

# Contributions of eudaimonic well-being to mental health practice

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## Abstract

**Purpose** – The purpose of this article is to examine synergies between a eudaimonic model of psychological well-being (Ryff, 1989) and mental health practice. The model grew out of clinical, developmental, existential and humanistic perspectives that emphasized psychological strengths and capacities, in contrast to the focus on emotional distress and dysfunction in clinical psychology.

**Design/methodology/approach** – Conceptual foundations of the eudaimonic approach are described, along with the six components positive functioning that are used to measure well-being. These qualities may be important in facilitating the recovery experiences, which are of interest in Mental Health and Social Inclusion.

**Findings** – Four categories of empirical evidence about eudaimonia are reviewed: how it changes with aging, how it matters for health, what are its biological and neurological underpinnings and whether it can be promoted. Major contemporary forces against eudaimonia are also considered, including ever-widening inequality, the enduring pandemic and world-wide strife. In contrast, encounters with the arts and nature are put forth as forces for eudaimonia. The relevance of these ideas for mental health research and practice is considered.

**Practical implications** – Enormous suffering defines our contemporary world. Such realities call for greater attention to factors that undermine as well as nurture the realization of human potential, the core of eudaimonic well-being.

**Originality/value** – Mental health is often defined as the absence of mental illness. The novelty of the eudaimonic approach is to define mental health as the presence of well-being, assessed with different components of positive functioning.

**Keywords** Inequality, Arts, Psychological well-being, Pandemic, Eudaimonia

**Paper type** Viewpoint

## Introduction

This special issue of *Mental Health and Social Inclusion* affords a unique opportunity for me as a psychologist who has studied well-being for more than 30 years. Trained as a life-span developmentalist, I have core interests in varieties of human becoming that are studied in large longitudinal samples of adults journeying across the decades of adult life. This work has investigated who does or does not experience distinct aspects of well-being as they age and illuminated factors that account for these differences. Other inquiries have examined what well-being means for physical health, broadly defined. In this article, I seek to nurture fruitful exchange between the scientific world I have inhabited with those working on the frontlines as mental health practitioners. Scientists and practitioners typically operate in separate spheres, but I am convinced these two worlds need each other to do their best work in trying to improve the human condition.

At the outset, I applaud the theme of social inclusion in this journal, as it highlights disadvantaged, underserved, marginalized individuals, groups and communities. I share those concerns via wide-ranging research on health inequalities (mental and

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physical), which has documented suffering among less privileged segments of society. The expertise I bring is a theoretical and empirical model of well-being (Ryff, 1989) of considerable impact – over 1,400 publications across diverse fields have used my tools to assess the upside of mental health. I note that from the beginning, I was not primarily interested in depression, anxiety and other mental disorders, but rather was explicitly concerned with articulating the personal strengths and capacities that define well-lived and fulfilling lives.

I detail these dimensions of well-being to underscore what they bring to thinking about mental health *as health*. Considerable scientific work has grown up around this model, some of which I briefly note, including the proliferation of findings showing that purposeful life engagement is a strong predictor of how long people live. Attention is also given to personal growth, self-acceptance and autonomy, in hopes of stimulating interest in how these qualities may be relevant in the recovery experiences emphasized in this journal.

My focus then shifts to troubling issues – namely, ever-widening socioeconomic inequality (surprisingly prominent in first-world countries) and an enduring worldwide pandemic. Psychologists, including mental health practitioners, often bring an individual focus to their work, thereby possibly neglecting larger contextual issues. Such macro-level influences are, nonetheless, forces undermining individuals' opportunities to make the most of their talents and capacities.

