

Is subjective well-being a measure or the measure of mental health?

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Received: 15 April 2010

Accepted: 13 May 2010

Introduction

Within the context of positive psychology, there is a strong tendency to equate subjective well-being (henceforth SWB) and mental health. In a good number of cases the most prominent positive psychologists do not express any doubt that SWB and mental health are the same thing. For example, Keyes, one of the leading experts in the field of SWB, quite unequivocally equates SWB and mental health. Thus, he writes: “Mental health may be operationalized as a syndrome of symptoms of an individual’s

No matter how we conceive subjective well-being, happiness, as a predominantly affective condition, is a key component of it. There is a tendency, mostly within positive psychology, to equate subjective well-being, i.e., happiness and mental health. The question arises as to how well founded it is to equate happiness and mental health. The author challenges the connection between subjective well-being and mental health. He argues that mental health should not be reduced to happiness. In order to back his view he analyses six aspects of the alleged association of happiness and mental health, and shows the mismatch of these two phenomena. **Conclusion.** Mental health comprises inter alia the correct perception of reality, a critical stance towards the given society, and behavioral manifestations. All these occurrences are not the defining characteristics of subjective well-being. Therefore, subjective well-being can be a measure but not the measure of mental health.

Key words: Subjective well-being, Happiness, Mental health.

subjective well-being” (1). He writes along the same lines in the same paper: “Mental health is best operationalized as syndrome that combines symptoms of emotional well-being with symptoms of psychological and social well-being” (1). Here is one more citation which shows that Keyes equates SWB and mental health: “Research now supports the hypothesis that health is not merely the absence of illness, it is also the presence of higher levels of subjective well-being” (2).

And what is SWB? SWB comprises a high level of positive affect, a low level of negative affect, and a high degree of satisfaction with

one's life. The dominance of a positive affect is usually called happiness, and it constitutes the core of the *hedonic* stream of well-being, or *hedonic well-being* (3). Life satisfaction involves a cognitive element, and therefore is not strictly focused on happiness. "Viewed as a cognitive component, life satisfaction was seen to complement happiness, the more affective dimension of positive functioning" (4). The *eudaimonic* stream of well-being, or *eudaimonic well-being* refers to living well and actualizing one's human potentials (5).

Irrespective of whether we support more the hedonic or the eudaimonic stream of SWB, happiness is the most important part of SWB. In other words, if there is no happiness, there is no SWB. "Although it is probably not the case that even individuals who focus primarily on happiness view it as the definitive aspect of the good life, it is clear that happiness, positive emotion, and life satisfaction are all typical outcome measures in many studies of well-being" (3). If happiness is a substantial feature of SWB, then it is a key component of mental health as well. Briefly said, no one can be mentally sound if she or he is not happy. And what does it mean to be happy? It means countless things. The common point of numerous definitions of happiness - in an explicit or implicit form - is that happiness is an affective state. Regardless of whether you feel happy because you are well off or because you are not hungry or because you are in love or because you have experienced an epiphany or because you have devoted yourself completely to God or because you made a break-through in science - your happiness is always primarily an affective state. Whenever one feels over the moon emphatically pleasant emotions permeate her or him. There is no such thing as non-affective, non-emotional happiness. The fundamental question relating to associating SWB, i.e. happiness and mental health, is whether such an association is well founded; how much, if at all, it is warranted?

In other words, is happiness the key component of mental health?

I have serious reservations about this kind of association. Such an association is, to say the very least, highly debatable. In this paper I will discuss some aspects of reducing mental health to happiness, which render problematic the association of these two phenomena.

I will focus on the following aspects of the association of SWB (happiness) and mental health:

- The tyranny of happiness;
- Is a happy life a real life;
- Happiness and the correct perception of reality;
- Unhappiness as a potential source of creative work;
- Unlike mental health, happiness is a subjective phenomenon, and
- Subjective ill-being rather than subjective well-being as a sign of mental health.

You may have noticed that I have not defined mental health, i.e., that I have not said what I mean by mental health. One way of defining mental health - or anything else, for that matter - is to say what is not meant by mental health. That is what I will do. I do hope that on the basis of what I think mental health is not you could get the idea which notion of mental health is closest to my view of mental health. Let us now see why, in my opinion, happiness is not the defining characteristic of mental health.

