

“ Achieving ‘wellbeing’ is a constant process; one on which you must regularly check in with yourself and continue to pay attention to it and work on. Whole-person flourishing and how to achieve it. Includes physical, mental, emotional, spiritual and social wellbeing. A well-balanced state that allows us to be our best. Well-being is about knowing what experiences bring a sense of harmony, joy or contentment etc into your life, as well the experiences that conjure up feelings of disorder, unhappiness etc in order to help you lead a life that’s purposeful for you and that’s aids you in dealing with stressors. All basic needs are met - Human rights are met. A sense of identity and understanding of that identity gives me a framework to go about my haerenga (journey) in Te Ao (the world). Listening to the mind, body, soul and spirit. Freedom to accept oneself and the freedom to make mistakes and grow. When you love yourself, flaws included you understand that it’s ok to not be perfect. Putting myself first, taking time for myself (due to my very introverted nature this is the only way for me to recharge although I deeply care about a lot of people and appreciate their being in my life. More money, I would have more freedom and power to make decisions that assist both my physical and mental health, but also that of my family’s. I would be able to provide better living conditions, stability, better health care, better lifestyle. Wellbeing is about knowing what experiences bring a sense of harmony, joy or contentment, as well the experiences that conjure up feelings of disorder, unhappiness. Thriving doesn’t necessarily mean always happy but means you’re able to look after yourself when you’re not so happy as well as when you are happy. It means that you are not economically fighting (not fighting for the basics). It means you are comfortable and satisfied with your status in the world. A sense of stability. That everything will be okay, and that I am fundamentally okay even if circumstances are not. Good sleep, eating enough, conscious decisions to better life, eating fresh food. Equitable access to care! Doctors, mental health professionals, community support, being catered to individual needs. Financial insecurity, Drinking culture, Rape culture, Diet culture, Judgmental people. It’s incredibly nuanced and individual, to improve well-being systemic work on cultural, financial, sexual, social, medical, size and gender inclusivity and support systems needs to happen. Spending time outdoors, going back to my turangawaewae (place where one has the right to stand - place where one has rights of residence and belonging through kinship and whakapapa). ”

Mapping Wellbeing:

Exploring Lay Concepts of Wellbeing and how they Compare with Positive Psychology Approaches

A mixed methods study of New Zealand adults

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“ The planet is what sustains and nurtures us. We are intimately connected to complex biological and ecological systems that we are destroying at an unbelievable rate. Humans are basically stupid. I believe that mana (dignity) is everything. I try to respect myself or show dignity towards myself by tending to my physical, emotional and spiritual wellbeing. This idea of mana means respecting that everyone is different and treating them differently in a respectful way according to what they deem as respectful. If I cannot deduce this then I follow the general philosophy of “treat others as I would like to be treated”. It seems to work well for me. Whakapapa, whanaungatanga, both words in Māori that mean connectedness. when a person is taught well at home, he stands proud on the marae. Having a good support network that you can rely on. Having people that bring you up, that are kind and that you can trust. Wellbeing is a culmination of emotions, actions, relationships, and health (mental, physical, spiritual, and emotional). Well-being is another way to describe your general health - your physical and mental health combined. Your being may be well, or it may be unwell. A ‘well’ is also something to be filled. I’d like to think that’s why we call it “well” being because we all need to have our most basic physical and emotional needs met, our “well” filled, before we can be well, or being. Spending time with the people I love but also having some me time. Wellbeing is an individual thing so for me I’d say it’s something you do to take care of your soul. It’s what you do to make yourself feel at ease it’s all the things that makes your mind calm and your body function to its best. Ability to live one’s life comfortably and pursue whatever one wishes to achieve without systematic barriers. Freedom of movement. I think of knowledge and freedom. Freedom to be happy, to not be hindered by poverty and hatred. Freedom to accept oneself and the freedom to make mistakes and grow. Capitalism. Remove the paywalls from living now. Eat the rich. Guillotine the predatory class. Redistribute the resources. A society that works against sexism, homophobia etc. tolerance of others, that has proper discussion of issues rather than divisive fear mongering of others. New buzzword for the Government and I want it to mean something but am yet to decide if it’s hollow or meaningful. Mostly misguided waffle and antivaxxer. ”

Abstract

The literature from the science of Positive Psychology (PP), while expanding rapidly, often overlooks insights from the lived experiences of laypeople that are critical for developing a comprehensive understanding of wellbeing (Hone et al., 2014; Joshanloo, 2019; Kim et al., 2018). Recent movements in PP advocate for diversity beyond mainstream Western populations and methodological rigidity, and urge a holistic approach that considers both positive and negative aspects of life (Henrich, 2020; Kashdan & Biswas-Diener, 2015; Lomas et al., 2021a; Lomas & Ivtzan, 2016). Bridging the gaps between lay and academic perspectives is essential for advancing wellbeing knowledge and developing evidence-based theory, measurement, and intervention that will enhance individual and societal wellbeing.

This exploratory-descriptive, embedded mixed methods (Core QUAL + *quan*) (Morse, 2017) study addresses these gaps by collecting lay concepts of wellbeing and comparing them to established PP approaches. New Zealand adults ($N = 1064$) responded to an anonymous online survey and a sub-sample of 476 responses underwent inductive, reflexive thematic analysis (Braun & Clarke, 2022a) and inferential and descriptive statistical analysis. The findings reveal that laypeople perceive wellbeing as a multifaceted construct influenced by individual context, with components and mechanisms that overlap with and expand upon established PP approaches. From this analysis, the *Model of Elemental Wellbeing* (MEW) was developed, identifying four core ‘elements’ (Inner self, Material stability, Health and Connection) and three ‘golden threads’ (Balance, Active pursuit, and Freedom). Demographic and wellbeing measures analysed across the sample underscored the universality of these novel insights.

The cultural context of New Zealand provided a unique lens through which to capture Indigenous Te Ao Māori and Western knowledge, resulting in a model that embraces dimensions across mind, body, place, time, subjective and objective facets, establishing its potential relevance across diverse populations and contexts. This research offers nine contributions to the wellbeing science literature, informed by a multifaceted perspective of the lived experience of wellbeing and resulting in a novel model of wellbeing. The model is hybrid, dialectical, situated, and normative, and offers insights for understanding and promoting wellbeing at an individual and societal level.

Key words

Lay concepts, wellbeing science, hybrid wellbeing model, second and third wave Positive Psychology, mixed methods, Core QUAL + *quan*, inductive, Reflexive Thematic Analysis, Exploratory-Descriptive.

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List of Abbreviations and Glossary of Symbols

Abbreviation	Definition
%	Percentage
APA	American Psychological Association
AUT	Auckland University of Technology
AUTEC	Auckland University of Technology Ethics Committee
N	Full sample
n	Subsample
NZ	New Zealand
MEW	Model of Elemental Wellbeing
OECD	Organization for Economic Co-operation and Development
PP	Positive Psychology
RTA	Reflexive Thematic Analysis
SPSS	Statistical Package for the Social Sciences
WBL	Wellbeing literacy
WHO	World Health Organization
χ^2	Chi-square

Glossary of Terms

Wellbeing science and Positive Psychology terminology

Term	Definition/Meaning
Dual Continuum	A term to denote the two continua approach to mental ill health and mental wellbeing that views them as two related but distinct concepts (Keyes, 2005). Used interchangeably with Positive Mental Health (Keyes, 2002), Complete State Mental Health model (Keyes & Martin, 2017, Keyes, 2005) and measured by the Mental Health Continuum-Short Form (MHC-SF) (Keyes, 2002).
Flourishing	Used to denote high or optimal levels of wellbeing, also known as optimum wellbeing (Hone et al., 2014). Flourishing has been described as the epitome of mental health (Huppert & So, 2013) and a ‘syndrome’ of positive symptoms (Keyes, 2002).
Ill-being	Used to denote poor psychological health comprising states such as negative affect, trait anger and depressive and anxiety symptomology (Ryff et al., 2006).
Mental health/positive mental health	The World Health Organization (2018) provided a positive conceptualisation of mental health, defining it as ‘a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community’ (p. 1).
Positive Psychology (PP)	Described as a movement (both scientific and professional) which seeks to expand psychology’s focus to include ‘exploring what makes life worth living and building the enabling conditions of a life worth living....by no means identical with the goal of understanding misery and undoing the disabling conditions of life’ (Seligman, 2011, p. 2).
Wellbeing (well-being/ well being)	A term used broadly to refer to a person’s state of being and commonly denotes discussions of what makes someone’s life ‘go well’ (IJW, n.d.). The APA (2018) defines it as ‘a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life’. The term is <i>often prefaced by a range of concepts including, psychological, mental, physical, social, spiritual</i>, subjective and objective. I have elected to use the single word form ‘wellbeing’ as this is most common across the globe (IJW n.d.). However, where I have directly quoted participants or scholars, I have left intact their spelling preference, which includes the alternatives well-being and well being.
Wellbeing literacy	An emerging area of study within the wellbeing sciences defined as ‘a capability to comprehend and compose wellbeing language, across contexts, with the intention of using such language to maintain or improve the wellbeing of oneself, others or the world’ (Oades et al., 2021a, p. 719).
Wellbeing science	A term used to describe a transdisciplinary approach to wellbeing research and practice that embraces multiple branches of knowledge, such as philosophy, psychology, education, economics, public health and sociology.

Te Reo Māori language and New Zealand Aotearoa specific terminology

Note: Unless otherwise referenced, all Māori language definitions are direct or edited quotes sourced from the Te Aka Māori Dictionary Project (Moorfield, 2024).

Te Reo Māori kupu (word)	Definition/Meaning
Aotearoa	Māori name for New Zealand's North Island and now used to represent New Zealand.
Atua	Ancestor with continuing influence, god, demon, supernatural being, deity, ghost, object of superstitious regard ... although often translated as 'god' and now also used for the Christian God, this is a misconception of the real meaning. Many Māori trace their ancestry from atua in their whakapapa and they are regarded as ancestors with influence over particular domains.
Hauroa	Be fit, well, healthy, vigorous, in good spirits.
Iwi	Extended kinship group, tribe, nation, people, nationality, race. Often refers to a large group of people descended from a common ancestor and associated with a distinct territory.
Karakia	An incantation, ritual chant, charm, spell - a set form of words to state or make effective a ritual activity. Karakia are recited rapidly using traditional language, symbols and structures.
Living Standards Framework	A flexible framework developed by the New Zealand Treasury that encourages thinking about policy impacts across the short and long-term at different levels and dimensions of wellbeing. These include individual, collective, institutional, governance and wealth, including human and environmental capability (Hughes, 2021).
Mana	Prestige, authority, control, power, influence, status, spiritual power, charisma...The more prestigious the event, person or object, the more it is surrounded by tapu [sacred, prohibited] and mana. Mana is the enduring, indestructible power of the atua [ancestor, god, supernatural being] and is inherited at birth, the more senior the descent, the greater the mana.
Manaakitanga	Hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others.
Māori	Indigenous person of Aotearoa/New Zealand. Used to distinguish between people of Māori descent and the colonisers.
Māoritanga	Māori culture, Māori practices and beliefs, Māori way of life.
Marae	Māori sacred meeting place, traditionally situated within a village.
Mātauranga / Māori worldview	Knowledge, wisdom, understanding, skill.
Mauri	Life principle, life force, vital essence, special nature, a material symbol of a life principle, source of emotions - the essential quality and vitality of a being or entity. Also used for a physical object, individual, ecosystem or social group in which this essence is located.
Ngahere	Bush, forest.
Pākehā	European, exotic - introduced from or originating in a foreign country...originally applied to English-speaking Europeans living in

Te Reo Māori kupu (word)	Definition/Meaning
	Aotearoa/New Zealand. Despite the claims of some non-Māori speakers, the term does not normally have negative connotations.
Papatūānukū	A mother earth figure who gives birth to all things, including people. Trees, birds and people are born from the land, which then nourishes them (Te Ara, n.d).
Taha hinengaro	Mental and emotional health (Durie, 1985).
Taha tinana	Physical health (Durie, 1985).
Taha wairua	Spiritual health (Durie, 1985).
Taha whānau	Family, social, community health (Durie, 1985).
Taiao	World, Earth, natural world, environment, nature, country.
Takatāpui	Close friend (of the same gender), intimate friend (of the same gender). Lesbian, gay, homosexual, gay men and women.
Tāngata	To be a person, man, human beings, individual.
Tāngata whenua	To be natural, at home, comfortable. Local people, hosts, Indigenous people - people born of the whenua, i.e., of the placenta and of the land where the people's ancestors have lived and where their placenta are buried.
Te Ao Māori	Māori worldview (Forster, 2022). Māori knowledge, refers to 3 key areas; Te Reo Māori (language), tikanga Māori (protocols and customs) and Te Tiriti o Waitangi (The Treaty of Waitangi [Treaty with the crown]). (University of Otago, 2022)
Te Reo Māori	The Māori language. Language, dialect, tongue, speech.
Te Whare Tapa Whā (The House model)	A Te Ao Māori Health model developed by Mason Durie (1985) and peers, and commonly used throughout New Zealand Aotearoa's Education and Health systems. It contains 4 cornerstones of health, - Te taha wairua (a spiritual dimension/ spiritual health), - Te taha hinengaro (a psychic dimension / mental and emotional health), - Te taha tinana (a bodily dimension / physical health), - Te taha whānau (a family dimension / family, social, community health).
Tikanga	Correct procedure, custom, habit ...convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context.
Tūrangawaewae	Domicile, standing, place where one has the right to stand - place where one has rights of residence and belonging through kinship and whakapapa.
Wai	Water, stream, tears.
Waiora	The term speaks to a broad conception of human wellbeing, grounded in wai (water) as the source of ora (life) (Crown, 2023a).
Wairua	The spirit of a person which exists beyond death ... the non-physical spirit, distinct from the body and the mauri. To some, the Wairua resides in the heart or mind of someone while others believe it is part of the whole person and is not

Te Reo Māori kupu (word)	Definition/Meaning
Well-being Budget	located at any particular part of the body. The Wairua begins its existence when the eyes form in the foetus and is immortal. A Government initiative from 2019 to 2023 which saw New Zealand Treasury create the country's first Well-Being Budget using the Living Standards Framework and focusing on measures which report how investment improves the health and well-being of people and environment. Looking beyond GDP and individualistic approaches to focus on community and collective planning for the present and intergenerational well-being as a measure of success (Crothers, 2021).
Whakapapa	Genealogy, lineage, descent - reciting whakapapa was, and is, an important skill and reflected the importance of genealogies in Māori society in terms of leadership, land and fishing rights, kinship and status. It is central to all Māori institutions.
Whānau	Extended family, family group, a familiar term of address to a number of people. In the modern context, the term is sometimes used to include friends who may not have any kinship ties to other members.
Whanaungatanga	Relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging.
Whare	House, building, residence, dwelling.
Wharehau	Meeting house, large house - main building of a marae where guests are accommodated.
Whenua	Country, land, nation, territory, placenta, afterbirth.

Demographic and identity terminology

These terms are contested and may hold different meaning for different people. Best intentions have been placed on accurately reflecting accepted terminology and definitions so as to be respectful and mana/dignity enhancing.

Term	Definition/Meaning
LGBTQI+/ LGBT+	An acronym for lesbian, gay, bi, trans, queer, intersex plus indicating a range of additional identifiers, for example, questioning, asexual or agender, two-spirit and Takatāpui.
Non-binary	‘An umbrella term for people whose gender identity doesn’t sit comfortably with “man” or “woman”. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely’ (Stonewall, 2023).
Queer	‘Used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGBT community (racism, sizeism, ableism etc)...some LGBT people view the word as a slur, it was reclaimed in the late 80s by the queer community who have embraced it’ (Stonewall, 2023).
Rainbow	‘An umbrella term to describe people whose sexual orientation, gender identity, gender expression or sex characteristics differ from majority, binary norms. This includes people who identify with terms like Takatāpui, lesbian, gay, bisexual, intersex, transgender [Trans], queer, non-binary or fa’afafine...it’s estimated that people under the rainbow umbrella make up between 6% and 15% of New Zealand’s population’ (Te Ngākau Kahukura, 2024)
Takatāpui	A traditional Māori term meaning intimate companion of the same sex - close friend (of the same gender), intimate friend (of the same gender). Lesbian, gay, homosexual, gay men and women (Moorfield, 2003-2024). ‘It has been reclaimed to embrace all Māori who identify with diverse genders, sexualities and sex characteristics’ (Te Ngākau Kahukura, 2024).
Trans	‘An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois’ (Stonewall, 2023).

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Annalise Roache, August 30th, 2024

Awards, presentations and publications from this PhD thesis

Awards

1. Auckland University of Technology (AUT) Vice Chancellors Doctoral Scholarship (with 2 Covid-19 related extensions) (2018-2022).
2. International Positive Psychology Association Student Scholarship (July 2019).
3. Graduate Women's Northern Graduate Women's Scholarship (2022).

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4. Roache, A. *Lay theories of wellbeing, an empirical study*. Poster presented at Auckland University of Technology Post graduate research symposium. Auckland, New Zealand. June, 2019.
5. Roache, A. *Lay theories of wellbeing, an empirical study* (58795). Poster presented at 6th International Positive Psychology Association World Congress, Melbourne Australia July, 2019.
6. Roache, A. *Mapping lay concepts of wellbeing*. Virtual flash talk at International Positive Psychology Association Idea Starter New Researchers symposium. July, 2021.
7. Roache, A. *Lay concepts of wellbeing preliminary findings presentation*. Virtual presentation at University of Melbourne, Centre for Wellbeing Science Wellbeing, Literacy Working Group meeting. October, 2021.
8. Jarden, A., & Roache, A. (2023). What is wellbeing? *International Journal of Environmental Research and Public Health*, 20(6), 5006. Jarden (50%), Roache (50%).
9. Roache, A. *Lay concepts of wellbeing - The Model of Elemental Wellbeing preliminary Doctoral findings*. Virtual podium presentation at 7th International Positive Psychology Association World Congress, Vancouver, Canada. July, 2023.
10. Roache, A. *Lay conceptualisations of wellbeing* (Episode 19). Podcast interview for *Researching Happy* with Matt Iasiello. August, 2023.
11. Roache, A. *Reimagining Wellbeing: Insights from lived experiences - The Model of Elemental Wellbeing*. Oral presentation. Abstract accepted for the 11th European Conference on Positive Psychology, Innsbruck, Austria. July, 2024.
12. Roache, A. *Walk and Talk – An invitation to eavesdrop with Annalise Roache*. Podcast interview for Learn with Sue: Walk and Talk with Sue Langley. October, 2024.
13. Roache, A., du Preez, E., Oades, L., (2025). A social discourse analysis of lay concepts of wellbeing. In L. Oades, L., N. Lemon, N. Francis, T. Lomas. (Eds.) *Wellbeing Literacy: A Social Discourse Approach to Lay Concepts*. Routledge. (2025) Roache (50%), du Preeze (40%), Oades (10%).

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A final note to you, the reader. I appreciate your interest and engagement. While laypeople may not be experts in scholarly theory or philosophy, they hold invaluable expertise in the lived experience of life and wellbeing. It is their stories, perspectives, and needs that drive the very essence of our work. Let us always remember that they are the reason behind our pursuit of knowledge and understanding.

Ethics Approval

This thesis received approval from the following ethics committee: Auckland University of Technology Ethics Committee on, 23 September, 2019, AUTEK Reference number 19/208.

Personal relevance and researcher positioning | Living between the boxes

‘What we consider to be different depends on what we consider to be the norm.’

Youngme Moon (2010, p. 194).

As the researcher of this study, my opinions and experience shape every phase of the journey, highlighting the crucial practice of reflexivity and underscoring my active role in the process. My personal and professional experience, training, and values influence decision-making regarding sample selection, research design, analysis, interpretation, and write-up, shaping knowledge production (Braun & Clarke, 2022a). Reflexivity as a practice encourages me to identify and acknowledge the assumptions and prior knowledge that frame my worldview with an intent to be transparent, particularly concerning my relationship with the study subjects (Davis, 2020).

Crenshaw's (1991; 2017) work on mapping the margins and the intersectionality of identity has been profoundly meaningful in my life. It has provided a frame through which I have explored my identity and reflexivity in this research process. I call on many identity labels to articulate and reflect my values, beliefs and influences in life. I have developed Figure 1 to communicate the many facets that inform my worldview and the intersections I live within. I have selected a few prominent features to discuss as part of my reflexive sharing to position myself as a researcher.

Figure 1

Living Between the Boxes – The Identities and Values Which Influence My Approach



Living between the boxes

The metaphor of living between the boxes symbolises feelings of not quite fitting in. Often, this is evident when faced with forms or surveys that demand rigid, yes-or-no answers. Questions often seek to place us into predefined categories, but life is rarely that simple. For example, personality style surveys might ask, "When you walk into a room, how do you respond?" The answer to that question, for me, depends on various factors such as the people present, the purpose and energy of the space, my current feelings, and the role I am playing. Context matters.

My younger years were marked by constant movement and migration, which profoundly shaped my life. Between ages 4 and 20, I lived in eight countries across five continents in nine international moves, eight schools, and 15 homes. This nomadic lifestyle required me to bridge cultures and communities while continually making temporary homes. Although it nurtured comfort, curiosity, and openness toward perceived differences, it also came at a cost.

The different education systems I experienced during my primary and secondary schooling, coupled with an undiagnosed learning difficulty, resulted in inferior outcomes and poor academic confidence. It was not until I became a self-employed coach that I discovered Positive Psychology that a passion for learning was sparked, leading me to university in my mid-30s, a rewarding and challenging journey spanning 16 years. Modern technology tools, such as read-aloud and dictation, have significantly enhanced my ability to comprehend and retain text. I use figures and graphics extensively to communicate textually dense concepts to mitigate my comprehension challenges.

Compounded by my own choice, as an adult, to live outside my place of birth, I have spent under 6 years living in my country of origin. Growing up, I often felt out of place. Living in foreign countries as an expat was one feature, and unlike my friends who were happily dating and engaging in 'typical' teenage activities, I always carried weight, was a tomboy who did not like dresses or makeup, and never dreamed of a white wedding and kids. These feelings of being outside societal norms and expectations persisted. I came out as lesbian in my mid-20s, which brought a sense of authenticity and self-location in a community I call home. Nevertheless, I have lived with bouts of depression since my teens, chronic back pain from a genetic disorder and a car accident in my early 20s but I am not medically classified as living with a disability.

As a result, I often reject neat categorisation and societal and scientific attempts to confine individuals within rigid boxes (e.g., sex binaries, identity, able bodies, ethnicity, vocation). These norms clash with my fluid self-identity and observations of complex realities. Since I was 29, I have been self-employed, embarking on new career paths, including becoming a coach and integrating Positive Psychology into my practice almost 20 years ago. These unconventional career trajectories and the need to forge new paths marked by uncertainty influence my research approach.

Positive Psychology, a field I embrace and critique, fills me with hope for its potential to promote wellbeing and happiness through low- and no-cost methods. However, I am frustrated by its

overemphasis on WEIRD-centric samples (WEIRD referring to Western Educated Industrialised Rich and Democratic) and rigid experimental designs that often overlook the diverse human experiences. These tendencies challenge me as both a proponent of Positive Psychology and an aspiring researcher. I often find myself underrepresented in study samples when engaging with research literature. Furthermore, I observed that how my coaching clients discussed their wellbeing did not match how wellbeing was theorised in the models and concepts I learned at university. There were similarities but overwhelming gaps as well. As a feminist and queer woman, these gaps underscore deeper biases in our approach to knowledge and theory development. This realisation fuels my commitment to challenging blind spots in research methodologies to foster more effective and representative scholarship and intervention.

I strive for an inclusive research approach that amplifies diverse voices, ensuring broader perspectives and more profound insights are gleaned from research. This approach validates the voices and experiences often marginalised or homogenised within traditional academia. In this study, I aimed to create a purposeful and transferable sample of New Zealand citizens, encompassing diverse demographics across age, gender, ethnicity, and location and capturing rainbow identities, disability, and rural communities. This commitment supported the development of a holistic model of wellbeing that captures the complexities and nuances of lived experiences within New Zealand, with the hope that it may be relevant in other contexts and locations.

My research journey is not merely academic but a quest to bridge the gaps between knowledge and practice, challenging dominant narratives within Positive Psychology and academia. By embracing a reflexive research approach, I aspire to advocate for methodologies that genuinely reflect the diverse realities of individuals outside the traditional bell curve. I recognise that my journey between the boxes is shared by many whose stories deserve to be amplified and valued.

Why mapping wellbeing?

‘Wellbeing is attained by little and little,
and nevertheless is no little thing itself.’

Zeno of Citium

‘We must therefore survey what we have already said,
bringing it to the test of the facts of life, and if it harmonises
with the facts we must accept it, but if it clashes with them,
we must suppose it to be mere theory.’

*Aristotle
(384 BC – 322 BC)
(Nicomachean Ethics,
Book 10, 1179: 23)*

I have chosen to frame my exploration of wellbeing through the metaphor of mapping. This metaphor serves as a way to illustrate the process of navigating, observing and charting the diverse terrain of human wellbeing, much like how Ed Diener approached the study of happiness and subjective wellbeing. As highlighted by his son Robert Biswas-Diener and close friend Todd Kashdan (2021), Diener's work exemplifies a nuanced understanding of happiness beyond mere quantification. Instead of adhering rigidly to a single theoretical perspective, Diener's approach has been characterised by careful

consideration of various influencing factors, such as income, culture, and demographic variables. This methodological flexibility reflects a broader vision of wellbeing as a complex and multifaceted construct.

Drawing inspiration from Diener's open-minded approach, my research aims to bridge the gap between everyday experiences and scholarly understandings of wellbeing. By mapping the landscape of wellbeing, I seek to capture the rich, subjective variations that people encounter in their lives and juxtapose these with existing theoretical frameworks. This approach is motivated by a recognition that academic models often fail to encapsulate individuals' lived experiences and perceptions fully. Much like Diener's reluctance to rush to a singular theoretical explanation for societal differences in wellbeing (Biswas-Diener & Kashdan, 2021), my work emphasises the importance of exploring and describing multiple perspectives and experiences. Through this mapping process, I hope to contribute to a more comprehensive understanding of wellbeing that integrates both personal and scholarly insights.