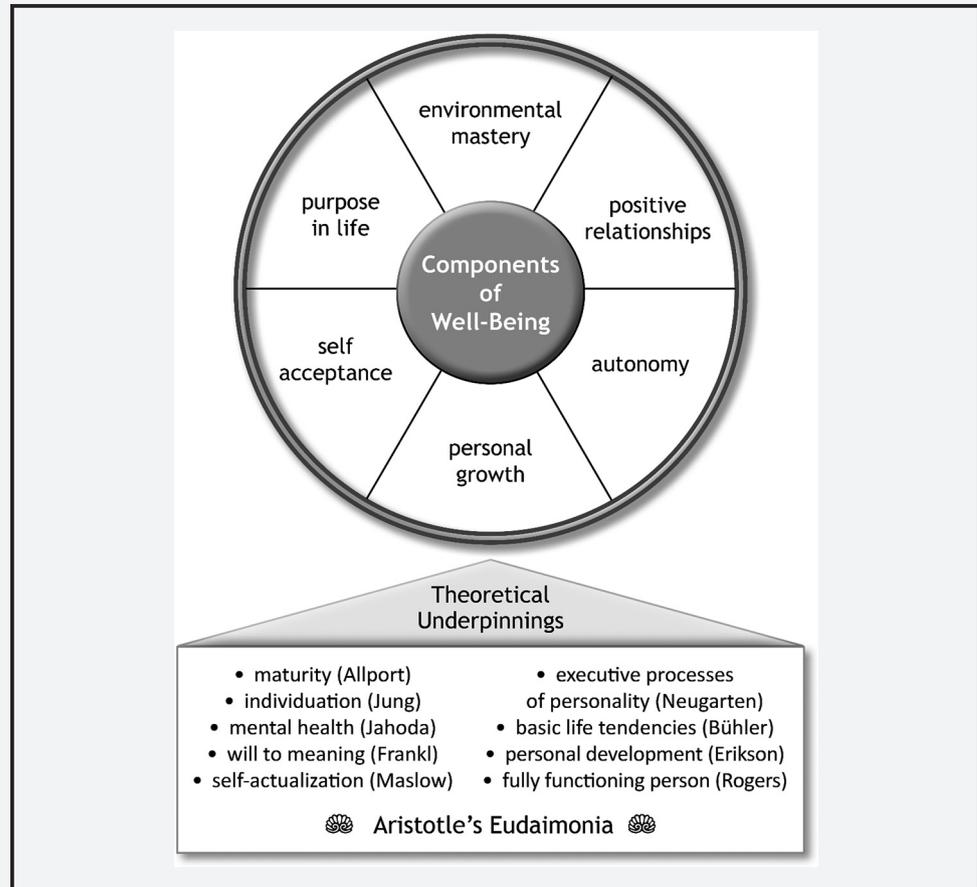
I do not end with a dystopian lament, but close with a countervailing emphasis on *forces for eudaimonia*, which addresses domains of experience that may nurture diverse aspects of psychological well-being. Briefly noted is the growing body of science linking encounters with the arts and humanities to well-being and health. This direction intersects in interesting ways with the emphasis on creativity evident in many recovery stories told in this journal.

### A eudaimonic approach to psychological well-being

At the beginning of my career, many were studying well-being by asking people whether they were happy or satisfied with life, although little theoretical justification was provided for why these were the relevant questions. Meanwhile, I was entrenched in reading about the upside of the human condition, as depicted in the Jungian formulation of individuation (Jung, 1933), Bühler's writings about basic life tendencies that work toward the fulfillment of life (Bühler, 1935), Jahoda's views on positive mental health (Jahoda, 1958), Frankl's emphasis on purpose in life (Frankl, 1959), Erikson's work on ego development (Erikson, 1959), Rogers' perspective on the fully functioning person (Rogers, 1961), Allport's view of maturity (Allport, 1961), Maslow's conception of self-actualization (Maslow, 1968) and Neugarten's writings about personality in adulthood (Neugarten, 1973). These enticing works articulated what it meant to be fully functioning, developed, individuated, mature, self-actualized and purposefully engaged in life. I found the descriptions fascinating but observed that such perspectives had little presence in the world of evidence-based science.

I, thus, chose to construct a model of psychological well-being (Ryff, 1989) built on *points of convergence* in these many formulations. Where were these thinkers pointing toward common or similar aspects of optimal functioning? Six core dimensions of well-being (Figure 1) were distilled, with distant philosophical input coming from Aristotle's (1925) writings about eudaimonia, explicated in the *Nicomachean Ethics* written 2,400 years ago. The work opened with a trenchant question: what is the highest of all goods achievable by human action? Aristotle believed the answer was happiness, but he saw notable differences in what is meant

**Figure 1** Core dimensions of psychological well-being and their theoretical foundations



by happiness. In his view, happiness was not about pleasure or wealth or satisfying appetites – things aligned with hedonia, also of interest to the ancient Greeks. Instead, he defined the highest good as activity of the soul in accord with virtue: it was about achieving the best that is within us. This view of eudaimonia as personal excellence is beautifully captured by the two great Greek imperatives inscribed on the Temple of Apollo at Delphi, namely, to “know thyself” and “become who you are” (Ryff and Singer, 2008).

The task of operationalizing the six dimensions of well-being began by writing detailed definitions of a high and low scorer on each (see Table 1). These definitions came from the underlying conceptual frameworks, which is what makes the model theory-driven. Many self-descriptive items written to capture the meaning of each of the six components were subjected to extensive psychometric evaluation (described in Ryff, 1989; Ryff and Keyes, 1995; Ryff and Singer, 2008). Assessments included face and content validity, item-to-scale correlations, internal consistency (alpha) coefficients and confirmatory factor analyses using samples from diverse countries. Important in evaluating factorial structure was the need to use scales of sufficient length (Gallagher et al., 2009) – that is, approaches using shortened scales showed problematic factor structures.

