdoch, 1999). The WBA seeks to replace the language of welfare with the language of wellbeing, with the stated intention of reducing citizen reliance on what many perceive as overburdened welfare systems (Ahmed, 2010; Ferguson, 2007; Miller and Rose, 2008; Peck, 2013).

This overt approach has not been undertaken in the UK. However, the DoH's 'Wellbeing: Why it matters to health policy' (2014) publication identified that wellbeing is associated with positive health behaviours. Furthermore, it claims that focusing policies on wellbeing "Could reduce the healthcare burden associated with an ageing population" (DoH, 2014:7). Replacing the language of welfare with the

language of wellbeing encouraged a shift in how wellbeing is conceptualised across government departments (Murdoch, 1999; Peck, 2013). During the Classic Welfare State conceptualisations of wellbeing focused on the structural determinants of wellbeing such as economic progress, health promotion and educational attainment (Stenner and Taylor, 2008). Replacing the language of welfare with the language of wellbeing meant wellbeing became proximally associated with strategies which focused on inculcating a sense of personal responsibility and the need to undertake behavioural change (Ahmed, 2010; Peck, 2013; Rose, 1995; 1999; Seedhouse, 1995; Sointu, 2005).

5.3.11: The emergence of wellbeing into the collective consciousness

The World Health Organisation (WHO) is credited with introducing the modern day concept of wellbeing into the collective consciousness (Cameron et al., 2008; Crawshawe, 2008) by focusing on the positive nature of health as the responsibility of all (Seedhouse, 2001; Stewart-Brown, 1998).

The WHO defined health as: "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1946:online). This situates wellbeing within the context and auspices of health, and explicitly takes into account the psychological and social determinants of health as well as the biological determinants of health (Knight and McNaught, 2011). This definition of health, which shifted the parameters of health discourse, helped to propel wellbeing to prominence in policy and planning (Cameron et al., 2006; Knight and McNaught, 2011; Stewart-Brown, 1998).

The WHO is the only multi-national agency which has the power and responsibility for improving the health and wellbeing of the world's populations (Stewart-Brown, 1998; Tones et al., 1990). As such, it is amongst the loudest and most influential of 'expert voices' which have been mobilised to reassert the symbiotic relationship between health and wellbeing (Cameron et al., 2006; Crawshawe, 2008). The current manifestation of the symbiotic relationship between health and wellbeing has existed since wellbeing was first conceptualised in early civilisations (Bergdolt, 2008; McMahon, 2006; Oishi et al., 2015). However, the WHO's endorsement of

this relationship enhanced the conceptual profile of wellbeing (Kingwell, 1998; Knight and McNaught, 2011).

The WHO's power as a universal 'expert voice' has ensured that wellbeing within a social model of health enjoys prominence as an adjunct to health (Cameron et al., 2006; Knight and McNaught, 2011). Since its inclusion in the WHO's universal declaration, wellbeing is increasingly employed by policy makers as a generic term that embraces physical, mental and emotional health (Knight and McNaught, 2011). Wellbeing has also become increasingly prevalent in government policy documents (Knight and McNaught, 2011). Examples include 'Every Child Matters' (DoH, 2003), 'Choosing Health' (DoH, 2004) and 'Health, Work and Well-being – caring for our future' (DWP and DoH, 2005). Similarly, wellbeing indicators are now included in The Public Health Outcomes Framework, the NHS Outcomes Framework and the Adult Social Care Outcomes Framework (DoH, 2014).

The growing importance of wellbeing as a function within society has been widely documented (Atkinson and Joyce, 2011; Atkinson et al., 2012; D. Bok, 2010; S. Bok, 2010; Ferguson, 2007; Seligman, 2009; Scott, 2012a). During the 21st century, the concept of wellbeing transitioned from its position as an adjunct to health and is increasingly utilised as a proxy or holistic indicator of individual and societal welfare (Ferguson, 2007; ONS, 2013; Scott, 2012a; Scott and Bell, 2013). It has also increasingly come to the fore in social policy documentation (Ferguson, 2007; Cameron et al., 2008; Scott, 2012b). The following two sections outline wellbeing in relation to the PRA and the challenges this places on governments and citizens.

5.3.12: The wider application of wellbeing

The latter part of the 20th century and the beginning of the 21st century has witnessed wellbeing join "The pantheon of contested concepts such as democracy, freedom, justice" (Hughes, 1988:33). The wider application and use of the term wellbeing has now become central to worldwide health agendas (United Nations International Children's Emergency Fund (UNICEF), 2009; Organisation for Economic Cooperation and Development (OECD), 2011).

Increasingly, wellbeing is perceived as an active process which concerns how well people function as well as how well they feel (Atkinson et al., 2012; D. Bok, 2010; S. Bok, 2010; Haworth, 2008; Scott, 2012a). Thus, the concept of wellbeing has increasingly been utilised within the PRA. This focuses on promoting the role of citizens as active agents of their own wellbeing, underscored by a call to "Perceive wellbeing as an active process of 'doing' rather than the passive role of 'being' " (Stenner and Taylor, 2008:417).

Dinham (2006) asserted that wellbeing is a power term used in government rhetoric alongside 'community', 'participation', and 'empowerment' to endorse behaviour which motivates individuals to be compliant and dutiful citizens. Whilst it continues to serve that purpose, it will continue to be utilised within governance frameworks which promote more responsible citizenry (Dinham, 2006; Ferguson, 2007; Rose, 1999; Stenner and Taylor, 2008; Scott, 2012a; Taylor, 2011).

Ageing populations and increasing health expenditure consumes an increasing proportion of a country's national revenue (UNICEF, 2009; OECD, 2011). These factors have contributed to increasing injunctions for citizens to help themselves and take responsibility for their wellbeing (Ahmed, 2010; S. Bok, 2010; Ferguson, 2007; Scott, 2012a; Taylor, 2011). Westernised governments has been increasingly promulgated a PRA for wellbeing in the 21st century (Ferguson, 2007; Peck, 2013; Rose, 1995, 1999; Scott, 2012a). This agenda encourages citizens to improve their wellbeing through individual endeavours rather than through the actions of the state (Ferguson, 2007; Fullager, 2002; Peck, 2013; Rose, 1995, 1999; Sointu, 2005).

5.3.13: Challenges of the 21st century

The 21st century faces different challenges to those of the 19th and 20th centuries. This includes diverse aspects such as the globalised economy, global fears concerning sustainability, displacement through ecological and environmental disasters and the dispersal of economic migrants and refugees (Ballas and Dorling, 2013; D. Bok, 2010).

Traditional disciplines long associated with wellbeing such as economics, psychology and philosophy have prioritised wellbeing theories, which fail to take into account ecological conceptualisations of wellbeing (Abdallah and Johnson, 2008; Newton, 2007). This has led to growing criticisms of traditional approaches to wellbeing, conceptualisations of wellbeing and the role of the WBA (Ahmed, 2010; Kingfisher, 2013; Peck, 2013). However, as documented in chapter two, wellbeing research is increasingly undertaken by diverse disciplines such as ecology, social geography, sociology, health and political science (Ballas and Dorling, 2013; Galloway, 2006; Scott, 2012c). The global challenges referred to above are likely to influence global and local conceptualisations of complex concepts such as wellbeing. Those working within ecological frameworks, for example, have sought to develop conceptualisations of wellbeing which recognise sustainability theories (Pickering, 2007). The Millennium Ecosystem Assessment (2003), for example, was developed to provide a framework for wellbeing theorists which contributes to understanding the links between wellbeing and the natural environment (Newton, 2007). The link between wellbeing and sustainability may already be shifting conceptualisations of wellbeing. Sustainability theories argue that current conceptualisations of wellbeing and wider wellbeing discourse ignore the importance of connectivity with the natural world (Abdallah and Johnson, 2008; Berry, 2014; Pickering, 2007; Newton, 2007).

Wilson's 'Biophilia Hypothesis' (1984) (see chapter 2) suggests that human identity and personal fulfilment is dependent on our relationship to nature. This theory argues that wellbeing is not confined to the human need to "Exploit the material components of environment for sustenance (objective wellbeing), but also related to its role in human's emotional, cognitive, aesthetic, and spiritual development (subjective wellbeing)" (Newton, 2007:11). In time, conceptualisations of wellbeing which acknowledge our relationship with nature may replace existing conceptualisations.

Critics of the WBA suggest that in the current conceptualisations of wellbeing there is a tension between individual rights and the wider structural determinants of

wellbeing such as social justice and environmental considerations (Carlisle and Hanlon, 2007; Edwards and Imrie, 2008; Haworth and Hart, 2007; Newton, 2007).

The UK National Ecosystem Assessment (NEA), 2011), however, has been influential in trying to meet the environmental challenge of the 21st century by establishing action for environmental wellbeing within the wider WBA. The NEA argued that WBAs must acknowledge the importance of the environment for wellbeing. "The natural world, its biodiversity and its ecosystems are critically important to our well-being and economic prosperity, but are consistently undervalued in conventional economic analyses and decision making" (UK NEA, 2011:online).

This challenge was taken up by the Department of Environment, Food and Rural Affairs' (DEFRA) white paper 'The Natural Choice: Securing the value of nature' (2011). In this publication, environmental considerations and a connection to the natural environment were reported as key for personal wellbeing. This white paper (DEFRA, 2011) incorporates a new conceptualisation of wellbeing: one which recognises the intrinsic value of the natural environment for health and wellbeing (DEFRA, 2011). Indeed, the report identified that "People cannot flourish without the benefits and services our natural environment provides. Nature is a complex, interconnected system. A healthy, properly functioning natural environment is the foundation of sustained economic growth, prospering communities and personal wellbeing" (DEFRA, 2011:3).

The NEA research was important in promoting approaches to wellbeing, which recognised that one of the challenges of the 21st century is to incorporate the intrinsic connection between people and the natural environment into conceptualisations of wellbeing. Indeed, its research included "A complete assessment of the benefits that nature provides, how they have changed over the past, the prospects for the future and their value to our society... and was the reason for many of the actions proposed in the White Paper" (DEFRA, 2011:7).

At a global level, the South American concept of 'buen vivir' (living well or collective wellbeing) exemplifies changing conceptualisations of wellbeing. Buen vivir has emerged to challenge the centrality of the individual in current predominant

conceptualisations of wellbeing (Kothari et al., 2014; Walsh, 2010). Buen vivir has increasingly promoted ideas that wellbeing is not concerned with the individual, but rather the individual within the context of their community and their environmental and ecological habitat (Kothari et al., 2014; Walsh, 2010). These ideas, built into policy in Ecuador and Bolivia, offer a view of collective wellbeing, a useful counterbalance to the individual focus of wellbeing in the UK (Kothari et al., 2014).

Discursive shifts, which occur during the lifespan of a complex concept, are often influenced by and reflected in perceptions held by people. A local example of this is the notion of what constitutes older people's welfare/wellbeing, which has changed radically in the last century (Jones and Clapson, 2009; Royle, 2012; Walsh et al., 2000). As the population has aged, so ideas about age have changed (Jones and Clapson, 2009; Royle, 2012; Battersby, 1998). During the Victorian period, the societal perception of older people's welfare/wellbeing was proximally associated with notions of morality, sexual abstinence and civic and filial guidance (Briggs, 1970, 1983). Modern societal perceptions of older people's positive wellbeing is now more closely aligned with concepts such as active ageing, volunteering, inter-generational contact and empowerment (Gibson, 1991; Steptoe and de Oliverira, 2012). One challenge of the 21st century is how to manage the growing incidence of mental health problems among older adults, which results in negative wellbeing (Donovan and Halpern 2002; Layard, 2005).

However, "Historical analyses suggest that the health concerns and issues prevalent in a society at any one point in time are defined by powerful groups" (Research Unit in Health and Behavioural Change, 1989:18). Lord Layard, as the UK's Wellbeing Czar, has considerable power invested in his work and it is worth re-iterating that the majority of powerful wellbeing voices in the UK are those from economic backgrounds (King, 2007; Edwards and Imrie, 2008; Scott, 2012c). It may be therefore that the discursive shifts in wellbeing and determinants of wellbeing identified by 'expert voices' are not reflected in the language of citizens (Scott, 2012a; Seedhouse, 1995).

5.4: Summary

This chapter provided a linguistic/historical account of wellbeing in order assess the role of historical/linguistic factors in the mobilisation of wellbeing and whether historical/linguistic factors influence current conceptualisations of wellbeing.

The linguistic contextualisation provided evidence that wellbeing's linguistic status has facilitated its appropriation and mobilisation. In addition to which, wellbeing has a strong linguistic/historical legacy which until recently was relatively underused. This makes wellbeing particularly malleable for the mobilisation of civic behaviour through a diverse range of powerful discourses and rhetoric.

The historical analysis has given us a greater appreciation of the long-standing association between wellbeing and personal responsibility. Additionally, it facilitates understanding that whilst personal responsibility may be considered integral to wellbeing, certain aspects of human existence central to wellbeing require administrative intervention.

The association between wellbeing and personal responsibility is not linguistically explicit. However, wellbeing has a historical resonance which has been utilised to mobilise it within a PRA to facilitate a reduction in state responsibility for wellbeing. The close historical and linguistic association between health and welfare have also contributed to this. Wellbeing retains its connections with health and welfare due in part to the historical and linguistic understandings we are subconsciously aware of. Wellbeing acts as a conceptual bridge between health and welfare, enabling and facilitating its incorporation into modern governance, particularly in relation to health and welfare agendas.

This chapter also assessed whether historical/linguistic factors influence current conceptualisations of wellbeing. The linguistic synthesis explored the ontology and semantic construction of wellbeing and the etymological roots of health, welfare, happiness and wellbeing. This synthesised understandings about associations between wellbeing and its closest linguistic/conceptual terms. The synthesis

suggests the linguistic roots of wellbeing and its closest linguistic/conceptual terms continue to influence modern conceptualisations of wellbeing and its usage.

The historical analysis documented the transition from early conceptualisations of wellbeing through to current conceptualisations. This contextualisation documents the conceptual fluidity and versatility of wellbeing, which facilitates its appropriation and mobilisation across divergent agendas.

However, it is important to note that **"**We must not lose sight of the fact that the inferences we draw from historical/linguistics are necessarily hypotheses" (Epps, 2014:592). Furthermore, it has not been my intention to present the linguistic/historical development of wellbeing as an apparently linear progression. Rather, it is to be hoped that the consistent application of procedures employed to authenticate the linguistic contextualisation and historical analysis offer a well-balanced interpretation and synthesis of the historical/linguistic roots of wellbeing and its conceptual development.

The following chapter documents the findings from the empirical study, which investigated conceptualisations of wellbeing amongst older adults with LTCs.

Chapter 6: Findings: Experiential Conceptualisations of Personal Wellbeing

The order in which the themes are addressed in the following sections reflects the deductive coding process which was used in the semi-structured interview schedule. The findings from the literature review indicated that certain contextual experiential aspects of wellbeing act as important determinants for personal wellbeing. Ageing, health, markers of personal identity and social interaction were all widely recognised in the literature as key for personal wellbeing and were included in the semi-structured interview schedule. For this reason, these four themes are discussed first. The three remaining themes of the natural environment, the built environment and temporal states were also identified in the literature review as important for personal wellbeing, but emerged in more detail from the inductive coding process of the semi-structured interviews.

The seven key themes explored in the following chapter relate to the ageing process, health, personal identity, social interaction, the natural environment, the built environment and temporality. These themes were recounted through participants' narratives of their lives conceptualised in relation to personal wellbeing. Their narratives will help to expand our understandings of how personal circumstances and structural factors interact with and shape what is important to participants' conceptualisations of wellbeing.

6.1: The ageing process

Half of the participants (n=12), thought what was important for their wellbeing changed as they grew older. This led many to report that the ageing process played an important but not necessarily negative role in their personal wellbeing.

> A - As you get older I think what's important to your wellbeing changes, wellbeing is different when you were younger than as a young married couple. When you get over 50 I would say your health is a bigger worry

and finances too because kids always come to the bank of mum and dad. For me now I'm older health and feeling financially ok are probably the most fundamental for my wellbeing. (Jim)

There were some aspects of the ageing process, which participants identified as having a positive impact on wellbeing.

A - By 50 I'd learnt what my strengths and weaknesses were and that's given me more confidence and [pause] it allows me to do stuff I'm good at so I feel like I'm being useful and helpful for my family. (Ivy)

Alison's account of her role as a mother and grandmother was a rich and consistent vein running through her past, current and projected future sense of wellbeing. Her recollections of her past performance as a mother often impinged upon her assessment of her current mothering. This was usually referred to negatively and with a sense of regret and sorrow. However, some aspects of the ageing process had a beneficial impact on her wellbeing. Alison's experience of the menopause meant she no longer felt pressurised to portray herself as sexually attractive to the opposite sex. Concomitantly, she also perceived a decline in societal pressure to portray herself as sexually attractive. Freed from spending time making herself sexually attractive left more time for familial interaction. These physiological, psychological and psychosocial aspects of the ageing process enhanced Alison's maternal confidence. Alison's shift in focus away from the pursuit of sexual validation to her role as mother and grandmother enhanced her wellbeing.

A - I don't feel driven by my urges as I did when I was younger, that urge to be sexually driven, stay slim, look good and be attractive to men....That social mixing has also gradually waned and now my home means more to me...Being able to help my daughter write a thank you letter showed me how important it is for me that I can help my kids...It makes me very proud that they come to me, that's my reward and so it makes me think that whilst I may not have been a great mum early on I've come up with the goods now. I'm giving back and I've grounded their personal development and without that they would not have the lives they have now. (Alison)

6.1.1: Premature ageing

For some the perceived decline in personal wellbeing was attributed to age and/or because of LTCs. This was considered indicative of the ageing process and regarded as a normal or inevitable part of the ageing process. Those participants with conditions which they identified as being part of the natural ageing process, for example arthritis, were not inclined to perceive themselves as having an LTC (n=6). Others, particularly those diagnosed with sudden onset or degenerative conditions such as traumatic or acquired brain injuries (TABI), Multiple Sclerosis (MS) and Parkinson's Disease (PD) felt that their condition led to premature ageing (n=8).

Premature ageing led to a sense of marginalisation and loss of identity through mechanisms such as employment and social activities. These had a directly attributable and detrimental impact on their personal wellbeing, more specifically their emotional, psychological and social wellbeing. Davindra had suffered a TABI and lived in warden-assisted accommodation. This life-changing event had resulted in the loss of his employment and home, both of which affected his sense of self, independence and autonomy. Davindra recounted that his sense of premature ageing and moving to warden-assisted accommodation had prohibited him from managing his own finances, thereby undermining his self-respect.

> A - It's my money but I'm not allowed to spend it as I wish. I'm not a child and it's my money so I should be able to manage my own affairs for my own self-respect...I'm not the same man as I was before and I feel like I've aged ten years at least... I lost my job, my home; my partner as a result of this [taps his head]. I have to live here, no one comes to visit me and I feel lonely and depressed. (Davindra)

Supporting mechanisms such as access to rehabilitation, aids, adaptations, and employment support advice were sometimes cited as having helped participants adjust to the premature ageing process brought on by their LTCs.

Raj had experienced two strokes, which severely impaired his speech. Raj recounted that access to rehabilitation had facilitated improved speech and enhanced his psychological and emotional wellbeing.

A - Doctors did a marvellous job for my mental health. Speech therapy was very good too. I'm a speaker so I need to talk and I couldn't, but through speech therapy I've got my confidence back and now I volunteer at the Sikh centre in Moss Side. (Raj)

6.1.2: Intimacy

Participants consistently identified that companionship, intimacy and sexual intimacy were important but understated components of wellbeing. These were recognised as one aspect of the ageing process which had an important influence on perceptions of self and perceptions of self through societal norms. Gendered differences were apparent in these findings. For some participants the loss of a partner or intimate relationship was associated with the ageing process and reduced opportunities to meet new people. Many participants were able to talk freely about a changing association between their personal, emotional and psychological wellbeing and companionship (n=14), but struggled to articulate their desire for intimacy and sexual intimacy (n=9). This was particularly the case for the male participants. The majority of participants (n=6) who implied or expressed a desire for sexual intimacy were men (n=4). Three female participants reported the ageing process had reduced their desire for intimacy and sexual intimacy.

The sexual self-image of the female participants appeared to be primarily portrayed through the eyes of non-filial others such as neighbours and friends or through societal attitudes. Some recognised this and reflected how this aspect of the ageing process constrained their options for companionship and encroached on their sense of personal and social wellbeing.

A - Being single definitely has had an impact on my wellbeing...being on your own is just more scary [pause] and you're looked at like a second class citizen. You realise that you're going to have make future friends with people who are single... because people see you as a threat. (Alison)

Male participants who were in relationships felt that desire for intimacy and sexual intimacy was an important facet of their personal, emotional and psychological wellbeing, but they struggled to articulate its impact.

A - Since my marriage broke down...I've been living with a woman that I can be close with again. (Tim)

Q – By 'close' Tim, do you mean sexually intimate?

A - Yeah, that side of things hadn't been there for a long time, my wife no longer saw me in that way and it was hard for me, I felt unwanted and didn't feel comfortable in my own home anymore. The woman I'm with now [long pause] it's hard to explain [long pause] but I feel happier in myself again. (Tim)

Sexual intimacy was a delicate matter to discuss in interviews and forms part of my reflections (see Appendix I).

Excerpt from Researcher's Reflexive Journal

I have reflected at length on the difficulties I faced in broaching aspects of wellbeing concerned with sexual self-image, sexual identity and sexual intimacy, particularly with Jim. My relationship with Jim is more formal than my relationship with Alison and starting a conversation about sexual dysfunction and sexual intimacy has perhaps been made particularly difficult because of my original research project. During this project, I spoke with younger men about how their condition affected their opportunity to engage in sexual intimacy. Whilst I found it easier to broach this with the younger male participants than the older male participants, I still felt that this was an area which required a cautious and sensitive approach. I am aware that men with neurological conditions such as PD and MS are likely to suffer from reduced sexual intimacy and that this has implications for their wellbeing and their identity as males, but I struggle to feel comfortable and confident in raising these issues. I have pondered how I might start these conversations with participants, particularly with my co-researcher Jim.

Would he prefer me to ask him face to face, via email, not at all? Would he be happy to talk about these things openly? Would a conversation initiated by me about sexual self-image, sexual intimacy and sexual identity alter his perception of himself or alter his perception of how I 'see' him?

The male participants who were not in relationships lived predominantly in assisted accommodation. Three of these participants believed their LTCs had resulted in premature ageing, which had had a negative impact on their confidence to form relationships, particularly sexual relationships. They appeared reluctant to consider the possibility of forming an intimate relationship and experiencing sexual intimacy again.

> A - I do miss female company but I've got no chance of meeting anyone. (Simon)

Q - Does that affect your wellbeing?

> A - I suppose so yeah, [pause] I try not to think about it but I do catch myself day dreaming sometimes about when I was normal and could have relationships with women [sigh]. That's not gonna happen though so I try not to let myself dwell on it. (Simon)

Simon appeared to employ a coping mechanism, which consisted of refusing to dwell on his past. Associating and confining intimacy with his past helped Simon adapt to his current situation.

Life changing events and life transitions emerged as sub themes within the ageing process. These had a significant impact on older people's sense of personal and emotional wellbeing. Adaptability was perceived as a key faculty helping to anchor wellbeing.

> A - My wellbeing is negatively affected by feeling anxious about paying the mortgage and financial worries. My divorce hit me hard too and it took me a long time to adapt, but once I accepted it I felt able to start thinking about enjoying life again, that I could be happy and satisfied with my life. (Tim)

6.1.3: Transitioning

LTCs, which threatened to foreshorten life, often led participants to reflect upon premature ageing and the prospect of death. Whilst only a minority of participants (n=5) had conditions which were likely to shorten their lifespan, this was perceived

as a real danger to both current and future levels of wellbeing. These participants appeared to lack the resources to cope with this (Lupton, 1996). Jim had been diagnosed with PD for over twenty years and frequently questioned the probability of his continued existence. This led to his apparent pre-occupation with death from complications. To some extent, this had changed his perspective on the ageing process and what constituted a life well lived.

The following extract reveals that for Jim, making a successful transition through the ageing process was by no means assured. His temporal perspective (i.e. a tendency to reflectively project into the future) undermined his sense of present wellbeing. The findings suggest that temporal perspectives, i.e. "Our attitudes about the past, present and future" (Durayappah, 2010:6), may play an important role in wellbeing behaviour.

> A - I think about living as long as possible...at times this year I thought my time had come...I can get morbid about it...and sometimes I dwell on it and get really down thinking I won't see my grandkids grow up. My condition is advancing only slowly but I know that it's the complications from other things that might see me off and I worry about that. (Jim)

The notion of filial support dominated older people's expectations of what could be expected from the ageing process and transitioning into older age. This appeared to be proximally related to ideas of filial responsibility. For many participants (n=9), the notion of relying on their children dominated expectations of making the transition into the next life course stage and this frequently undermined their current and projected sense of future wellbeing. The participants who were still relatively independent felt challenged by envisaging themselves as reliant on their children. This conflicted with their perception of themselves as head of the family, but many appreciated that the ageing process led to changing family dynamics.

> A - As I get older I come to rely on my kids more and more but that's a natural part of things isn't it, I did it with my mum and dad and I'm watching it start to happen now with my daughter and her kids. (Andrea)

6.1.4: Summary

This study identified new areas of interests in relation to the ageing process, personal wellbeing and associations with notions of temporality. Temporal attitudes, perspectives and salience* appeared to act as important filters through which participants experienced the ageing process. Temporality, and in particular temporal perspectives, appeared to act as a conduit through which adaptation to the ageing process and its impact on wellbeing was regulated.

The findings from this research indicated that internalised characteristics such as self-esteem and self-efficacy were important for dealing with the ageing process, LTCs and wellbeing. However, participants also identified structural supporting mechanisms as being equally important. Structural supporting mechanisms, provided through professional services which were easy to access, often facilitated those adaptive behaviours, which acted as ballast for personal wellbeing. As previously documented, life changing events such as the diagnosis of LTCs or marital breakdown substantially affected participants' ability to accommodate the ageing process. These aspects of the ageing process had significant impacts on psychological and emotional wellbeing. The findings from this study indicate that successful ageing and maintenance of personal wellbeing is often underpinned by attitudes towards the adoption of adaptive behaviours.

The findings also indicate that what is important to older people's personal wellbeing changed throughout the ageing process. These changes did not necessarily lead to negative wellbeing. Some participants perceived changes as part of the natural ageing process in what is often referred to as 'The Paradox of Ageing'. Other participants reported that the ageing process increased self-awareness, facilitating an improved sense of psychological and filial wellbeing.

Changing perspectives on companionship and sexual intimacy associated with the ageing process formed a key aspect of some participants' social and emotional wellbeing, particularly for single men and females under 60. As previously documented, gendered differences were apparent. Age also appeared to influence the association between the ageing process, wellbeing and intimate relationships.

Sexual intimacy was more likely to be intimated as important for male participants and younger females. Conversely, females at the older end of the age spectrum appeared more likely to express a reduced desire for additional companionship and sexual intimacy.

6.2: Health

It is important to note that participants were recruited to this study because they had LTCs. Health, therefore was used as a structured prompt to explore the potential intersections between health and personal wellbeing.

Feelings of wellbeing, which changed over time and in relation to health, were often dependent upon a number of factors. These included time of onset, causation, disease trajectory, chronic pain* and manifestation of physical symptoms. Seven participants reported that these factors could often leave a lasting imprint on wellbeing, particularly social, physical and psychological wellbeing. Five participants reported that the chronic pain brought on by LTCs led to feelings of long-term negative physical, social and psychological wellbeing. Fluctuating symptoms throughout the lifetime of a condition (e.g. during times of deterioration) followed by periods of improved wellbeing as conditions stabilised led to feelings of insecurity, which undermined short and long-term wellbeing.

6.2.1: Adaptation

As time spent living with a condition progressed, the majority (n=15) appeared to adapt to the changes which their health needs made to relationships, aspects of daily living, financial circumstances, functioning and sense of personal identity. However, for many, feelings of a reduced sense of personal wellbeing were particularly prominent at onset and/or diagnosis and during periods of condition deterioration. These were often followed by periods of an improved sense of personal wellbeing as people's lives stabilised. This is consistent with 'Set Point Theory' (Lykken and Tellegen, 1996) and 'Adaptation Level Theory' (Brickman and Campbell, 1971,

Brickman et al., 1978). These propose that people tend to adapt and accept their condition over time and revert to previous 'set levels' of wellbeing.

Jim had been diagnosed with PD for twenty years and had learnt to adapt over time to the limitations this placed on his physical and psychological wellbeing.

Q - Is health important to your sense of personal wellbeing Jim?

> A - Well, it depends on the individual, the degree to which it affects their wellbeing, but once you have a health problem you start to think about health more and worry about other areas of your health such as your mental health and health issues which may arise as a result of your underlying health problem. Having a positive outlook on your future helps. (Jim)

Q - Did being diagnosed with PD impact on your personal wellbeing?

> A - You accept what you've got and you get on with it or you don't accept it. I quickly came to the conclusion I'd got it and so I would work around it and I've done that fairly successfully [laughs] those people who remain in denial struggle mentally. (Jim)

However, despite adapting Jim was fearful that PD would result in his premature death. LTCs, which could foreshorten life, played an important part in the everyday prospects of wellbeing. Individuals felt constrained to envisage and accommodate the real and immediate prospect of death and struggled to construct the psychosocial resources which were needed to cope with this (Lupton, 1995).

LTCs which foreshorten life lead individuals to envisage and accommodate the real and immediate prospect of death (Gough, 2005; Hobbs and Sixsmith, 2010; Kuh et al., 2014). The findings suggest that individuals with life-limiting conditions often struggle to construct the psychosocial coping mechanisms to deal with this. Studies such as Hobbs and Sixsmith (2010), Marsh et al. (2011) and Taylor and Stanton (2007) have also observed this. Interpretation of the data indicates the failure to construct psychosocial coping mechanisms may play an important role in undermining short and long-term emotional and psychological wellbeing.

Some participants adopted adaptive behaviours associated with making a successful transition to older age. These included allowing family members to take a greater role in aspects of daily living such as allowing children to cook and clean. Female participants appeared to trade filial assistance by providing emotional support for the wellbeing of their children and grandchildren. Thus, personal supporting mechanisms appeared to enable the adoption of adaptive behaviours.

Structural supporting mechanisms such as access to rehabilitation, aids and adaptations appeared important for facilitating adaptive behaviours.

Interpretation of findings suggests access to supportive services underpinned adaptive behaviours such as having a positive mental outlook. Positive attitudes towards the adoption of adaptive behaviours appeared to minimise the effect that life-limiting conditions had on physical and psychological wellbeing.

A sizeable minority (n=7), however, described experiencing a loss of identity which negated the adoption of adaptive behaviours. This was particularly the case for those who had been diagnosed with an adult onset condition such as MS or lived with impairments resulting from a TABI. The occurrence of an adult onset condition/impairment appeared to be a key underlying factor for those who were maladjusted to ill health. Of the seven participants who did not recount adaptive behaviours, three had been diagnosed with MS and three lived with impairments resulting from a TABI. Two of the three with MS had been diagnosed with clinical depression, whilst all three living with TABI had been diagnosed with clinical depression. Hobbs and Sixsmith (2010) identified an apparent relationship between clinical depression and adaptive behaviours which has an important impact on social and psychological wellbeing. This suggests depression and adult onset conditions exert a substantial and detrimental impact on one's ability to draw upon adaptive behaviours.

6.2.2: Coping mechanisms

The findings indicated that coping mechanisms were used extensively to offset the impact of health on personal wellbeing. Research suggests coping mechanisms are an important way for older adults to offset the impact of ill health on personal wellbeing (Abbot et al., 2008; Cameron and Stuart, 2011; Keogh and Herdenfeldt, 2002; Hobbs and Sixsmith, 2010; Lazarus, 1991). The most frequently reported coping mechanism in this study was refusing to 'dwell on one's past' (n=7). Other common coping mechanisms included using religious faith and spirituality such as attending religious services (n=5), seeking support from fellow believers and spiritual leaders (n=3), using meditation and relaxation techniques (n=3) and undertaking physical activity (n=3).

The existence of chronic pain affected the participants' ability to manage day-to-day tasks, often exacerbating feelings of loneliness and isolation by severely reducing opportunities to engage in social activities. This impacted on physical, psychological and emotional wellbeing and overall quality of life. Three participants described using positive coping mechanisms for pain management. These included relaxation, stretching and deep breathing techniques, physical exercise and meditation. These underpinned adaptive behaviours such as reducing alcohol consumption, undertaking non-weight bearing exercise and adopting healthier diets.

> A - I've got to say I have noticed that I can do more since I've cut down on my drinking, started taking some exercise and am eating more healthily. That's had a knock on effect of feeling bit more positive with life. I don't dwell on the past so much now I'm getting out and about a bit more and I don't feel as lonely as I did. (Raj)

However, the participants identified the need to be able to access additional professional resources to alleviate chronic pain such as a pain management clinics, physiotherapy and complementary therapies.

> A - I'm in constant pain with my arthritis and I take that many painkillers it can't be good for me. Since coming to the centre I've learnt to use some relaxation techniques which have been quite helpful and have helped me cope a bit better with all the day-to-day stuff that needs doing. (May)

The adoption of positive coping mechanisms played an important part in the extent to which participants felt able to maintain their personal wellbeing in spite of declining health. Coping mechanisms were perceived as important in helping individuals accept reduced functioning and modifications required in their lifestyles. The findings suggest that a strong sense of self-image and personal identity were important supporting coping mechanisms for dealing with LTCs in relation to personal wellbeing.

Some participants (n=6) reported that changes associated with LTCs diminished their self-image. This was most apparent in those who had LTCs which were not apparent to others but led to impaired cognitive functioning and those whose conditions had result in impaired communication functioning. These participants frequently withdrew from social contact and social activities. In these cases negative coping mechanisms such as avoidance, prescribed drug taking and excessive alcohol consumption were employed to countermand the cumulative effects of their health.

Research suggests negative coping mechanisms may be particularly detrimental to psychological and social wellbeing (Gale et al., 2014; Hobbs and Sixsmith, 2010; Kuh et al., 2014). The most frequently cited in this study were excessive alcohol intake (n=5), ignoring negative emotions (n=3), prolonged use of licensed drugs (n=3), problem avoidance (n=3) and drug taking (n=2).

6.2.3: Social sequelae of health

Being unable to clearly articulate and thus communicate with others had a considerable negative impact on participants' social and psychological wellbeing. Those with TABI and those with affected speech patterns most frequently conveyed this. For these participants communication issues undermined wellbeing and underpinned their disinclination to socialise in wider society.

Q - Do you find that people struggle to understand what you say?

> A - Yes and it's a common problem for people with head injuries. That's one of the hardest things to adapt to, being able to make people understand you, it's so frustrating and depressing. (Tim)

The social sequelae of health conditions appeared particularly detrimental to social and psychological wellbeing when they undermined characteristics which formed part of participants' sense of identity.

Q - Has your health condition had any indirect impact on your personal wellbeing?

> A - [Sigh] Yes I became less confident, I lost my independence, my self-respect, all of a sudden there was nothing to get up for and I couldn't do much for myself. I've worked hard all my life and I felt like I'd lost part of my identity. (Ivy)

> A - I had stroke twice, I've also been diagnosed now with diabetes and arthritis and I got help and support but went into deep depression, doctors did marvellous job though for my mental health. Speech therapy was very good too. I'd lost my confidence for speech because people couldn't understand me. I was shamed and scared to speak to people and I'm a people person so it was like I'd lost touch with myself. (Raj)

There were a wide range of factors which affected the extent to which becoming ill became a central component of self-identity and impacted on wellbeing. These included access to services, the extent to which participants experienced physical pain and disruption to their daily lives, and the degree to which their ill health was outwardly visible to others. The extent to which participants experienced pain, sleep loss and interference with activities of daily living because of their LTCs varied considerably. These factors were recognised as important in terms of the degree to which having LTCs affected wellbeing.

6.2.4: Structural issues

Structural issues in relation to government health policies and health and social care practices were identified as impacting negatively on personal wellbeing (n=6).

> A - I definitely think this whole government talk around empowerment, choice, responsibility and wellbeing is part of a wider scheme to try and persuade, fool even, people into thinking they should be responsible for improving their health. By making us feel responsible it lets them off the hook so, they don't have to stump up for the services which will help people feel as healthy as possible. I'm a community activist and read the Guardian [newspaper] so I can see through it but if you just watched the BBC news or listened to Radio 2 they might have you believing that the state is no longer responsible for people's health. To be honest it makes my blood boil. (Alison)

There was some variation in people's levels of satisfaction and concerns regarding structural issues, such as the availability of health and social care services. The participants at times drew attention to structural factors beyond their control, which had important influences on personal wellbeing. These included referral and access to services. The majority of participants (n=13) reported dissatisfaction with access to services and service provision.

Q - How could services better reflect your wellbeing needs Brenda?

> A - Since my stroke I received very little physio to help me improve and that really gets me down. I also have arthritis, angina and I'm going in for a cataracts operation on Monday. I think that services should be there to support people's needs, if I'd had more access to physio I would be more mobile than I am now and that has a big impact on my wellbeing. (Brenda)

Dissatisfaction with service was proximally related to the divergence between participants' perceived requirements and what they actually received. The participants recounted the inflexibility of services and commonly spoke about the need to 'fight' to obtain access to resources. Some participants did not pursue claims for resources, such as aids and adaptations, as they had previously found this process unproductive, stressful and detrimental to personal wellbeing.

Half of all participants (n=12) felt that they struggled to obtain the services they required to maintain their wellbeing. This was widely considered indicative of the inflexibility of service providers. Three participants reported that much needed aids and adaptations were not provided, or that the inflexibility of providers meant that equipment was not received until they were at crisis point or when they no longer needed the equipment or had purchased it themselves. Jack, who lived in residential

care accommodation, highlighted what he perceived to be a culture of inflexibility within service provision.

> A – A perfect example of how inflexible providers are is the way they manage care arrangements. Instead of coming when you need them you have to block book visits. So you end up in bed by 7.30/8 o'clock and this is common practice. I've changed my care provider a couple of times and I think I've finally got one that seem prepared to be flexible and will take into account my feelings. I'm lucky though, I used to care for my parents so I know how the system works and I'm able to push for what I want. There are too many in here who don't have the experience and wherewithal and just have to put up with things the way they are. (Jack)

Some participants had conditions, which fluctuated in severity, and this prevented them from establishing a daily routine or structure in their life. In the case of fluctuating conditions, prearranged care packages which were delivered at the same time each day often failed to provide targeted assistance when needed. Many felt that service providers should focus on providing care which was flexible and tailored to meet the requirements of individuals whose conditions might fluctuate in severity on a daily basis.

Some opined that health and social care services failed to address or promote personal wellbeing. Amongst some participants (n= 5) there was a perception that health and social care services focused on health to the exclusion of wellbeing.

> A - This place used to be run by social services and was fully staffed and then they cut the staff down and brought care agencies in...The agencies don't address wellbeing, they focus on your health and managing your condition and that's about it. (Jack)

Q - Is wellbeing a meaningful concept to you Davindra?

> A - Well I wasn't really aware of it till I started talking to you; although I have heard the staff use it sometimes when they talk about putting on communal things like barbeques. But I'm more interested in my health and I would say that the staff here are only really interested in making sure they look after your health; they pay lip service to the other things but that's all" (Davindra)

6.2.5: Acclimatisation

Despite acclimatising to changing health, nearly one third of participants (n=7) reported that experiencing LTCs led to health occupying a more central role in their wellbeing. For many participants attention to health became more important for their wellbeing than it had previously**.**

Q - Has your health become more important to your sense of wellbeing?

> A - I've got a 1 in 10 chance of dying from an aneurism in the next year, but after all that's happened to me in health terms this year my wellbeing is still pretty good. I think everyone is probably born with the resilience to deal with it, it just needs switching on in some people. (Jim)

> A - I never used to really think about my health until I got diagnosed, then all of a sudden it began to consume me and now my QoL is dictated by how well or poorly I feel. (Andrea)

Some who had not acclimatised to their LTCs reported feelings of depression. These participants described feeling that they had received a life sentence, which undermined their daily wellbeing and their projected future sense of wellbeing. This is consistent with the 'Theories of Biographical Disruption' documented in chapter 2. Seven participants reported feelings of depression, six of whom had a clinical diagnosis of depression.

Depression appeared particularly prevalent for participants diagnosed with fluctuating adult onset condition such as MS or living with impairments resulting from TABI. Two of the three diagnosed with MS had also been diagnosed with clinical depression. Two of the three participants living with impairments resulting from a TABI had also been diagnosed with clinical depression. The remaining two living with a clinical diagnosis of depression were stroke survivors. Episodic depression was most strongly associated with a sudden decline in condition.

Others reported the diagnosis of their LTCs resulted in the onset of depression, which subsequently persisted.

Q - Does having an LTC impact on your wellbeing?

A - I can and do get really depressed, just thinking this is it! This is my life! I have nothing to live for. (Silvia)

A - Yes. I get depressed sometimes, especially when I have a bad few days and I'm in pain and I haven't slept. I'm not sure I would cope mentally without my wife; I know I wouldn't cope physically. She makes me laugh even when I feel like crying. I would be lost without her!" (Jake)

A substantial proportion of participants (n=14) reported that services failed to adequately address progressive mental health deterioration. The participants who lived in residential or warden-assisted accommodation appeared particularly inclined to draw attention to the failure of services to adequately address mental health as part of a wider commitment to wellbeing.

The actual configuration of participants' health needs and their health condition played an important part in its perceived relationship with their wellbeing. As noted in the previous section, some perceived their ill health as a sign of the natural ageing process and did not perceive themselves as 'ill'. Others, particularly those with a congenital condition, appeared more likely to perceive their condition as distinct from their health. Concurrently, they also appeared less likely to perceive it as detrimental to their personal wellbeing. This may be indicative of the fact that they had not experienced biographical disruption.

Q - Is health an important part of your wellbeing?

A - My health is good, apart from the odd cold I'm as healthy as the next person, just because I have cerebral palsy people seem to think I must be ill all the time but it's not like that. (Caroline)

A - I don't allow my health condition to be seen by myself, at least as part of my wellbeing. (Sara)

A - Aspects of me are in good health, if you're managing your health condition it will be less of a thing to your wellbeing, it's all about your outlook and managing your condition. (Audrey)

Excerpt from Researcher's Reflexive Journal

Today was really illuminating because whilst I was interviewing X she spoke about her health and condition as being quite distinct from each other. I immediately realised I have been guilty of assuming that because she has an LTC this perforce indicates that she has poor health. However, this assumption is clearly misplaced as X told me that it is a common misconception that her cerebral palsy means she has poor health; in fact, she rated herself as "healthy as the next person". This has really made me reflect upon how many other assumptions I am making are misjudged and the influence this may have on my findings.

Participants' narratives also identified psychosocial factors such as the degree to which their illness was outwardly visible to others as detrimental to their emotional, social and psychological wellbeing. This appeared related to how others perceived them. This was sometimes internalised, affecting self-perception, ability to function and undermining efforts to feel valued as a member of society. Self-perception appeared particularly important to those who had few external symptoms of illness such as a mental health condition or TABI.

> A - Don't really go out now because I feel awkward when I'm out because people stare at me and think I'm drunk because I'm off balance when I walk and I slur my words. They just assume I'm drunk, they don't know the way I am is the result of an accident. It's easier to stay here where people understand the nature of my problems. (Simon)

As documented in the literature review, the social sequelae of people with LTCs has been well researched. The participants who experienced the social sequelae of their condition reported it as detrimental for their wellbeing. Jim's accounts of living with PD were often located around its social sequelae and how this affected his wellbeing. Jim, like other participants, believed that gait and balance problems combined with dysarthria made it appear to those unaware of his condition and/or unfamiliar with PD that he was drunk. This perception undermined participants' self-confidence and constrained social interaction. Research suggests that it is common practice for people who have few or no physical manifestations of illness

to feel that society does not extend them the sympathy and compassion afforded to those with observable physical symptoms (Byrne, 2000; Thornicroft et al., 2007).

6.2.6: Summary

The majority of participants identified that health, and in particular fluctuating health had a considerable impact on their personal wellbeing, especially psychological, emotional and social wellbeing. These were recurring underlying themes, particularly in relation to the extent to which health affected wellbeing.

The findings also indicated that sense of identity and social and structural factors were important supporting mechanisms for dealing with LTCs in relation to wellbeing. The participants documented the need to 'fight' to obtain access to resources. The participants reported feeling disadvantaged in accessing appropriate services as the result of ageism, uncertainty regarding the availability of resources, how to access those resources and how to challenge the refusal of services. These were often mentioned proximally with failure of service providers to provide integrated health and social care services.

The findings revealed that paucity of social compassion for participants with LTCs, particularly those with few or no discernible physical symptoms, led to negative social and emotional wellbeing. For a large minority of participants this led to reduced social confidence and increased feelings of social isolation.

Adaptation, coming to terms with LTCs and the adoption of positive coping mechanisms played an important part in the extent to which participants felt able to maintain their personal wellbeing in spite of declining health. The understanding gained from this study indicated that avoidance, distraction, and disengagement techniques appeared to be associated with lower wellbeing. This largely mirrors the findings of QoL studies such as Abbot et al. (2008), Brown et al. (2000) and Lazarus (1991). Conversely, acceptance was widely identified as an important coping mechanism in efforts to offset the impact of ageing and health issues on personal wellbeing. QoL studies have also identified social support as the most effective

mechanism in helping people cope and adapt to ill health (Helgeson, 2003; Schwartz and Frohner, 2005).

Being able to adapt and/or construct psycho-social coping mechanisms may be more challenging for those with sudden onset LTCs, and/or concomitant psychological issues (Hobbs and Sixsmith, 2010; Kuh et al., 2014). This can be understood within the Theory of Biographical Disruption, which suggests that making the transition from ill health to managing one's health condition is particularly difficult for those who experience sudden onset LTCs, impairment or disability (Hobbs and Sixsmith, 2010; Hubbard et al., 2010).

The notion of health and wellbeing in connection to participants' sense of identity emerged as a recurrent theme underlying participants' narratives. Marginalisation and a loss of identity through socio-economic mechanisms such as employment were reported as undermining personal wellbeing. A more in-depth exploration of personal identity and its perceived relationship with personal wellbeing is addressed in the following section.

6.3: Markers of personal identities

Personal identities are understood within this study to refer to a person's self-definition based on personal ideals and attributes (Ashforth and Mael, 1989). Personal identities are defined by the categorisations to which individuals perceive they belong (Elsbach and Kramer, 1996).

6.3.1: Life aspirations

Societal, filial and personal expectations of what was considered suitable for participants to aspire to appeared to exert a considerable effect on wellbeing. Alison viewed her life-course trajectory as channelled by societal expectations to become a wife and mother in her teenage years. Alison frequently reflected upon her past and her conformity to social norms when discussing what was important

for her personal wellbeing. During these reflections she made unfavourable comparisons between her own life-course trajectory and that of her contemporaries. She reflected that these comparisons continually undermined her current and projected future sense of wellbeing.