During the course of my studies, Ed Diener and Felicity Huppert, both heavily cited within, sadly passed away. These intellectual giants have been instrumental in forming my understanding of wellbeing and Positive Psychology more broadly. I am eternally grateful for their contribution and legacy, which we will continue to carry forth in our work, ensuring that their influence remains a guiding force in the field of wellbeing research.

Chapter 1 | Introduction:

Why do we need a map of lay concepts to help understand wellbeing?

Wellbeing is an extensive and elusive topic, with a Google search yielding nearly 3 billion items in a third of a second. These results contain various free and paid resources, including books, apps, expert advice, media coverage, and scholarly articles discussing wellbeing in various contexts, from workplaces and schools to communities and the general public.

However, the question remains: What is wellbeing? As you read, what thoughts, emotions, and images does the term evoke? Whether approaching it as a scholar informed by theories and research or connecting with your feelings and thoughts from a personal perspective, your reaction is a typical, yet uniquely personal process influenced by past experiences, current circumstances, and future aspirations. This cognitive operation goes by many names in studying human behaviour, such as lay concept, folk theory, implicit knowledge, or conceptualisation (APA, 2018). As renowned researcher Carol Dweck (2017) says, ‘You can call them lay theories, mindsets, world assumptions, mental models...they are all about people's fundamental understanding about the nature and workings of the people, things, and phenomena in their worlds’ (p. v).

It is vital to understand the composition of these foundational frameworks to support healthy behaviour and wellbeing, which drive reaction and behaviour. This research is committed to exploring and mapping lay concepts of wellbeing and comparing them to prominent wellbeing models, theories, and measures used in Positive Psychology (PP) to garner learning and contribute to the growing knowledge base.

The following section outlines the key building blocks of this study; here, the boundaries of enquiry are clarified, covering the wellbeing sciences and, more specifically, Positive Psychology's endeavour to understand and measure wellbeing. There is an introduction to the study of lay concepts of wellbeing; an overview of the study, outlining the research questions, aims and the chapter and procedural summaries; and the section concludes with the research implications.

Wellbeing science and Positive Psychology

The scholarly pursuit of wellbeing is present in assorted disciplines, including psychology, philosophy and economics and in turn influencing practice in arenas across public policy, education, health and organisational development, to name a few (Lambert et al., 2015). Yet there is continued debate about what wellbeing and its antecedents might be (Lomas et al., 2024). Within the philosophical traditions, wellbeing is often articulated through concepts such as Hedonia, derived from the Greek word *hēdonē* meaning *pleasure*, referencing the pursuit and intrinsic value of pleasure and happiness (Harper, 2024). Hedonia is often contrasted, within the philosophical traditions, with the Greek Eudaimonia, which translates to *guiding or good spirit* and which relates to the broader notion of human flourishing involving fulfilment and meaning (Harper, 2024). Often synonymous with Aristotle's viewpoints, and

captured in discussions that extend to ‘activity expressing virtue’ (Waterman, 1990), eudaimonic notions of wellbeing operate with a trait-like manner where individuals function despite life’s challenges (Ryff & Singer, 2008), experiencing ‘flow’ and meaning-making experiences (Delle Fave et al., 2011) and living in accord with one’s full potential (Ryan & Deci, 2001). Definitions extend to perceptions of living authentically by clarifying and acting in harmony with one’s values and working to grow and expand talents, performance and one’s ethical approach (Huta, 2015). Wellbeing is commonly described through these two traditions, as a multi-dimensional concept which concerns eudaimonic markers of personal functioning (e.g., purpose in life, autonomy), and hedonic markers of personal feeling (e.g., positive mood) and appraisal (e.g., life satisfaction) (Disabato et al., 2016; Diener et al., 2009; Huppert & So, 2013; Keyes, 2002; Seligman, 2011).

In contrast, economic indicators like gross domestic product (GDP) have traditionally been used to measure a country’s success; however, it is acknowledged that such measures do not capture the wellbeing of the individuals within that country. This has prompted a shift in thinking in the last half century which sees some economists incorporating measures of happiness and life satisfaction into the analysis of a nation’s performance (Alexandrova & Fabian, 2022). The interdisciplinary nature of wellbeing science encourages the integration of insights from various fields. For example, the capabilities approach in economics, developed by Sen (1987) and advanced by Nussbaum (2007), considers wellbeing in terms of individuals’ capabilities to function effectively in society (Sen, 2015). This approach incorporates philosophical ideas into the economic understanding of wellbeing and the relevance of context and environment.

Psychology and, in particular, Positive Psychology (PP) explores a myriad of topics such as positive emotions, character strengths, and factors that contribute to human achievement, happiness and fulfilment, at the individual, group, institution and system level (Lomas, 2020; Seligman & Csikszentmihalyi, 2000). The modern roots of the PP movement can be traced through the social sciences and humanistic psychology in the works of Abraham Maslow (1943) and Carl Rogers (1963). Coining the term in his 1954 text, *Motivation and Personality*, Maslow framed a critique of psychology as being overly focused on ill-being and dysfunction rather than human potential and virtuous character (Gallagher & Lopez, 2020; Hart, 2021; Oades & Mossman, 2017).

Martin Seligman introduced the modern use of the axiom in his 1998 inaugural American Psychological Association Presidential speech; he called for his professional community to broaden its focus to a more comprehensive appreciation of human potential and not purely the healing of illness and pathology (Seligman, 1999). Seligman (2011) makes certain the relationship between wellbeing and flourishing is clear: ‘the topic of Positive Psychology is well-being’ and ‘the goal of Positive Psychology is to increase flourishing’ (p. 13).

Within these principled endeavours there is divergent use of terminology, often used interchangeably (e.g., happiness, quality of life, life satisfaction, welfare, flourishing, subjective wellbeing) or located within specific domains and constructed through theoretical academic accounts

(Kauppi et al., 2023). Transparency is sometimes lacking regarding the epistemological foundations and influences, especially in recognition of lived experiences which rest beyond the realm of scholarship and scientific methods (Delle Fave, 2011; Jarden & Roache, 2023). As a result, it proves challenging to find common agreement about what is being researched and measured, and a universally agreed-upon definition of wellbeing remains elusive (Dodge et al., 2012; Donaldson et al., 2015; Oades & Mossman, 2017).

When wellbeing is discussed within PP and the broader wellbeing sciences, it is often referenced as a mental and subjective process (Iasiello et al., 2023; Linton et al., 2016), regularly confused or conflated with measurement equating to a definition or theory of wellbeing (Seligman, 2011). A strong focus is placed on listing the component parts which form the measurement of wellbeing, with an absence or minimal reference to the theory of wellbeing, what Alexandrova (2017) terms '*theory avoidance*' (p. XLIV). Adding to the quagmire is the often ill-defined and interchangeable use of terms such as 'theories' and 'models'. This conflation is understandable as models often have a theoretical underpinning and theories are often communicated in the form of models. Despite the best of intentions, these confusions may be a limiting factor in the effectiveness of the wellbeing sciences.

Why should we pursue further wellbeing knowledge?

We are living at a point in time with improving increased affluence and living standards (Ministry of Health, 2020a; OECD, 2018). Yet, despite the earnest pursuit to understand wellbeing and its antecedents, mental distress and illness remain a global concern affecting an estimated one in every eight people, with 970 million people reported to be living with mental disorder in 2019, most commonly anxiety and depression (WHO, 2024a). Alarmingly, only 10% to 50% of those affected receive the necessary support (WHO, 2018). In a rapidly changing world marked by pandemics, environmental crisis, war and growing inequalities, the outlook for human wellbeing and mental health is troubling.

A 2020 Gallup survey found that nearly 70% of people reported experiencing suffering or struggle in their daily lives, while 'deaths of despair' stemming from long-lasting fatal behaviours, such as drug and alcohol misuse, have increased significantly (Beseran et al., 2022; Case & Deaton, 2021; Clifton & Harter, 2021). Mirroring global trends, reports of psychological distress and mental disorders are rising, making them the third leading cause of health loss for New Zealanders (Ministry of Health, 2020b). It is estimated that about one-third of health loss can be prevented by addressing well-known risk factors (Ministry of Health, 2020b). Despite this knowledge, OECD countries allocate less than 3% of healthcare spending to health prevention and promotion (Gmeinder et al., 2017).

Studies underscore the importance of addressing mental illness and promoting high levels of wellbeing as protective measures (Keyes, 2005; Keyes & Martin, 2017). Notably, those with 'moderate' mental health are 4 times more likely to transition into mental illness, and if they decline into poor wellbeing and a state of languishing, they have an 86% likelihood of enduring mental illness, in contrast to those in a flourishing state with high levels of wellbeing (Keyes et al., 2010). Research consistently

demonstrates that individuals with high levels of wellbeing enjoy a wide range of benefits (Iasiello, 2024), including longer life, faster recovery, increased productivity, resilience, creativity, and active community engagement (Centres for Disease Control and Prevention, 2018; Huppert & So, 2013; Isham et al., 2021; Lyubomirsky et al., 2005a; Seligman et al., 2005; van Agteren et al., 2021). Wellbeing has become a focal point at individual, societal, and global levels, with governments, educational institutions, organisations, and individuals all seeking to promote and protect it (Adler & Seligman, 2016; Forgeard et al., 2011; Linton, 2016; OECD, 2011, 2018; Treasury, 2022).

This emphasis is justified, as wellbeing is considered the ultimate ‘dependent variable’ that serves as the foundation for all desirable outcomes (Helliwell & Putnam, 2004; Jongbloed & Andres, 2015). Therefore, understanding the intricate dynamics of mental and physical wellbeing is essential for prioritising prevention and promotion activities. Yet, in academia's earnest pursuit to understand and define wellbeing, there is frequently one essential voice missing, that of laypeople, and how they describe and define what wellbeing is (Delle Fave et al., 2011, 2016; Hone, 2015a; Hone et al., 2014; Joshonalo, 2017, 2019; McMahan & Estes, 2011). This study is dedicated to working towards remediating this omission by mapping wellbeing concepts from a lay perspective.

Lay concepts and wellbeing

A substantial limitation in current wellbeing research, and the focus of this study, is the dearth of lay perspectives in the wellbeing sciences knowledge base (Hone et al., 2015a; McMahan & Estes, 2011). In this case, the term ‘lay’ is intended to mean the ‘opposite of expert or scientific. It is the ordinary, everyday, not specifically “educated” beliefs held by most people’ (Furnham, 2017, p.355). That is not to say that laypeople are not educated but rather to highlight when they do not hold academic knowledge of a particular topic.

Research indicates that what laypeople think, and the lay beliefs they hold, drives their behaviour (Dweck et al., 1995; Dweck & Hong, 1995; Furnham, 1988; Groome, 1999). As such, lay concepts are beliefs about a particular event or activity’s nature, value, antecedents and outcomes. ‘Nature’ relates to the parts that the concept consists of; ‘value’ references the perceived benefits and merit of the event or activity; ‘antecedents’ are the things that are necessary for the event or activity to be realised; and the ‘outcome’ is what happens as a result of the experience or event occurring (Joshonalo, 2017).

Research indicates that laypeople create and utilise lay concepts ‘to understand, predict, and control their environment...like scientists who use scientific theory to understand phenomena and guide research activities, laypeople use lay theories to interpret events and experiences, leading to systematic and theory-consistent patterns of behaviour’ (McMahan et al., 2013, p.656). These conceptualisations can differ based on personal experiences, values and cultural beliefs and they continue to develop and change over the lifespan (Kilby & Sherman, 2018). Lay concepts afford a mechanism by which individuals can make meaning, and understand and predict consequences, which provides a sense of certainty (Furnham, 1988; Levy et al., 2006).

Yet, studies have confirmed that lay concepts are not always ‘accurate’; in fact, people will actively distort information and experience that contradicts their meaning-making systems to keep their theory intact (Plaks et al., 2005, 2009; Plaks & Stecher, 2007). That said, there is a growing evidence base indicating that there is a degree of agreement between lay accounts and theoretical models and theories, while also presenting clear indications of discord (Delle Fave, 2011; Huang et al., 2022; Joshanloo, 2019; Karnaze & Levine, 2020).

In one of the few studies of lay concepts of wellbeing undertaken by Hone et al. (2014), this inconsistency was clearly displayed, with participants reporting physical health, work-life balance and feeling valued as central to their wellbeing. However, they did not rate common factors found in wellbeing theory (such as relationships, achievement, engagement and optimism) as relevant to their wellbeing (Jayawickreme et al., 2012; Keyes & Martin, 2017; Oades & Mossman, 2017;). Beyond this, research has found that different groups hold diverse theories that require a targeted approach to communicate to different subsets of the population. These include very significant health matters such as high rates of non-compliance to medical directives by patients (Popay, 2006), accurately assessing the causes and nature of obesity (Karnani et al., 2014, 2016; McFerran & Mukhopadhyay, 2013), and understanding how consumers’ lay conceptions impact beliefs about nutritional food choices (Yarar & Orth, 2018). Lay theories help individuals to make sense of health and illness, interpret causes, make meaning and help to direct reactions (Popay, 2006).

If one of PP’s goals is to support the wellbeing of all people, through preventative interventions and evidence-based programmes, then it is imperative that we bridge this gap and understand what people believe to be true about wellbeing. By incorporating demographics and quantitative wellbeing measures, this study will endeavour to provide a level of analysis for subgroup populations, to identify differences in lay concepts of wellbeing that may be apparent and relevant. By studying and incorporating lay concept studies in theory and model development and practice, there will be improved opportunities for designing policy, programmes and interventions which speak to those the field is trying to beneficially impact.

Summary

There is now a solid evidence base of the benefits of high levels of wellbeing and the ways in which wellbeing can be enhanced using PP approaches (van Agteren et al., 2021). These interventions are based on the broad research undertaken in the field, grounded in sound scientific evidence and tested through rigorous, systematic procedures (Boiler et al., 2013; Donaldson et al., 2019; Seligman et al., 2005; Sin & Lyubomirsky, 2009). PP is expanding rapidly and growing in breadth and depth (Kim et al., 2018; Rusk & Waters, 2013) and while there is a lot to be excited about in terms of the potential of PP, and psychology at large, it is not without challenges and criticism. This study works to address some of those concerns, which indicate a lack of theoretical agreement (Van Zyl & Donaldson, 2024), an overreliance on empirical findings and samples located in Western, educated, industrialised, rich and democratic (WEIRD) societies (Henrich et al., 2010a; Lomas, 2020), compounded by a quantitative

methodological bias (Hamling et al., 2020; Lomas et al., 2021a), and the continued lack of lay voices firmly locating it within the third wave of PP (Delle Fave et al., 2011; Hone et al., 2015a; Lomas et al., 2021a; Jarden & Roache, 2023).

In this mixed methods research, grounded in a humanistic, person-centred approach and employing both qualitative and quantitative analyses, I will explore and describe lay concepts of wellbeing and then compare the findings to prominent theories and models located within PP. The goal is to amplify the voices of the people we hope to serve and enhance our understanding to identify potential learnings.

Rationale for the study: Research aims and questions

‘Understanding the meaning of constructs is a core objective in behavioural studies, as this defines what is actually being studied’ (Kjell, 2018, p.56)

The introduction has outlined the boundaries of enquiry within lay concept and specifically PP studies and has explored the challenges which provide space and need for further investigation.

Due to the dearth of inductively identified lay opinion in PP and, specifically, wellbeing theory and model development, this study is considered a starting point in providing a greater understanding of lay concepts of wellbeing and its moderators. New Zealand’s rich tapestry of Indigenous Māori, European, Pacific and Asian populations, along with strong LGBTQI+ Rainbow and Takatāpui visibility and protections, disability awareness, substantial rural-to-urban ratio, diverse religious and non-religious affiliations and significant socioeconomic inequalities provides an opportunity to capture an array of lay concepts traversing communal and individualist cultures.

It is hoped this method will then be utilised to conduct studies in other samples and regions to explore similarities and differences that may be useful in the application of wellbeing science. The guiding principle is firstly, that lay opinion is amplified, capturing the beliefs and language about the topic of wellbeing and its moderators and that secondly, these findings are compared with prominent theory used in the field of PP.

This focus is articulated in the following research questions:

1. What lay concepts of wellbeing are held by adults in New Zealand? Specifically, how do they describe and define wellbeing, and what do they believe makes their wellbeing better and worse?
2. Using self-report measures for wellbeing literacy, mental health and wellbeing, are certain groups more likely to hold certain concepts of wellbeing?
3. What are the similarities and differences between lay concepts of wellbeing and prominent wellbeing approaches (theory, models, measures) used in Positive Psychology?

This study's objectives will be achieved through the following research aims:

- To capture lay concepts about wellbeing as a phenomenon in a New Zealand context. What is wellbeing and what makes it better and worse?
- To explore, using demographic indicators, differences in words and phrases used by laypeople to discuss wellbeing at an individual and subgroup level.
- To investigate what, if any, relationship is evident between lay concepts of wellbeing and the variables used to measure wellbeing literacy (WellLit6SR), positive mental health (MCH-SF), depressive symptomology (PHQ-9), and generalised anxiety (GAD-7).
- To identify what similarities and differences are evident between lay concepts of wellbeing and prominent wellbeing models and theory used in Positive Psychology.

As with theories, there are many ways in which lay opinions can and have been studied (Sollis et al., 2022). Within PP, the main approaches have been quantitative studies using prototypical analysis (Bharara et al., 2019; Hone et al., 2014; Huang et al., 2022; Sorensen et al., 2016) or the use of deductive scales developed by researchers' reviews of theory (Joshanloo et al., 2021; McMahan & Estes, 2011). In recent years, since this study began, there has been an emergence of qualitative interview and survey approaches (Black & Kern, 2020; Huang et al., 2022; Sollis et al., 2022) and large-scale text analysis using machine and natural learning techniques (Jaidka et al., 2020; Kjell et al., 2019) who have built on the early mixed methods pioneers of lay concept studies in PP (Delle Fave et al., 2016; Delle Fave et al., 2011; Hone et al., 2014).

Beyond PP (e.g., within sociology, social psychology), other approaches have included methodology that traditionally relies on one of two approaches to develop a study's lay concept scale. The first approach looks to existing theory or information found in the public realm (such as published theory, public policy documents or social media) which is then used to develop a scale (e.g., Likert) of lay concepts and tested on a convenience population (Furnham & Cheng, 2000; Furnham & Lowick, 1984; Kjell et al., 2016; Joshanloo, 2019; McMahan & Estes, 2011). A limitation of this approach is that laypeople are being asked to provide their opinions of academic theories rather than providing their own views. The alternative method attempts to mitigate this limitation by reviewing academic theory and gathering the opinion of specialists, academics and laypersons through focus groups or interviews, to extend upon the traditional method (Levy et al., 2006; McMahan & Estes, 2011). A scale is then developed and tested, again limiting the unearthing of lay viewpoints that differ from the scale items, through methods such as qualitative questioning.

Each method and approach has benefits and drawbacks, and the rationale for selection is, in the end, subjective to the researcher. In this research, my personal and professional values have driven the procedural design. My feminist beliefs lead me to see the world as one that is constructed and directed by cultural norms and dominant discourses, and that these discourses are not representative of all voices for which they proclaim to speak. Nor do they often acknowledge or declare their partiality. PP is not

immune to this weakness. As a practitioner, I have noticed that the way my clients talk about wellbeing and how the theories I have studied articulate wellbeing are different, although conceptually similar. Taking a person-centred approach places the individual as an expert in their lives. As such, I elected to construct a different study design which provided participants with the opportunity to respond with as little priming as possible, as this research aims to allow the lay opinion to test and positively inform the knowledge base of the wellbeing sciences.

I intentionally designed the survey to be as neutral and open-ended as possible. Rather than framing questions based on established theories or clinical frameworks, the open-ended format invited participants to share their understanding of wellbeing, mental health, and related concepts without being steered by predefined categories or terms. By using this approach, I aimed to ensure that the participants' voices could emerge organically, free from the biases that may arise from academic or clinical terminologies (Kleinman, 2019). Additionally, the open-ended questions were designed to encourage depth and personal meaning-making, ensuring that participants could convey their lived experiences in ways that align with their own frames of reference, rather than those imposed by the researcher or prevailing theories. This methodological choice reflects my commitment to enabling participants to directly shape the findings, rather than being constrained by researcher-led interpretations or existing literature.

I utilised an online survey method, which allowed for a greater number of respondents across the nation. The study design supported the data to be explored through various means, including a comparative investigation into specific cases or sub-populations through organic sampling. This approach was designed to balance a sense of freedom for participants and the need for structured, organic sampling methods (Morse, 2017). Qualitative data was collected through open-ended questions, which allowed participants to articulate their views and experiences without constraint. Quantitative data was collected in the form of a validated statistical survey measuring positive mental health, depressive and generalised anxiety symptomology, wellbeing literacy, and descriptive demographic data.

By minimising priming and focusing on participant-driven responses, this research allows for a more nuanced and authentic exploration of the factors contributing to wellbeing, which is critical for bridging the gap between theoretical constructs and lived experiences.

Chapter Overview for Dissertation

Table 1

Chapter Overview

Title	Chapter summary
Chapter 1 Introduction	Why do we need a map of lay concepts to help understand wellbeing? This chapter introduces the research, the rationale for its relevance, and a brief primer on Positive Psychology, the wellbeing sciences, and lay concepts. It includes the research questions and aims, a chapter overview, and research implications. This section is prefaced with an abstract, glossary of key terms, list of tables, figures, appendices, acknowledgments, and a statement of personal relevance and positioning.
Chapter 2 Topic background and literature review	What do we know about the map of wellbeing already? This chapter introduces the wellbeing sciences and explores different approaches (e.g., subjective, objective, hedonic, eudaimonic), briefly outlining how wellbeing is articulated in Aotearoa New Zealand, through the Wellbeing budget, Living Standards and one Te Ao Māori approach. Section 2 introduces Positive Psychology from genesis through three waves of evolution, including an introduction to wellbeing literacy and a summary of criticisms and limitations of the field. There is an introduction and overview of the four prominent wellbeing models used for comparative purposes in this study. Next, this section delves into four additional wellbeing models, each offering unique insights, and three comprehensive systematic reviews, which were reviewed post-analysis to support the analysis and discussion write-up, enriching our understanding of wellbeing. The final section overviews lay concept research and summarises the findings and methodological approaches used to explore lay concepts of wellbeing.
Chapter 3 Methodology and Methods	How was this map developed? Chapter 3 is dedicated to transparency by communicating the ‘what’ and ‘how’ of the study, laying out the rationale, research questions, and aim, and expanding on the axiological, ontological, and epistemological approaches that guide the methodological study design, analysis, write-up, and decision-making throughout the research. The reader is introduced to the Exploratory-Descriptive Embedded Convergent Mixed Methods (Core QUAL + <i>quan</i>) design, sampling details and recruitment process. Next, the methods and data analysis process outline the survey design, data collection, and software utilised. The data analysis section provides clarification about language and analysis steps used throughout the thesis regarding the methodological approach of Reflective Thematic Analysis (RTA) (Braun & Clarke, 2022a). It also documents my research journey and analysis process and describes the sample, closing with the methodological limitations.
Chapters 4 and 5 The findings	A bird’s eye view of the map to establish the topography of the wellbeing map, amplifying lay voice These chapters are focused on answering Research Question 1: ‘What lay concepts of wellbeing are held by adults in New Zealand? Specifically, how they describe and define wellbeing, and what they believe makes their wellbeing better and worse?’ and Research Question 2: ‘Using self-report measures for wellbeing literacy, mental health and wellbeing, are certain groups more likely to hold certain concepts of wellbeing?’ Chapter 4 forms part of the initial RTA phase that provides an opportunity to get familiar with the survey results by taking a helicopter tour of the most frequent words shared by participants using word cloud visuals for each survey question.

	Qualitative and Quantitative Findings: Establishing the topography of the wellbeing map, amplifying lay voices Chapter 5 dives deep into the participant responses, using quantitative and qualitative data to map the frontier of lay concepts of wellbeing from the thoughts, feelings, behaviours and connections with self and others to the mechanisms and external systems that thwart and support the wellbeing experience, such as material stability, balance and freedom. Each section is informed by the codes, themes and topic summaries, which develop the <i>Elements</i> (topic summaries) and <i>Golden Threads</i> (themes) derived through the RTA process. The chapter closes with an introduction of the <i>Model of Elemental Wellbeing</i> (MEW), which was developed to communicate the participant responses through a comprehensive, novel, descriptive model of wellbeing.
Chapter 6 Analysis and contribution to literature	Comparing the findings with the existing map of wellbeing literature to identify the unique contributions of this study The analysis chapter offers a step between the pure qualitative and quantitative findings (Chapters 4 and 5) and the discussion, moving to answer Research Question 3, 'What are the similarities and differences between lay concepts of wellbeing and prominent wellbeing models used in Positive Psychology?' It summarises and evidences the findings, locating and supporting them with relevant and current literature where necessary. This section leverages the literature review and recent research findings to outline nine significant contributions to literature for the field of Positive Psychology. It provides insights into how laypeople define and describe wellbeing, and what factors contribute to its improvement or deterioration. Insights potentially useful for definition, model development, measurement, intervention, and policy development are offered.
Chapter 7 Discussion and Conclusion	So what and where to, what does this mean for map readers? The final chapter summarises the key findings and articulates the high-level learnings which can be gleaned from lay concepts of wellbeing and closes with a summary of the study's strengths, limitations, future research opportunities, and a conclusion.
Chapter 8 Appendices and supporting documents	The final section contains supporting documents, including ethics approval, recruitment flyer, information sheet, the online survey, demographics and wellbeing scales. To further support the findings and analysis, an additional repository of direct quotes from participants is included. There is also a spreadsheet that documents the qualitative narrative comparative process used to compare the <i>MEW Elements</i> and <i>Golden Threads</i> to the component parts of the prominent Positive Psychology wellbeing approaches and systematic reviews.

Research implications and conclusions

The research implications are potentially significant and multifaceted. They include contributing to and enhancing the wellbeing sciences' knowledge base about the composition of wellbeing and the elements that people believe thwart and support their wellbeing experience. This knowledge can directly inform the design of wellbeing measurement, intervention and policy development, providing critical insights for developing targeted wellbeing promotion programmes for workplaces, schools, and the general public. By aligning the content of these programmes with lay concepts, the public and private sectors can more effectively promote wellbeing on a larger scale. Additionally, governments and policymakers can use these insights to craft policies that effectively target spending and resonate with the public, ultimately fostering better mental health outcomes at a societal level.