Now translated to 40 languages, the measures have been used to generate more than 1,400 publications. An interesting question is why there has been so much interest. I suspect it reflects the rich conceptual underpinnings – that is, the model emerged from the thoughtful

**Table 1** Definitions of theory-guided dimensions of eudaimonic well-being

*Autonomy*

*High scorer:* Is self-determining and independent; able to resist social pressures to think and act in certain ways; regulates social pressures to think and act in certain ways; regulates behavior from within; evaluates self by personal standards.

*Sample item:* "I have confidence in my own opinions, even if they are different from the way most other people think."

*Low scorer:* Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways.

*Sample item:* "I tend to be influenced by people with strong opinions."

*Environmental mastery*

*High scorer:* Has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values.

*Sample item:* "I am quite good at managing the many responsibilities of my daily life."

*Low scorer:* Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world.

*Sample item:* "The demands of everyday life often get me down."

*Personal growth*

*High scorer:* Has a feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; is changing in ways that reflect more self-knowledge and effectiveness.

*Sample item:* "For me, life has been a continuous process of learning, changing, and growth."

*Low scorer:* Has a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors.

*Sample item:* "When I think about it, I haven't really improved much over the years."

*Positive relations with others*

*High scorer:* Has warm, satisfying, trusting relationships with others; is concerned about the welfare of other others; capable of strong empathy, affection, and intimacy; understands give and take of human relationships.

*Sample item:* "I enjoy personal and mutual conversations with family and friends."

*Low scorer:* Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others.

*Sample item:* "I have not experienced many warm and trusting relationships with others."

*Purpose in life*

*High scorer:* Has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living.

*Sample item:* "I have a sense of direction and purpose in life."

*Low scorer:* Lacks a sense of meaning in life; has few goals or aims; lacks sense of direction; does not see purpose of past life; has no outlook or beliefs that give life meaning.

*Sample item:* "I don't have a good sense of what it is I'm trying to accomplish in life."

*Self-acceptance*

*High scorer:* Possesses a positive attitude toward the self; acknowledges and accepts multiple aspects of self, including good and bad qualities; feels positive about past life.

*Sample item:* "When I look at the story of my life, I'm pleased with how things have turned out."

*Low scorer:* Feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what he or she is.

*Sample item:* "My attitude about myself is probably not as positive as most people feel about themselves."

**Note:** Response options for all above items: 1 (strongly disagree) to 7 (strongly agree)

writings of many scholars and philosophers. What has been learned is detailed in previous summaries (Ryff, 2014, 2018) as well as a recent review (Ryff et al., 2021). Here, I briefly consider four questions:

- Q1. What happens to eudaimonia as individuals age and engage in work and family life?
- Q2. How does eudaimonia matter for health, including risk for various diseases and length of life?
- Q3. What are the biological and neurological underpinnings of eudaimonia?
- Q4. Can eudaimonic well-being be promoted – is it modifiable?

### *Eudaimonia as we age and engage*

Considerable work has examined how eudaimonic well-being changes as people age and how it is linked to experiences in work and family life. Initial cross-sectional studies with community samples suggested some aspects of well-being were stable (self-acceptance), while others showed gains (autonomy, environmental mastery) or loss (personal growth, purpose in life) with age (Ryff, 1989; Ryff and Keyes, 1995). Later longitudinal findings from national samples showed downward change in from midlife to old age particularly for personal growth and purpose in life (Springer *et al.*, 2011), possibly tied to structural lag – that is, the idea that social institutions have not kept up with the added years of life many now experience (Riley *et al.*, 1994). At issue is whether older individuals have fewer opportunities to meaningfully contribute to society, thus limiting opportunities for personal growth and purposeful engagement.

Regarding family and work, studies have shown that greater role involvement promotes higher well-being (Ahrens and Ryff, 2006), though actual activities in family roles matter – helping others seems to enhance purpose and self-acceptance (Greenfield and Marks, 2010). Those who are married have a well-being advantage, compared to the divorced, widowed or never married individuals, though single women had higher profiles on autonomy and personal growth compared to married women (Marks and Lambert, 1998). Parenting enhances adult well-being, particularly if children are doing well (An and Cooney, 2006; Schmutte and Ryff, 1994), whereas the loss of a child predicts impaired well-being decades later (Rogers *et al.*, 2008). Similarly, loss of a parent in childhood predicts lower levels of multiple aspects of adult well-being (Maier and Lachman, 2000). Experiencing psychological or physical violence from a parent in childhood compromises adult well-being (Greenfield and Marks, 2010) as does caring for an aging parent, though less so for daughters with high environmental mastery (Li *et al.*, 1999). Alternatively, experiencing parental warmth in childhood helps to promote multiple domains of well-being in midlife (Chen *et al.*, 2019b) and is inversely associated with drug use and smoking. Some work has shown that experiences of early life adversity in childhood predict lower levels of purpose in life in adulthood (Hill *et al.*, 2018). Alternatively, purpose in life has been found to moderate the link between childhood emotional abuse and neglect and depressive symptoms in adulthood (Hartanto *et al.*, 2020).