Excerpt from Alison's Reflective Diary

I met a friend from childhood recently they are thin on the ground as I left Withington at 16 and never went back. I am really happy to meet up with her, especially as she is such an intelligent woman who came from a family with as many problems as mine but different, she lives in Hebden Vale now. I met up with her a few months ago. It was great! I saw the life I may have had if I had been able to use the opportunity of grammar school, I think about that often, and it gets me down about my life now and what the future holds for me. I flunked that opportunity but I can see why now because I was not well I was bi-polar but no-one picked it up!!!!

This was not uncommon amongst participants. Nearly one third of the female participants (n=4), all of whom had children, identified that failure to fulfil early personal life aspirations undermined wellbeing. This led to long-term regrets, which threatened to undermine projected future wellbeing and future aspirations of personal development. Four female participants reflected that their wellbeing and their children's wellbeing might have been better had they not conformed to social norms and societal expectations.

> A - Sometimes I feel like my whole life has been about looking after my kids and then helping to look after their kids. Don't get me wrong, I love them all to bits but sometimes I think about how different my life and my kids might have been if I'd had waited a bit. I don't think I achieved anything but having kids! See it's different now, but when I was growing up women got married, had kids and stayed at home; that was it. (Ivy)

Social norms and values also affected the range of options participants perceived were available to them, constraining choice and guiding behaviour in a number of

areas including employment and uptake of state benefits. These had profound impacts on economic and psychological wellbeing.

> A - I wanted to be a doctor when I was young, I was bright enough too but it wasn't really a viable option for working class girls back then. So I got married instead and have lived hand to mouth ever since. (Moira)

Q- By 'living hand to mouth', do you mean you have struggled financially?

> A - That's exactly what I mean. It's been a daily struggle to survive at times. Had I refused to kowtow to people I could have lived a comfortable life doing a job I felt called to do. It's still a source of regret; it's made me quite bitter with life. (Moira)

6.3.2: Power and control

Power and control were among the most commonly recorded narratives in relation to participants' personal identity and those conditions which undermined or reinforced a sense of positive wellbeing. The lack of power and control appeared particularly prevalent for those participants who lived in residential care and warden-assisted accommodation. Audrey lived in residential care accommodation. She was one of the youngest participants and lived with cerebral palsy. Audrey epitomised participants with congenital conditions who perceive autonomy and independence as important in their conceptualisations of wellbeing.

Q - How could services better reflect your wellbeing needs Audrey?

> A - Well, things like they should have a residents' representative here at the meetings they hold. Because I've experience of the staff being heavy handed and out of order; I would be a candidate because there have been residents' meetings and they've [staff] wanted to attend. They [staff] won't let you have any power or control over the system, which is wrong, especially as they go on about empowering people and managing your condition. (Audrey)

Those participants who perceived that they had a certain degree of control and power within the power sharing structures in society felt able to negotiate and influence situations and events around them. This reinforced a sense of positive wellbeing. Jim related a story which gave insight into his perception that he was

able to influence the workings of his local council and thereby exert control and instigate action in his community. For Jim, this made an important contribution to his sense of personal wellbeing.

> A - We had a problem with a burst main and no one would take responsibility for it and it was getting everyone on the street down, but as X [Jim's wife] is a local councillor we were able to ring up and get it sorted within days, being able to contribute like that gives me a sense of wellbeing. (Jim)

It is important to note an apparent collective failure on the part of participants to perceive personal responsibility for aspects of their built environment. These aspects were considered the responsibility of local government, and as such beyond the responsibility and control of residents. Interpretation of the findings suggested most participants exhibited little sense of agency concerning their environment. Chapter seven will explore in greater depth the human agency/structure dynamic, which remains widely contested within wellbeing research.

For some participants diagnosis of an LTC had led to loss of employment and a reliance on benefits. This appeared to inculcate a perception that their socio-economic position and sense of identity (i.e. being working-class and claiming welfare benefits) marked them as politically un-important or insignificant. This deficiency of control and power appeared to amplify their sense of disengagement from power sharing structures in society. Many participants (n=11) reported feelings of resignation towards their current situation and a perception that there was little or nothing they could do to improve their position in the political process. Research such as Diener and Suh (2000), Ryan and Deci (2001), Ryff (1989a,b) and Ryff et al. (2006) consider agency a key facet of psychological wellbeing. The majority of participants, however, displayed little sense of purposive agency. In much the same way as autonomy and independence, agency appeared to be superfluous in their conceptualisations of wellbeing. This was particularly so for those diagnosed with clinical depression (n=3), those with TABI or MS (n=6) and those at the older end of the age spectrum, i.e. those over 70 (n=4).

Audrey lived in residential care accommodation and recounted long-standing problems with her introductory tenancy agreement.

> A - My tenancy has been threatened a few times because of my relationship with the staff. I feel powerless and threatened and it's not just me. X, Y and Z [fellow residents] have also been threatened with eviction because they refused to be bullied by staff. (Audrey)

Audrey and three other participants reported issues around tenancy insecurity and voiced concerns their tenancy agreements would be revoked. This was a source of negative wellbeing, which impacted daily on their psychological and emotional wellbeing. There was a strong perception that residents' sense of power and control was undermined by the fear of losing one's tenancy. In addition to which, it was perceived as a tool to curb or manipulate particular behaviours.

> A - I worry constantly they will take my tenancy agreement away because it's not permanent. I didn't know that when I moved here, otherwise I wouldn't have moved in. The worry of it stresses me out every day and really gets me down. (Jack)

> A - They are trying to control me by hanging this over my head [tenancy agreement]. Sometimes X [a member of staff] will tell me to behave or quieten down or else I will be evicted. Things like that can make or break your day when you're stuck in here all day. (Silvia)

Those participants who owned their own property (n= 6) appeared more likely to feel that they were directly involved in power sharing structures. For men this tended to relate, but was not exclusive to the exercise of power within wider society (n=3). For female homeowners exercising power and control was recounted in relation to their living space (n=3). The following extracts convey the contrasting experiences revealed in relation to exercising power and control. Homeowners reported that being free to control, adapt or change their living space was particularly important for their physical and psychological wellbeing.

> A - We own our house and so I feel like we have some control over our home environment and neighbourhood. Having that control and respect makes life easier because you know you can go ahead and change things

without having to get permission or wait till the council can afford to do the work like some people I know. It's important to have respect, it's part of wellbeing. (Jim)

Some participants felt that they had little recourse to power sharing within society. This appeared particularly endemic in participants who were not homeowners. Those participants who lived in council-rented, residential or warden-assisted accommodation felt constrained by the strictures which living in council accommodation placed them under.

> A - Since my stroke it's been a real struggle to get around the house. I've requested a new bathroom so I can get in it with my walker but I've been waiting forever, same with the ramp and the handrails. See your age goes against you. (Delphine)

Alison frequently used emotive vocabulary such as 'appalled', 'devastated' and 'resentful' in reference to her lack of power and control. This was an ongoing source of negative wellbeing. Alison's feelings of negative wellbeing and the concomitant negative emotions this engendered gave rise to feelings of anger, frustration and antipathy towards members of her family and community. These feelings significantly affected Alison's sense of psychological, emotional and social/community wellbeing.

> A - I get so angry sometimes and annoyed with my family and neighbours because they can't understand why that makes me so down, feeling powerless and depressed, but feeling powerless when all the talk is about empowering people and communities to take control of their lives makes me so angry. (Alison)

> A - I often feel powerless...I want to help older and more vulnerable members of the community to be involved and be listened to and to have their opinion heard. They should be treated with the respect they deserve, the respect we all deserve. (Alison)

Some participants articulated a strong sense of community (n=6). For them access to power and influence was not solely concerned with personal power or identity, but was concerned with enabling a network of power. They considered this network to be a key driver of community wellbeing, helping communities to nurture and support each other and live according to their own principles.

> A - Personally I am powerless....Without the input of professionals, I would have struggled to get what I'm entitled to but being Jewish and having that strong community support is priceless. The Jewish community is quite influential here. (Andrea)

6.3.3: Prioritisation and allocation of services

Disenchantment with the way local and national services were prioritised and allocated was widely articulated in participants' narratives. Geographical disparities in the way resources and services were funded within the local community were commonly perceived as reinforcing cultural, class and socio-economic divisions. Thus, participants' personal identities were illuminated by those personal ideals attributed as consistent with their class/socio-economic position. Personal identity categorisations indicate how one is distinct from or similar to other in-group members. Social identity categorisations indicate group distinction and how this compares to other groups (Brickson, 2000). Whilst participants associated themselves as recipients of older adults' services, they also identified the differences which existed within the provision of services for older adults. The following quote illustrates in-group identity and out-group perceptions.

> A - It's better for people in Trafford because it's a middle class area, they're posh people and so they've got more stuff and got more facilities. (Ben)

Participants were particularly likely to highlight that the lack of services and opportunities afforded to people from poor working-class areas undermined wellbeing. The participants from affluent predominantly middle-class areas also noted that institutions perceived as middle class such as the 'Women's Institute' and 'Joan and Derby' clubs provided them with social interaction and community support, both of which were important for social and community wellbeing but which were not available in poorer working-class areas. The perceived differences in services and resources were also highlighted with regard to different areas of the city. The participants from South Manchester, even those from poorer working class areas, felt their wellbeing was enhanced by their access to services and resources not available to those in North Manchester. This was endorsed by participants in North Manchester who felt their wellbeing was undermined by having fewer resources and fewer services than people living in Central and South Manchester.

Some participants were acutely aware of what they saw as the unfair allocation of services and resources. The participants generally perceived that those of a higher socio-economic standing benefited more from service provision aimed at improving wellbeing than those in poorer areas and communities. Proximally related to allocation was the participants' perception of cuts to welfare provision, which was firmly located within the parameters of government responsibility and perceived to be beyond the influence and control of most participants.

> A - The Council used to do more but I suppose times are getting hard and there is less money to go round. I think it's wrong though that the poor and the old always seem to draw the short straw. My husband and I worked all are lives and paid our dues but when it comes to our time when we need a bit of help and support it's not there. It's like we were sold this dream of being looked after 'from the cradle to the grave'! Ha, [grimaces] you've gotta be kidding, I mean so many people I know can't afford to put the heating on in winter and the winter cold payment is laughable. Decent food, especially meat is so expensive now and our pensions [puffs cheeks out] well they just about keep your head above water, I'd be snookered if it wasn't for my daughter's help. (Brenda)

6.3.4: Cultural and group identification

Narratives, which addressed local and national politics in relation to wellbeing, were often referred to in terms of structural and social factors beyond an individual's control. These were often specifically concerned with decisions to provide or maintain service provision for some groups in society whilst failing to provide for others. This resulted in some participants (n=5) feeling that they lacked agency, power and control within the political process. The participants in general exhibited little signs or narratives which identified a sense of agency. The participants who identified themselves as working class appeared to feel that their position in society had been subsumed by the arrival of minority groups. These groups were perceived as receiving preferential treatment and access to scant resources by those wielding political power.

> A - The thing is if I was lesbian say or Muslim or a refugee the Council would make sure I got the support I need; there are services available to them and

that's what's unfair. Those in power decide where to spend the money and there is nothing I or anyone else can do about it. (Tim)

Cultural differences and group identities were identified by some participants as important factors which underpinned differentiations of what might be considered important for wellbeing.

> A - I think there are so many different aspects to wellbeing that come from cultural differences or religious differences that it makes little sense in a multi-cultural society like ours to try and define wellbeing. (Raj)

> A - It's impossible to define wellbeing and so I wish you good luck. Everyone has a different slant. It's probably 90% core wellbeing and the rest is individual, unique, but there is probably so much variation within that 10% that you couldn't pin it down if you wanted to. (Jim)

Jim had been involved in researching wellbeing as a representative on the 'Valuing Older People Committee' and had written a wellbeing article for their newssheet (see Appendix P). The excerpt below reveals how Jim perceived cultural and group identification as having a strong interaction with wellbeing.

Excerpt from Jim's Reflexive Diary

I was thinking about culture and wellbeing and I have decided that I don't think wellbeing affects culture but I think culture could affect wellbeing. So in terms of culture I feel a culture connection to people who live in same region of world, have a similar skin colour, similar earning power, same religion, same traditions, same moral values and treat others as equals. I don't think it makes sense though to try and define wellbeing which is relevant to everyone although of course there are things we all want for our wellbeing regardless of our culture, such as love, health, friendship, family. In some cultures though wellbeing is about the collective good whilst in western cultures it's more about the individual and I think things like that make it tricky if you're trying to define wellbeing.

Jim regarded wellbeing as a complex and multilayered concept, which was influenced to a significant degree by historical and cultural legacies. For Jim this meant that in multi-cultural countries such as the UK there were likely to be significant socio-cultural group differences in what was considered important for wellbeing.

Andrea had been diagnosed with cancer, kidney failure and diabetes, and was in poor health. She was proud of her Jewish heritage and felt that her cultural attachments were an important source of emotional wellbeing. Intergenerational contact facilitated through the Jewish community enhanced her sense of social and community wellbeing. These in turn helped alleviate the loneliness she felt living alone. For Andrea, her ability to cope with her failing health was strengthened through her sense of community and social wellbeing.

Q - So, is a sense of community important to your personal wellbeing Andrea?

> A - Yes, because we look out for each other. Now and again, I meet up with friends and family at the synagogue and it's nice to watch the next generation coming through. I have some friends who aren't Jewish and they don't have the same bonds we do. We have a different culture and we live by our own strong sense of principles. (Andrea)

6.3.5: Respect/disrespect

Respect and/or disrespect were important sub-themes, which emerged in participants' narratives as having an important bearing on levels of personal wellbeing.

Participants' perception of ageism, experienced in particular as the inequality of access to resources, was reported by the four participants aged over 70. Being considered old appeared to have been assimilated into these participants' personal identities. This was often narrated proximal to the disrespect which participants perceived modern society assigned to older people.

> A - As an old person I feel invisible, like I don't count anymore. I used to be very outgoing and outspoken but now it's like my opinions count for nothing. (Jenny)

Alison reported that council housing employees routinely displayed a lack of respect towards her and her fellow residents. This damaged her sense of self-worth and sapped her psychological and emotional wellbeing. The following extract from Alison's reflective diary helps to contextualise how feeling disrespected undermined certain aspects of Alison's personal identity.

Excerpt from Alison's Reflective Diary (2009)

My immediate neighbour moved out, after she had gone her smoke alarm was beeping. After the first weekend of it bleeping every 30 seconds I called housing repairs. No one came. I then reported it to the manager...Now 1 month has gone by, every night when I went to bed, usually feeling relaxed and happy I'd hear it bleep and my heart and stomach would drop into a miserable feeling, of feeling worthless, that I didn't matter in the scheme of things. Although the housing manager is ok, I sense no respect for tenants.

Many participants felt that those with power or in positions of authority must be challenged in order to obtain respect or control from them.

Q - Why don't you think the staff are respectful towards you Audrey?

A - Oh they can be when they want, when it suits them, but it's more for show. I don't think they don't have any respect for us. I've had dealings with social services for years, they're cute to your face but behind your back! They have all the control and I wouldn't tell them anything really. (Audrey)

Some participants (n=6) felt that being treated respectfully by professionals, young people, family members, friends and wider society underpinned their sense of personal identity. Concurrently, these participants reflected that it was also important to show respect and behave respectfully towards others. Mutual respect was seen as helping to reinforce social cohesion and community wellbeing.

6.3.6: Autonomy and independence

Autonomy and independence were also amongst the most commonly recorded narratives and were a rich and consistent theme throughout participants' narratives. For a significant number of participants, however, autonomy and independence were regarded as redundant concepts as their LTCs meant they were reliant on others to assist them with the most basic activities of daily living. The findings suggest that current policy and practice orientations towards independent and autonomous decision making may not reflect the desires of those living with LTCs. The participants, especially those living in residential or warden-assisted accommodation (n=5), indicated that the level of control they wished to exert over the decision-making process was not consistent with those promoted by policy and practice. These participants felt dependent on others and did not feel capable or sufficiently able to make decisions, especially decisions related to financial budgeting. In these cases, many felt that the professionals with whom they had a relationship were best placed to make decisions on their behalf.

Three male participants aged 60 or under, diagnosed with adult onset conditions and living in residential or warden-assisted accommodation felt that autonomy though important was difficult to operationalise. These participants felt that a sense of autonomy and agency was difficult to articulate. This was symptomatic of the restrictive nature of their condition and their dependence upon others.

> A - After getting MS I lost my confidence and I would like to be more independent but... (Shawn)

Q - Have you asked your care manager if you can live more independently?

> A - I wanna see how I get on here first because I do need a lot of support and I don't want to make a hash of things and have to come back here with egg on my face. (Shawn)

A significant minority of older participants (n= 6) believed that their LTCs meant they had neither the opportunity nor capability to choose, and thus autonomy was a superfluous concept for them.

> A - A lot of things like autonomy and independence, which they [centre staff] talked about in relation to wellbeing, well a lot of people don't have

them so it makes no sense to consider them in relation to our wellbeing. (Delphine)

Conversely, autonomy and independence were not considered redundant concepts for those at the younger end of the age spectrum. The participants at the younger end of the age spectrum with congenital conditions which restricted their independence (n=3) and who were to varying degrees reliant on others appeared less likely to perceive autonomy and independence as redundant concepts. As documented in chapter two, adaptation and biographical disruption theories have been used to explain this phenomenon.

> A - I enjoy living independently, I've got the support of the carers so I can do more for myself here but more importantly I've made friends with others who live here and it gives me a sense of control knowing that we have some choice in what to do with our time and that I've got people to socialise with. (Sara)

> A - I always wanted to be able to go out and meet new people and mix more but I never had the opportunity until I moved here. I think helping people to live in their own flat but also to have others in the same boat living alongside you has been the best thing to happen recently. You talk with some of the older ones and they've spent all their lives in institutions and so they don't really know how to do things for themselves and that saddens them, it's sad to see really. (Caroline)

The findings suggest that those participants with a congenital condition had often made necessary life adjustments and were physically, mentally and emotionally adapted to managing their condition. As a result, they appeared more likely to value their own sense of self and autonomy in the decision-making process. This did not extend to overall control of all decisions, as the role of professionals in critical health-related decisions was valued. However, the majority of participants, especially those with mobility issues, wanted more control over decisions concerning activities of daily living such as shopping and eating.

6.3.7: Financial considerations

The majority of participants' (n=17) identified that their sense of personal identity was intimately connected to their financial situation and their economic wellbeing. The participants often drew attention to structural factors beyond their control that affected the form and quality of family relationships. Being able to financially provide for loved ones and earning one's own money underpinned participants' self-respect, self-worth and self-esteem. Men in particular reported that a key feature of their economic wellbeing was having the freedom to manage their own financial affairs. Financial management, financial stability or financial anxieties played an important role in how they perceived themselves. The opportunity to provide financial assistance to one's descendants was consistently identified by those men with children when conceptualising and articulating what was important for their personal wellbeing.

> A - Having financial security and savings means we can help the children out with things before we die. The pleasure and satisfaction I get from being able to help them is a big thing for my wellbeing. It's nice to be able to take the worry off them before you're dead. (Jim)

Male and female participants indicated that financial concerns underpinned their economic and personal wellbeing. This was often proximally related to the day-to-day pressures to provide for those material effects which form the foundations of living beyond that which constitutes living on or below the poverty line.

Q - Can you think of any examples of how services can better reflect the wellbeing needs of older adults with LTCs?

> A - They could take us out more, on trips and things. I've not been on holiday since my husband died because I can't afford it so I would love to go on holiday. It wouldn't have to be abroad or anything, even just to Blackpool or Southport for a few days, it would give us something to look forward to and a chance to do things we wouldn't normally get to do. (Brenda)

For those who struggled to afford necessities, such as warm clothing, adequate heating and decent food, the resultant continuous worry, anxiety and strain undermined economic wellbeing.

> A - The financial security of having a phone so I can check on X's [grandchild] welfare is paramount to my wellbeing. A lot of my wellbeing is practical, about being able to afford stuff, for example, decent warm clothes, etc, the things that have always been a problem. Car boots and charity shops help my wellbeing. I can get gifts/toys for the children, makeover the house, etc. All the things that others take for granted and buy new. I always felt bad about not being able to buy much for the kids so I feel better now it is easy to pick bits up. Definite wellbeing when I find nice winter coats for myself, daughters or grandkids for £2! (Alison)

The majority of participants believed different people had different financial requirements and what was sufficient for one might not be sufficient for another. In addition to which, the majority of participants disclosed that whilst money was important for economic wellbeing it should not necessarily be perceived as underpinning wellbeing. Argyle (2002) and Ballas and Dorling (2007) reported similar findings.

> A - Youngsters nowadays think it's their right to have a television in their room, and the newest mobile phone and computers. When we were kids, we had none of those things but we were happy playing hide and seek in the park, or climbing trees or whatever. I blame the media; they've put these ideas in their heads, that and the pop stars and footballers who have ridiculous amounts of money. All kids seem to want now is fame and fortune and they can't seem to take pleasure in the small things in life like we do. (Ivy)

Q - Do you think the media and advertising influences what is considered important for wellbeing?

> A - Oh, yes. Advertising definitely does impact on and influence your wellbeing. (Ivy)

A number of participants suffered financial hardship and difficulties after being diagnosed with LTCs. This was usually the result of losing their employment and becoming financially reliant on state benefits. This had a long-term damaging impact on their personal identity and an associated negative impact on their economic and personal wellbeing. The participants identified that these effects on

personal wellbeing were diverse and varied in intensity and duration. These included financial hardship, a reduced sense of pride, self-esteem, depression and social isolation.

> A - I'm not the same man as I was before and I feel like I've aged ten years at least. Things I used to be able to do without thinking about I now struggle with. I've lost my job, X [partner], my boys and all my mates. I have to live here, no one comes to visit me and I feel lonely and depressed. (Davindra)

Jim lost his employment after being diagnosed with PD but received a comfortable pension, which gave him a better standard of living than previously.

> A - The fact that I'm secure in financial terms makes it easier for me to deal with things that life throws at me. I'm now better off not working so it's become easier to live. I may get depressed sometimes and at times, this year, with having 2 serious operations my wellbeing has taken a bit of a dip but the fact that I'm financially secure has acted as a ballast for my wellbeing. It's definitely one of the pillars of my wellbeing. (Jim)

However, the majority of participants who had lost their employment spoke of becoming financially compromised and struggled to make ends meet. This had a considerable negative impact on their personal identity and wellbeing. The loss of income resulted in a reduced sense of purpose, self-worth and self-fulfilment. In addition to which, financial constraints reduced the opportunity to engage in activities outside the home, undermined opportunities for social contact, interaction within the wider community and was detrimental to social wellbeing.

> A - I lost my job and it just really hit me, after twenty odd years of working suddenly I was stuck in the house all the time and to make it worse there were no women in the house and I missed that female companionship. I was lucky that the nurse sussed what was wrong and encouraged and supported me to get out of the house and use the community centre to meet people. (Ivy)

Adaptability to changing circumstances frequently arose in the participants' narratives and was often perceived as an important mechanism for underpinning one's identity and encouraging positive thinking. Some participants, however,

appeared to have struggled to adapt to changing circumstances throughout their lives and referred to events in their past which continued to exert a significant influence on current levels of personal wellbeing.

> A - The more I think about it the more I think that there were 2 periods in my life which impact most on my wellbeing. The AA [Alcoholic Anonymous] and going to secondary school. My life changed at 11 because I went from having an authoritarian school environment to a school which lacked any of that planned, laid out structure. Nobody at school noticed that I wasn't engaged or that I wasn't able to deal with the school situation because I was bi-polar; if they had I might have been able to make the most of the opportunity I had going to grammar [school]. (Alison)

6.3.8: Summary

Markers of an individual's personal identity are intertwined with an individual's sense of personal wellbeing, but structural issues were judged more pertinent to an individual's sense of personal wellbeing. Power and control, and more specifically their deficiency, were amongst the most widely cited aspects of participants' personal identity identified as undermining personal wellbeing. These appeared to amplify participants' disengagement from power sharing structures and intensify a sense of alienation from the political process.

The findings suggest that lack of power, control and disengagement from power sharing structures are important for personal wellbeing. The findings indicated that these were of central importance for participants' psychological and emotional wellbeing. This was particularly the case for participants who lived in residential or warden-assisted accommodation and felt particularly disempowered.

It is important to note that feeling respected was consistently identified by participants as an important aspect of personal wellbeing. Respect, however, was rarely explicitly associated with notions of self-respect. The participants appeared to demonstrate little sense of agency in this. Respect did not appear to be contingent on self-respect, but rather was perceived as facilitating community and

cultural cohesion and intergenerational appreciation. Being treated respectfully was perceived as symbolic of valuing participants' membership of society.

Autonomy and independence were also identified as important markers of an individual's personal identity and wellbeing. For those with adult onset conditions, autonomy and independence were often felt to have been compromised through the loss of employment. This frequently resulted in financial hardship, which further undermined personal wellbeing through mechanisms of personal identity. For those with debilitating LTCs, which meant they were reliant on others, autonomy and independence, agency, choice and control were considered redundant concepts. Autonomy and independence, whilst often being perceived as redundant concepts were, nevertheless, considered important in participants' conceptualisations of wellbeing. Autonomy and independence were often perceived as being linked to the accessibility of forging meaningful social relationships; sense of belonging; place in society; freedom and capacity to be involved in decision-making; and being able to participate in society. The relationship between wellbeing, social intercourse and social isolation is explored in the next section.

6.4: Social interaction

For many participants, narratives relating to social interaction, supportive networks and filial affiliation were routinely articulated when formulating conceptualisations of what was important for personal wellbeing. This was often proximally related to the sense of security they promoted.

> A - For me, wellbeing is knowing that my family is here for me, that they are safe and happy and well, like my granddaughter who comes and cooks for me every night. (Ivy)

Q - Why is that important for your personal wellbeing Ivy?

> A - Well Jo, I would be lonely if it wasn't for my family...I live on my own and don't get out much so I feel safer knowing that she will be here in the evenings. (Ivy)

Having a network of supportive people was vital for social wellbeing as those who felt isolated tended to report poor levels of personal wellbeing. The ability to access community centres and day-care centres reduced feelings of isolation and depression and were seen as essential for social wellbeing.

Conversely, without social contact participants experienced a sense of loneliness*, social isolation* and increased levels of depression. The majority of participants identified that kinship and ties of affiliation were fundamentally important to their social and personal wellbeing. For many this involved playing a strong matriarchal or patriarchal role within their family, as typified by Alison.

> A - Having a home that's hospitable is important that I can be hospitable in and have the wherewithal to put my family up comfortably in, to have enough bedding and beds and the space and peace for them to feel happy here. I personally would not be happy if I didn't have enough space. I know that my son can come and stay here with his wife and feel happy and not worry about his car being stolen or having to go out and face rowdy kids making noise and trouble like in my old place. That's mega important, knowing I have somewhere my kids and grandkids can come and stay because it means you can give back to your family and it's not always them doing the giving. This is good for family dynamics and relationships and the wellbeing of myself and my family. (Alison)

Q - How important is your family for your wellbeing Jenny?

> A - Oh very important, some of them in here never get to see their grandkids, not like in our day when you saw your gran and granddad all the time. Young people and old people don't mix much now which is a shame really. I'm not well off but I love being able to get my grandkids little gifts and see their faces light up. (Jenny)

Male and female participants both commonly reported a deep desire to engage in greater intergenerational inter-action with young people. This was commonly expressed through narratives, which revealed that their social wellbeing was undermined by what they perceived as a generation gap within social networking systems. Thirteen participants reported negligible contact with young people. The paucity of intergenerational inter-action was deemed detrimental to social and personal wellbeing. Furthermore, this generation gap was prominent amongst families and wider society. The participants talked frequently about modern family

life, which meant that older and younger relatives rarely socialised together or lived together in extended families. Half of all participants (n=11) felt they were less actively involved in helping to shape their familial and community life, and existed on the periphery of family and community life. This had a detrimental impact on personal, social and community wellbeing.

6.4.1: Filial legacy

Male and female participants both commonly reported a deep aspiration to bequeath a legacy for their descendants. For many of the participants, contributing to a filial legacy was key for personal wellbeing and appeared to impart a strong sense of social wellbeing. Although people had different ideas about what that legacy might be, their commonality was that they experienced a deep sense of wellbeing from their motivation and efforts to provide a legacy for their families. Female participants were more likely than male participants to talk about personal wellbeing in relation to filial connections. For example, personal wellbeing was frequently reported as negatively affected by concern for children and grandchildren. It was positively affected by enhanced social wellbeing through female companionship and greater interaction with family members. For female participants, this tended to be expressed in terms relating to their role in nurturing their children and grandchildren in order to facilitate their emotional growth and personal development.

Q - Can you explain Jenny why 'feeling like you're still part of things' is important for your personal wellbeing?

> A - [Sigh] Erm [pause] no one wants to think they are a spare part Jo. It's good being able to read to my grandkids and sometimes I can even help them figure out things that are worrying them. Knowing that I'm being of some use and that I am contributing to their values and how they behave adds greatly to my wellbeing. (Jenny)

For the male interviewees, filial legacy tended to be expressed in terms relating to their role as financial providers.

> A - My family is the most important for me. I suppose I grew up thinking a man's role is to look after his family and I've always tried to be a good husband and father. Losing my job undermined that because I was no longer the bread winner, suppose it hurts my pride that I can't help the kids as much financially as I used to do. (Tim)

Jim's patriarchal role within the family was a rich and consistent vein running through his narrative and entwined in his current and projected future sense of wellbeing (this will be reported in greater detail in the 'Temporality' section).

When reflecting upon his family, he reported that being perceived as a good family man by his peers gave him a keen sense of personal wellbeing.

Analysis suggests the notion of filial legacy dominated participants' expectations of the transition to their next life-course stage. This appeared to be proximally related to preparing for a time when they may become physically reliant on family members. Thus, family support mechanisms become fundamental for ongoing wellbeing and the wellbeing of close family members. Undertaking a matriarchal or patriarchal role acted as a significant contributor to feelings of positive personal wellbeing for many. However, at times it was also perceived as having circumscribed personal development. There was a complex interaction between filial proximity and wellbeing, with family support contributing to both negative and positive wellbeing. It was clear that for many participants the family was their primary source of support and care. It was also apparent that this support was not always freely given or could be taken for granted. This could lead to a sense of apprehension and negative wellbeing.

> A - Living with family may be good in that you're looked after, but may be bad in that you lose your financial independence. Your family may come and bring you food but if it's not to your taste and you fall out because of it then what looks like something which should be improving your wellbeing is actually having negative effect on it. (Jake)

6.4.2: Participation in society

Participation in society appeared to be proximally related to social isolation, loneliness and depression. The participants identified the importance of addressing social isolation and exclusion. They felt that services needed to be more oriented to the social wellbeing of participants. Isolation and loneliness were seen as two key contributing factors to negative social wellbeing amongst people with LTCs. Participant narratives failed to indicate a sense of personal responsibility for tackling social isolation, depression and loneliness. Indeed, there was broad vocalised consensus that it was a duty and responsibility of statutory services to address these through the facilitation of access and opportunity for social interaction and integration. This was most frequently verbalised by those who lived in residential care settings.

> A - I get lonely at night when everyone's in their own rooms. Being stuck inside all the time looking at the same four walls is depressing, especially when you're dependent on others because of your health problems. Social services and the agencies in here are responsible for us, it's down to them to help people have a life, we used to have barbeques and things and it felt like a proper community...Coming from Scotland where community is strong, you have a sense of belonging and being with people helps pass the time and gives you something to look forward to, a reason to get up. (Silvia)

Participants frequently reported that services failed to address social isolation by facilitating participation and engagement in informal and formal social activities. The participants reported increased levels of depression and loneliness from reduced contact with others. They argued that services could and should be held accountable and responsible for those determinants of personal wellbeing such as participation, which impacted on isolation, depression and loneliness.

Social wellbeing appeared to exert a large effect on personal wellbeing, mirroring the findings of Barnes et al. (2013) and Ward et al. (2012). Interpretation of the data suggests that there were gender differences regarding which aspects of social wellbeing interacted most significantly with personal wellbeing.

6.4.3: Relationships

Females participants (n=8) reported that friendship, female companionship, a sense of contributing to filial legacy and greater interaction with family members were the primary sources of their social wellbeing. For female participants, social wellbeing related primarily to their subjective experience of connections with close and significant others, and the strength of those relationships. Recent research has identified that the number of real-life friends compared to online friends is positively correlated with subjective well-being (SWB) after controlling for income, demographic variables and personality (Helliwell, 2013). In addition to which, Helliwell (2013) reported that doubling the number of real-life friends has a comparable effect on wellbeing as a 50% rise in income.

Research has also demonstrated that nourishing relationships are a key component of social wellbeing, supporting self-worth, resilience, psychological wellbeing and mitigating the effects of stress (Barnes et al., 2013; Taylor, 2011; Ward et al., 2012). However, relationships within wider social circles were also important. Engaging in conversation, whether with close friends, acquaintances or strangers was particularly important for the social and personal wellbeing of females. Conversational exchanges in addition to strengthening bonds were valued for facilitating information and knowledge exchange. Information and knowledge exchange contributed to the participants' ability to access resources, which supported personal wellbeing and facilitated a sense of interdependency. Barnes et al. (2013) and Ward et al. (2012) explored wellbeing in older people and reported that older people perceived interdependency to be more congruent with their wellbeing than independence.

6.4.4: Social activities

Social activities were seen as vitally important to the social and psychological wellbeing of participants. However, a reduction in both residential and community centre staffing levels had reduced informal opportunities for socialising. This, in turn, undermined participants' access to socially supportive networks. The

participants commented on the need for social trips and activities, which facilitated social interaction and satisfied desires to be part of a normal social world. This helped participants develop a sense of self in relation to others and to feel part of a wider community. This was particularly important at night and during the winter months when people felt particularly lonely. The majority of participants argued that this would make an overwhelming difference to personal wellbeing.

> A - I get so bored and lonely, especially at night. Services should help with things like that, I mean it wouldn't cost them much and they know how depressed people can get being stuck in the house all day and when you have health problems it can become a vicious circle. They have a responsibility to help people get out and about and feel like they still have a place in their community. (Jenny).

Shared social activities appeared particularly important for male participants. Seven male participants recounted that shared social activities such as playing snooker/pool, fishing and watching sports matched greatly enhanced personal wellbeing. This was an important aspect of their social wellbeing. Conversely, three males with cognitive impairments all reported feeling little or no inclination to engage in shared social activities. Concomitantly, they exhibited little interest in social interaction. One possible explanation for this apparent disassociation from social interaction is that these participants had become disengaged from society. Disengagement theory has been used to explore the relationship between social activity and wellbeing, as research indicates these two variables are positively related (Di Tella and MacCulloch, 2005; Havighurst et al., 1968; Larson, 1978;).

An alternative explanation for this finding is offered in studies such as Baker et al. (2005), Biddle and Ekkekakis (2005), and DeNeve and Cooper (1998), which suggest that the lower levels of wellbeing reported in people with reduced social interaction and social wellbeing may be associated with personality characteristics.

Shared social activities appeared to have a smaller influence on personal wellbeing for females. Only three female participants identified this aspect of social wellbeing as important for their wider sense of personal wellbeing. Alison identified the

importance of shared social activities in respect to facilitating community empowerment and cohesion. The other two participants reported shared social activities in respect of undertaking religious duties. For these women, feeling socially engaged and having a sense of social productivity appeared to exert a significant and positive impact on personal wellbeing. Keyes (1998, 2000) and Myers (1999) reported similar findings.

Some commonality existed between male and female participants with respect to social interaction. Male and female participants identified that a lack of social interaction manifested in feelings of isolation and loneliness, which contributed to negative social wellbeing and undermined personal wellbeing.

6.4.5: Isolation and loneliness

Isolation appeared particularly problematic for participants with TABI who opined that their former established relationships had been irretrievably broken since their injury. In terms of impact on personal wellbeing, this appeared to lead to withdrawn or reclusive individuals who struggled to articulate their wellbeing needs.

> A - I haven't seen my family since my accident. I don't think they know how to handle my disability and depression. I don't really go out either because people stare at me and think I'm drunk because I'm off balance when I walk and I slur my words. It's easier to stay here where people understand the nature of your problem and you don't have to explain yourself. (Simon)

Nine participants (the majority of whom were men, n=7) expressed acceptance about their lack of opportunity for social interaction. These nine participants all lived with LTCs resultant from an adult onset condition such as a TABI or a degenerative condition (n=9). Concomitantly, they all described having lived different lives prior to their accident or development of their condition. This demonstration of biographical disruption apparently led to increased negative psychological and emotional

wellbeing, as the majority of participants reported spending considerable periods reflecting on and regretting the loss of their former selves.

It is important to note, however, that five of the nine participants had been diagnosed with clinical depression. Clinical depression is a common development in people diagnosed with degenerative conditions and brain injuries and often leads to reduced social interaction (Hall and Havens, 2003; Sixsmith, 2012). The nine participants diagnosed with degenerative conditions/brain injuries were less likely to attend daycentres or participate in activities outside their home environment. Simultaneously, they also reported a predisposition to remain within the confines of their home environment. However, they perceived their failure to access activities outside their home environment as exercising choice rather than as a service failure.

The remaining participants (n=13), however, reported that when provided with social events they valued the opportunity to socialise, meet new people and become involved in shared activities as these helped to alleviate boredom and loneliness. This gave them the opportunity to feel that they belonged to a community and increased their sense of self-worth. Additionally, participants also reported that these encounters often facilitated information and knowledge exchange.

> A - I filled in an advert in paper and I've got this booklet called *vitalise* and that's great for telling you what you can get and where to get things like funding and help for holidays. Oh, that reminds me. I said I'd bring that in for one of the women here. That's one good thing about coming here, you get to find out about stuff you would never know about otherwise. (Denise)

Bonding and bridging social capital, which Putnam (2000) defined as the "Connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them" (p.9), played an important role in alleviating isolation and loneliness. Many talked about the importance of feeling well enough to access informal systems of support in a natural environment.

> A - I've always spent a lot of time in my garden and I've got it looking really nice. The birds come in and the cats too of course. I like to feel connected with nature. Sitting outside in my garden on a warm sunny day with my neighbours and a couple of old pals having a drink or two [laughs] and

talking about the old days, you forget your troubles for a bit and then you go to get up and remember that you're old [laughs]. It doesn't get much better than that though Jo. (Moira)

6.4.6: Summary

Participation in society via engagement in informal and formal social activities appeared to be proximally related to a reduced sense of isolation, loneliness and depression. Having a network of supportive people was vital for social wellbeing as those who felt lonely and isolated tended to report poor levels of personal wellbeing. Interpretation of the data suggests without social contact participants experienced a sense of loneliness, social isolation and increased levels of depression. Social wellbeing appeared to impact significant on psychological wellbeing by reducing feelings of depression, and thereby improving overall levels of personal wellbeing.

Biographical disruption and the interaction between cognitive impairments, depression and social isolation appeared to exert a significant impact on personal wellbeing.

Loneliness and social isolation were widely identified by participants as undermining personal, psychological and social wellbeing. The participants also identified that feeling socially isolated and lonely amplified feelings of depression, which further undermined personal and psychological wellbeing.

Social interaction and participation in society, particularly with close friends or those who shared common interests, was proximally related to an improved sense of psychological wellbeing. These reduced feelings of loneliness, boredom and isolation, which in turn were perceived as helping to alleviate feelings of depression. The participants reported little sense of personal responsibility for the alleviation of loneliness, depression and social isolation. Indeed, the participants almost uniformly identified this as the responsibility of statutory agencies. The failure of services to tackle social isolation was highlighted as indicative of a

tendency to focus almost exclusively on health and part of a wider failure to address wellbeing. This has been widely reported in QoL research.

The participants' narratives, however, accepted personal responsibility for undertaking actions and behaviours in order to facilitate filial proximity, a filial legacy and a matriarchal/patriarchal role. These were perceived as central to notions of social interaction and jurisdictions over which participants had some influence.

Assuming a matriarchal/patriarchal role within the family, whilst personally satisfying, could often marginalise efforts for personal development. Actions taken to ensure a filial legacy were, however, widely associated with those adaptive behaviours associated with making a successful transition to older age.

The availability of communal green spaces was widely perceived amongst participants as important for community cohesion and social interaction amongst neighbours and concomitantly personal, social and community wellbeing. The following section will explore in greater depth how the participants' narratives framed personal wellbeing with regard to the natural and built environments.

6.5: The natural environment

The findings suggested that the natural environment exerted significant positive effects on personal wellbeing. The natural environment was perceived by nearly half of participants (n=9) as facilitating informal intergenerational and cross-cultural social interaction with non-filial others. This can be understood within the context of 'Self Determination Theory', which argues that "Wellbeing is both constructed and largely achieved through relationships" (Ryan and Deci, 2000:10). Thus, relationships and connectedness with others are central to basic need fulfilment, which enables people to thrive. Opportunities to connect with others were highly valued and communal green spaces were identified as important for wellbeing.

Our sense of place and the sense of space around places define our places and the sense of who we are (Tuan, 1974).

> A - This place I live now has a sense of civic pride, the gardeners are smart and polite and it's like you're being cared for as well as the environment. Psychologically, I feel safer in this place because there is a resident who is big guy and he has made it his job to make his presence known on the green spaces out front. (Alison)

The natural environment was an aspect of personal wellbeing, which was often felt to have an inherent effect on participants' wellbeing, particularly their psychological and emotional wellbeing. Six participants' reported that feelings of depression were often lifted through immersion into the natural environment.

> A - When I'm feeling a bit depressed I take myself off to Edale and I find myself feeling that life isn't all bad. The natural beauty of the place is uplifting and just being there for a few hours does more good for my spirits than anything else. (Jake)

For these participants, the natural environment exerted a calming influence. Some participants' (n=6) narratives reflected that the natural environment held intrinsic value for their personal wellbeing; this often appeared to be felt at a subconscious level.

> A - I don't know why but just sitting in my garden and watching the birds flitting about and the squirrels scampering around gives me an inner sense of calm. (Jenny)

6.5.1: Communal green spaces

Nearly one third of the participants (n=7) identified communal green spaces as conduits through which social interaction took place irrespective of age, socio-economic, religious and cultural barriers. Interpretation of the data suggests this social interaction helped transcend group's tensions, making a strong contribution to community spirit and cohesion and positively influencing both personal, social and community wellbeing.

Five participants were apprehensive about the preservation of communal green spaces, fearing that these areas may be lost to the community. Such a loss concerned participants because these spaces were valued for facilitating inter-generational contact and interaction between different social groups. Duany et al.

(2001) noted that in communities deficient in green public spaces "People of diverse ages, races, and beliefs are unlikely to meet and talk" (p.60).

> A - Taking Tess (dog) out for walks is really the only time I feel truly happy. She is my best friend and having a dog means that you have to go out. It gets me out in all weathers and it's good to see how the park changes through the seasons. I love to see the flowers come up in spring and on top of that you tend to end up chatting with other dog walkers from all walks of life. (May)

For a number of participants, preserving local green spaces in the community was considered one way of enhancing personal and social wellbeing. Green spaces such as parks and commons were one of the limited spaces in the community where there was some degree of interaction between socio-cultural groups and intergenerational contact. These spaces were considered important for maintaining a sense of community spirit and community cohesion whilst simultaneously enhancing personal wellbeing.

> A - Where I live about ten years ago they cleaned up this old derelict site, they planted trees, put in a little lake with picnic tables and play areas and you should see it now [sighs], it's beautiful. You get people of all ages there, dog walkers, courting couples. It's become the heart of things really. You can bump into people from all walks of life and have a chat. Little things like that are important to my wellbeing. (Raj)

6.5.2: Gardens

Some participants spoke about the effects that gardening or being outside in the garden had for their personal wellbeing, such as better physical and mental health and an inner peace and contentment, which enhanced their sense of psychological wellbeing.

> A - The natural environment is really important for my personal wellbeing. I'm lucky I've got a big garden which was the main reason we bought the house. We even put the conservatory on to 'bring the outside in' as they say. It's a haven for me really. I sit and watch the birds and the bees because my girlfriend has planted lots of flowers so it's a hive of activity out there. When I'm feeling low and the weather's ok I will go out and do a bit of gardening. Not only does it lift my spirits but being active means that I usually sleep better too. (Tim)

> A - I love to sit here and look out onto the garden, to look at the birds and the trees and that; I can sit here for hours. (Caroline)

Q - It is a lovely room Caroline. You look right out into the garden, don't you? Why does that give you so much pleasure?"

> A - It's so peaceful and pretty, with the flowers and trees, I can day dream to my heart's content. (Caroline)

Jim frequently talked about the importance of the natural environment for his emotional and psychological wellbeing. Jim, however, used his garden as an aid memoir, reliving his childhood interaction with nature to facilitate an inner sense of contentment. Jim's amalgamation of his childhood memories with present experiences in his garden sustained him during periods when he doubted his continued earthly existence, while additionally strengthening and sustaining his emotional and spiritual wellbeing. This can be understood within the context of research undertaken by Henwood and Pidgeon (2001), which suggested that a positive interaction with the environment during childhood leads to a sense of personal wellbeing, which endures into adulthood.

> A - When I was younger I had fields and woods to play in and that was probably the best period of my life, when I think about those times now it makes me feel good, contented. (Jim)

Jim's garden facilitated reminisces of a period when his emotional wellbeing was to a large degree dependent on the experiences which he had in the woods of his childhood. Jim reported that his childhood experiences in the natural environment facilitated both his childhood and adulthood emotional wellbeing.

> A - When I was a kid I spent all my time playing with my friends in the woods, they were simple times. All that was important to me then was having three or four meals a day, [drinks water] and the freedom to roam. I think being cocooned like that was what made my childhood so special [clears throat]. In the woods we could be anything, we played without a care

in the world. My thoughts often drift back to memories of playing in the woods, that's why nature and being close to nature is so important to me. I get a high from sitting and reflecting on when I was a kid playing in the woods. (Jim)

6.5.3: Unregulated green spaces

The findings indicated one aspect of the natural environment in particular had a significant and negative impact on specific domains of personal wellbeing. Unregulated poor quality green spaces such as wasteland or overgrown derelict plots of land was most frequently identified as undermining emotional and psychological wellbeing.

Six participants (3 females and 3 males with mobility issues) reported that unregulated poor quality green spaces raised concerns for personal safety, primarily because they were perceived as crime hotspots. This was particularly troublesome in the long dark winter months when many felt a disinclination to leave the relative safety of their home environment.