The tyranny of happiness

In her recently published book *Smile or Die. How Positive Thinking Fooled America and the World* Ehrenreich claims that in the twentieth century systematic positive thinking and feeling happy about oneself went mainstream in the U.S. "gaining purchase within such powerful belief systems as nationalism and also doing its best to make it-

self indispensable to capitalism” (6). She also says that positivity is not so much something people should seek, it is not so much a preferred condition or mood, either, as it is a part of the dominant ideology in the U.S.

Despite a growing anti-American sentiment across the board it seems that the tyranny of happiness has spread to the rest of the world. Positive thinking and feeling happy has gone global. It has become the *must have* or *must feel*. People are preoccupied not only with how to be happy but also with how to be happier. To paraphrase Mark Twain, to be happy has become as mandatory as paying tax and dying. If you do not see the world in rosy colours, if you are negative about something or somebody, if you are afraid that the worst case scenario could come true, and consequently are more than concerned, something is wrong with you. You should cheer up and see the bright side of the street. The point is: nothing but the bright side of the street.

Not only popular culture has been permeated by the tyranny of positive thinking. As rightly noted by Held, the psychologist, “our professional culture is saturated with the view that we must think positive thoughts, we must cultivate positive emotions and attitudes, and we must play to our strengths to be happy, healthy, and wise” (7). No matter how bad a lot has befallen you, which disease you have been diagnosed with, or how serious the losses you have recently suffered, you should think positive. There is no better remedy for your plight, for the outcome of your disease, for managing hard times caused by the losses, than to think positive. And if you, for whatever reason, are not able to transcend distress, you should feel guilty. And feeling guilty could not help but make your suffering even worse. That is what Held calls “adding insult to injury”.

Now, let us go back to the above mentioned association of SWB (happiness) and mental health. Does happiness as something

that is mandatory suggest that mental health should also be mandatory? I do not think that mental health should be, officially or unofficially, declared compulsory. Needless to say, it is good to be mentally healthy; in any case, it is better to be mentally healthy than to be mentally disordered. Furthermore, it is not only in your own interest but also in the interest of the society that you are mentally healthy. In that sense it is highly recommended that you undertake activities aimed at preserving or upgrading your mental health. However, mental health should not be perceived as something which is constraining. You should not be, to put it that way, forced into mental health the way people are nowadays compelled to be happy. Mental health is a matter of informed consent. You should be provided information about the benefits of mental health, but it is up to you whether or not you will follow given advice.

Briefly said, preventive measures should not be perceived as the tyranny of prevention. Indeed, one way to make mental health more attractive is to posit that once you are mentally healthy you will be happy or happier. But, such an assertion does not match reality. The truth is that you can be mentally healthy without being happy. One may remark that the tyranny of happiness is of recent date and that wide ranging and over-encompassing conclusions should not be drawn on the basis of a recent phenomenon. The tyranny of happiness is of a recent origin, but so is positive psychology’s equating of happiness and mental health.

Is a happy life a real life?

Life is not meant to be happy. It can sound like a truism, but it is worth reminding positive psychologists of this truth nevertheless. Life implies sadness and joyfulness, enchantment and disenchantment, despair and elation. The combination of these mental states gives flavour to life. It is the salt of

life. Can you imagine a man or woman who would be happy all her or his life through? Such a happy life might be achieved at the price of turning a blind eye to life as it is, in a cowardly more than courageous manner, which, in fact, means at the price of being in denial. There is another route leading to long-life happiness. You can suffer from chronic mania or hypomania, or your intelligence can be, mildly said, not the best. Either way you will enjoy a distorted outlook on life, which will probably make you feel happy or happier about yourself.

Finally, if you are not keen on burying your head in the sand, or are you not suffering from chronic (hypo) mania, nor is your general cognitive capacity in an unenviable state, there are still two opportunities left to achieve happiness. You can do charity work and approach a psychologist who will treat you by cognitive therapy. These two options (charity work and cognitive therapy) are the key component parts of Seligman's recipe for positive thinking, for (learned) optimism and happiness (8). And Seligman is the leading figure among today's positive psychologists.

The thrust of my argument is that a happy life is a life which is out of step with real life. A happy life is a counterfeit life. Ivo Andrić, Nobel prize winner for literature, once said that happiness is something that does not last long. I would add that happiness comes and goes, and it comes when least expected.

