HUMAN FLOURISHING: An Epidemiologist’s Perspective

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OUTLINE

1) Meaning
2) Measurement
3) Implications
I. MEANING

OUTLINE

1) Meaning
   - Origins & usages of HF
   - Definitions of HF

2) Measurement
   - Dimensions of HF
   - Research on HF

3) Implications
   - What’s next for the study of HF
Limitations of “Exposure Assessment” in R&H Field

- Limitations of current usages of *religiousness*
  - avoidance of experiential components
  - reductionistic, mostly unidimensional

- Limitations of alternatives, e.g. *spirituality*
  - contextual: unique construction within respective faith traditions makes comparative research difficult

- What we need in a construct
  - benefits of *spirituality* (i.e., broader take on the realm of the human spirit, incl. the domain of experience)
  - without the drawbacks (e.g., incomparability: meaning different things to different people)
What is human flourishing?

Aristotle on HF

- *Nicomachean Ethics* (c. 350 BCE): a meditation on what Aristotle termed “eudaimonia,” which he considered the ultimate end or goal of human life.

- *Eudaimonia*: “happiness” (lit. “good spirit”), or sometimes rendered “the good life.”

- *Eudaimonia* ≈ character + balance + wisdom, in service to the common good.
Components of *Eudaimonia*

According to Aristotle in *Nicomachean Ethics*:

- The good
- Morality & virtue
- Temperance & courage
- Virtues (moderation of appetites) in service of right action, to further liberality and to produce people of magnificence, honor, and tact
- (Social) justice & reciprocity
- Intellect & practical wisdom: rationality + intuition
- Pleasure with continence, including life satisfaction
- Friendship, via good character, good relations with all, being a good neighbor
- Social & political (legislative) ethics

“Human flourishing is a relatively recent term in ethics. It seems to have developed in the last two decades because the traditional translation of the Greek term *eudaimonia* as “happiness” failed to communicate clearly that *eudaimonia* was an objective good, not merely a subjective good.”

Diversity of Philosophical Perspectives on HF

- Some philosophers are teleological in orientation, like Aristotle, but differ as to what constitutes HF.
- Others are deontological, but differ as to the virtues required to achieve HF (e.g., reason, submission to God).
- Some interpret HF in religious context, others do not.
- Some are internally focused, on HF as about self-actualization; others are externally focused, on HF as about acting toward a communal good.
- Contemporary philosophers, too, are all over the map. Good places to start: Charles Taylor’s *A Secular Age* and Alasdair MacIntyre’s *After Virtue*.

A Tibetan Buddhist Perspective on HF

- B. Alan Wallace: *Eudaimonia* as “genuine happiness,” a life “devoted to the pursuit of virtue and understanding” and productive of “empathic joy,” “unconditional compassion,” and “equanimity.”
An Integral Yoga Perspective on HF

**Sri Aurobindo:**
- *Life’s goal:* “integral realisation of the Divine Being” → “integral liberation” → “perfect harmony of the results of Knowledge, Love and Works.”
- This “is of the nature not only of freedom, but of purity, beatitude and perfection. An integral purity which shall enable on the one hand the perfect reflection of the divine Being in ourselves and on the other the perfect outpouring of its Truth and Law in us in the terms of life and through the right functioning of the complex instrument we are in our outer parts, is the condition of an integral liberty.”

Jewish Perspectives on HF

**Ashrei:** “Happy are those who dwell in Your house; they forever praise You./Happy the people who have it so; happy the people whose God is the Lord.”
(Psalms 84:5, 144:15 [NJPS])
Jewish Perspectives on HF

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- **Pirke Avot**: 3-legged stool of *torah* (learning), *avodah* (devotion to God), and *g’milut chasadim* (acts of lovingkindess). These include *tzedakah* (justice), *chesed* (mercy), and *tikkun olam* (repair of the world). Together, these actions produce *emet* (truth), *shalom* (peace), and *din* (justice).

A Humanistic Psychology Perspective on HF

- **Abraham Maslow**:  
  - A founder of humanistic psychology in the 1950s, an alternative to the psychodynamic and behaviorist schools. Called it a “3rd force” or “3rd psychology.”
  - Its goal is HF (“human potential”). Described a “hierarchy of human needs,” identifying basic requirements for flourishing.
A Transpersonal Psychology Perspective on HF

**Charles Tart:**
- A founder of transpersonal psychology, an outgrowth of humanistic psychology in the 1970s.
- Focuses on a nexus of themes: states of consciousness, human potential, spirituality, & transcendence.
- Tart identifies “awakening” out of our “consensus trance” as a key to fulfilling our potential. Strongly influenced by Gurdjieff.

An Integral Psychology Perspective on HF

**Ken Wilber:**
- A perspective he’s been developing since the 1970s.
- Based on an evolutionary view of consciousness, and integrative of themes & concepts from science, philosophy, and mysticism. Thus, “more encompassing.”
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**Elliott Dacher:**
- Applies Wilber’s integral philosophy to medicine. Describes “integral health” as a path to HF.
- _Integral (“Aescleopian”) healing:_ holistic, evolutionary, intentional, person-centered, dynamic.