> A - My house is opposite a common and there's always kids hanging around and it's not very well lit so in winter when it gets dark early its really scary going to the shops. A couple of people have been mugged round there, the council should do something with it and there should be more police. They'd think twice if the police were regularly around. (Andrea)

> A - It's £125 for a stand up scooter, because I can stand just can't walk, [stammers] guess I'd get used to it and then I could get out more. Mind you, we have to pass the park to get to the shops and that means running the gauntlet of the local thugs. The council let it get so overgrown that two or three of them could be waiting in the bushes to jump on you. (Simon)

This had a considerable negative impact on physical, emotional and psychological wellbeing because it restricted opportunities to meet and interact with others. This self-enforced seclusion had a particularly marked impact on psychological wellbeing as the participants felt increasingly lonely and depressed.

6.5.4: Summary

The findings suggest that the negative associations between the natural environment and wellbeing are caused primarily because of fears for personal safety. The participants, particularly females and those with mobility issues, widely reported that unregulated green spaces had the potential to exert a negative impact on personal wellbeing. These concerns inhibited social interaction and concomitantly hindered connectedness with others.

The findings identified that a sense of accord with the natural environment was widely attributed as important for a holistic sense of personal wellbeing. The findings documented here largely replicate global findings identified in the existing literature. However, a widespread concern for the ongoing preservation of communal green spaces emerged as an important finding. Communal green spaces acted as conduits through which social interaction across age, social, cultural and class categorisations could flourish. These spaces were perceived as providing environments which facilitated and encouraged inter-generational and cross-cultural contact. These helped to transcend group's tensions, thereby making a strong contribution to community spirit and cohesion, and positively influencing social and community wellbeing.

The findings indicated that access to natural environments made an important contribution to feelings of emotional, social, psychological and community wellbeing. The majority of participants valued the natural environment, its calming influence and the benefits this contributed to energy levels and physical wellbeing. For those with mobility issues, regulated and private green spaces such as private and communal gardens offered opportunities to engage with nature.

6.6: Built environment*

The majority of participants (n=17) noted the importance of living in a built environment that was well cared for, clean and provided a safe environment. The physical characteristics of the built environmental most frequently identified as

having a positive impact on wellbeing were well-kept environments; safe and sociable community hubs; quality green-space; and well-lit, well-maintained public footpaths. These physical characteristics appeared to be particularly important because they had a significant impact on the ability of participants to access, navigate and interact within their immediate surroundings. This in turn facilitated their sense of interdependence and ability to remain living within their local community. These findings mirror those reported in Burton et al. (2011) and Clarke and Nieuwenhuijsen (2009).

6.6.1: Aesthetic appeal

The aesthetic appeal of participants' built environmental was also reported as having a significant impact on wellbeing. The participants lauded council efforts to improve the environment, such as providing more street cleaners and recycling facilities. However, a significant number of participants (n=9) identified a need for local councils to increase efforts to re-energise the built environment and improve its aesthetic appeal. Interpretation of the data suggests that caring for the local built environment made participants feel that the local council were simultaneously caring for them too, and showing respect for the local people and their communal environs.

Q - How could services better reflect your wellbeing needs?

> A - At times it's made me feel really low, like when every street was covered in broken glass and when the sun shined you could see it even more clearly sparkling. Now that we're recycling and have more street cleaners in residential areas I feel much better, less depressed by my surroundings. Services should look after the environment more. The built environment has a massive impact on my wellbeing, this used to be a subconscious thing but now I'm very much conscious of it. (Alison)

Participants commented on the importance of the local built environment and the vibrancy of community for wellbeing. The local neighbourhood and environment were perceived as contributing to that vibrancy and being important for encouraging a sense of common belonging. The participants also noted the

importance of living in clean, safe environments and inclusive, cohesive communities in which they felt socially accepted despite visible physical manifestations of their illness.

> A - I don't feel part of the community at all because I don't get out into it. If I do manage to persuade staff to take me out I get so many stares that I feel like a leper. It really undermines how I feel about myself. (Silvia)

The physical characteristics of the built environmental most frequently identified as having a negative impact on wellbeing were housing and poorly maintained neighbourhoods. Research suggests that wellbeing in later life is closely related to the physical environment, which is an important mediator of ageing experiences and opportunities (Clarke and Nieuvenhuijsen, 2009; Burton et al., 2011).

Seven participants identified the degeneration of their built environment as a key factor in undermining community cohesion and civic life, which impacted negatively on social and community wellbeing.

6.6.2: Community spaces

The findings indicated that community spaces were important for wellbeing and their decline was concomitantly important for wellbeing. The dissolution of community hubs was particularly detrimental for those participants who lived alone or who had impairments or disabilities, which reduced their opportunities to socialise. The eldest participants and those with mobility issues were particularly likely to highlight the loss and/or decline of community hubs and the profoundly negative effect this exerted on social and psychological wellbeing. One could argue that this finding reflects the importance of local meeting places, which provide opportunities to maintain contact with friends, develop social networks and engage in informal social activity. Oldenburg (1989, 2000) identified that in modern urban communities community hubs offer a neutral public space for people to connect and establish social relatedness, and bridging and bonding capital (Putnam, 2000). It has now been well documented that the availability of personal and public community spaces is integral to the creation of both bridging and bonding social

capital, which underpins community wellbeing (Berry, 2014; Christakopoulou et al., 2001; Putnam, 2000).

The closure of community hubs such as libraries, community centres, pubs and local shops had a detrimental impact on the participants' wellbeing. These local meeting places had provided an opportunity for members of the community to maintain contact with friends, develop social networks and engage in informal social activity.

> A - I used to go to the local library or cafe and I would meet up with old friends and I also got to know other people who'd moved into the neighbourhood, and now they are gone most of my social life has gone too. There is no real sense of community anymore because there are no places left to have a brew and chat. Outside of the Jewish community there is no real sense of community round here anymore. (Andrea)

The findings suggest that the loss of community hubs constrained participation, engagement, friendships and involvement in social activities undermining social, psychological and community wellbeing.

6.6.3: Community resources

The provision and maintenance of community resources, which were well-run, secure and hospitable environments, were identified as having a positive impact on wellbeing, especially social and emotional wellbeing. These were also seen to cut across cultural and generational wellbeing requirements. Living in an environment which retained intergenerational and socio-cultural community hubs, as well as more traditional hubs such as public houses was of great importance for wellbeing. For many participants, a diverse range of community hubs were required to ensure the built environment facilitated social and community wellbeing.

6.6.4: Structural concerns

Structural concerns such as the poor design of accommodation, disrepair of public thoroughfares, inadequate public lighting, unkempt communal spaces and the dissolution of community hubs were seen as having significant negative impacts on

psychological, emotional, social and community wellbeing. The majority considered these aspects of the built environment to be beyond their power and control. Consequently, these were identified as matters of local interest which local authorities should attend to in order to enhance citizen and community wellbeing.

The majority of participants reported the presence of police foot patrols as reassuring, particularly in dilapidated areas or areas which had not received regeneration funding. A strong police presence played a crucial role in helping allay participants' sense of physical vulnerability, and fears for personal safety. This was particularly the case in areas which had large unregulated green spaces, overgrown tree-lined paths, poorly illuminated entryways or derelict waste ground. Those with visual impairments or mobility issues felt particularly at risk in these environments. They often preferred to stay at home, especially after daylight hours, rather than risk venturing into these areas.

It has long been recognised that poorly maintained physical environments undermine wellbeing and contribute to depression, isolation and loneliness (Christakopoulou et al., 2001; Putnam, 1995, 2000; Rutter, 1995). Weich et al. (2002) reported that those living in deprived urban areas characterised by derelict buildings, graffiti and neglected public spaces were more likely to suffer episodes of depression than those who lived in areas with well-maintained buildings and public spaces. Older participants who lived in more deprived areas were particularly likely to describe feelings of depression and loneliness, which they associated with living in run-down environs. This lends further support for the environment stress hypothesis, which argues that the quality of a neighbourhood has a particularly significant impact on personal development, social relatedness and psychological wellbeing (Cairney et al., 2010; Cairney et al., 2013).

When reflecting upon the interactions between their personal wellbeing and the built environment, the participants prioritised the importance of living within environments which were safe and secure, in much the same way as participants noted safety concerns when accessing green spaces in the natural environment.

A - The way the place I live in now has been designed is really good because it's well lit and all the paths are overlooked by windows. This means that even in winter, the route to the shops is overlooked and so you don't think people would chance attacking you. House design is so important for my wellbeing. Proximity to your neighbours can really get to you, especially when you move from having kids and living in a house to being in a 1 bed flat where you're so much closer to your neighbours and you're surrounded on all sides. (Alison)

Regeneration schemes had been undertaken in areas of North and East Manchester, and participants from these areas reported that local government efforts which focused on re-energising the built environmental had an important and positive impact on personal, social and community wellbeing.

A- Getting involved with the In-Bloom competition was great. The area looked brighter and seeing flowers in baskets and planters lifted most peoples' spirits. (Alison)

A- Where I live was really run down but the regeneration team have done wonders. They have tried to get people of all ages involved; now the place looks so much better, and there is more of a sense of community now. The council should be spending more money on things like that. (May)

6.6.5: Living space

The participants' living space was identified as an important dimension of wellbeing. Older adults and those with LTCs spend more time in the home environment than any other (Allen, 2008; Black et al., 2015; Stewart and Bushell, 2011). Housing and the importance of well-designed and hospitable homes were frequently cited as being of great significance for wellbeing. Housing issues were frequently associated with reduced sense of independence and appeared to have a complex relationship with the participants' sense of wellbeing.

Q- "What things could services do then which would improve your personal wellbeing?"

A - Well I can't get in my kitchen because the doors aren't wide enough. I need an adapted flat for myself but they won't let me have one. I would be

more independent if I had an adapted flat. I would be able to do some cooking and all that. (Denise)

Housing issues such as inadequate and poorly-designed living space were important sub-themes consistently identified by participants as impacting negatively on wellbeing. Issues such as housing design, condition, tenure and so on led to depression and anxiety, both of which had a major impact on psychological and emotional wellbeing, and to lesser degree physical wellbeing. Poorly designed living spaces frequently undermined independence and exacerbated feelings of powerlessness. These had a negative effect on the participants' day-to-day and long-term future prospects of wellbeing.

In some cases, participants noted that the council house design prevented them from accessing resources which could improve their independence. Many of the participants who lived in council accommodation felt that the living space had been poorly designed.

> A - Adaptations have supplied my chair, bed and shower chair as well. They tried to install a monkey pole [a grab rail] but the walls are breeze block and you can't drill through breeze-block. That's just one of the many problems you face living in poorly designed council property. (Jake)

Those participants who did not own their homes (n=16) spoke about feeling 'at the mercy' of professionals who could rescind tenancy agreements for what were often considered spurious reasons. Those who lived in residential care accommodation (n=4) appeared to feel particularly at risk of this and reported this as a constant source of negative personal wellbeing

> A - My tenancy has been threatened a few times because of my relationship with the staff and I've been bullied and it was when I was highly strung and felt threatened and powerless and when you have the staff shouting at you it doesn't help...The issue with tenancies isn't just a problem for me, X [fellow resident] has been threatened with losing his tenancy because he stands up for himself too and Y [fellow resident] has a long running feud with them about his tenancy. (Audrey)

The majority of participants who lived in the new warden-assisted accommodation reported that their design, construction and layout had a profoundly positive

impact on wellbeing because it facilitated social interaction and freedom of movement. The newer and smaller warden-assisted living accommodation was split into individual or two person flats, rather than single occupancy rooms. In stark contrast to those living in residential homes, participants in the warden-assisted accommodation were less likely to feel their flat wasn't their own or fear reprisals from staff such as the revocation of their tenancy agreement. The warden-assisted living accommodation, introduced in 2005, was considered a great improvement on residential housing accommodation. This was primarily because residents appreciated the personal and communal space it afforded them which allowed people to come together and socialise. This was important as it encouraged residents to leave their respective flats and socialise with other residents. This facilitated social interaction, itself seen as a fundamental platform for improving social and emotional wellbeing. The communal area was particularly popular in the warmer months, when the area was utilised for barbeques and parties.

Additionally, warden-assisted living accommodation heightened the participants' sense of independence and interdependence as they were often given the opportunity to share a flat with a friend. The majority of residents who moved to this accommodation from residential accommodation felt that this gave them the support they needed to establish a more interdependent lifestyle. This was not always the case, however.

Q - What undermines your personal wellbeing Ben?

> A - The lack of living space and its design. I can't reach anything in my kitchen, it's too small for me to turn my wheelchair round in and I can't reach the cupboards, the fridge, anything really. That means I'm reliant on the staff to cook and clean and that reduces my independence, the very thing that coming here was supposed to achieve. (Ben)

Feelings of powerlessness exacerbated the effect which poor living spaces had on the participants' day-to-day and long-term future prospects of wellbeing. The participants desired housing which would enable and facilitate amongst other things, some measure of independence or interdependence.

6.6.6: Summary

The findings indicated that the built environment made a strong contribution to feelings of social, emotional and community wellbeing and to a lesser degree physical and psychological wellbeing. The findings suggest housing concerns such as design, layout, condition and tenancy agreements are pre-eminent. Other aspects which appear to play an important role in wellbeing include dissolution of community hubs and unregulated, poorly lit unkempt communal spaces, which increased fears for personal safety.

The interior and exterior design and layout of dwelling spaces had a particularly important bearing on wellbeing. For those participants who lived in council-rented and residential accommodation, poor housing design undermined independence and led to negative wellbeing. This was associated with a sense of powerlessness and daily anxiety, which frequently undermined the participants' present and future sense of wellbeing.

Conversely, homeowners (n=6) reported a sense of empowerment as homeowners. They felt in control of their personal dwelling space and felt able to make any necessary structural or cosmetic adaptations to suit their individual requirements. This was particularly the case in relation to the reconfiguration of space to accommodate disabilities associated with their LTCs.

Structural constraints were particularly important for participants who felt they had little power to exert influence on the built environment beyond that pertaining to those who owned their dwelling space. The participants reported that regeneration schemes had led to cleaner and more aesthetically pleasing aspects of the built environment. These enhanced emotional, social and community wellbeing primarily because these improvements were widely perceived as facilitating community spirit and cohesion in the same way as the natural environment.

Many believed that personal wellbeing could be improved through the funding of regeneration schemes, which focused on re-energising the built environment. These were perceived to be more likely to be achieved through structural changes initiated at local and national government level. The endeavours of individuals or

community networks were perceived as ineffectual and too small to compete with other vested interests.

Structural concerns such as the poor design of accommodation, disrepair of public thoroughfares, inadequate public lighting, unkempt communal spaces and the dissolution of community hubs were seen as having significant negative impacts on personal, social and community wellbeing. The majority of participants considered these aspects of the built environment to be beyond their power and control. Consequently, these were identified as matters of local interest, which local authorities should attend to in their duty to enhance citizen and community wellbeing.

6.7: Temporality

"Temporality has long been considered a fundamental context and mechanism for the construction of meanings, and for individuals' reflexivity and self-evaluations" (Guell et al., 2014:15).

Temporality*, particularly in reference to the three temporal states of attitudes*, preferences* and perspectives* emerged throughout the participants' narratives and appeared to play an important role in perceptions of long and short-term wellbeing.

The co-researchers' accounts of their wellbeing in particular exhibited a fluidity, which spanned the past, present and future in such a way that they appeared intricately interlinked.

Q - Do you feel that your early years were important for your current sense of personal wellbeing Alison?

> A - I think it has played a large part in my wellbeing. My feelings of insecurity, issues with self-worth, self-esteem, handling disappointment, issues of addiction, lack of education and learning difficulties have and

> continue to have an important bearing on my day-to-day sense of wellbeing and what I expect for my future wellbeing. (Alison)

For participants with illnesses which were likely to shorten their life span, narratives often arose in relation to future deterioration of the condition. In this context, participants discussed storing up current feelings of positive wellbeing, which could be used to negate future negative wellbeing. In addition to which, the participants frequently reminisced about past happy memories to enhance and reinforce present wellbeing.

> A - On my good days I try and do as much as possible so that in times down the line when I'm stuck inside because I'm too poorly I can think over my good days and what I've achieved and that helps me feel a bit happier about my lot. (Simon)

6.7.1: Temporal preferences

Some participants' accounts of current wellbeing appeared to be grounded in experiences of wellbeing and fundamentally related to their temporal attitudes, perspectives and preferences. Jim appeared to exhibit a past temporal preference. Jim's recollections of past wellbeing and its impact on present wellbeing were almost exclusively discussed in relation to childhood memories and the connections he had forged to the natural environment during this period of his life.

> A - When I was young we lived at the back of some woods and me and my friends spent all our time there. When I watch the conkers come out now it instantly transports me back to a time when I was gloriously happy without even knowing it. Putting the conservatory on was the best thing we did because it brings me closer to nature. When I sit there it takes me back to those days spent playing in the woods and I've spent many a happy time there listening to the birds and dreaming of my childhood. (Jim)

This quote illustrates the process whereby people experience a sense of wellbeing by drawing upon past feelings of wellbeing. A significant minority (n=5) appeared to have a present temporal preference. They reported amassing current feelings of positive wellbeing in anticipation that they can be used to generate future feelings of wellbeing.

> A - Sometimes when I'm out with my dog and I'm enjoying our walk I make a mental note to remember it and how good I feel at that moment because I know that I might need to relive that feeling later on when I'm a bit depressed and lonely. (May)

Bryant (2003) and Galvin and Todres (2013) noted a past temporal preference such as an individual's tendency to reminisce about the past helps them to project a more positive sense of wellbeing for the present and future.

6.7.2: Temporal attitudes

> A - It helps to have a clear picture of my past. Many conflicts have arisen between me and [my] only remaining sibling re childhood memories...This matters big time as I have no one to fix those memories with. That conflict of different memories continues to make me question who I am. Putting the pieces of my past together and reflecting on how that's affected my wellbeing undermines my wellbeing now and how I view my future wellbeing both consciously and subconsciously. (Alison)

Durayappah's (2010) model would suggest that Alison's personal wellbeing is affected by her retrospective bias. Using Durayappah (2010), Guell et al. (2014), Galvin and Todres's (2013) synthesis of temporality, Alison's narrative appears to reveal a negative temporal attitude to the past. Alison displayed within her wellbeing narrative a persistent retrospective analysis of her life. These included references to opportunities not taken and a projected visualisation of the life she might have led had she made use of the opportunities which she felt she spurned during her teenage years. Alison constantly revisited these feelings and consciously ascribed them as intimately connected with her current negative sense of wellbeing and perception of future wellbeing. Alison and Jim (co-researchers) both appeared to display a past temporal attitude, but whilst this afforded Jim feelings of positive wellbeing, it provided Alison with feelings of negative wellbeing.

6.7.3: Temporal perspectives

Over half of all participants (n=13) appeared to use temporal perspectives as a means of contrasting past, present and future levels of wellbeing. The majority

(n=7) appeared to exhibit a past-positive temporal perspective. Two appeared to exhibit present-hedonistic perspectives (i.e. taking pleasure in the present), while the remaining four displayed past-negative perspectives.

Q - Can you think of any examples of how local government could improve the wellbeing of older adults with LTCs Denise?

> A - I would love to go on an organised holiday like they [community centre] used to do for us. Having something to look forward to helps you get through and staves off depression. I can while away many an hour thinking about past holidays: walking on the beach, smelling the sea air, eating fish and chips. My husband and I loved doing that. I think about those good times a lot, especially when I'm stuck in the house of a night it gives me a real lift and helps me face tomorrow. (Denise)

The participants frequently retold stories from their past or vocalised aspirations for their future, which appeared aligned to a temporal dimension of their sense of wellbeing. Having something to look forward to (future wellbeing) was repeatedly located within the participants' narratives as making a meaningful impact on present wellbeing. This finding is validated by Rozin (2008a, 2008b) and Galvin and Todres (2013), who highlighted that happiness can be achieved temporally through experience, memory, and anticipation.

Q - Why does 'that' [her garden] give you so much pleasure Caroline?

> A - It's so peaceful and pretty, with the flowers and trees, I can daydream to my heart's content. (Caroline)

Q - What do you daydream about?

> A - [sigh and long pause] Lots of things [pause], think about when I was a kid playing with my brother and sister, when we used to go on holiday and my dad would take us fishing, stuff like that. (Caroline)

Conversely, the anticipation of feeling unhappy, particularly in relation to health, was also noted as having a detrimental impact on wellbeing.

> A - It's important to me to socialise outside the house. I used to go to the pub but I drink less now because I would go out and have a few drinks but I was having to get up too many times in the night and I felt tired and rotten

in the morning. So it was reducing my wellbeing because I didn't look forward to feeling poorly in the morning. (Raj)

6.7.4: Summary

Temporal attitudes, preferences and perspectives appeared to play an important role in conceptualisations of long and short-term wellbeing. Wellbeing narratives frequently included reminisces of happy memories and experiences which enhanced and reinforced present wellbeing. For those with illnesses which threatened to reduce their natural life-course, temporal narratives often emerged in relation to some future period of time when their health condition had deteriorated. There was a perception this future sense of negative wellbeing could, to some extent, be offset by amassing current feelings of positive wellbeing, which could be drawn on in the future.

The findings suggested that for many, wellbeing was directly influenced by temporal attitudes, preferences and perspectives. These often emerged in relation to connections forged during childhood.

The majority of participants widely reported that anticipation of future wellbeing (i.e. having something pleasurable to look forward to) had an important bearing on present wellbeing. Conversely, the expectation of prospectively feeling discontented or unhappy with life, particularly in relation to health, was also noted as having an important impact on negative wellbeing.

6.8: Summary of study findings

The findings revealed that seven key thematic domains were perceived as the most important and non-negotiable aspects of wellbeing for older adults with LTCs. Within these domains there were numerous sub-themes which were closely inter-related. The participants widely acknowledged wellbeing as a multi-dimensional concept encompassing a broad range of socio-economic, physical, socio-political,

environmental and psychological components. Personal wellbeing was considered highly subjective and situational, and linked to notions of cultural belonging and social identity. The findings indicated that feelings of wellbeing were inconsistent and liable to change over relatively short periods. In addition to which, some participants reflected that what was important for wellbeing changed during different periods of one's life, particularly during life transitions such as becoming a parent or being widowed. It is also important to note that some aspects of an individual's wellbeing, particularly those of a sensitive nature, may not be expressly vocalised or may be couched in obtuse language. Examples documented in this study included the role of sexual intimacy and political circumstances on wellbeing.

Personal wellbeing was also influenced by factors such as severity of condition, age at time of onset of condition, familial and financial circumstances, access to social intercourse, temporality, environmental circumstances, illness trajectory, perception of the condition as a 'natural' part of ageing, and length of time living with a condition.

Living with LTCs appeared to amplify feelings of disenchantment with service provision. Concurrently, it enhanced feelings of loss of power and control, social isolation, reliance on welfare, systemic poverty, mental health issues, depreciation of a role as a valued member of society and a reliance on others. All of these had a sustained and long-term impact on personal wellbeing.

There was real accord amongst participants that conceptualisations of wellbeing are highly subjective. The majority of participants believed efforts to define wellbeing were misplaced, preferring personalised conceptualisations of wellbeing.

Chapter 7: Discussion

7.1 Introduction

There were a number of key findings from the research. The following section briefly synthesises the theoretical and empirical analysis before proceeding to those sections which put the findings into context.

The historical/linguistic analysis identified a latent, long established association between wellbeing and personal responsibility. This has facilitated the mobilisation of wellbeing within a PRA. However, the empirical evidence reported that the majority of study participants did not associate wellbeing with personal responsibility. The theoretical investigation facilitated an appreciation of how and why the UK government has mobilised agentic representations of wellbeing consistent with a wider PRA. Notwithstanding the role of wellbeing in government policy, the empirical component of the study suggested that wellbeing is not considered a meaningful concept, and it held little currency for the study participants. It was most frequently associated with the language of professionals, media and state.

This thesis established that there is theoretical evidence that wellbeing has been mobilised within a PRA (Ahmed, 2010; Miller, 2008; Peck, 2013). However, as Kingfisher (2013) noted, little research has been undertaken to explore the role of historical and linguistic factors in this mobilisation, particularly how and why wellbeing has been mobilised.

7.2: How wellbeing has been mobilised

Interpretation of the findings suggests a number of interconnected reasons, which explain how historical/linguistic factors have facilitated the mobilisation of wellbeing.

First, the findings suggest wellbeing has been mobilised through agentic representations of wellbeing, which rely on latent and historical associations between wellbeing and personal responsibility. For example, the ancient Greek theory of dietetics (i.e. personal responsibility for health) and its association with the ancient Greek concept of wellbeing have shaped modern conceptualisations of wellbeing as underpinned by personal responsibility and human agency. These largely disregarded associations between wellbeing and its inherent, latent or intrinsic historical meanings facilitate the current discursive practice of promoting wellbeing within a PRA. Bergdolt (2008), McMahon (2006) and Oishi et al. (2015) have reported elements of these findings. However, their studies conflate wellbeing with happiness and health, clouding specific understandings of wellbeing as a distinct concept. This study, whilst recognising the associations between wellbeing and coterminous terms, is specifically concerned with wellbeing.

Second, findings indicate that wellbeing has been mobilised within the discursive language of the intellectual and the state (Atkinson and Joyce, 2011; Bache et al., 2015; Scott, 2012a). Interpretation of findings suggests this mobilisation has been achieved in part through its linguistic Greek heritage, which marks it as a high status concept popular within professional and academic discourse (Hughes, 1988).

Third, mobilisation has been achieved through a range of options. Government policy documents and 'expert voices' such as NEF and the Wellbeing Czar, Lord Layard, have utilised agentic representations of wellbeing which promotes a PRA (Ahmed, 2010; Bache et al., 2015; D. Bok, 2010; Edwards and Imrie, 2008). In addition to which, wellbeing has been mobilised through government rhetoric, legislation, consultation exercises, the politico-media complex and neoliberal discourse.

Elements of these findings have been reported in previous theory-based research, for example, Bache and Reardon (2013), Abdallah et al. (2012) and Lammy and Tyler (2014). However, this study considered examples of the mobilisation of wellbeing through theoretical and applied contexts. In addition to which, previous research has tended to work within single discipline boundaries. This study expands

on these through the utilisation of a multi-disciplinary perspective, which synthesised evidence from across a broad range of disciplines.

Having addressed 'how' wellbeing has been mobilised, the following section considers 'why' historical/linguistic factors have facilitated the mobilisation of wellbeing.

7.3: Why wellbeing has been mobilised

Health, welfare and wellbeing were shown to share linguistic roots and a shared historical association with notions of personal responsibility. This shared historical/linguistic heritage has facilitated the appropriation of wellbeing as a conceptual bridge. The role of wellbeing as a conceptual bridge between health and welfare has enabled its appropriation within a wider PRA (Stenner and Taylor, 2008; Taylor, 2011). This bridging concept has been mobilised within a PRA for governance purposes. The UK government has used the language of wellbeing to promote agentic representations of wellbeing. These representations promote the adoption of lifestyle choices and behaviour change, which aim to reduce health and welfare expenditure to a population that is ageing and has a growing number of citizens with preventable LTCs (Fullager, 2002, 2009; Seedhouse, 1995; Taylor, 2011).

Alternative theories about the mobilisation of wellbeing include those which suggest that wellbeing has not been mobilised to promote a PRA, but instead represents over intrusion by the state into the private matters of the individual (Bjornskov, 2012; Furedi, 2004; Vos, 2012). The NEF acknowledges the mobilisation of wellbeing, but disagree that this has been to promote a PRA. Instead, they propose wellbeing has been mobilised to provide governments with a more holistic measure of societal progression than economic measures (Aked et al., 2008; Marks and Shah, 2005; Seaford, 2011). These are credible claims. However, this study has documented evidence that wellbeing has been mobilised to help reduce health and welfare expenditure in a nation with an ageing population and increasing numbers of people with preventable LTCs.

This study argued that wellbeing has been mobilised within a PRA to move away from the promotion of wellbeing as a state responsibility based on economic justifications, to the promotion of wellbeing as a personal responsibility based on socially progressive rationalisations (Abdallah et al., 2012; Self et al., 2012; Shamir, 2008a). This resonates with Barnes et al. (2013) and Taylor (2011) who argued that wellbeing has become "Discursively linked to policy objectives related to individual responsibility and self-governance" (Taylor, 2011:793).

7.4: Is there empirical evidence participants associated wellbeing with personal responsibility?

Evidence collated in the literature documented the debate about the division of responsibility for wellbeing between the individual and state (Halpern and Bates, 2004; Kingfisher, 2013; Perri, 2007; Seedhouse, 1995). This raised the question of who can and who should be considered responsible for wellbeing (Booth, 2012; Kingfisher, 2013; Seaford, 2011). Whilst theoretical research has investigated the division of responsibility for wellbeing, little empirical research has investigated lay opinion about this division of responsibility. The current study helped to explore this by investigating whether participants associated wellbeing with personal responsibility.

As documented in the previous section, findings indicated the majority of study participants did not associate wellbeing with personal responsibility, except in relation to certain aspects or domains of wellbeing. This appeared to be most closely aligned to aspects which pertained to physical wellbeing and to a lesser degree filial and community wellbeing. The participants rarely offered narratives in which wellbeing was associated with personal responsibility. This was primarily done in relation to government health and welfare interventions. The participants' narratives occurred alongside a subtext of assuming personal responsibility for aspects of physical health such as adopting healthy diets and undertaking more physical exercise. Less frequently the participants accepted personal responsibility for personal relationship, especially within familial contexts and some aspects of community wellbeing through volunteering. There was some evidence to suggest

the participants perceived assuming responsibility for these aspects of wellbeing assisted local government efforts to reduce public spending by encouraging individuals to undertake duties which had previous been performed by statutory or charitable organisations.

One possible explanation for this is that the discursive language of wellbeing has focused on lay responsibility for physical health, family wellbeing and community cohesion (Atkinson and Joyce, 2011; Kingfisher, 2013; Scott, 2012c). The UK government widely publicised the notion of 'The Big Society' and the Localism Act (2011), in which citizens were exhorted to enrich community wellbeing through behaviours such as volunteering (Bache and Reardon, 2013; Scott, 2014). This exhortation was well supported through the utilisation of 'expert voices' such as Lord Layard and NEF, policy documentation and media channels (Scott, 2012a; Seaford, 2011). As previously documented, the NEF publication 'Five Ways to Wellbeing' (Aked et al., 2008) was widely disseminated to health and social care professionals. This publication promoted personal responsibility for physical and community wellbeing in the name of self-sufficiency and empowerment (Kingfisher, 2013; Peck, 2013; Scott, 2014).

The convergence between governance rhetoric and lay narratives with regard to personal responsibility for physical wellbeing and aspects of community wellbeing may represent an intersection between lay narratives and politico-media discourse. Alternatively, the discursive language of wellbeing may have been assimilated into lay perspectives, which is suggestive of the successful appropriation and mobilisation of wellbeing for certain aspects of wellbeing within the context of the PRA. Alternatively, notions of individual responsibility for physical health, family and community wellbeing may be indicative of the latent historical/linguistic associations identified in chapter five.

However, it is difficult to intimate that this provides sufficient evidence to support the theoretical premise that wellbeing has been mobilised to facilitate the reduction of government spending on welfare and health bills to an ageing population. These findings are interesting, however, in the light of the proposed

health and social care transformations under the North-West devolution deal, which depends upon citizens taking personal responsibility for their health and wellbeing (Greater Manchester Combined Authority, 2015).

Participants frequently located responsibility for much of personal wellbeing with the state/statutory agencies. The participants, for example, reported little sense of personal responsibility for the alleviation of psychosocial aspects of wellbeing such as loneliness, depression and social isolation. Indeed, the participants widely identified this to be the responsibility of statutory agencies. Many perceived that psychological wellbeing, economic wellbeing, environmental wellbeing, and community wellbeing were primarily the responsibility of the state or its statutory agents.

Other issues which undermined wellbeing such as the reduction and restriction of welfare provision and the loss of community assets and community networks of power were widely considered the responsibility of the state. For some the loss of these assets was perceived as an act of conscious disempowerment, perpetrated by those in positions of authority. Others construed these as unfortunate events, which might be mitigated in the future by improving politico-economic conditions. These research findings expand on the findings and understandings of others, such as Sointu (2005), Ferguson (2007) and Scott (2014a).

Some participants, particularly the two co-researchers, reported that they thought wellbeing had been mobilised by the media, professionals and marketing campaigns as a means to 'sell' a lifestyle or to influence ways in which people lived their lives (Edwards and Imrie, 2008; Foucault, 1988, 1991; Rose, 1999; Sointu, 2005). This suggests that there is some evidence that wellbeing was perceived as concerned with approving and validating particular behaviours and lifestyle choices (Ahmed, 2010; Fullager 2009; Rose, 1999). However, again it is difficult to claim this provides sufficient evidence to support the theoretical premise that wellbeing has been mobilised as a socio-political tool concerned with approving and validating particular behaviours and lifestyles choices.

This study found little evidence to support the theoretical premise that wellbeing has been mobilised to obligate/persuade citizens to accept responsibility for aspects of wellbeing which may be beyond their control. The majority of the participants in this study had not adopted personal responsibility for aspects of their wellbeing which could be considered beyond their control, such as urban planning, housing design, or the allocation of resources. Concepts such as agency, autonomy and control, which many argue are fundamental to wellbeing, had apparently not been assimilated into the participants' narratives. Those familiar with wellbeing through contact with health and social care professionals reported that these concepts had been promoted as central to wellbeing. However, whilst acknowledging these concepts as important *per se*, a significant number of participants reported that they were inappropriate in their conceptualisations of wellbeing.

The findings indicated that the majority of participants displayed little sense of agency. One can only speculate upon the reasons for this. However, it is widely acknowledged that feelings of insecurity, hopelessness and powerlessness all impact on people's agency (Barker, 2005; Camfield, 2006; Littlejohn and Foss, 2009). These in turn are widely recognised as undermining wellbeing (Giroux, 2013; Hughes et al., 2014; Lawler, 2014). Many participants reported feeling disrespected by and powerless in the face of officialdom. This led to a perceived failure to exert power and control over their lives, which may have contributed to a reduction in their confidence and ultimately their agency. This finding is mirrored in a study by Barnes et al. (2013) and Ward et al. (2012), which reported that notions of agency or autonomy were not perceived as particularly meaningful or appropriate for older people as they failed to recognise 'interdependence' and the importance of friendship and mutual dependence.

There could be a number of potential explanations for why participants did not associate wellbeing with personal responsibility.

One explanation is that feelings of powerlessness and lack of agency influenced perceptions of responsibility for wellbeing. The theoretical literature suggests it is

the subjective feelings of powerlessness and lack of control which fundamentally undermine personal wellbeing (Baltatescu, 2007a, unpublished PhD thesis; Ehrenreich, 2010; Perri, 2007).

An alternative explanation is that the findings are cohort specific and reflect historic/linguistic associations between wellbeing and welfare. The rise of welfarism in the 20th century marked a period when the provision of welfare via state legislation and policies was considered to underpin citizen wellbeing (Mowat, 1952; O'Brien and Penna, 1998). This period of welfare expansion encouraged a shift in conceptualisations of wellbeing in which structural representations of wellbeing predominated. These prioritised state responsibility for wellbeing. The majority of the participants' formative and early adulthood years occurred during the 1945–1979 period, identified by Froggett (2002) as the era of the 'classic welfare state'. During this period, the provision of societal and individual wellbeing were envisaged as part of the state's responsibility to co-ordinate social welfare (Froggert, 2002; O'Brien and Penna, 1998). This may have influenced this cohort of participants' perception that the state is fundamentally responsible for most aspects of citizen wellbeing within the context of the welfare state.

Whilst the participants did not perceive all the discursive elements of an association between wellbeing and the PRA, interpretation suggests that there was an appreciation that wellbeing had been utilised within broader health and welfare agendas.

7.5: Is wellbeing a meaningful concept for lay people?

Seedhouse (1995, 2002) raised concerns that wellbeing is an empty concept for lay people and only has real meaning for those in a professional capacity. This prompted the question: Is wellbeing a meaningful concept for lay people? (Edwards and Imrie, 2008; Eraurt and Whiting, 2008; Mathews and Izquierdo, 2009). The findings from this study indicate that wellbeing is perceived predominantly as a professional/academic concept which has little transferability or meaning for those from non-professional/non-academic backgrounds. This may be explained by its

historical/linguistic legacy as a linguistic marker of social and educational status. Until recently, wellbeing was used almost exclusively in the language and discourse of academics and professionals. The findings suggest this has not changed.

Wellbeing was not a meaningful concept for the majority of participants in the study and was rarely used with peers. This resonates with claims that the term 'wellbeing' is not well understood and is rarely used by lay people (Eraurt and Whiting, 2008; Mathews and Izquierdo, 2009; Seedhouse, 1995). Interpretation of the data suggest wellbeing has limited lay currency, as the findings revealed low recognition rates amongst the majority of participants. This is despite high media profiling and extensive government and professional rhetoric. Whilst this may be a reflection of the age of participants and exposure to media messages, it does not account for the lack of usage reported within everyday interaction or the reported lack of identification with the term. Scott (2012c) has also documented similar findings.

Wellbeing is a term which the majority of participants felt little compunction to reflect upon unless directed by those pursuing an agenda (including myself). When the participants did reflect on its meaning it was primarily perceived proximally in relation to acceptable forms of behaviour, predominantly in relation to health and happiness. As previously documented, this may be because primarily their health and social-care professionals had introduced wellbeing to them. Alternatively, it may be indicative of the latent historical associations between these concepts.

Despite barriers to enhanced understanding, there was at a fundamental level a general perception that wellbeing roughly equated to QoL, and to a lesser degree welfare. These two terms were widely preferred as relevant and understandable to people from non-professional and non-academic backgrounds. These findings have been reported previously by the Department for Children Schools and Families (2007) and Eraurt and Whiting (2008). Both concluded that wellbeing was not a familiar term to lay people and that lay people struggled to conceptualise it. Conversely, Chapman and West-Burnham (2009) argued that "The concept of wellbeing is well understood in everyday usage" (p.37).

The participants perceived wellbeing as a highly subjective, complex, and multi-layered concept; this may help to explain why it was not considered meaningful in everyday contexts. In addition to which, it was conceptualised as subject to additional cultural, language and historical differences and interpretations, which rendered it a highly subjective personalised concept.

Alternatively, wellbeing may not be considered a meaningful concept because of the participants' lack of exposure to the concept. Vernon (2008) argued that wellbeing has currency as "A useful word because it is relatively unfamiliar" (p.44). However, since the study's inception, the ONS has run a series of public consultation exercises to underpin the collection of national wellbeing (ONS, 2011a, 2011b, 2012c). This may have led to an increased awareness of the concept and a greater appreciation of the meaning of wellbeing across society.

The following sections review two previously adumbrated aspects of wellbeing this study has helped to illuminate.

7.6: The role of the natural environment on wellbeing

Much has already been written about the links between the natural environment and wellbeing (Bird, 2007; Newton, 2007; Townsend and Weerasuriya, 2010). However, much of the research originates from the US, is quantitative and tends to focus on the spatial planning and health effects of green spaces (Ballas, 2007a, 2010; Ballas and Dorling, 2013; Lee and Maheswaran, 2011). Global research indicates that the natural environment has the potential to have a considerable impact on wellbeing (Abdallah et al., 2012; Commission for Architecture and the Built Environment, 2009; Stewart and Bushell, 2011). However, the extent to which these findings are replicated in the UK required investigation (Newton, 2007; White et al., 2013). Further research was required to unpack the relationship between the natural environment and wellbeing, and particularly which aspects of the natural environment impact on wellbeing (Berry, 2014; Sustainable Development Commission, 2007a). The following section begins by considering why unregulated

poor quality green spaces and concern for the preservation of communal green spaces contributed most to negative wellbeing.

The findings indicated that unregulated poor quality green spaces, such as wasteland or overgrown derelict plots of land, were most frequently identified as undermining psychological, emotional, social and community wellbeing. There are a number of potential explanations for this finding.

First, because unregulated poor quality green spaces act as a barrier to social interaction and human contact (Commission for Architecture and the Built Environment, 2009; Newton, 2007; Stewart and Bushell, 2011), this undermines a fundamental psychological and emotional human need, that is, 'connectedness with others', which has been widely identified as a basic psychological human need. 'Self Determination Theory' (Ryan and Deci, 2000) and the 'Theory of Human Need' (Doyal and Gough, 1991) recognise the significance of relatedness and relationships to wellbeing and acknowledge the importance of nature within this (King, 2007; Newton, 2007).

Second, unregulated aspects of the natural environment stirred fears for personal safety which led to self-imposed confinement in isolated first spaces, i.e. the home (Oldenburg, 1989, 2000). This had a significant negative impact on psychological, emotional and social wellbeing because it restricted opportunities to meet and interact with others. Concomitantly, it also contributed to feelings of loneliness, isolation and depression. 'Human Flourishing Theory' (Nussbaum, 2000) argues that the attainment of wellbeing is contingent upon social interaction. Paucity of social contact undermines wellbeing at a fundamental level.

Widespread concern for the preservation of communal green spaces also made an important contribution to negative wellbeing. The natural environment, particularly communal green spaces, was perceived by nearly half of the participants as facilitating informal intergenerational and cross-cultural social interaction with non-filial others. This can be understood within the context of 'Self Determination Theory', which argues that "Wellbeing is both constructed and largely achieved

through relationships" (Ryan and Deci, 2000:10). Thus, relationships and connectedness with others are central to basic need fulfilment, enabling people to thrive.

Taken together, these findings suggest that concerns over unregulated poor quality green spaces and the preservation of communal green spaces need to be incorporated into existing debates regarding how best to enhance individual and community wellbeing.

However, the study findings suggest interaction with the natural environment has a predominantly positive impact on wellbeing, particularly psychological, emotional and spiritual wellbeing.

Over half of the participants highlighted the value of their gardens in reducing tension, facilitating a sense of calm and as a source of ongoing pleasure. The participants also highlighted the role the natural environment played in facilitating reflective contemplation. This heightened and enhanced emotional, spiritual and psychological wellbeing. This was primarily attained in quiet naturalised settings where the participants felt free to disconnect from the chaos of modern living and psychologically and emotionally unwind. A possible explanation for this relates to Kaplan's (1995) 'Attention Restoration Theory'. Kaplan (1995) argued that natural environments provide opportunities to distance oneself from the stress of routine living. Thus it would appear that being in the presence of nature "Leads to a contemplative state of mind, where people can attain a state of calm or balance" (Townsend and Weerasuriya, 2010:12), thus facilitating emotional, spiritual and psychological wellbeing.

The notion of 'therapeutic landscapes' documented by social geographers such as Ballas and Dorling (2007a, 2007b, 2013) may also help to understand why some participants reported that feelings of stress and depression were assuaged through immersion in the natural environment. Stress Reduction Theory, which proposes that natural environments promote recovery from stress (Konijnendijk, 2008a; Velarde et al., 2007), offers an alternative explanation for this finding.

In addition to relieving stress, the findings indicated that immersion in the natural environment facilitated contemplation and reminiscences of happy memories, which enhanced emotional and psychological wellbeing. This finding can be understood within the context of studies such as Sempik et al. (2002), Henwood (2003) and Wells et al. (2010). These studies reported that interacting with nature leads to improved mood and psychological wellbeing.

Additionally, some participants indicated that the natural environment also held intrinsic value. Time spent in the natural environment frequently propagated a sense of harmony with the wider world, which generated a holistic sense of wellbeing. This finding is comparable to the findings of the existing theoretical literature, which argues that wellbeing is enhanced when humans recognise and appreciate their inherent relationship with nature (Haworth and Hart, 2007; Naess, 1973; Newton, 2007; Pickering, 2007; Pretty et al., 2005b; Wells et al., 2010; Wilson, 1984).

One could argue that this finding reflects the theoretical position established in Wilson's '*Biophilia* Hypothesis' (1984), which argues that humans have an innate emotional attachment to the natural environment. Wilson (1984) proposed that at a fundamental level, human identity and self-actualisation rely on our relationship with the natural environment. Taken together, these findings suggest that valuing the natural environment needs to be incorporated into existing debates regarding how best to enhance psychological, emotional, social and community wellbeing.

7.7: The role of temporality on wellbeing

Until recently, little qualitative empirical research had explored the role of temporality on wellbeing (Durayappah, 2010; Freund, 2010; Guell et al., 2014). However, as outlined in the literature review, this is beginning to change. Recent examples include El-Shaarawi (2015), Schwanen et al. (2012), Galvin and Todres (2013), Guell et al. (2014), Åström et al. (2014), Zajenkowska et al. (2014), Griva et

al. (2015) and Wunderlich (2016). However, these studies largely focus on exploring associations between temporal perspectives and particular behaviours and/or an individual's orientations to a particular temporal dimension (Aström et al., 2014; Guell et al., 2014). The findings from this study therefore offer new insights into the role of temporality within the context of lay conceptualisations of personal wellbeing. These include the role of affective forecasting and mechanisms for establishing temporal perspectives.

Throughout this thesis, the notion of temporality and temporal perspectives emerged as a theme underlying the participants' narratives of personal wellbeing. One could argue that this suggests "An awareness that their own histories are germane to their present personal wellbeing" (Rubinstein, 1989:109). Interpretation of the findings suggest that for the individuals in this study, temporal perspectives are not confined to an understanding of time within a linear organisation of continuity in a chronological sense. The temporal perspectives appeared to influence how the participants perceived and related to past, current and future levels of personal wellbeing. Future temporal perspectives appeared particularly influential in how the participants perceive present levels of personal wellbeing.

Affective forecasting (i.e. predicting future feelings of events such as holidays or the birth of a grandchild) was frequently used to augment present feelings of wellbeing. This can be understood within the context of Gilbert and Wilson's (2007) theoretical premise that we pre-experience the future by envisaging it in our contemplations and use this cognitive process to predict future feelings of the event (affective forecasting). The findings suggest that affective forecasting was an important conduit for enhancing the participants' present levels of personal wellbeing.

The study findings indicated that early childhood experiences are important mechanisms for establishing temporal perspectives. This supports Åström et al.'s (2014) theoretical claim that "Our temporal frames of reference are shaped by our personal histories and experiences" (p.4). Early childhood experiences appeared to

regulate how participants coordinate and integrate the three temporal states. In addition to which, early childhood experiences appeared to help the shape participants' sense of time and its importance within the context of their daily lives. This finding adds empirical support to the research of Henwood (2001). Henwood (2001) reported that early childhood associations, particularly in relation to experiences in natural environments, have a particular value in triggering happy memories and promoting positive feelings of wellbeing in times of stress or anxiety.

Additionally, a considerable number of participants reported storing up feelings of positive wellbeing, which could be revisited in the future, during periods of negative wellbeing. The participants also frequently recounted spending time reflecting on past happy memories to enhance current levels of personal wellbeing. This fluidity between temporality and wellbeing suggests that wellbeing should be envisaged as temporally contingent. Envisaging wellbeing as temporally contingent supports the recent work of Galvin and Todres (2013), who explored the associations between ageing, temporality and wellbeing (Galvin and Todres, 2013). Galvin and Todres (2013) call for a humanising approach to healthcare services which recognises and accommodates amongst other things the role of temporality in the wellbeing of older people.