Understanding laypeople's views on wellbeing can significantly reduce the stigma associated with seeking mental health support and bridge the gap between academic and lay understanding. This alignment of perspectives could support practitioners to communicate more impactfully, thereby making mental health support relatable and approachable, encouraging individuals to seek assistance, while fostering a deeper understanding of the scientific principles behind wellbeing.

By amplifying lay voices and valuing diverse perspectives, this research empowers individuals to shape the understanding and promotion of wellbeing. It contributes to the ongoing development of Positive Psychology and the relevance and accessibility of the field to a broader audience. Additionally, it informs the design of more effective wellbeing measurement and Positive Psychology interventions (PPIs), aligning with lay concepts to address the needs and preferences of the general population, potentially resulting in more successful and accessible measurement and intervention.

In summary, this research has broad implications for advancing scholarship, designing interventions, and promoting wellbeing. It seeks to bridge the gap between academic and lay perspectives, fostering mental health and wellbeing at all levels.

Chapter 2 | Topic Background and Literature Review:

What do we know about the map of wellbeing already?

The following section provides a broad theoretical context to the study. First, there is a brief foray into ‘*What is wellbeing?*’, a complex and perplexing question, then an introduction to the wellbeing sciences and the diverse disciplines and, sometimes contradictory, approaches taken when considering wellbeing. The chapter then moves to a primer of Positive Psychology and its waves and a summary of the prominent and emerging wellbeing theories, models and systematic reviews, which were examined to inform the evidence base of the comparative analysis for Research Question 3, particularly the analysis and discussion chapters. Lastly, there is a synopsis of research on lay concepts more broadly and then specifically lay conceptions of wellbeing, recent research studies and the methodological approaches taken, which provide a thorough foundation for the research design chosen.

A pause for clarification - getting clear on language choice and use

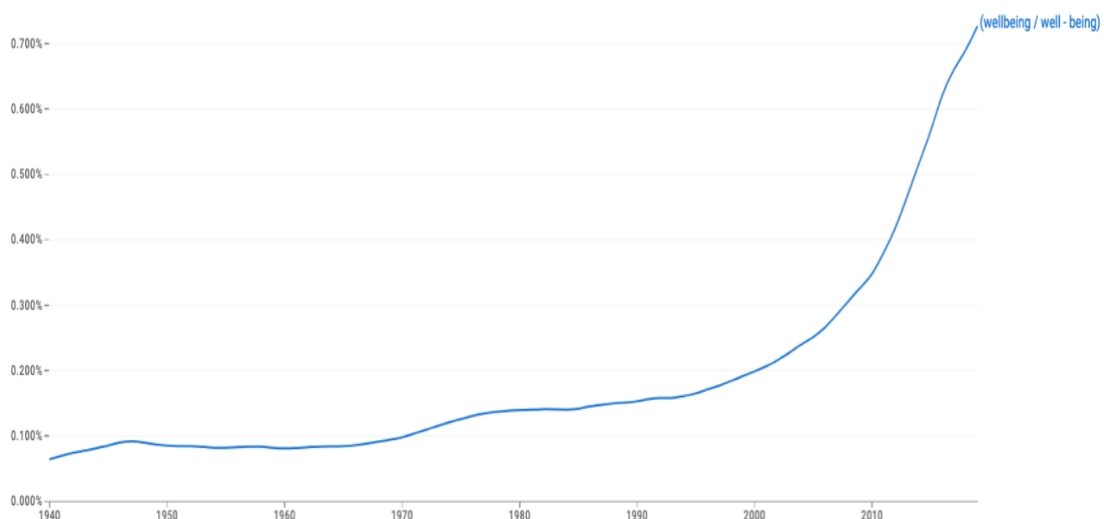
Quandary 1 | What is Wellbeing?

The interest in the concept of wellbeing (or well-being) has magnified in recent decades with a Google n-gram mapping word frequencies in books (English language) showing exponential growth in the words use since the year 2000 (Figure 2) (Google, 2024).

However, answering the question, ‘what is wellbeing’ is very complex. There is no simple answer. On one hand, it seems there should be a concise and accessible explanation for something that every living being experiences: their wellbeing. Yet, the fact that all — be it human, animal, nature, and planet alike — have wellbeing is also what makes it complex, contextual, and idiosyncratic. Part of the confusion arises from the scope of the definition: is it to understand an individual’s wellbeing, a family’s or group’s wellbeing, that of a school, nation, a stream, or a bird? Is it wellbeing in private, at home,

Figure 2

The Rise in the Use of ‘Wellbeing’ Ngram Book Graph



work, on the sports field, at school, or temple? Is it mental health or mental ill-being, physical health or physical illness, disability, sickness, addiction, or depression? Yes, it encompasses all of these things.

The World Health Organization's (WHO) 1946 definition of 'health' as 'a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity' (WHO, 2021, p.3) is often used to frame what wellbeing is, yet this statement, while useful, still does not actually define wellbeing. It was not until 2021 (after this present study commenced) that WHO expanded their glossary of terms to include a definition of wellbeing:

positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. ... Well-being encompasses quality of life, as well as the ability of people and societies to contribute to the world in accordance with a sense of meaning and purpose. Focusing on wellbeing supports the tracking of the equitable distribution of resources, overall thriving, and sustainability. A society's well-being can be observed by the extent to which they are resilient, build capacity for action, and are prepared to transcend challenges. (WHO, 2021, p. 10)

Pulling apart this definition, wellbeing can be viewed as having multiple components: it involves experiencing positive states (physical, mental, and social), relating to different levels (from individual to societal), and infers the ability to overcome challenges calling on capacities and contributions which are determined and impacted by economic and environmental conditions and the equitable allocation of resources.

Quandary 2 | Are happiness, flourishing, quality of life and wellbeing the same thing?

This is a simpler question to answer: No, they are not the same thing. Yet they are often used interchangeably, which leads to a clouding of meaning, obstructing the ability to usefully compare (Jarden & Roache, 2023). For simplicity's sake, I offer the American Psychological Association (APA)'s definition for each of these terms to locate my focus on wellbeing.

- *Happiness*: 'an emotion of joy, gladness, satisfaction, and well-being' (APA, 2018).
- *Flourishing*: 'a condition denoting good mental and physical health: the state of being free from illness and distress but, more important, of being filled with vitality and functioning well in one's personal and social life' (APA, 2018) and often denoted as having high levels of wellbeing (Hone et al., 2014; Huppert, 2009a; Jarden & Roache, 2023; Seligman, 2011).
- *Quality of life*: 'The following are important for a good quality of life: emotional, material, and physical well-being; engagement in interpersonal relations; opportunities for personal (e.g., skill) development; exercising rights and making self-determining lifestyle choices; and participation in society. Enhancing quality of life is a particular concern for those with chronic disease or developmental and other disabilities, for those undergoing medical or psychological treatment, and for older adults' (APA, 2023).

Wellbeing is positioned, within all three definitions above, as a component or as a definition, yet the term is often used to describe outcomes, such as happiness. Researchers often promote a separation of happiness as a fleeting emotion and wellbeing as an outcome (Keyes & Annas, 2009; Ryan & Huta, 2009). This is echoed in the progression of Seligman's (2002a) 'Authentic happiness' theory, which he expanded to *Well-being theory* by acknowledging that happiness is indeed part of wellbeing but not its whole. Wellbeing is a construct that 'has several measurable elements, each a real thing, each contributing to well-being, but none defining well-being' (Seligman, 2011, p. 15). As such, wellbeing is considered the ultimate 'dependent variable' that serves as the foundation for all desirable outcomes (Jongbloed & Andres, 2015) and this is why I elected to explore lay concepts of wellbeing rather than happiness, flourishing or quality of life.

Wellbeing sciences: An introduction

Wellbeing knowledge across disciplines

Table 2 provides an overview of wellbeing science across traditions and disciplines.

Table 2

Wellbeing Science Orientations Across the Disciplines

Disciplines	Explanation
Indigenous wellbeing traditions	Holistic wellbeing is inextricably integrated, in relationship to land, collective connection (past, present and future), spirituality and knowledge (language and practice). Encompassing many geographically bound beliefs and practices, for example, Mātauranga Māori is used in knowledge generation and to inform scientific practice and understanding (Stewart, 2022).
Philosophy, religion and spirituality	Ancient Greek philosophical approaches explored the good life, virtues, and morals. Encompassing Hedonic, Eudaimonic, Eastern and Western traditions, religion and spirituality were informed by the long history of meditation and mindfulness practices. Utilitarian traditions, informed by Bentham's <i>Greatest happiness for the greatest number</i> (Veenhoven, 2010), and 'virtue' traditions, focused on the cultivation and use of virtuous characteristics and strengths in the pursuit of a good life (Lambert et al., 2015).
Development studies	Life expectancy, infant mortality, and vaccine rates. Objective measures.
Medical, health and natural sciences	Medicine, natural science and human science, mind-body connection, and neuroscience use objective and subjective measures of health-related quality of life.
Economic sciences	Individual spending choices, GDP. Objective and subjective measures such as Quality of Life (QoL).
Psychological and social sciences	Psychology, happiness, life satisfaction, flourishing, primarily calling on subjective measures. Positive Psychology.
National wellbeing	Combining psychological sciences and economic traditions of wellbeing. Multidimensional national wellbeing measures, including subjective indicators (e.g., OECD Better Life Index, Living Standard Framework and related 'wellbeing budgets').

Note: Adapted by author based on work by Alexandrova (2017).

A genesis point of wellbeing knowledge and science is impossible to pinpoint as it ranges across time and existence as we know it and is determined by whose knowledge and science is privileged. The range includes Indigenous holistic understandings which recognise the link between ‘spirituality, culture, healing, and connection to land’ (Yadeun-Antuanano, 2018, p. 427), across the physical, social, emotional and spiritual realms and located across a myriad of practices and knowledge bases specific to different populations (Hatton et al., 2017).

The ancient philosophical endeavours such as those of Socrates, Plato and Aristotle, who contemplated the notion of *the good life* and living ethically, explored virtue and meaning through the institutions of religion or spiritual pursuits (Dhiman, 2021). In contrast, the academic discipline of Development Studies focus on so-called ‘objective’ facts of wellbeing, such as life expectancy and infant mortality as representative of a nation's wellbeing. Economic approaches to wellbeing include through understanding consumer spending, GDP and Quality of Life (QoL), defined as ‘an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns’ (WHO, 2023a) which are used to ascertain population welfare.

The psychological and social sciences, namely psychology and Positive Psychology, look to understand what it is to live a flourishing life and to develop interventions to address mental ill-health relying on subjective sensibilities (Moorhouse & Righetti, 2021). National wellbeing blends economic and psychological traditions, forming a multidimensional approach to wellbeing measurement and development, and lastly, the medical, health and natural sciences explore physical health, genetics and the mind-body connection (Alexandrova, 2017). Within this partial overview, it is clear why there is confusion about the direction, terminology, definition and measurement of wellbeing.

Beyond the philosophical and disciplinary approaches, there is a wide array of wellbeing theories that attempt to categorise and examine the topic of wellbeing, such as *temperament and personality* (as shown in twin studies), directed goal pursuit and achievement leading to need or *desire fulfilment* (telic theories), *activity theories* related to engagement in activities which bring about wellbeing (e.g., flow), *cognitive theories* where a focus on the positive leads to high wellbeing, the *evolutionary approach* which asserts that those things which bring pleasure do so because they, for example, aid in survival by adapting our thought-action repertoires, and those occurrences which elicit fear or anxiety do so because they produce protective action. The *standards of comparison* approach asserts that if a person's assessment of their life exceeds or falls short of the standard they compare it to (idiosyncratically), this determines their happiness. *Biological set-point theories* ascribe genetic influence to the level of happiness one can sustain and *genetic predispositions* explore if wellbeing is a state or trait. (For comprehensive reviews, see Diener & Ryan, 2009; Lambert et al., 2015; Lomas & VanderWeele, 2023a,b; Oishi et al., 2020).

Different approaches to organising and making sense of this complexity have seen the classifying of schemes as *enumerative theories*, ‘the what of wellbeing’ exploring what items constitute wellbeing,

and *explanatory theories*, ‘the why of wellbeing’ which outline why specific items constitute wellbeing (Woodard, 2013). The intricacy of the topic of wellbeing speaks to the multitude of definitions, measurements and interventions that are elicited when referencing the term. From these accounts, it can be asserted that wellbeing is a complex, multidimensional notion influenced by various intermingling factors, including genetics, life circumstances, and personal choices, some of which are within the control of the individual and some of which may not be (Biswas-Diener, 2013). This is echoed by Alexandrova’s (2017) assertion, borrowed from Cartwright et al. (1995), that we are best placed not to seek a single philosophical theory of wellbeing but rather to build a *toolbox* ‘full of concepts that help in developing any number of constructs and measures’ (p. XXXVIII) and that these tools can then be applied in a way which pays tribute to the target population and context.

It is this complexity that sees the need for a boundary in focus for this study, with its primary aim of identifying lay concepts of wellbeing, and a supplementary aim of comparing those lay concepts to prominent theories and models. As shown in the comprehensive outline above, it is not possible to treat theories, models and measures consistently, they have different philosophical foundations and aims which would require dozens of theses to do the enquiry justice. Instead, I will rely on the preponderance of PP publications and research where four models and theories have been used and will determine the credibility, utility and selection of the theories used here for comparative purposes.

Variation in wellbeing approaches: subjective, objective and hybrid orientations

Wellbeing is classified as the pursuit of the *good life* or to *live a good life* (Kesebir & Diener, 2008; Tiberius, 2020); by its very nature, this statement is subjective, context and value-laden. Whose vision of *good* is one pursuing? In the West, this discussion has largely been framed around two philosophical orientations, Hedonia and Eudaimonia, and two forms of measurement, subjective and objective (Lomas et al., 2023b) (Table 3).

Table 3

Orientations to Wellbeing Research

Orientation	Definition
Subjectivism and subjective wellbeing	A belief that wellbeing is achieved by satisfying one’s desires, idiosyncratic, needing only to meet the individual’s needs to be considered worthwhile (Badhwar, 2018). An individual’s thoughts and feelings of happiness, life satisfaction and overall evaluation of how life is going. Articulated in the scientific world as ‘subjective wellbeing’ (SWB) (Diener, 2023) and assessed by measures of high life satisfaction, frequent positive feelings, and infrequent negative feelings (Diener, 1984). ‘The concept...has frequently been used interchangeably with “happiness”. Thus, maximizing one’s well-being has been viewed as maximizing one’s feelings of happiness’ (Deci & Ryan, 2008, p. 1).
Objectivism and objective wellbeing	Includes physical factors that support basic needs, such as access to housing, employment, health care and fundamental human rights. Objectivism accounts for items that may not necessarily be desired by the individual but, it is asserted,

Orientation	Definition
	will bring them wellbeing (Alexandrova, 2017; Badhwar, 2018; Voukelatou et al., 2021). Extending measures of wellbeing beyond subjective and gross domestic product to incorporate a greater range of needs which are ‘objective and observable dimensions for its measurement: <i>health, job opportunities, socioeconomic development, environment, safety, and politics</i> ’ (Voukelatou et al., 2021, p.279).
Eudaimonia	Conceptualises wellbeing as a way of being and to live virtuously, to function well. Includes notions of excellence, growth and the development of one’s full potential as is measured by how individuals judge their functioning in life (Huta & Waterman, 2014; Keyes & Annas, 2009).
Hedonia	To feel good, defining wellbeing in relation to experiences of pleasure and the avoidance of pain, measured by how one feels their life is going (Kahneman et al., 1999; Keyes & Annas, 2009).
Hybrid	Models and theories which combine theory, research and philosophy from two or more approaches in an attempt to address the limitations of a singular objective or subjective approach (Kwarciński & Ulman, 2020).

Within these orientations, there is an assertion that ‘wellbeing is felt not only from satisfying basic needs and desires, but from enacting virtues and doing what is morally worth doing’ (Hart, 2021, p.47), often referred to as a life where one *feels good and functions well* (Huppert & So, 2013; Jayawickreme et al., 2012). Huppert (2009a, 2009b) explains that feeling good comprises sentiments of happiness, contentment, interest, engagement, confidence and affection, while the *functioning well* ‘motive for eudaimonic activity is the value of the activity itself, not the subjective experiences that accompany it’ (Waterman et al., 2010, p.4), which captures notions of personal development, autonomy, and purpose, including working towards valued goals and positive relationships. The approach of dual paths to wellbeing is not without its critique, researchers argue they are separate paths, others contend they are coalesced, while others call for them to be expanded beyond their Western paradigms (Disabato et al., 2016; Huta, 2015; Kashdan et al., 2008; Keyes & Annas, 2009; Lomas & VanderWeele, 2023a; Sheldon, 2018; Tiberius & Hall, 2010). Here, their distinction serves as an exploratory framework.

Hedonia, from the Greek *hēdonē*, means pleasure (Harper, 2024) which relates to the ‘feel good’ elements of wellbeing and the ability to seek happiness and experience pleasure, comfort and satisfaction with the absence of distress (Huppert & So, 2013). Hedonia is also associated with physical and emotional needs, taking care of one’s own needs and desires, typically in the present or near future (Huta, 2015; Oades & Mossman, 2017). While the activity may result in positive affect, it does not usually endure beyond that point (Jayawickreme et al., 2012; Lambert et al., 2015), and research confirms that those individuals who are primarily engaged in the pursuit of hedonic pleasures tend to report lower life satisfaction (Huta & Ryan, 2010).

Eudaimonia, from the Greek for guiding or good spirit (Harper, 2024) is to ‘*function well*’ (Huppert & So, 2013). Within scholarly pursuits, there is much debate about how to conceptualise and define Eudaimonia, ranging from ‘activity expressing virtue’ (Waterman, 1990); to a trait-like manner where individuals function despite life’s challenges (Ryff & Singer, 2008); or living in accord with one’s

full potential (Ryan & Deci, 2001); or flow and meaning-making experiences (Delle Fave et al., 2011). Huta (2015) pulls together a comprehensive examination of the assorted aspects of Eudaimonia, including:

- *Authenticity*: clarifying and acting in harmony with one's values.
- *Meaning*: appreciating and relating to something bigger than your own life and actively contributing to this. An expansive notion that includes one's sense of identity, purpose within the community or even as a planetary citizen.
- *Excellence*: working to grow and expand talents, performance and one's ethical approach.
- *Personal growth*: an awareness that one is becoming the person they know they can be and want to be, one that engages their potential through challenging goals.

Sheldon (2018) elaborates that the Aristotelian view of Eudaimonia is that it is not a state or feeling but instead that 'the concept referred to particular ways of thinking and/or behaving' (p. 3) and that these in turn impact on and contribute to wellbeing. It is important to note that functioning well does not always feel good (Seligman et al., 2005). Eudaimonia is associated with cognitive ideals of what feels right, building something more significant and long-term, and taking effort that is not always pleasurable (David et al., 2014; Huta, 2015). Challenging oneself and moving through life's many trials can be tricky and uncomfortable work. Eudaimonia is, therefore, not always about feeling good but about functioning in life, the transformative nature of experiences and these separate yet intertwined concepts; together, sustain the good life.

Wellbeing science often takes two further avenues when approaching the conceptualisation and measurement of wellbeing—subjective and objective—which bridge the measurement of individual, community or population-level wellbeing (Alexandrova, 2017). Subjective wellbeing references both a cognitive component in assessing life satisfaction and an affective element illustrated by the frequency of positive and negative emotions and is considered unique to each individual as represented by a self-report assessment (Kahneman et al., 1999; Tov, 2018). It is described as 'how and why people experience their lives in positive ways, including both cognitive judgements and affective reactions' (Diener, 1984, p.542). As a broad concept, subjective wellbeing frames the idea as the experience of high levels of positive emotions, low levels of negative emotions and an overall high level of life satisfaction, with scientists who ascribe to a subjective stance maintaining that an individual's self-assessment that they like their life is an essential feature of the good life (Oishi et al., 2020). Critiques of the subjective stance propose that humans are prone to poor judgement or what has been termed the *Systematic Imprudence thesis*, which claims that:

human beings are systematically prone to make a wide range of serious errors in matters of personal welfare. These errors are weighty enough to substantially compromise the expected lifetime well-being for individuals possessing a high degree of freedom to shape their lives as they wish, even under reasonably favourable conditions (education, etc.). (Haybron, 2008, p.2)

This is evident in the degree to which humans suffer dependence on substances that we find deeply enjoyable yet know are not healthy despite them being legally accessible, such as alcohol and tobacco. Furthermore, there is significant research regarding adaptive preferences or the nature of human cognitive assessment and behaviour, arguing that one can adapt to their situation and subjectively evaluate it as favourable despite the conditions being objectively undesirable, e.g., living in a leaky house or being subject to systematic bias, as such subjective evaluations of wellbeing may not always present a picture of what is good for a person (Sen, 1987; Tiberius & Hall, 2010).

Voukelatou et al. (2021) summarise the other avenue, objective, as equally as thorny a topic that is not simply classified and where the focus is often directed at identifying the composite parts of wellbeing—for example, material living standards and quality of life—rather than settling on a definitive definition. The OECD and UN have identified ‘six major objective and observable dimensions for its measurement: health, job opportunities, socioeconomic development, environment, safety, and politics’ (Voukelatou et al., 2021, p. 279).

Health is associated with improved life expectancy due to healthcare, lifestyle changes, and disease prevention, with indicators like safe driving and healthy habits contributing to better health outcomes. Job opportunities relate to employment, vital for economic and social stability, and encompasses employment rate, work quality, work-life balance and poverty avoidance. Socioeconomic development encompasses income, wealth, and consumption as influencing economic wellbeing, indicating purchasing power, living conditions and access to education and healthcare. Environment relates to the effects of clean air, water, and land on individual wellbeing including the mitigation of environmental risks. Safety refers to physical and psychological security, focusing on crime rates and violence with regards to social stability. Politics covers transparency and civic engagement in governance as crucial for societal wellbeing as measured through indices of voter turnout and trust in the government.

Objective wellbeing is commonly measured through quantifiable metrics like educational attainment, income levels and safety statistics (e.g., murder rates), emphasising a broader societal perspective on wellbeing (Harvard College, 2017; Veenhoven, 2020). Critics of objective approaches are concerned with the prescriptive, value-laden nature of selecting objective goods and whose idea of ‘good’ should be objectively pursued and measured. Secondly, they raise concerns about hampering personal autonomy in prescribing pathways and wellbeing attributes (Kwarcinski & Ulman, 2020).

Deci & Ryan (2008) argue that the two approaches are grounded in different understandings of human nature, where the Hedonists view the human organism as malleable, influenced heavily by social and cultural norms from which meaning is garnered, while a Eudaimonic approach attributes meaning to human nature and focuses on understanding those conditions and what facilitates them. As such, Eudaimonic and Hedonic are often seen as two separate pathways, implying the need to choose one.

Research confirms that these are two distinct pathways, yet there is considerable overlap; as Waterman et al. (2008) contend, eudaimonic experiences result in pleasure (i.e., hedonic experiences), although hedonic experiences do not necessarily derive an eudaimonic outcome. Viewing wellbeing as a

blend of these approaches sees ‘a matter of the objective value of elements of the subject's life, but also in part a matter of her subjective evaluation of those elements’ (Woodard, 2015, p.1). As such, they may be better viewed as elements of the same path, bricks and mortar serving different purposes, working together to bring about a functional result, a hybrid path to wellbeing.

Subjective wellbeing theorists extend wellbeing conceptualisations to include factors such as genetics, circumstance and intentional choice (Lyubomirsky et al., 2005b) and the addition of meaning and purpose, moving wellbeing beyond the pursuit of pleasure and satisfaction (Kwarciński & Ulman, 2018; Seligman, 2011). Others have also included material aspects such as financial wellbeing and security (Rath & Harter, 2010b; VanderWeele, 2017).

Wellbeing involves experiencing positive emotions, functioning effectively in various domains of life, and fostering meaningful social connections and relationships and is often presented as emotional, psychological and social wellbeing. For example, *Emotional Wellbeing* involves experiencing positive emotions, such as happiness, joy, and contentment, while also effectively coping with negative emotions. Individuals who are emotionally flourishing are said to have a high frequency of positive emotions and a sense of life satisfaction (Diener & Biswas-Diener, 2011). *Psychological Wellbeing*, on the other hand, encompasses several dimensions, including self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relations with others, which suggests that psychological wellbeing involves not only feeling good but also functioning effectively in various domains of life (Keyes & Annas, 2009). For example, individuals who score high in psychological wellbeing tend to have a strong sense of purpose, a positive attitude towards themselves and others, and a capacity for personal growth and development (Ryff, 1989). *Social Wellbeing* refers to the quality of an individual's relationships and social connections, and includes positive social functioning, social integration, and supportive social relationships (Keyes, 2002). This also includes having a sense of belongingness, feeling connected to others, and experiencing social support. Social wellbeing is argued to be crucial for overall wellbeing, as it contributes to feelings of belonging, acceptance, and fulfilment in interpersonal relationships (Huppert, 2009).

Wellbeing in Aotearoa New Zealand

Wellbeing in the public realm in Aotearoa New Zealand

Wellbeing and Aotearoa New Zealand are synonymous on the world stage. Considered among the world's first, New Zealand's 2019 Wellbeing Budget endeavoured to reframe government funding allocation from only economic impact to include considerations using the Living Standards Framework (Crown, 2019; 2022a) and latterly adding He Ara Waiora¹ for enriched reflections of Māori perspectives (Crown, 2023a). These guiding principles require analysis of policy impacts across different dimensions

¹ *Waiora* - speaks to a broad conception of human wellbeing, grounded in wai (water) as the source of ora (life) (Crown, 2023a).

of wellbeing, including innovative work futures, climate resilience, physical, mental, Māori, Pacific Peoples, and child wellbeing in their objectives (Crown, 2023b).

