

Feeling good and functioning well: distinctive concepts in ancient philosophy and contemporary science

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This paper is an invited response to Kashdan, Biswas-Diener, & King (2008) and to Waterman's (2008) commentary. Kashdan et al. assert that the distinction between hedonic and eudaimonic well-being is unwarranted philosophically and scientifically. We disagree, because a correct understanding of Aristotle refutes Kashdan et al.'s claims, and we refute three specific claims made about the definition, measurements, and overlap of kinds of subjective well-being. We re-analyze data from Keyes' (2005b) paper on mental health, and find that nearly half (48.5%) of the MIDUS national sample has high hedonic well-being. However, only 18% are flourishing, which requires a high level of hedonic and eudaimonic well-being. The remaining 30.5% with high hedonic well-being but moderate eudaimonic well-being has nearly twice the rate of mental illness as flourishing individuals. Costs are incurred, we conclude, by science and citizens when we do not distinguish and achieve both kinds of well-being.

Keywords: flourishing; happiness; subjective well-being; mental health; mental illness

Happiness has returned to ethical philosophy; this return has coincided with a growing interest in happiness among psychologists, especially in positive psychology. Here is an excellent opportunity for philosophers and psychologists to learn about each other's work, and to learn from one another's work. It is common nowadays to contrast hedonism with eudaimonism, and also to appeal to Aristotle when explicating eudaimonia.

Several issues are raised in this paper. First, we query the claims made by Kashdan et al. about the relation of Aristotelian eudaimonism to contemporary eudaimonist approaches in psychology. We take exception to the following three claims made by Kashdan et al., namely that eudaimonia is (1) 'not well-defined,' that is (2) 'lacks consistent measurement,' and that (3) 'empirical evidence currently suggests that hedonic and eudaimonic well-being overlap conceptually, and may represent psychological mechanisms that operate together.'

We turn to Aristotle to understand eudaimonism, because in his *Ethics* he gives us the first systematic exposition of the structure of eudaimonist ethics. There is a huge amount of sophisticated contemporary philosophical discussion of Aristotle and eudaimonia, easily accessible.¹ Yet, bafflingly, Kashdan et al. ignore this and give us five conflicting accounts of their own of what Aristotle thinks about eudaimonia, all of them

wrong. Eudaimonia is not 'happiness that arises from good works'; the ancient world did not have the idea of 'good works.' It is not the idea that 'the greatest life is one lived to its full potential'; the idea of 'the greatest life' does not intuitively make sense, and does not answer to anything in Aristotle. Eudaimonia is not 'behaving in a way that is noble and worthwhile for its own sake'; this is part of Aristotle's account of virtue. It is not 'an objective judgment reserved for observers'; Aristotle believed it was the way I live my life, not an opinion about my life had by others. Finally, Aristotle is not 'explicit about eudaimonia being an objective state that might arise only after achieving one's best potential and then acting on it.'² By contrast, Waterman's article does better job with Aristotle's notion of eudaimonia. However, even he unaccountably ignores contemporary discussions in favor of a reading of Aristotle which is 30 years old and extremely eccentric.³

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Eudaimonia is my activity (not a state 'arising' in me) that is explicated in terms of living virtuously. Aristotle argues that all our actions are, in some way, 'for the sake of' a single end. Obviously, people are not all aiming at the same determinate end; the final end is a

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highly *unspecific* end that nonetheless unifies our actions. The only halfway specific thing we can say about it is that everyone agrees that it is eudaimonia. This doesn't help much, because people disagree as to what eudaimonia is, some thinking that it is pleasure, others virtue, others virtue exercised in favorable conditions. Epicurus will defend the first option, the Stoics the second, Aristotle himself the third: this sets the framework of ancient ethical debate that continues to this day (Annas, 1993).