The interplay between work and family life has been linked with well-being, showing both negative and positive spillover (Marks, 1998; Grzywacz, 2000). Cohort differences are evident in how young men and women manage work/family roles, with related differences for well-being (Carr, 2002). Longitudinal work with older adults has shown that higher personal growth is associated with greater likelihood of subsequent employment (Chia and Hartanto, 2021). Individuals with greater skill variety and coworker support report higher levels of purpose in life (Weston *et al.*, 2021).

Gender and race have been key in understanding reported differences in eudaimonic well-being. Women have shown higher profiles of positive relations and personal growth compared to men (Ryff, 1989; Ryff and Heidrich, 1997). An unexpected finding was that Black adults reported higher levels of eudaimonic well-being compared to Whites (Ryff *et al.*, 2003); such differences would be even greater were it not for experiences of discrimination (Keyes, 2009). Experiences of social disadvantage may, thus, contribute to building psychological strengths. Growing evidence indicates that sociodemographic factors work together in shaping well-being, hence the call for greater intersectionality science going forward (Ryff *et al.*, 2021).

### *Eudaimonia and health: Links to morbidity and mortality*

Extensive research has linked purpose in life to multiple disease outcomes, including reduced incidence of Alzheimer's disease and mild cognitive impairment (Boyle *et al.*, 2010), reduced risk of stroke (Kim *et al.*, 2013a) and myocardial infarction among those with

coronary heart disease (Kim *et al.*, 2013b) and performance-based and subjective cognitive outcomes (Dewitte *et al.*, 2021). Considering the alternative directional influence, poor health or disease has also been associated with compromised eudaimonic well-being (Costanzo *et al.*, 2009).

Community samples of older adults have shown that high purpose in life is linked with reduced rates of mortality seven years later (Boyle *et al.*, 2009). Findings from MIDUS (Hill and Turiano, 2014) showed greater survival 14-year later among those with high purpose in life at baseline. Findings from Health and Retirement Study showed lowest risk of all-cause mortality among those with highest levels of purpose in life as well as reduced risk of mortality from heart, circulatory and blood conditions (Alimujiang *et al.*, 2019). A meta-analysis of ten prospective studies found significant associations between purpose in life and reduced all-cause mortality and reduced cardiovascular events (Cohen *et al.*, 2016). Because purpose in life tends to decline with age, these mortality findings underscore the variability among older adults, with some nonetheless maintaining high levels of purposeful engagement.

Regarding prevention, those with higher eudaimonic well-being are more likely to use preventive health-care services and practice better health behaviors (diet, exercise) (Chen *et al.*, 2019a, 2019b; Hooker and Masters, 2016; Kim *et al.*, 2014, 2019; Steptoe and Fancourt, 2019). Purpose in life also predicts lower likelihood of future drug use or prescription medication misuse (Kim *et al.*, 2020). Alternatively, bidirectional links between purpose in life and physical activity (Yemiscigil and Vlaev, 2021) have been documented.

### ***Biological and neurological underpinnings of eudaimonia***

Multiple inquiries have examined possible mechanisms through which eudaimonic well-being has its salubrious effects. Early findings showed that higher well-being (particularly, personal growth, positive relations with others and purpose in life) was linked with better neuroendocrine regulation, better inflammatory profiles, lower cardiovascular risk factors and better sleep profiles (Friedman *et al.*, 2005; Ryff *et al.*, 2004). Recent findings from national samples show that aspects of eudaimonia are associated with better glycemic regulation (Boylan *et al.*, 2017; Hafez, 2018), better inflammatory profiles (Friedman and Ryff, 2012; Morozink *et al.*, 2010), better lipid profiles (Radler *et al.*, 2018), lower risk of metabolic syndrome (Boylan and Ryff, 2015) and lower allostatic load (Zilioli *et al.*, 2015a, 2015b). However, not all studies have found significant associations between eudaimonic well-being and biological risk factors (Feldman and Steptoe, 2003; Sloan *et al.*, 2017).

Underscoring protective benefits in the face of adversity, eudaimonic well-being has been a buffer against the adverse health effects of inequality. Multiple studies shown mitigating effects if eudaimonia on self-rated health (Ryff, 2015), chronic conditions (O'Brien, 2012), inflammatory markers (Elliot and Chapman, 2016; Morozink *et al.*, 2010), diurnal cortisol (Zilioli *et al.*, 2015a), HbA1c (Tsenkova *et al.*, 2007) and cardiovascular recovery following an acute stressor (Boylan *et al.*, 2016). The general pattern is that among those with lower SES, those with higher eudaimonic well-being have health outcomes more comparable to higher SES groups.