The Living Standards Framework (LSF) (Crown, 2022b) is a dashboard tool developed by the New Zealand Treasury to assess the overall wellbeing of individuals and communities. It considers a wide range of factors beyond traditional economic measures, including social, environmental, and cultural dimensions. The framework comprises four capitals: human, social, natural, and financial/physical, which represent the various resources and assets that contribute to wellbeing. These capitals interact with each other and influence people's overall quality of life. The LSF aims to guide policymaking by providing a comprehensive understanding of wellbeing and its determinants. It helps policy and decision-makers evaluate the impact of policies across different dimensions of wellbeing and prioritise interventions that enhance overall living standards. The framework emphasises the interconnectedness of various aspects of wellbeing and promotes a more holistic approach to decision-making (Crown 2019; 2022b; Hall, 2019).

He Ara Waiora is a holistic framework guided by Māori philosophies and practices that presents an intergenerational approach to wellbeing and understanding of living standards which includes domains of wellbeing that more accurately address the needs of groups which have previously been under-served, including Māori, Pacific Peoples and children. ‘While its principles are derived from Mātauranga² Māori, many of its elements are relevant to lifting the intergenerational wellbeing of all New Zealanders’ (Crown, 2023a, n.p.).

These focal changes led to reporting changes in the Public Financial Act and historic levels of spending on public health assets, mental healthcare services for young people and long-term, guaranteed funding for domestic and family violence initiatives, which were seen as key levers for reducing child poverty levels (Waters, 2024). In 2022, the first independent report, *Te Tai Waiora: Wellbeing in Aotearoa New Zealand* (Crown, 2022a), was published, which reported on the rationale for budget expenditure and how wellbeing was distributed in Aotearoa, as linked to the LSF. This assessment was also legally required to be reported on a 4-yearly basis. However, 2023 saw the election of a new coalition government with different policy agendas, which resulted in wellbeing being removed as a driving decision-making framework, with a return to more conventional priorities that are focused on tax cuts, reduced government spending and infrastructure investment (Te Kāwanatanga o Aotearoa, 2024).

Beyond these governmental approaches, substantial work has been undertaken to develop models and frameworks which provide deeper cultural connection and respect for Aotearoa’s bi-cultural setting. While there is not space to comprehensively cover these approaches, work such as McLachlan and colleagues’ comprehensive thematic analysis review in (2021) produced *Whiti Te Rā*, a visual model built from six interrelated pathways to Māori wellbeing. These include: Māori language (Te Reo Māori), connection with the environment (taiao), Māori spiritual beliefs and practices (wairua), Māori expressive

² *Mātauranga* - Māori knowledge, wisdom, understanding, skill - sometimes used in the plural (Moorfield, 2024).

art forms (mahi-a-toi), Māori relational values (take pū whānau), and intergenerational relationships (whakapapa). This model is being used to guide mental health policy and programmes, where possible.

Te Whare Tapa Whā | The ‘house’ model

Te Whare Tapa Whā is a health model and metaphor commonplace in New Zealand's education and health sectors since the mid-1980s (Figure 3). The model has been included here as the only framework outside the original focus of Research Question 3 (i.e., prominent wellbeing models and theories used in Positive Psychology). It merits consideration from the perspective of broadening PP's traditional Western-centric approaches by exploring Indigenous wellbeing perspectives. Participants frequently referenced it, demonstrating its influence and prominence in the lay vernacular when asked to describe and define wellbeing in a New Zealand context.

Te Whare Tapa Whā is commonly referred to as *the house* [whare] model as it depicts four equal sides. ‘The symbol of the wharenuī³ illustrates the four dimensions of Māori⁴ well-being. Should one... dimension be missing or in some way damaged, a person, or a collective may become “unbalanced” and subsequently unwell’ (Manatū Hauora | Ministry of Health, 2017, para. 2). Sir Mason Durie developed the initial four-dimension model in conjunction with community and health workers who sought to communicate the multifaced nature of wellbeing/hauora⁵. There are four dimensions depicted in *Te Whare Tapa Whā*: *Taha Tinana* (physical), *Taha Hinengaro*, (mental and emotional), *Taha Whānau* (family and social) and *Taha Wairua* (spiritual). In 1997, Moeau (as cited in Fielden et al., 2020) suggested the inclusion of a fifth dimension, *Whenua* (land and roots), including the environment (connection to belonging land and to ancestry), which is viewed as inseparable from the individual.

As with Whiti Te Rā, the *Te Whare Tapa Whā* model is anchored in a Te Ao Māori⁶ worldview that incorporates various forms of established ways of understanding the world. These include ‘mātauranga (Māori knowledge) such as whakapapa (genealogies), kōrero tuku iho (histories, narratives from the past) and pūrākau (narratives) that story and make sense of our world. Sense making, in this context, is shaped by Māori identity, belonging and wellbeing’ (Forster, 2022, p. 211). This model moves wellbeing beyond the dominant Western views and encourages practitioners, educators and policymakers to consider all facets of hauora/wellbeing. For a comprehensive exploration of the foundation concepts, development and evidence base for *Te Whare Tapa Whā*, see Heaton (2023) and Fielden et al. (2020).

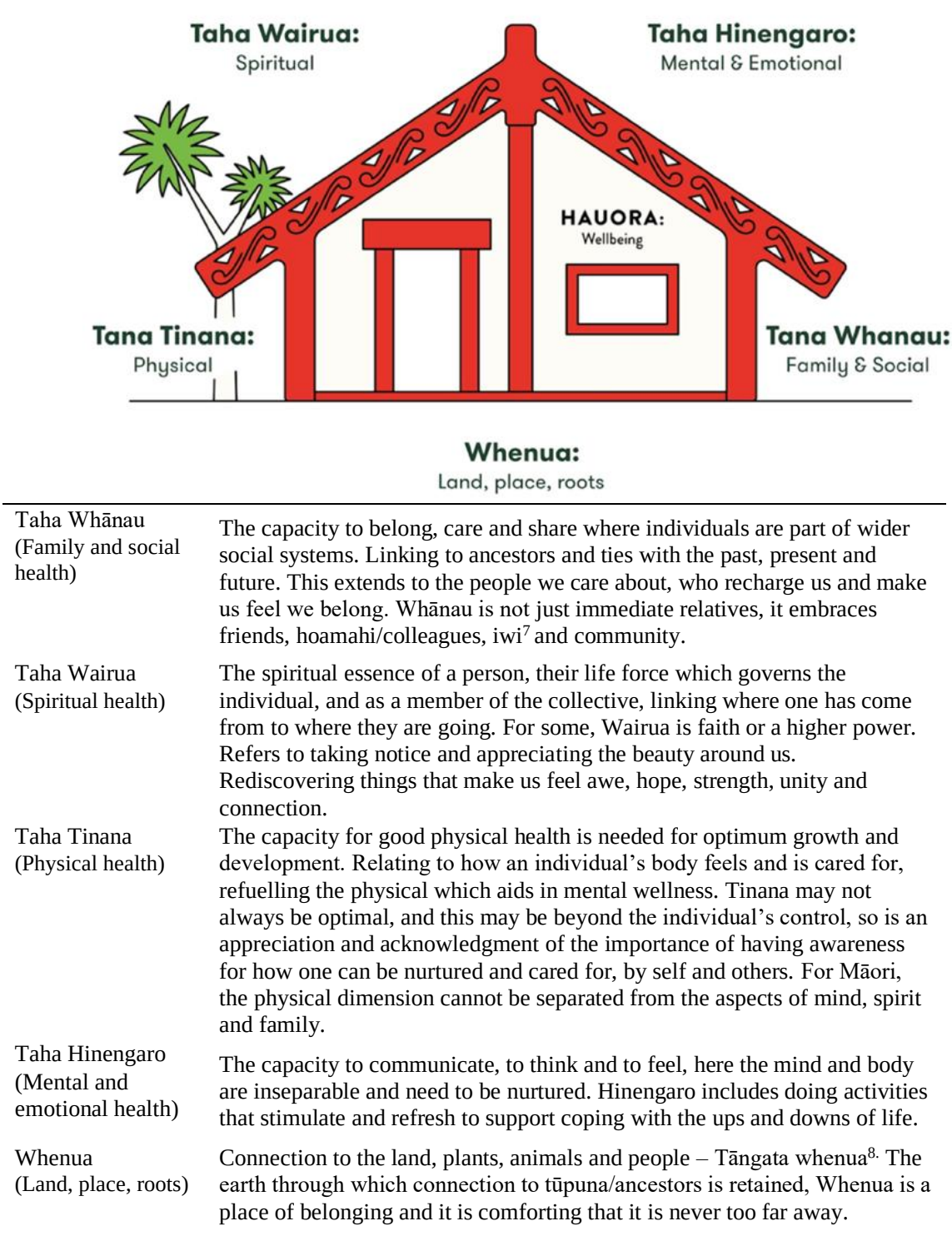
³ *Wharenuī* - meeting house, large house - main building of a marae where guests are accommodated (Moorfield, 2024).

⁴ *Māori* - Indigenous person of Aotearoa/New Zealand. Used to distinguish people of Māori descent and the colonisers (Moorfield, 2024).

⁵ *Hauora* - Māori philosophy of health and wellbeing unique to New Zealand (Moorfield, 2024).

⁶ *Te Ao Māori* – Māori worldview (Forster, 2022)

Figure 3
Te Whare Tapa Whā Māori Health and Wellbeing Model



Note: Compilation developed by the author with content sourced from Mental Health Foundation, (2023), Manatū Hauora | Ministry of Health, (2023) and image sourced from Sparklers (n.d.).

⁷ Iwi - extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor and associated with a distinct territory (Moorfield, 2024).
⁸ Tāngata whenua - local people, hosts, indigenous people - people born of the whenua, e.g. of the placenta and of the land where the people's ancestors have lived and where their placenta are buried (Moorfield, 2024).

Positive Psychology: An introduction

Lomas (2016a, 2020) uses the analogy of waves to provide a valuable way to delineate the evolution of the field of PP. Instead of discrete stages and incremental shifts, waves symbolise a dynamic fluidity and coherence, characterised by indistinct and intersecting boundaries. Additionally, subsequent waves do not diminish or replace preceding ones; earlier waves establish the foundational conditions and momentum for the emergence of successive waves. To date, there have been three acknowledged waves of PP.

Wave 1 | Addressing ‘psychology as usual’ principally focused on disorder and dysfunction

Seligman & Csikszentmihalyi's (2000) seminal article *Positive psychology: An introduction* sought to identify the intentions and boundaries of this fledgling movement:

The aim of positive psychology is to begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities...At the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic. (p.5)

To this end, PP contends that simply relieving suffering is insufficient to develop and maintain wellbeing (Keyes & Martin, 2017; Rusk & Waters, 2013). A field focused on human flourishing and the scientific study of what makes life most worth living, it is a discipline deeply invested in the topic of wellbeing (Csikszentmihalyi & Csikszentmihalyi, 2006; Peterson et al., 2008) and can be defined as ‘a psychology of positive human functioning ... that achieves a scientific understanding and effective interventions to build thriving individuals, families and communities’ (Seligman, 2002a, p. 7).

Seligman's call was leveraged on the back of decades of work from many researchers and their pursuits to understand the nature of human emotions and quality of life (Csikszentmihalyi & Csikszentmihalyi 1992; Diener et al., 1999; Dweck & Leggett 1988; Fredrickson, 2001; Peterson, 2000; Seligman & Csikszentmihalyi, 2000). As such, the designation *Positive Psychology* can be considered an umbrella term that captures a vast array of topics and interdisciplinary fields (Hart & Sasso, 2011) to understand wellbeing and develop interventions that cultivate and sustain flourishing or high levels of wellbeing. This paradigm shift facilitated an inquiry into the advantages of positive emotions and factors contributing to wellbeing (Boniwell, 2005; Carr, 2004; Seligman, 2002b). While many of these topics had been previously studied across various disciplines, PP provided a unified platform, anchoring these concepts to a scientifically grounded approach (Lomas, 2016c; Peterson, 2008).

Critiques arose regarding the perceived narrow focus of PP, with detractors cautioning against what has been dubbed the ‘tyranny of positivity’ (Held, 2002) and the excessive emphasis on minimising negative emotions, what Lazarus (2003) referred to as a Pollyanna view. Scholars such as Wong (2011) and Christopher and Hickinbottom (2008) have highlighted the necessity of accounting for individualist versus collective cultural perspectives and questioned the global applicability of predominantly Western findings. These criticisms spurred the articulation of an evolution or second wave of thinking, emphasising a nuanced approach to culture, context, and the transformative potential of life's challenges and adversities.

Wave 2 | Broadening the dialectical understanding between positive and negative

The Second Wave of Positive Psychology (SWPP) embraces what is termed ‘the dark side’, focusing not only on positive outcomes but also on the transformative potential inherent in adversity and discomfort (Ivtzan et al., 2016; Kashdan & Biswas-Diener, 2015; Lomas & Ivtzan, 2016). SWPP contends that engaging with challenges and suffering can lead to significant personal growth and healing (Ivtzan et al., 2016). In SWPP, the concept of ‘positive’ is broadened to encompass the journey not just the outcome or destination of wellbeing, embracing the entirety of human experience. As Wong (2011) asserts, a comprehensive understanding of PP must consider both the limitations of positive experiences and the benefits of negative ones. Research has shown that negative emotions can lead to positive outcomes, such as fostering compassion in response to sadness (Lomas & Ivtzan, 2016), while positive emotions can sometimes lead to negative consequences, such as increased risk-taking behaviour stemming from optimism (Weinstein et al., 2005). SWPP emphasises the complexity of human experience and the problematic nature of categorising phenomena as solely positive or negative (Lomas & Ivtzan, 2016).

Proponents of SWPP highlight several defining characteristics of this paradigm shift (see Ivtzan et al., 2016; Lomas, 2016a; Wong, 2013). Central is the principle of dialectics, which recognises the interdependence and tension between seemingly opposing forces, such as positive and negative experiences (Lomas, 2016a). Unlike a dichotomous view, which sees these forces as polar opposites, dialectics assess them as interconnected and dynamic (Wong, 2013). SWPP represents a synthesis of traditional psychology's focus on ill health and PP's emphasis on human potential, acknowledging the validity of both perspectives (Ivtzan et al., 2016; Lomas, 2016a).

Lomas (2016b) outlines three principles that characterise the dialectical nature of SWPP; firstly, *appraisal*, which refers to the role of context when evaluating if an emotion or situation can be labelled positive or negative. Secondly, *co-valence* reflects the position that so-called positive and negative can exist side by side in any given context; thus, a decision can be distressing to make but still bring a good result. Lastly, *complementarity* recognises the intertwined nature of experience and emotion (Lomas, 2016c). Complementarity is a nuanced idea that explores the transformative experience between what might be considered two opposing or binary poles, for example, the light of day and the dark of night; however, in the sunrise, there are shadows of looming darkness, in sunset the sun leaves remnants of light

in the night sky, they transition through each other. As in many of life's experiences, they are not sharply delineated steps but rather transitory evolutions of gradual change that co-exist. These principles emphasise the importance of considering context when evaluating experiences, recognising that events can contain both positive and negative elements, and understanding how these elements interact with and influence each other.

Wong (2011) discusses the impact of SWPP on PP research and practice, advocating for a greater emphasis on existential teachings and a move away from value-neutral approaches, suggesting that integrating diverse perspectives, such as existentialism and theology, and employing qualitative research methods can provide a more comprehensive understanding of human experience. This underscores the importance of cultural sensitivity in PP research and highlights the need to account for cultural differences in the pursuit of wellbeing (Wong, 2013).

Wave 3 | Embracing complexity, methodological, cultural, systems and environment

As the first and second waves' energies continue, with new movements and blending of traditional psychology and PP, a new wave was formed that embodies a shift towards complexity, evident in various aspects such as the broadening of focus, disciplines, cultural contexts, and methodologies (Lomas, 2020)—moving beyond individual-focused enquiry and embracing broader epistemological and interdisciplinary approaches (Lomas et al., 2021a). The third wave entails methodological diversification, moving beyond the positivistic paradigm that characterised early PP (Seligman & Csikszentmihalyi, 2000) where quantitative approaches dominated. There is now a growing awareness of interpretivist, constructionist and phenomenological methodologies (Lomas et al., 2021a), techniques beyond self-report measures and the documented limitations such as desirability biases (Lucas, 2018), magnifying qualitative and mixed methods approaches and calls for increased reflexivity in the role of the researcher (Hefferon et al., 2017). Cultural and global diversity and systems perspectives recognise that individuals are embedded within larger systems, such as families, communities, organisations, and cultures, influencing their thoughts, behaviours, and wellbeing (Kern et al., 2020; Lomas, 2020). This perspective emphasises understanding the dynamic interactions between individuals and their environments and how they contribute to flourishing and positive outcomes (Lomas, 2020).

Wellbeing literacy

A significant area of expansion within PP is the territory of *wellbeing literacy* (WBL), an emerging area of scholarship that explores wellbeing capability and builds on the tenets of literacy theory and research (Slade et al., 2017). Literacy is defined as:

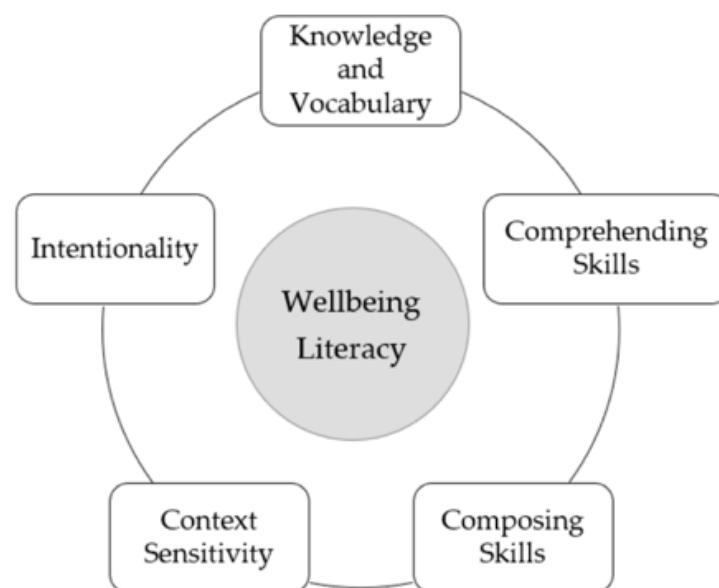
the ability to identify, understand, interpret, create, communicate and compute, using printed and written materials associated with varying contexts. Literacy involves a continuum of learning in enabling individuals to achieve their goals, to develop their knowledge and potential, and to participate fully in their community and wider society. (UNESCO, 2004)

This concept has then expanded into various domains including ‘health literacy’, defined here in New Zealand as ‘the capacity to obtain, process and understand basic health information and services in order to make informed and appropriate health decisions’ (Ministry of Health, 2015), and focused on supporting quality interactions while navigating health systems (Logan & Siegel, 2017). ‘Mental health literacy’ is concentrated on the ‘knowledge and beliefs about mental disorders which aid their recognition, management or prevention...and attitudes that promote recognition and appropriate help-seeking’ (Jorm et al., 1997, p.183). Studies have found that people with poor health literacy are less able to manage chronic disease or be responsive to health education (DeWalt & Hink, 2009; Nutbeam, 2008).

WBL is the natural progression of these fields, defined as ‘a capability to comprehend and compose wellbeing language, across contexts, with the intention of using such language to maintain or improve the wellbeing of oneself, others or the world’ (Oades et al., 2021a, p.719). Rooted in constructivist and contextualist epistemologies, the model underscores the pivotal role of language in shaping realities and accentuates the active construction of meaning through language use—and how this influences wellbeing experiences (Oades et al., 2020). The authors delineate five components of wellbeing literacy (Oades, 2020; Oades et al., 2021a) (Figure 4):

Figure 4

The Five Components Interact to Create Wellbeing Literacy



- *Knowledge and vocabulary*: proficiency in expressing and understanding language and concepts related to wellbeing, including emotional literacy.
- *Comprehending skills*: the capability to comprehend multimodal text related to wellbeing including the ability and willingness to engage with various forms of media to access and interpret information about wellbeing (e.g., reading, listening, viewing).

- *Composing skills*: the capability to compose multimodal text related to wellbeing, including actively creating and communicating messages that promote wellbeing, using different modes of expression (e.g., writing, creating, and speaking) in ways that align with context and values.
- *Context sensitivity*: context awareness and adaptability, which is described as the who, when and where of language use. The ability to navigate different social contexts and adjust language use accordingly, recognising the dynamic nature of language and wellbeing.
- *Intentionality for wellbeing*: entails using language with purpose and awareness, intending to promote positive wellbeing outcomes for self and others.

Building on Sen (1987; 2000) and Nussbaum's (2007) work, the model presents wellbeing literacy as a capability that empowers individuals to achieve meaningful wellbeing outcomes by navigating and leveraging environmental conditions. Research within wellbeing literacy seeks to support a shift in thinking from the short-term gain achieved through external intervention, to a more internalised function of literacy which may create and sustain wellbeing over the life course (Oades et al., 2021a).

Preliminary findings from research using the Well-Lit 6 self-report (WellLit6SR) scale (Oades, 2019), from studies carried out in Australian school settings, show that wellbeing literacy is a distinct item, separate from wellbeing and ill-being, and that there is a strong correlation between wellbeing literacy and experienced wellbeing (Hou et al., 2021). My research aims to support the development of this emerging field by capturing the language and phrases laypeople use to describe and explore their notions of wellbeing. Furthermore, it investigates if self-reported wellbeing literacy relates to reported mental illness and mental health scores. This study adds to the research base by exploring findings in an adult population in New Zealand.

The criticism and limitations of the field of Positive Psychology

Across the decades there have been a number of criticisms and critiques directed at PP, and psychology more widely. There are several high-quality recent articles (see Fernández-Ríos & Vilariño, 2016; Van Zyl & Donaldson, 2024; Van Zyl & Rothmann, 2022; Wong & Roy, 2017) which aim to identify, summarise and respond to critiques of PP. The following section provides a summary of the themes that are most relevant for the research at hand.

Commentators argue that PP grapples with a lack of theoretical coherence and conceptual clarity with a deficiency in overarching theoretical frameworks, impeding its progress and causing ambiguity in defining fundamental concepts (Hone et al., 2014; Van Zyl & Donaldson, 2024; Van Zyl & Rothmann, 2022). Without a clear metatheory, the discipline struggles to unify its approach and risks being limited to fragmented thinking (Donaldson et al., 2022). Yet, within the field, some argue that there is a strong focus on theory development and the multifaceted elements of wellbeing (Diener et al., 2010; Hone et al., 2014; Huppert & So, 2013; Keyes, 2002; Seligman, 2011).

Such theories are constructed in many ways. They can be anecdotal, assembled by researchers through decades of observed reflections and selected scientific findings (Diener et al., 2009; Seligman, 2002a). Scholars have constructed theories as counters to other approaches, such as building a framework of wellbeing that constitutes the opposite of how the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association, 2013) describes mental ill-health and disorder (Huppert & So, 2013). Other theories combine both approaches, where academics weave expert opinion and scientific evidence (Keyes, 2002; Ryff & Keyes, 1995; Ryff, 2014; 1989).

There are several concerns with these earnest pursuits; with no agreed definition, model, or theory of wellbeing, it is hard to compare approaches and results (Dodge et al., 2012; Jayawickreme et al., 2012; Oades & Mossman, 2017; Slade et al., 2017). Hone et al.'s (2014) research highlights the implication of this challenge by comparing four well-utilised wellbeing theories (the same four selected in this study for comparative purposes) and calculating the prevalence of flourishing (high levels of wellbeing) in a New Zealand adult population. Assessments range from 24% to 47%. Such disparities cause significant concern about the utility of theory in informing and measuring wellbeing interventions and programmes.

Measurement issues plague PP, with concerns regarding the reliability, validity, and cultural fairness of assessment tools (Van Zyl & Donaldson, 2024; Van Zyl & Rothmann, 2022). Critics highlight discrepancies in factorial structures and predictive validity across different populations, urging more rigorous validation processes and cultural inclusivity in measurement development (Van Zyl & Rothmann, 2022). Moreover, reliance on correlational designs with self-report measures raises questions about causal inferences and the robustness of findings (Van Zyl & Donaldson, 2024). PP faces challenges in replicating results from popular models and interventions, casting doubt on their effectiveness and contributing to accusations of pseudoscience (Van Zyl & Donaldson, 2024). Lack of empirical evidence and confirmation bias further undermine the discipline's credibility, with researchers resorting to questionable practices like *p*-hacking (Van Zyl & Donaldson, 2024).

Van Zyl & Rothmann (2022) argue that the discipline suffers from the *Jingle-Jangle Fallacy*, resulting in conceptual confusion, where terms are used interchangeably or rebranded without clear definitions, leading to a lack of credibility (Friedman & Brown, 2018). Additionally, PP lacks comprehensive theorisation, violating foundational philosophical principles and hindering a holistic understanding of human development (Van Zyl & Donaldson, 2024; Van Zyl et al., 2021b; Wong & Roy, 2017). Furthermore, as noted in second-wave PP, the dichotomy between 'positive' and 'negative' experiences overlooks the potential benefits of negative emotions and reflects the discipline's failure to establish clear boundaries between concepts (Lomas, 2016d; Lomas et al., 2020a; Van Zyl & Donaldson, 2024; Wong & Roy, 2017). Critics argue that PP isolates itself from mainstream psychology by creating a superficial positive-negative divide and distancing its theories and methods from other disciplines like medicine, hindering meaningful integration and exploration (Wong & Roy, 2017).

Friedman & Brown (2018) assert that PP's methodological approaches see it relying heavily on empirical science and statistical analysis to simplify complex issues, often using advanced statistical techniques to enhance perceived value. They argue that this emphasis on quantification can limit scientific progress by neglecting qualitative and mixed methods approaches (Efendic & Van Zyl, 2019; Friedman & Brown, 2018; Lomas et al., 2021a).

Additionally, there is a prevalent belief in the superiority of positivist paradigms, inhibiting critical evaluation of empirical results and methodological diversity (Wong & Roy, 2017). To overcome these limitations, proponents assert it is imperative to balance quantitative and qualitative methods (Lomas et al., 2021a) within diverse paradigms. Embracing a broader methodological and philosophical spectrum would allow for a more comprehensive understanding of human wellbeing (Hefferon et al., 2017). By integrating diverse approaches, PP can advance towards a more nuanced understanding of psychological phenomena while avoiding methodological constraints.