From even this skeletal outline, we can see that hedonism logically can't be a *rival* to eudaimonism on its own level. It is one of the *options within* eudaimonism. Eudaimonism presents us with an unspecific framework within which we get rival claims about what it is that constitutes eudaimonia, and pleasure is one. Further, most accounts of eudaimonia take it to be pleasurable, even if hedonism is false, that is, even if pleasure is not our ultimate aim in life. Thus, we would expect accounts of pleasure and of happiness to show affinities conceptually and empirically, while being accounts of different things (Annas, 1993; Aristotle, 2000).

What, then, is the relation of Aristotle's eudaimonia to contemporary eudaimonism in psychology? The contemporary distinction between objective and subjective does not map well onto Aristotle; he does not identify eudaimonia with a subjective state, but neither does he think that it can be characterized by an account of what is objectively valuable without reference to what actually satisfies people. The point of contact is that of *the quality of your life as a whole*, as opposed to just having good feelings, or getting what you want, or enjoying something you are doing. To hold that there is no important difference between the quality of your life as a whole and the enjoyableness of feelings or activities is to lose something that matters to us as individuals and is also important for social policy.

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What of the three objections made by Kashdan et al? There is no independent standard for judging whether definitions, like works of art, are good or bad, so it is a matter of taste. Mostly, definitions are, we suspect, best judged by whether they match how scholars actually operationalize and therefore measure the construct. Having measured the construct, the test of a definition is therefore in the proverbial data. In this case, Carol Ryff (1989) and Corey Keyes (1998, 2002), the two scholars most associated with the tradition of eudaimonic (subjective) well-being, have been consistently clear in their definitions and measurement of eudaimonic well-being.

Having written theoretical papers on the topic earlier in the 1980s, Carol Ryff introduced measures in 1989 of what she called 'psychological well-being.' Building on Ryff's work and as a sociologist, Keyes introduced measures in 1998 of what he called 'social well-being.' Both have defined each form of well-being as 'subjective,' because each represents individuals' judgments of the quality of their life. We go further in defining our respective measures, because we assert that our measures of well-being reflect individual's judgments of their *functioning in life*, which is contrasted with hedonic well-being, where scholars claim to measure individual's evaluations of their *feelings toward their life*. While neither definition of subjective well-being (hedonic or eudaimonic) may be aesthetically pleasing to Kashdan et al., our own judgment is that the scholars that have consistently proffered those definitions have been exceedingly careful and consistent in matching their measurement of well-being with their definitions. This strikes us as a clear and concise definitions of both hedonic and eudaimonic well-being that reflect their differences and yet suggest why they might show empirical affinities.

The primary difference between our eudaimonic well-being definitions and the hedonic well-being definitions hinges on two key constructs: feeling and functioning. Neither Aristotle nor most contemporary scholars equate feeling and functioning nor would they claim they cannot be overlapping. There is ample reason for maintaining a distinction between functioning in life and feeling towards life, even when they overlap. This is the case of many mental disorders (mood disorders in general) and major depressive episode (MDE) in particular. The disorder of MDE is characterized as the combination of (1) anhedonia (depressed mood or loss of interest in life) and at least four or more of the symptoms of (2) malfunctioning (e.g., hypersomnia or insomnia; overeating or not eating enough). Here, the distinction between feelings and functioning in life permit clinicians to differentiate normal 'blues' from the abnormal kind which coincides with malfunctioning (and both anhedonia and malfunctioning must be present at a high level over a period of time).

We also believe this distinction between feeling and functioning must be maintained when it comes to the positive side of the spectrum, that is, when it comes to measuring subjective well-being. There is a real difference between positive feelings and positive functioning (or doing well). Throughout much of life, our feelings and functioning in life are consistent (i.e., overlapping), because we feel positive emotions toward a life in which we are functioning well, and we feel negative emotions in a life in which we are malfunctioning or functioning poorly. For this reason, Ryff and Keyes (1995) and Keyes, Shmotkin, and Ryff (2002) explicitly predicted that the measures of