Taken together, these findings add evidential support to studies such as El-Shaarawi (2015), Guell et al. (2014) and Griva et al. (2015). They also contribute to the emergent research such as Wunderlich (2016), Schwanen et al. (2012) and Schwanen and Wang (2014), which explores the intersections between temporality and wellbeing. This study suggests the role of temporality, and in particular that temporal perspectives need to be incorporated into existing discussions regarding how best to enhance wellbeing in older adults with LTCs.

7.8: Limitations

Although this study revealed some interesting findings, it has several limitations. It is important to acknowledge that whilst qualitative research affords detailed and in-depth understandings of lived experiences, there are limitations inherent in

qualitative research. The narratives in this thesis may have under or over represented the importance of particular themes. One must be cognisant of people's propensity to only acknowledge those aspects of wellbeing they are willing to declare in public, and to perhaps ignore those which they want to keep private (Dolan and White, 2007). It is also worth remembering that the data in this study relate to those who agreed to participate in the research; this should be borne in mind.

This research may have been limited by participant bias and memory distortion. Previous research suggests retrospective self-reports are vulnerable to bias and distortion of memory (Blore, 2008; Oishi, 2002). This is related to the over-estimation effect (Wirtz et al., 2003) and may have distorted the findings, particularly in relation to the intersections between temporality and wellbeing. Durayappah (2010) noted that if an individual is in a positive mood they are more likely to think about positive aspects of their life and offer a positive evaluation of their life. This may have influenced the study findings.

There is also a danger that research can become self-fulfilling in nature, that is, researchers may be prone to find results that confirm their pre-existing expectations. For example, the nature of semi-structured interviews means the researcher has some input into the material highlighted for discussion. It is apposite to declare the researcher, Alison and Jim shared similar political affiliations and working-class sense of identity. These shared ideological principles may have led to bias in this study. Efforts were made to mitigate this by ongoing reflexive practice, discussions between the researcher, her supervisory team and the co-researchers. However, the extent to which this may have influenced findings can only be surmised, although it is worthy of reflection and deliberation. It must also be noted that the relationship between the researcher and co-researchers may have had an undue influence on the study finding. The extent to which this may have influenced findings can only be surmised, but it is worthy of reflection and deliberation.

Finally, the sample size for this study was small and selected from within one geographic area, and therefore may not reflect the typical experiences of older adults with LTCs. However, qualitative research tends to have a local focus and

emphasises the specifics of experiences rather than generalised understandings (Bartova, 2014, unpublished PhD thesis; Cresswell et al., 2007; Davies and Dodd, 2002).

7.9: Strengths

Despite the limitations, this study offers a number of strengths. First, it makes an original contribution by investigating wellbeing through the prism of historical/linguistic contextualisation. This provides insights into the relationship between conceptualisations of wellbeing and historical/linguistic factors identified as under-researched (Inglehart and Klingeman, 1998; Kingfisher, 2013; Sirgy and Estes, In Press).

Researcher reflexivity and co-researcher reflections contribute an additional layer of contextualisation in this thesis. In addition to which, the co-researchers were immersed in much of the research process. Our personal reflections and shared dialogues contributed to aspects of the research process associated with participatory research. The co-researchers' reflective diaries and the researcher's reflexive journal provided a source of rich, in-depth and contextual data.

There is increasing recognition of the value of lived experience and the important role this aspect contributes to research (Bartova, 2014; Basset et al., 2010; Seaford, 2011). This study explored the lived experiences of lay people within a historical and linguistic context and helps to give voice to lay narratives which are under-represented in wellbeing research (Clark and Gough, 2005; Dodge, 2012; Scott, 2012c).

It has been widely recognised that the field of wellbeing research is so vast it is beyond the capabilities of a lone researcher to conduct an extensive literature review (Gasper, 2010; Langlois and Anderson, 2002; Sarvimaki, 2006; Scott, 2012c). Nevertheless, a comprehensive literature review was undertaken and identified gaps in knowledge, which this study has contributed to. This comprehensive review incorporated a components' approach to explore in substantial detail domains of

wellbeing. It also utilised a chronological approach, documenting the trajectory of wellbeing research since the Local Government Act (2000). This two-pronged approach provides a broad and holistic overview of the development of wellbeing research.

7.10: Summary

This study has contributed to a clearer theoretical and empirical understanding of an association between personal responsibility and wellbeing. Feelings of powerlessness and lack of agency may influence perceptions of responsibility for wellbeing. Those familiar with the term 'wellbeing' through contact with healthcare/social care professionals were most likely to feel personal responsibility for physical wellbeing. This suggests that the language used by professionals may be important. Conceptually, wellbeing was most frequently associated with the language of professionals, media and state. This may indicate that the historical/linguistic legacy of wellbeing as a linguistic indicator of education and social positioning (Hughes, 1988) continues to influence current conceptualisations of wellbeing.

The study findings suggest that subjective experiences of wellbeing in older adults cannot be understood in isolation from the structural realities, which constrict their ability to assume personal responsibility for aspects of wellbeing beyond their control. Conceptually, these findings reinforce the need to look beyond agentic representations of wellbeing. Lay conceptualisations of wellbeing appeared to incorporate recent historical associations between wellbeing and welfare, which focused on structural representations of wellbeing. This has important implications for policy and the way in which wellbeing is researched.

There is a relationship between the way wellbeing is represented in legislature and discursive policies and the way in which it is researched (Schwanen and Ziegler, 2011; Nordbakke and Schwanen, 2014). There is an onus therefore on researchers and policy makers to offer different ways of understanding and promoting wellbeing and to acknowledge the limitations of agentic representations of

wellbeing. Attempts to represent and define wellbeing, which embody normative values associated with autonomy, independence and agency, may be positively detrimental to older people's wellbeing (Taylor, 2011).

Wellbeing was shown to have been mobilised within a PRA as a response to an ageing population, increasing numbers of people with preventable LTCs and the demands this places on health and social care resources. As a result, wellbeing has become discursively linked to policy objectives related to individual responsibility and self-governance. This alternative theoretical interpretation of the role of wellbeing and its civic functions should help to expand our appreciation of the perceived nature, meaning and purpose of wellbeing in civic society.

Chapter 8: Conclusion

This chapter begins by considering the extent to which the aims and objectives of the study have been met and synthesising the most notable findings. This is followed by a summary of the study's contribution to knowledge. The concluding paragraphs will highlight recommendations for future research, implications for practice before ending with a reflective comment.

8.1: A consideration of whether the study aims have been addressed

1 - The theoretical aim of this thesis was to explicate understandings of wellbeing and its association with personal responsibility. The findings established strong evidence to support theoretical claims that wellbeing has been mobilised within a PRA for governance purposes. The historical/linguistic contextualisation indicated that latent historical/linguistic associations between wellbeing and personal responsibility have facilitated this agenda. Furthermore, the historical/linguistic legacy of wellbeing continues to influence current conceptualisations of wellbeing.

2 - The empirical aim of this thesis was to investigate and synthesise the participants' conceptualisations of wellbeing. The study identified a disjunction between the participant and professional conceptualisations of wellbeing, particularly in relation to the perceived responsibility for wellbeing. The participants conceptualised wellbeing primarily within the parameters of state responsibility. This finding contributes to the debate about the division of responsibility for wellbeing between the individual and state.

3 - The overarching aim of this thesis was the synthesis of the theoretical and the empirical evidence. Whilst there is compelling theoretical evidence of an association between wellbeing and personal responsibility, the empirical evidence demonstrated that participants rarely acknowledged any personal responsibility for wellbeing. Where this was apparent, personal responsibility was identified in relation to those aspects of personal wellbeing most widely promoted within the

neo-liberal discourse. This concurrence may be indicative of the partial success of neoliberal efforts to mobilise wellbeing to promote a PRA.

8.2: Notable findings

The study revealed that:

- Wellbeing was not commonly associated with personal responsibility. Domains such as environmental wellbeing were commonly conceptualised as the responsibility of the state and beyond the control of average citizens.
- Feelings of powerlessness and lack of agency may influence perceptions of responsibility for wellbeing.
- Wellbeing was not considered a meaningful concept by participants.
- Those familiar with the term wellbeing, through contact with healthcare/social care professionals, were most likely to feel personal responsibility for physical wellbeing. This suggests language used by professionals may be important in apportioning responsibility for wellbeing.

Conceptualisations of personal wellbeing were coalesced into seven thematic domains: health, the ageing process, personal identity, social interaction, the built and natural environments and temporality. The study revealed some notable findings regarding how older adults with LTCs conceptualise personal wellbeing:

- Conceptualisations of wellbeing were considered highly subjective and situational. Efforts to operationalise it were regarded as problematic and potentially divisive.
- Wellbeing was rarely conceptualised in agentic terms, on the contrary it was widely conceptualised as the responsibility of the state.
- Autonomy and independence of personal value were generally considered redundant in personalised conceptualisations of wellbeing.
- Temporality played an important role in conceptualisations of long and short-term wellbeing. Childhood experiences were important mechanisms for establishing temporal perspectives.

- The natural environment has a predominantly positive impact on wellbeing, particularly psychological, emotional, and social and community wellbeing.

The study revealed some notable findings about whether wellbeing is considered a meaningful concept for older adults with LTCs, in particular:

- Unfamiliarity with the concept and its functional modus operandi led most to avoid using it favour of more widely recognised terms such as QoL and welfare.
- Wellbeing was not associated with the language used amongst peers.
- Wellbeing was considered conceptually complex and associated with the language of professionals, the media and the state. This suggests that wellbeing is a linguistic indicator of education and social positioning.

8.3: Policy recommendations

Within the complex data produced through the study, a number of policy recommendations emerged as warranting further investigation. These touch on different facets of wellbeing. Health and wellbeing boards may wish to address these as part fulfilment of their wellbeing duties, established in the Local Government Act (2000) and the amended Act (2007).

Since the worldwide recession, there is evidence to suggest that the relationship between wellbeing and housing conditions is often predicated on pecuniary resources (Gibb, 2014). For an increasing number of people, however, affordable well-maintained housing is beyond their budget. In addition to which, falling levels of housing stock has meant that housing costs constitute an increasingly large proportion of household income (Black et al., 2015; Gibb et al., 2013). Whilst "Measuring housing conditions and their effects on people's well-being is a complex task" (OECD 2011:82), future policies may wish to focus on how falling levels of housing stock and associated issues have impacted on wellbeing.

Temporality played an important role in conceptualisations of long and short-term wellbeing. This has important implications for those who commission or regulate local wellbeing services. Health and wellbeing boards may wish to explore how aspects of temporality such as temporal perspectives, attitudes and preferences enhance or undermine long and short-term wellbeing. This may help to explicate theoretical notions of temporality and its intersections with wellbeing, as recommended by Guell et al. (2014) and Griva et al. (2015).

Naumova (2014) sounded a cautionary note concerning the disproportionate emphasis on personal responsibility employed within health and wellbeing services. We need a clearer understanding of the role of structural and agentic factors on wellbeing (Bache and Reardon, 2013; Seaford, 2011; Scott, 2012a; Scott and Bell 2013). Those responsible for wellbeing services need to acknowledge there is a valid and mounting debate about the mobilisation of agentic representations of wellbeing within a wider PRA. Future policies should endeavour to align wellbeing measures with the Social Care Act (2014), which emphasised the role of governance in ensuring that wider structural determinants of wellbeing are addressed.

There was little evidence to suggest that participants associated wellbeing with personal responsibility. Indeed, wellbeing appeared to be more closely aligned with welfare provision and was primarily considered the responsibility of the state. This suggests that future wellbeing policies should acknowledge the role of social and institutional responsibility alongside that of individual responsibility, as recommended by Seaford (2011) and Scott (2012a, 2012c).

8.4: Implications for practice

Poor psychological wellbeing, frequently undermined by feelings of anxiety and depression, was particularly detrimental for personal wellbeing. Limited access to dwindling psychological services were identified as particularly detrimental. The participants reported that improving psychological wellbeing was unlikely to be achieved unless service provision provided high intensity and long-term interventions. These findings are likely to bring important implications for practice,

as evidence suggest that at any one time one in six people in the UK suffer from mental health issues (ONS, 2014). Increasing provision of psychological services for wellbeing has ostensibly been addressed by the UK government's widespread adoption of Layard's (2005) proposal to increase access to cognitive behavioural therapy. However, this has been challenged as an approach based on cost–benefit analysis rather than a well-evidenced approach to the provision of psychological services (Taylor, 2011, 2015; Wright, 2014). Similarly, new measures such as 'mindfulness' promoted within psychological services have been criticised for failing to address more serious mental health issues or psycho-social aspects of wellbeing (Scott, 2012c; Wright, 2014).

This suggests local government services should prioritise attention to psychological wellbeing. This could focus on increasing access to a broad range of wellbeing services such as long and short-term psychological services and psychosocial therapies (Taylor, 2011, 2015).

This study also has practical implications for the professional treatment of those who struggle with psychosocial aspects of mental health such as isolation, loneliness and depression. These exert a considerable impact on personal wellbeing. The findings suggest that the provision of services should prioritise attention to wellbeing alongside practical and health-related support. In particular, consideration should be given to enhancing wellbeing in terms of social network development to reduce the psychological and physical health complications which may arise from inactive and lonely lifestyles. Local government services can better reflect the wellbeing needs of older adults with LTCs by creating opportunities for formal and informal social interaction. This could be particularly effective if undertaken in the natural environment, which induces a calming effect and facilitates opportunities for inter-generational and cross-cultural contact. Situating social interaction within the natural environment has an additional advantage of valuing natural habitats, considered beneficial for social and community wellbeing.

Fear for personal safety restricted access to public green spaces and undermined the largely positive impact the natural environment had on personal wellbeing.

Public spaces need to be well maintained, informally policed, promoted as a community resource and networked to other resources to restrict territorial claims and reduce fears for personal safety. The findings suggest strategic policies, which include a range of measures to enhance perceptions of safety, may encourage greater levels of physical engagement and activity in outdoor spaces, concomitantly enhancing physical, psychological, social and community wellbeing.

This study provides clear and grounded evidence that loneliness and feelings of social isolation contribute significantly to the negative wellbeing of older people. Joint commissioning strategies based on joint strategic needs assessments may increasingly need to support multi-disciplinary services which address issues of loneliness, before they result in isolation and depression.

In the main, wellbeing was not considered a meaningful concept by those who took part in this study. This was due in part to low recognition rates, poor applicability in wider society and its perception as a professional term. If wellbeing has little lay currency, despite its inclusion in extended areas of policy and professional practice, then it may have little intrinsic worth, particularly as an outcome measure. This suggests that those responsible for commissioning wellbeing services may wish to reconsider wellbeing as an outcome measure for service user satisfaction.

8.5: Research recommendations

This thesis was a small scale, qualitative study that focused on older adults with LTCs, and therefore may not be widely generalisable. However, a number of areas worthy of further research were identified.

Biographical disruption and the interaction between cognitive impairments, depression and social isolation exerted a significant impact on personal wellbeing. These findings raise an important question concerning how these interactions manifest, and further highlight the importance of longitudinal studies in order to explicate understandings.

Negative associations between the natural environment and wellbeing were caused primarily because of fears for personal safety. Further research is required to establish whether there are causal relationships between certain aspects of the natural environment and specific wellbeing domains.

Temporality played an important role in conceptualisations of wellbeing. Research, which is attuned to temporality and its impact on an individual's subjective state, may help us to understand an individual's wellbeing in greater depth. Further research is required, for example, to discern how temporal perspectives interact with an individual's sense of wellbeing.

Agentic and structural representations of wellbeing continue to exert a significant influence on conceptualisations of wellbeing. The combined influence of structural and individual factors on personal wellbeing needs to be better understood, and investigated further.

8.6: Contributions to knowledge

1. This is the first UK study to contextualise current understandings of wellbeing through a historical/linguistic prism. This study documented a long established historical/linguistic association between wellbeing and personal responsibility, which continues to influence modern conceptualisations of wellbeing.

2. This study explored people's lived experiences of wellbeing, contextualised by the historical/linguistic prism. This offers an appreciation of two factors rarely addressed in current wellbeing research.

3. This study has contributed to a clearer theoretical and empirical understanding of an association between personal responsibility and wellbeing.

4. This research has elucidated some adumbrated aspects of personal wellbeing, which were under-researched at the onset of this thesis. In particular:

   i.   New insights into the role of temporality and temporal perspectives within the context of lay conceptualisations of personal wellbeing.

ii.   New insights into aspects of the natural environment and their impact on wellbeing.

iii.   An appreciation of the extent to which coping mechanisms and adaptation are used to offset the impact of ageing and health issues on wellbeing.

iv.   An appreciation of lay perceptions of the links between the built environment and wellbeing.

v.   An appreciation of lay perceptions of the links between social and personal wellbeing.

5. This thesis has contributed to the theoretical debate regarding conceptual differences between wellbeing and QoL. Whilst QoL and wellbeing may allude to similar aspects of the human condition, they differ in respect to linguistic reference, linguistic register, semantic construction and historical legacy.

6. Operationalised definitions should balance agentic representations of wellbeing, recognising the importance of structural factors and incorporating notions of state responsibility alongside notions of personal responsibility.

7. Definitions of wellbeing should not be thought of as being immutable or universally applicable but as historically, linguistically, culturally and temporally contingent.

8. Methodologically, the combination of a theoretical, linguistic and a qualitative study enabled the conceptual complexity of wellbeing to be explored.

8.7: Concluding comments

This study documented strong theoretical evidence of the mobilisation of wellbeing within a PRA. Historical/linguistic analyses indicated that latent associations between wellbeing and personal responsibility have facilitated this mobilisation. The empirical analysis suggested that recent historical/linguistic associations between wellbeing and welfare have influenced lay conceptualisations of wellbeing. These may have undermined government efforts to establish a sense of personal responsibility for wellbeing, at least for those involved in this study. The majority of

participants in this study identified the state/statutory agencies as primarily responsible for key domains of wellbeing such as psychological, economic, social and environmental wellbeing. Only a minority of those involved in this study felt personal responsibility for wellbeing. This was primarily for aspects of wellbeing pertaining to physical health, personal relationships and the community. Much of the discursive representations and conceptualisations of wellbeing advocated by professional/academic 'expert voices' were not reflected in the language of participants. This study therefore suggests there may be a disjunction between lay and professional conceptualisations of who may be considered responsible for wellbeing.

Wellbeing is a continually evolving socially constructed concept. However, it retains former inherent meanings which are embedded within the term. It is hard for us today to think about wellbeing without our modern frame of reference. In this modern era, we compartmentalise it into terms such as 'physical wellbeing' or 'mental wellbeing'. As a society which does not think primarily in holistic terms, we fail to see wellbeing in holistic terms.

We can, however, bequeath more holistic and less human-centred conceptualisations of wellbeing to future generations. These conceptualisations may draw upon existing historical and linguistic notions. Simultaneously, they may employ visionary, cultural and historical foresight to promote representations of wellbeing, which are future facing and incorporate notions of sustainability, eco-humanism and cultural heterogeneity.

Representations of wellbeing may be better served by alluding to a greater sense of the collective than that which it currently enjoys under the neo-liberal platform of individualism and the primacy of humans. The conceptual clarifications and definitions which we operationalise today, may lay the foundations upon which future literary luminaries create works we are not able to conceive. Perhaps it is also time to revisit notions which were formerly inherent or implicitly understood as integral to the concept, such as mutual interdependence and reliance on the natural world for survival.

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Appendices

Appendix A: Glossary

Active ageing: "The process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002:10).

Agency: The capacity of individuals to act independently and to make their own free choices (Barker et al., 2005: 448) .

Agentic determinants of wellbeing: Infers wellbeing is determined by self-directed actions and behaviours, influenced through "intentionality and forethought, self-regulation and self-reflective-ness" (Bandura, 2001:1). It assumes that the relationship between individual and wellbeing is one in which individuals have considerable autonomy to make and act on their choices.

Built environment: Can be broadly defined as "The sum total of what we design and construct in the places where we live, work, go to school, and play—from streets and highways to houses, businesses, schools, and parks. Since people create and experience communities in ways shaped by their cultures, understanding the built environment is as much about social processes as it is about physical ones" (Lee and Rubin, 2007:10).

Chronic pain: Any pain that has been experienced for more than 3 months. (DoH, 2010).

Cohort effects: Refers to "Data trends that arise because individuals were born at a particular point in time under particular circumstances that differ from those of individuals born at different times" (Schilling, 2005: 4).

Community wellbeing: "The combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential." (Wiseman and Brasher, 2008:353).

Cultural wellbeing: "The vitality that communities and individuals enjoy through: participation in recreation, creative and cultural activities; and the freedom to retain, interpret and express their arts, history, heritage and traditions". (New Zealand Ministry for Culture and Heritage website).

Czar: "An informal term which refers to high profile appointments who devote their skills to one particular area of expertise) and the wider media industry" (Semetko and Valenburg, 2000:96).

Deductive coding: Codes which operationalise theories or accounts from existing research identified from the literature overview (Abramson, 2003:5)

Differential ageing: "A concept which reflects upon the process whereby some people remain physically and mentally healthy in older age whilst in others health begins to deteriorate in early adulthood (Schuz et al., 2009:23).

Disability: "Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (World Health Organization, 1980).

Emotional wellbeing: "The emotional quality of an individual's everyday experience – the frequency and intensity of experiences of joy, stress, sadness, anger and affection that makes one's life pleasant or unpleasant" (Kahneman and Deaton, 2010: 1).

Environment: "Including: (a) ecosystems and the constituent parts, including people and their communities; and (b) natural and physical resources; and (c) the qualities and characteristics of locations, places and areas; and (d) the social, economic and cultural aspects of a thing mentioned in paragraph (a), (b) or (c).

(Commonwealth Environmental Protection and Biodiversity Conservation Bill, 1998:6).

Expert voices: "Celebrated and ostensibly impartial professionals acknowledged as having specialized or professional knowledge in their field" (Shamir, 2008a:5).

Frames: "A composition of elements—visuals, values, stereotypes, messengers— which together trigger an existing idea. They tell us what this communication is about. They signal what to pay attention to (and what not to), they allow us to fill in or infer missing information, and they set up a pattern of reasoning that influences decision outcomes" (Dorfman et al. 2005: 323).

Framing: Refers to how "Frames tap complex moral structures that trigger how people react to a whole constellation of social and public policy issues in our society "(Dorfman et al. 2005: 323).

Government: "Governments can be interpreted as the major agent of the state and exists to carry out the day to day business of the state." (Flint and Taylor, 2007:39).

Impairment: "Any loss or abnormality of psychological, physiological or anatomical structure or function" (World Health Organization, 1980).

Inductive coding: "Codes generated after data collection during early data analysis which are used to group together common elements and quotes into meaningful categories or themes" (Abramson, 2003:7).

Involvement in research: "When research is carried out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them. (INVOLVE, 2012:4).

Lay: "A person who does not have specialized or professional knowledge of a subject" (Cambridge Dictionary online, 2016).

Loneliness: "Regarded as the psychological embodiment of social isolation, reflecting the individual's experienced dissatisfaction with the frequency and closeness of their social contacts or the discrepancy between the relationships they have and the relationships they would like to have" (Steptoe et al., 2012: 5798).

Material wellbeing: Financial status, employment status, housing status, possessions.

Ontology: "Philosophical study of the nature of being, becoming, existence, or reality, as well as the basic categories of being and their relations". (Oxford English Dictionary online).

Participant: Refers to all those taking part in research. Further information is available at: The British Psychological Society Code of Human Research Ethics http://www.bps.org.uk/sites/default/files/documents/code_of_human_research_ethics.pdf

Personal identity: "Refers to a person's self-definition based on personal ideals and attributes, furthermore personal identity categorizations may say something about how one is distinct and how one ranks compared to other in-group members" (Brickson, 2000: 82).

Personal responsibility agenda: "Influencing public behaviour, particularly with a view to increasing personal responsibility in areas like health and welfare" (Halpern et al., 2004:3).

Personal wellbeing: "People's own assessment of their own wellbeing" (Oguz et al., 2013:6).

Physical wellbeing: "The ability to be fully engaged, on a regular basis, in all developmentally appropriate activities"(Cole, 2006:2).

Psychological wellbeing: This study adopts Ryff (1989) understanding of psychological wellbeing as consisting of several dimensions: self-acceptance, autonomy, positive relationships, environmental mastery, personal growth, and sense of purpose. This offers an understanding of wellbeing that incorporates environmental aspects alongside personalised aspects.

Political-media complex: "The mutually beneficial relationships which have been established between a state's political agents, its special interest groups for example expert professionals" (Semetko and Valenburg, 2000:96).

Positive Ageing: "The concept of 'positive ageing' embraces a number of factors, including health, financial security, independence, self-fulfilment, community attitudes, personal safety and security, and the physical environment. The underpinning premise is that the years of 'older age' should be viewed and experienced positively. The focus is therefore not only on the experience of older individuals, but also on younger generations' attitudes, expectations, and actions regarding ageing and older people." (The New Zealand Government's Positive Ageing Strategy, Ministry of social development, 2000:9)

Professional: "A person who has the type of job that needs a high level of education and training". Cambridge Dictionary online (2016)

Psychosocial: Involving both psychological and social aspects and the interaction between social and psychological factors. Oxford English Dictionary online (2015).

Purposive sampling: "A non random selection of interviewees on purpose" (Suen et al. 2014:105).

Religion: "Involves beliefs, practices, and rituals related to the 'sacred.' Central to its definition, however, is that religion is rooted in an established tradition that arises out of a group of people with common beliefs and practices concerning the sacred" (Koenig, (2008: 283).

Self selecting samples: "A type of convenience sample comprising research interviewees or subjects who have volunteered to participate" (Colman, 2008:774).

Social capital: "Features of social organisation such as networks, norms, and trust, that facilitate co-ordination and co-operation for mutual benefit" (Putnam, 1995:67)

Social isolation: "A deficiency of contact between an individual and other people. It differs from loneliness, which reflects a temporary lack of contact with other humans" Hall and Havens (2003:2)..

Social loneliness: "The expression of dissatisfaction with a small number of regular social contacts" Hall and Havens (2003:2)..

Social model of disability: "Conceptualises disability as separate from impairment and focuses on the elimination of prejudices, oppression and barriers which prevent people with impairments from participating in society" (Lhussier, 2006:40).

Social welfare: "The provision of goods and services (including 'psychological' services) to meet human need...It is aimed at securing the social conditions of participation for subjects/citizens, and of course the regulation and limitations of participation for the socially excluded (Taylor, 2008: 417).

Social wellbeing: "The positive wellbeing effects of social cohesion, integration and inclusion" (Newton, 2007:29).

Social networks: Those networks which provide support to an individual ranging from those formed with neighbours, friends or family members to those which are formed within collective social groupings such as church membership or leisure groups (McCormick et al. 2009: 22).

Snowball sampling: "A type of purpose sampling where existing interviewees recruit future subjects from among their acquaintances. Thus the sample group appears to grow like a rolling snowball" (Ritchie et al., 2003:94).

State: "Claims common political and legal authority and a monopoly of legitimate force and other sovereign powers throughout its jurisdiction" (Agnew, 1998:7). It also "should possess the following qualifications: a permanent population, a defined territory , a government and a capacity to enter into relations with other states" (Montevideo Convention on Human Rights and duties of State 1933).

Statutory body: "A statutory body is set up by a law passed by parliament which explicitly mentions the objectives for their creation, their composition, and their powers. These bodies are authorised to enforce legislation on behalf of the relevant country or state". (Flint and Taylor, 2007:205).

Structure: "Those factors of influence (such as social class, religion, gender, ethnicity, customs, etc.) that determine or limit an agent and his or her decisions" (Baker et al. 2005:448).

Structural* determinants of wellbeing: "These locate, often implicitly... problems in contextual or environmental factors ...rather than in characteristics of individuals...and tend to view individual agency as constrained or shaped by structures. They presume a certain degree of social causation of ...social, economic, political, or physical environments that shape... or otherwise affect outcomes. (Blankenship et al., 2006:59).

Structure versus agency debate: This may be understood within the context of determining whether an individual acts as a free agent or in a manner dictated by social structure. (Scott, 2012c).

Subjective wellbeing: "An individual's evaluation of their level of life satisfaction mapped against positive and negative aspects of affect" Diener et al. 1997:190).

Temporality: "Refers to time as it is experienced by us as humans" (Hemingway, 2011:23).

Temporal states: "The three temporal states, the past, the present and the future" (Durayappah, 2010:31).

Temporal attitudes: "A person's a prevailing outlook or way of thinking about time and temporality" (Durayappah, 2010:31).

Temporal preferences: "The temporal state which people tend to spend much of their cognitive time in". (Durayappah, 2010:31)

Temporal perspectives: "Reflects the strategic decision-making process involved in weighing the benefits of one particular state over another" (Durayappah, 2010:32).

Temporal salience: refers to "How evaluations of global well-being and life satisfaction could be significantly affected by ...how one feels at the time of evaluation" (Durayappah, 2010:29).

Universal design: "The design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design". (United Nations, 2007: Article 2) .

Utilitarianism: A philosophical doctrine expounded originally by Jeremy Bentham (1700-1790) and then modified and contextualised by John Stuart Mill (1812-1890).Utilitarianism maintains that the ultimate goal of individuals is to maximise wellbeing or happiness. (Mokyr, 2010; Morgan, 2010)

Welfare state: "In essence it can be argued that it describes the institutions, policies and mechanisms dedicated to delivering those services, which seek to address issues around poverty and ill health, through the provision of education, housing, public health and pensions" (O'Brien and Penna, 1998:12).

Wellbeing: For the purpose of this thesis I have adopted Ryan and Deci (2001) appreciation of wellbeing as a "multidimensional phenomenon that includes aspects of both the hedonic and eudaimonic conceptions of well-being" (Ryan and Deci 2001:148).

Appendix B: Conceptual Distinctions between Wellbeing and Quality of Life

Introduction

Some writers draw distinctions between the concepts wellbeing and quality of life (QoL) and urge others to follow their lead for consistency (Gasper, 2010; Haas, 1999; Helliwell and Putnam, 2004; Langlois and Anderson, 2002; Sarvimaki, 2006). Others prefer to treat the terms as synonymous (Camfield and Skevington, 2008; Krishnakumar, 2007) or propose blurring the conceptual the boundaries between QoL and wellbeing (Lhussier, 2009).

Wollny et al. (2010) argued that treating wellbeing and QoL as synonymous holds considerable appeal for those authors/researchers more concerned with practical applications than semantic erudition. This thesis however is directly concerned with investigating semantic understandings of wellbeing. In addition to which the empirical investigation is concerned explicitly with conceptualisations of wellbeing in relation to its mobilisation within a personal responsibility agenda. Thus, it is consistent with the aims and objectives of this study that the semantic distinction, which exists between the two concepts, necessitates a sole focus on the concept wellbeing. This thesis acknowledges these two concepts are closely aligned and share common characteristics. However, I propose that the concepts differ in respect to their linguistic, historical and conceptual identities and are two distinct concepts (Bowling et al., 2003; Camfield and Skevington, 2008; Gasper, 2010; Langlois and Anderson, 2002; Sarvimaki, 2006; Spiro and Bossé, 2000).

However, it is important to acknowledge the intersections between wellbeing and QoL (Snoek, 2000). Wellbeing research has utilised the findings of QoL research and the terms are often used interchangeably (Hamilton and Scullion, 2006). It is also important to note that distinctions between QoL research and wellbeing research are often blurred (Galloway, 2006; Gasper, 2010). The following pages therefore highlight some of the similarities and differences, which exist between

conceptualisations and theoretical and empirical understandings of wellbeing and QoL.

The distinction between wellbeing and QoL within the parameters of this research

The utilisation of wellbeing in research and public policy is often grounded in QoL research and whilst these two concepts are used interchangeably they are distinct concepts (Bowling et al., 2003; Camfield and Skevington, 2008; Gasper, 2010; Langlois and Anderson, 2002; Sarvimaki, 2006; Spiro and Bossé, 2000).

Rapley (2003) reported that within research, QoL and wellbeing are commonly associated with each other as they both have two distinct and identifiable aspects, i.e. objective and subjective dimensions. However, there are a number of arguments why wellbeing and QoL may be considered distinct concepts.

First, where QoL may be sub-divided into objective and subjective domains, wellbeing have many more subdivisions. This enables wellbeing to be utilised with more specificity than QoL offers. Bond and Corner (2004), examined QoL research in social gerontology and health. They concluded researchers should draw a clear distinction between the objective indicators and psychometric measures of QoL and the subjective experiences of wellbeing. This has become increasingly important as domains such as social and emotional wellbeing are now widely utilised when assessing health (Eckermann, 2000).

Second, QoL is often used to describe how people feel at a particular stage in life in relation to their current life situation (Bowling, 2001; Bowling et al., 2003). Wellbeing however, is applied in relation to subjective experience but also has a philosophical aspect (Raz, 2004; Tiberius, 2004, 2011; Sumner, 1999). The philosophical aspect of wellbeing will be discussed in detail in section entitled 'Ontological perspectives'.

Historical identities

QOL has a relatively short history (King, 2007; Ribeiro, 2004) coming into use during the 1950's (Armstrong and Caldwell, 2004; Snoek, 2000). It grew in prominence

during the 1960's because of the social indicators movement and became widely used during the 1970's (Andrew and Withey, 1976; King, 2007; Michalos, 2014). QoL is now widely recognised as a popular concept used in everyday language (Bowling, 2007; Katz et al., 2012; Pais-Ribeiro, 2004; Phillips, 2006).

Wellbeing is a much older construct than other overlapping concepts such as life satisfaction and QoL (Spiro and Bosse, 2000). Spiro and Bosse (2000) argued that the historical and linguistic legacy of wellbeing should be utilised by newer concepts such as QoL. Furthermore, they proposed that these fields of research should continue to "Maintain continuity with such classics as well-being" (p.297) in order to facilitate its absorption and adoption within mainstream gerontology.

Whilst wellbeing is not widely recognised as a popular concept, it is used extensively within media and government discourse (Fullager, 2002, 2009; Eraurt and Whiting, 2008; Rose, 1995, 1999; Sointu, 2005). It is a well-established and high status term (Crystal, 2002; Hughes, 1988; Ullman, 1962). However, research suggests this wellbeing is not widely understood or used in everyday language (Eraurt and Whiting 2008; Mathews and Izquierdo 2009; Seedhouse, 1995). Furthermore, it has failed to establish itself as a term widely used or recognised by lay populations (Clark and Gough, 2005; Edwards and Imrie 2008; Eraurt and Whiting, 2008; Hughes, 1988; Seedhouse, 1995; Whitehall Wellbeing Working Group W3G7, 2005).

The first recorded use of 'well-being' in written English was in 1613 (Oxford English Dictionary, 1971). During the 18th century, its legacy as a moral concept facilitated its appropriation within the doctrine of Utilitarianism (Mitra, 2002; Scarre, 1995). Utilitarianism is a philosophical doctrine, which espoused the pursuit of utility/wellbeing as the ultimate aim of citizens and governments (Scarre, 1995). The mobilisation of wellbeing utilises the notion of moral imperative (Raz, 2004; Sumner, 1999; Tiberius, 2004, 2011). It is this and the historical/linguistic legacy of wellbeing, which helps to, distinguishes it from QoL in the context of this study.

The adoption of subjective assessments within advancing care practices

Many contend that the growing use of wellbeing and QoL arose during the 1960s within the social indicators research movement (Alkire, 2013; Andrews and Withey, 1976; Easterlin, 2007; Hörnquist, 1982; Snoek, 2000). This movement is widely associated with the changing societal norms and values of the 1960s. These shifting norms and values resulted in a reduced focus on the creation and measurement of standardised, objective conditions of peoples' lives. Instead, it became more concerned with the assessment of life satisfaction and quality of living (Abdallah and Shah, 2012; Christakopoulou, 2001; Easterlin, 2007). This growing concern primarily focused on the apparent discrepancies between objective economic and social indicators of life satisfaction and subjective evaluations of life satisfaction (Snoek, 2000).

Alongside the growth of QoL research, subjective wellbeing (SWB) also became an increasingly important consideration within healthcare and healthcare research (White, 2007). Advances in medical science, improved diets and better living conditions improved life expectancy but did not necessarily improve life satisfaction (White, 2007). This led to interventions and treatment becoming progressively more concerned with advancing care practices which simultaneously enhanced QoL and SWB (Scriven and Garmen, 2005; Seedhouse, 2001; Stewart and Bushell, 2011; Tones et al., 1990).

This paradigmatic shift in healthcare practice influenced the way in which patients were involved in healthcare decision-making (White, 2007). Tools were developed which could be used to assess patients' subjective evaluations of their health and healthcare experiences (White, 2007). This in turn led to the increasing use of measures of SWB (Abdallah and Shah, 2012; Stewart and Bushell, 2011).

Research undertaken in the 1960s and 70s, typically perceived wellbeing as that which denoted subjective experiences of life whilst QoL denoted that which was concerned with the objective conditions of life (Sarvimaki, 2006; Smith, 1973). Over

time, this conceptual distinction has been eroded until the terms became interchangeable (Langlois and Anderson, 2002).

Conceptuality, circular definitions and definitional issue

Conceptually, wellbeing and QoL suffer from similar definitional problems (Camfield and Skevington, 2008; Gasper, 2010; Hamilton and Scullion, 2006). Both concepts are conceptually vague and there exists a plethora of definitions for QoL and wellbeing some of which tend to be discipline specific (Gasper, 2010). However, even within individual disciplines and organisations there are a broad range of definitions which are inconsistently applied (Eraurt and Whiting, 2008; Whitehall Wellbeing Working Group W3G7, 2005).

Additionally, authors often fail to provide an explicit definition of wellbeing or QoL (Gasper, 2010; King, 2007). Much of the literature and research associated with QoL and or wellbeing conflate the terms, or use them interchangeably without acknowledging contextuality, their epistemological positionality and the possible implications this may have (Gasper, 2010).

The circularity of definitions, which exists between QoL and wellbeing, represents a challenge for researchers (Sarvimaki, 2006) as the terms are frequently used as to help define each other (WHO, 1946). Definitions of QoL imply that what is worthwhile rests on the foundations of health and function (Bowling, 1995a, 1996, 2008). Definitions of wellbeing also imply that health is fundamental for a worthwhile existence. Definitions of wellbeing however, are often more complex and frequently include philosophical underpinnings and implications (Raz, 2004; Ryan and Deci, 2001; Sumner, 1999; Tiberius, 2004; Tiberius and Plakius, 2010).

Both health and QoL have commonly been defined as or conflated with wellbeing (Atkinson and Joyce 2011; Riva and Curtis 2012; Seligman 2011). In its landmark definition of health, the World Health Organisation (WHO, 1946) equated health and wellbeing by defining health as physical, mental and social wellbeing. In Eriksson's (1984) definition of health, wellbeing was perceived as one aspect of

health whilst wellbeing, was characterised as a concept which referred to how one feels or experiences life and health. Bowling (2005) however defined health in terms of quality of life and laid particular emphasis on psychological wellbeing.

These definitional issues are often compounded because "Researchers do not feel the need to explicitly define the term they are attempting to measure" (Galloway, 2006:30). These definitional issues are challenging for researchers, and pose significant challenges, for example, when conducting and writing a literature review (Galloway, 2006). These are further complicated by a tendency for some writers to conflate wellbeing and QoL with SWB, happiness, life satisfaction, and welfare (Galloway, 2006). In a perfect example of circular definitions, Christoph and Noll (2003) defined SWB as life satisfaction and represented SWB as a constituent of welfare, a term that they equated with QoL.

The association of SWB with life satisfaction and or QoL in itself can lead to conceptual ambiguity (Galloway, 2006; Hendry and McVitie, 2004; Snoek, 2000). This has been acknowledged as an additional issue for those seeking to explicate the meaning of wellbeing (Ryan and Deci, 2001). Ryan and Deci (2001), noted that some interpret SWB as the personal evaluation or assessments of one's own sense of wellbeing, whilst others interpret it as the balance between life satisfaction, positive affect and negative affect. Helliwell and Putnam (2004), for example, refer to happiness and life satisfaction in their efforts to distinguish between wellbeing and SWB.

> "Generally speaking, self-ratings of 'happiness' turn out to reflect relatively short-term, situation-dependent (affective) expressions of mood, whereas self-ratings of 'life satisfaction' appear to measure longer-term, more stable (cognitive) evaluations". (p.1435).

The conflation of happiness and life satisfaction with wellbeing and QoL has led to further ambiguity (Galloway, 2006; King, 2007; Zikmund 2003). There are numerous examples across wellbeing and QoL research in which life satisfaction is explicitly or implicitly inferred as a synonym for wellbeing or QoL (Bowling, 1995a, 1996;

Farquhar, 1995; Haas, 1999b; Oliver et al., 1995; Taileffer et al., 2003). Christakopoulou et al. (2001) used life satisfaction implicitly in their definition of wellbeing within urban populations in the UK, Ireland and Greece. They measured wellbeing in terms of satisfaction with a range of domains such as living space, the social community, economic community, political community (Christakopoulou et al., 2001). Galloway's (2006) extensive review of wellbeing and QoL reported that in economic SWB literature there are well-established associations between life satisfaction and the wider objective characteristics of QoL. Tailleffer et al. (2003) study of 63 QoL models reported that QoL, wellbeing and SWB were all equated with life satisfaction.

Haas (1999b) however, argued against the growing inclination and practice across healthcare research for researchers to conflate one term with another.

> "The terms QoL, satisfaction with life, functional status, and well-being can no longer be used interchangeably. They represent different levels and aspects of the broad concept of QoL. If one chooses to focus on the subjective aspects of QoL, then it must be clear that that is what is being discussed is either 'well-being' or 'subjectively perceived QoL.' For those who choose to focus on objective indicators of QoL, it must be clearly identified as either 'functional status' or 'objectively perceived QoL.' Those who study satisfaction with life must either clearly state that as the purpose of their investigation or make it clear that they are interested in studying an aspect of well-being or subjectively perceived QoL". (p.8).

The inconsistent application of a researcher's chosen terms in association with inconsistent usage and a failure to offer any definition of terminology threatens to undermine efforts to synchronise research findings from the different fields of study (Christoph and Noll, 2003; Galloway, 2006; Gasper, 2010). These issues add to the already challenging nature of studying wellbeing and QoL. Without definitional and conceptual clarification it is not possible to conclude with any conviction if and what the relationship between wellbeing and QoL might be.

The practice of embedding concepts associated with wellbeing and QoL within definition is also problematic. Concepts such as health and happiness are frequently embedded within definitions of wellbeing and QoL. This has served to further obfuscate the boundaries between complex concepts and undermined efforts to establish consensual definitions (Atkinson 2013; Atkinson and Joyce, 2011).

The multiplicity of terms associated with wellbeing and QoL has stimulated a debate concerned with the degree to which the terms may be considered synonymous or distinct concepts (Bond and Corner, 2006; Langlois and Anderson 2002, Lim, 2001; Sarvimaki, 2006). Some identify QoL and wellbeing as distinct concepts such as Smith (1973), Langlois and Anderson (2002), Tiberius and Plakias (2010) and Gasper (2010). Others, perceive the terms to be synonymous, such as Bradburn (1969), Wiggins et al. (2004) and Burchi and Gnesi (2013). A considerable number of authors exist along this continuum including Snoek (2000), Sarvimaki (2006) and Galloway (2006). The following section endeavours to offer a précis of their respective positions.

Wellbeing and QoL commonality

As previously noted, there has been an increasing trend amongst QoL and wellbeing research to distinguish between objective indicators and subjective evaluations of life satisfaction, QoL and wellbeing (Snoek, 2000). Simultaneously, however, there has been a considerable convergence of the terms (Langlois and Anderson, 2002). This may be because of the expansion of interest in wellbeing and QoL across academic disciplines (Brown et al., 2004; Galloway, 2006).

Langlois and Anderson (2002) reviewed QoL and wellbeing literature in order to integrate the terms. The result of this review led to a new 'Integrated Model of Quality of Life and Well-being' (Langlois and Anderson, 2002). This new model sought to understand the holistic nature inherent in QoL and wellbeing through the identification and integration of those domains identified as common to both concepts. Despite the considerable intersections between wellbeing and QoL, few researchers have taken up the 'Integrated Model of Quality of Life and Well-being'.

The intersections between wellbeing and QoL occur across policy, conceptual, empirical and academic contexts. These intersections were drawn upon to facilitate their adoption across a diverse range of subject areas after the Local Government Act, 2000 (Scott, 2012c). The promotion of wellbeing as part of Local Government duties to citizens led to both wellbeing and QoL being used widely in the early discourses of the New Labour government (Scott, 2012b, c). In these discursive domains the concept of wellbeing and or QoL were entwined with notions of sustainable development (Scott, 2012b, c).

The adoption of wellbeing/QoL in relation to sustainable development was possible because of existing associations in these concepts with the measurement of human progress (Lim, 2001; Smith, 1973; Snoek, 2000). It may be that the wider environmental factors associated with wellbeing and QoL, such as economic conditions were also important elements which could be drawn upon. Working conditions, for example, have been widely recognised as impacting upon peoples' sense of wellbeing and QoL (Bilanchini, 2012; Booth, 2012; Haworth, 2007; Galloway, 2006; Potter et al., 2012).

At policy level, wellbeing and QoL are both recognised as being influenced by factors and processes at the individual and global level. These may pertain to objective characteristic and or a subjective assessment (Atkinson 2013; Camfield and Skevington, 2008; Galloway, 2006). This duality has made them attractive as measurement tools (Scott, 2012c). QoL became one of the fastest growing areas of research and policy (Sarvimaki, 2006; Snoek, 2000). QoL is an important outcome measure, particularly in health and social care service delivery (Bowling and Gabriel, 2007; Galloway, 2006).In addition to which, it also plays an important role acting as a bridge for cross sector public partnership working (Hamilton and Scullion, 2006). Sarvimaki (2006) argued that this was because the concept has intuitive appeal as a measure of the wellbeing of individuals, communities and nation states.

Hamilton and Scullion (2006) noted that conceptually and pragmatically QoL and wellbeing have become important tools in public policy and service provision.

Wellbeing and QoL have both been promoted in recent years as measures or indicators of societal progress, which look beyond traditional economic measures of societal progress (Abdallah and Shah, 2012). Both terms, for example, are heavily used within service provision to evaluate the efficacy of service delivery (Lim, 2001; Snoek, 2000). This is particularly the case with health and social care services.

The shared characteristics of wellbeing and QoL mean the terms are also frequently used interchangeably across a range of government legislation (Galloway, 2006). The use of wellbeing and QoL interchangeably can be found in documents such as 'Every Child Matters: Change for Children' (DfES, 2003); NSF for LTCs (2005) and the white Paper 'Caring for our future: reforming care and support' (DoH, 2012).