A Positive Psychology Perspective on HF

**Martin Seligman:**
- A founder of positive psychology in the 1990s.
- The study of the “essential capacities,” “virtues,” or “classical sources of strength” that enable personal & communal thriving. Resonant with understandings of HF.
- E.g., hope, self-control, forgiveness, love, gratitude, humility, wisdom, optimism, spirituality.
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- **Character Strengths & Virtues (CSV):** A schema of the positive-psychological virtues (a la DSM). Contains 6 “core virtues” (containing 24 “character strengths”):
  - Wisdom & Knowledge
  - Courage
  - Humanity
  - Justice
  - Temperance
  - Transcendence

Developed by Christopher Peterson (UM) & Martin Seligman (Penn).

Medical Literature on HF

- **Keyes, JHSB (2002)**
  - HF = presence of mental health = positive feelings + positive functioning (= social coherence + social actualization + social integration + social acceptance + social contribution); “languishing” = the opposite

- **Kalbian & Shepherd, Am J Bioeth (2003)**
  - HF = function of meaning + happiness, marked by the state of our relationships, as indicated by our engagement of issues related to community & justice

- **Frederickson & Losada, Am Psychol (2005)**
  - HF = life within an optimal range of functioning = goodness + generativity + growth + resilience; “languishing” = hollowness + emptiness, > just pathology
In sum . . .

“Human flourishing” resonates with themes in:

- Philosophy
  - Aristotelian views on the good life and its characteristics

- Humanistic, transpersonal, & integral psychology
  - Holism, interdependence, self-actualization, integration

- Positive psychology
  - The virtues: wisdom, morality, humility, love of others
  - Affects of “positive” polarity, e.g. happiness

- Moral theology
  - Communal dimension of well-being
  - Covenantal obligations: wellness contingent on justice, compassion, other-regard

II. MEASUREMENT
What are the dimensions of human flourishing?

Hypothetical Dimensions of Human Flourishing

Hard to say, as confirmatory psychometric research on HF has not been done. Based on a selective reading of sources.

- Integrality
- Holism
- Other-regard
- Virtuousness
- Actualization
- Positive affect
Hypothetical Dimensions of Human Flourishing

- **Integrality:** affirmation of interconnectedness & interdependence of all life, of essential wholeness & oneness of all manifestation (“all is one”)
- Holism
- Other-regard
- Virtuousness
- Actualization
- Positive affect

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Hypothetical Dimensions of Human Flourishing

- **Integrality**
- **Holism:** affirmation that the function & worth of a human life cannot be captured by reductionistic focus on component pieces or levels (“the whole > the sum of the parts”) and that a life should be lived in balance & moderation (“keep it between the lines”)
- Other-regard
- Virtuousness
- Actualization
- Positive affect
Hypothetical Dimensions of Human Flourishing

- Integrality
- Holism
- **Other-regard**: altruistic, selfless concern for the well-being of other people or living beings, especially above oneself ("putting other people first")
- Virtuousness
- Actualization
- Positive affect

Hypothetical Dimensions of Human Flourishing

- Integrality
- Holism
- **Other-regard**
- **Virtuousness**: devotion to acting in consonance with a moral code, in both personal & interpersonal behavior ("it’s right to be good")
- Actualization
- Positive affect
Hypothetical Dimensions of Human Flourishing

- Integrality
- Holism
- Other-regard
- Virtuousness
- **Actualization:** commitment to inner growth, self-improvement, & moral development in order to reach full human potential ("be all that you can be")
- Positive affect

Hypothetical Dimensions of Human Flourishing

- Integrality
- Holism
- Other-regard
- Virtuousness
- Actualization
- **Positive affect:** experience of an aggregate of mood-elevating feelings associated with gratification & contentment ("don’t worry, be happy")
How can we study human flourishing?

THE EPIDEMIOLOGIC APPROACH

WHAT
- Conceptual & measurement issues
  - Case definitions, inclusionary/exclusionary criteria, nosology, taxonomy

WHO, WHERE, WHEN
- Describing patterns (descriptive epidemiology)
  - Prevalence
  - Distribution by PPT

HOW
- Identifying associations (analytic epidemiology)
  - Empirical findings
- Explaining associations
  - Postulating “mechanisms”

WHY
- Context, implications, application, relation to theory
How prevalent is human flourishing?

PREVALENCE OF HF: Empirical Evidence

- Keyes, JHSB (2002)
- N = 3,032, 1995 Midlife in the United States study (funded by the MacArthur Foundation)
- “Flourishing” & “languishing” based on scores on 2 measures of pos. feelings & 11 of functioning

**Point prevalence (in past year):**
- 17.2% of U.S. adults “flourishing”
- 12.1% of U.S. adults “languishing”
- 4.7% of U.S. adults “languishing” w/depression

**By PPT:**
- “Flourishing” significantly greater in males, 45-64-year-olds, college graduates, married
Does human flourishing impact on physical or mental health?