Across psychology as a whole—and PP is not immune from this—there has been attention focused on the need to modify both practice and interventions to address differences in collectivist cultural experiences. There are challenges raised about the relevance of employing predominantly Western findings across the world, revealing a significant concern regarding cultural bias (Christopher & Hickinbottom, 2008; Thalmayer et al., 2021; Van Zyl & Rothmann, 2022; Wong, 2011).

Additionally, popular assessment tools lack variance across cultures, exacerbating measurement issues and highlighting diverse interpretations of wellbeing constructs (Van Zyl et al., 2022). Positioned as a primarily Western enterprise, PP is perceived as prescriptive, promoting an individualistic pursuit of happiness which generalises findings from WEIRD (Western, Educated, Industrialised, Rich, and Democratic) (Hendriks et al., 2019) contexts, which are said to neglect diverse cultural, historical, and societal foundations shaping wellbeing (Marecek & Christopher, 2017). Notably, PP interventions rooted in WEIRD values may not be effective in non-WEIRD contexts, indicating the necessity for culturally sensitive approaches and seeing calls for Indigenous positive psychological frameworks and cross-cultural studies to foster a more inclusive understanding of wellbeing (Van Zyl & Rothmann, 2022). The WEIRD acronym accurately captures the concerns of unbalanced demographic characteristics and the idiosyncratic nature of the populations commonly represented in research. On an encouraging note, a bibliometric analysis of randomised controlled trials on the science of wellbeing (Hendricks et al., 2018) noted that while experiments on the efficacy of PP interventions maintain predominately Western population samples (78.2% of the studies), there has been a pronounced increase in non-Western publications since 2012, demonstrating an optimistic adjustment in PP's research reach.

Lastly, PP is accused of promoting a neo-liberalist ideology, rather than raising concerns about neo-liberalism's potential harm (Van Zyl & Rothmann, 2022; Van Zyl & Donaldson 2024) and disregarding contextual factors in understanding wellbeing experiences and characteristics (Marecek & Cristopher, 2017). Critics contend that PP promotes individualism and consumerism (Fernández-Ríos & Vilariño, 2016), commodifying wellbeing (Thompson, 2017). This individualism overshadows the

influence of social contexts on wellbeing, which is particularly significant in collectivistic cultures (Van Zyl & Olckers, 2019). Furthermore, some say that PP posits that happiness is imperative to avoid adversity (Fernández-Ríos & Vilarinho, 2016), fostering a market for happiness capitalising on the elusive ideal of perpetual joy (Thompson, 2017). Consequently, this fuels the commercialisation of positive experiences, creating a lucrative industry of psychological assessment firms, consultants, and self-help literature (Thompson, 2017). In essence, PP commodifies wellbeing, perpetuating capitalism's influence on mental health discourse. A neo-liberalist perspective fails to address how power imbalances shift responsibility, overlooking systemic marginalisation and oppression, and promoting an individualistic pursuit of happiness, that ignores social and systemic factors, and perpetuates gender and cultural stereotypes (Thompson, 2017; Van Zyl & Donaldson, 2024; Yakushko & Blodgett, 2021). Additionally, PP interventions may inadvertently pathologise typical experiences (such as of feeling sadness at a loss) or cause harm, exacerbating distress and guilt when potential negative consequences are not adequately considered (Van Zyl & Rothmann, 2022; Van Zyl & Donaldson, 2024).

In conclusion, the critiques of PP outlined in this section underscore significant challenges facing the discipline and highlight the need for more precise theoretical frameworks and a more balanced approach to research methodologies. Moreover, the cultural biases inherent in PP's predominantly Western perspective call for greater inclusivity and sensitivity to diverse cultural and Indigenous contexts.

The concerns raised about PP's potential role in perpetuating capitalist ideologies and individualistic pursuits of happiness necessitate careful reflection on its ethical implications. Addressing these critiques requires a nuanced understanding of power dynamics, systemic marginalisation, and the potential harm caused by pathologising typical experiences. This research study was designed with many of these criticisms in mind, focusing on methodological, cultural and theoretical concept clarity. The study aims to improve the field's knowledge base and intervention efficacy by understanding how laypeople construct their notions of wellbeing and how best to work with them to build their wellbeing literacy, skills and reserves.

Challenging Dominant Narratives: The Influence of Feminist, Queer, and Intersectional Theories on Social Science Research and this Study.

Integrating social justice theory, feminist theory, queer theory, and intersectionality into social science research design necessitates a comprehensive approach that centres the lived experiences of individuals, particularly those from underrepresented communities. This integration challenges traditional methodologies by foregrounding the socially constructed nature of concepts such as gender, race, and sexuality, thereby promoting a more nuanced understanding of social phenomena (Cooke & Nyhagen, 2024).

Power dynamics play a crucial role in shaping which voices are privileged in research and knowledge production. Dominant and privileged perspectives are often overrepresented, reinforcing

existing hierarchies and marginalising alternative viewpoints. Traditional social science research has frequently prioritised the experiences of those in power while treating the perspectives of underrepresented groups as secondary or anecdotal. By critically examining these dynamics, researchers can work to dismantle biases that perpetuate exclusion and inequality.

Feminist theory critiques the historical overrepresentation of dominant voices in research, advocating for methodologies that prioritise the perspectives of underrepresented groups. This approach recognises that knowledge is socially situated and that those outside dominant power structures can offer unique insights into societal structures. Standpoint theory, for instance, posits that individuals from oppressed groups can provide perspectives that are less visible from dominant positions, thereby enriching the research process (Harding, 2004).

Queer theory further disrupts conventional research paradigms by challenging normative assumptions about sexuality and identity. It encourages researchers to question binary classifications and to consider the fluidity of identities, thereby embracing a more inclusive approach to understanding human experiences. This perspective is crucial in deconstructing socially constructed norms and recognising the diversity of lived experiences (Chan et al., 2019). It also exposes how institutional power dynamics often reinforce heteronormative assumptions, silencing or invalidating queer experiences in traditional research settings.

Intersectionality, a concept introduced by Kimberlé Crenshaw, examines how various social identities—such as race, gender, class, and sexuality—intersect to create unique experiences of oppression or privilege. Incorporating intersectionality into research design ensures that the complexities of individuals' identities are acknowledged, preventing the oversimplification of experiences. Importantly, intersectionality highlights how systems of power interact, meaning that some individuals experience compounded disadvantages due to their multiple underrepresented identities (Crenshaw, 1991).

By privileging lived experiences and acknowledging the socially constructed nature of concepts like gender, researchers can develop methodologies that are more reflective of diverse realities. This involves employing qualitative methods such as in-depth interviews, participant observations, and narrative analyses, which allow for a deeper exploration of individual perspectives. Such approaches not only enrich the data collected but also empower participants by validating their experiences as valuable sources of knowledge. In conclusion, the integration of social justice, feminist, and queer theories, along with intersectionality, into social science research design fosters a more inclusive and comprehensive understanding of social dynamics. By centring the lived experiences of underrepresented individuals, recognising the role of power in shaping dominant narratives, and challenging the overrepresentation of privileged voices, researchers can contribute to the advancement of social equity.

Prominent wellbeing approaches: Theories, models and measures within Positive Psychology that support the comparative analysis process

Within PP, there is an abundance of wellbeing approaches calling on an array of theories, models and measures which have been built on the shoulders of the eudaimonic and/or hedonic traditions, yet as discussed, there is little agreement about which best articulates wellbeing (Lambert et al., 2020).

This conflation is understandable as models often have a theoretical underpinning and theories are often communicated in the form of models. Wunsch (1994) illuminates this point, stating that ‘scientific explanation... moves from data to theory, from theory to model, and from model back again to data’ (p.20). Theories can be understood as ‘explanations of a natural or social behavior, event, or phenomenon...a scientific theory is a system of constructs (concepts) and propositions (relationships between those constructs) that collectively presents a logical, systematic, and coherent explanation of a phenomenon of interest within some assumptions and boundary conditions’ (Bacharach 1989, p. 21). Models can be considered a representation of a theory, or part thereof, usually with a narrower descriptive focus which helps explain how the theory may be applied or tested in practice (Fried, 2020). While theories look to identify possible links between cause and effect or an explanatory proposition, models usually take the form of a graphic representation to communicate about theories or data (Wunsch, 1994).

To support the comparative process outlined in Research Question 3, which explores how lay concepts of wellbeing compare to prominent wellbeing approaches used in Positive Psychology, a selection of models and theories were identified prior to data collection and analysis. The development of theories and determining quality and effectiveness is beyond the scope of this exploration, and as such, I will not be entering into a discussion about the evaluation of falsifiability (refutability) or utility (providing useful explanation and prediction) which are used to determine a theory’s credibility (Bacharach, 1989). For the modest purposes of comparison with lay concepts, I will rely on the prevalence of the use of a theory or model as widespread acceptance of its prominence within the PP field.

The four initial approaches selected pre data collection and analysis are:

- Keyes (2002) dual continua approach to *Positive Mental Health*
- Huppert & So (2013) *Flourishing model*
- Diener et al., (2009) *Flourishing model*
- Seligman (2011) *PERMA model*.

As will be described in the Methodology chapter, after some initial qualitative analysis of the data gathered for this study, a decision was made to extend the reach of literature reviewed to ensure a more meaningful analysis. Four approaches were included because they addressed some of the more substantial research findings and acknowledged the changing positions and definitions in the field. These are:

- Donaldson et al. (2022) *PERMA+4*
- Ryan & Deci (2022) *Basic psychological need theory*
- Rath & Harter (2010a) *5 elements of wellbeing* from Gallup
- VanderWeele (2017) *Flourishing*.

In addition, three systematic reviews (Iasiello et al., 2024; Kauppi et al., 2023; Linton et al., 2016) were reviewed to ensure a broader appraisal of academic accounts, including measures of wellbeing. The crosstabulated comparative analysis is captured in Appendix F, which maps the instrument items used to measure the above approaches, as compared to the findings of this study.

Pre data collection and analysis literature selection

Table 4 outlines the items in four prominent constructs and identifies the similarities and disparities across each column. These specific theories and models have been selected because they are often discussed within PP, they are commonly used to inform intervention and research design, and they are not necessarily considered a definition of wellbeing, but rather the constituent parts (Hone et al., 2014; Keyes & Martin, 2017; Sin & Lyubomirsky, 2009).

Table 4

Four Different Conceptualisations of Flourishing

KEYES	HUPPERT & SO	DIENER et al.	SELIGMAN et al.
Positive relationships	Positive relationships	Positive relationships	Positive relationships
Positive affect (interested)	Engagement	Engagement	Engagement
Purpose in life	Meaning	Purpose and meaning	Meaning and purpose
Self-acceptance	Self-esteem	Self-acceptance and Self-esteem	–
Positive affect (happy)	Positive emotion	–	Positive emotion
–	Competence	Competence	Accomplishment/ Competence
–	Optimism	Optimism	–
Social contribution	–	Social contribution	–
Social integration	–	–	–
Social growth	–	–	–
Social acceptance	–	–	–
Social coherence	–	–	–
Environmental mastery	–	–	–
Personal growth	–	–	–
Autonomy	–	–	–
Life satisfaction	–	–	–
–	Emotional stability	–	–
–	Vitality	–	–
–	Resilience	–	–

Note: Sourced from Hone et al., 2014, p. 4.

They were selected to form the basis for Research Question 3's 'compare and contrast' component of the study when looking to understand how lay concepts compare to scientific theory. The four theories initially selected have several points of agreement from the hedonic perspective (e.g., positive emotions and engagement), and in eudaimonic approaches, there is agreement on positive relationships and purpose/meaning in life and mostly agreement about some related concepts of self (self-acceptance, esteem and respect) and competence (also referred to as accomplishment). All assert that high levels of wellbeing can be defined as 'Flourishing', and all have used unique means of theory development, which may account for the disparities. Each theory/model will now be detailed.

Complete State Model of Mental Health

PP is focused on reorienting the social sciences to a non-deficit based approach, one where 'mental health' is not synonymous with illness or disease but where it refers to the life that is going well. Keyes's theory, often referred to as the dual-continua or dual-factor approach, builds on the assertion that mental health and mental illness are not the polar opposites of each other or able to be captured in a single measure (Keyes, 2002, 2005, 2014). Rather, they are two separate bands, where mental health is not merely the absence of mental illness and is best viewed 'as a complete state consisting of the presence and the absences of mental illness and mental health symptoms' (Keyes, 2002, p.4).

The mental health continuum approach is cultivated from the understanding that there are three distinct yet correlated factors of the mental health measure (wellbeing) – namely, emotional, psychological and social, which make up both emotional (feel good, hedonia) and functional (eudaimonia; psychological and social) wellbeing (Keyes, 2002). Keyes' tripartite theory is operationalised salutogenically in that it 'aims to promote positive physical and mental health' (2014, p.10). It is composed of emotional vitality, clustered under the emotional wellbeing components (i.e., hedonic) based on Diener's work, and positive functioning which contains psychological wellbeing, founded on the work of Ryff (1989), which builds on theory from mental health, clinical sciences and life span development (Ryff & Keyes, 1995). Lastly, the social wellbeing components were developed by Keyes (e.g., eudaimonia), building on sociological theorists such as Marx and Durkheim (Keyes, 1998, 2002, 2014, 2017).

Keyes (1998) addition of social wellbeing sought to significantly expand the understanding and measurement of the impact of social challenges on social wellness, with a particular appreciation for the notion that individuals operate within wider environments such as family units, community and society, as a whole which bridges the private and the public of life. Keyes builds on the work of Durkheim and Marx by identifying and developing indicators for possible dimensions of positive social health. These include:

- Social contribution - viewed as one's contribution to the world, which is seen as being of value, to have social value, and representing concepts of self-efficacy.

- Social integration – which involves assessing the quality of one’s relationship to society and community, the sense of integration and belonging. Counter to this are feelings of estrangement, isolation and a lack of cohesion.
- Social actualisation - relates to one’s belief that society is improving and evolving positively for the individual and people like them. It refers to having hope in the future, and that society will be a place where one can grow and actualise (and that society itself is actualising). Here, Keyes references examples of a eudaimonic orientation to wellbeing.
- Social acceptance - defined as how one accesses other people. Individuals who experience social acceptance hold trust in others, view others favourably and feel comfortable with others. ‘Social acceptance of others might be the social counterpart of self-acceptance’ (Keyes, 1998, p. 123), i.e., acceptance of others.
- Social cohesion – which references people’s beliefs about the world making sense and that they understand the world and their place in it. For thriving individuals, this is displayed by seeing their lives as meaningful and purposeful. In the social context, it refers to viewing society as predictable and sensible and feeling a sense of coherence.

Keyes & Martin (2017) suggests that ‘a person may be free of mental illness without being fully healthy’ (p. 86). As such, there is a dual focus on alleviating mental illness and promoting flourishing. The *Complete State Model* is fashioned on a diagnostic and statistical manual type approach, in that it sought to identify the parts of wellbeing and their required frequency, as is done in the DSM diagnostic criteria for symptoms of depressive or psychological distress disorders and their required duration (American Psychiatric Association, 2013). Positive mental health is measured using the mental health continuum (MHC) developed by using characteristics opposite to those of the depression diagnosis in the DSM, with the classifications of *flourishing*, *moderately mentally well* and *languishing* (Keyes, 2002).

To be flourishing, one must report experiencing one of three facets of emotional wellbeing every day, or almost every day in the past month, combined with six or more of the signs or symptoms of functioning well in life every day or almost every day in the past month. Adults with complete mental health are seen to have a high level of wellbeing (on all three factors), or what Keyes has termed *flourishing*, while those who have incomplete mental health report low wellbeing, which is termed *languishing*, perceived as a sense of stagnation or emptiness (Keyes, 2002).

Keyes (2002) research has indicated that ‘the risk of a major depressive episode was 2 times more likely among languishing than moderately mentally healthy adults, and nearly 6 times greater among languishing than flourishing adults’ (p. 207). This model is of particular interest to the proposed study as a means of measuring the mental health, depression and anxiety status of the sample. I will refer back to this in the findings chapter.

The Mental Health Continuum Short-Form (MHC-SF) scale determines respondents’ categorisation using the tripartite model which, when combined with prominent depression (PHQ-9) and

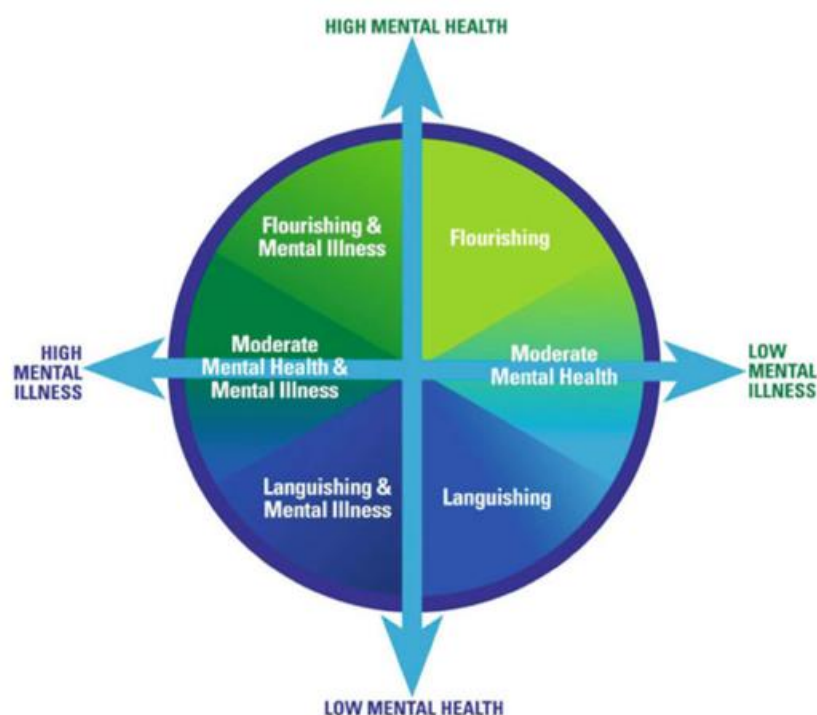
general anxiety symptomology (GAD-7) scales, results in the six groupings of the dual continua or complete state approach (Figure 5) (Keyes, 2005; Kroenke & Spitzer, 2002; Spitzer et al., 2006). This approach was informed by personal communication I had with Corey Keyes during the research design phase.

Research confirms the utility of the dual model approach, with studies finding that half of genetic influences, and nearly all of environmental causes of mental illness and health are independent of each other and of genetics (Keyes, 2014), and that depression or anxiety scores are shown to improve independently of positive mental health symptomology scores in the same participants (Trompetter et al., 2017) .

Keyes et al.'s (2010) longitudinal research highlights the importance of working with the complete state prevention approach to mental health. Those who maintain a moderately mentally healthy status are 4 times more likely to decline into mental illness than those who are flourishing. Those who are moderately mentally healthy and do decline into languishing had a significantly increased likelihood (86%) of maintaining a classification of mental illness into the future. Those who improved to a flourishing state had a greatly reduced chance of declining mental illness with 'even a partial improvement to moderate mental health...associated with a mental-illness risk reduction by nearly half' (Keyes & Martin, 2017, p.91). Those participants who were not flourishing reported more days of missed work, poorer physical health, and higher demands on the health care system (Keyes 2014; Keyes & Martin, 2017).

Figure 5

Complete State Model of Mental Health



Source: Keyes (2014) p. 182.

Huppert & So (2013) Flourishing

Huppert & So (2013) developed their *Flourishing* model by ‘examining internationally agreed criteria for depression and anxiety (DSM and ICD⁹ classifications) and defining the opposite of each symptom’ (p. 837), thereby denoting flourishing at one end of the continuum and mental illness at the other (Hart, 2021; Huppert & So, 2009). Through this process they identified 10 positive features: competence, emotional stability, engagement, meaning, optimism, positive emotion, positive relationships, resilience, self-esteem and vitality (Huppert & So, 2013).

Each feature has cut-off points identified which indicate a present/absent diagnosis. To be considered flourishing, an individual must present with all but one of each of the positive characteristics and functioning, with positive emotion considered a mandatory feature (Delle Fave & Negri, 2021). Similar to the Keyes approach, the diagnostic consideration requires a level of endorsement for the features; for example, positive emotion is a required element, as it is the only one which addresses the hedonic orientation (i.e., emotional wellbeing). The other nine items are considered eudaimonic in character, making this a hybrid model of wellbeing.

It is important to clarify that Huppert and So (2013, 2009) do not assert that flourishing is merely the absence of disorder, and as such they concur that there is a need for both constructs to be investigated in their own right. For example, their model uniquely includes vitality (representing energy and composure) and resilience, which contrasts with the other prominent approaches. Yet their model does not contain autonomy or self-determination because these elements cannot be mapped to an opposite in the diagnostic criteria for depression or anxiety which formed the basis for this model’s development (Huppert & So, 2013). In fact, Huppert and So (2013) question the inclusion of autonomy as a facet of flourishing, citing research from cross-cultural and non-clinical settings (e.g., Diener et al., 1997; Markus et al., 1996) that conclude that ‘while autonomy may be regarded as important for well-being in Western nations, it is less relevant in collectivist countries such as many in Asia and Africa’ (p. 15). This is an interesting conclusion which harks back to some of the earlier criticisms outlined with regard to PP’s Western-centric bias.

Diener et al. (2009) Flourishing

The Flourishing model from Diener and his colleagues (2009, 2010) is designed to supplement his earlier work on subjective wellbeing (Diener, 1984, 1994) by adding factors related to psychological wellbeing, sourced from existing theorists in the field such as Ryff (1989), Ryan and Deci (2000), to create a scale which also encompasses eudaimonic facets (Diener et al., 2009). This move transitioned the subjective theory, resulting in a hybrid measure (hedonic and eudaimonic). Diener et al. (2009) added relationships, self-esteem, purpose and meaning, and optimism, thereby expanding prior considerations focused on the experience of positive and negative emotions and overall life satisfaction assessments.

⁹ ICD – *International Statistical Classification of Disease and Related Health Problems* is used globally for disease and medical diagnosis in clinical settings (WHO, 2024b).

PERMA theory of wellbeing

Seligman's (2011) PERMA theory of wellbeing builds on his earlier work on 'Authentic Happiness' (Seligman, 2002a), which called for the integration of eudaimonic and hedonic traditions by defining happiness as constructed of three building blocks:

- pleasure (pursuing emotions that are deemed positive and avoiding those considered negative)
- meaning (connecting to something bigger than self)
- engagement (physical, emotional or cognitive experiences of full absorption).

The initial research confirmed the three orientations were distinguishable from one another and able to be pursued simultaneously, and that all were associated with life satisfaction (Peterson & Seligman, 2004). The development of the PERMA model saw the addition of two further building blocks—meaning and accomplishment—that, along with the initial three, facilitate flourishing that 'free people will choose for their own sake' (p. 16) (i.e., not as a means to another end). Each element is pursued for its own sake and measured separately yet they are correlated, and all contribute to wellbeing (Hone et al., 2014). Seligman strongly asserts that Positive Psychology is not prescriptive but descriptive, and that individuals will derive wellbeing from these building blocks in their own unique ways (Held, 2005; Seligman & Csikszentmihalyi, 2000; Seligman 2002a). Seligman (2011) provides a detailed description (Table 5), whereas several other theorists rely on measurement questions to clarify what is captured by each item, impeding accurate comparison.

Table 5

Perma Building Blocks

Positive Emotion	Encompasses the past (gratitude and forgiveness), present (savouring physical pleasures and mindfulness) and the future (hope and optimism). Positive affectivity is somewhat heritable, and our emotions tend to fluctuate within a range.
Engagement	Experienced when skills, strengths, and attention are focused on a challenging task (when skills meets challenge) and elicits what Csikszentmihalyi (2000) called 'flow', a feeling so rewarding people engage in it for the feeling's sake, not just the outcome of the activity (which can cover a wide variety of tasks such as hobbies, reading, conversation, gardening, sports etc).
Relationships (positive)	Contribute to wellbeing in many ways, through the adaption of skills and positive emotions rendered, to feelings of connection, belonging, co-operation, love, support, meaning and pride and this benefit flows bi-directionally, in that doing for others is good for the self too. Seligman also asserts that we are social beings and, from an evolutionary survival perspective, we are driven to connect with others.
Meaning	Relates to serving something bigger than one's self. Seligman contends that there are many approaches to acquiring meaning which can include religion, family, politics, institutions (such as work) and social causes.
Accomplishment	Relates to experiences of mastery where individuals seek achievement and competence for their own sake, and that this can include a sense of success at work, in sports and hobbies. Furthermore, people work for a sense of accomplishment even if it may not result in positive feelings or outcomes.

Note: Sourced and adapted from University of Pennsylvania (2023).

Within this definition, we can see that Seligman's intention is for this model to be used as a list of items that contribute to and can be pursued to achieve high levels of wellbeing, not to be thought of as a theory or definition of wellbeing despite it being called the PERMA™ *Theory of Well-Being* (University of Pennsylvania, 2023). Furthermore, PERMA has been used to support the development and substantial testing of a widely used wellbeing measure, the PERMA-Profiler, which comprises 15 items representing the five pillars and eight additional items used to gauge overall wellbeing (Butler & Kern, 2016). These include aspects not covered in Seligman's (2011) *Flourishing* model such as negative emotion, loneliness, and physical health, thereby broadening the remit of the measure to represent a wider range of wellbeing variables.

These four approaches, selected to address Research Question 3, while prominent within the field, have several conspicuous gaps when it comes to comparisons with lay concepts of wellbeing as captured in this study. As a result, I returned to the literature to ascertain if there were other models and theories which might prove to be more comprehensive comparators. I have since added additional approaches, which are outlined in the next 'post analysis' section.