psychological well-being are overlapping with the measures of emotional well-being (satisfaction with life and positive affect). However, we also maintained, and the evidence clearly supported our predictions, that the measures of emotional well-being emanate from a separate latent factor from the scales measuring psychological well-being. Both sets of measures are getting at subjective well-being, and both sets of measures are getting at distinctive processes (feeling and functioning) that can and should be consistent for many people and much of the time. In a nationally representative sample of American adolescents (Keyes, 2005a), American college students (Robitschek & Keyes, in press), and in Black Setswana-speaking South Africans (Keyes, Wissing, Potgieter, Temane, Kruger, & van Rooy, 2008), we found the same statistical support (i.e., confirmatory factor analysis) for the distinction between hedonic and eudaimonic well-being. Yes, these measures are overlapping; no, they are not redundant. Hedonic and eudaimonia well-being measures are not redundant conceptually or empirically. Feeling good about life and functioning in life are related but distinct issues.

Even if it is warranted in terms of empirical support, is this distinction between hedonic and eudaimonic subjective well-being a useful one? This seems to be another criticism of Kashdan et al., and another point of theirs on which we disagree wholeheartedly. Ten years ago, in 1998, at the first 'Akumal Meeting' for Positive Psychology, I (Corey) introduced

my model of mental health as flourishing and languishing in life. A good deal of research has been published on this model since that time, and all of it points to one simple conclusion: anything less than flourishing in adolescents and adults is associated with greater burden to self and society. The mental health continuum, as it is now called, ranges from flourishing, moderate, to languishing mental health. Flourishing individuals have high levels of hedonic and eudaimonic well-being, meaning they feel good about life and are functioning well in life. Languishing individuals have low levels on both types of subjective well-being, meaning they don't have much good feeling toward life and they don't see themselves functioning well in life. Individuals with 'moderate' mental health either have moderate levels of on both hedonic and eudaimonic well-being, or they have disparate combinations of each (high hedonic but low eudaimonic or low hedonic and high eudaimonic wellbeing). The moderate group therefore provides a direct test of whether the distinction of hedonic from eudaimonic well-being is really useful. Individuals with moderate mental health have lower levels of eudaimonic well-being than those who are flourishing. Are those individuals with moderate health who have high hedonic well-being functioning just as well as flourishing individuals who also have high hedonic well-being?

Figure 1 presents analyses from the Midlife in the United States (MIDUS) 1995 national sample where, as in the Keyes (2005b) paper, we present the