Regarding brain mechanisms, studies have shown different activation patterns among those with higher eudaimonic well-being (Urry *et al.*, 2004; van Reekum *et al.*, 2007). Heller *et al.* (2013) used fMRI techniques to show sustained activation of reward circuitry (striatal activity) in response to positive stimuli among those with higher eudaimonic well-being, a pattern further linked with lower cortisol output over the course of the day. Schaefer *et al.* (2013) showed that higher purpose in life predicted less reactivity (eye-blink startle response) to negative stimuli. Eudaimonic well-being has also been linked with greater insular cortex volume, which is involved in higher-order cognitive functions (Lewis *et al.*, 2014).

### *Intervention studies to promote well-being*

Conceptualized as striving to realize one's potential, eudaimonia represents a life-long challenge wherein improvements are always possible (Ruini, 2017). Accordingly, the main therapeutic goal of eudaimonic interventions centers on identifying opportunities for continued personal growth and purpose, even in difficult contexts, such as dealing with the diminished health and functional capacities that accompany aging. A recent meta-analysis (Weiss *et al.*, 2016) showed that interventions improve well-being (Cantarella *et al.*, 2017). These endeavors build on prior work in clinical settings designed to treat depression, mood and anxiety disorder through the promotion of eudaimonic well-being (Fava *et al.*, 2004). Community-based interventions have shown gains in multiple aspects of eudaimonia among those dealing with health challenges (e.g. multiple sclerosis and rheumatoid arthritis) (Hart *et al.*, 2005; Pradhan *et al.*, 2007). Interventions with nonclinical adolescent samples aim to prevent emergence of psychological disorders (depression), while work with adults seek to promote resilience in the workplace (Millea *et al.*, 2008; Ruini *et al.*, 2009). A program for older adults living in community settings showed enhancement of multiple aspects of eudaimonic well-being and declining profiles of psychological distress (Friedman *et al.*, 2019).

What about recovery – can people achieve optimal well-being and thrive after major depression? Rottenberg *et al.* (2019) found that 10% of adults with documented depression in MIDUS were thriving 10 years later, assessed as the presence of multiple aspects of psychological well-being. These findings suggest that clinicians should consider collecting metrics of well-being to better monitor progress of patients over the long term. Contributors to this journal have emphasized Recovery Colleges and Recovery Education (Costello, 2022) designed to help young people develop personal goals, learn through reflection and social experience, joining a learning community and gaining greater self-agency. Another approach focuses on recovery narratives using the CHIME (connection, hope, identity, meaning and empowerment) model (Hurst *et al.*, 2022). These narratives bring inspiring messages about reconnecting with the beauty of life, as found in poetry, writing and cinema. The overall point is that recovery from mental illness and distress requires active engagement with wellness. I return to such ideas in a later section after first considering structural obstacles to well-being

### **Structural forces against eudaimonia**

Psychological research and practice tend to focus on the individual in efforts to understand and treat adaptive or maladaptive functioning. The individual focus is, however, problematic when communities and societies as a whole face major challenges. Structural problems and related contextual factors often constrain what the individual can do. Numerous indicators show that socioeconomic inequality has worsened over time (Piketty and Saez, 2014; Reeves, 2017), and further that limited life opportunities and incomes among the disadvantaged compromise levels of optimism, life satisfaction and happiness (Graham, 2017). Another study found that some adults think the quality of the neighborhood within which they live has been declining over time; these perceptions, in turn, were linked with declining levels of self-acceptance, purpose in life and personal growth (Carney *et al.* (2017).

The Great Recession that began in 2008 exacerbated these problems, fueling further increases in health costs because of job loss, unemployment and financial strain. Findings from MIDUS draw attention to these growing problems (Kirsch *et al.*, 2019) via its two national samples recruited on either side of the Great Recession. Over the period covered by this data collection, educational attainment in the USA improved. Despite such educational gains, the post-Recession sample reported less household income (after adjusting for inflation), lower financial stability, worse general health, more

chronic conditions, higher BMI, more functional limitations and more physical health symptoms than the pre-Recession baseline sample. With regard to psychological health, the post-Recession sample also had lower levels of autonomy, self-acceptance, personal growth and sense of control than the pre-Recession baseline sample.

Further MIDUS findings (Goldman *et al.*, 2018) comparing these two samples showed compromised mental health (i.e. greater sadness, hopelessness and worthlessness; less happiness, fulfillment and life satisfaction) in the post-Recession sample, particularly among those of lower socioeconomic standing (composite of education, occupation, income and wealth). Such worsening of mental health among disadvantaged Americans was framed in the context of the opioid epidemic, growing alcoholism and increased death rates, including suicide, among middle-aged white persons of low SES standing (Case and Deaton, 2015; Grant *et al.*, 2017; Kolodny *et al.*, 2015; Schuchat, Houry, and Guy, 2017). The nomenclature describing these trends has been *deaths of despair* (Case and Deaton, 2020).