At the theoretical level, there is general acknowledgement that conceptual similarities exist between the concepts. Both concepts are generally acknowledged as having both objective and subjective aspects (Brown et al., 2004; Camfield and Skevington, 2008; Galloway, 2006; Gasper, 2010; Sarvimaki, 2006). Implicit in many definitions of wellbeing and QoL are the connections between life satisfaction and their subjective and objective characteristics (Galloway, 2006). The attainment of QoL and wellbeing are both associated with objective conditions external to existence, such as living conditions or access to education and internal characteristics such as self-efficacy and self esteem (Bowling, 2000; Bowling et al. 2003; Carpenter, 1997; Christakopoulou et al., 2001; Diener and Lucas, 2000; Potter et al., 2012; Tailleffer et al. 2003).

Similarly, the importance of personal values and subjective assessments has been increasingly promulgated within wellbeing and QoL research (Galloway, 2006). Wellbeing and QoL are both perceived as being influenced by both positive and negative experiences and affect, and by valuations and self-evaluations of life circumstances, which may change over time in response to life experiences and changing health.

Bowling et al. (2003) claimed that the "Most frequently reported empirical associations with both well-being and quality of life in older age are good health and

functional ability, a sense of personal adequacy or usefulness, social participation, the existence of friends and social support, and level of income" (p.273). At an empirical level, there is long and well-established evidence to support these claims (Bowling et al. 1996, 2003, 2005; Brown et al., 2004; Gabriel and Bowling, 2004).

Within empirical research, researchers have identified that wellbeing and QoL suffer from a number of practical issue. For example, what constitutes the determinants of wellbeing/QoL, versus what constitutes its essence per se (Ryan and Deci, 2001; Shumaker et al.1990). There is therefore a need to acknowledge that both concepts require clarification in order to facilitate their application in practical and policy usage (Langlois and Anderson (2002).

At an academic level disciplines such as psychology and economics perceive both concepts as dynamic constructs (Bowling, 2005a; Bowling and Gabriel, 2003; Bowling et al. 2009; Haworth and Hart, 2006). Additionally both are widely adopted as umbrella terms and utilised across diverse academic disciplines (Galloway, 2006). Wellbeing and QoL research incorporates topics from across the academic spectrum (Galloway, 2006; Hamilton and Scullion, 2006; Langlois and Anderson, 2002). The multidisciplinary nature of these concepts facilitates diverse approaches which incorporate theoretical ideas from disciplines across the academic spectrum (Hamilton and Scullion, 2006; Ryan and Deci, 2001).

Despite areas of commonality between wellbeing and QoL there are conflicting views of what is meant when referring to QoL and wellbeing and whether these terms refer to the same thing. However, both terms have become part of the lexicon of public policy narratives (Association of Public health Observatories, 2006; Eraurt and Whiting, 2008; Seedhouse, 1995, 2005). Research, therefore, has an important role to play in the exploration of the commonalities and differences between theoretical and empirical understandings of wellbeing and QoL. This is important given that process and outcomes measures of wellbeing, and or QoL are used extensively particularly in health and social care settings (Abdallah et al., 2012; Association of Public health Observatories, 2006).

Having considered the commonality between wellbeing and QoL the following section explores the differences between them.

Differentiating between wellbeing and QoL

Smith (1973) was an early advocate for differentiating between QoL and wellbeing. He argued that the term wellbeing referred to the objective life conditions of a population, whilst QoL referred to people's subjective assessments of their lives. However, as QoL research became widely established conceptual differences between the concepts lapsed. The emergence of wellbeing as a statutory duty of Local Authorities (Local Government Act, 2000) however focused greater attention on what was meant by the term wellbeing and whether wellbeing was distinct from similar terms such as QoL, life satisfaction and welfare (Scott, 2012c).

Langlois and Anderson (2002) provide an example of theoretical research which differentiates between wellbeing and QoL. Their research was based on the supposition that QoL pertains to process, whilst wellbeing pertains to a dynamic process and a state of being. In practical terms, one could equate this in service provision as utilising QoL as a process measure whilst utilising wellbeing as an outcome measure.

It has also been argued that QoL is more widely associated with functioning (Bowling et al., 2003; Gabriel and Bowling, 2004). Lhussier (2006) for example argued that QoL within healthcare has traditionally been based on improving functionality and "Prolonged life expectancy" (p.23). Whilst some theoretical accounts of wellbeing also associate wellbeing with functioning such as the Capabilities Approach (Sen, 1984, 1985b, 1993) and Capabilities List (Nussbaum, 1988, 1992, 1995, 2003a) there is growing evidence that this association has more to do with societal perceptions than lay realities (Edwards and Imrie, 2008).

Another area in which wellbeing may be said to differ from QoL is the binary nature often ascribed to it (Ryan and Deci, 2001; Woolryche and Sixsmith, 2008; Hobbs and

Sixsmith, 2009). QoL is often perceived as reducible to objective and subjective domains (Lui, 1976; Pais-Ribeiro, 2004). These can be assessed through objective and subjective criteria. However conceptually QoL is not thought of in binary terms.

Wellbeing however is often perceived in binary terms such as eudaimonic wellbeing and hedonic wellbeing, objective wellbeing and SWB, and as a multi-dimensional or a uni-dimensional concept (Bilancini, 2012; King, 2007; Ryan and Deci, 2001). These inherent contradictions in the nature of wellbeing reflect its long and complex historical linguistic development. If we take the example of wellbeing as a multi-dimensional or as a uni-dimensional concept one can see that there is a conflict between researchers at a basic level. Some perceive wellbeing as a multi-dimensional concept (Christakopoulou, 2001; Haworth, 2007). Others perceive it as a uni-dimensional concept (Beattie and Gott, 1993; Danna and Griffin, 1999). Whilst there are those who perceive it as both multi-dimensional and uni-dimensional (Ryan and Deci, 2001). This latter position holds increasing currency with wellbeing researchers' (Cooper, 2014).

Bond and Corner's (2004) research into QoL suggested there was a need for researchers to draw distinctions between the objective indicators used to assess QoL, from the subjective assessments used to measure the subjective experiences of wellbeing. They suggest that QoL has a populist appeal and utilisation in everyday language. This offers researchers a sensitising concept and a heuristic device, which can be used to investigate how lay people perceive life satisfaction. This may offer research a useful means of bridging lay and professional interpretations of what constitutes a life well lived.

The following section offers an overview of arguments concerning the extent to which wellbeing and QoL may be considered conceptually analogous. This debate has grown in recent years as utilisation of the two concepts within public policy has grown (Camfield and Skevington, 2008; Gasper, 2010; Hamilton and Scullion, 2006; Langlois and Anderson, 2002).

Ontological perspectives

Gasper (2010) contended that whilst wellbeing and QoL are broadly based on evaluative judgements there remains insufficient consideration in current literature that usage of the terms resides in their differing value to researchers. Furthermore, Gasper (2010) positions himself in relation to Sens' precept, that these concepts are subjective and based on the value system of those who employ them. Therefore, a researcher's decision to use wellbeing or QoL is often predicated upon their judgement, valuation and positionality (Gasper, 2010). Gasper (2010) argues that this is an inevitable aspect of research concerned with the exploration of subjective experiences.

However, Gasper (2010) states that "Compared to work on well-being, work on quality of life more often tends to take a standpoint within a public decision-making context and thus looks also at necessary conditions within the social environment" (p.357). Gasper (2010) also notes that wellbeing tends to be used in reference to individuals and concrete experiences, whilst QoL is more likely to be used in reference to contextualise "Communities, localities, and societies" (p.251). Gasper (2010) argues that "We need and use different QoL and WB concepts for different purposes" (p.355). This utilisation of verstehen, i.e. an appreciation of others' meaning and perceptions is key in the debate regarding the degree to which wellbeing and QoL may be considered synonymous (Gasper, 2010).

For Gasper (2010), whether QoL and wellbeing are the same or different concepts revolves around conceptions of being and or the nature of human life. "Different conceptions of well-being and quality of human life reflect different understandings of be-ing and of the structures of human life, in other words different ontology's and perspectives about the nature of persons and societies." (Gasper, 2010:357). In addition to which research within these two subject areas use different research instruments and have differing foundations such as positionality, purpose, theoretical views and ontological presuppositions (Gasper, 2010).

In some disciplines, the terms wellbeing, QoL and welfare are used interchangeably as if they are synonymous (Galloway, 2006). However, in disciplines such as health, economics or sociology, wellbeing and welfare are generally considered quite separate concept, although wellbeing and QoL are often conflated (Galloway, 2006). In disciplines such as psychology and philosophy however the three terms are widely perceived to be related but distinct concepts (Galloway, 2006).

At a theoretical level, philosophy has contributed much to the debate about whether wellbeing and QoL are analogous. In philosophy, wellbeing is widely attributed as having an ethical and or moral dimension, which is not widely considered present in the concept QoL (Sumner, 1999; Tiberius and Plakias, 2010; Bilancini, 2012). Within the study of 'Ethics' for example, some of the most challenging theoretical debates relate to the nature, function and role of wellbeing and its relationship to moral responsibility (Griffin, 1986, 2010; Raz, 2004; Tiberius, 2004).

Questions such as 'What role can and should wellbeing play in morality'? What role can and should wellbeing play in the ethics of governance? (Bentham, 1789; Bilancini, 2012; J., S. Mill, 1859) have plagued philosophers since antiquity (Bergdolt, 2008; Ryan and Deci, 2001) and have led to a range of theoretical expositions (Wootton, 2015). These long established theoretical debates whilst common in wellbeing research are rarely addressed under the auspices of QoL research. When they are addressed, it is usually in relation to individuals with cognitive impairments, their capability to assess their own QoL and whether it is ethical for external authorities to impose an assessment of QoL (Galloway, 2006)

In seeking to clarify the conceptual difference between QoL and wellbeing, I have drawn upon the work of authors such as Sumner (1999). Sumner (1999) proposed that the strong philosophical dimension embedded within wellbeing differentiates it from other concepts such as QoL and welfare. In addition to which I would add that wellbeing might fruitfully be considered a concept, which seeks to guide action rather than describe action (Tiberius, 2004, 2013; Tiberius and Plakias, 2010). It is these philosophical arguments, which add weight to the supposition that wellbeing

has an explicit moral/ethical dimension which at best, may only be considered implicit in QoL.

Can and should we use wellbeing and QoL interchangeably?

There are those who argue that wellbeing and QoL can be used interchangeably (Burchi and Gnesi, 2013; Christoph and Noll, 2003; Lhussier, 2009). These arguments are often predicated on quite different assumptions. However, there are significant numbers of researchers, policy makers and academics who use the terms synonymously. Christoph and Noll (2003) one such example, argued that wellbeing, welfare and QoL can all be used interchangeably. Their argument is based upon circularity of definition and linguistic association. Christoph and Noll (2003) claimed that SWB is a component of 'welfare'. Welfare is in itself a term, which they imply, is interchangeable ...with QoL . Thus for Christoph and Noll (2003) the terms SWB, welfare and QoL can legitimately be used interchangeably.

Schalock (2000, 2004) contributed much to the debate about whether wellbeing and QoL can and should be used interchangeably. Schalock argued that wellbeing and QOL are such closely related concepts that they can be used synonymously (Buntinx and Schalock, 2010; Schalock, 2000, 2004; Schalock et al. 2010). Schalock's (2000) definition of individual QoL for example intimated that wellbeing is a determinant of QOL. Within this definition, however he also argued that QoL is a constituent aspect of personal wellbeing (Schalock, 1996, 2000; Schalock et al., 2010). The circularity of definition within the work of Schalock is also evident in the work of others (Sarvimaki, 2006).

Schalock's argument however is undermined by the fact that the precise relationship between the concepts has not been established and is far from clear. This suggests that the relationship between the two concepts remains too ambiguous for researchers to use the terms synonymously with any great confidence (Sarvimaki, 2006).

Tailleffer et al. (2003) in a systematic review of health related QoL models reported that in one third of QoL models, which utilised the concept of wellbeing, QoL was

defined explicitly or implicitly as wellbeing. This means that two thirds of the models classed the two concepts as distinct. This suggests there is only qualified support for equating the two concepts and using them interchangeably.

The increasing use of QoL and wellbeing indicators in policy and planning since the Local Government Act (2000) has meant that the extent to which the terms wellbeing and QoL can be considered interchangeable continues to occupy the attention of researchers (Galloway, 2006; Gasper, 2010; Scott, 2012c).

Lhussier (2009) for example proposed that regardless of whether wellbeing and QoL are different concepts researchers should blur the boundaries between the concepts. Lhussier (2009) argued that maintaining these conceptual boundaries has led to a stagnation in QoL research and undermines efforts to operationalise it. Furthermore Lhussier (2009) claimed that blurring the boundaries between QoL and wellbeing will liberate QoL research from current constraints and facilitate the development of alternative approaches to QoL research and practices. These will challenge established understandings and ontological characterisations of QoL, facilitate wider representations and conceptualisations of QoL and assist in efforts to operationalise it (Lhussier, 2009).

More recently, research undertaken by Burchi and Gnesi (2013) suggests that wellbeing and quality of life are now considered almost analogous concepts. This assumption is grounding in the conviction that both concepts are multidimensional and is used by researchers who are motivated to investigate the conditions, which underpin peoples' life satisfaction.

Having considered the theoretical arguments for using wellbeing and QoL as interchangeable concepts we can consider the empirical arguments. Empirical QoL research, which focuses on lay conceptualisations of the good life, have tended to report that lay people conflate wellbeing and QoL (Bowling, 2005; Gabriel and Bowling, 2004, 2007; Gilroy, 2007, 2008; Ryff, 1989b). Gabriel and Bowling (2004) investigated lay definitions of QoL and reported that 99% of the 80 older people they interviewed identified health and psychological wellbeing as important

components in their definition of QoL. This offers empirical evidence of the way in which lay people conflate their understandings of QoL, health, and wellbeing. This may be indicative of lay people adopting a holistic understanding of life satisfaction, which is absent in professional and academic conceptualisations.

Issues with using wellbeing and QoL interchangeably

Whilst empirical QoL research indicates that wellbeing and QoL can be used interchangeably, there are fundamental concerns in adopting this approach. Camfield and Skevington (2008) acknowledged that whilst both concepts can be perceived as objective and subjective, further definitional and conceptual work is required to appreciate the relationship between them. Camfield and Skevington (2008) highlighted the broad problems in using wellbeing and QoL interchangeably. They suggested that researchers conducting empirical studies to explore what make human lives worthwhile need to posit fundamental enquiries. They proposed a series of questions, which might help clarify the relationship, and the extent to which the terms can be used synonymously. These questions suggest lines of enquiry such as:

> "Is QoL synonymous with SWB or with WB in general? Is the QoL concept sub-ordinate to SWB or could SWB be nested within QoL? If QoL is not the same as SWB how much do these concepts differ semantically and conceptually? If they overlap conceptually, then in what ways and to what extent does this occur?" (Camfield and Skevington, 2008:764).

Camfield and Skevington (2008) concluded, "That the new definition of SWB derived by an expert panel (WHOQOL Group, 1995) now displays high convergence with an inter-national definition of QoL " (p.770). This led them to suggest that SWB and subjective QoL are virtually synonymous with each other (Camfield and Skevington, 2008). Research such as this and growing inter-disciplinary approaches to the study of peoples' life conditions, offers authors and researchers some

justification for using wellbeing and QoL interchangeably (Camfield and Skevington, 2008).

There are however, concerns that using wellbeing and QoL interchangeably is further complicated by issues such as whether wellbeing and QoL are multi-dimensional or uni-dimensional concepts and which dimensions are inherent or embedded within the concepts (Bowling and Gabriel, 2007; Gasper, 2010; Galloway, 2006). There has been a growing tendency for wellbeing and QoL researchers to argue that these concepts are multi-dimensional. Given this position, it becomes important for clarification purposes that researchers identify which domains are directly transferable to the other concept (Galloway, 2006). This is particularly important at an operational level, where the synthesis of the concepts may not always be a perfect fit and may undermine already complex assessments of these concepts as process and outcome measures (Galloway, 2006). These are issues which future research could explore in order to explicate understandings of the relationship between wellbeing and QoL.

Wellbeing and QoL as similar but not synonymous concepts

Sarvimaki (2006) drew upon Heidegger's philosophy of 'being' to posit that whilst wellbeing and QoL are similar they are not synonymous. Wellbeing for example is widely perceived as referring to all three temporal states (Atkinson 2011, 2013; Durayappah, 2010; Schwanen, and Ziegler, 2011; Schwanen and Wang, 2014). QoL however, is traditionally and fundamentally associated with an individual's current life circumstances (Atkinson 2013; Bond and Corner, 2004; Sarvimaki, 2006; Smith, 1973; Zikmund, 2003). Indeed QoL is often perceived in relation to the "Everyday unfolding of life" (Sarvimaki, 2006: 9). Bond and Corner (2004) who suggested that QoL is a concept, which lends it to the language of the everyday, support this positionality.

There exists a continuum of opinion with regard to the extent to which QoL and wellbeing may be considered similar but not synonymous (Katz et al., 2012). Some perceive psychological wellbeing, SWB and personal wellbeing as a component,

dimension or domain of QoL (Katz et al., 2012; Nordenfelt, 1991b; Phillips, 2006; Vincent et al., 2006). This has been supported by empirical evidence (Bowling, 2003, 2005; Bowling and Gabriel, 2003; Bowling et al., 2003; Gabriel and Bowling, 2004).

Others perceive QoL to be a component, dimension or domain of wellbeing (Christoph and Noll, 2003). Bond and Corner, (2006) for example, argued that QoL is a "Concept that is widely used as a measure of wellbeing" (Bond and Corner, 2006:154). The following section will consider in greater detail the contrasting arguments regarding whether wellbeing is a domain of QoL or QoL a domain of wellbeing.

Subsuming one concept within another

There are many competing views about the relationship between QOL and wellbeing (Haas, 1999b). There are a number of authors, who regard wellbeing as one constituent of QoL. These authors tend to considere QoL to be a broader concept than wellbeing (Diener and Suh, 1997; Lane, 1996; Vittersø, 2004). Discipline backgrounds can often play an important part in perceptions of the relationship between wellbeing and QoL (Gasper, 2010). The theoretical utilisation of particular concepts within particular disciplines was discussed previously in the section covering ontological perspectives. However, at a practical level this has important implications. For example, those from economic backgrounds are more inclined to distinguish between wellbeing and QoL on the basis that wellbeing relates to the individual, whilst QOL is considered to be a comparative concept related to welfare between individuals (Galloway, 2006). The association between wellbeing, QoL and welfare further complicates the extent to which one can subsume one concept within another.

Wellbeing as a QoL domain

Authors such as Vittersø (2004) argue that wellbeing should be perceived as a component of QoL as the term QOL combines both objective and subjective dimensions. For Vittersø (2004) SWB is subsumed within the subjective domain of QoL and relates to an individual's assessment of both the cognitive and affective aspects of their existence. Similarly Schalock (1996) proposed that wellbeing is embedded within QoL and should be construed as being related to the subjective aspect of QoL (Schalock, 1996).

Christoph and Noll (2003) also argue that wellbeing is a QoL domain. They subsume SWB within the broader umbrella of QoL based on the premise that welfare and QoL are coterminous and thus by process of association one can also assume that SWB is a component of QoL.

Others consider the constituent parts of wellbeing when arguing that wellbeing is a component of QoL. Bowling (2005) Gabriel and Bowling (2004) and Lawton (1991) argued that psychological wellbeing is considered the pre-eminent component of wellbeing across empirical and theoretical research. Using this premise Gabriel and Bowling (2004) argue that as psychological wellbeing is located within the broader conceptual framework of QoL, this perforce means wellbeing can be perceived as a QoL domain.

Other authors such as Lindstrom (1994), Ferrell, (1995) and Langlois and Anderson, (2002) however propose that QoL can be more productively perceived as a domain of wellbeing.

QoL as a wellbeing domain

Lindstrom's (1994) QoL model provides an early example of those who perceive QoL as a domain of wellbeing. Lindstrom (1994) developed a QoL model in which QoL, subdivided into four life realms, was embedded within the wider ambit of wellbeing. These four realms were represented as the global, external,

interpersonal and personal realms. Lindstrom (1994) identified a further subdivision of the personal realm, which she perceived was an amalgamation of physical, cerebral and spiritual facets. It may be that the spiritual facet of the model (widely perceived as central to wellbeing) played a role in Lindstrom's (1994) model embedding QoL within wellbeing.

Ferrell (1995) meanwhile identified QoL as underpinning wellbeing. Ferrell's (1995) understanding was predicated on the premise that wellbeing spans the four domains of human existence, i.e. physical, mental, social and spiritual wellbeing (Ferrell, 1995). Langlois and Anderson (2002) however perceived the relationship between wellbeing and QoL somewhat differently. Rather than perceiving QoL as underpinning wellbeing they suggest that "QoL can be seen as setting the stage for potential wellbeing" (p.509).

Lindstrom (1994), Ferrell (1995) and Langlois and Anderson (2002) perceptions of QoL as a domain of wellbeing has been enhanced by the work of Sarvimaki (2006). Sarvimaki (2006) conducted an overview of a range of definitions and models of 'wellbeing', 'health' and 'QoL'. Sarvimaki's (2006) findings indicated that wellbeing was a characteristic of health and QoL. This led Sarvimaki (2006) to argue that wellbeing could be perceived as the "Ultimate criterion of QoL" (p.4/5). In addition to which he suggested that wellbeing has the potential to act as a unifying concept across discipline boundaries.

Wellbeing and QoL as two distinct concepts

Smith (1973) wrote widely around the utilisation of social indicators and their application within US state policy. Langlois and Anderson (2002) identified Smith (1973) as one of the first authors credited with establishing the argument for conceptual distinction between the terms wellbeing and QoL. Smith's (1973) seminal study of social indicators differentiated between wellbeing and QoL, primarily on the premise that QoL was concerned with the objective assessment of conditions of life, whilst wellbeing was concerned with the subjective assessment of one's existence. Subjective assessment is now customarily recognised as a basic

requirement for the evaluation of wellbeing (Barnes et al., 2013; Bjornskov, 2012; Marks and Shah, 2004; Ryan and Deci, 2001). This distinction between the objective and subjective seems to offer wellbeing and QoL researchers reasonable grounds to support the notion that wellbeing can and should be used in both concept and application as distinct from QoL (Langlois and Anderson, 2002).

Haas (1999a) illustrated some of the associations, convergences and divergences between QOL and related concepts. Haas (1999a) identified wellbeing, life satisfaction, functional status and health status as concepts related to QoL. Haas (1999a) identified that whilst these concepts had broad and close relationships they were not identical. Haas (1999a) proposed that QoL was inadequately defined in part because QoL was equated with closely aligned but not synonymous concepts. She called upon researchers especially those within the field of QoL research to begin to unpack the subtle differences which exist between the concepts (Haas, 1999a),

Langlois and Anderson (2002) have perhaps been amongst the most vociferous in arguing that wellbeing and QoL are not synonymous. Langlois and Anderson (2002) reviewed QoL and wellbeing literature from 1970s to 2000. Based on their findings they argued that wellbeing and QoL are two discrete concepts. However, they identified that wellbeing and QoL researchers need to develop "A meaningful understanding of the quality-of-life and/or well-being literature" (p.502).

Unlike Smith (1973) however, Langlois and Anderson (2002) proposed that the conceptual difference between the concepts resides in healthcare practice. Here wellbeing is used in reference to objective life conditions whilst QoL is more readily aligned with individuals' subjective assessments of their lives. This contrasts with Smith (1973) position and may be indicative of the shift in emphasis, which developed during QoL research in the 1980s, and 1990s when increasing attention was paid to QoL as a subjective assessment.

Langlois and Anderson (2002) claim that the objective versus subjective distinctions used to distinguish between wellbeing and QoL, originated from those such as Smith (1973). They argue that this distinction is no longer applicable, as both

wellbeing and QoL are now widely perceived as incorporating objective and subjective assessments.

Langlois and Anderson (2002) contend that, whilst there is evidence to support the notion that the two concepts are conceptually linked, they are none the less distinct concepts. Langlois and Anderson (2002) suggest that there has been a conceptual erosion of the distinctions between the concepts. They suggest this erosion is the result of the recognition that wellbeing and QoL both have objective and subjective aspects.

Langlois and Anderson (2002) findings suggest there is a distinction between wellbeing and QoL. Moreover, this distinction is conceptually advantageous. Langlois and Anderson (2002) proposed that the distinction facilitates "Greater precision in the investigation of these multidimensional concepts" (p.506). This should be recognised within and across disciplines, particularly given that both are multidisciplinary and or trans-disciplinary concepts.

Zikmund (2003) has also proposed that wellbeing and QoL are distinct concepts though he acknowledges that conceptually wellbeing is closely related to QoL. Both concepts are concerned with the satisfaction of material, biological, psychological, social, and cultural needs and demands of an individual, which are necessary for life satisfaction. However, Zikmund (2003) proposed that use of the term of wellbeing is more closely associated with the present and immediate state of life satisfaction experienced by the individual. QoL on the other hand, is more concerned with the complex conditions which enable satisfaction with life. This may relate to an earlier concern raised by Gasper (2010) which cautions researchers against conflating determinants with inherent characteristics.

Bowling et al. (2003) a renowned QoL researcher proffered support for Spiro and Bossé's (2000) contention that "While overlapping to some extent, quality of life is conceptually distinct from well-being and satisfaction (Bowling et al., 2003:271). Bowling is one of the most widely published UK QoL researchers and is one of a strong contingent of researchers who argue that wellbeing and QoL are related but distinct concepts (Bowling and Gabriel; Gabriel and Bowling; Brown et al., 2004;

Haas, 1999a, 1999b; Gasper, 2010; Langlois and Anderson, 2002; Sarvimaki, 2006; Smith, 1973; Zikmund 2003).

It would appear that over time the arguments concerning whether wellbeing and QoL are distinct concepts have developed from early distinctions. These include those made based on the binary juxtapositioning of subjective and objective nature of the concepts (Gasper, 2010). In more recent times the distinction between wellbeing and QoL have developed into more sophisticated arguments. These argue that the concepts serve different purposes, perform different roles, have different relevance, stem from different disciplines and are an indication of researchers discipline backgrounds (Gasper, 2010).

Conclusion

It is to be hoped that this review has highlighted the complexity of the debate about whether wellbeing and QoL are synonymous concepts. Given the evidence presented above, one could say that whilst the majority accept that wellbeing and QoL are closely related concepts they do not as a matter of course accept that the two are synonymous.

As documented earlier, there are authors who use a multiplicity of terms when alluding to 'a life well lived'. However, given the paucity of conceptual clarity and the large number of definitions which exist for the three main conflated concepts 'wellbeing' 'QoL' and 'welfare' it would appear ill conceived for researchers to use these terms unreflectively and without offering the reader a clear rationale for using these terms interchangeably (Gasper, 2010).

Empirical research undertaken in the UK around lay understandings of QoL, most notably by Bowling (Bowling, 1995, 2003, 2005; Bowling and Gabriel, 2004) found that psychological wellbeing was of key importance in lay understandings and definitions of QoL. Similarly, other aspects identified as important such as health, social relationships, the home and neighbourhoods have considerable intersection with evidence of what is important for wellbeing (Gilroy, 2007, 2007). However,

little research has been undertaken to explore lay understandings of wellbeing. This study is therefore important in helping to explore the extent to which lay participants conflate understandings of wellbeing with those of QoL. As such, this study may help to ascertain the degree to which people in older age groups consider wellbeing analogous with QoL.

It is apparent from the discussion presented here that wellbeing and QoL share characteristics and domains. The degree to which wellbeing and QoL can be considered synonymous however, remains disputed and using the terms interchangeably warrants future investigation (Smith, 2000; Gasper, 2010). However, there is increasing support for those who argue that the term considered most appropriate for a particular research purpose is specific to each researcher (Galloway, 2006; Gasper, 2010; Sarvimaki, 2006; Smith, 2000).

Perhaps the final thought should come from Gasper (2010) who suggests that whilst wellbeing and QoL terminologies broadly overlap, their conceptual and applied differences are a strength we should celebrate.

Appendix C: Literature Review Search Methods

Introduction

This following sections includes a detailed presentation of the process and procedures used to identify and assess the relevance of literature included in the literature review. A literature review is a scientific approach which identifies and describes the existing knowledge related to the problem under examination (Glasper and Rees, 2012). Literature reviews recognise the gaps in existing knowledge and provide an explanation of how the current study might generate new knowledge (Burns and Grove 2007; Clarke 2007).

The quality of any literature review may be judged by its "Claim to be comprehensive, have up-to-date references, be transparent, well-balanced and without bias. It should demonstrate credible analysis and synthesis, be well-organised, well-presented and offer sufficient detail to ensure it could be replicated" (Polit and Beck 2006:12). The literature review process has sequential steps, which provide a framework for a study (Glasper and Rees 2012).This study followed the nine steps required for an effective literature review, as suggested by Polit and Beck (2008). The parameters of the literature review were governed by the research questions and objectives. See chapter 1 for a summary of the research questions and objectives.

The researcher undertook manual searches of literature contained in the libraries of Manchester Metropolitan University and the University of Manchester. Electronic databases and general internet searches were also utilised to identify relevant literature (Glasper and Rees 2012).

Literature search

The search strategy was formulated in order to identifying the most useful search terms and associated concepts. Recognition of search words is a requirement in searching studies (Glasper and Rees 2012). The 'keywords' or 'search terms' refer to a specific word or phrase for searching relevant literature from databases (Glasper

and Rees 2012). For this study keywords, concepts and alternative terms synonymous with each concept were identified and searched for accordingly. Additional methods such as 'truncation' i.e. using a term with * after the word and 'Boolean' i.e. using AND/OR were also utilised with the terms to generate more inclusive returns.

Search terms

Search terms included wellbeing, personal wellbeing, subjective wellbeing, eudaimonic wellbeing, hedonic wellbeing, objective wellbeing, psychological wellbeing, social wellbeing, community wellbeing, physical wellbeing, environmental wellbeing. Searches for the term wellbeing and its variant spellings proved problematic owing to the generic nature of the term. For this reason, searches using this term were restricted to study titles and additional exclusion criteria were used. All searches were limited to English language articles or those which had been translated into English. No restrictions were placed on the publication date of articles.

Wellbeing searches included terms used to describe wellbeing where these were identified as a component of wellbeing. These included quality of life (QoL), life satisfaction, happiness, subjective wellbeing (SWB) and welfare. Health searches included terms to describe illness such as long-term conditions, complex health needs, disability, ill health etc. Age searches included terms to describe mature adults such as older adults, older people, aged populations, the elderly etc. These were combined with other terms such as 'health and wellbeing in the third age' used in relation to life-course, wellbeing and health. Historical searches included terms such as the 'historical development of wellbeing', 'utilitarianism and wellbeing' and 'historical analysis of wellbeing'. Linguistic searches included terms such as the 'linguistic development of wellbeing', 'etymology of wellbeing', 'ontology of wellbeing', 'logomachy', 'wellbeing lexicography' and 'semantics of wellbeing'.

Decision pathway for selection of material

The literature search involved four stages. The first stage identified potential references using a range of search strategies and inclusion/exclusion criteria. The second stage was based on retrieving references which had been identified in stage one and reading the abstract to ascertain relevance to study parameters. The third stage involved using references retained in stage two as the basis for the literature review. The forth stage was undertaken to ensure the review was as comprehensive and up to date as possible.

The process of identifying relevant research for this literature review centred on reviewing general wellbeing literature identified through various search engines, databases and grey literature. An additional measure included the identification of sources from the bibliographies of pre-selected material. These were retrieved and read for inclusion into literature review. Searches were conducted from inception of thesis (September 2007) to June 2015.

Eligibility criteria

Literature was included if they were published in a peer-reviewed journal and published or translated in English.

Exclusion criteria

This literature review was subject to the restraints necessary when conducted by a lone researcher (Glasper and Rees 2012; Polit and Beck, 2008). In searching for research on wellbeing, the objective was to identify articles in which the title suggested that wellbeing was explored in relation to its theoretical, conceptual or empirical application.

In order to ensure that this focus was achieved, a range of exclusion criteria was employed, these included:

- Wellbeing reviewed with specific regard to its measurement.
- Wellbeing reviewed within specific contexts, which were beyond the parameters of this research such as schools.

- Wellbeing reviewed within the context of a specific medical programme /intervention or treatment regimen, which were beyond the parameters of this research.

- Wellbeing reviewed within the parameters of specific lifestyle concern, which were beyond the parameters of this research such as those relating to sexual practices.

These exclusion criteria were relaxed when the result indicated that the research related to older adults and or complex health needs.

Stage one

Searches were conducted via:

• Electronic database searches

• Web searches

• Web sites of key organisations and research organisations

• Journal searches

• Bibliographies

Electronic databases

The main electronic databases used including the Social Sciences Citation Index (SSCI), Cumulative Index to Nursing and Allied Health Literature (CINAHL), The Cochrane Library, Applied Social Sciences Index and Abstracts (ASSIA), EMBASE, MEDLINE, PsycINFO, Pub med, Science Citation Index Expanded, Arts and Humanities Citation Index.

Unpublished literature such as PHD theses and literature not published by traditional publishing companies is known as grey literature (Glasper and Rees 2012). Grey literature might include university publications, policy publications from external bodies or from government departments (Glasper and Rees 2012). The World Wide Web is now widely recognised as the principal repository of grey literature (Glasper and Rees 2012). However, university repositories such as the

University of Oxford and Cambridge are also widely used in searches for grey literature (Glasper and Rees 2012). The researcher also undertook additional searches of grey literature. These articles or papers often proved to be a useful resource for the acquisition of background knowledge. Whilst they helped to inform knowledge acquisition, they were not included in the literature review.

Web based searches for wellbeing

These searches often identified large numbers of irrelevant material because of the broad nature of the term so the following additional exclusion criteria were applied:

• Results which related specifically to QoL, life satisfaction, happiness and welfare

• Results which related specifically to the Welfare state

• Results which related specifically to the word 'well' or 'being' in the title

• Book reviews

Web sites of key research centres/organisations

The main research centres and organisations used included:

- Cambridge University Wellbeing Institute
- New Economics Foundation (nef)
- Wellbeing in Developing Countries Research (WeD)
- Centre for Research on Ageing, Health and Wellbeing (CRAHW)
- The Australian National University of Canberra's Advanced Wellbeing Research Centre (AWRC)
- The What Works Centre for Wellbeing
- The Organisation for Economic Co-operation and Development (OECD)
- The World Health Organization (WHO)

Journal searches for wellbeing

Manual searches were made of key journals such as the 'International Journal of wellbeing', 'British Journal of Wellbeing', 'Journal of wellbeing', 'The Journal of Happiness and Well-being' and 'Qualitative studies on Health and Wellbeing'.

Bibliography searches

The bibliographies of papers relating to wellbeing, older adults and complex health needs were searched for relevant references.

Results

The search returned thousands of references. Titles and abstracts were screened for relevance, those within the study parameters were retained whilst the remainder were excluded. Where there was any doubt with regard to the paper's relevance the source material was retained. Once the exclusion criteria had been applied and the references screened hundreds of resources had been identified.

Stage Two

Over 300 references remained after stage one so the criterion was further refined. The next stage of the selection process was based on the knowledge of the researcher.

The selection of references for inclusion in the literature review was further refined by applying the following exclusion criteria:

• Where the key focus of paper was not related to wellbeing.

• Where the key focus of paper was concerned with the wellbeing of young people.

• Where the key focus of paper was not explicitly directed at the theoretical, conceptual or empirical exploration of wellbeing.

Results

Some of the papers portrayed wellbeing either relatively narrowly, for example as psychological wellbeing or physical functioning, or too broadly, for example as life

satisfaction or happiness. Other papers arbitrarily and unreflectively accepted conceptualisations of wellbeing as being synonymous with QoL, life satisfaction, happiness or welfare. Many failed to clarify their epistemological position, provide an explicit definition of what they understood wellbeing to mean or failed to identify the parameters they used to characterise wellbeing. Cameron et al. (2006) noted, "Wellbeing is often used in an unreflective manner, involving assumptions either implicit and or explicit with little systematic attention… and typically leaves the term well-being as an open-ended, catch-all category" (p.349). The researcher found that a significant number of articles used wellbeing in the title of their paper but closer reading of the abstract indicated that this might refer solely to specific aspects of wellbeing such as physical or mental functioning. Some articles found in the search used wellbeing in the title but closer inspection of the paper revealed that the study was concerned with areas of concern such as health-related QoL. QoL, happiness and life satisfaction are frequently conflated with wellbeing. However, whilst these are closely aligned concepts the researcher believes these terms are not synonymous with wellbeing and so these articles were discounted unless the study expressly identified wellbeing as a component of QoL/happiness /life satisfaction or vice versa. See Appendix B for a discussion of conflating wellbeing with other analogous terms.

Stage Three

Following the process employed in stage two, and the ongoing identification of further references from bibliographies, over one hundred references were included in the literature review. The final stage of the search process involved reviewing the relevance of the material to the study parameters. This was challenging as the synthesis of qualitative findings in reviews is a developing discipline (Carr et al., 2011).

The Cochrane Qualitative Research Methods Group acknowledged that there is a need for methodological work to explore how to synthesise study findings which use different qualitative methods and data types. Carr et al. (2011) however, have identified that data mined from literature searches should undertake a process of

data synthesis. This synthesis involves "The collation, combination and summary of the findings of individual studies included in the systematic review" (Carr et al., 2011:20).

Titles and abstracts therefore were screened again for relevance and those outside the scope of the review were excluded. Weighted preference was based on factors such as: those with a qualitative research focus, multi-disciplinary approach, cross-disciplinary evidence base, papers based on primary research and systematic reviews. In addition to which, the inclusion process took into consideration year of publication, population sampled and the utilisation of robust research methods. This enabled the chosen material to be organised in line with the study parameters.

Full texts of all remaining inclusions were obtained, screened for relevance, and then read for critical appraisal and data extraction. Those, which were considered to fall within the study parameters, were included in the following literature review.

Stage 4

An additional forth stage was undertaken to ensure the review was as comprehensive as possible. This contained the original search parameters but went beyond the specification of the original literature overview.

Literature parameters

Given the plethora of research material, which addresses wellbeing and QoL research and the study's word count constraints it was not possible to include a review, which contained reference to both wellbeing and QoL. Wollny et al. (2010) noted it is challenging for authors to conduct literature reviews of wellbeing and QoL given that "The research literature describing theoretical concepts of 'human wellbeing' and the closely related term 'quality of life' is ...extensive"(p.21). Gasper (2010) argued that the diverse conceptualisations of wellbeing and QoL means preference for one term over another is determined by their unique pertinence and relevance to the author, study and research occasions. Given the diverse positionality which drives the utilisation of one term in preference to another, Gasper (2010) proposed that the need to appreciate more fully that the terms can

and do have different roles and conceptual underpinnings. Given the widely acknowledged distinctions between wellbeing and QoL, this researcher contends that it is unnecessary for a review of wellbeing to include a review of QoL research. For a full appraisal of the evidence to support this decision, see appendix B.

There is a vast and continually expanding wellbeing literature evidence base (Atkinson, 2011; Dodge et al., 2012; Fabiola et al., 2013; Galloway, 2006; Scott, 2014). This makes it extremely challenging for authors to undertake comprehensive literature reviews (Carlisle and Hanlon, 2007; Chavez et al. 2005). It is widely acknowledged that it is beyond the capabilities of a lone researcher to undertake a fully comprehensive review of wellbeing (Atkinson and Joyce, 2011; Atkinson et al., 2012; Scott, 2013; Stoll et al., 2012). Literature reviews in the two closely aligned fields of wellbeing and QoL are primarily selective reviews, which focus on studies of particular relevance to the author's work (Gasper, 2010; Ribeiro, 2004; Sirgy, 2012). This literature review has therefore adopted the selective approach utilised by Lhussier, (2006, 2009) drawing from a purposively selected literature review in keeping with the parameters of this thesis.

The first part of the literature review is based upon the components approach to wellbeing which underpins the empirical component of this study. Atkinson and Joyce (2011) and Atkinson et al. (2012) suggested that research and policy attempt to deal with the abstract nature of wellbeing by breaking it down into constitutive dimensions in what has been called a 'Components Approach to Wellbeing' (Atkinson and Joyce 2011; Atkinson et al., 2012). In this approach, debate centres on the identification and theorisation of the independent elements that comprise wellbeing (Atkinson, 2013). This approach has its critics. However, those who critique the structuring of literature reviews in this way acknowledge that given the complex nature of wellbeing and wealth of data which one is required to assess this remains the most popular approach (Atkinson, 2013; Atkinson and Joyce 2011; Atkinson et al., 2012; Scott,2012, 2015).

The first part of this literature review is therefore structured around a components approach to wellbeing and summarises those domains of wellbeing widely perceived to be the principal components for personal wellbeing. However, as previously noted there has been growing criticism of this approach (Atkinson 2013; Atkinson and Joyce, 2011; Atkinson et al., 2012; Scott, 2013; Wollny et al. 2010).

Scott (2012, 2014) and Atkinson (2011) for example question the efficacy of utilising domain approaches to wellbeing and QoL research, which mean that research is conducted in silo, and fails to reflect the holistic nature of the concepts'. Given these valid criticisms of the components approach and the requirements of the theoretical investigation, the second part of the literature review adopts a 'Chronological Approach'. This offers a broader and more holistic overview of the development of wellbeing research (Atkinson, 2013). The second half of the literature review therefore utilises a chronological approach, which underpins the theoretical component of this study.

This literature review therefore includes component and chronological approaches, which considers theoretical and empirical research across a broad discipline base. This facilitates "Integrating the diverse domains and dimensions of wellbeing through a relational and situated account of wellbeing" (Atkinson 2013:138).

Appendix D: Lay Versus Traditional Researcher: strengths and weaknesses

Introduction

There is growing debate concerning the strengths and weaknesses of using lay/service users versus traditional researcher-based research. This may be attributed in part to a growing interest in participatory research approaches, particularly within qualitative social research (Bergold, 2007; Bergold and Thomas, 2010; Bergold and Thomas, 2012). Indeed the involvement of lay people in the research process is increasingly required by many funding bodies (Becker et al., 2010; Bergold and Thomas, 2012; Staley, 2013).

A cadre of professional researchers have become increasingly concerned with the development, practicalities, opportunities and barriers of involving participants in research. Approaches which facilitate meaningful participant involvement in the research process have been explored by researchers such as Branfield and Beresford (2006), Bergold, (2007), McLaughlin (2009b), Bergold and Thomas (2010) and Cook (2012).

Conversely, there is also concern that the use of lay/service users in participatory research approaches has a detrimental affect on the research process (Bergold and Thomas, 2012; Brandstetter et al., 2014). The following discussion offers an appreciation of the benefits and challenges that are associated with these two approaches.

Differentiated use of terminology within research

There has been much debate about labels or terminology assigned to lay people involved in the research process (Barnes et al., 2013; Bergold and Thomas, 2012; Branfield and Beresford, 2006; Dinham, 2006; INVOLVE, 2007, 2009, 2011; McLaughlin, 2009a). Terminology remains an important and contested aspect of wider debate within participatory research (Brandstetter et al., 2014; Earl-Slater, 2004; Entwistle et al., 1998; McLaughlin, 2009a).

Terms such as 'service users', 'participants', 'clients', 'customers', 'expert by experience', 'patients', 'lay people', 'consumer', 'user', 'co-researcher' and 'research partners' are all widely used and have supporters and critics (McEvoy et al., 2008). Some terms have faced particular criticism, for example, service users and consumers, which represents people as a homogeneous group. McLaughlin (2009a) for example, suggested the term service users leads to people being perceived through "The prism of their service users status" (p.15). Others have argued that terms such as 'consumer' attempts to fit research into the economic market model whilst the term 'patient' assigns it to the medical model (Benneworth et al., 2009; Branfield and Beresford, 2006; Hilbert, 2014; McEvoy et al., 2008; Ritchie et al., 2004).

Whilst it is difficult to provide a rationale for one's preference for one term over another, I have chosen to use the term 'lay' in this study. I would argue that 'lay' differentiates from 'professional' without fitting people into one type of model, or emphasising their position solely within a service context.

For an in-depth discussion around the differentiated use of terminology within research, see McLaughlin (2009a,b).

Differentiated understandings of participation

It is generally agreed that the first comprehensive assessment of lay involvement in the research process was through Arnstein's (1971) 'Ladder of citizen participation' (Benneworth, 2009; Brandstetter et al., 2014; McLaughlin, 2009a,b). This approach to valuing participation has proved useful in assessing the degree to which involvement in research may be considered participatory (McLaughlin, 2009a,b).

However, it is widely agreed that there is no standard uniform way of conceptualising participation (Brandstetter et al., 2014; Earl-Slater, 2004). It is important therefore to consider the extent and quality of involvement when assessing the degree to which people may be considered active participants or co-researchers (McLaughlin, 2009a,b). It is also important to consider the closely aligned concepts of ownership and empowerment (Brandstetter et al., 2014; Ritchie et al., 2004; Smith, 2008).

The differential interpretation and employment of participation, involvement, ownership and empowerment impacts on whether research may be considered truly participatory (Brandstetter et al., 2014; Benneworth, 2009; Hilbert, 2014). Conceptualisations of participation, involvement and differentiated understandings of what these involve often vary substantially amongst researchers and participants (Blackburn et al., 2010; Brandstetter et al., 2014; Brett et al., 2010). Participation operates on different levels and is operationalised differently across disciplines and settings (Brandstetter et al., 2014). Some interpretations of participation are regarded as little more than tokenism (Brandstetter et al., 2014; Earl-Slater, 2004; Petersen and Lupton, 1996; Ritchie et al., 2004).

Principles of Participatory research

Participatory research incorporates the principle of 'co-research' and has its origins in development contexts where researchers worked collaboratively with vulnerable and marginalised communities (Bergold and Thomas, 2012; McLaughlin, 2009b; Staddon, 2015; Staley, 2012, 2013). Wick and Reason (2009), for example, identified three distinct phases within the process of participatory research: the inclusion phase, the control phase, and the intimacy phase. Wick and Reason (2009) suggested that emotional issues, task issues, and organisational issues arise within each phase. These issues must be addressed in order to support the participatory research process (Wick and Reason, 2009).

The Beacon North East approach (2011) to community-university research partnerships proposed a number of core methodological principles underpin the participatory research process.

These include:

1) Cooperation: This centres on the principle of 'working with rather than on people'. This principle highlights the importance of meaningful collaboration i.e. dialogue between academics and participants to ensure that the research project is of interest and significance to those involved.

2) Participation: This stresses the value of participation and cooperation. This principle acknowledges the interconnectivity of life, highlighting interdependence and participants as active agents within the participatory research process.

3) Equality: This focuses on ensuring there is an understanding of and mutual respect for the knowledge and contributions of all those involved in the research.

4) Co-production: This stresses the value of academics and participants working collectively throughout the research process without favouring one type of knowledge over another.

5) Social Justice: This stresses the value of research, which facilitates social justice outcomes, that make a real world difference for those involved.