One can remark that just because life is not good, it is our duty to eliminate or belittle the bad sides of life and enlarge the good ones, to make the bad days shorter and the good days longer. After all, that is what people from time immemorial have been struggling to achieve; to make more room for happiness; to make positive affect prevail over negative affect, to become satisfied with their own life. However, such a dream – because it is a dream more than anything else – is by and large elusive, as most dreams

are. For thousands of years people have been endeavouring to make themselves happy, or less miserable. And what is the result? No one would dare to claim that, today, people are happier than they were for example in ancient Athens or sixteenth century Paris, for they have always been as much happy as unhappy. It does indicate that life is not meant to be either good or bad, and that no matter how noble an exercise it is to be more or less permanently pursuing happiness, to achieve eternal happiness on earth, such an exercise is doomed to fail. And if, hypothetically speaking, long-life happiness was achieved and happy people were somehow generated, would we or should we look at such apparently blissful people as mentally healthy? The answer is in the negative. Such humans would be less than human. Their life would be a parody of life. And most likely they themselves would soon become sick and tired of such a happy life and would start envying those who are not short of bad experiences.

Mental health should not be conceived in such a way that it betrays the complexity and diversity of human nature. And humans – to repeat – are not meant to lead a happy life. Although we now and then curse our destiny, when we put our life in perspective, we cannot help but infer that the life we have had has been quite a savoury combination of happy and unhappy moments.

Happiness and the correct perception of reality

Mentally ill people are said to be ill because, amongst other things, they have a distorted view of reality. Therefore, those who are mentally sound are supposed to have an accurate perception of reality. Jahoda, who was the first to summarize and systematize definitions of mental health, articulated by various scholars, writes that the correct perception of reality is often treated as “the

sine qua non for reality adaptation” (9) and that “many authors present the criterion in an almost axiomatic fashion” (9). If happiness and mental health are the same, as positive psychologists claim, then happy people should have a correct perception of reality. Do they? Taylor and Brown (10, 11) will help us in answering this question. These two scholars start from the widely held belief that mental health and illusions, meaning perceptions that falsify reality, do not go hand in hand. Mentally healthy people are not expected to have illusions either about themselves or the world.

Drawing on the results of a large body of studies, Taylor and Brown (10, 11) ascertain that the greatest majority of people nurture three kinds of illusions: they think they are better than they are; they believe they can master the environment, and they see the future as more rosy than is justified. It is interesting that depressive people (up to the grade of moderately depressive) do not have such illusions. They do not think they have more good than bad sides; and they do not think they are better than average; finally, their self-perception squares with how other people see them. Besides, depressive people do not believe they can control events over which they have no control at all. Nor do they have an unjustified optimistic view of the future.

Seligman could not dodge the association between depression and the correct perception of reality which indicates that depressive realism could be good for mental health. Thus, he found an evasive solution in the notion of *flexible optimism* (8) to correct the insufficiencies of *blind optimism*. Neither the syntagm *flexible optimism* nor the syntagm *benign* illusions can, however, disguise people’s inclination to overvalue themselves and their ability.

And what about happy people? Is their perception of reality correct? If the so-called “ordinary” people who are supposed to have a mostly balanced basic mood do not per-

ceive themselves and the world correctly, how could those people whose basic mood is higher than the average have a correct perception of themselves and the world? It is well known that those who are happy are not reliable people, due to their tendency to over-rate their capabilities, to see themselves as more attractive, more praise-worthy than they are, and to ignore everything that could question the accuracy of their self-perception and their perception of the world. So the question arises as to whether we should regard as mentally healthy those who are unreliable and who due to the prevalence of positive over negative affects, nurture an inaccurate view of themselves and the future? I do not think we should.

Unhappiness as a potential source of creative work

It was Stefan Zweig who once said – scolding us a bit for our ignorance – that we are not aware how much we owe to those who have felt crestfallen for most of their lives. Zweig was referring to great creators in general, and great artists in particular. Indeed, if you read the biography of great poets and novelists you easily grasp how many of them were unhappy, the depth of the doubts that tormented their mind, how far they were unable to find peace of mind, how unsuccessful there were in managing their private matters. Even while creating – and the moments of creation are considered to be the only moments of pleasure for them, not to mention happiness – great artists are plagued by discontent, by questions of whether they managed to express what they intended to say, whether they had found the most appropriate form to convey their vision, their nightmares, their specific way of looking at people and the world.