Post analysis wellbeing theory and models reviewed for comparative purposes

During the qualitative analysis phase, it became apparent that there would be merit, and equity, in expanding the literature review and comparative narrative analysis to cover a wider array of constructs, theories and models so as to do justice to the expanding work of researchers in the field and to provide a fuller and more accurate picture of Positive Psychology's position on the description and definition of wellbeing. I expanded my exploration of available models, theories and, in some cases, research into wellbeing measures to identify different or new approaches that had been developed, some since I started my research. These include Donaldson et al.'s (2022) *PERMA+4*; Ryan & Deci's (2022) *Basic psychological need theory*; Rath & Harter's (2010a) *Five elements of wellbeing* from Gallup; and VanderWeele's (2017) *Flourishing*. While the additions are by no means exhaustive (see Hart, 2021; Lambert et al., 2015; Oades & Mossman, 2017), they have been selected because they address some of the research findings captured and therefore serve to offer links to the scholarly literature on these topics.

PERMA+4

The PERMA model (Seligman, 2011), and PP itself, while popular, have also received criticism. As such, Seligman has suggested that the model be thought of not as a theory but rather as a framework that can be expanded upon, and while Seligman may not be convinced of the credibility of such additions, the invitation to develop the model remains (Seligman, 2019). Donaldson et al. (2022) set out to do such an expansion by conducting an extensive meta-analysis, systematic literature reviews and qualitative assessments (see Donaldson et al., 2020; Donaldson, 2019) to identify additional building blocks specific to organisational contexts, resulting in PERMA+4, a holistic, work-related wellbeing and performance framework. Table 6 outlines the four new elements (the +4 to PERMA).

Table 6*PERMA+4 Item Description*

Physical health	A combination of physical health aspects which encompasses biological health measures, self-reported functional ability to do daily tasks and subjective feelings of health, together termed as biological, functional, and psychological health assets.
Mindset	Characterised by embracing a mindset which is optimistic and future-oriented, where obstacles are seen as chances to grow and can involve concepts such as grit and psychological capital.
Work environment	Relating to the quality of the work environment that references physical, natural and psychological features such as access to fresh air, natural light and safe workspaces which meet the individual's needs.
Economic security	Subjective perceptions of stable financial security which meet the individual's needs.

Donaldson et al. (2020, 2022) provide substantial evidence to support the inclusion of each new building block. *Physical health* is said to display a strong link with mental health and has a buffering effect on psychological disorders (Biddle et al., 2023), comprising three assets:

- *Biological* which relates to physiological and anatomical functioning, including fitness, biomedical readings (e.g., heart rate, blood pressure) and extends to include mindful reflection of health history and habits.
- *Functional* which references the execution of physical activities in daily life, and is assessed using self-report measures.
- *Subjective/psychological* which relates to how one feels about one's physical health with a focus on enhancing perception when engaged in activity, growing confidence in one's physical abilities and health and the absence of health complaints.

The inclusion of the building block of *Mindset* relates to the comprehensive work of Dweck (2006) and the impact of 'fixed' or 'growth' mindsets on performance, development and wellbeing. Growth mindsets, which can be cultivated, involve the belief that skill and talent can be developed through practice and hard work. Those with a growth mindset often report higher levels of wellbeing (Dweck & Yeager, 2019) and are more likely to seek feedback and take on challenging tasks which facilitate growth and development (Van Zyl et al., 2021b).

The addition of *Work environment* in PERMA+4 highlights the researchers' focus on exploring and supporting workplace wellbeing, so this building block relates to the influence that physical environments have on performance, mental and physical health. This item encapsulates both the effect of physical layout and design, natural light and temperature and the subjective experience (cognitive, relational and affective) of those elements, with particular acknowledgment of the amount of time spent at work, estimated to be a third of one's life (Donaldson et al., 2022; Bergefurt et al., 2022).

Lastly, *Economic security* refers to the level of income and savings as well as financial literacy, decision-making and sense of control over the expenditure and stability of material aspects of life (e.g., debt management, meeting basic household needs). This aspect relates to the substantial emerging literature which confirms the impact of material and financial security on wellbeing (Margolis et al., 2021; Oparina et al., 2022). Research often reports on the adverse consequences that a lack of financial security can have, including increased stress, depression, anxiety (Salignac et al., 2020) and increased suicidal ideation (Naranjo et al., 2021). Research has confirmed that training in financial literacy and planning have positively impacted on health and wellbeing, which confirms that economic security is a valuable building block of wellbeing (Lowe et al., 2018). Donaldson et al. (2020, 2022) provide significant support for the addition of each component, mapped to existing literature and interventions, and confirming that each block is uniquely pursued for its own sake and measurable, therefore qualifying for the criteria set out by Seligman (2008) for the expansion of PERMA.

Basic psychological need theory (Self-determination theory)

Deci & Ryan's (1980, 2012) *Self-determination theory* (SDT), which developed through research on extrinsic rewards and intrinsic motivation, is one of the most influential and cited approaches within the PP field. The primary focus is to explore the motivational factors that come naturally to people to help them enhance and grow (Ryan & Deci, 2000). SDT sits at the organismic end of the meta-theoretical theory continuum in psychology (with mechanistic at the other end), in that it assumes that 'humans are by nature active organisms who can motivate themselves to act on their environment....and strengthen their understanding and behavioural repertoire' (Deci & Ryan, 2015, p.7886). SDT views people as active with tendencies towards growth and mastery, which are sustained or hindered by the social setting and environment in which the individuals operate. Significant research has now confirmed that these basic needs play a prominent role in wellbeing, be it in the promotion or hindrance of wellbeing, and resultant maladjustment, and has been confirmed across different domains, populations and cultures and documented in several prominent meta-analyses (see Ryan, 2009; Slemp et al., 2018; Yu et al., 2018). The theory presupposes that people are inherently driven to evolve and grow and, of particular interest to this study, is Deci and Ryan's acknowledgment of the role of the environment in the development of behaviours and capabilities, which can be considered wellbeing-inhibiting or wellbeing-promoting (Deci et al., 2017; Deci & Ryan, 1980).

SDT posits there are thought to be, broadly, two types of behaviour, firstly *self-determined behaviour*, which is consciously chosen to address some intrinsic and extrinsic needs, and those which are *automatic* and not consciously undertaken. These may be a learned response to environmental needs (such as the mechanistic workings of driving) or those which are more of a stimulus-response which result in an unconscious reaction (such as nail-biting) (Deci & Ryan, 1980). This meta-theory consists of six mini-theories, which I will not detail here; however, they cover functions related to how motivations are integrated, individual responses, goal content and pursuit, relationship theory and the well-known *basic psychological needs theory* (BPNT) (Ryan, 2009; Ryan and Deci, 2022). A basic

psychological need is defined as ‘a psychological nutrient that is essential for individuals’ adjustment, integrity, and growth’ (Ryan, 1995). There are nine criteria to meet for a need to be defined as basic and universal. Three of these basic needs are ongoing, and are defined as:

- *Autonomy*... the experience of volition and willingness. When satisfied, one experiences a sense of integrity as when one’s actions, thoughts, and feelings are self-endorsed and authentic. When frustrated, one experiences a sense of pressure and often conflict, such as feeling pushed in an unwanted direction.
- *Relatedness*...the experience of warmth, bonding, and care [which] is satisfied by connecting to and feeling significant to others. Relatedness frustration can come with a sense of social alienation, exclusion, and loneliness.
- *Competence*...the experience of effectiveness and mastery [that] becomes satisfied as one capably engages in activities and experiences opportunities for using and extending skills and expertise. When frustrated, one experiences a sense of ineffectiveness or even failure and helplessness. (Vansteenkiste et al., 2023)

As can be seen in these definitions of needs, BPNT is one of the few theories that provides for the holistic nature of experiences and an appreciation for environment and context, highlighting the impact of supporting or thwarting needs that facilitate or undermine wellbeing.

Five elements of wellbeing by Gallup

Dr Gallup is considered one of America's most influential people, and his steadfast commitment to ‘learning the will of the people’ has seen Gallup soar to new levels of opinion polling, claiming to achieve 95% coverage of the world’s population for some surveys (Gallup Inc, 2023a). Rath & Harter (2010a) provide a comprehensive technical outline of the research and development process behind Gallup's metrics, which include reviewing historical research, global research and analysis and pilot studies to test across diverse groups, which lead to the refinement of measures and constructs in the international samples. Gallup adopted the notion of a global wellbeing score, which integrates both objective (GDP, health, employment, literacy and poverty) and subjective aspects. Gallup built on Kahneman’s distinction between evaluative and experienced wellbeing, with ‘experienced wellbeing’ referring to momentary affective states as felt in the moment, while ‘evaluative wellbeing’ is related to the recollection of memories. This distinction is an attempt to mediate the sometimes distorting effect of memory (Kahneman & Riis, 2005).

With wellbeing defined as ‘all the things that are important to how we think about and experience our lives’ (Rath & Harter, 2010a, p.142), Gallup sets out to collect data in various ways, including online polling and in-person interviews. As such, Gallup’s surveys can be considered one of the few lay opinion polls used to inform a wellbeing model and measure. However, criticism regarding the reliance on agree/disagree dichotomy and Likert scales has been levelled (Crush, 2009). Gallup's wellbeing research covers 150 countries, where they have surveyed to identify features that *make life worthwhile*, and in

doing so, have identified what is asserted to be five universal, interconnected elements that shape, and are essential to, most individual's lives (Table 7). They are listed in order of importance based on the average person surveyed (Rath & Harter, 2010a).

Table 7

Gallup Five Elements of Wellbeing

Career	How one occupies one's time or simply liking what you do every day.
Social	Having strong relationships and love in life.
Financial	Effective management of one's economic life.
Physical	Experiencing good health and the energy to get things done on a daily basis.
Community	A sense of safety, security and engagement with the area where you live, including facilities, aesthetic qualities and natural beauty.

Note: Adapted by author from Rath & Harter, 2010a.

Gallup's research has found that people with high *Career wellbeing* are twice as likely to be thriving. Those with high levels of *Social wellbeing* have several close relationships. The wealth of the country greatly influences the level of *Financial wellbeing* experienced by the individuals who live there, and spending money on others and on experiences bring a greater happiness boost than does spending on material possessions. *Physical wellbeing*, comprised of eating, sleeping and exercising well, was also showed to greatly influence wellbeing which is exhibited as greater levels of life satisfaction and elevated levels of overall mood. Lastly, *Community wellbeing* was influenced not only by physical surroundings but also by active involvement in community groups and organisations (Rath & Harter 2010a).

Flourish and Secure Flourish

VanderWeele (2017) calls on empirical studies, literature and subjective wellbeing measures to develop the *Flourish* and *Secure Flourish* measures of the determinants of wellbeing in an effort to support social science research, wider public policy advancement and the individual pathways to flourishing. VanderWeele (2017) asserts that 'life satisfaction or psychological well-being do not capture all that we would ordinarily mean by flourishing'; instead, flourishing is understood to be 'a state in which all aspects of a person's life are good...complete human well-being, which is again arguably a broader concept than psychological well-being' (p. 8149). It is a state that is sustained over time, not just moment to moment.

VanderWeele (2017) identifies five core psychological domains as the initial building blocks of flourishing, while acknowledging that there may be others not listed (e.g., spirituality and religion), but confirming that there are at minimum five which should be considered. He states that each domain satisfies two conditions; firstly, each is regarded as an end in itself, and secondly, each is nearly universally desired. In addition to more common domains, VanderWeele (2017) reasons that an understanding of flourishing should surely include reference to both virtue (action in accord with virtue) and physical health as central to an individual's notions of wellbeing—for whether they be antecedents or outcomes of wellbeing, they are intrinsically linked. The domains are:

- Happiness and life satisfaction
- Mental and physical health
- Meaning and purpose
- Character and virtue
- Close social relationships
- *Financial and material stability

The *Flourish measure* includes questions for the first five domains, selected from existing, empirically validated scales commonly used in the wellbeing sciences; however, VanderWeele (2017) does not provide definitive definitions for each domain. The scale questions (see Appendix F) introduce the topics covered, which consist of overall life satisfaction, general feelings of happiness and unhappiness, ratings for physical health and overall mental health, feelings of life being worthwhile, understanding of purpose in life, character, virtue related to reflections on action to promote good (even in difficult and challenging times), the ability to delay happiness in the present for greater happiness later, being content, and levels of satisfaction with friendships and relationships (Węziak-Białowolska et al., 2019a).

The *Secure flourishing* measure adds a sixth domain of **Financial and material stability*, which adds questions related to feeling of worry about meeting normal monthly living expenses and frequency of concern about basic needs such as safety, food, or housing (VanderWeele, 2017; Węziak-Białowolska et al., 2019b). Here VanderWeele (2017) acknowledges that stable flourishing, beyond a momentary experience, requires external resources and that while this may not be an intrinsic goal in and of itself (i.e., meeting the first condition listed above), it could be remiss to not consider this domain when measuring wellbeing. However, VanderWeele (2017) places a caveat by classifying financial and material stability as an enabling factor of wellbeing rather than a constituent in and of itself.

Comprehensive systematic and umbrella reviews of wellbeing

In recent years, researchers have been working systematically to address the issues around construct definition, confusion and conflation in the wellbeing sciences. I have reviewed three such studies that aspired to investigate wellbeing measures, instruments, models and domains to map the landscape and find consensus (Iasiello et al., 2024; Kauppi et al., 2023; Linton et al., 2016). I will outline the methodology and high-level findings of each study, as follows.

Review of 99 self-report measures for assessing well-being in adults

Linton et al. (2016) was the largest review of instruments measuring wellbeing, as at the date of publication of this thesis. The review aimed to ‘systematically identify well-being instruments, explore the variety of well-being dimensions within instruments and describe how the production of instruments has developed over time’ (p. 1). The researchers used a range of inclusion and exclusion criteria to frame the systematic review of 99 self-report instruments. Included were English language measures intended

for assessing wellbeing and general adult use, within population studies or designed as generic tools for different contexts. Additionally, they included measures related to quality of life, happiness and wellness. Measures which were aimed at measuring disease or a specific context (such as pregnancy) were excluded.

Linton et al. (2016) describe how the instruments were developed using ‘preset theory, literature searches, factor analytic methods, expert opinion or a combination of all four to determine which dimensions would be included in [the] tools’ (p. 10). Of note, these do not appear to indicate the inclusion of any lay perspectives. They convey several challenges of finding agreement between studies with significant disparities about construct definition and theoretical underpinnings, that differ across disciplines, with some focusing on human needs or capability approaches, while others are informed by hybrid considerations. Uncertainty was further entrenched by the conflation of related topics such as quality of life, happiness and wellness. Furthermore, they describe how most instruments do not differentiate between determinants (factors which influence how individuals think and feel), states (specific thoughts and feelings individuals have about their life) and consequences (specific outcomes resultant of the individual’s quality of life).

The authors indexed a total of 99 generic measures of adult wellbeing to identify 196 dimensions of wellbeing, which, using iterative thematic analysis, were clustered into six themes displayed in Figure 6. These themes were used to support the comparative analysis for Research Question 3 (see Appendix F for complete list).

The authors note that there was limited agreement on definition but, broadly speaking, wellbeing was articulated as a multidimensional construct. The two most commonly cited theoretical influences were Denier’s subjective wellbeing model and the World Health Organization’s definition of health. Less frequently, but still indicated, were references to Maslow’s hierarchy, Sen’s capability approach, Ryff’s psychological wellbeing approach and Ryan and Deci’s self-determination theory. As will be seen in the findings chapters, Linton et al.’s six themes come closest to corresponding to my study findings, yet all of these themes are not present in a single prominent PP theory or model of wellbeing.

Figure 6

Linton et al. (2016) Systematic Review Six Themes with Description

Themes	Theme description
Mental well-being	Dimensions linked to the theme of mental well-being assess the psychological, cognitive and emotional quality of a person’s life. This includes the thoughts and feelings that individuals have about the state of their life, and a person’s experience of happiness.
Social well-being	Social well-being concerns how well an individual is connected to others in their local and wider social community. This includes social interactions, the depth of key relationships and the availability of social support.
Activities and functioning	The focus of this theme is the behaviour and activities that characterise daily life. This involves the specific activities we fill our time with, and our ability to undertake these tasks.
Physical well-being	Physical well-being refers to the quality and performance of bodily functioning. This includes having the energy to live well, the capacity to sense the external environment and our experiences of pain and comfort.
Spiritual well-being	Spiritual well-being is concerned with meaning, a connection to something greater than oneself and in some cases faith in a higher power.
Personal circumstances	These dimensions are related to the conditions and external pressures that an individual faces. This involves numerous environmental and socioeconomic concerns such as financial security.

Of interest was the lack of definition and consideration given to how objective wellbeing should be conceptualised and measured. Linton et al.'s analysis showed that only a few wellbeing measures (of the 99) appeared to capture all six themes, and all of those fell within the Quality of Life (QoL) category. The authors concluded that they do not endorse any one measure but rather encourage scholars to be more explicit about what they hope to measure and then select the appropriate instrument.

Assessing the structures and domains of wellness models: A systematic review

With an aim to address the ongoing concept and definition confusion that plagues the study of wellbeing, Kauppi et al., (2023) undertook a comprehensive systematic review to explore different wellness domains and to determine if consensus was being reached. They reviewed 5805 articles from 1970 to the present, to find 44 models that met their inclusion criteria (wellbeing/wellness focus; met WHO's tripartite domains; peer-reviewed; developed for adult general population; English language; and full article available).

Of the models and theories reviewed so far, there is no overlap with those reviewed in this study. The selected models contained 379 unique domains (494 in total) which were clustered in to 70 groups and then into 14 themes: *Economical, Emotional, Environmental, Health Behaviour, Healthcare, Intellectual, Life Satisfaction, Occupational, Physical, Psychological, Social, Spiritual, Values and ideology*, and lastly *Miscellaneous*, which contained items that did not clearly belong to any other group. These themes were used to support the comparative analysis for Research Question 3 (see Appendix F for complete list).

There was no clear trend of an increasing importance of any one theme over the review period (1970–2022), but there were two noticeable new entries in the recent publications, with the themes *Economic* and *Environmental* appearing rarely prior to 2010 but increasingly post. The number of domains ranged between 4 and 30, which is an average of eight but the majority (eight models) have five domains, with the most common being *Social relationships, Positive and negative feelings, Functioning, Generic spiritual and wellness* and *Environment*.

Of the 44 models reviewed, 15 did not disclose the methodological means by which they were established. The others were developed as a result of literature review, expert panel or qualitatively via population survey data, or a combination of the three. None of the models are noted as including lay opinions. The authors' closing assertion is that 'despite nearly 50 years of research, a mutual understanding of the different wellness domains is absent' (Kauppi et al., 2023, p. 12), a revealing conclusion.

What's the difference between measures of wellbeing, quality of life, resilience, and coping? An umbrella review and concept map of 155 measures of positive mental health

In this paper, the research team set out to 'review and conceptually map the theoretical and measurement landscape of positive mental health' (Iasiello et al., 2024, p.6), considered to be the first

stage of a project looking to develop a taxonomy of mental health. The researchers use positive mental health as an umbrella concept and include multi-dimensional concepts such as wellbeing, quality of life, resilience and coping, which allowed them to collect information about the theorisation of the concept and its operationalisation through dedicated instruments.

Citing many similar issues as Linton et al. (2016), the group identified a number of challenges when determining the focus, scope and methodological approach of studies being reviewed, due to a lack of universally accepted definitions and the ‘circular and synonymous use of language’ (p. 4), such as the terms ‘positive’ or ‘quality of life’. Furthermore they, along with other researchers, note the issues surrounding the ‘jingle jangle fallacy’ (Marsh et al., 2019; Van Zyl & Donaldson, 2024), which sees similar words being ‘used to describe very different concepts (jingle; e.g., functioning could refer to general mental well-being, ability to perform daily activities, or performance of physical senses) and...examples of the same concept described differently (jangle; e.g., activated positive emotions and vitality)’ (p. 5), which complicates the process of definition, comparison and measurement.

Inclusion criteria involved validated measures, in English, designed for assessing the target concepts in general adult samples, that were not specifically exploring disease or illness. Exclusion criteria were focused on removing measures with a disease focus, specific contexts (e.g., pregnancy) or for use with children. The researchers developed a deductive coding manual using two prior studies. They then consulted mental health measurement experts and made adjustments to the coding framework accordingly. Lastly, two of the team undertook an inductive coding process by reviewing the qualitative data in the selected measures and further refined the framework.

In total, 155 instruments were reviewed, with a vast majority measuring quality of life (85%) while wellbeing (8.0%), resilience (6.0%) and coping (1.0%) made up the remaining 15%. The researchers identified 410 unique dimensions. Using a thematic analysis process, these were subsequently recoded into 21 synthesised themes which were used to support the comparative analysis for Research Question 3 (see Appendix F for complete list).

To summarise, therefore, this review for my research has touched on more than 50 wellbeing theories and models, and hundreds of measures, themes and domains identified within them, yet this has covered only some of the vast thinking within the wellbeing sciences in relation to how wellbeing is conceptualised, defined and measured.

Many other seminal and influential approaches could have been included, such as the *Life Model* (Lomas et al., 2015), which spans the objective, subjective, intra- and interpersonal aspects of wellbeing. Chaaban et al. (2016) *Composite global well-being index* bridges subjective survey data and socioeconomic indicators. Wong’s (2011) extensive work on existential Positive Psychology 2.0, the *Self-transcendence model* and *mature happiness*, characterised by inner harmony and connectiveness, which is said to bridge East and West with their focus on embracing the role of suffering, meaning and spiritual, faith-based competencies and context (Wong et al., 2023; Wong, 2023).

The *Planetary Wellbeing Initiative* (Antó et al., 2021) draws focus to the pressing issues of our time, such as climate collapse, by crediting the interrelatedness of human, non-human, social and natural systems. Oades' (2018) mid-level *Thrivability theory* is a 'comprehensive interdisciplinary meta-theory of human thriving, wellbeing and flourishing' (Oades, 2021), weaving the 3 C's—meaningful *connection* (human and non-human), *competence* (abilities) and *composure* (composition and equanimity) that integrate contextual factors by recognising that wellbeing is emergent of the person using their capability in the environment.

All offer complex and powerful evolutions in wellbeing science and theoretical approaches, but it is time to turn to what we know of lay voices, so far notably absent from this science.

Lay concept research

Every day individuals are faced with hundreds of minute decision points. Should I hit the snooze button or get up and go for a walk? Shall I have a salad or sandwich? Purchase the more expensive printer cartridge or buy the new, cheaper knock-off version? These are small but constant assessments that are sometimes considered and, other times, a quick, unconscious conclusion is drawn. Sitting beneath those choices are belief structures, concepts of right and wrong, the meaning makers and translators of everyday activities. These theories allow individuals to comprehend in the moment and predict what will happen if they choose a particular course. Choose the cheaper ink cartridge, risk wrecking the printer. Is that a gamble worth taking? Both in-the-moment perception and previous experience help to build operating theories, supporting everyday functioning. Without them, life would simply be too overwhelming.

Furnham & Cheng (2000) outline three types of theories: *scientific* theories, which are developed and tested to define and predict specific phenomena, *folk* theories that are shared by a particular subgroup, and *lay* theories that are personal and idiosyncratic. These lay theories help expedite complex thinking patterns when navigating both simple and complicated everyday events (Dweck et al., 1995; Plaks et al., 2009). Lay concepts are the informal, common-sense justifications people offer for specific social behaviours which are frequently dissimilar to recognised 'scientific' accounts. Furnham (1988) states that 'in an attempt to make sense of the social and physical world, to see it as stable, orderly, predictable and understandable, people develop theories or arrive at explanations for phenomena salient to their lives' (p. 19). Molden & Dweck (2006) expand this stating that 'lay theory' is a fundamental assumption about some aspect of the environment that varies among individuals, even within a common culture.

These concepts are labelled as ontological conventions or beliefs about what is true in the world, or narrative depictions and frameworks that explain and organise the world (Levy et al., 2006). Their primary purpose is to facilitate understanding complex information (Heider, 2013; Plaks et al., 2009). Formal research on lay concepts and theories dates back to the early 1980s with the work of Furnham and colleagues (Furnham, 1988), who initially focused on health and mental illness, with topics such as lay

theories of alcoholism (Furnham & Lowick, 1984), delinquency (Furnham & Henderson, 1983) and phobia (Furnham, 1995). In the early 2000s, the focus of research broadened to include topics with a positive mental health focus, such as happiness (Furnham & Cheng, 2000), perceptions of successful ageing (Bowling, 2006), life satisfaction and life getting better and better (Busseri & Samani, 2019), intergroup relationships (Levy et al., 2006) and modern health issues such as the causes and consequences of obesity (Thibodeau & Flusberg, 2017).

Aspects such as education, socioeconomic status and related demographic features appear to be strong influences on what type of theory people hold (Furnham, 1988). The practical nature of lay theories is of significance as it appears that they are both logical and rational and appear to bolster essential human functions such as self-esteem, group cohesion (Levy et al., 2006), while also constructing ethical frameworks by which new information is digested (Furnham, 1988).

In psychology, research on lay theories has focused on examining the similarities and disparities between lay common sense and scientific theory. Many studies have revealed disparities but, possibly more remarkably, have found more parallels than differences (Furnham, 1988). This indicates that laypeople can hold relatively sophisticated and accurate accounts (Furnham, 1988; Zedelius et al., 2017). That said, research shows that laypeople will actively distort information and experiences that violate their meaning systems (Plaks et al., 2009; Plaks & Stecher, 2007; Plaks et al., 2005). One such series of studies (Karnani et al., 2014; McFerran & Mukhopadhyay, 2013) found that people believe obesity is caused by one of two things, a lack of exercise or poor diet. Laypeople who identified a lack of exercise as the leading cause of obesity were more likely to be overweight (higher body mass) than participants who indicated poor diet as the primary cause.

The research specified that those who held lay theories that supported insufficient exercise consumed more food than those who indicated poor diet. When the researchers investigated this phenomenon further, they discovered a fundamental and insidious cause. They found that, while medical research has reached the consensus that a poor diet is a more significant factor of obesity than a lack of exercise, it was evident that ‘marketing and corporate social responsibility campaigns of food and beverage companies consistently overemphasise the lack of exercise as the cause of obesity—the authors call this “leanwashing”’ (Karnani et al., 2014, p.5).

These crucial studies signal the relationship between lay concepts held and actual behaviour, the impact of often contradictory or factually incorrect messages found in the public sphere, and the profoundly negative consequences these can have on individuals. While science has developed a significant evidence base, self-serving corporations continue to mislead the public with well-funded and prolific advertising campaigns, making it increasingly hard to get accurate health messages into the public domain.