There are those, however, who claim that whilst these principles are admirable, they are actually more in keeping with the tenets of participatory action research (Bergold and Thomas, 2012; Cook, 2012). This qualification is based on the premise that participatory research is not necessarily concerned with ensuring research delivers social change or emancipatory practice (Barnes et al., 2013; Bell et al., 2004; Bergold and Thomas, 2012). Some propose that participatory research can be distinguished from participatory action research in that it transfers the emphasis from research aimed at action and change to research aimed at collaborative research activities (Barnes and Cotterell, 2011; Bergold and Thomas, 2012; Cook, 2012; Green et al., 2003).

However, as Cook (2012) noted, the distinctions within participatory or collaborative research remain somewhat opaque. Many agree that differences have not been sufficiently well articulated between, for example, participatory action research, participatory research, community research and collaborative research (Bell et al., 2004; Bergold and Thomas, 2012; Cook, 2012).

Despite concerns about what constitutes participatory or collaborative research, funding in the UK, especially in health research, now widely considers the involvement of lay people in the research process a key undertaking (Barnes and Cotterell, 2011). Cook (2012) noted that many funding bodies now explicitly require lay participation within the research process. This is increasingly referred to as public and patient involvement (PPI).

What constitutes participation: consultation, collaboration, or control?

Recently there has been increasing debate around what constitutes consultation, collaboration, or control within participatory research (McLaughlin, 2006, 2010; Staley, 2009). The level of participant involvement in research remains contentious (Barnes and Cotterell, 2011; Barnes et al., 2013; Bergold and Thomas, 2012; Cook, 2012; Staley, 2009).

Some of the most hotly contested issues centre on:

- The degree to which the value of the participant's involvement is recognised and acknowledged.
- The opportunity for participants to access the process of involvement.
- Whether participants have the opportunity to be involved in the write up and dissemination stages.

(Bergold and Thomas, 2012; Cook, 2012; Trivedi and Wykes, 2002)

The following section attempts to offer a flavour of the literature pertaining to degrees of participation through the work of Staley (2009), The Durham Community Research Team (2011), Bergold and Thomas (2012) and Cook (2012).

Staley (2009) proposed that it is the level of involvement which constitutes whether research can be termed participator. Staley (2009) considered involvement to mean an active partnership between lay participants and professional researchers in the research process. Staley (2009) suggested that active involvement refers to consultation, collaboration or user control and that the level of participation is dependent on the individual requirements of participants and professional researchers. In this context participatory research could include "Public involvement in advising on a research project, assisting in project design, or carrying out the research" (Staley, 2009:16).

The Durham Community Research Team (2011), however, framed understandings of control, collaboration, or consultation through distinctions between community controlled/managed research, co-production and researcher managed research.

Professional researchers who are managed by and work for the community are an example of community control within participatory research.

Professional researchers and community members who are equal partners are an example of collaboration within participatory research.

Professional researchers who consult with participants but control the research process are an example of consultation within participatory.

The degree of partnership within these approaches can be qualified by a number of factors. These include the degree to which lay people are involved in research process and whether there are trained community researchers who undertake research elements such as data generation, data analysis and report writing.

Bergold and Thomas (2012) conversely, suggested that research cannot be considered participatory unless people are involved in the decision-making process as research partners or co-researchers.

Cook (2012), on the other hand, argued that participatory research is demonstrated by the degree of control participants exert in the research process or the extent to which participants are accorded the same rights as the professional researchers in terms of decision-making.

Despite differences between conceptualisations of what constitutes participation in research it is widely recognised that the relationship between professional researchers and co-researchers is fraught with issues of power and control (Banks et al., 2013; Benneworth et al., 2009; Dodson et al., 2007; Staley, 2009, 2011). The following sections help to frame aspects of this problem.

Remuneration

The relationship between professional researchers and co-researchers is often undermined by discrepancy between scales of payment (Dodson et al., 2007). Whilst professional researchers are salaried, the collaboration and the cooperation which co-researchers contribute to the research process is insufficiently rewarded (Hobbs and Sixsmith, 2010; Woolryche and Sixsmith, 2008). Research participants who receive remuneration receive payment, which covers out of pocket expenses, or payment, which is given on an adhoc basis (Turner and Beresford, 2005a,b,). There are no scales of remuneration for co-researchers based upon expertise, time commitments, skills, experience or level of involvement and this can cause a sense of inferiority for co-researchers (Cartwright et al., 2013; Hobbs and Sixsmith, 2010; Steel, 2006). Some have attributed this to the fact that remuneration recognises the worth of co-researcher input and is a societal indicator of the value of the individual's

contribution to research (Bergold and Thomas, 2012; Cartwright et al., 2013; Earl-Slater, 2004; McLaughlin, 2009).

Lack of remuneration for co-researchers has become an increasingly important consideration within participatory research (McLaughlin, 2009b). For some it acts as a barrier to full participation (Faulkner, 2010). To date efforts to provided co-researchers with adequate remuneration have been undermined by claims that payment may interfere with lay participants' benefit entitlements (Cartwright et al., 2013; Commission for Social Care Inspection, 2007; Turner and Beresford, 2005a,b).

It is this complex situation, which has led organisations such as, INVOLVE, the National Institute for Health Research, the Mental Health Research Network and the Joseph Rowntree Foundation to try to establish guidelines on payments. However, paying benefit recipients remains difficult to negotiate within the research process (Cartwright et al., 2013; Faulkner, 2015). Remuneration and the implications for research continue to occupy an important place in discussions about the degree to which participatory research is conducted on an equal footing (McCartan et al., 2012).

Capacity building

Participation in participatory research requires the facilitation of capacity building in lay participants in order to allay some of the issues around power and control (Bergold and Thomas, 2012; Cook, 2012; von Unger, 2012). Capacity building includes inculcating specific knowledge and skills which participants may need training to acquire (von Unger, 2012). These include, for example, linguistic competencies, communicative skills and the ability to work systematically in the research process (Bergold and Thomas, 2012). Professional researchers can help to balance the power differential by undertaking training, mentoring and workshops in these specific areas. In addition to which, at a practical level they can impart these skills to lay participants in their day-to-day interactions with them (INVOLVE, 2012; von Unger, 2012). One approach to this undertaking is to design training agendas and choose methodological approaches which build on and develop lay participants

existing knowledge base and skill set (Abebe et al., 2011; Hilbert 2014; INVOLVE, 2012).

Having discussed theoretical considerations of what constitutes meaningful participant involvement, the following sections consider the wider practicalities of utilising participatory research. This will be contrasted with a consideration of the practicalities of utilising traditional research.

Participatory research: opportunities and challenges

Many have argued that the participatory research process enables researchers to distance themselves from the traditional research viewpoint (Bergold, 2007; Bergold and Thomas, 2010, 2012; Branfield and Beresford, 2006; Cook, 2012; Kawulich, 2005; McLaughlin, 2009b). This enables researchers to reflect on the traditional and familiar research customs, which they have become habituated to. Participatory research, therefore, encourages professional researchers to question and rethink established interpretations of situations and strategies (Brandstetter et al., 2014; Caldon, 2010).

Abebe et al. (2011) proposed that participatory research offers professional researchers an opportunity to appreciate the lived experience of communities. Lay participants bring unique skills and experience to the research process. This enriches the research process and contributes to knowledge development (McLaughlin, 2010). Participatory research also facilitates partnership working, the exchange of innovative research ideas and a deeper understanding of the cultural environment within which the research is situated (Abebe et al., 2011; Brett et al., 2010; Faulkner, 2010; McLaughlin, 2010).

The utilisation of participatory research can provide professional researchers with opportunities to work with new people and organisations in innovative and challenging ways (Cook, 2012; Flick, 2009). This provides professional researchers with an opportunity to broaden traditional academic networks and share knowledge and learning across a variety of sectors (Cook, 2012; Flick, 2009; Green et al., 2003). Participatory research tends to encourage collaborative approaches. This offers new partnership working and promotes research endeavours, which

build on existing relationships (Abebe et al., 2011; Durham Community Research Team, 2011; Kawulich, 2005).

Collaborative, participatory and multi-sectoral research studies are increasingly well regarded by funding organisations (Cartwright et al., 2013; Earl-Slater, 2004; Faulkner, 2015). Research approaches which utilise participatory and collaborative approaches may therefore stand a better chance of successful funding bids (Barnes and Cotterell, 2011; Bergold and Thomas, 2012; Durham Community Research Team, 2011; Beacon North East Community-University Research Partnerships 2011).

Participatory research can bring many opportunities for the lay participants; these may include learning new skills, expertise and competencies, which can enhance amongst other things self-worth, self-esteem and confidence (Abebe et al., 2011; Bergold, 2012; Bergold and Thomas, 2012).

Lay participants, meanwhile, have identified that involvement in participatory research is fulfilling as they are contributing to knowledge development and service improvements (Hobbs and Sixsmith, 2010; INVOLVE, 2012; Woolryche and Sixsmith, 2008). In addition to which, involvement within a project may encourage greater interaction between lay participants from diverse socio-cultural backgrounds, enhancing social bridging and bonding (Putnam, 2001; Sixsmith and Boneham, 2007). Likewise, meeting and becoming involved with new people and feeling part of something greater than oneself has been identified as beneficial for both lay participants, and the community within which the research is situated (Heron and Reason, 2006; Hotze, 2011; Manzo and Brightbill, 2007; Trivedi and Wykes, 2002).

Challenges

As qualitative research continues to flourish, interpretivist and constructivist methods are increasingly regarded as acceptable within research communities (Barnes and Cotterell, 2011). For example, qualitative approaches are now widely accepted in certain disciplines, such as sociology, health, psychology and ethnology (Bergold and Thomas, 2012). This has resulted in the growing utilisation of participatory research approaches across a number of disciplines (Barnes and

Cotterell, 2011; McLaughlin, 2006). However, within the academic disciplines, particularly those which have a strong focus on quantitative and positivist traditions, researchers who engage in participatory research risk becoming perceived as unconventional and/or as outsiders in the academic community (Benneworth, 2009; Bergold and Thomas, 2012; Hotze, 2011).

This problem is faced by qualitative research in general, but this is often made more difficult by those using participatory approaches within qualitative research (Bergold and Thomas, 2012; Mruck et al. 2002). For many within academia the closeness between professional researcher and lay participants and an onus on reflexivity in place of objectivity means that participatory research remains a less acceptable form of research than more 'conventional' qualitative research (Bergold, 2012; Bergold and Thomas, 2012).

Bergold (2012) highlighted further issues for those who adopt participatory approaches. Issues such as developing an academic career can be constrained for those who utilise participatory approaches. Bergold (2012) argued that few scholarly journals accept participatory research papers, partly because the marginalised groups who are frequently the focus in participatory research tend not to be the focus of interest of conventional science (Bergold, 2012). "This has an effect on the frequency with which the publication in question is cited. And because the Science Citation Index serves as an important indicator of scientific qualification, authors who apply participatory methods are disadvantaged" (p.7).

In addition to which, publications remain a widely used barometer of academic success. Participatory research is more time-consuming than traditional research. This means the production of publishable findings takes longer than more traditional. As a result the participatory researcher's list of publications is shorter (Bergold, 2012; Bergold and Thomas, 2012).

The diversity of requirements and the tasks which professional researchers undertake within participatory approaches necessitates different competencies and skill sets to those traditionally required within academic research (Bergold and

Thomas, 2012; Borg et al., 2012; Flick, 2009). For example being required to act as mediator, mentor, trainer, facilitator requires a high degree of flexibility and reflexivity which must be embedded within ones' practice (Bergold and Thomas, 2012; Borg et al., 2012). This can often mean professional researchers dedicate and devote extensive time to acquiring these skills and embedding them within the research process.

Other challenging issues identified include:

- The additional time required to train, mentor and support lay researcher's involvement in the research process.
- Establishing processes to facilitate periodical reflection on the progress of the research.
- Establishing and maintaining communication with and between research participants to ensure momentum and motivation.
- Establishing and maintaining group relations and connections between what may be disparate groups in the community.
- Establishing and maintaining group dynamics and partnership working. The dynamic nature of working alongside diverse groups is often complex and hard to manage.
- Encouraging diversity amongst group dynamic whilst recognising multiple identities.
- Managing and meeting the varied expectations of participants can be time consuming and challenging.
- Establishing outcomes, which take into account the needs and requirements of participants as well as the research.
- Establishing and maintaining clear roles and parameters for research participants.
- Establishing regular progress meetings to ensure research participants are kept informed and involved through out the research process.

These are all aspects of the participatory research process which are rarely built in to the timescale of a study and therefore puts additional time pressure on the

professional researcher (Bergold, 2012; Borg et al., 2012; McLaughlin, 2010). Additional resources required to facilitate the involvement of lay participants' increases the pressure on the professional researcher. This requires a strong commitment from the researcher to set aside significant time and energy to facilitate the extended consultation process (Bergold, 2012; Bergold and Thomas, 2012; Borg et al., 2012; Cook, 2012; Green et al., 2003; Heron, 1996; McLaughlin, 2010).

Participatory research can also present significant challenges for lay participants (Barnes and Cotterell, 2011; Benneworth, 2009; Hilbert, 2014; INVOLVE, 2012). Many lay people who become involved in research place themselves in an unfamiliar and intimidating environment (Barnes and Cotterell, 2011; Benneworth, 2009; Bergold and Thomas, 2012; Durham Community Research Team, 2011). In addition to which, lay participants frequently take part in activities, which were previously unknown to them. Furthermore, as previously documented, involvement in participatory research frequently requires participants to engage in training, mentoring and learning workshops (Durham Community Research Team, 2011; Earl-Slater, 2004; Hobbs and Sixsmith, 2010). These often new and intimidating environments have frequently been cited as reasons why lay people disengage with research after the initial recruitment phase (Barnes and Cotterell, 2011; Hobbs and Sixsmith, 2010; Woolryche and Sixsmith, 2009). The need to communicate clearly and concisely, and integrate oneself in unfamiliar settings, has also been identified as particularly challenging for lay participants (Barnes and Cotterell, 2011; Benneworth, 2009; Hobbs and Sixsmith, 2010; INVOLVE, 2012).

The advantages of using traditional research

Professional researchers have the necessary methodological expertise to undertake diverse research studies. In addition to which, they are knowledgeable of research procedures and familiar with the importance of drawing upon theoretical frameworks to underpin research (Abebe et al., 2011; Brandstetter et al. 2014; Hayes et al., 2012; Hilbert, 2014). Traditional research relies on trained and experienced researchers who bring established research skills and experience. Traditional research, therefore has the advantage of being able to commence the

research process immediately, without the necessity of organising and providing training, support and mentoring for lay researchers.

In traditional academic research, detachment and objectivity are highly valued. Indeed, many consider it imperative to maintain objectivity within the research process (Bergold, 2012; Brandstetter et al. 2014). Research perceived as being subjective and lacking in rigor is frequently challenged for being neither representative nor universally applicable (Bergold and Thomas, 2012; Brandstetter et al., 2014). These perceptions often undermine efforts to achieve academic recognition through publications (Bergold, 2012; Bergold and Thomas, 2012; Staley, 2009). Traditional research however, does not tend to suffer from these challenges. In general terms traditional research findings are more likely to be accepted as having the rigor and validity required for evidence based policy and for academic or peer reviewed publications.

The disadvantages of using traditional research

There are a number of disadvantages associated with using traditional research. For example within traditional research, gaining access to study participants can be challenging, particularly so with those from deprived or hard to reach groups. There is evidence to suggest that lay involvement has been effective in improving recruitment to research, especially for hard to reach groups and or where the demands of a research project are high (INVOLVE, 2006, 2012). This may be because peer networks encourage and support recruitment, negating perceptions that one is recruited as part of 'an agenda' (Entwistle, 1998; Earl-Slater, 2003; Hilbert, 2014). Improvements to recruitment may not always be facilitated by lay involvement however. McLaughlin (2006), for example, reported that young co-researchers had the potential to reduce recruitment if they were unpopular with their peers.

There is perhaps greater consensus that traditional research may fail to gain the diverse range of perspectives, which lay participants add to the research process. These perspectives add an extra dimension and enhance understandings of the topic being researched (Bergold, 2012; Brandstetter et al., 2014; Staley, 2009).

There is also evidence to suggest lay involvement adds an extra dimension to data analysis, by contributing alternative perspectives on emerging themes and patterns in the data (Bergold and Thomas, 2012; Durham Community Research Team, 2011). Without these additional perspectives, researchers may maintain existing traditional and habitual research customs. These may undermine their commitment to questioning and rethinking established interpretations of situations and strategies (Bergold and Thomas, 2010, 2012; Staddon, 2015; Staley, 2012, 2013).

Concerns raised by INVOLVE (2012), an organisation which promotes public involvement in research, suggests that traditional research may fail to identify research which is relevant to the public interests and lay concerns. Similarly, traditional research may be guilty of ignoring a wider array of topics, thereby failing to address lay concerns and perpetuating the study of narrow, academic areas of interest (INVOLVE, 2012). In addition to which, traditional research has systematic procedures which may stymie creative and reflexive processes (Bergold and Thomas, 2012).

Finally, funding bodies increasingly require the involvement of lay people in the research process (Becker et al., 2010; Bergold and Thomas, 2012; Staley, 2013). There is mounting evidence that traditional research which eschews the involvement of lay people will struggle to fulfil the research criteria expected by funding bodies (Becker et al. 2010; Cook, 2012; INVOLVE, 2012; Staley, 2013).

The advantages of using participatory research

Staley (2009) reported that participatory research approaches have a number of positive influences on the research agenda. These include the identification of research topics or areas of concern which professional researchers were unfamiliar (Bergold and Thomas, 2012; Durham Community Research Team, 2011; INVOLVE, 2012).

As outlined above there is growing evidence to suggest that funding bodies looked favourably upon participatory research, particularly within healthcare. Some researchers have reported that public involvement added credibility to their

proposal, improved its feasibility and overall design and was instrumental in securing funding (Bergold and Thomas, 2012; Staley, 2009).

Other important advantages of using participatory research include influencing the research process. There is some evidence that lay participation often modifies the original academic focus of research, adding a dimension which accords more with public interests and concerns and is thus more relevant in real world contexts (Bergold and Thomas, 2012; INVOLVE, 2012; Staley, 2009).

INVOLVE has also put forward evidence which suggests that lay participation enhances the research design (INVOLVE, 2010, 2012, 2014). Improvements range from ensuring the language and wording used is appropriate and comprehensible, that questions are suitably phrased, and that research tools are suitable (Bergold and Thomas, 2012; Hotze, 2011; INVOLVE, 2012; Smith et al., 2008).

Evidence suggests that participatory research has a strong and positive impact on research ethics. For example lay involvement in patient information sheets has been reported as helping to ensure the information is clear and comprehensible (Brett et al., 2010; Smith et al., 2008; Staley, 2009). Research also suggests lay involvement during the early stages of a study helps to identify potential ethical concerns, and offers appropriate solutions to these ethical issues (Banks et al., 2013; Durham Community Research Team, 2011; Tarpey, 2011).

Staley (2009) identified that participatory research may have a positive impact on data collection as involving peer interviewers may facilitate the collection of more candid information. This may be associated with widely documented phenomenon of interviewees telling researchers what they think they want to hear (Bergold and Thomas, 2012).

A particularly important advantage of using participatory research is the impact it may have on data analysis. There is evidence to suggest that researchers who discuss initial readings of data with lay participants enhance the validity of their conclusions (Bergold and Thomas, 2012; Hilbert, 2014).

Public involvement enhances the clarity and depth of qualitative data by:

• Correcting researchers' misinterpretations (Bergold, 2012; Brandstetter et al., 2014).

• Identifying themes that researchers would have otherwise missed (Brandstetter et al., 2014).

• Highlighting findings most relevant to patients or the public (Ross et al., 2010)

• Challenging perceptions of researchers and changing the way in which results have been described in reports (Faulkner, 2010).

To date, little research has explored the impact of lay involvement on writing up findings. This may reflect the fact that lay participants are rarely involved at this stage of the research process (Smith et al., 2008; Staley, 2009). There is however, some evidence to suggest that lay involvement in the dissemination of research increases the likelihood of findings being implemented (Bergold and Thomas, 2012; INVOLVE, 2012).

The disadvantages of using participatory research approaches

The objectivity versus subjectivity argument inherent in academic research is widely used as a barrier to the utilisation of participatory research (Barnes and Cotterell, 2011; Staley, 2009; McLaughlin, 2010). The dissolution of the subject-object relationship between the researcher and the researched is considered to be a real and valid concern for the academic recognition of participatory research (Barnes and Cotterell, 2011; Bergold and Thomas, 2012; McLaughlin, 2010). For many, the close working relationship, which exists between the research partners, prevents professional researchers from achieving the scientific distance, which is highly valued in academia. This leads to claims that in participatory research it is not possible to separate the researchers' contribution to the collected data from that of the researched (Hotze, 2011; Staley, 2009). Thus objectivity is compromised which in turn affects both the internal and external validity of the findings.

When "classical" quality criteria are applied, participatory research is frequently perceived to be unacceptable because it lacks objectivity, reliability and validity

(Abebe et al., 2011; Bergold and Thomas, 2012; McLaughlin, 2010; Staley, 2009). Associated with the need for professional researchers to remain objective is the basis of the relationship between the professional researcher and lay participants. Inherent power differentials and the balance of power have frequently been reported as having a detrimental impact on the research process (Brandstetter et al., 2014; Hayes et al., 2012; Hilbert, 2014).

A considerable disadvantage of using participatory research is the requirement to factor in time to address the additional requirements of working alongside lay participants (Hobbs and Sixsmith, 2010; Woolryche and Sixsmith, 2008). This may include recognising that the research hypothesis and questions may emerge only gradually during the process of engagement with the research participants. Furthermore, the research process can often be delayed by the need to facilitate lay participation in the research process. This makes it challenging to ensure that the research process runs according to the study timeframe (Hobbs and Sixsmith, 2010; Woolryche and Sixsmith, 2008).

Conflict therefore, may arise between the professional researchers need to implement research within a specific time frame and the lay participants need for additional time to become familiar with the research process (Benneworth,2009; Bergold and Thomas, 2012; Hotze, 2011; Staley, 2009). Lay participants involved in participatory research need to develop specialised skill-sets required for participation in the research process and more general competencies (Abebe et al., 2011; Bergold, 2012; Bergold and Thomas, 2012). Ensuring these competencies are achieved can be time consuming and costly (Durham Community Research Team, 2011; Hobbs and Sixsmith, 2010; Woolryche and Sixsmith, 2008).

Additional time which has usually not been written into the study timeframe must be found to ensure that partnership working alongside lay participants addresses issues such as recruitment, support, training, mentoring and facilitating lay participants access to resources (Blackburn et al., 2010; Faulkner, 2010; INVOLVE, 2013).

Staley (2009) suggests that there is little evidence of negative impacts of public involvement on recruitment. However, Viswanathan et al. (2004) noted a "Bias in recruitment caused by community members engaging highly motivated people who are not representative of the broader population" (p.9).

Conclusion

Given the numerous conditions attached to the utilisation of participatory research approaches compared with traditional research approaches it is challenging to argue that one approach is preferable to the other. In the realities of real world research, it seems pragmatic for the decision to be made according to the nature and circumstances surrounding individual research studies.

Appendix E: Research Participant Information Sheet

RESEARCH PARTICIPANT INFORMATION SHEET

I would like to invite people with complex health needs to take part in the research project: **'Exploring the personal wellbeing of older people with long-term conditions'**

You have been asked to participate in this research as part of the effort to ensure that the study is representative of the population of Manchester.

This research is in part fulfilment for a PhD undertaken by Jo Hobbs and is funded by Manchester Metropolitan University (MMU). The research will be conducted by Jo Hobbs a research student at MMU and supervised by her director of studies Carolyn Kagan of MMU.

The research will undertake a participatory research approach to articulate the voices of participants and co-researchers in the research process in order to obtain their views of what is important for personal wellbeing.

The study will recruit participants who will undertake a short one to one semi-structured interview which will last between 30 – 60 minutes maximum.

Interviews will be conducted at a time and venue convenient for service users and family members/carers.

In addition to which 2 co-researchers will be recruited to take a more active role in the research process. They will receive training to aid their ability to take part in the research process. It is envisaged that the initial training requirements may take approximately four half days to deliver. Further training and developmental work will be delivered throughout the course of the project. Any travel and food costs will be reimbursed in full.

The main purpose of the study is to explore:

1-How personal wellbeing is perceived by older people with LTCs?

2- Whether wellbeing is a meaningful concept for older people with LTCs?

3 - How services can better reflect the wellbeing needs of older people with LTCs

4 – If a definition of wellbeing would help its usefulness as a measure of service user satisfaction?

Data that identifies the participants will be kept confidential and safely secured under lock and key in MMU to the extent permitted by the applicable laws and/or regulations and will not be made publicly available.

If the results of the research are published, the subject's identity will remain anonymous having first been labelled with an identifier code known only to the researcher and research supervisors.

Any information revealed during the course of the research which may cause harm to the participant or a member of the public may need to be disclosed to the relevant authorities.

There are no foreseeable risks involved in taking part in the study but should you become distressed as a result of research process you will be offered advice about counselling etc.

The study may not prove of any immediate benefit to you but the information we receive from this study and the inclusion of participants will help understand:

1- Perceptions of personal wellbeing in older people with LTCs.

2-The impact of services on the personal wellbeing of older people with LTCs .

3-Ensure that the voices of people with LTCs are included in this study

If you have any concerns regarding the study contact Jo Hobbs on 0161 247 2979.

If you have any concerns or issues regarding the study that you feel unable to discuss with Jo Hobbs please contact Carolyn Kagan on 0161 247 2545

As a participant in this research project you will be given a copy of this research participant information sheet and a signed consent form to keep.

Appendix F: Consent Form Version 6 - 23rd July 2007

As a participant in this research project you will be given a copy of the research participant information sheet and a signed consent form to keep.

Title of Project: 'Exploring personal wellbeing with older people with long-term conditions.

Researcher: Jo Hobbs

If possible please read carefully and write, sign and date your name at the bottom of the page under part 4

Jo has explained the research project to me and what will be asked of me.
I have received a copy of the study participant information sheets, which have been explained to me.

1. I confirm that I have read and understand the information sheet dated 23/07/07 (Version 6) for the above study. I have been able to read and think about the information sheet, ask questions and have had these answered to my liking

2. I understand that my input is my choice and that I am free to withdraw at any time without giving any reason. This will not change my medical care, legal rights or any other benefits I am allowed.

3. I understand that some of my interview data collected during the study may be looked at by the researcher and her supervisors, <u>that all interviews will be recorded and that if any of my comments are used as direct quotes they will be used in such a way that my identity will be protected</u>. I give permission for these people to have access to my data.

4. I agree to take part in the above study.

_____ _____   _____
Name of Participant   Date

_____ _____ _____
Signature of Participant   Date

_____ _____   _____
Witnessed by   Date

As a participant in this research project you will be given a copy of the research participant information sheet and a signed consent form to keep.

Appendix G: Interview schedule

Q - Are you familiar with the term wellbeing?

Q - Is wellbeing a term you would use in general conversation/in your social circle?

Explore relationship between what is considered important for personal wellbeing

Explore relationship between why these are important for personal wellbeing

Explore relationship between those things which are considered to reduce participants' personal wellbeing.

Q - Is health important to your sense of wellbeing?

Explore relationship between participants' health and personal wellbeing.

Q - Has your health become more important to your sense of wellbeing since you've been diagnosed with complex health needs?

Q - Has your health condition had a direct influenced on your personal wellbeing? for example lost your job because of it?

Q - Has your health condition had an indirect influenced on your personal wellbeing? for example caused tension between you and your family?

Q - The local government act 2000 made local government responsible for improving the wellbeing of its citizens:

Explore examples of how participants' perceives local government has sought to improve the wellbeing of older people with complex health needs.

Explore examples of how participants' perceives local government could improve the wellbeing of older people with complex health needs?

Q - Have any of the services you use had a positive impact on your personal wellbeing?

Q - Have any of the services you use had a negative impact on your personal wellbeing?

Explore relationship between service provision/ access and improvements in personal wellbeing.

Explore how participants' perceives changes to service provision/ access might impact on older peoples' personal wellbeing.

Q - What sort of things could local government /services do that would have a positive impact on your personal wellbeing?

Q - What sort of things could local government / services do that would have an impact on those things that have a negative impact on your personal wellbeing?

Q - What sort of things could local government / services do for your personal wellbeing as you get older/ as your LTCs worsens?

Explore relationship between ageing/deteriorating health and personal wellbeing.

Explore relationship between participants' personal wellbeing and their life-course.

Q - has what is important to your wellbeing changed through your life-course?

Q - Do you think that what is important for your wellbeing as an older person is different to what it was as a younger person/child?

Q - Has the ageing process changed your perception of wellbeing/what wellbeing means to you?

Q - Is your sense of personal identity/ religion/spirituality/culture important for your wellbeing?

Explore relationships between participants' sense of identity and wellbeing.

Explore relationships between socio-economic position/class and wellbeing

Explore relationships between culture and wellbeing.

What is it about these markers of personal identity which make them important for wellbeing?

Q - Is social interaction important for your wellbeing?

Explore different aspects of social interaction and wellbeing.

Q - Does a lack of social interaction impact on your wellbeing?

Q - How does social interaction impact on your wellbeing?

Q - Would a workable definition of wellbeing help or hinder its usability as a concept for improving services for older people with LTCs?

Q - Why would a workable definition of wellbeing help or hinder its usability as a concept for improving services for older people with LTCs?

Appendix H: Co-researcher Training

Three training sessions were delivered in January 2008 to the community researchers who were participating in the initial research project 'Changing services for people with long term neurological conditions: Promoting well-being within service provision' (2007-2009). Two of this original group of six went on to become the co-researchers who participated in the PhD study. The first two training session were delivered by an external training provider recruited after consultation with the co-researchers to ensure that he was considered an appropriate choice. In consultation with the community researchers I chose a trainer who had himself been a service user of mental health services and thus had an appreciation of the problems that users of services from other areas may have experienced. Consultation with the co-researchers identified a perception that this training provider could talk with knowledge and awareness of some of the potential issues within participant research involvement such as power differential between paid researcher and unpaid researchers, and feeling able and confident to challenge health and social care professionals. Funding for the training was provided by Manchester City Council, Manchester Primary Care Trust and Manchester Metropolitan University.

The intention of the first two research training sessions was to:

- Provide community researchers with knowledge about the Long Term Neurological Condition study
- Teach basic premises about qualitative research
- Generate a cooperative learning forum that encouraged community researchers to enhance their confidence and self-esteem
- Develop critical thinking skills
- Equip community researchers with necessary skills to engage in reflective practices
- Highlight the role of community researchers in the context of research

- Highlight the potentially contrasting positioning of the community researchers in terms of understanding, familiarity with research, culture, sexuality, class, gender and disability.

The sessions with the external training provider worked well according to the community researchers who felt that the trainer understood their context, where they were coming and talked in a language that they could identify with.

A third training session was delivered to the community researchers with the aim of introducing participants to different data analysis approaches. This involved a data workshop session delivered by the project researcher and her line manager. The methods of analysis chosen for the training were chosen to reflect the approaches which might be utilised in the study and which were congruent with the epistemological position of the research. The four types of analysis chosen were discourse analysis, content analysis, thematic analysis and grounded theory. An additional aim of the training session was to strengthen the relationships between the community researchers and the researcher thus facilitating their ability to be work alongside the researcher at all stages of the research process.

Training evaluation

INVOLVE, an organisation which supports the engagement of lay participants in research, highlighted the need to rigorously evaluate training given to community researchers (INVOLVE, 2007). INVOLVE (2007) encourages research organisations to support participant engagement through networking and knowledge generation, and identified the importance of providing participants a comprehensive exploration of their training requirements in order to identify future training needs. To facilitate this process the community researchers completed an evaluation sheet and reflected upon and discussed the sessions with the researcher. The training evaluation was undertaken through feedback forms which contained some of the co-researchers reflections on the training sessions. The community researchers reported that the training sessions were engaging and stimulating and a positive learning process. Importantly, the participants felt that the training was non-

judgemental and represented a sharing of experiences as opposed to a top-down learning process

Training evaluation feedback

Excerpt from Alison's Training Evaluation feedback form:

"I enjoyed the training session with X, it was nice to meet Jim and hear his perspective as a disabled person. Also because I know very little about Parkinson's and hope to learn more about how he copes.

"I enjoyed X's manner which didn't make you feel you had to choose you're (sic) words carefully or be afraid of making a mistake. The training was good too for reminding me about making assumptions and prejudices".

Alison identified that the training sessions amongst other things enabled her to challenge their own understandings and learning, to appreciate the value of different viewpoints and perspectives, to challenge with confidence the views of professionals and to feel she had some of the background in knowledge she would need for her involvement in research.

Excerpt from Jim's Training Evaluation feedback form:

"Since taking part in the training sessions I've questioned my own little prejudices which previously I wasn't aware of. It's made me think more about how much empathy you probably need when you're researching too so its been good for a range of things that relate to us as community researchers and us as people".

Jim identified that the training facilitated his ability to open up to new learning experiences and processes of reflection.

Overall the participants reported that being engaged in the research enabled them to begin the process of self-development through stimulation, participation and engagement. Furthermore, the training appeared to enable the co-researchers to experience richer and deeper insights in their reflective diaries.

Appendix I: Researcher's Reflexive Journal

Dec 2007 - To hyphenate or not

Hughes (1988:171) stated that compounding is a fundamental method of word formation in English, and is a general feature of the Germanic languages". He goes on to add that "Compounds ....tend to produce ambiguity and opaqueness, particularly when they are made up of two general terms...furthermore the possibility of ambiguity increases as the language gains in grammatical flexibility" (Hughes, 1988:219).

I circumvent the hyphen in my spelling of wellbeing and that alone signifies a different conceptualisation of the term wellbeing. To hyphenate wellbeing would I believe separate what I have endeavoured to pursue in this thesis which is the case for addressing wellbeing as an holistic concept. Well-being, visually and lexographically is a composite word with an adjective and noun conjoined or in linguistic terminology a hyphenated compound. Wellbeing is quite different, which whilst retaining its composite nature has become more than that and has taken the linguistic form of a closed compound. I believe this depicts and resonates more completely with a sense of inner holism than QoL does. The Shorter Oxford English Dictionary, eliminated over 16,000 hyphens from the sixth edition arguing that "People are not confident about using hyphens anymore. They're not really sure what they're for" (Stevenson, 2010). Whilst 'well-being' in the OED retained its hyphen. As the Hughes noted hyphens denote how language changes, and can indicate when a word has not yet been completely assimilated into familiar or standardised usage and can be seen as being at a halfway point before it has been 'normalised' (Ereaut and Whiting, 2007). Email was originally written as e-mail but is now conventionally written as email.

Academic literate thought is that wellbeing should be hyphenated but my reflective accounts document that after a significant period of reflection about how to spell wellbeing I eventually concurred with (Ereaut and Whiting, 2007) that the variety of ways to spell the term reflects the ambiguity with which it is viewed and the shifting

nature in which it is often employed. My constant usage of the term however has led me to adopt what Ereaut and Whiting, (2007) term the 'normalising' process that is making the hyphen between 'well' and 'being' redundant.

March 2008

Emotional involvement: Speaking with x today who has deteriorated massively since I last saw him was quite upsetting and reminded me of Boud and Walker's assertion that reflecting isn't just about the cognitive rational process but must also involve emotional processes. X sort of remembered me but couldn't recall what we had talked about or when I had last visited. I told him it had been his second week here and he said I've been here about six months (so he remembered that much). He asked me what I wanted to talk about and I explained that this time I wanted to discuss his wellbeing to which he said "I haven't got a life". X despite the fact that his speech had deteriorated substantially was still trying to be upbeat! I felt sad seeing him like that which he must have sensed because he said that he was lucky as some people can't even smile and gave a big grin (which looked more like a grimace, clenching of teeth). He was shaking constantly and at times I struggled because I felt upset. I do wonder how my personal feelings for the participants may be impacting on this study but I suppose it's a question of remaining aware and exploring these feelings throughout the course of this research.

June 2008 Reflections on Alison and Jim

If I'm going to proceed with my idea of using case studies as my method approach to my PhD then I need to consider those elements which are salient in my choice of participants and my structuring and language when seeking to understand and engage the participants. It strikes me that in identifying Jim and Angela as participants they fulfil a number of different objectives within my research.

Jim has Parkinson's disease, has been an active member of society who has sought to engage and take part in societal discussions and has sought to generate change

in society through those organisations which have societal approval and are recognised, legitimated and acknowledged power-holders.

Alison is bi-polar and has been active in seeking change from within recognised and society approved organisations for change such as tenants committees, however she also seeks to 'voice' opposition to societal constraints through mechanisms which are outside the recognised and legitimated power structures. She has sought to impact upon society through methods not always traditionally recognised as legitimate.

How does their language, socialisation, class, gender, educational attainment, position within society etc affect both their vision of what wellbeing means and how they internalises and externalises their inner and outer presentation of what wellbeing means to them. Is this a process which is significantly affected by their health, their upbringing, their local environment, their family structure?

The positionality of the co-researchers' is different both in respect to my PhD and the role they wish to play in my thesis. Jim undertook a role as research advisor on the Long Term Neurological Condition research project and attended steering group meetings. How might this exposure to the process issues and concerns of the project have affected how he thinks and talks about his own experiences? How has this contact and knowledge of the research process affected his relationship to this research? How has it affected his perception of me and my role in this thesis? Jim has elected to take part in the research as a co-researcher but does not want to be part of the data analysis process, to what degree might his former involvement on the Long Term Neurological Condition project have influenced this decision?

Alison undertook a role as co-researcher on the Long Term Neurological Condition research project and conducted solo face to face interviews with participants for this project. How might this exposure to the issues and concerns of the participants' affected how she thinks and talks about her own experiences? What impact did the research training have on her commitment to voicing and challenging community problems? Did her experiences of the training alter her perception of the role of research in society? How has it affected her perception of me and my role in this

thesis? Alison has elected to take part in the research as a co-researcher and wants to be part of the data analysis process, to what degree might her former involvement on the Long Term Neurological Condition project have influenced this decision?

July 2008

I have just read Ryan and Deci A Review of Research on Hedonic and Eudaimonic Well-being ' this review has been instrumental in facilitating a period of reflection in which the end result was that I need to acknowledging that the significance I place on the environment may influence how I weight conversations around the built and natural environment and its relationship with wellbeing. This relates to my investment in the research and what I want to achieve. I had forgotten that my masters dissertation was concerned with exploring the role of environmental education on the environmental behaviour of secondary school children. Although I am mindful of my 'attachment' to the natural environment when interviewing the co-researchers my relationship with them means that they are probably aware that the natural environment is a particular (emotional) interest of mine. Therefore I will have to try to guard against unintentionally 'leading' the co-researchers to 'present' the environment as being of intrinsic importance to them in order to give responses which they think I want to hear given my interest in this field. This reflective practice is proving very helpful as I am now very mindful of my 'attachment' to the natural environment when interviewing the participants and do not initiate a direct question regarding the role of the environment but did ask them to elucidate if the subject arises organically.

August 2008

Newton's review has been instrumental in facilitating a period of reflection in which the end result was that I need to acknowledging that the significance I place on the environment is likely to have influenced how I have weighted conversations around the built and natural environment and its relationship with wellbeing. This relates to my investment in the research and what I want to achieve. I had forgotten that my masters dissertation was concerned with exploring the role of environmental

education on the environmental behaviour of secondary school children. Although I was mindful of my 'attachment' to the natural environment when interviewing the co-researchers my relationship with them meant that they were probably aware that the natural environment was a particular interest of mine. This may have meant I unintentionally 'led' the co-researchers to 'present' the environment as being of intrinsic importance to them in order to give responses which they thought I wanted to hear given my interest in this field.

September 2008

Hedonism and its impact on wellbeing is notable and when thinking about the 'politics of happiness' (Edwards and Imrie, 2008; Shah, 2006; Layard, 2005) I have thought about how the modern wellbeing agenda is still influenced by those perceptions that certain socially acceptable behaviour is more beneficial to wellbeing than others and it seems to me that they have a class or socio-economic basis. *Republic* (Plato 1992 [C4 BCE], 582d-583a) talked about the differences between 'higher' and 'lower' pleasures (1998 [1863], ch. 2). There is still an inherent assumption I think in academic wellbeing that some pleasures, by their very nature, are more valuable than others. For example, the pleasure gained from reading a book is more valuable than the pleasure gained from smoking a cigarette.

J.S. Mill, tried to counter the claims that this was parochial by suggesting that it is rationale to assume that for those who have experienced both types, and are 'competent judges', will make their choices on this basis. Competency is a line of argument pursued by Edwards and Imrie against the wellbeing agenda as a barrier to the emerging positive disability agenda.

November 2008

In the spirit of reflexivity I reflected at length upon the terminology I would use in my thesis, positioned as I am within an epistemology, which is based upon social constructionism and takes into account the doctrine of historicism and a double hermeneutics approach, and is underpinned by a commitment to the tenets of Participatory Research. I have speculated on how the term 'researcher' promotes a

representation of myself to myself and to others. Within the term is located a position of authority and power particularly in relation to 'participant' which perpetuates an in-balance of power between them and me. This places both myself and the 'participant' in pre determined roles in which I hold the balance of power. Within those research projects, which seek to redress this power imbalance the term collaborator is often used in place of subject, informant or participant in recognition of the centrality and importance, which those involved in the research hold. The word collaborator however also has disagreeable connotations. I therefore reflected at length on how I would choose to portray those people who took part in this thesis. After much deliberation I have decided to discard the term 'collaborators ' which at the time I thought would acknowledge their part in the process, despite the fact that it has some unsavoury connotations e.g. collusion with invading enemy forces. However as I have developed my reflective practice I have become increasingly unhappy with this term and have sought to find a term which is less value laden and so after much deliberation I have decided to use the term participants and co-researchers in recognition of their collaboration in this study.

The term of reference for myself is likewise a linguistic flag of where and how I situate myself both in reference to the participants and to the data. I have traditionally been schooled to think of myself as a researcher within which a frame of reference I am overtly positioned as predominant within the process of research. This is to some degree inevitable and perhaps justified in the context of a PhD which will ultimately benefit me more than the co-researchers and participants. However it fails to adequately reflect the epistemological position in which I have chosen to locate my work. I considered 'analyst' but that resonates with empirical, authoritarian overtones and tends to be used in disciplines, which are more conversant with quantitative methodologies. 'Enquirer' is a term, which within the context of my epistemological position resonates with seeking understanding, knowledge and awareness and I will henceforth refer to and think of myself as an enquirer.

January 2009

Reading the Des Gasper (2004b) paper has really illustrated to me that the linguistic origins of wellbeing have been largely overlooked by wellbeing research. I have always been interested in linguistics and whilst studying for my undergrad and post grad degree's I would often find myself in the linguistic section of the library. I suppose this is not surprising as I had originally intended to study English at university but switched to history at the last moment. After reading Des Gasper (2004b) I became convinced that part of my contribution to new knowledge could come from an exploration of the linguistic development of wellbeing research and the possible implications this has had on how we perceive and conceptualise wellbeing today. Since then I have begun to think about how I might achieve this as there. Reading authors such as Hughes, (1988) 'Words in time'; Lobner, (2002), 'Understanding Semantics' and Owen Barfield (1926), 'History in English Words' has given me a greater appreciation of the need for wellbeing research to considers the lexicography, semantics, etymology and historical legacy of the term wellbeing in order to facilitate an awareness of wellbeing which is located within historical and linguistic frameworks. Furthermore reading these authors has stimulated my latent interest in the association between word use and development and the primacy which we attach to certain words in certain languages.

March 2009

I am now aware of linguistic concepts such as amelioration where a word takes on favourable connotations and deterioration where a word takes on derogatory connotations (Hughes, 1988). This has been key in my growing awareness that the way words are used and the meanings associated with them change in accordance with changing societal values. An obvious example which I can identify with and which is happening now is the shift of meaning of 'gay'. As a child I was proud to be the 'child born on the Sabbath day- bonny and blithe and good and gay because gay still meant happy, light-hearted fun to be around. However as I was growing up 'gay' started to mean homosexual and only older people still used its former meaning. Now I struggle with my nieces and nephews as they use 'gay' to mean something bad or derogatory and I associate that with efforts to malign

homosexuality. It is mad to think that within 2 generations the meaning of 'gay' has shifted significantly twice. 'Gay' appears to be on a steep deterioration.

Terms can become intellectually vogue especially those which have roots in latin or Greek. Whilst etyologically wellbeing has its roots in Germanic language conceptually it is more closely rooted in Greek and thus may be seen as an example of agglutination (where large number of English words are needed to translate small number of Greek letters).

Abstractions (such as wellbeing) ...provide the essential ambiguity which modern politics requires in the form of the room to manoeuvre and the breadth and flexibility..to make plausible popular claims".

Wellbeing has a high register status which "endows it with pausability if not respectability" "the higher registers are by no means atrophying...they provide caches of rare words useful to those seeking to mystify or impress a gullible public."

April 2009

I have been thinking about how I argued previously that wellbeing is primarily located within the higher registers. I hadn't really thought deeply about register before and it has really got me thinking about my historical/linguistic chapter. Hughes reckons register is a "fairly recent linguistic term recorded only from c.1056, refers principally to language variation according to social role or social situation, especially to the degree of formality in the language employed. Whilst degree of formality is traditionally the aspect most stressed in discussion of Register, Register can also be demonstrated via numerous alternatives in word choice e.g. direct or vague, old/new, concrete/abstract etc" (Hughes, 1988:5).

I still think that wellbeing is primarily located within the higher registers. I never hear anyone on the street outside of University talk about it although it is used more and more on tv.   My research indicates that wellbeing occurs not in the central/neutral or lower registers (slang, colloquialism) but in the higher registers (literary, academic, technical). I think I will attempt to do a registers of wellbeing to map this out.

June 2009

MY PhD rests upon the layers of understanding and awareness built upon the work of Foucault, and Rose. Fullagar, (2002) considers questions of power and freedom in relation to "the formation of contemporary modes of subjectivity through leisure and health practices" (p.2) and offers a cultural analysis of the way discourses of leisure and healthy lifestyles have been produced through the governmental objectives of health policy and promotion aimed at the body (Foucault, 1991; Rose, 1999). However after reading widely Fullagar amongst others and having ruminated upon applying policy analysis as part of my analysis and in reviewing one particular government health paper I do not believe this is an avenue I want to pursue.

Aug 2009

I have reflected at length on the difficulties I faced in broaching aspects of wellbeing concerned with sexual self image, sexual identity and sexual intimacy with participants particularly with Jim. My relationship with Jim is more formal than my relationship with Alison and I have found that starting a conversation about sexual dysfunction and sexual intimacy has perhaps been made particularly difficult as a result of my research project 'Exploring health and wellbeing in people with LTNC'. During this project I spoke with younger men about how their condition impacted on their opportunity to engage in sexual intimacy. Whilst I found it easier to broach this with the younger male interviewees than the older male interviewees I still felt that this was an area which required a cautious and sensitive approach. I am aware that men with neurological conditions such as Parkinson's disease, Multiple Sclerosis are likely to suffer from reduced sexual intimacy and that this has profound implications for their wellbeing and their identity as males but I struggle to feel comfortable and confident in raising these issues. I have pondered how I might start these conversations with participants particularly with my co-researcher Jim. Would he prefer me to ask him face to face, via email, not at all? Would he be happy to talk about it these things openly? Would a conversation initiated by me

about sexual self image, sexual intimacy and sexual identity alter his perception of himself or alter his perception of how I 'see' him?