A happy life is not a field in which creative work grows. It does not provide valuable insights. Leo Tolstoy wrote at the very beginning of his novel *Anna Karenina* that

all happy families are happy in the same way and that each unhappy family is unhappy in its unique way. My guess is that if you read Tolstoy's sentence in the following way, you will get it right. Happy families and happy people are not worthy of special attention. Once you meet a happy man – if there is such a creature – you know what all happy people look like. To that extent happy people are much less engaging than unhappy people.

The uniqueness of individual experience, meaning the differences between people in regard to how they feel, how they think, how they relate to themselves and other people – this is what renders life so interesting and exciting. I have in mind not only the matchlessness of my own experience, the awareness that I am unlike any other human being, but also the knowledge that other people are also unique in their own way. And the longer one lives, the more she or he unveils that unhappiness is an unavoidable and at times a dear life companion, a potential source of inspiration, and a royal route to larger-than-life knowledge about life. In the light of what I have just said, I am wondering whether it would be fair and founded to say that unhappy people are mentally ill people or that they are not mentally sound? Or, to put it another way, is it proper to contend that happiness and mental health come down to the same, that the first is the key part of the latter, and that the latter cannot do without the former as its dominant element?

Finally, should we say that, irrespective of how much we owe to great artists, we should not regard them as mentally sound due to the mere fact that, in a good number of cases, and for a good number of years, they felt more unhappy than happy? After all, this question refers not only to artists but also to all those people whose unhappiness led them to do praiseworthy things, which they probably would not have done had they been in a good mood most of their lives.

Unlike mental health, happiness is a subjective phenomenon

Aware of the imperfection of the confinement of SWB to the affective category alone, first Ryff (12) and then Ryff and Keyes (4) expanded the concept of well-being. These authors maintain that when assessing how well they are, people take into account not only the emotional but also the psychological and social aspects of their life. In other words, there are three kinds of well-being: emotional well-being, psychological well-being, and social well-being. Each of these forms of well-being has its own characteristics. *Emotional well-being*: cheerful, in good spirits, extremely happy, calm and peaceful, satisfied, full of life. *Psychological well-being*: self acceptance (I like most parts of my personality), positive relations with others (For me, life has been a continual process of learning, changing and growth), purpose in life (I feel as if I have done all there is to do in life), environmental mastery (I am good at managing the responsibility of daily life), autonomy (I tend not to be influenced by people with strong opinions). *Social well-being*: social acceptance (People care about other people's problems), social actualization (My daily activities are a contribution to my community), social coherence (I can make sense of what is going on in the community), social integration (I feel close to other people in the community). If the concept of SWB is enlarged so as to include the psychological and social spheres, then for example a manic or hypomanic patient or mentally underdeveloped person cannot be considered as having SWB. Persons with these kinds of conditions do not have psychological and social well-being. Their life is not a continual process of learning, changing and growth. They are poor at managing the responsibilities of daily life. They cannot make sense of what is going on in the community, and so on.

Besides, there is no doubt that in its expanded form, that is, as the unity of emotional, psychological and social well-being, SWB seems closer to mental health than is the case when only affective SWB (happiness) is taken into consideration. The problem is that in assessing the state of an individual's mental health, positive psychologists rely completely on self-reporting. Respondents are asked either verbally or in written form to say how they feel and how they evaluate their functioning. No other instrument of assessing respondents' SWB, i.e., mental health is applied. It is quite understandable that respondents' own view of how they feel is the only possible way of learning about how they feel about themselves, which virtually means learning how mentally healthy they are – if we stay within the context of positive psychologists' equation of SWB and mental health.

Yet relying on people saying how they feel about themselves in assessing their mental health can be misleading. Both mentally healthy and mentally unhealthy people may say that they feel bad about themselves. Moreover, neither mental health nor a mental disorder is only a matter of how one feels about oneself. Apart from distress which might or might not have external equivalents, impairment of one or more important areas of function is a substantial element of the definition of mental disorder set out in DSM-IV (13) and in the draft of DSM-V (14). The point I want to make is that in assessing if an individual is mentally healthy or unhealthy we have to rely not only on what people say about how they feel, but also on particular objective, behavioural elements, on how they behave, on what they do, on whether and how impaired one or more of their mental functions are.

The assessment of whether an individual is mental healthy cannot be delegated to the individual whose mental health is the object of assessment, to their estimation of wheth-

er or not they for example have a positive attitude toward themselves and their past life and accept various aspects of self, or hold goals and beliefs that affirm a sense of direction in life and feel that life has a purpose and meaning, etc. A serious imperfection of such a subjective or, or more accurately, subjectivist way of assessing one's mental health, is the fallout of equating SWB (happiness) and mental health.