This research explores the construct of wellbeing in a similar way, understanding what people believe to be true about wellbeing and how this may relate to their experienced mental health.

Lay concepts of wellbeing and the methodological approaches taken

As articulated in the introduction, one criticism of wellbeing research, and Positive Psychology, is the noticeable dearth of lay perspectives in the development of wellbeing theory (Hone et al., 2014; Jongbloed & Andres, 2015). Much of lay concept research has focused on exploring how laypeople conceive different topics. For example, are happiness, the good life and wellbeing related or different (Jongbloed & Andres, 2015; Kneer & Haybron, 2019; 2023). Little research has been undertaken to understand if laypeople and academic theory unify in the concepts of what wellbeing is, how it is defined and what may improve or worsen wellbeing (Hone et al., 2014; McMahan & Estes, 2011; Popay, 2006). Where lay perceptions have been explored in research, various methods and methodological approaches have been used (e.g., interviews, qualitative surveys, phenomenological and thematic analysis and prototype studies), that have uncovered both similarities and differences, which will be explored in the following sections.

McMahan & Estes (2011) conducted two studies to examine the content and measurement of lay conceptions of wellbeing. They developed and tested a wellbeing beliefs scale based on well-known wellbeing theory (i.e., hedonia and eudaimonia). Using exploratory and confirmatory factor analysis, they created the 16-item *Beliefs about Well-Being Scale*, tested on two different university student populations ($N = 300$ and $N = 100$, respectively) with a median age of 19.3 years and 20.1 years, respectively.

The findings reported four theoretically meaningful factors: i) the Experience of Pleasure, ii) Avoidance of Negative Experience, iii) Self-Development, and iv) Contribution to Others. The researchers assert that these findings indicated significant theoretical cohesion in that student lay conceptions included both hedonic and eudaimonic dimensions, consistent with explicit conceptions outlined in scientific theory.

I believe there is a fundamental flaw in this assertion. Participants were only asked to rate items on the scale, which were developed solely on the components found in theory (as identified by the researchers). It, therefore, would have been impossible for the students to have unearthed anything other than theoretically cohesive conceptions because they were not afforded other formats to share their opinions. A further limitation of this study is the narrow choice of a university-age population (and tertiary-educated minority), which further challenges the utility of the findings. While McMahan & Estes's (2011) approach provides rich information, it conflates lay notions with those of academia.

To combat similar concerns, Delle Fave et al. (2011, 2016) have undertaken two cross-country studies ($N = 666$; $N = 2799$) where they adopted a comprehensive mixed methods approach to explore lay definitions of happiness using open-ended survey and interview formats and content analysis methods. Study 1 (Delle Fave et al., 2011) saw researchers seeking to explore the definitions and experiences of happiness. They utilised well-known life domains (e.g., relationships, work) and subjective wellbeing scales to ascertain respondents' hedonic and eudaimonic dimensions of happiness, which supported methodological triangulation (Denzin & Lincoln, 2000). Results reported that happiness was principally 'defined as a condition of psychological balance and harmony' (p. 185), a factor that is not found in

prominent wellbeing theory. The life domain identified as most significant to happiness was *family and social relations*, which could be said to be aligned with common wellbeing theory. Most models do not stipulate the specificity of ‘family’ or ‘social’, instead using far a broader label such as ‘relationships’ (see Diener et al., 2009; Huppert & So, 2013; Seligman, 2011), again displaying a potential distinction between lay and academic vernacular. Study 2 (Delle Fave et al., 2016) saw an increased attention to broader sampling that included Asian and Latin American countries, using similar methods. The researchers concluded that ‘there is substantial similarity across countries in the core definitions of happiness’ (p.19). Participants’ definitions of happiness included a predominant focus on the concept of inner harmony extending to peace, serenity, balance and self-acceptance, and also to the role of positive connectedness.

Another study of note is a small part of a Canadian longitudinal project, *Paths to Life’s Way*, which has followed 574 participants at several time points since 1988. Of interest is this specific sub-study involving the analysis of a questionnaire mailer ($N = 574$) and semi-structured face-to-face interviews ($n = 24$), which investigated lay understanding and experience of happiness and wellbeing as unitary or differentiated constructs (Jongbloed & Andres, 2015). The study had two aims: 1) afford an in-depth understanding of the two constructs, happiness and wellbeing, and 2) improve construct validity through triangulation by employing a sequential exploratory design using quantitative survey responses (Andres, 2012). Stage 1 involved the analysis of interview data to identify themes, of which several emerged, including:

- happiness is *relative* to what one can *imagine*
- happiness is an *outlook* or mental approach to life
- happiness is *the freedom* to do and be what one wants to do and be.

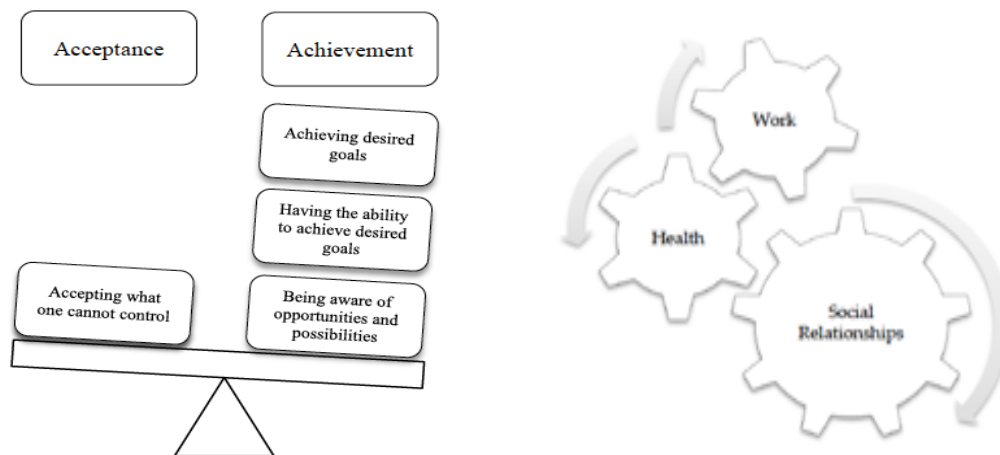
A majority of participants (85%) saw happiness and wellbeing as separate yet related constructs. The researchers developed two metaphors to communicate their findings (Figure 7).

The first metaphor is *happiness as balance*, where happiness appears to be an exclusively mental concept that balances goal striving and attainment, accepting things not going according to plan. Many participants spoke of the tensions of balancing between what one should, have or be in order to be happy and the loss of freedom or quality of life it may cost them. The second metaphor, *Gears of wellbeing*, integrates many aspects, including mental and physical (e.g., work, physical and mental health, and social relationships), and that optimal wellbeing entails different gear ratios depending on the stage or situation.

‘When adjusting the “gears of wellbeing,” individuals must make complicated decisions based on their capabilities, knowledge, prior experiences, and best guesses about the future’ (Jongbloed & Andres, 2015, p. 11)—alluding to the need to balance the domains of life throughout one’s life. As with Delle Fave et al.’s (2011, 2016) studies, balance appears as a significant thread emerging from lay conceptions, that is not accounted for in popular wellbeing theory.

Figure 7

Metaphor Depictions: Happiness is Balance and Gears of Wellbeing



Note: Sourced from Jongbloed & Andres, 2015

A study by Bojanowska and Zalewska (2016) with a Polish sample ($N = 785$) sought to gather lay conceptions of happiness (used interchangeably with the term wellbeing), and its relationship to experienced wellbeing and different stages of life. The researchers asked participants to think about the word ‘happiness’ and then free-associate by taking one minute to list all the words that came to mind for them. They then analysed results using moderating variables, such as gender and age, and discovered many interesting nuances about individual conceptions of happiness. The findings established that most participants stated health and relationships as significant to happiness and commonly, but to a lesser degree, work, knowledge, material goods and freedom. The study uncovered many interesting associations between satisfaction with life and positive affect, highlighting discrepancies between common wellbeing theory and lay notions of wellbeing/happiness.

Black and Kern (2020) explored the way in which individuals identified as having the personality trait of sensory processing sensitivity (SPS) conceptualise and experience wellbeing. The study was undertaken in what could be classified as a WEIRD society, Australia, where wellbeing is often articulated and measured as being about extroversion and high-arousal positive emotions. The study involved semi-structured interviews with 12 adults identified as highly sensitive using the Highly Sensitive Person Scale (HSPS; Aron and Aron, 1997).

The results were qualitatively investigated using interpretative phenomenological analysis (IPA) and, through the iterative investigation of the transcriptions, themes were developed which were clustered into shared meaning groupings. Findings illustrated that highly sensitive respondents articulated wellbeing as involving a sense of balance/harmony across the many dimensions of life. They described the importance of positive emotion that might be considered low arousal (e.g., calmness, peacefulness). Participants conceived the concept of wellbeing as including the role of ‘self-awareness, self-acceptance, positive social relationships balanced by times of solitude, connecting with nature, contemplative practices, emotional self-regulation, practicing self-compassion, having a sense of meaning, and

hope/optimism' (Black & Kern, 2020, p.1). The experience of physical health concerns and the ability to 'say no to others' were barriers to wellbeing.

Huang et al. (2020) undertook a series of studies to investigate how Chinese international students, in an Australian university setting, conceptualised wellbeing and to identify what activities they believed strengthen wellbeing. The primary aim of the studies was to ascertain how to best support students during their tertiary studies abroad and to determine the cultural differences which may affect wellbeing. The initial study involved participants responding to an online qualitative survey ($N = 84$) and the second study involved semi-structured interviews of a sub-sample ($N = 30$) to glean further information.

The data analysis process involved phenomenographic, language and thematic analysis. As with previous lay conception studies, participants viewed wellbeing as being multidimensional. They defined it as relating to both physical and mental health with intrapersonal connections proving to be the most significant approach utilised to strengthen wellbeing. The thematic analysis identified five main themes built from 22 sub-themes. These included mental based (e.g., happiness, positivity, mental illness), physical based (e.g., comfort, physical health), security (e.g., financial security, stable environment), relationship support (e.g., social support and integration) and prosperity (e.g., life satisfaction, purpose, passion, academic success, self, value) (Huang et al., 2020).

The research identified that students held different understanding of the term wellbeing dependent on the English or Chinese conception of the idea. For example, there was discussion that the English meaning saw it expressed as a broad and abstract concept that was neutral, dynamic and with a long-term view while being focused more on self. On the other hand, the term expressed in Chinese elicited meaning that was more specific and material, positive and ideal, static and short term, and focused on others more than the self. Huang et al. (2020) concluded that there is a need for cultural sensitivity in language choices when engaging with diverse populations as divergent understandings might potentially impact the effectiveness of health promotion messaging. Also, for Chinese international students, the definition of wellbeing expands beyond physical and mental health to include financial security and prosperity, offering insights for definition and measurement.

Similarly, Cabanas and González-Lamas (2022) explored lay definitions of happiness collected in an open-ended survey questionnaire with a Spanish sample of $N = 547$. Using a bottom-up, inductive process, they classified '39 codes, 15 categories, and 3 overarching types of definitions' (p. 1). The definitions provide interesting insight into lay conceptions of happiness. The researchers concluded that the definitions of happiness were highly heterogenous, and that significant variance in definition was found to be based on sociodemographic factors (e.g., gender, age, income levels). Lastly, the level of happiness a respondent reported did not appear to relate to how they articulated happiness; that is, experienced happiness did not seem to impact on the way in which the concept was expressed.

Systematic review of wellbeing conceptualisation

The systematic review by Sollis et al. (2022) provides an exemplary overview of global studies, across all age ranges, that explore conceptualisations of wellbeing using participatory methodologies. The researchers analysed 121 unique studies, which they used to develop a participatory wellbeing framework, a set of explicit dimensions or indicators that articulated what ‘wellbeing, a good life, or quality of life means to individuals in a community or population group’ (p. 3), collected through various methodologies (including survey, interview, focus group etc). The breadth of terms included echoes the challenges outlined in the systematic reviews outlined earlier, where the jingle jangle effect causes difficulty in accurately comparing studies (Marsh et al., 2019).

The inclusion criteria meant that studies must have consulted directly with the target population (or in the case of young people, some caregivers and parents were included), must have included at least one open-ended question asking about what wellbeing means to them, and have thematic analysis applied. Exclusion criteria saw papers exploring topics such as ill-being, poverty and deprivation or those focused on exploring wellbeing conceptions in a particular context (e.g., school) were not included, as the review sought to understand global understandings of wellbeing.

The thematic analysis resulted in 30 unique wellbeing areas being developed. They range across relationships (family, other, intimate), emotional wellbeing, physical health, financial security, having basic needs met, wealth and assets, recreation and leisure time, community and belongingness, education and knowledge, housing, independence and autonomy, work, happiness, being treated with respect and dignity, nature and non-human species, religion and spirituality, achievement and personal growth, personal values, and prosocial behaviours, satisfaction and contentment, personal safety, vital services and support, life events and experiences, sense of purpose and meaning, identity and self-concept, aspirations for future, civic engagement, mobility (transport ability to get around) and connection to culture. The authors contend that wellbeing was viewed as a multidimensional construct and that there were a variety of diverse conceptualisations held across different communities and geographic locations, indicating that while there was similarity in concepts held, there was also difference both within-group and between-group, signalling the need for a nuanced approach to wellbeing measurement, definition and intervention.

New Zealand-specific wellbeing lay concept research

Hone et al. (2014) undertook prototype research which involved several studies (sample sizes $N = 130$, $N = 52$, $N = 21$ and $N = 130$, respectively) that explored: 1) how New Zealand workers conceptualise wellbeing, 2) if that concept is prototypically organised (i.e., is there common agreement as to the features that are important to wellbeing and those which are peripheral), and 3) what activities workers intentionally pursue to promote their wellbeing.

The studies found that participants shared significant agreement about the components of wellbeing, and the relative importance of each part, confirming that wellbeing was prototypically

organised. However, respondents reported germane deviations from academic theory in that they did not rate common factors of wellbeing theory—namely, achievement, engagement and optimism—as important to wellbeing. Participants rated physical health, work-life balance and feeling valued, aspects not noted in prevalent wellbeing theory, as important to their wellbeing. Specifically, ‘physical activity/regular exercise, nurturing relationships, participating in hobbies/interests, and healthy eating were identified as the most popular ways to promote personal wellbeing’ (Hone et al., 2014, p. 1). This study highlights the gap between academic theory and lay perspective.

Bharara et al. (2019) undertook a series of studies to investigate conceptions of wellbeing among New Zealand adolescents (aged 11-13, $N = 361$), and what promoted it, using prototype analysis. Results presented some novel indications that ‘adolescents consider enjoyment/having fun, feeling safe, and being kind/helpful as central components of wellbeing, and sense of satisfaction as a peripheral component of wellbeing’ (p.1), which indicates some variance from prominent academic approaches. The researchers also identified areas of agreement between adolescent conceptions and current literature which endorses the importance of positive connections with family and friends, along with participation in physical activity (e.g., organised sports) as being frequently reported routes to high levels of wellbeing. Similar to other research of this sort (Cabanias & González-Lamas, 2022; Delle Fave et al., 2016), socioeconomic indicators emerged as being influential on how wellbeing was conceived. Those who reported lower socioeconomic security expressed the importance of wealth and comfort, along with notions of having good values, success and achievement and good physical health as central to wellbeing, which was not consistent with those reported as having higher levels of socioeconomic security.

A team of New Zealand researchers involved in the development of the World Health Organization’s Quality of Life Index (WHOQOL) conducted a series of household surveys and focus groups. Researchers uncovered and tested anomalies in the New Zealand population regarding QOL, a different yet adjacent notion to wellbeing (Billington et al., 2010; Feng, 2011; Krägeloh et al., 2011, 2016). The researchers identified and then tested five uniquely New Zealand QOL components, including four elements within the *Psychological* wellbeing domain (expectations placed on you, respected by others, manage personal difficulties, control over your life) and one in the *Social* domain of relationships (belonging). While some of these seem relevant to wellbeing theory, for example, social relationships, it is again evident that laypeople and academics may view concepts related to wellbeing and quality of life differently. The researchers noted that these results speak to possible cultural differences between New Zealand and other parts of the world; however, they also caution that the WHOQOL survey has not been updated for over 20 years, and it may turn out that these five items are not unique to New Zealand but are indeed representing new shifts in QOL which may be found in other parts of the world, too (Feng, 2011).

In closing, Popay's (2006) article entitled, ‘Whose theory is it anyway?’ provides an illuminating overview of how population health must broaden its use and idea of the concept of ‘theory’ away from something seen purely as the scientists’ domain. She argues that researchers seek to derive and test theory to claim general relevance, which is common particularly in quantitative studies. Popay (2006) states that

researchers must appreciate the role and authority of lay theories in that people use them to reassert their 'power' or moral status to redress a sense of inequality in situations where they can feel somewhat powerless. She argues for the importance lay theories can have at a population health level.

For example, if prevailing lay theories are found to disagree with scientific evidence, they call into question the 'expert role'. One such specific example is where scientific evidence showed that aluminium sulphate accidentally dumped into the water supply of a United Kingdom town was shown not to affect residents' health. However, the conflicting lay theories persisted and resulted in continued challenges to the expert opinions. Such phenomena can be extended to patients challenging formal population health theories, for example, high rates of non-compliance with medical directives, which have significant implications for the health care system and, more significantly, for patient health and recovery (Popay, 2006). Blaxter's (1997) research revealed that patients see health and illness as two separate things, with health being an inclusive concept that is claimed wherever possible. A research participant's quote displays this unmistakably, 'I suppose he would be really healthy, because he's never been ill – an ulcer, cracked ribs, things like that. But never a cold or flu' (Blaxter, 1997, p. 750). Blaxter (1997) believes that people seek to claim moral equality, to not 'give in' to illness and to be seen as inferior to one's peers, even if economic or other inequities exist.

This section has provided an overview of research undertaken to capture lay conceptions in the social sciences and highlights some similarities and differences between lay conceptions and academic theory. Of particular interest is where lay opinions differ from theory or public health practice and the detrimental impact this can have on health and wellbeing.

Summary

This section offers a broad theoretical context for the study, starting with exploring the question, 'What is wellbeing?' Wellbeing is a multifaceted and elusive concept encompassing physical, mental, and social states experienced by individuals and societies. It involves understanding the wellbeing of individuals, groups, or entire ecosystems and is influenced by various factors, including mental and physical health, socioeconomic conditions, and environmental factors. Wellbeing is viewed as a complex and multidimensional construct that goes beyond mere happiness or life satisfaction.

The section reviewed prominent and emerging theories and models from Positive Psychology to better understand wellbeing, which is divided into hedonic (pleasure-seeking) and eudaimonic (meaning and self-realisation) orientations. Hedonic wellbeing focuses on feeling good and experiencing pleasure, while eudaimonic wellbeing involves living virtuously, fulfilling one's potential, and functioning well in life.

The review also considered subjective and objective approaches to measuring wellbeing. Subjective wellbeing involves personal assessments of happiness and life satisfaction, while objective wellbeing includes measurable factors like health, job opportunities, and socioeconomic development. Hybrid models combine elements of both approaches, recognising the value of subjective experiences

and objective conditions. Indigenous models like Whiti Te Rā and Te Whare Tapa Whā emphasise interconnected dimensions of wellbeing, incorporating physical, mental, spiritual, and social health rooted in Māori cultural values.

PP was introduced, and its evolution discussed through three waves, each building on the previous one. The first wave, initiated by Seligman and Csikszentmihalyi (2000), aimed to shift psychology's focus from repairing the worst in life to building positive qualities and enhancing wellbeing. The second wave (SWPP) acknowledged the interplay between positive and negative experiences, highlighting the growth potential in adversity. This wave embraced a more dialectical approach, recognising the complexity of human experiences. The third wave emphasises methodological diversity, cultural sensitivity, and systems perspectives, promoting a holistic understanding of wellbeing.

PP has faced critiques regarding its theoretical coherence, measurement issues, cultural biases, and promotion of neoliberal ideologies. Addressing these challenges requires a balanced approach to research methodologies, greater cultural inclusivity, and consideration of systemic factors influencing wellbeing. This study aims to enhance PP by understanding laypeople's notions of wellbeing and improving intervention efficacy.

To support the comparative analysis portion of the study, four initial models were selected: the Keyes (2002) dual continua approach, the Huppert & So (2013) Flourishing model, Diener et al.'s (2009) Flourishing model, and Seligman's (2011) PERMA model. Each model offers unique perspectives on flourishing, combining emotional and psychological wellbeing aspects.

Post-qualitative analysis, the study expanded to include additional approaches to ensure comprehensive coverage. These included Donaldson et al.'s (2022) PERMA+4, Ryan & Deci's (2022) Basic Psychological Need Theory, Rath & Harter's (2010a) Five Elements of Wellbeing, and VanderWeele's (2017) Flourishing model. Additionally, three systematic reviews (Iasiello et al., 2024; Kauppi et al., 2023; Linton et al., 2016) were incorporated to broaden the appraisal. The comparative analysis in Appendix F maps instrument items from these approaches against study findings, highlighting commonalities and disparities in conceptualising and measuring wellbeing.

Lastly, lay concepts of wellbeing research were examined, drawing from recent studies and methodological approaches. These lay concepts, which included everyday understandings and experiences of wellbeing, provide a foundation for the research design and comparative analysis of my study. Recent research explores lay concepts of wellbeing, revealing both similarities and differences with academic theories. Studies using varied methodologies, such as surveys and interviews, highlighted the multidimensional nature of wellbeing. Key findings indicated that laypeople emphasise balance, harmony, and social relationships in their definitions of happiness and wellbeing. However, socioeconomic factors appear to significantly influence these concepts, and cultural sensitivity was crucial when addressing diverse populations. This review underscores the practical nature of lay theories in supporting human functions like self-esteem and social connectedness, while also highlighting the potential negative impact of conflicting lay and scientific beliefs on health and wellbeing.

Overall, the section established a comprehensive framework for understanding wellbeing, acknowledging its complexity and the need for a multidimensional approach that incorporates both subjective experiences and objective conditions. This theoretical context will inform the study's investigation into how lay concepts of wellbeing compare to established theories and models. The next section outlines the methodological underpinnings and procedures of the study.

Chapter 3 | Methodology and Methods: How was this map developed?

‘If we knew what is already there, there would be no need for research’

Lailah Akita (2014)

‘Methodology is applied ideology’

Mason Cooley (n.d.)

Creswell (2014a) illustrates that any research approach is a partnership between theoretical worldview (how we determine what is knowledge), research design (the framework for gathering knowledge) and research methods (the data collection and analysis tools). These aspects impact on the design and outcome of research, including the assertions which can be offered. This chapter describes these components so as to summarise how this mixed methods study was conducted and the rationale for the process. Creswell and Plano Clark (2006) explain that mixed methods is a:

research design with philosophical assumptions as well as methods of inquiry. As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis and the mixture of qualitative and quantitative approaches...As a method, it focuses on collecting, analysing, and mixing both quantitative and qualitative data in a single study... Its central premise is that the use of quantitative and qualitative approaches, in combination, provides a better understanding of research problems than either approach alone (p. 5).

With this definition in mind, I set out the rationale for the research design, sample, and research questions that inform the procedural approach, supported by the research aims and literature review. I describe my approach informed by the worldview and axiology of how I, as a researcher, believe knowledge can be known and the ontology and epistemology that underpins the aims of the study. Ethical concerns and the study design are discussed, with particular focus on the methods utilised to collect and analyse data. This includes an outline of the survey measures used and a detailed description of the sample collected.

Study rationale and overview

As outlined in the opening reflexive section, I have had a long-standing concern with the positivist paradigm and WEIRD sample selection and methodology used in psychology, and this extends to Positive Psychology (Henrich et al, 2010a, 2010b; Hendricks et al., 2019; Kim et al., 2018). This apprehension has influenced the research design of my doctoral study and is motivated by the contribution I hope to make to the field of PP and wellbeing science, which speaks to the broadening of methodological and sample considerations with a desire to amplify previously underrepresented voices. To that end, and due to the dearth of lay concepts in these fields, this study is considered a starting point in providing a greater understanding of laypeople’s wellbeing beliefs and, for pragmatic reasons, has a particular focus on New Zealand adults.

To accomplish this aim, I undertook an exploratory-descriptive, embedded convergent, parallel design, mixed methods study which collected all data by way of an online survey (Braun & Clarke, 2021a; Sandelowski & Barroso, 2003). The mixed methods approach was designed to strengthen each of the types of data collected, narrative and quantitative, while addressing some of the critiques of each approach.

Research Questions and Aims

This focus is articulated in the following Research Questions:

1. What lay concepts of wellbeing are held by adults in New Zealand? Specifically, how do they describe and define wellbeing, and what do they believe makes their wellbeing better and worse?
2. Using self-report measures for wellbeing literacy, mental health and wellbeing, are certain groups more likely to hold certain concepts of wellbeing?
3. What are the similarities and differences between lay concepts of wellbeing and prominent wellbeing approaches (theory, models, measures) used in Positive Psychology?

This study's objectives will be achieved through the following research aims:

- To capture lay concepts about wellbeing as a phenomenon in a New Zealand context. What is wellbeing and what makes it better and worse?
- To explore, using demographic indicators, differences in words and phrases used by laypeople to discuss wellbeing at an individual and subgroup level.
- To investigate what, if any, relationship is evident between lay concepts of wellbeing and the wellbeing variables of wellbeing literacy (WellLit6SR), positive mental health (MCH-SF), depressive symptomology (PHQ-9), and generalised anxiety (GAD-7).
- To identify what similarities and differences are evident between lay concepts of wellbeing and prominent wellbeing models and theory used in Positive Psychology.

Table 8 provides a high-level overview of the study design and approach to address these research questions and aims.