How comfortable might Jim feel about talking openly with me? How might our discussion of the topic alter his perception of himself? Has it altered his relationship with his wife? To what degree might his issues with reduced sexual intimacy lead to compensatory actions or behaviour such as a portrayal of himself as a good husband and good provider?

October 2009 Sexuality and intimacy

Whilst thinking about sexual intimacy and how to broach this in interviews I remembered how difficult and uncomfortable it was for me and the men I interviewed as part of the ltnc project to explore this aspect of their wellbeing. I had forgotten that this aspect of their wellbeing only emerged after I had interviewed the men on at least 2 previous occasions and established some rapport with them. I also remembered that I did not experience a similar sense of awkwardness or embarrassment when discussing this aspect of personal wellbeing with women!!

I have spoken with women about how their health condition has impacted on their sexuality and sexual intimacy and whilst I found it easier to broach than with men I still let this arise organically and felt that this was an area which demanded sensitivity.

Frank, (1995) observed that sexual desire decreased, especially during periods of worsening illness. Many of the male participants I interviewed during the Long Term Neurological Condition project who had suffered a traumatic brain injury had become withdrawn or reclusive individuals who failed to overtly express their more intimate requirements especially their sexual needs but during the course of follow up interviews when a relationship had been established between us several implied that this aspect of their existence was a source of deep regret and undermined their personal wellbeing. Their current position was often alluded to in respect to their former 'normal' life when they had partners. This retrospective reflection further undermined their present and projected sense of holistic wellbeing. For

them the lack of sexual intimacy undermined their masculine identity and meant that for many the unfulfilled desire to have an intimate relationship with someone was especially detrimental to their emotional wellbeing. other men with an acquired brain injury (ABI) who at times exhibited unrestrained sexualised behaviour were enthusiastic about their sexual proclivity and expressed their sexual requirements explicitly. They also engaged in retrospective reflection regarding their former sexual behaviour but this was more likely to be expressed in unfavourable comparative terms of more restrained sexual interaction. However, as the reflective process deepened this was sometimes qualified by a covert admission that the sexual activity engaged in the present did not fulfil their desire for sexual intimacy. It is difficult to know whether or to what extent gaining this insight has fed into my approach towards the participants in my thesis. However these recollections of my experience interviewing others has brought to the forefront of my mind that this can be a particularly difficult situation for the researcher and researched.

December 2009

Re-reading Des Gasper has proved really helpful as its helped me to reflect on and clarify differences in research. Some research seeks to explore those conditions which foster a sense of personal wellbeing whilst some seek to explore the domains of wellbeing. I had not previously considered this but it is a key differentiation and one which is rarely clarified by the researcher. Des Gasper refers to this differentiation as that which is "a motivational force and a universal value or goal" (Des Gasper, 2004:7). I believe that this "inconsistent usage and 'conceptual slippage' (Des Gasper, 2004:7) undermines the usability of wellbeing in practice and may act as a barrier to multi-disciplinary approaches to wellbeing research. I believe that whilst there may be universal domains of wellbeing this thesis is concerned with exploring those conditions which foster a sense of personal wellbeing.

One of the most pertinent points in connection to my work is that he voices concerns regarding usage of objective wellbeing and subjective wellbeing. this is a point which may seem pedantic but underlines the manifold issues which abound in wellbeing research. I had originally been intent on using term subjective wellbeing

but this literature review has highlighted that there are too many widely differing understandings of what is meant by subjective wellbeing and this has led me to review my position and adopt a term more readily understood "self reported accounts of wellbeing".

February 2010

It is over a year since I began to discuss with Alison and Jim how our language, socialisation, class, gender, educational attainment, and position within society affects the choices we make in the research such as what wellbeing means and how we internalise and externalise our inner and outer representation of what personal wellbeing means to us. Initially we all struggled to with this but Alison's recent email confirms that she is beginning to get to grips with this process. my work on reflexivity for the PGC AP has also helped me enormously, I have read much more widely and appreciate how significantly your views and practices affect how you relate to people and ideas and how these in turn are affected by your upbringing, local environment family structures etc. These all impact on what we choose to discuss in our interviews and how we 'talk' about them. I was reflecting the other day that Alison probably projects a certain image of herself to me because we like each other and thoughts or opinions often need to be aligned with image. Likewise I believe the reason Alison and Jim and I began this collaboration has much to do with our shared sense of identities as w/c, left wing, pro-environmental Mancunians.

March 2010 Questions to ask of the data

To what degree does academic official and professionally based concepts of wellbeing occur in lay perspectives?

How much do the expectations of different certain sectors of society vary and how much does this impact on my wellbeing accounts?

Sexual self image of people with long term conditions was primarily identified through the eyes of others (neighbours, friends, children and societal attitudes) and this may have an impact little considered by the individual but never the less is important to their sexual identity and confidence levels. Sexual identity of older

women in particular is something which society portrays through relationships with men. Women are expected to have a man in their life and without one feel that their position in society is undermined. This may partially be as a result of their own perception of needing a man but societal pressure undoubtedly plays an important role in the manifestation of single Alison looking for a man.

Sexual activity and societal expectations need to be addressed, particularly in relation to older people wellbeing as it has traditionally been ill regarded but I don't know to what degree this may surface in this research.

The use of recreational drugs has emerged at points in interviews so to what extent do I consider the use of recreational drugs to alleviate some of the symptoms of poor wellbeing? What about the use of recreational drugs in those sectors of society not traditionally associated as recreational drug users such as older people and the impact this may have on their sense of self and sense of wellbeing?

June 2010

Double hermeneutics - I had not thought much about tangible and intangible modifier, it is reading through Jim's words that puts this more to the forefront of my thoughts. It is this circular learning and knowledge construction which is really interesting. Jim and I are shaping and shifting each other's conceptualisation of wellbeing. It is a very active process (other words like gay and celebrity are also going through re-construction by different parts of community. They are terms with contested meanings and may be conceptualised quite different for older people than to say young people). Jim and I have each taken on board aspects of our own interpretations of wellbeing and adding it to what we think about wellbeing or at least we reflect on it (is this me thinking of things from other people's perspective, I can't know how much Jim has taken my meaning into his reckoning he may have just thought briefly about it.

September 2010

Jim has been asked to consider 'wellbeing' in depth as a result of his involvement first with the Valuing older people board and then the long-term conditions

project, how much of this has influenced his thoughts and attitude to wellbeing? This is an important part of my position of using social construction. Jim because of his background, position in society has taken an academic and possibly prosaic approach to thinking, discoursing and recording his thoughts about wellbeing. His language is that which you might expect from someone working in a professional capacity (which he was - unpaid 'expert' voice) and he undertook research from around the world about what wellbeing research has thrown up, what it means to people etc (almost totally from westernised English speaking nations – US, Australia, Canada, NZ).

October 2010

Jim idea of culture has altered as a result of me asking him what he perceives culture to be. He spent many hours thinking and reflecting upon what culture in the wider sense and culture in a personal sense meant to him. Jim does not perceive class as an important part of cultural identity, in fact he fiercely opposes the notion of class. It will be interesting to see Alison's response as I perceive her position on class is perhaps closer to my own.

I am fiercely w/c and proud of my class heritage and the differences between us and m/c or u/c. In seeking to construct knowledge between us we impact on each other's ideas and constructs. This process continues indefinitely. My idea of jim's cultural identity is very much led by my own cultural identity. E.g. I perceived Jim to be a w/c, Mancunian like myself but he defined himself reluctantly as 'upper w/c' and from 'Bury' whilst these may appear subtle distinctions it imperceptibly altered the way I perceived Jim and perhaps the way he perceived himself through my eyes. These are also perhaps a symptom of his education and era?

Jim said he didn't think wellbeing affected culture but that culture could affect wellbeing. Puts a spin on causality which I had not thought of before. I need to ask Carolyn how much my analysis can include these changes to my thoughts, as I don't want this thesis to become one of those where the author talks more about themselves in relation to the data than the data!! the questions I went on to ask Jim

and Alison were often the result of things the other had said and I thought ooh that's interesting I will ask them.

January 2011

I have found few studies which are interviews with older people about wellbeing so I am keen to explore the basis of finding out about wellbeing and whether it is rarely used in lay discourse or thoughts. I would want to try and get a 'picture' of what wellbeing means in every day context and was as in more specific aspects so that the research moves from the general to the specific enabling me to get a picture of wellbeing in terms of their everyday lives and their life-course.

So for example particular dimensions/aspects of health that it made participants think about wellbeing. PERHAPS the difference between their health as a kid when they could run around in the woods and never giving a thought to health and now when getting up out of the chair makes participants think about how health controls a lot of what your able/unable to do and the implications for their wider wellbeing? What did wellbeing then mean in the context of their lives now?

I want to get some 'stories' of their lives as the context within which the state of health makes a difference and so 'wellbeing' becomes concretised alongside their conceptualisation of health. Maybe wellbeing becomes a more concrete 'thing' when it emerges in relation to the life narratives of people? When asked about wellbeing you think of its relativeness, your health now and how it consciously affects your wellbeing and can reflect that as a kid your health was still central (because it allowed you the freedom to roam the woods but you never consciously thought about it.

March 2011

Wellbeing must be considered in the context of life course but not in the cut and dried manner which identifies chronological age as the signifier but in the context which takes into account experience. Alison talked frequently about the AA and her immaturity prior to her attendance there she made similar reference twice to her son's attendance at the AA and its impact on his maturity/ growing up (or

developmental age). It is also well accepted that children who have experienced war/famine/displacement are 'old beyond their years' and this is likely to mean their wellbeing is more in keeping with their mental or developmental age rather than chronological age. Similarly people born with health conditions which affect their mental development cannot be considered to have similar requirements for their wellbeing as people with the similar chronological age. Research (nef) continues to identify that young children have different requirements for their wellbeing than older children and that both of these differ in their composition to adults. I think further distinctions have to be made between young adults, mature adults and older people. In which case does it make any sense to talk about wellbeing as if it's a catch all concept which can be placed at the heart of government policies and legislation, particularly when research has already identified that culture must be taken into consideration when addressing wellbeing?

May 2011

Shortcomings of using interviews - reading through some of the interview transcripts it appears obvious to me that some can be read or interpreted as that which is based on a more traditional researcher/interviewee type of relationship whilst in others there appears to be a much more mutually responsive sharing type of researcher/participant relationship. I Think it's also important to reflect upon how these relationships impact upon the analysis phase as well as the collection phase. Perhaps with someone with whom I have formed a connection and whom I have therefore built up a sense of attachment to may be obscuring or colouring the way I interpret their discourse. There are times when I wonder if I have formed barriers as well as attachments to some of the participants e.g. D and that this emotional interaction means that I may sometimes have read too much or too little into things. Methodological concerns like these have increasingly led to utilisation of a network of qualitative researchers who read through each others analysis to try and offset these concerns.

June 2011

Taking into consideration what K said I can see that Sointu's work in which alternative medicine and engagement with the process participants talk deeply about wellbeing and its influence. The work of Newton in showing author's whose research has shown that thinking back to nature is big boon to wellbeing because children formed attachments to nature and wellbeing which feeds them to this day. These 'nature' 'environment' papers will be really important for my analysis of Jim in particular and considering my work in relation to other people's findings because Jim wellbeing story is closely related to 'nature' 'environment'. Could I look at how different Jim and Alison relate 'nature' 'environment' to their wellbeing on the grounds that some research proposes that you have to interact with 'nature' 'environment' as child in order to form 'emotional attachments which make 'nature' 'environment' important to you and your wellbeing?

September 2011

It is vital for me to keep on reflecting on all aspects of the research process from the generation of questions to the dissemination of findings. My engagement on the Post Graduate Certificate for Academic Practice has been hugely influential in my reflexive writing and has helped my growth as a researcher and a lecturer. I continue to draw upon Gibbs 'reflective framework' (1988) and Moons' no nonsense 'Guidelines for reflective writing' (1999). I particularly like Moon's directives to "Write in first person, be honest, be flexible, let the words flow and to use your own words -be informal"

One of the most important reflective tools used by Moon (1999) and Brookfield (1994) is trying to learn as much from our shortcomings as from our successes. Engaging in reflective practice is a fundamental aspect of working in qualitative research. I have and continue to critically reflect on my praxis and identified myself and was identified by my colleagues as having a humanistic approach to teaching and learning but as praxis is concerned with adapting both your theoretical and practical understandings and framework I am striving to develop my humanistic approach into an eco-humanistic approach, that is a collaborative style which is underpinned with a life centred approach rather than a human centred one. This

approach is helping me to evaluate what I have learnt from the research process, particularly the contact with older people in interviews, how listening to others may have changed or entrenched my original views and how this may impact on my personal and professional development of ideas.

I do continue to reflect upon my commitment to environmentalism and how this may have influenced, perhaps at a subconscious level my approach to this aspect of personal wellbeing.

December 2011

I am concerned about services which seek to collect wellbeing data generically rather than at individual level. Possible explanation of why some psychological issues were not raised because people relegate these to the back of the queue when they are facing constant challenges to undertake ADL for example the need/urge/desire for sexual contact and or intimacy of a different nature.

Are aspirations for example largely tied to your class, gender, socio-economic position? And like in obesity research is your concurrent class more significant than the class you were born into? Jim like me considers that himself w/c but like me would probably be classified as m/c now.

May 2012

It's important to reflect on the difficulties which many participants experienced in trying to formulate and express their conceptualisations of wellbeing and how I was called upon to try and help without 'leading' to facilitate understanding and discussion. It was often hard for people to enunciate and express ideas that they had about wellbeing beyond the superficial, providing guidance concerning how to facilitate participants understanding and engagement in the process was an issue as I retained a notion of impartiality and bias more consistent with positivism. That was symptomatic of the problems which beset this stage of the research because the majority of lay people who have been asked about wellbeing struggle to relate to it conceptually (see Woolrych and Sixsmith, 2008) and to put into words what they perceive when they think about their personal wellbeing and how services can

better reflect the personal wellbeing of older people with complex health needs. The analysis of the data within my theoretical framework for understanding wellbeing has identified some relationships between older people conceptualisations but to what degree can I expand on these to initiate the development of service provision, from which indicators for assessing the impact of service change and transformation can be derived?

June 2012

Enrolment on the PGC AP has been hugely influential in helping me develop my critical reflexivity. I have read extensively, written widely and ruminated across different approaches to being critically reflective. My intention in this section is to adopt a critically adoptive stance in relation to the challenges and dilemmas I have faced and continue to face in pursuing a research undertaking (analysis) from a dominant perspective i.e. I am in control of the situation (being the academic overseeing this process). It is also important to reflect that I am also in a less dominant position with regard to satisfying the criteria of my supervisors and exam board. This has a marked influence on my interaction with the research data and research participants, this criterion means I have tended to detach myself from the more personal elements of the process for example I struggled with my intention to use the personal pronoun within my thesis as standard practice frowns upon this. It is also common practice to maintain a professional distance from research participants even in qualitative research. the power invested in me in relation to the participants is overwhelming, at all stages in the process I have primarily directed proceedings, whilst I have tried to mitigate against this by offering Jim and Alison a stake in the data analysis process, e.g. when and where to meet, data collection methods (telephone, face to face, email) by choosing a particular form of data analysis (identified through former iterative training process as most easy for participants to understand and apply),The choices have still emanated from me, because I am located in the process as the professional and it will be me whose status benefits from this undertaking (should my thesis be considered worthy).

July 2012 Eco-humanistic approach

Eco-humanism has developed from the eco-pedagogy movement, it is concerned with the relationship between humans and the Earth and is critical of the racist, sexist, classist and specieist values which underpin current notions of sustainability and environmental policy (Freire, 2004). Eco-pedagogy challenges the failure of society to articulate the socio-economic and political need for a wider understanding and interpretation of the ways in which modern societies and industrialising cultures promote unsustainable lifestyles (Gadotti, 2000). Michnowski, 2007 defined Eco-humanism as a "partnership-based co-operation for the common good of all people (rich and poor, from countries highly developed and behind in development), their descendants, and the natural environment - commonly supported by science and high technology" (p.35). Eco-humanistic approaches seek common interest solutions to community issues. This is underpinned by rationalisation that community action must encourage development alongside the environment instead of expansion at the cost of the environment Michnowski, 2007.

Eco-philosopher Joanna Macy, created a theoretical framework for personal and social change concentrated on the cultivation of ecological awareness and conceptualisation of an ecological self and the need to extend our eco-logical self by extending our identity to include other forms of life and elements of the life support system (Macy, 1990).

By drawing upon the work of the Eco-pedagogists, Michnowski and Macy I hope to expand my conceptualisation of humanism to incorporate notions of ecology. However I must also endeavour to reflect upon how these emerging thoughts and perspectives are influencing the direction of my research.

August 2012

I have spent enough time to have built up an emotional relationship with J and A and this is increasingly affecting how I relate to/ analyse the data as I do not want to portray J and A in unfavourable light. It is also likely to slow the process down as I send back my analysis to Alison for her to reflect upon my reading of her data.

It is this positioning which has made me reflect upon the places in which J and A had our conversations/ interviews. I always left the choice of venue to them to facilitate their sense of control and input into the process. This meant we met in some very different locations over the 2 years e.g. my workplace (J and A), council chamber room, cafe x2 (prior to J having meetings to attend and once when A was shopping in town) and in their own homes (particularly A).

My relationship is very informal but I know A is not well off so I have tended to give her money (£10) and bus fare for her time as I would if she had been helping on a research project. J however is financially comfortable and declined the money so I have given him petrol money but not participation money I have just paid for his snacks if meeting in cafe. This economic positioning makes my relationship very different and alters what comes out of the collaboration. I think Alison and I have a more intimate relationship because I appreciate her financial position and we have talked about how my mum was in similar financial position at her age (plus the drinking issue they shared). J and I share a more traditional relationship, primarily I think through J desire because he wants to see me as researcher and to keep things within professional boundaries which for example makes me awkward when wanting to ask about sexual intimacy.

I would argue that the in balance of power demeans both the researcher, research participant and the research process. This reflexive process should therefore help me to reflect upon how power can best be negotiated between myself and those engaged in the research process.

September 2012

A crucial question I must reflect upon is whether my thesis has the critical depth to ensure that participant's voices and understandings are afforded sufficient weight by myself and examiners. In addition to which my reflective process must also seek to take into consideration how the socio-economic, political, cultural and historical positioning of myself and the participants impacts on the research process and findings without placing so much emphasis on this that it overshadows the actual research (a not uncommon problem in research papers which embed reflexivity).

November 2012

I think I selected Jim and Alison because they had similar shared identity and political ideology to me and perhaps they agreed to participate because they perceived I had similar shared identity and political ideology to themselves. How does this shared agenda impact on every aspect of our collaboration?

Having Alisontaking part in the analysis of her data has been very important for me. Think it's important that Angela's reading of her data forms part of the findings and it also offers me a different perspective on particular issues or ideas I have formed a connection and or attachment to which may be obscuring or colouring the way I interpret the data. There are times when I think that I have formed barriers as well as attachments to some of the concepts underlying the data and that this emotional interaction may interfere with the conformity of the findings.

December 2012 Agency

Agency is an important aspect in regulating what we do and helps to shape who we are and what we aspire to. Mead (1934) and Cooley (1902) showed clearly that reflexivity among human beings is rooted in the social process, particularly the process of taking the role of the other and of seeing the self from the other's perspective. As a result of this process, the individual becomes both the knower and the knowledge maker. The second reflexive process refers to agency. Agency refers to the experience of being an active cause in the production of outcome. Reflexive agency is the process whereby I can retrospectively look back on myself in order to perceive effects on myself.

Reflexive processes must I believe incorporate emotional reflexivity so for example it is involved in emotional identification playing an important role in emotional display and coherence. Emotional display involves the self-regulation of emotional exhibition for the purpose of producing intended effects on others' minds Mead (1934). reflexive processes are also involved in stimulating emotional experiences but different emotions may have similar manifestations. According to Tavris (1982, p. 94), anger "shares the physiological symptoms of joy, excitement, fear, anxiety,

jealousy, and the like." In exploring the internal state of physiological arousal, then, it may not be clear which of several possible emotions one may be experiencing Tavris (1982, p. 94). My use of observations of participants including assessments of what their expressions implies or what their vocabulary indicates may be an aspect of this research which I am not entirely well equipped to display. Another reason for my cause for concern is the fact that emotions may be mixed. When people show distaste they may also be feeling other emotions can I truly be confident that what I perceive as a grimace is not actually a grin?! When different emotions are experienced simultaneously, it may be difficult to dissociate them and to identify their respective natures Tavris (1982, p. 94). This ambiguity may also exist because there is no foundation upon which this display of an internal experience can be confidently assessed by me who does not have that experiential understanding to draw upon. Although participants may appear to be referring to the similar experiences when they use certain terms or language it is important to acknowledge that their experiences are unique and may be incommunicable. The great thing I learnt from the PGC AP was that we are all living in our own experiential context. According to Leff (1977), some languages do not have separate terms to designate depression, irritability, and anxiety. For example the German term Schadenfreude, which refers to a kind of malicious sense of glee, may be an emotional state which is not widely recognised by non german speaking peoples (Gordon, 1990). This is very apt for the exploration of wellbeing in relation to culture as oishi and diener have contributed significantly to debates concerning the applicability of the term wellbeing in language groups which do not have a word for this concept.

An important aspect of the double hermeneutic process is that within western cultures I believe, there is the constant effort to establish, displace, or change our fellow citizens perceptions and opinions. This is particularly pertinent I think for Jim who claimed that being able to persuade people to his rational way of thinking was important in that this power reflecting back positively on his sense of wellbeing. perhaps his self image and role in society requires that he perceives himself as a positive and influential force. It is also apparent in A with her great comfort in being

able to influence the opinions and behaviour of her children and grandkids and of course my own efforts to embed thinking around wellbeing in terms of gender, class and the environment (p.8) social situations and social roles dictate emotional responses from people this may go some way towards perhaps explains Alison professed comfort in feeling maternal after 'failing' to conform to her own and others expectations of motherhood.

January 2013

My work on neo-liberalism has revealed that at its simplest, it can be defined as the sustained attempt, since approximately 1980, to extend the capitalist market to the wider world and previously personal spheres of human experience and endeavour (Rose, 1999). It can be perceived as an ideology; as a politico-economic force of global capitalism; as a source of economic policies and as an ethos and philosophy which has increased power in westernized societies. Carolyn has urged caution in utilising such language in my thesis but it forms a key aspect of the wellbeing agenda and its relationship with the promotion of certain behaviours in the population and has come under increasing criticism in recent years

I attended workshop which brought together Postgraduate Researchers from three of MMU's Research Institutes: the Institute of Humanities and Social Science Research (IHSSR), the Manchester Institute for Research and Innovation in Art and Design (MIRIAD) and the Research Institute for Business and Management (RIBM). The workshop intended to give us the opportunity to hear speakers link their own work on neo-liberalism, across three thematic panels. I found the event illuminating especially the workshop where I was able to talk with others about neoliberalism in relation to our own work.

I particularly enjoyed the session which explored neoliberalism in the context of economic policies implemented by governments and bodies such as the IMF in relation to market capitalism and welfare systems and the session which explored aspects of ethical and epistemological implications and the role of neoliberal ideology and practice for researchers

March 2013 Reflection on the research process

It's been pretty hard going through the interview transcripts with Alison for the 'sharing and learning experience'. when I was reading through and thinking about my analysis and reading of Alison interviews it was an ethical consideration but more than that I was worried about the conclusion I had made of her data, of her life her dreams and fears and what she would think of the way I had read her life. Would she feel upset, would it make her reflect badly on her life.

The people I've listened to and their stories and analysing them, ordering and coding them into themes has given me a feeling that I have disconnected with the data and this sense of connection with the participants was very important to me and the narrative this PhD seeks to tell. In some way it seems strange, almost like I am exposing the underbelly of their lives however I am happy with what I am producing as I think I am writing this as a result of their confidences. This came to mind when I read back the words of one lady who apologised for ranting and for giving her the opportunity to get some niggles off her chest

Like with lecturing I felt strange sometimes reading through interview because I forged a connection with a few of the people I've interviewed as I had spent time with them and observed them as part of the Long Term Neurological Condition project and I think I make sense of their interviews in the context of the greater time I've spent with them and the knowledge and understanding that has grown between us.

April 2013

Parker (2005) argues that research uncovers how people are positioned by themselves, society and themselves to relate and understand their lives. So in context of my research J as a man is culturally positioned to view/understand his wellbeing within the context of certain socially constructed notions e.g. being seen as a good husband/provider, in terms of power, money, influence, social position and work whilst A projects her wellbeing along familial lines, personal safety, friends, and community,. This is how their realities have been and continue to be

shaped. Parker (2005) also contests that our capitalist (neo-liberal) society forces people to blame themselves e.g. A accepting that she undid herself by believing her wellbeing would be achieved through her relationships with men. In actual fact society positioned her to accept that was effectively her only option as an unqualified working class woman in a post industrial city.

June 2013

Marcus (1994) argued that the work of politically motivated researchers who assign their research as giving voice to marginalised people is more likely to put words in their mouths or construct meaning/assign meaning which may not be there. I would agree with this to a degree as it may be that I have inadvertently assigned meaning or constructed meanings which are congruent with my position and my desire to produce a successful PhD. However I am more in the relativist camp in that I believe the research process and analysis and data is socially constructed ' in particular discursive contexts '(Griffin 2000) not discovered and that the work Alison has undertaken in the analysis of her data has helped keep me grounded.

In the spirit of reflexivity I have reflected at length upon the terminology I used I have speculated on how the term 'researcher' promotes a representation of myself to myself and to others. Within the term is located a position of authority and power particularly in relation to 'participants' which perpetuates an in balance of power between them and me. This places both my self and the 'participants' in pre determined roles in which I hold the balance of power. I originally chose to use the term 'enquirer' but have since rejected this because it did not resonate with my interpretation of what I was seeking to do, perhaps I enjoy the power which the term researcher invests in me too much to give it up!!

August 2013

Alison and Jim have worked so hard to read and understand more diverse aspects of the research process such as reflexivity and this has contributed so much to this thesis and I suppose it helped them develop into informed and active participants. I still think they should be able to receive some level of acknowledgement close to

mine as they have made an inestimable contribution throughout the research process to this thesis. Their commitment and hard work has enabled us within a collaborative framework to explore in great detail the complexity which underlies ever changing socially constructed notions of wellbeing in an environment which recognises and values the interplay which exists between the 'researcher' and the 'researched'.

September 2013

In considering wellbeing within neo-liberalism and as a conceptual lever one only has to view the increasing promotion of workplace wellbeing. The concept of wellbeing has been promulgated as a risk management tool (Harrington, 2009) and a human resources practice (Sointu, 2005). The concept of wellbeing has been lauded for its potential to help reduce absenteeism, enhance staff morale and staff retention, reduce expenditure and increase productivity (Sointu, 2005). (Harrington, 2009) noted that it also has the advantage of being tax deductable and enhancing business reputations within the corporate social responsibility agenda.

My reading indicates that one of the main reasons for the advancement of the wellbeing agenda in the workplace may be the expense associated with the provision of healthcare, particularly psychological wellbeing as stress anxiety and depression are amongst the main causes of poor workplace wellbeing (Lyard, 2005). Investing in the health and wellbeing of employees may simultaneously acknowledge the importance of establishing a satisfied creative workforce, whilst reducing the costs of workplace healthcare provision and raising economic productivity, all of which are perceived as benefiting personal and national interests (Harrington, 2009).

Harrington, (2009) notes that the UK has encouraged companies to harness the 'power of wellbeing' in order to benefit individuals, communities, business and wider society. This has seen the emergence of wellbeing tools, consultation exercises (ONS) and promoted initiatives which are aimed at supporting the corporate world to invest in those aspects of employment practice which contribute to stronger and more efficient companies. Wellbeing practices include

health screening, workshops designed to combat stress, tension and workplace pressures, access to counselling services and the promotion of nutritional advice and resources in order to reflect nutritional practices which have been identified as key in the fight against preventable diseases. The identification of alleviating negative components of wellbeing whilst promoting positive, protective components of wellbeing is perceived as likely to impact on employee health and wellbeing and is now recognised as a legitimate company undertaking which will deliver a wide range of benefits at a relatively small cost **(**Harrington, 2009).

October 2013

How do people decide whether they are in love (or are experiencing positive wellbeing)? According to Averill (1985), society provides them with a set of criteria against which they can match their experiences. Among the criteria are 1) idealization of the loved one (e.g., "the most beautiful girl in the world"), 2) suddenness of onset (love at first sight), 3) the physiological arousal associated with sexual excitement, and 4) "commitment to, and willingness to make sacrifices for, the loved one" (p. 99). Turner (1970: 228-30) identified 11 features of an emotion that is characterised as love. He argued that whether people are in love or not may be based not so much on their actual feelings as on matching their thoughts, feelings, and behaviour with the emotional template provided by society. This example of social conditioning is an important consideration for those who seek to explicate understandings of complex concepts such as wellbeing.

November 2013

Reflexivity about the research process which I utilised to produce this thesis is an important aspect of the approach taken to co-create the knowledge and understandings of this PhD. I explored the reflexive understandings of the academic and positional power which I hold in relation to the research participants. Discussions were held between myself and the research participants with regard to the degree of involvement in the design, production and analysis of the knowledge production process. The positioning, character and depth of collaborative enquiry

for each participant produced very different outlooks and expectations concerning the perceived degree of partnership in the research process.

My personal and professional commitment to more collaborative approaches to knowledge generation is in accordance with a social constructionist / hermeneutic approaches. Engaging research participants at all stages in the research process in such a way which respects their unselfish giving of time, innermost thoughts etc goes some way towards valuing their unique contribution. Reflexivity has facilitated my appreciation of the emotional identification which I have ascribed to my core participants.

It is perhaps very important to reflect upon the relationship between myself and chief participants. Sharing gender and similarities in childhood e.g. alcoholic parent, growing up couple miles apart, class identification, political alignment with A means we have a much more informal relationship. However I share some of these attributes with J and other more formal ones e.g. engagement with council and advisory boards, connection to environment etc .But how have I acted upon, influenced and informed the way this thesis has developed?

Dec 2013 Posing challenging questions

As I have moved through this reflexive process new ideas have emerged such as Why did I adopt my particular research epistemological position - Because it was in agreement with my educational positioning and current ideological perception of the world and meaning making. At this point in my life I still believe knowledge is co-created but having just finished my lecturing degree and witnessed the cynicism in lecturers with years of experience I have become very aware that continued engagement in the learning environment may well lead to a change in my beliefs and behaviour.

Why did I adopt my particular method of data analysis – Thematic analysis has always intrigued me for its simplicity and the depth of understanding which can emerge. The fact that both co-researchers opted for this method of analysis was a vindication of its pragmatism. It has always niggled that it is perceived as a lowly

means of analysis and part of me would like to be in the vanguard of those researchers who in recognition of its versatility are increasingly claiming the right to use thematic analysis.

My research question grew from the circumstances surrounding what I believed might secure funding for a PhD In what could be construed as a circular argument I was aware that 'wellbeing' was a buzz word which ticked the right boxes and it was a strand within the research project I was employed on. It therefore seemed likely that it would secure the funding for a PhD. Perhaps at this juncture reflecting upon why I wanted to do a PhD is appropriate. Whilst I was still a history undergrad I flirted with the idea of doing a PhD. I always loved history and I enjoyed my degree very much. Many of my friends went on to do PhDs but I knew I did not want to work professionally within history so decided not to pursue a PhD at that time. I do have a strong attachment to the learning environment though and went back to university twice to do a PGDIP and MSc , it seemed only a matter of time before I undertook a PhD. Working as a researcher in academia is very different to research work in other fields. University is a very hierarchical environment and I like to challenge myself and grow, I felt my opportunities to grow and progress as a researcher in this environment would be stymied by not having a PhD. My desire to contribute to knowledge and develop into a good researcher also drove my efforts to gain funding for a PhD.

Other questions which I have yet to answer include: Why did I adopt my particular paradigm, Why did I adopt my particular method of data collection, Why did I adopt my particular approach and how these choices may have constrained what resulted from the analysis.

January 2014

In terms of what I have revealed in my reflections I think I have attempted to consider the impact of political persuasion, race, gender, class, sexuality on the parameters of this research amongst other things. I would say political positioning is key because of my utilisation of the theoretical framework which may have led me to prompt certain responses or narratives from the participants and co-

researchers. It is also important in terms of how it impacts on my relationship with both co-researchers. It is perhaps important to stress that my thesis has developed along particular ways as a result of the research participants having a similar geographical and cultural background. As individuals we all identify with being (both how we identify ourselves and how we are identified by others as) working class Mancunians, who are politically aware, hold left wing political sentiments and Are community engaged. These similarities are countermanded by other aspects of our socialisation as they are white, from a different generation and have experienced very different educations this impacts on how we relate to each other, our use of language and our shared conceptualisations.

The meanings that Alison and I have generated will always be open to speculation, interpretation, elaboration. Whilst some researchers include full transcripts of the research data so readers can obtain a sense of the researchers active contribution this fails to unearth those unconscious processes which impact on research e.g. choice of language, use of visual cues and how these open up some avenues and narrow off others. German researchers have used process where research team meet to explore the thoughts, feelings and associations which have resulted from the research as a means of considering what has been consciously or subconsciously transmitted to the research participant (Marks, 2001). My interest in the taboo aspects of wellbeing may show through at points when I try to elicit discourse around how research participant experience these aspects when they had no thought of discussing it. However I made the decision to do this from the outset as research indicates that people may not think about the less obvious factors which impact on their wellbeing e.g. socio-economic disparity, political circumstances (Easterlin, 2005, 2009).

By and large though I have employed a narrative style conversation in which the research participant has been encouraged to talk freely and thoughtfully about their experiential understanding of personal wellbeing. this approach however has been challenged as tending to focus more attention on the emotional meanings attach to the research questions rather than their cognitive meanings.

March 2014

Alison and Jim have worked incredibly hard to read and understand more diverse aspects of the research process such as reflection and they have made an inestimable contribution throughout the research process to this thesis. Their commitment and hard work has enabled us within a collaborative framework to explore in great detail the complexity which underlies ever changing socially constructed notions of wellbeing in an environment which recognises and values the interplay which exists between the 'researcher' and the 'researched'.

Appendix J: Alison's Reflective Diary (2008–2012)

As part of the participatory research approach Jim and Alison agreed to keep reflective diaries in which they would log reflections, ideas, thoughts and potential discussion points for interviews.

Email - 20/1/08

Hi Jo

Thanks for the training session I really enjoyed it although it was quite challenging. I'm glad I met up with Jim though I hope he wasn't upset with me?! As his wife is a councillor in his area I found it difficult to speak about my many problems with councillors as it made him defensive. It reminded me of a recent incident which made me very angry. At a council meeting a man was about to complain about large dogs off leads in his local park. A local councillor said "I hope you're not going to say they were rottweillers [sic]??" She then went on about her own 2 rottweillers [sic] and how harmless they were. He never got to finish what he had to say, we made a complaint about it. Its that sort of thing I've been talking about, no respect.

Speak soon Alison

Email - 30/1/08

Hi Jo hows things? I'm ok just few lines as got dentist appointment soon.

The training sessions have [sic] raised my awareness of how part of me has been closed off and that I'm not as open minded as I thought I was. It's certainly been a learning curve for me and made me aware of the need for my own self-development. I am please to be part of this however small and I hope to develop the skills needed to improve as community researcher.

All the best

A

Email- 6/2/08

Hi Jo

Being part of this research has been great, as its [sic] an opportunity to get more involved with the university, to meet different people, to widen my experiences and to try and look at things from the professionals [sic] side of things. I did struggle at times in the data analysis workshop but by the end I began to understand exploring themes, if I have to choose I would definitely pick the thematic analysis approach. I can see myself being able to get more involved with you in the future now with your PhD now that I have had some training and experience in actually doing it.

All the best. A

Email - 15/3/08

Hi Jo

Going to the X centre to do watch you interview and then do some interviews did feel a bit like being thrown in at the deep end but I survived and it was a good experience . Most people using the day centre who were interviewed had cerebral palsy and all though I hadn't really personally known anybody with this disability and didn't know what to expect, I felt quite confident speaking with them regarding services. I did notice that the answers were all the same. Yes all interviewees were happy with services they receive….. unlike anybody I meet, mainly able bodied people!!! I didn't know what to make of this and had suspicions. I realised it wouldn't be right to suggest things that may be a problem but felt that people needed more help to communicate, possibly from a relative or a disabled person with better communication skills voicing their complaints and setting an example of what sort of things could be improved.

Hope these reflections are useful?

A

Email - 25/05/08

Been thinking Jo re the interviews and I've been reflecting what if all interviewees say the same things all the way through the project? Would it just be assumed that everyone is happy?

We have similar experiences in our work as community activists, apathy can make people say everything is ok then they attend a public meeting and that same person has loads of complaints and views.

Other than that I feel quite confident now and I'm enjoying the work/practice as it is a totally new area for me. My interest in special needs continues to grow and it felt right for me to be involved in this.

I've been remembering all the names of the people at the x centre especially X who when we asked about his happy attitude in the face of adversity said something like " what's the point complaining getting angry or miserable. You can't change anything...

Look forward to our next wellbeing interview

Speak soon Alison

Email - 26/11/08   Respect / Power / Manners /

Hi Jo. Off the top of my head, the things that affect my well being are where I live and general neighbourhood. Even very small things that happen can have a large impact on wellbeing. Being ignored and feeling powerless impacts a lot. The wellbeing of individuals needs to take into account things such as stress and anxiety, sleep or the lack of it and the way people in authority treat you. I will give you an example of those in authority and the disrespect constantly faced in day to day dealings. My next door neighbour has dementia. I have challenged 'carers' who visit. They press the buzzer, give her a few seconds to answer and then keep

pressing. If she has been asleep and is woken like this she gets confused and distressed. Because of this she starts making her way downstairs to answer the main door, rather than let them in with the answer phone. Sometimes she forgets where she's going and comes back up screaming. If I'm in then I let them in myself to avoid the palava. I reported one who sounded very disrespectful, telling her [neighbour] to 'behave yourself' and saying it to her in a nasty voice each time she was leaving so one particular time when I just could not contain myself any longer I went out as she was leaving and said 'NOW YOU BEHAVE YOUR f..G SELF OR I'LL THROW YOU DOWN THE STAIRS!! (Sic).

Email - 2/12/08

Hi Jo. Hope you are well. Following on from my last email/rant downstairs there is a lovely old man who has had his operation cancelled for the third time now. This time because they had forgotten to tell him he should stop taking aspirin for 5 days before the operation. I could hear him groaning in pain some nights, a nurse has come recently and he seems better but it makes me feel so powerless that the system isn't looking after him. things like that, feeling powerless and not being able to help the older people who are my neighbours get the respect and care they deserve has a massive impact on my wellbeing.

tHATS ALL FOR NOW jo (sic) .Can you suggest other stuff for me to write about well being?

Alison

Email- 30/1/09

Hi Jo first time I've written anything this year and it seems to be another on the theme of respect or disrespect!!! My immediate neighbour moved out, after she had gone her smoke alarm was beeping. After the first weekend of it bleeping every 30 seconds I called housing repairs. No one came. I then reported it to the manager... Now 1 month has gone by, every night when I went to bed, usually feeling relaxed and happy I'd hear it bleep and my heart and stomach would drop

into a miserable feeling, of feeling worthless, that I didn't matter in the scheme of things. Although the housing manager is ok I sense no respect for tenants. This story is typical of the way we are treated by those in authority. They could improve most peoples' wellbeing at a stroke by making sure those professional in the public sector treat people with respect and show them some common decency. This story is typical of the way we are treated by those in authority. They could improve most peoples' wellbeing at a stroke by making sure those professional in the public sector treat people with respect and show them some common decency.

Email - 16/03/09

I met a friend from childhood recently they are thin on the ground as I left Withington at 16 and never went back. I am really happy to meet up with her, especially as she is such an intelligent woman who came from a family with as many problems as mine but different, she lives in Hebden Vale now. I met up with her a few months ago. It was great I saw the life I may have had if I had been able to use the opportunity of grammar school and I think about that often and it gets me down about my life now and what the future holds for me. I flunked that opportunity but I can see why now because I was not well I was bi-polar but no-one picked it up!!!!

Email - 28/6/09

Hi Jo. I was thinking about what we were last talking about and have some answers for you well more thoughts really. Ill (sic) do more later.

Question - Can you remember when you 1st started to think and talk about wellbeing?

Ans. Yes it was over 20 yrs ago, when I was a member of AA FOR 6 YRS, AND BRIEFLY 10 YRS BEFORE THAT WHEN I WAS A MEMBER FOR 2 YRS (sic). Back then it wasn't called wellbeing it was called lack of defensiveness, serenity, stillness, calm, being at peace with myself, happiness but it pretty much amounts to the same thing.

Question – Do you use the term wellbeing?

Ans. No I would probably use QoL, I never say wellbeing, well only when I'm with you.

Question - Do you think that the term wellbeing is a useful concept?

ANS- I NEVER USE IT AND DONT THINK THE PUBLIC ARE AWARE OF THE PHRASE I NEVER HEAR THE PHRASE USED SO NO I DONT THINK ITS A USEFUL CONCEPT, NOT TO NORMAL EVERYDAY PEOPLE (sic).

Email - 4/8/09

Hi Jo here are some more comments on what we have been working through in terms of my perception of personal wellbeing.

Question - Q - Is wellbeing a meaningful concept to you?

I WOU;DNT(sic) USE THE PHRASE [wellbeing] MYSELF. I WOULD USE OTHER MORE APPROPRIATE PHRASES,DEPENDING ON SITUATION,WHO IM (sic) TALKING TO. FOR ME IT ISNRT (sic) SOMETHING THAT WORKS.

Question - Why is it or isn't it a meaningful concept to you?

I DONT THINK YOU CAN USE A WORD LIKE WELLBEING IN EVERYDAY SITUATIONS, LIKE ASKING PEOPLE IF THEY ARE HAPPY WITH THE SERVICES THEY GET. WELLBEING COVERS SO MANY DIFFERENT STATES AND SITUATIONS. iTS (sic) NOT LIKE 'SOCIAL EXCLUSION' FOR INSTANCE,WHICH WORKS.

Email 21/10/09

Hi Jo

Sorry I have not been keeping up with my reflections too well, been really busy with with x [grandson] and y [daughter] but heres (sic) some more thoughts on wellbeing.

Question - Do you think wellbeing is significantly different amongst different age groups?

Ans-Yes, my wellbeing has changed a lot over the years, when I was young my image and what people thought of me was important for my wellbeing like it is when you are young but as I have got older things like my grandkids happiness and opportunities for a decent life have become central for my wellbeing.

Question - Do you think wellbeing is significantly different for men and women?

Ans- Mens (sic) wellbeing often depends on status and their position in the pecking order re work. Womens (sic) wellbeing is based more on the emotional/ relationships/ friends and family. Worklife is important for some women but I imagine it doesn't lead to much wellbeing.

looking forward to meeting up again to talk through some more of my thoughts and reflections on personal wellbeing

A

Email - 14/12/09

Ive (sic) been thinking about what you said about wellbeing and life changing events and it got me thinkinf (sic) if my wellbeing has shifted significantly at various points in your life. The Answer to that is most definitely Yes!! theres (sic) Pre AA and Post AA. Theres pre meeting Carolyn and working with uni and post meeting.They are the biggest shifts in my wellbeing as they are points in my life when I started to explore myself, to reflect and to grow as a person.

For me some of the most important things for my personal wellbeing is my level of awareness, consciousness, personal development of different kinds eg (sic) the AA, the uni the counselling course. They are all things that are about doing something that gives back and that is really important to me.

A

Email - 9/02/10

Question - To what extent then do you think a person's early environment and their upbringing plays in their sense of wellbeing?

Ans. I think both play a massive part in your wellbeing. the feelings of security self worth, self esteem, handling disappointment, issues of addiction, lack of education, family support, learning difficulties these all stem from a person's early environment and their upbringing. I think it can be hard almost impossible to put those things behind you without help and then they will always undermine your wellbeing and that of your kids and their kids.

Question - Do you think that defining wellbeing will help or hinders it usability as an outcome measure in how services are provided?

Ans-I think it will hinder things as peoples levels of self awareness are different, everyone would see different things as important for their wellbeing and if that didn't fit with what those in positions of power think is important for wellbeing they would be dismissed. Any definition of wellbeing is likely to rest on what the powerful think people like me should do, act, think and behave.

By for now

Alison

Email - 23/04/10

Hi Jo. A bit more re well being. For the last few years my son has helped a lot. He bought my computer a few years ago and has paid 10£ (sic) per month ever since for eastserve. I also have a landphone (sic) and he's paid for calls for last few yrs. I pay rental. He has provided me with a mobile and 500 free minutes per month as I ring X [Grandson's mum] a lot. All this has made well being possible. I even manage to save a bit and still give Y, my grand daughter in her second year at uni 5£ (sic) a week. She has 150 in summer towards her holiday and 100 at Xmas for pressies

[presents]. I always feel good when I hand it over. She works at a taxi office part time and in holidays and never asks for anything so I'm pleased to give this until she finishes uni.

The computer is really important for my well being and my family's well being. I use the computer to keep up with latest news and opinion. It's useful for keeping up with opinion in my own generation which I don't mix with much. I tend to steer away from anyone who is depressed, or constantly negative, so that doesn't leave much engagement with my own generation. Having a good relationship, with the help of free phones with my own kids, though 2 live in other towns is great.

Thats all for now. (sic) If I think of anything else I'll email. Regards Angela

Email - 08/07/10

Hi Jo.

Things are ok here thanks. I'm looking after baby X a day and a half per week. My g/daugh (sic) is now at Burnage High for boys and doing very well. I made a new friend off a local website. AB has been writing little stories about her chidhood (sic) in Collyhurst. Very funny and original-and we've become friends. I know this will sound mad but I'm actually editing her book now, that she started recently,so its very exciting and inspiring me to write again. Hardly stopped recently. Glad to hear you've had some work. Hope you find something fullfilling after all those years of study. Don't know how you do it.! Have had quite a mental shift recently which feels good.