Then entered the worldwide pandemic and its sequelae – creating a series of intersecting catastrophes (Ryff, 2022). Early on, it was evident that the economic fallout from COVID-19 was hitting lower income Americans the hardest (Pew Research Center, 2020): 46% had trouble paying bills compared to 16% of upper-income adults; 35% had gone to a foodbank compared to 1% of upper-income adults; and 32% had problems paying rent or mortgage compared to 3% of upper-income adults. Lower-income adults laid off because of the coronavirus were also less like to return to work compared to middle- and upper-income adults who lost their jobs. Another trauma was eviction – loss of home because of inability to pay rent. Desmond (2016) brought attention to this problem in the city of Milwaukee, Wisconsin and now runs the Eviction Lab ([www.evictionlab.com](http://www.evictionlab.com)) at Princeton University, which tracks evictions across the USA.

Pandemic challenges have continued with new COVID variants and economic problems (rising inflation and risk of another recession). These difficulties are not specific to the USA. Moving to the UK, continuing losses and trauma of the pandemic are now compounded by double-digit inflation, rising interest rates and workers in many sectors (postal workers, railway employees, nurses, bus drivers, road crews and baggage handlers) on strike. Recently framed as “another winter of discontent” (Landler, 2022), these societal problems fall disproportionately on disadvantaged segments of the population. What assistance can psychologists and the helping professions offer in the face of systemic, structural inequities? A critical need is to recognize that many traumas now experienced – job loss, financial strain, eviction and hunger – may not constitute opportunities for personal growth, as positive psychologists would have us believe (Waters *et al.*, 2022). Instead, they may make life unlivable. Stark structural dysfunction, thus, demands something unique, wherein counselors, educators and the helping professions must consider the compounding of trauma that fuels widespread despair and its sequelae (drug addictions, alcoholism and suicide).

This observation brings to mind the bias in mental health practice, articulated decades ago by Schofield (1964) as the YAVIS syndrome – preferred patients are Young, Attractive, Verbal, Intelligent and Successful. Similarly, others have observed that the social and behavioral sciences are biased toward WEIRD people – those from Western, Educated, Industrialized, Rich and Democratic societies (Henrich *et al.*, 2010). A central challenge faced by privileged clinicians and researchers (defined by their educational and professional status) is to ensure that the therapies provided and the scientific findings generated are widely inclusive and not tailored to the privileged. This journal, *Mental Health and Social Inclusion*, by its very title shows a commitment embracing disadvantaged, marginalized segments of society. Vulnerabilities among those who are overwhelmed, exhausted and discouraged call for deep levels of empathy and understanding, motivated by a genuine concern for others, arguably the core of what it means to be human.

A perceptive historian observed that the greatest threat during times of plague is not the loss of life, but the loss of what makes us human (Lepore, 2020). Similarly, in the middle of the 19th century, Matthew Arnold observed that nations are great, not because individuals are free and active, but when such activities are in the service of a higher ideal. Democracies, he argued, face enduring challenges to keep their high ideals particularly during times of great peril, such as pandemics and wars. Ideals of caring and compassion are essential during these times. In *Culture and Anarchy* (1867), Arnold elevated the noble aspiration to leave the world better than we found it. Amid widespread suffering and grossly unequal life opportunities, the next section considers forces for eudaimonia, which have been with us throughout human history.

### **Forces for Eudaimonia: encounters with the arts and humanities**

The arts, broadly defined, have long nourished human flourishing, including during times of difficulty. Building on these ideas, growing research investigates the benefits for well-being and health of music, dance, literature, poetry, film and visual arts (Fancourt and Finn, 2019; Lomas, 2016; Stuckey and Nobel, 2010; Tay *et al.*, 2018). I have examined these topics in detail elsewhere, including the role of education in cultivating sensibilities to partake of the arts (Ryff, 2019; Ryff and Kim, 2020). Here, I focus on examples from the arts that might nurture compassion and insight in the face of social inequalities and possibly jolt some among the privileged out of complacent indifference. I begin with contemporary film. The loss of home depicted in Baker (2017) portrays down and out mothers and their children living in a low-end motel. Struggling to find money for food, the main character is forced into prostitution, while her child plays in the bathtub in the next room. At the heart of the film are the adventurous children in a grim setting and the fierce commitment of their mothers. A compassionate motel manager perceives the pain of these families and enjoys their playful children, about whom he is especially concerned. Another film, *Paterson* (2016) depicts a city bus driver named Paterson who lives and works in Paterson, New Jersey. In his private time, he writes poetry and lives with a loving partner brimming with musical and artistic talents. Both struggle to pursue their creative capacities in the face of limited resources and difficult daily responsibilities. In the background is the knowledge that the famous poet William Carlos Williams lived in the same city. By day, he was practicing physician, caring for the working-class inhabitants of Paterson. By night, he wrote about the setting and the people, observing that much misery comes from not knowing what is in great poetry. Deeply sensitive in tone, the film underscores that keen sensibilities and close observing, essential for beautiful poetry, are not the exclusive purview of the privileged but are also powerfully present among those of modest means.