Can subjective ill-being rather than subjective well-being be a sign of mental health?

There are many definitions of mental health. I will mention just a few. According to the clinical-pragmatic definition of mental health, mental health is the absence of mental disorder. This is a negative definition. It does not indicate what mental health is all about. As stated, positive psychologists equate mental health and SWB, i.e., happiness. There is also a humanistic-anthropological definition of mental health. Humanistic psychologists (e.g., Carl Rogers, Abraham Maslow) and the proponents of critical social theory (e.g., Theodor Adorno, Herbert Marcuse, Erich Fromm) argue that a mentally healthy individual is an individual who is critical of the society she or he lives in, and consequently sees not only its countless deficiencies but also its inhuman character. At first sight such a view of a mentally healthy individual may seem far too abstract. However, if we take a closer look at what is, nowadays, meant by a mentally normal person, we will easily comprehend how well founded the cited definition of mental health is.

Our contemporaries are busy with the satisfaction of false rather than real needs. Marcuse makes a clear distinction between true and false needs. False "are those which are superimposed upon the individual by particular social interests in his repression:

the needs which perpetuate toil, aggressiveness, misery, and injustice” (15). In the same way, no matter how much such needs may have become the individual’s own, Marcuse continues, “reproduced and fortified by the conditions of his existence; no matter how much he identifies himself with them and finds himself in their satisfaction, they continue to be what they were from the beginning – products of a society whose dominant interest demands repression” (15).

On the other hand true needs are those needs that reinforce individuality and creativity. “But as historical standards, they do not only vary according to area and stage of development, they also can be defined only in (greater or lesser) *contradiction* to the prevailing ones” (15). Today’s people are self-centred. They are driven by acquisitiveness and competition. The dominant political and economic model today not only allows but also encourages citizens, writes Singer (16), to make the pursuit of their own interests, understood largely in terms of material wealth, the chief goal of their life. The point is that people strive to achieve such goals because they consider them their own goals. Those who are in power have managed through ideologization and indoctrination to force people to want to do what they have to do, and to make them feel happy about a lifestyle which they should have. In other words, the way they behave, activities they undertake and possessions they have or yearn to have represent the kind of behaviour, of being and of having, which is in the interests of those who hold power. This is the main reason why people are so committed to the satisfaction of false needs and oblivious of their real needs which originate in human nature.

From this kind of distortion of real needs, dubbed “socially patterned defects” comes people’s behaviour that is considered normal “the pathology of normalcy”. Even though they are regarded as normal those

people are not mentally healthy, say humanistic psychologists and the protagonists of critical social theory. Those people are mentally healthy who manage to see through the veil knit of indoctrinations and ideologization. And they feel discontented. They first feel discontented because their real human needs have not been fulfilled, which means that they have not been totally integrated into the system of “euphoria in unhappiness” (Marcuse). Also, they feel discontented and uneasy because they are aware of how strong is society’s resistance to create opportunities for the realization of real human needs. Thus, their subjective ill-being rather than subjective well-being would be the indicator of their mental health (17). They are mentally healthy in so far as they comprehend that they cannot be mentally healthy under the given social circumstances, and that actions should be undertaken to humanize the existing social reality.

Conclusion

There are many reasons why SWB, i.e., happiness, and mental health should not be equated. I have elaborated some of them. Indeed, it is more difficult to define mental health than mental disorder, most likely for two main reasons. Unlike mental disorder, mental health is common: we are mentally healthy, mental health is all around us. Being an integral part of the commonest denominator of our daily existence, mental health evades definition. Mental health thwarts attempts to conceptually squeeze it into a definition. The same as life does. On the other hand, mental health could be considered as an ideal. We are never as mentally healthy as we should be. In this case the notion of mental health is closely linked to the nature of the most cherished value, be it human nature, real human needs, the individual’s autonomy, one’s ability to love and work (Freud), or something else. Difficulties

in defining mental health should not be used as an alibi for resorting to definitional shortcuts, one of which is equating SBM (happiness) and mental health. Finally, answering the question put in the title of this paper, I would say that SWB might be a measure but not the measure of mental health.

Conflict of interest: The authors declare that they have no conflict of interest. This study was not sponsored by any external organisation.

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