I'm off to sons (sic) in Middlesex tomorrow night for 10 days. It will be lovely to see you when you have the time. Wellbeing has improved recently as I have less responsibilities and feel more fulfilled writing. Take Care. Love Angelax (sic)

Email 13/11/10

Hi Jo.Yes Alsation (sic) pups are beautiful. We dont see many alis (sic) [Alsatians] these days. I Remember when every dog was an ali/collie cross,or lab/collie cross

(sic) . We had a collie-Panda-when I was a kid. He used to round up the pigeons.We lived on a green,with a public pathe (sic) across it diagonally. He'd lie in wait,for any unknowing victim who dared to set foot on our green- then snap at their heels until they retreated and walked round-so the path was hardly ever used for years. Thinking back to those days has been a blast, I had forgotton (sic) how much fun and pleasure I experienced at times during my childhood. It definitely gave my wellbeing a lift today thinking back and remembering that there were some good times.Email if you need any housetraining tips if it is a baby. Love Angela.X

Email - 15/02/11

Hi Jo. Thanks for putting that analysis in the post, it arrived few days ago but just had chance to start reading it and I have really enjoyed reading it. Thought that your suggestions were sound and that you had interpreted my perspective really well, some of the things you said I had not considered at all but as I have been reflecting I think your spot on!! Didnt (sic) feel that I would get as much from this as I am so I am really looking forward to you coming round so we can discuss it together.

Thanks

Love Angela

Email – 12/5/11 RE: Meeting

Hi Jo. Thats fine . Where do you fancy? Pub Lunch? I dont mind. If you have somewhere in mind-maybe we can meet somewhere else? See you at 1.15 at Palace Theatre.Oxford Rd. If you want to change meeting place email me a new place. Ok -Look forward to seeing you ive been thinking about my wellbeing and the kids and what things influence it.

Angela

Email 6/7/11

Hi Jo. Good to hear from you. I hope you are well. Next Wed would be fine to meet up. The earlier the better for me.

Im still in the choir.loving it, its been great for my wellbeing and weve grown.Had a great gig yesterday in Blackley. Next Tues its our party and gig for various officials.The Tues after some church and gathering of people who work with elderly.

Im in a better placenow and think that as I grow more mature the things that improve my wellbeing change couldn't have seen myself enjoying a choir when I was younger wonder what other things I might get into as I get older!!

Send me a time and place for next Wed. Could you make it Thurs as Im at dentist in Hulme at 9am. I could hang about at mates in Hulme till I meet you. If not Wed will be fine.

Love aNGELA

Email 21/9/11/

Hi Jo Hows things with you? I hope that you are well and that the family are well too? I am still singing with the choir? Got two Christmas gigs? I know that i was supposed to be in touch about meeting weeks ago but I am so busy it is not true. Thought we could maybe meet in Town next week, maybe wed afternoon/lunch. Be good to catch up and I am enjoying analysing my interviews and discussions i had with you, shame that Jim isn't keen to be part of it but thats life. We could do it through emails and calls if you wanted to so you wouldn't have to set aside loads of time.

A

Email – 19/10/11

Hi Jo. Had a lovely time at G/daughters Graduation at M/c UNI. Be great to meet up again its been ages.Have you gone veggie or anything. I could make us Thai green or red curry? Last choir performance tomorrow at a church in Crumpsall. Gathering of people who work with the elderly. Off for 2 weeks then. Look forward to seeing you Wed Morn when we look through the data analysis.

Love Angela

Email - 9/1/12

Hi Jo. Yes-As I said it was very wierd (sic) to read your paper. Didnt realize how long it went back.Agree with all youve (sic) written. Re how daughter and I looked after X [grandson] between us. This didnt (sic) work out. I was always out of pocket financially. I ended up doing more of physical care/washing/buying clothes/toys/worrying about school-in fact the more I did -the less she did.

Eventually I put an end to this when he started refusing to go to bed and announcing he was going home-where he stayed up much later. So this phase came to an abrupt end. I said 'Thats it! Get on with it!

I had to be very determined. After a while I started picking him up once a week after school for a few hrs. I think it was the best thing to do-for their relationship. It was difficult for her too. At this point she made a friend of his schoolmates mother and they support one another. Now I let him come around several eves for a few hrs. More because it darker nights and he gets problems if he's out. Bullying sometimes or disappearing and she's had to phone the police. But overall things have improved and had to change as he's getting older. From next week he will have his own support worker in school.

So my wellbeing has improved probably because I don't feel the weight of responsibility for X anymore and its freed up my time so I can do more stuff for me. Didn't realize till I read through your work how much my wellbeing is connected to

the kids and grandkids. So now Im spending more time with the choir. Im still quite surprised at this. That Ive stayed with choir. It costs about 10£ per week -bus fare and subs. But its so worth it.

Take care

A

Email – 18/2/12

This week I have given up alcohol and cut down cigs-1 2oz pack per week of tobacco and 5£ weed per week!!. Cost of these 3 had started to cost 30£pw. As I get 93£ and pay 20 bills a week its almost half of what I have to live on. Dont know how Ive managed. So again -wellbeing is affected for the better. It wasnt possible to sense any wllbeing in these areas before.In fact I was quite looking forward to death.

A friend has just moved to a fab part of Cornwall and Im taking 2 grandsons for what I hope will be a fab Cornish adventure hol in June.

So things have looked up. Even though I MOVED HERE 3 YEARS AGO -iM oNLY JUST ABLE TO APPRICIATE MY SURROUNDINGS AS TOO MUCH AGGRO WAS ALWAYS GOING ON.

tHATS ALL FOR NOW jO. hOPE TO SPEAK SOON. aNYTHING ELSE i COULD WRITE ABOUT.?

mAYBE IN A FEW WEEKS TIME I could write about my recovery from drink/drugs and tobacco??? I hope so. A happy ending to my wellbeing

Regards Angela

Email -27/4/12

Hi Jo. Recieved paper .Thanks. Really enjoyed reading it. Thought you made your points really well.Didnt feel at my best,writing wise at the time-so glad you could use some stuff.

All those involved in gardens here are men. At the last place they were women. I think how they were seen as figures of authority ,and respect was not to do with them being male or female,it was more that they could speak to, and work with people on both sides equally. Tenants, even the difficult ones were included and officials, like police, housing. Its different Here it not like the usual tenant groups who end up as stoogies for officials, doing their work and making their job easier, because they don't have the skills to work with tenants!! which is,just like officials- having said that the housing officials here arent much better than most of the other places ive lived in and that has been a constant drain onmy wellbeing and that of most of the people I know to be honest so nothing ever really changes that much.

Anyway I Really enjoyed reading through our work and it has been great to work on something which is bigger than me so Thanks jo

Love Angela

Appendix K: Jim's Reflective Diary (2008–2011)

As part of the participatory research approach Jim and Alison agreed to keep reflective diaries in which they would log reflections, ideas, thoughts and potential discussion points for interviews.

Email - 21/01/08

hi jo

just a few words to say thanks for the other day, I really enjoyed the training sessions. I found the way he related his own experiences helped me to see things from different perspectives and I found them very valuable. I learned a lot and am looking forward to the next session. Jim

Email - 31/5/08

Hi Jo

Hi Jo sorry I haven't written in a while but I got to thinking the other day about what we have been talking about and I first started to think about well-being when I was asked to write the wellbeing article when I sat on the Valuing older people board. Later I was asked to come in and work with you on the long-term conditions project and I saw that as an opportunity to do something for my well-being. then when you asked me if I wanted to work with you on your PhD I was really happy because It's something I can give back, something important, a lasting legacy really, being part of something that's bigger than just me and my life. Jim

Email 14/ 10/ 08

I was sitting watching the birds the other day and thinking about wellbeing and you know my perception of what well-being means has changed through the course of my life. Obviously when I was young I wasn't really aware of the term but the underlying sense was that the here and now was the most important thing for my well-being. when I was young I lived in the moment but certainly having kids

changed that and all of a sudden well my well-being was just as much about their happiness and fulfilment as my own.

That got me thinking that there were things important to your wellbeing when I was young that have become much less important as I've got older, for instance my appearance but not what people think of me!! Jim

Email 26/03/2009

Hi Jo

How are you? I've not been too good recently and it's made me think about being diagnosed with Parkinson's disease and how much that changed what is important to my wellbeing. I never used to really consider death before that and I definitely took my health for granted and I was more....? Well now my health and how I feel on a day to day basis is so important for my wellbeing. remember I told you I don't really drink now because it leaves me feeling grotty and I used to really enjoy a pint down the local. I still enjoy the local but drink no. This is part of how different my life and wellbeing is since being diagnosed with Parkinson's disease.

In response to what we spoke about a few days ago I do feel I've acclimatised to PD, well as much as anyone can, part of that I think is the fact that it has progressed quite slowly and so I suppose I have had chance to come to terms with it, and I've been lucky I know, many people don't. So yes I suppose that my condition and my sense of wellbeing have changed alongside each other. Jim

Email 4/04/09

Hi Jo

Wellbeing – my thoughts. If you bought a new car with your own personal number plate both would give a boost to your sense of well being, but in 10 years time the car will give you a down because of its age and condition, whereas the personal number plate will still be capable of lifting your spirits.

Financial improvement would increase your wellbeing and you would 'feel' better in short-term. Financial decline would decrease your wellbeing and you would 'feel' worse for long term. Things like money are linked to feeling good, for example having good job prospects and feeling bad if you have poor prospects.

Thats only part of it though, the research I did indicates that if you have the right philosophy on life and you are resilient your feeling of well-being will remain high.

Things that affect your feeling of wellbeing will vary in areas affected and degree of effect depending upon age, sex and possibly ethnicity. Jim

Email 23/06/2009

Hi Jo, how are you?

I have been thinking about some discussion points so I have been looking through my old article ['Wellbeing'] and I still believe that the wise men throughout history knew what they were talking about, happiness is not the be all and end all but reflects what we have done with our lives and how we live. I do think personal wellbeing is about being content with who we are and what we have in our lives. Thinking about what I wrote then and what we spoke about I firmly believe we are sold messages about what we should aspire to for our wellbeing. the government and media tell us that we will be happy only if we have more money and more holidays or and more of those things that money can buy, they don't stress things like having parks in your community or access to country walks which can be so much better for your whole wellbeing not just your material wellbeing which is what they target. Government especially should address aspects of human experience and use scientific research to support what they promote as good for our wellbeing.

Email 19/01/10

Hi Jo

Following on from what we talked about I do believe that the public is sold a way of thinking about wellbeing, I think the media is mainly responsible for selling people

an idea about wellbeing like getting a new car every 5 years, and taking a foreign holiday every year. I didn't think I was buying into that until we discussed it in our last interview and I have been thinking about that quite a lot since. Its made me think and reflect a I also think the government plays a large part too for example through education which is selling this idea that every child is equal in talent and intelligence etc I mean this new thing where children don't come 1^{st,} 2nd, or 3rd anymore that to me is ridicules [sic] and doesn't reflect real life. Then there is this thing about them all wanting to be a celebrity, well that just isn't realistic and gives them this idea of attainment which really undermines their wellbeing, particularly their future wellbeing. you can see so many young people nowadays becoming disillusioned with their lot in life because they grew up thinking they would be super rich and famous and when that doesn't happen normal life must seem such a let down.

Email 08/07/10

Hi Jo I hope that you are ok? I am doing ok and so is X [wife] thanks for asking.

I have been reflecting on what we spoke about together last time we met, I really hadn't thought that I was being influenced about my ideas of wellbeing by media and government but the more I think about it the more I realise that I am! I don't think I'm influenced as much as the majority of people though because I had already established some well grounded and researched beliefs about wellbeing from having written that article but I strongly believe that the way wellbeing is promoted is influencing others, especially young people or the politically niave or those who don't tend to think about deep concepts.

I'm really not sure that it is going to be useful for you to try and define wellbeing perhaps you have a point in that a definition may detract from its usefulness as I think you called it a 'fluid term'. Jim

Email 17/09/10

Hi Jo

Well-being does really appear more and more to be the governments buzz word. I have been wondering how much influence these sort of external factors have on wellbeing. I think they probably have a really important influence on many people. I know that some research indicates that personality is important for wellbeing so E.g. do some people naturally have a good sense of wellbeing and are these less influenced than others?

There are also other considerations put forward such as what constitutes national well-being? Are aspirations largely tied to your class? How much might your class channel what you think is important for your well-being? I guess these are all things which you have been thinking about too. How is the PhD coming along? It has been quite a while now hasn't it. Jim

Email 2/11/10

Hi Jo

I know we have started discussing how much I want to get involved in helping with the analysis. I am not sure that I can commit to getting that involved. In many ways I would love to but I'm not sure that it would work out for us both. I don't think I've really got the inclination necessary to be an active participant and would probably prefer to just carry on with the interviews and diary. All the best Jim

Email 12/1/11

Hi Jo

I was thinking about culture and wellbeing and I have decided that I don't think wellbeing affects culture but I think culture could affect wellbeing. So in terms of culture I feel a culture connection to people who live in same region of world, have a similar skin colour, similar earning power, same religion, same traditions, same moral values and treat others as equals. I don't think it makes sense though to try and define wellbeing which is relevant to everyone although of course there are things we all want for our wellbeing regardless of our culture, such as love, health, friendship, family. In some cultures though wellbeing is about the collective good whilst in western cultures its more about the individual and I think things like that

make it tricky if you're trying to define wellbeing. Personality also gives you different ways of looking at things. All I expect from life is a kick in the pants occasionally. Jim

Email 22/04/11

Hi Jo

I have been reading through my article and I stick by what I said in my article that whilst it is easy to think of well-being as happiness, but it is more than that. It is about having meaning in our lives, developing as a person and feeling that our lives are fulfilling and worthwhile." Its interesting to think of what well-being means to different people. I do think that age plays an important part, your wellbeing ancd what is important to it is different when you are a kid from when your an adult and different again as you get older. I have also been thinking about the possible differences between men and womens wellbeing. there must be some quite different aspects I suppose but I think there are more things in common than different so that relationships and interests, the happiness of your family and having good friends is the same. Perhaps things like work and what leisure activities you enjoy are different though and may have different impact on well-being. I think close personal relationships are of great importance though more than money although of course that is important especially for those people who don't have enough to get by or provide for their children. Jim

Appendix L: Second Interview with Jim - 27ᵗʰ November 2009

Interview took place in my workplace

Q - Can I start Jim by asking you if you think an operational definition of wellbeing would help or hinder its usability as a concept for improving services for older people with complex health needs?

A - It's impossible to define wellbeing and so I wish you good luck Jo. Everyone has a different slant, it's probably 90% core wellbeing and the rest is individual, unique, but there is probably so much variation within that 10% that you couldn't pin it down if you wanted to.

Q – Jim when did you first started to think about personal wellbeing?

A - I was invited to a seminar on wellbeing for 'Valuing older people' Jo and I used to produce news-sheets for them and then started writing articles too and I decided to write the wellbeing article, so I suppose it's been 4 years now that I've been thinking and talking about wellbeing.

Q - How did the article come about Jim?

A - Through the community health council.

Q – Would you say you started to think about wellbeing through a health perspective then Jim?

A - Oh yes but also through consideration of things like the education system because kids wellbeing is let down by having unrealistic goals.

Q –Do you think that having unrealistic goals undermines personal wellbeing?

A - Yes, it gives them too high expectations and it knocks them back when they don't achieve them. People should be trained to their skill level Jo because otherwise it sets them up for a fall and then depression, [pauses to drink some water] I was happy in my work and I believe if you're happy in your work then its

not work and if you give someone too high an expectation they get depression. A sense of achievement is important for your wellbeing you feel better.

Q –do you think the education system then is undermining children's personal wellbeing?

A - We're being sold a message about achievement by the government through the education system and yes I think that sets them up for a fall.

Q - Do you think a sense of achievement is important for personal wellbeing then jim?

A - Yes Jo and we're being sold a message about wellbeing by everyone who wants to influence us.

Q - Who is selling you this message about wellbeing J?

A - The government, the media [pause], education system, health services.

Q - Why do you think they're trying to influence you?

A - To sell you something or to try keep you happy politically.

Q - Do you think these messages have influenced your conception of wellbeing?

A - Well they put their own slant on it but I haven't been swayed. I've listened to a variety of speakers on wellbeing who have their own ideas but I think if you're happy and look to the positives then your well on your way to wellbeing. [long pause] You do pick up other people's ideas though, [pause] there have been occasions when I've said "yeah I hadn't thought of it that way" and you take it onboard. [clears throat] When I started looking at wellbeing I probably did it from the social worker side [stammers]. I looked at articles online and I saw differences in wellbeing from country to country, they would place emphasis on different things, I looked mostly at the UK, Australia, US and Canada and was probably more in line with Australia.

Q - Are you aware of the local government act 2000 which made local government responsible for improving citizens' wellbeing?

Jim nods

Q - Do you think governments should be responsible for legislating to enhance citizen's personal wellbeing?

A - Yes I do definitely there are things that people can't do for themselves they need the power and persuasion of government to implement changes for the better, that's why politics are so important. Wellbeing appears to be one of the governments new buzz word and so much of what they do [stammers] affects our wellbeing.

Things like employment laws which can change workplace practice and when you think of how long people spend in the work place that will have an important impact on people's lives, the education system affects children's education, aspirations and our future economy, providing more money for the NHS [clears throat] so we have got a health system that supports people, protecting the environment too or else our kids won't have a world to live in or not one worth living [pauses to drink some water].

When I was a kid I spent all my time playing with my friends in the woods, they were simple times. All that was important to me then was having three or four meals a day, [drinks water] and the freedom to roam. I think being cocooned like that was what made my childhood so special [clears throat]. In the woods we could be anything, we played without a care in the world [gulps]. My thoughts often drift back to memories of playing in the woods, that's why nature and being close to nature is so important to me. I get a high from sitting and reflecting on when I was a kid playing in the woods.

Q – Are you ok Jim, would you like to take a break or end the interview?

A - I'm fine Jo.

Q – Ok but if you want to stop at any point Jim just let me know.

A – Ok

Q – Jim you said before you think there are age differences and gender differences in what is important to peoples personal wellbeing do you think there is a cultural aspect to personal wellbeing?

A - I think there are cultural differences and religious differences too. Those Islamic fundamentalists who strap explosives to themselves feel good just before they push the button. Kamikaze pilots what were they all about [shakes head], it shows the cultural differences. People aspire to different things but whether there are big differences due to culture I don't know. I went to the Ukraine few years ago and they'll aspire to a 10 year old fiat and we'll aspire to a new mini. They'll be just as happy with a 10 year old car as I would with a new car.

Q - You talked before about being sold a message about wellbeing, do you think that perhaps you have been 'swayed by media messages about what's important for your personal wellbeing' and that subconsciously you've been sold a dream that aspiring to new car would enhance your wellbeing?

A - Yes I guess so, [pause] I hadn't really thought of it before but yes of course I know that advertising does impact and influence your wellbeing.

Q - What other messages might we as a society have been sold about wellbeing?

A - Having a strong economy, jobs, owning our own homes, going on foreign holidays and so on things that we would all like.

Q - Do you think these things are important for personal wellbeing?

A - Well I think we've got it the best we've had for a long time with this labour government apart from the greedy bankers. I mean money might be important in the short term but we need to look at ways to improve things for people by other means than money [clears throat]. If you give people more money they'll just spend

it but it won't add to their wellbeing, once you've got to a certain point [coughs] money doesn't add to your wellbeing. I think financial security is more important than money as such. Having financial security and savings means we can help the children out with things before we die [pauses to drink some water]. The pleasure and satisfaction I get from being able to help them is a big thing for my wellbeing. It's nice to be able to take the worry off them before you're dead.

Jo – Well I think we should perhaps wrap things up now Jim, thanks so much for your time.

Jim – No problem Jo I enjoy talking with you and being involved with your PhD.

Jo – Well I couldn't do it without you and Alison so a big thank you to you Jim and we can speak again soon.

Appendix M: Third Interview with Alison - 23rd **March 2010**

Jo - Hi Alison how are you?

Alison - I'm ok Jo how's things with you?

Jo - Not too bad did you have to wait long for a bus?

Alison - For once no!

Jo - Well that's good, can I get you a coffee or tea?

Alison - No I'm fine Jo

Jo - Ok shall we make a start? Alison nods.

Q- I know we have talked about health and wellbeing before but can I start by asking you if your health important to your sense of personal wellbeing Alison?

A- yes, I go through these cycles of mental ill health which have been a part of my life since I was around 11, I can identify them with all the phases of Bi-polar. In the middle of the cycle I feel most normal but I can experience rapid mood swings then I hit the low when I may go from minor self condemnation to self loathing and by end of week I might be feeling suicidal. But I now know this period is followed by the 'high' and this is the good part of the cycle. I feel like I have gone from experiencing the world in black and white and into colour, during this period my wellbeing is great, I feel confident and productive but I often burn myself out during this period.

Q- Can I ask you Alison about your mental health in relation to your wellbeing?

A- yeah having mental health issues has made me prioritise what's important in my life.

Q- Can you expand on that a little?

A- well it restricts my wellbeing because if you're anxious and depressed you can't have much wellbeing. And it's like I feel compelled to act sometimes in a way which is very in your face but I couldn't stop myself from doing it however hard I try. It's that feeling of compulsion when you're in a different cycle that is quite scary. Let me tell you about my new neighbour upstairs jo. He moved in couple of weeks ago and left loads of bags outside his front door. I was furious so I left him a long shitty note about bags left outside and respect for others. He scurries past me when he sees me now and I have been thinking about why I reacted like that but whether I acted like that because of bi-polar or through my experience of neighbours and rubbish I don't know. See I'd experienced this sort of thing with previous neighbours and this may have led me to expect likewise behaviour from him and that may have been what led me to behave the way I did.

Q- Can you think of what else impacts or influences your sense of personal wellbeing Alison?

A- As regards my wellbeing I feel at my happiest when I've spoken to the kids all on the same day and they are all good, that's my highest feeling of wellbeing. The financial security of having a phone so I can check on X's [grandchild] welfare is paramount to my wellbeing. A lot of my wellbeing is practical about being able to afford stuff, for example, decent warm clothes etc the things that have always been a problem. Car boots and charity shops help my wellbeing. I can get gifts/toys for the children, makeover the house etc. All the things that others take for granted and buy new. I always felt bad about not being able to buy much for the kids so I feel better now it is easy to pick bits up. Definite wellbeing when I find nice winter coats for myself daughters or grandkids for £2. My wellbeing is directly influenced to a large degree by my kids and grandkids and where I live.

Q – Does where you live impact on your wellbeing Alison?

A- well having internal space and not being overlooked by anyone is really important. Living space is massively important to me so that you can have a level of peace and quiet and to have other rooms which means you can take yourself away from a noisy situation so personal freedom is key also. The way the place I live in

now has been designed is really good because it's well lit and all the paths are overlooked by windows. This means that even in winter the route to the shops is overlooked and so you don't think people would chance attacking you. House design is so important for my wellbeing because proximity to your neighbours can really get to you especially when you move from having kids and living in a house to being in a 1 bed flat. You're so much closer to your neighbours and you're surrounded on all sides. It's like I smoke but it's not seen as being acceptable in older people so I have a constant fear of losing my home because someone has smelt the smoke. It's social paranoia which does cut into my general wellbeing and the sense of wellbeing I get from smoking. This place I live now has a sense of civic pride, the gardeners are smart and polite and it's like you're being cared for as well as the environment. Psychologically I feel safer in this place because there is a resident who is big guy and he has made it his job to make his presence known on the green spaces out front

Q- We have talked about wellbeing a lot in the past couple of years but what does wellbeing mean to you?

A- Wellbeing is knowledge! For me its knowledge and understanding, without them I wouldn't have wellbeing. I can help my kids now and if I didn't have wellbeing I'd be like those women who try and keep people and their kids down. Awareness gives me a sense of personal wellbeing but the power to change things I'm not sure I've got. My illness stops me from seeing things and having the power to explain things on the phone things that I want or need without getting angry and frustrated. There is a positive side though in that with bi-polar I can wait for the highs and lows to challenge authority but I can't control this illness.

Q- We have talked before about personal growth being important for your wellbeing can you tell me why personal growth so important to your wellbeing Alison?

A- Because I've experienced the frustration of not experiencing that growth. I went to grammar school then got stuck on Langley with no hopers! I went to a good primary school and then grammar school but was kept down a year at secondary. I

learnt nothing at grammar. I think that going to secondary school was when bi-polar kicked in because I couldn't find my way to classes or remember the layout of the school which was really simple and I know that's when it all started.

Q -Do you feel that your early years were important for your current sense of personal wellbeing Alison?

A - I think it has played a large part in my wellbeing. My feelings of insecurity, issues with self worth, self esteem, handling disappointment, issues of addiction, lack of education and learning difficulties have and continue to have an important bearing on my day to day sense of wellbeing and what I expect for my future wellbeing.

The more I think about it the more I think that there were 2 periods in my life which impact most on my wellbeing. The AA [Alcoholic Anonymous] and going to secondary school. My life changed at 11 because I went from having an authoritarian school environment to a school which lacked any of that planned laid out structure. Nobody at school noticed that I wasn't engaged or that I wasn't able to deal with the school situation because I was bi-polar if they had I might have been able to make the most of the opportunity I had going to grammar [school].

Q- We have talked before about the role knowledge, understanding and awareness plays in wellbeing can I ask you Alison why are they so important to your wellbeing?

A- I spent most of life mainly hanging about with uneducated people and I was a big fish in a little pool, I didn't see my peer group from Withington and as I got older I felt more vulnerable and so more and more liked strong people who others were scared of. It was that old thing that I didn't know what I didn't know. The reason for that was that I knew and been taught from childhood that knowledge, understanding and awareness is very important for feeling like your part of something, being accepted for who you are, feeling comfortable in yourself and my time in north Manchester undermined all that. I was with ignorant people who didn't care about that so I began to not care about it.

Q- So during that period of your life when knowledge, understanding and awareness weren't so important for your wellbeing what was important for your wellbeing?

A- Things that coordinated in the house, status, having a nice house, the kids looking well turned out and the fact that I was married to someone big, well a gangster! After that it was going to the AA and gaining acceptance of having people around me who were mature and I had to surrender being a big shot and accept guidance to help me get on the right track.

Now things like having a home that's hospitable is important that I can be hospitable in and have the where withal to put my family up comfortably in, to have enough bedding and beds and the space and peace for them to feel happy here. I personally would not be happy if I didn't have enough space. I know that my son can come and stay here with his wife and feel happy and not worry about his car being stolen or having to go out and face rowdy kids making noise and trouble like in my old place. That's mega important, knowing I have somewhere my kids and grandkids can come and stay because it means you can give back to your family and it's not always them doing the giving. This is good for family dynamics and relationships and the wellbeing of myself and my family.

Q- Alison we have talked before about the importance of self realisation for your wellbeing can you tell me why self realisation has played and continues to play a part of your wellbeing?

A- Yes, I realise now that my personal development and the learning process has always been a driving force behind my wellbeing I just didn't realise it and when I feel like that has stopped I move on like with being active in the community to being on tenancy groups and stuff.

I think getting older has helped me to prioritise better and I don't feel driven by my urges as I did when I was younger, that urge to be sexually driven, stay slim, look good and be attractive to men. I feel very much that I reflect and induce higher thinking to enable me to prioritise about what I need to spend time on whereas

before I was a feather on the wind. And it's all about promoting or maybe promoting isn't the right word, protecting my genetic material, hoping that they in turn will have that knowledge and understanding and protect the next generation. That is a strong driver in my life now but I've invested in other peoples sons in the AA and now people are investing in my son in London. I'm hoping now at the carers association that people will invest in X (daughter) and I carry on investing in the stuff I do with C and yourself. 20 years ago there was no way I would have thought my wellbeing would be so affected by kids and grandkids, I used to hope they would move away so that I could have a life of my own, I think because I had kids so early and had no life before them. My friend used to say 'genes, it's all in the genes, I've seen my sister top herself and my brother would have done too if he hadn't have died first. I used to think she was just making excuses because she was an alcoholic. I've come to understand what my kids need now, what somebody gave to me in those AA rooms; my own children need that now. When my kids are happy and on track my wellbeing is ok.

Q- Is it important to your wellbeing to feel that you are investing or reinvesting?

Yeah definitely, I often feel powerless...I want to help older and more vulnerable members of the community to be involved and be listened to and to have their opinion heard. They should be treated with the respect they deserve, the respect we all deserve.

I feel more alive when I'm doing stuff like this, like on the bus coming here I felt I don't belong on this planet but now I'm here talking to you and I'm contributing to the bigger picture even if though I'm only a tiny part of it that's part of my wellbeing and on the way home I will feel like I've done my responsibility.

Jo - Well Alison it's getting late so we should probably call it a day.

Alison - Yeah we can talk by email or phone soon.

Jo - All the best then Alison

Alison - And you Jo.

Appendix N: Interview with Tim - 17ᵗʰ August 2008

Details: Interview took place in the X centre for people who have experienced brain injuries

Hi Tim

My name's Jo and I'm a researcher from MMU undertaking research for my PhD.' I've come here today to interview people in order to explore personal wellbeing amongst older people with complex health needs which forms an additional strand of an ongoing research project entitled 'Changing services for people with long term neurological conditions: Promoting wellbeing within service provision.' My research aims to gather the views and experiences of older people with complex health needs in order to better understand personal wellbeing. The interviews will take between 30-45 minutes, if at any point you don't understand the question please just ask me to repeat it, if at any point you no longer want to take part you can stop the interview, if at any point you want to take a break please tell me. I have read through the information sheet with you and the informed consent form which explains that the information you give during the course of this research is completely confidential.

Q – Are you happy to be interviewed by me today Tim?

A – Ok

A – Could you just sign this consent form for me please Tim?

[signs form]

Q – Tim is it ok if I call you that or would you prefer something else?

A – That's ok.

Q – Can I ask you how old are you Tim?

A – I'm 57

Q – Are you familiar with the term wellbeing?

A – Yes I've heard it about

Q – If you had to define it what would you say it meant?

A – [puffs out cheeks] that's a tough one. Being happy in your own skin maybe.

Q – Where have you heard or seen the term being used?

A – In newspapers, on the tv and radio.

Q – Can you tell me in what context is it used?

A – All sorts, they usually talk about it in relation to health but also heard it in relation to community, exercise,..

Q – Do you think that has influenced your idea of what you think wellbeing means?

A – [long sigh] I suppose it must have done because I hadn't really heard of it before so I had no idea of what it meant. I suppose its all part of the governments' attempts to make us more responsible for our actions which I suppose when you consider how many young people have got liver damage through binge drinking may not be a bad thing

Q – Is wellbeing a term you would use in general conversation/in your social circle?

A – Not really, I guess it would depend on who I was with I would be unlikely to use it down the pub for example.

Q – Why?

A – It's probably a bit too deep.

Q – What things are important for your personal wellbeing?

A – My family, going to the pub, meeting up with people you can pass the time of day with without knowing them or meeting them again. I think I took that social interaction for granted before my accident. The natural environment is really important for my personal wellbeing. I'm lucky I've got a big garden which was the

main reason we bought the house. We even put the conservatory to 'bring the outside in' as they say. It's a haven for me really I sit and watch the birds and the bees because my girlfriend has planted lots of flowers so it's a hive of activity out there. When I'm feeling low and the weather's ok I will go out and do a bit of gardening. Not only does it lift my spirits but being active means that I usually sleep better too. Being able to get out into nature, I love being in the outdoors although I can't walk very well I try to get into the country like Edale as much as possible. I get a sense of peace and perspective when I'm in the country it's very calming and soothing.

Q – Why are these things important for your personal wellbeing?

A – My family is the most important for me. I suppose I grew up thinking a man's role is to look after his family and I've always tried to be a good husband and father. Losing my job undermined that because I was no longer the bread winner, suppose it hurts my pride that I can't help the kids as much financially as I used to do.

A – My speech has made things awkward for me, I lost lot of mates after my accident till then I hadn't realised how important it was for me to mix socially. That's a big reason I come here, everyone's in the same boat, we can all relate to head injuries and how it changes your life. Were like a big family here, we chat, play pool, listen to each other's problems   so now

Q – What things negatively affect your personal wellbeing?

A – My wellbeing is negatively affected by feeling anxious about paying the mortgage and financial worries, my divorce hit me hard too and it took me a long time to adapt but once I accepted it I felt able to start thinking about enjoying life again, that I could be happy and satisfied with my life and since my marriage broke down I've had to get used to doing things different and now I've been living with a woman that I can be close with again for over a year.

Q –By close do you mean sexually intimate?

A – "Yeah, that side of things hadn't been there for a long time, my wife no longer saw me in that way and it was hard for me, I felt unwanted and didn't feel comfortable in my own home anymore. The woman I'm with now [long pause] it's hard to explain [long pause] but I feel happier in myself again."

Q – Has your health become more important to your sense of wellbeing since you've been diagnosed with complex health needs?

A – Yeah I never really thought about my health before but now I think about it everyday, several times a day because it limits me so much.

Q – Has your health condition had a direct influenced on your personal wellbeing?

A – Yes, I lost my wife and damn near all my mates too, you're a different person after a head injury and the quicker you accept that and get on with things the better. I lost my job too because of my head injury so it's a good job I got my mortgage before it happened because otherwise I dread to think where I would be now.

Q – Do you still own your home Tim?

A –yeah we own our house and that's very important for my wellbeing.

Q – Why is owning your own home important for your wellbeing Tim?

A – [pause] Well I feel like we have some control over our home environment and neighbourhood, having that control and respect makes life easier because you know you can go ahead and change things without having to get permission or wait till the council can afford to do the work like some people I know. It's important to have respect, it's part of wellbeing.

Q – Have any of the services you use impacted on your personal wellbeing?

A – Yes! This place has made a real impact I feel like this is my 2nd family and I can always come back if I've got any problems and they help me to sort them out, its important for your wellbeing I think to be part of something , to be able to share your problems and to get rid of them.

Q – Can I ask in what way using this service has impacted on your wellbeing?

A – it's a way of getting out, being more sociable, getting out to make new friends after you've lost those mates you used to have before you're accident. We've all had damage to our heads here so we all understand each other, if we went to other places they wouldn't understand what we're going through or what we say.

Q – Do you find that people struggle to understand you?

A – Yes and its a common problem for people with head injuries, that's one of the hardest things to adapt to being able to make people understand you its so frustrating and depressing but this place it's like a family unit, it's comfortable and there's trust here. Plus it makes you more independent, getting here on public transport in itself makes you more independent.

Q – The local government act 2000 made local government responsible for improving the wellbeing of its citizens, can you think of any examples of how local government has sought to improve the wellbeing of citizens?

A – The thing is if I was lesbian say or Muslim or a refugee the council would make sure I got the support I need, there are services available to them and that's what's unfair, those in power decide where to spend the money and there is nothing I or anyone else can do about it.

Q – What sort of things could local government do that would have an immediate positive impact on your personal wellbeing?

A – Protect the environment more I love to be outside see trees, birds etc but I have to travel for that because they let companies build on what little green space is left.

Q – What sort of things could local government services do that would have an immediate impact on those things that have a negative impact on your personal wellbeing?

A – "I know how lucky I am to live in an area which still has some centres, it means I get to meet with people and that's important for my wellbeing. Some of those who

live in north Manchester have got it really tough, they don't have half the things we do in south Manchester. Its relative though isn't it because I've got friends who live in Trafford and they are better provided for than us. So I think local government should be trying to keep hold of those places where people of all ages and that come together."

Q - Do you think that the term wellbeing is a useful concept?

A – I'd refer to a harmonious holistic life as 'QoL' I've only used wellbeing because that's what you have used. What was wrong with QoL anyway?

Q - Do you think that defining wellbeing would help or hinders it usability as an indicator in how well services provide for older people with complex health needs?

A – "I think it would hinder its usability as people's levels of self awareness are very different and everyone would see different things as being important for their wellbeing.

Ok well thanks very much for talking with me today Tim and all the best.

Thanks all the best to you too.

Appendix O: Interview with Ivy - January 9th 2008

Details: Interviews took place in the hillside resource centre

Hi Ivy my name's Jo and I'm a researcher from MMU undertaking research for my PhD which forms an additional strand of an ongoing research project entitled 'Changing services for people with long term neurological conditions: Promoting wellbeing within service provision.' This particular piece of research seeks to explore personal wellbeing amongst older people with complex health needs. The research aims to gather the views and experiences of older people with complex health needs in order to better understand personal wellbeing. The interviews will take between 30-45 minutes, if at any point you don't understand the question please just ask me to repeat it, if at any point you no longer want to take part you can stop the interview, if at any point you want to take a break please tell me. I have read through the information sheet with you and the informed consent form which explains that the information you give during the course of this research is completely confidential.

Q – Ivy is it ok if I call you that or would you prefer something else?

A – Ivy's fine love.

Q – Are you happy to be interviewed by me today Ivy?

A - Yeah

Q – Would you just sign this consent form for me please?

[Ivy signs form]

Q – Are you familiar with the term wellbeing Ivy?

A - Yes I've heard it before Jo but wouldn't say I'm familiar with it.

Q – Where have you heard or seen the term being used Ivy?

A - Well only because they said you were coming in today to talk to people about wellbeing, before you came today they said at coffee break that you were coming and you wanted to talk to some of us about our wellbeing.

Q – Ah somebody else mentioned that, did they say anything else Ivy?

A - Yes they asked us if we knew about wellbeing, asked what we knew about it and then explained what it meant.

Q – What did they say Ivy?

A - They said it was to do with things like independence, managing your condition, empowerment, keeping healthy and active

Q – Would you agree with that or does the term mean something different to you?

A - As far as I understood it it's concerned with your QoL Jo. Actually I've heard it on the radio too thinking about it.

Q – Do you think that what they said here about wellbeing and what you have heard on the radio has influenced your idea of what wellbeing means?

A - To be honest Jo I didn't really listen to what they were saying today and when they were talking about it on the radio I didn't really understand it seemed a bit complicated and no one seemed to agree what it meant.

Q – Is wellbeing a term you would use in general conversation/in your social circle?

A - No I wouldn't

Q – Why?

A - It's just not a word that you hear in every day conversation, I'm not sure people would know what I was talking about, not sure I would know what I was talking about perhaps I will have a better idea after talking to you [we both laugh]

Q – What is important for your personal wellbeing Ivy?

A - For me wellbeing is knowing that my family is here for me, that they are safe and happy and well like my granddaughter who comes and cooks for me every night.

Q – Why is that important for your personal wellbeing?

A - Well Jo I would be lonely if it wasn't for my family. I'm 60 and live on my own and don't get out much so I feel safer knowing that she will be here in the evenings. I need more in my life than that though, sometimes I feel like my whole life has been about looking after my kids and then helping to look after their kids. Don't get me wrong I love them all to bits but sometimes I think about how different my life and my kids might have been if I'd had waited a bit. I don't think I achieved anything but having kids! See it's different now, but when I was growing up women got married, had children and stayed at home that was it.

Q – How is your health Ivy?

A - I had a stroke in 2005, and I've got angina. I was at home and I fell to the floor had a stroke and crawled into living room because couldn't get up so called doctor and she took ages to come and she said hadn't had a stroke and I said I had my arm and leg wouldn't work so she said she'd call rapid response and I said no I want an ambulance and it finally came and took me to hospital and they said hadn't had a stroke too so sent me to respite place and they called another doctor and he said I'd had a stroke. They sent me back to MRI for a scan and tried to give me Physio but it was too painful and I couldn't walk at all. It was 3 weeks between having the stroke and any one believing me.

Q – How long were you in hospital?

A - About 3 weeks, can't remember what it was like at hospital then after that went to respite.

Q – Were you happy with your treatment?

A - The nursing was fab but if they'd believed me in the 1st place...

Q – Have any of the services you use had a positive impact on your personal wellbeing?

A - Respite was very good it was in levenshulme and it was very good I even had some Physio there, that was good, then went home for few months and they kept on with the Physio but at home. Getting physio is really important I know some in here who didn't really get enough and its messed them up. At first I couldn't move my hand and it was really painful having physio but I'm glad I kept up with it.

Q – Have any of the services you use had a negative impact on your personal wellbeing?

A - Well apart from the physio they've done precious little for me but luckily I've got a very good family, they've done everything for me, and got all the stuff I needed.

Q – How could service improve your personal wellbeing?

A - look at my leg jo I need help with it [she pulls up her skirt to show me her leg which looks very sore and swollen and miss-shapen] I need a wheelchair really but I've rung up aids and adaptations and this worker keeps telling me I've got the lightest walking frame and I haven't but you get sick of asking you just give up. You know their attitude is "well she won't be here for long so don't bother" you're age goes against you. I wouldn't bother to ask my doctor either it's the same thing your age goes against. They shouldn't be able to discriminate against people because of their age. I'm lucky though my granddaughter finds out stuff for me.

Q – Does this service I mean the service at this centre impact on your personal wellbeing?

A - Well I would like to get out and about more. I was always out when I was independent and I miss that. I've put on an awful amount of weight and I'm not eating more but as doctor says I'm not getting the exercise. It's not doing my chest any good so he said the things they do here should help. Things like yoga, exercising on Monday morning, and bingo, though it will be better when we get a proper bingo machine. There's also exercising on Wednesday morning and they've just

started doing arts and crafts, painting and stuff and Friday morn is tai chi but there's not a lot to do in the afternoons. I know they do try but most of that stuff I can't do though. I thought coming here would boost my spirits and give me a reason to get out of bed but they need to do things which the less mobile ones can do too.

Q – Is health important to your sense of wellbeing?

A - It's one of the most important things! Wasn't when I was younger but the older I've got the more important its got [rueful smile]

Q – Has your health become more important to your sense of wellbeing since you've been diagnosed with complex health needs?

A - Yes because I have to pretty much rely on people now for the things I need.

Q – Has your health condition had a direct impact on your personal wellbeing?

A - Yeah, I lost my job and it just really hit me, after twenty odd years of working suddenly I was stuck in the house all the time and to make it worse there were no women in the house and I missed that female companionship. I was lucky that the nurse sussed what was wrong and encouraged and supported me to get out of the house and use the community centre to meet people.

Q – Has your health condition had an indirect impact on your personal wellbeing?

A - [sigh] Yes I became less confident, I lost my independence, my self respect, all of a sudden there was nothing to get up for and I couldn't do much for myself. I've worked hard all my life and I felt like I'd lost part of my identity.

Q – Do you still feel like that now?

A - I've come to terms with it now, Jo well pretty much, but it was a struggle at first because I couldn't afford things and I struggled with the bills. I still get a bit down when I can't buy the grandkids things but as I say to them all the time money doesn't grow on trees. Youngsters nowadays think it's their right to have a

television in their room, and the newest mobile phone and computers. When we were kids we had none of those things but we were happy playing hide and seek in the park, or climbing trees or whatever. I blame the media they've put these ideas in their heads that and the pop stars and footballers who have ridiculous amounts of money. All kids seem to want now is fame and fortune and they can't seem to take pleasure in the small things in life like we do.

Q - Do you think the media and advertising influences what is considered important for wellbeing?

A - Oh yes, Advertising definitely does have an impact on and influence your wellbeing.

Q – Has growing older had an impact on your personal wellbeing?

A - Yeah but it's not all bad by 50 I'd learnt what my strengths and weaknesses were and that's given me more confidence and [pause] it allows me to do stuff I'm good at so I feel like I'm being useful and helpful for my family.

Q – What things could local government services so that would improve your personal wellbeing?

A - In my first year I went on boat trip it was lovely but have had so much trouble here about that. X who organises the trips takes the favoured few and you don't hear about them till they've come back or when it's full and they say they put things on the wall but like the theatre that's 15 quid and I can't afford that. Last year we didn't go out at all.

Q – So what sort of things would improve your personal wellbeing?

A - Holidays, garden centres things like that jo, [ivy leans in towards me and lowers her voice] the committee here is rubbish, Y [chair of the committee] is a lovely man but no use to us. I've got a big mouth and I'm always complaining about this on everyone's behalf. They had school kids in here once and have put plays on and that was very good, everyone enjoyed the kids being here because most in here don't really have much contact with the younger generation. Over Christmas we

had people coming in to play music. They say they put notices up on the wall but they don't and if they did what about people like me with bad eyes. They need more activities in the afternoons but I suppose management gets sick of those who don't join in and there are quite a lot of them and I know a lot have Alzheimer's and so can't because of their condition but we've all complained about the chosen few going on all the trips.

Q – The local government act 2000 made local government responsible for improving the wellbeing of its citizens, can you think of any examples of how local government could improve your wellbeing?

A - Well ring and ride wont cross borders and that's a bone of contention for everyone and they're never on time, it's like older people are second class citizens and you don't get owt you don't pay for you know, the bus that brings you here you pay for, you pay for it all and now the government's trying to take your pension away.

Ok ivy well thanks so much for talking with me and all the best.

That's ok it's been good to get a few things off my chest Jo.

Appendix P: Well Being - Jim Trotman

Throughout history wise men have said that happiness is not a goal but a consequence of how we live, that it comes from being content with what we have.

Today, we are sold a different message - that we will be happy only if we have more money and more of what money can buy, human experience and scientific research do not support this belief.

Our well-being is shaped by our genes, our upbringing, our personal circumstances and choices, and the social conditions in which we live.

Our collective well-being is improved if we live in a peaceful, flourishing, supportive society, so promoting well-being should be a public as well as a personal task.

We often think of well-being as happiness, but it is more than that. It is about having meaning in our lives, developing as a person and feeling that our lives are fulfilling and worthwhile.

Well-being comes from having a web of relationships and interests. Family and friends, work, leisure activities and spiritual beliefs can all increase our well-being. The intimacy, sense of belonging and support offered by close personal relationships are of greatest value. Material comforts are essential up to a point and there is no doubt that poverty remains a serious problem. For most people, more money would add little to their well-being.

The following suggestions could help increase our national well-being.

1. Work

Fulfilling work is essential if we are to flourish. Workplaces that provide secure, rewarding jobs should be encouraged. Workplace flexibility including quality part-time jobs, should operate in the interests of the employee as well as the employer.

Unemployment is more damaging than just the loss of income and disparaging the unemployed only increases their anxiety and sense of exclusion.

2. Time

We overestimate the amount of well-being associated with high incomes and long work hours. As a result our families, health and sense of achievement suffer.

Spending more time with our families, friends and communities would make most of us happier.

If we took productivity gains in the form of a shorter working week rather than higher pay we could improve our quality of life and create new job opportunities, all without reduction in pay.

3. The Environment

A healthy, diverse natural environment is essential to human well-being.

Failure to tackle bio-diversity loss, pollution and waste will affect the well-being of future generations.

4. Education

It is impossible for all students to come first in their class and our education system should stop pretending they can.

Our schools should be dedicated to creating capable, confident, emotionally mature young people who are equipped to face life's ups and downs.

5. Materialism

Buying a particular brand of margarine will not give us a happier family and owning a four-wheel drive will not deliver us from humdrum lives. Advertisers seek to persuade us otherwise.

Advertising makes us more materialistic even though we know that people who are more materialistic are more self-absorbed, less community minded and less happy.

6. Communities

A flourishing society is characterised by vibrant, resilient and sustainable communities. Loneliness and isolation cause much unhappiness, especially among single parents , unemployed people, older people living alone and people with disabilities and their carers.

7. Future society

Economic growth is treated as the panacea for our ills, but for affluent societies growth in GDP has almost no connection with improvements in national well-being

A flourishing society is not a futile hope. Democracy offers people the opportunity to shed their cynicism and commit themselves to creating a better future.