Another film, *American Honey*, portrays challenges of disadvantaged youth growing up with addicted parents. They come together as workers for a subscription business that involves traveling around America and knocking on doors to generate sales. The plot unfolds via a cross-country road trip during which relationships develop, difficult childhoods are revisited and youthful aspirations are revealed. These emerge amid the beauty of the passing landscape and singing songs of their generation. Ever in the background is the juxtaposition of hope and love in the face of a cruel, unyielding world. Finally, *Parasite*, winner of the 2019 Award for Best Film, portrays grotesque contrasts between life at the top and bottom of in contemporary South Korea. These two groups are brought together via a wealthy family that hires a tutor, a child-minder, a cook and a driver, unbeknownst to them, all from the same family. Their disadvantage is powerfully evident in the degrading environment in which they live, combined with persistent employment difficulties. Nonetheless, those without power and resources have a winning cleverness that co-exists with the obliviousness and insensitivity of the elites above them who observe that the people working for them smell bad. The film, thus, offers an inside look at relationships between those at opposite ends of the socioeconomic hierarchy. Its genius penetrates to levels of

tension, sensory perceptions and comedy notably missing in the scientific literature on health inequalities.

What of the visual arts? Among infinite examples, I note the scientific journal *Emerging Infectious Diseases* showcases major art on the cover of each issue; these covers are collected in a volume titled *Art in Science* (Potter, 2014). An example is the self-portrait of the Austrian painter, Egon Schiele, painted in 1912 and looking ill before his death at age 28 from the Spanish flu, which also took his wife and their unborn child. Another painting created in the midst of the Russian Revolution is Kandinsky's *Troubled* (1917), abstract work of turbulence and trauma brought to life while he was living in Moscow and had a child die of malnourishment. During World War II, the Russian News Agency TASS employed artists to produce posters intended to reassure and rouse the Soviet citizenry. Their works are collected in an exhibition volume titled *Windows on the War: Soviet TASS Posters at Home and Abroad 1941–1944* (Zegers and Druick, 2011). Powerfully evident is the relentless creativity among artists attempting to find purpose while working in and for a totalitarian state. A last example comes from the more than 1,000 watercolors, using three primary colors, created by Charlotte Salomon from 1940 to 1942. These are brought together in a volume titled *Charlotte Salomon: Life? Or Theatre?* (Salomon (2017). Born in 1917, she was a student at the Berlin Fine Arts Academy. There were multiple suicides in her family (mother, grandmother, sister and aunt) during her brief lifetime. In 1938, she fled to southern France, after which an intense period of creativity unfolded. Much of the work depicted people from her life, accompanied by narratives. One captures herself as a despondent woman, accompanied by the words, "I've no one left now. Fate, Fate, how harsh you are." Another series of paintings depicts multiple faces with dramatic eyes and sad countenances. Next to one she wrote the following:

But I realized that this was not so easy. I realized that no heaven, no sun, no star could help me if I did not contribute by my own will. And then I realized that actually I still had no idea who I was. I was a corpse. And I expected life to love me now. I waited and came to the realization: what matters is not whether life loves us, but that we love life.

Her insight about loving life had tragic salience, given that she was transported to Auschwitz in 1943 where, at age 26 years and five months pregnant, she died.

Literature is another powerful realm for observing the human condition and making sense of it in the face of trauma. In *A Tale of Two Cities* (1859), Charles Dickens brought horrors of the French Revolution to the hearts and minds of those who read his masterpiece. Via characters from London and Paris, we learn of the awful lives of those imprisoned within the Bastille and, after it is stormed, executions by guillotine at the Place de La Concorde in Paris. This bloodbath of class retribution took more than 1,200 lives, including the French Queen and King. Here is Dickens' description of the context: "[...] the frightful moral disorder born of unspeakable suffering, intolerable oppression, and heartless indifference" (p.344). At the core of the book is Madame DeFarge, the tigress quietly knitting, observing and overseeing the acts of vengeance. Near the end, we are given insight into her fury, learning that her younger sister was horrifically abused and exploited by shameless male aristocrats, destroying her life and family. Dickens, thus, took us inside the emotional trauma that fueled this dramatic epoch in human history.

Two contemporary books of fiction address the current migration crisis. Hamid's (2017) *Exit West* describes the awful realities of refugees whose lives have been stolen out from under them, only to be subjected to endless trauma as they try to find another home. Another recent work, *Call Me Zebra* (Van der Vliet Oloomi, 2018), winner of the 2019 PEN/Faulkner award, tracks a family escaping from Iran by foot. The mother dies along the way, but the father and daughter make their way to New York. The family is characterized as a group of anarchists, atheists and autodidacts who took refuge in books; their distilled philosophy: "Love nothing except literature, the only magnanimous host there is in this decaying world [...]. The depth of our knowledge, the precision of our tongues, and our capacity for

detecting lies is unparalleled” (p. 8). Memorization is key – sprinkled throughout are quotes from Nietzsche, Omar Khayyam, Dante, Goethe, Rilke, Kafka, Cervantes, Garcia Lorca, Dali and Picasso – “These writers’ sentences deposited me at the edge of the unknown, far from the repulsive banality of reality others refer to as life” (p.205). This theme of survival through literature is novel and relevant in ministering to human trauma of all eras.