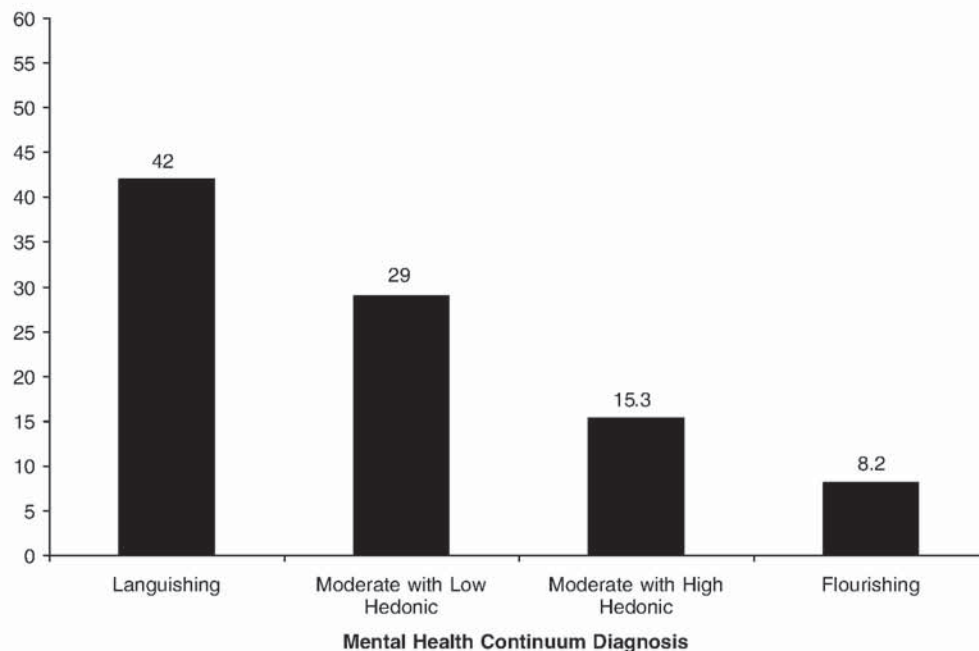


Figure 1. Percent With At Least One of Four Mental Disorders (Major Depressive Episode, Panic Disorder, Generalized Anxiety, or Alcohol Dependence) in the Past Year by Level of Mental Health and Level of Hedonic Well-Being (MIDUS sample $n = 3,031$; sampled weighted; $\chi^2 = 213$, $df = 3$, $p < .001$).

association of mental illness with the mental health continuum. Here, however, we have separated those with moderate mental health who have lower hedonic well-being from those with moderate mental health who had high hedonic well-being, using the same criteria as in Keyes (2005b; upper tertile on at least one of the two measures of hedonic well-being). Mental illness is highest in individuals who don't feel great about life and aren't functioning well in it (i.e., languishing). By comparison, mental illness is lower in individuals who don't feel great about life but are functioning better in it (i.e., moderate mental health with low hedonic well-being). Mental illness is lowest among individuals who feel great about a life in which they are also functioning well (i.e., flourishing). In contrast to those who are flourishing, individuals who feel great about a life in which they are not functioning as well (i.e., moderate mental health with high hedonic well-being) have a higher rate of mental illness. While 48.5% of the MIDUS sample fit the criteria for high hedonic well-being, only 18% are flourishing, and the other 30.5% with high hedonic well-being but lower eudaimonic well-being have nearly twice the rate of mental illness as flourishing individuals. The distinction between hedonic and eudaimonic well-being matters greatly if we are to predict mental illness, where the distinction between anhedonia and malfunctioning also matters greatly.

In sum, studies of the US adult population (see Keyes, 2007) have shown that anything less than flourishing is associated with increased impairment and burden as measured by lost work productivity, increased disability, increased risk of cardiovascular disease, more chronic physical illness at all ages, worse psychosocial functioning (e.g., more helplessness), and increased healthcare utilization among individuals without a mental disorder as well as among individuals with a mental disorder. In other words, the mental health continuum (from languishing, moderate, to flourishing mental health) differentiates level of functioning among individuals with a mental illness as well as individuals without a mental illness. Using different outcomes measure, we are finding the same pattern in the US adolescent population (e.g., Keyes, 2006) and in Black Setswana-speaking South African adults (Keyes et al., 2008). In both the USA and the Black Setswana-speaking South Africa, less than one-quarter of the adult population is flourishing in life. In terms of hedonic well-being, research suggests that 'most' Americans are happy, but barely 2 in 10 adults are flourishing. Not enough people are functioning well in a life about which they feel good. To our minds, this vindicates Aristotle. But, it also makes a persuasive case for a positive psychology, because not enough people are flourishing; flourishing is good for self

and society; and no other branch of public health, medicine, or science is taking up the challenge that many governments around the world now want, which is the promotion and protection of flourishing citizens. Most people feel good about their lives, so this isn't among the greater challenges facing most nations. The fact is that the greater challenge is that not enough people are functioning well in a life about which they also feel good.

Acknowledgements

Both authors acknowledge the support for this paper from membership in the interdisciplinary project on *The Pursuit of Happiness: Scientific, Theological, and Interdisciplinary Perspectives on the Love of God, Neighbor, and Self*, established by the Center for the Study of Law and Religion at Emory University and supported by a grant from the John Templeton Foundation.

Notes

1. The best way in to this enormous literature is the Ethics section, with bibliography, of the article on Aristotle in the online Stanford Encyclopedia of Philosophy (frequently updated).
2. We have no idea why Kashdan et al. conjecture that an Aristotelian view implies either skepticism about the mental or is a form of elitism.
3. He constantly stresses the idea of the *daimon* in *eudaimonia* as a kind of personal ideal, an idea completely foreign to Aristotle.

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