HF & LIFE SATISFACTION: Empirical Evidence

- Park, Peterson, & Seligman, JSCP (2004)
- N = 5,299, recruited from 3 internet samples in 2002-2003, Values in Action Inventory of Strengths (VIA-IS)
- Correlates of life satisfaction (Diener’s 5-item SWLS) (age- and sex-adjusted)

**Results:**
- Hope, zest, gratitude, curiosity, & love most strongly associated with lifesat
- Modesty & various intellectual strengths (creativity, judgment, love of learning, appreciation of beauty) only weakly associated with lifesat
- No evidence that “too much” of a strength is harmful
**HF & DEPRESSION: Empirical Evidence**

- N = 3,032, Midlife in the United States study
- “Flourishing” & “languishing” based on scores on 2 measures of pos. feelings & 11 of functioning
- Major depressive episode according to DSM-III-R

**Results:**
- Risk of major depression is 2.1 times greater among languishing than “moderately mentally healthy” adults
- Risk is 5.7 times greater among languishing than flourishing adults
- *Not a simple calculus:* there were respondents who were flourishing yet depressed, and respondents who were languishing yet not depressed

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**Why should human flourishing impact on physical or mental health?**
**HF & POPULATION HEALTH: Hypotheses**

- **Integrality hypothesis**: affirming oneness, affiliation with others → empathy → health-related behavior in service to others, benefiting the population
  
  Q. *Is there a health-related instrumentality to a sense of transpersonal connection with others?*

- **Holism hypothesis**

- **Other-regard hypothesis**

- **Virtuousness hypothesis**

- **Actualization hypothesis**

- **Positive affect hypothesis**

**HF & POPULATION HEALTH: Hypotheses**

- Integrality hypothesis

- **Holism hypothesis**: affirming a holistic view of self → sense of balance & equilibrium + practice of self-care → greater functioning & well-being
  
  Q. *We hear about “wholeness” & “whole-person care”; does affirming that view of self & healthcare matter?*

- **Other-regard hypothesis**

- **Virtuousness hypothesis**

- **Actualization hypothesis**

- **Positive affect hypothesis**
Integrality hypothesis
Holism hypothesis

Other-regard hypothesis: selflessness & right action toward others → greater well-being for both others & oneself
Q. Does doing good for others benefit both others & oneself?

Virtuousness hypothesis
Actualization hypothesis
Positive affect hypothesis
HF & POPULATION
HEALTH: Hypotheses

- Integrality hypothesis
- Holism hypothesis
- Other-regard hypothesis
- Virtuousness hypothesis
- **Actualization hypothesis**: self-actualization → mobilization of salutary psychophysiological resources → transcendence of symptoms & pain → greater PWB
  Q. *Is not being disposed to personal growth, psychologically or spiritually, a risk factor for adverse outcomes?*
- **Positive affect hypothesis**

HF & POPULATION
HEALTH: Hypotheses

- Integrality hypothesis
- Holism hypothesis
- Other-regard hypothesis
- Virtuousness hypothesis
- Actualization hypothesis
- **Positive affect hypothesis**: positive mood → physiological & psychophysiological sequelae → host resistance, health, salutogenesis
  Q. *Are happy people (& populations) healthier people (& populations)? Is this an important public health value?*
III. IMPLICATIONS

A PROMISING RESEARCH FRONTIER

- *HF is a provocative alternative to spirituality*, with classical roots in religion and philosophy.
- *HF has an existing theoretical basis*, in various schools of psychology, considerably more interesting than the norm for this field.
- *HF is a blank slate*: we need creative conceptual work and development & validation of measures.
- *HF can be studied* in relation to health—clinically, epidemiologically, behaviorally, in the lab . . . and *must be studied* if we’re ever to fully address the health-related needs of people & populations.
- *ALL pertinent questions are waiting to be answered*: What, Who, Where, When, How, Why.
MORE QUESTIONS

1) Are there period effects (historical shifts) in HF?
2) Does HF follow a predictable life-course trajectory?
3) Are there cross-cultural, cross-national, or cross-religious differences in HF?
4) Are there age, gender, or social-class differences in HF?
5) Does HF differentially impact on health or well-being by any moderating influences—e.g., social resources, psychological resources, financial resources?
6) Are there physiological or psychophysiological correlates of HF that mediate its impact on health?
7) Can interventions be designed to increase HF?
“Protective processes”
that mitigate morbidity:
- uniqueness, autonomy, & self-esteem → honest self-assessment
- wisdom → coping resource
- forgiveness → humility & less hostility
- sociability → healthy attachments
- “[T]he most neglected dimension is the capacity to love and be loved.”