I conclude with examples that underscore the power of satire *vis-à-vis* awful experiences of oppression and want. Jonathan Swift’s, *A Modest Proposal*, written in 1729, was put forth with the stated intent of preventing the children of the poor people in Ireland from being a burden to their parents or the country, as well as to make them beneficial to the wider public. Swift begins by describing female beggars in Dublin followed by their many children, all in rags, importuning every passing person for alms. He then elaborates on the numerical scope of the problem and observes that these young children cannot be fruitfully employed until they are around age 12 years. Swift, thus, suggests that these children, if well nursed for their first year, be sent to England to provide “a most delicious nourishing and wholesome food, whether stewed, roasted, baked, or boiled; and I make no doubt that it will equally serve in a fricassee, or a ragout” (p. 3). He goes to great lengths to support his proposal, including calculations on the financial benefits to follow. This satirical hyperbole mocked heartless attitudes toward the poor among the British as well as their policies toward the Irish in general. It is widely recognized as one of the greatest examples of sustained irony in the history of the English language.

Moving to the present, [Beatty’s \(2015\)](#) *The Sellout*, winner of the Man Booker Prize, was praised as “Swiftian satire of the highest order.” The book revolves around race relations in the fictional township of Dickens (meaningfully named), California, where residents are left to fend for themselves. The main character growing up in this agrarian ghetto has a single Black father who practices social scientific experiments on him and is a beacon (“nigger whisperer”) of the failing community. With masterful humor, Beatty parodies everything – from contemporary psychology (to combat science showing that both black and white children prefer playing with white dolls, new *inaction figures* are created, modeled on Martin Luther King, Malcolm X and Harriet Tubman), to “slapstick racism” (recalling episodes of *The Little Rascals*), to great literature (*The Dope Man Cometh*, *Measured Expectations*, *The Great Blackaby*, *The Charge of the Light-Skinned Spade*, *Zen and the Art of Bus Riding*) – all to depict the obstacles of being poor and Black in racist America. Sister cities for Dickens are identified: Chernobyl, Juárez and Kinshasa – all known for their pollution, poverty and dysfunction. This satire and razor-sharp wit reveals what it is to exist in a culture saturated with negative stereotypes.

To summarize key points in this section, I have tried to make a case that to cope with and understand the intersecting catastrophes now unfolding around us, we need the arts and humanities. They remind us of how bad times have been endured in the past and underscore the central challenge during times of plague to prevent the loss of humanity. The arts are now studied for their contributions to well-being and health, but here, I emphasize their potential role to awaken the wider public to human suffering. Numerous examples from contemporary film portray lives of the disadvantaged with a poignant depth that scientific studies about inequality cannot reach. The visual arts through time have expressed not only the emotional trauma of war and loss but also a profound love of life in horrific circumstances. Great literature, past and present, helps to illuminate the humiliation and outrage of the oppressed, whether because of poverty or flight as refugees. Satire, in the right hands, is a powerful weapon for revealing unacceptable social orders desperately in need of change. Whether these inputs can nurture needed supplies of compassion and empathy among mental health practitioners and researchers are key questions. Among those who are suffering, great literature, poetry and art *about suffering* may also afford courage and insight about how to prevail.

### Concluding points

The point of this article has been to describe a eudaimonic model of psychological well-being that has had considerable impact in multiple fields of scientific research and then examine its

possible relevance for mental health practice. Numerous empirical findings show the benefits of aspects of well-being, such as purposeful life engagement, personal growth and self-acceptance, for negotiating adversity and for promoting good health. These human strengths also likely matter for efforts by clinicians to foster recovery from mental illness. Thus, the science and practice of positive mental health have common ground that should be fruitfully explored and built upon. Additional attention must focus on systemic structural forces, such as ever-widening inequality, enduring hardships of the pandemic and the plight of immigrants. Together, these problems are increasing the scope of suffering in our contemporary world. Such forces against eudaimonia and their consequences for the length and quality of people's lives need to be documented by science as well as recognized as powerful contextual factors that influence mental health practice. Ideals of caring and compassion are essential in these endeavors to understand what is occurring and for whom (scientific pursuits) and to treat and care for those in need (helping professions). Importantly, amid the suffering are also forces for eudaimonia – namely, the longstanding potential of the arts, broadly defined – to inspire human courage and endurance in the face of major life trials. This merging of art, science and practice constitutes a worthy vision for the future.

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