Table 8*Overview of Study Design, Methods and Analysis*

Thesis title	Mapping Wellbeing: Exploring Lay Concepts of Wellbeing and how they Compare with Positive Psychology Approaches. A Mixed Methods study of New Zealand adults.
Research focus	To explore and describe lay concepts of wellbeing and what makes it better or worse, to understand if there are differences in concepts held between groups and between prominent wellbeing approaches used in Positive Psychology.
Theoretical worldview Axiology <i>The study of the nature of value</i>	Feminist, intersectional and queer theory. Outlining my values in relation to the research process which are underpinned by social justice theory values of <i>equity, access, participation and rights</i> and support the aim to ensure all voices could (and should) be collected while recognising limitations of methodology that means not all voices will be collected (Crenshaw, 2017; Creswell, 2014a; Khechen, 2013; Rawls, 2020).
Ontology <i>Nature and form of being</i>	Critical realism (CR) A branch of philosophy that moves between the dichotomy of positivism and interpretivism, taking aspects of both to bridge a new understanding of the source, composition and boundaries of knowledge concerned with both the observable and the unobservable (American Psychological Association, 2020).
Epistemology <i>Nature of knowledge</i>	Social constructionism A critical stance towards taken-for-granted ways of understanding the world and ourselves, where knowledge is sustained by social processes that are constructed between people (Burr, 2003; 2015).
Methodology <i>How do we know the world, or gain knowledge of it?</i>	Exploratory-Descriptive Embedded Mixed Methods (Core Qual + quan). • Embedded convergent design (Creswell, 2014b, 2022) • Exploratory-Descriptive (Hunter et al., 2019). • Core QUAL + quan (Morse, 2017) • Inductive approach Rationale of data collection Primary purpose (Core QUAL): Exploratory empirical study to capture concepts about what wellbeing is and what makes wellbeing better and worse from a sample of laypeople and then compare them to prominent approaches used in PP. Secondary or supplemental purpose (+quan): classification using demographic and wellbeing variables to categorise participants for comparative purposes (Guest 2012; Morse, 2017; 2020).
Sampling <i>The selection of a subset of the population of interest in a research study.</i>	Population: General sample Adult (over 18), New Zealand resident and non-expert in wellbeing (self-selected). Non-probability, convenience, snowball Step 1: Primary data collected via non-probability convenience and snowball sampling (Creswell & Creswell, 2017; Creswell & Plano Clark, 2006).

Methods <i>A series of steps, or collection of methods, taken to acquire knowledge.</i>	Familiarisation and initial coding while blind to demographic and wellbeing variables. Coding to a point where limited new ideas (codes) were apparent and a pragmatic decision was made to move to purposeful ‘organic’ sampling to mitigate sample concerns (Terry & Hayfield, 2021). Step 2: Purposeful ‘organic’ nested sampling driven by Social Justice Theory to make possible a more representative sampling (Bazeley, 2018; Morse, 2000). Sample Size <i>N</i> = 1064 total sample <i>n</i> = 476 total thematically coded, purposeful nested sub-sample. Survey (anonymous electronic format) Contained an open-ended qualitative question set (9), Demographic question set and Wellbeing self-report measure set including: • Wellbeing Literacy (WellLit6SR) (Oades, 2019) • Mental Health Continuum (MHC-SF) (Keyes, 2009) • Patient health questionnaire (Generalised Anxiety & Depressive symptomology) (PHQ) (Pfizer, n.d.) Survey method (Software utilised) • Qualtrics (2023)
Data analysis	Reflexive Thematic Analysis (RTA) <i>The whole sample analysis</i> (Chapter 4) conducted using a visual exploration of NVivo generated word clouds and tables to explore the language and concepts shared across the whole sample (<i>N</i> = 1064), for all survey questions as part of the initial RTA familiarisation phase (Braun & Clarke, 2022a; McNaught & Lam, 2010). <i>Nested sample</i> (Chapter 5) coding and analysis with the goal of identifying common meaning within the data and forming a thematically coded sub-sample (<i>n</i> = 476) (Braun & Clarke, 2022b), which informed the development of a novel model of wellbeing. Comparative analysis (qualitative and narrative) <i>A qualitative comparative analysis</i> (Chapter 5) was conducted using Pearson’s Chi-square testing for independence and significance of the demographic and wellbeing self-report measure categories (e.g., gender, age, ethnicity, positive mental health status) in the thematically coded sub-sample (<i>n</i> = 476) (Guest et al., 2012). Excel tables and graphs were utilised for visual comparative purposes to support the presentation of descriptive and inferential statistical findings for each of the components of the novel model of wellbeing developed from the RTA process. Lastly, a <i>comparative narrative analysis</i> (Chapter 6) was conducted to explore the variation between lay concepts of wellbeing and prominent approaches used within PP (Pickvance, 2001). Survey method (Software utilised) • NVivo (Lumivero, 2023) • SPSS (IMB SPSS, 2023)

Note: Adapted from Bright (2018).

Each aspect will be explored in greater detail within the next section which will discuss why mixed methods research is best placed to address the research aim (Morgan, 2014a,b).

Theoretical worldview | Axiology, Ontology and Epistemology

This section explores the study's theoretical assumptions which guide me as a researcher and communicate the approach taken to the nature of reality (ontology), the nature of knowledge, the different methods for gaining knowledge (epistemology) and how these are determined by my values. Social Justice Theory, underpinned by the emancipatory objectives of equity, access, participation and rights (Khechen, 2013; Rawls, 2020) support my aspirational aim and claim to ensure all voices are (and should) be collected while pragmatically acknowledging the limitations of resource and methodology that means not all voices will be collected (Creswell, 2014a). Guba (1990) explains that the term 'worldview' can be seen as 'a basic set of beliefs that guide action' (p. 19).

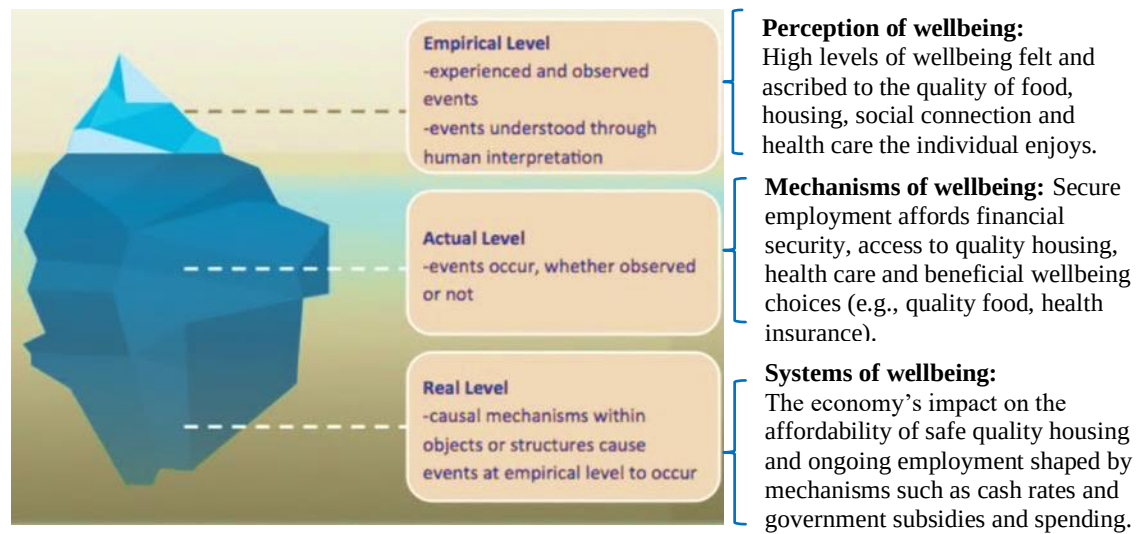
Axiology is 'the study of value or, more adequately, theory on the nature of value' and asks one to consider what makes a good researcher, and what makes good and worthwhile research (Deane, 2018). The intersection between the research aims and the researcher's worldview determines the actions selected and taken (i.e., methods) by the researcher. For me, reality exists, but how we understand or make meaning of it is constructed by our experiences and worldviews. I believe wellbeing is a thing that exists, in my opinion, individuals, communities and systems can 'have' wellbeing. However, what wellbeing is and how it can be observed and experienced may be different for each person/institution, at different times and stages over the course of a day, let alone a lifetime; as such, context matters (Alexandrova, 2017).

This study fits well with the ontological claims of Critical Realism (CR) in that CR is *realist* about ontology and recognises the existence of a 'mind-independent', structured and changing reality (Walsh & Evans, 2014). However, critical realism is not fully realist about epistemology. It recognises that knowledge is a social product, which is not independent of those who produce it (Bhaskar 1975; 2013). Realism, as a branch of philosophy, moves between the dichotomy of positivism and interpretivism, taking aspects of both to bridge a new understanding of the source, composition and boundaries of knowledge concerned with both the observable and the unobservable (American Psychological Association, 2020). Realism states that 'reality' exists and functions autonomously of our awareness or knowledge of reality (Bhaskar, 2013), whereas Relativism asserts that 'reality' is socially constructed by the individual and through interaction with others (Parker, 2002). Social constructionism takes a critical stance towards taken-for-granted ways of understanding the world and ourselves, where knowledge is sustained by social processes that are constructed between people (Burr, 2003; 2015).

CR is concerned with both the observable and the unobservable, asserting that while many things can be witnessed, the underlying cause or driver of said event may not be able to be observed. In CR this knowing of the world is viewed on three levels, the *Empirical*, the *Real*, and the *Actual*, as outlined in Figure 8 (Fletcher, 2017). Critical realists contend that the world, as an individual knows it, is constructed

Figure 8

The Levels of Critical Realism as Applied to the Example of Individual Wellbeing



from their experiences and beliefs, which are formed on what is observable. However, it is the unobservable events and structures that both influence and generate the events which are observed. For example, a person's sense of financial stability may come from the amount of money they have in their savings account and their confidence in continued employment. Nonetheless, the concept of money having value and the economy's performance are far more complex, unobservable forces that determine a person's confidence in their financial stability. The amount of money in a bank account may be observed but we cannot view the economy, it is a complex system of observable and unobservable realities, which all contribute to and create the experience of financial stability.

CR is built on several bedrock concepts. Firstly, the notion of 'epistemic fallacy', which highlights the clash between identifying what is real or existing based on what the observer knows to be real. If the observer does not know something, does that make it non-existent, or merely something they do not know yet? Only a particular type of knowledge can be in our consciousness, captured and explained through the storyteller's lens. For example, machine learning algorithms have been shown to display ingrained race and gender discriminations concealed within the language they are being built from, the language of the programmers who developed them (Caliskan et al., 2017; Schramowski et al., 2022). When attempts are made to create devices to work around human intricacies, in the pursuit of 'efficiency', we cannot avoid the human limitations and fallibilities of the producers of the technology.

The same can be said for researchers and scholars working to investigate a phenomenon and develop theory and models. With that process brings ingrained beliefs and theoretical assumptions, both productive and counterproductive. Knowledge is only ever subjective. For example, we may all agree there is a concept called weather. It contains many elements such as wind, warmth, and rain. Still, how we each interpret those elements is personal, some love the sound of rain on the roof, and others find it draining. The weather exists, but how we make meaning of its existence is subjective and context-driven.

Even someone who hates rain would undoubtedly love the sounds of rain should they find themselves lost on a desert island and dying of thirst. With these foundational concepts in place, I turn now to introduce the research design and methods selected to address the research aims.

Methodology

How do we know the world, or gain knowledge of it?

The aim of this study is candidly straightforward: to understand what wellbeing is from the perspective of people who are not academics in the field of wellbeing and then to compare these findings to that of prominent wellbeing models and theories found in the field of Positive Psychology. I liken this research study to an anthropological expedition, with an explorer setting off to chart relatively unmapped territory. There is no right or wrong discovery along the way. It is a process of seeing what is there and documenting it.

With this in mind, it is pertinent to acknowledge that the explorer will influence what is mapped. The theoretical assumptions that come with the researcher's training and experiences influence which features are of more interest or unique to the explorer and, as such, may well feature more prominently on the map. Considering this metaphor, this study can be described as undertaking an exploratory-descriptive embedded convergent mixed methods (Core QUAL + *quan*) (Creswell, 2014b, 2022; Hunter et al., 2019) methodology. I will now break down each aspect for clarification.

Exploratory-Descriptive Embedded Convergent Mixed Methods (Core QUAL + *quan*)

Exploratory-descriptive qualitative (EDQ) methodology is well employed when the concept under study is vague (Hunter et al., 2019). The explorative focus affords an unencumbered inductive mapping of a particular phenomenon without a priori frameworks guiding analysis. While the topic and study of the science of wellbeing may not be considered vague, having received considerable research attention, definition and measurement, the exploration of lay concepts of wellbeing are, however, less examined and obvious (Hone et al, 2014; Jarden & Roache, 2023). Exploratory research presents opportunity for the participant voice to form part of the knowledge development. As the researcher, I am not seeking to ascribe causation, but rather to map the territory of wellbeing and what moderates it (for better and worse) from a non-academic, lay perspective (Hunter et al., 2019; Stebbins, 2001).

The descriptive emphasis seeks to collect, sort and describe the beliefs held by respondents. Holloway and Galvin (2023) suggest that the description of a phenomenon involves documenting and describing a detailed narrative of the topic, and its significance, which generates a picture of the world from the perspective of the participants. As such,

social science exploration is a broad-ranging, purposive, systematic, prearranged undertaking designed to maximise the discovery of generalisations leading to description and understanding of an area of social or psychological life. Such exploration is... a distinctive way of conducting science—a scientific process—a special methodological

approach (as contrasted with confirmation), and a pervasive personal orientation of the explorer. The emergent generalisations are many and varied; they include the descriptive facts, folk concepts, cultural artifacts, structural arrangements, social processes, and beliefs and belief systems normally found there. (Vogt, 1999, as cited in Stebbins, 2011, p. 3)

As Vogt (1999) states, the approach taken in this study allows for a manner of generalisability or rather transferability, by providing the opportunity for a vast array of participants to respond in an accessible format, so the researcher can develop a wide-ranging understanding from thick descriptions (Braun & Clark, 2022), providing increased credibility and trustworthiness to the accuracy and potential broader usefulness of the findings (Lincoln & Guba, 1985).

Employing an online survey method provides opportunity to take a ‘wide angle lens’ and collect a large sample while staying true to the aims and qualitative research values, what can be considered ‘Core QUAL’ or ‘Big Q’ (Morse, 2017; Terry & Braun, 2017). Providing space for free responses, in a standardised delivery format, this design addresses some of the customary criticism of both qualitative research and survey methods (Terry & Braun, 2017). Such a procedure supports the collection of ‘subjective experiences, narratives, practices, positionings and discourses...[to] capture what is important to participants, and access *their* language and terminology’ (Braun et al., 2021, p.2) from a significant number of respondents so that the breadth and depth of discussion fits the research aims (Braun et al., 2021).

While this approach has resulted in an immense quantity of data to analyse, it has given rise to the description of what appear to be commonly agreed elements of wellbeing, for this sample. This can lay the groundwork for future studies where researchers can explore if these findings are transferable to other samples or specific to certain groups (e.g., geographic location, vocation, wellbeing literacy levels and mental health and wellbeing categorisations such as languishing, flourishing, anxiety).

Core QUAL + quan¹⁰

An embedded convergent mixed methods design was used, which Creswell and Plano Clark (2006, 2011) and Creswell (2022) describe as collecting quantitative and qualitative data concurrently and where the data is used within the same study. Within this mixed methods design, Morse’s (2010; 2017) notion of *Core QUAL+ quan* was applied, where one of the data types is viewed as primary and the other supplemental. The plus sign signposts that both parts of the project and data collection are conducted at the same time, while the uppercase demonstrates the dominant feature (Morse, 2003).

In this study, the qualitative data is the primary focus from which the lay concepts were identified, forming a nested sample (Bazeley, 2018) that was inductively coded and then crafted by the researcher into a novel model of wellbeing. This style ‘is characterised by the use of systematic

¹⁰ “The plus sign indicates that projects are conducted simultaneously, with the uppercase indicating the dominate feature’ (Morse, 2003, p.198).

procedures for identifying themes in the data that are common, recurring, dominant, or significant' (Dufour & Richard, 2019, p.4). The qualitative analysis could be published in its own right as a complete study, thereby meeting Morse's (2017) definition of Core QUAL (p. 70). The quantitative data is supplemental, in that it is used to categorise the sample into groups for comparative purposes. Guest et al. (2012) highlight that comparison has long been the focus of the social sciences, where researchers look to understand similarity and difference across groups (e.g., sex, ethnicity).

My personal and academic belief is that this is a limiting way to approach data analysis as the results are prone to creating artificial findings. With a nod here to my social justice values (Khechen, 2013; Rawls, 2020), in particular intersectional considerations (Crenshaw, 2017), I challenge the usefulness of grouping participants by arbitrary, often socially constructed notions such as sex and/or gender. A biological marker or socially normative label alone does not indicate enough about a person to determine if it is the deciding factor in commonality and difference from other groups. Complexities such as financial security (see Rusou et al., 2017), education (Zajacova & Lawrence, 2018) or relationship status (Simon-Thomas, 2019) have been shown to impact on a person's wellbeing, happiness and material security, or at least provide a compounding effect. This view is supported by Clarke (2021), who states:

we view knowledge as always partial and situated, knowledge production as a subjective process, the researcher inescapably 'influences' the research...in reflexive TA and many other Big Q approaches themes (or categories) are the endpoint of our interpretive work not the starting point. We're telling stories about our data not finding the essential truths lurking within it.

I will leave my scepticism of psychology's methodological fallibility and state that I elected to do a form of socially constructed comparative analysis, through descriptive statistical analysis and chi-squared testing, to investigate if any similarities and differences were present between groups. The two data types were integrated through a narrative description of the results which has been woven into the write-up. The hope is this may aid future research opportunities, ideally of a qualitative approach (e.g., focus group, interview or qualitative survey), where a greater exploration of perceived similarities and differences in different groups can be explored further.

Sampling

Wellbeing (and ill-being) is not isolated to one facet of society, one gender, one age group, one vocation—all people experience wellbeing and, as such, the primary aim of this study was to collect as many opinions and concepts as possible. A general sample was drawn from New Zealand adults who self-selected ($N = 1064$). From this larger sample, a smaller nested sample was purposefully thematically coded ($n = 476$) to mitigate a lack of sample representativeness in the initial blinded coding round (Bazeley, 2018; Morse, 2000). While generalisability and representativeness were not overt goals of the study, due to methodological ethos, scope and resource limitations, I attempted to capture a wide range of concepts which could then be analysed through demographic and subjective wellbeing measures to

support transferability, rather than specifically collecting the concepts of a particular sub-set of the general sample.

With a QUAL driver for this exploratory-descriptive study, data collection methods were directed towards ensuring a range of quality responses could be gathered so that patterns could be accounted for across the dataset, as ‘sampling should allow the researcher to capture and describe the phenomena over a variety of situations’ (Hunter et al., 2019, p.5.). Experts in the field warn of the notion of sampling as somehow inferring there is a way to capture all possible sources, as this is simply not conceivable or necessary to draw meaning from narratives (Braun & Clarke, 2022b). Focus is better directed at reflecting on what is ideal and possible and to maximise the possibility of generalisability and transferability of results to other settings (Braun & Clarke, 2022a; Spencer et al., 2004). Indicative ranges for sample sizes based on prior studies and for PhD projects note a sample of 200+ for studies using qualitative surveys (Braun & Clarke, 2013; Terry et al., 2017).

Inclusion criteria

The research was considered low risk so, with the aim of capturing a wide variety of lay opinions of adult New Zealanders, there were only three inclusion criteria:

- Aged over 18
- Live in New Zealand and
- Not a wellbeing ‘expert’ (self-selection) which was a subjective, self-determined response to the question: ‘Do you consider yourself to be a wellbeing specialist, researcher or expert? (For example, do you have a particular framework of understanding wellbeing, or an academic qualification in the wellbeing field and/or work in the mental health field?)’.

Participation incentive

At the end of the survey, participants were offered the chance to win 1 of 3 \$100 prezzie voucher incentives. Those who opted to enter the draw were taken to a separate survey which collected their contact details. This process ensured that anonymity was retained. Once the data was analysed, the draw was conducted, using a random number generator.

Recruitment

Participants were recruited through a non-probability convenience method with snowball technique (Creswell, 2014a; Wolf et al., 2016). Invitations to participate were disseminated through personal email invites and social media sites LinkedIn and Facebook (see Appendix B). Facebook advertising was utilised, which involved ads being placed on Instagram. This was by far the biggest generator of participants, reaching over 45,000 people. Due to the anonymous nature of the survey and snowball requests, I cannot determine how many people received the invite to participate. The survey period was October 1 to November 1, 2019.

I also utilised several professional networks which provide connection to the ethnic and minority communities such as the LGBTQI adult and youth population, senior citizens community, Korean New Zealand Society, The Asian network (TANI), and specifically to Māori and Pacific Island community organisations such as the Southern Initiative and Healthy Families.

As the responses were coming in, I tracked basic demographics like sex, age and ethnicity through Qualtrics reporting functionality. I left the survey open after the 400th response was received to try and increase the diversity of the sample, in particular groups which are often underrepresented in psychology research with particular focus on sex and ethnicity, especially men and Māori respondents (Henrich et al., 2010a; 2020).

When the sample mix did not naturally improve, I moved to targeted recruitment reaching out to specific groups asking for assistance with disseminating the invitation to participate. This resulted in a boosted response, especially from those identifying as men. Although the numbers for certain groups, men, Asian and Pacific Peoples in particular, were lower than desired, a pragmatic decision was made, with my supervisors, to close the survey once 1000 responses had been received because the sheer volume of data was going to prove difficult to analyse.

Methods

Survey design

I developed the qualitative questions (Table 8) informed by numerous studies (Furnham & Cheng, 2000; Hone et al., 2014; Hone et al., 2015b; McFerran & Mukhopadhyay, 2013). It was estimated that the full survey would take no more than 15 to 20 minutes to complete and covered three broad topics: What is wellbeing?, What makes wellbeing better? What makes wellbeing worse?

It is asserted that ‘online surveys offer participant anonymity and privacy in ways which can facilitate collection of data about more sensitive or potentially controversial topics’ (Bager-Charleson & McBeath, 2022, p. 7.). The topics were explored via an initial broad question and then two follow-up questions to provide opportunity for deeper enquiry (Denzin & Lincoln, 2000). For example, ‘*What is the single most important thing that enables/supports wellbeing?*’. The qualitative wellbeing survey was administered prior to the validated measures to ensure that participants were not primed about wellbeing related topics. Figure 10 illustrates the collection procedure.

A basic demographic question set was collected for descriptive and inferential statistical purposes along with a number of questions (Cantril ladder) relating to intentional pursuit of wellbeing activities, life satisfaction and financial security, which was collected to support participant categorisation. Lastly, the final question of the full survey was designed to capture any additional thoughts participants may have been prompted to share as a result of completing the wellbeing-related, dependent variable measures. A single open-ended question asked: ‘*Is there anything else you would like to share about the topic of wellbeing?*’

Multiple sources reviewed the survey design before launch, including AUT Statistician, Nick Garret as recommended by the PGR9 Faculty review committee, Gareth Terry, a qualitative researcher and Thematic Analysis specialist, my supervisors and Lyn Lavery of Academic Consulting. A small group of personal contacts (laypeople) also tested the survey. All parties provided feedback and minor adjustments to wording and question order. The most significant change came from Gareth Terry, who assisted in refining the wording and added the additional items to allow participants to elaborate on their comments, exploring the ‘why’ behind the response (see Questions 4, 5, 7, 8). Lastly, Charles Grinter from the AUT Ethics Committee reviewed the survey before ethics submission.

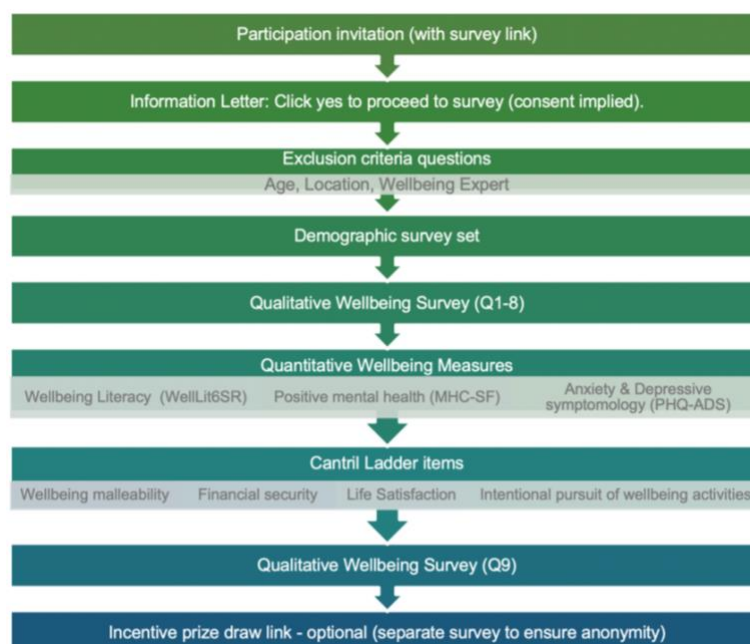
The statistician and ethicist voiced significant concern that the type of survey, and its length of time to complete, would result in inadequate participants to make the study viable. This was an unfounded concern, with over 1000 responses in 4 weeks: the survey was closed even though 25-40 replies were still arriving daily. Over 100,000 pieces of numerical data and 200,000 words were collected, providing ample data for analysis.

Procedure for data collection (order of collection)

The survey was administered so as to ensure minimal priming of respondents (Lavrakas, 2008) with qualitative and quantitative data collected at the same time. Figure 9 depicts the procedure. Once the information letter was read (providing implied consent) and the inclusion criteria were met, participants then moved on to the demographic question set, then the open-ended wellbeing qualitative questions, the wellbeing variable measures and ending with the final open-ended question, in case the measures prompted them about a particular aspect of wellbeing. Finally, participants were offered the opportunity to enter the prize draw. If they clicked ‘yes’, they were taken to a separate Qualtrics survey which collected contact details. This process ensured anonymity was retained.

Figure 9

Procedure for Data Collection for Lay Concepts of Wellbeing



Mixed methods survey questions

The following section outlines the data which was collected with the aim of answering the research questions. A copy of the full survey is located in Appendix C.

Demographic survey

The demographics collected consisted of a range of standard questions which provided opportunity to determine the sample composition during the initial data collection and purposeful coding phases. The categorisations also established the foundation of quantitative analysis for between- and within-group comparisons (e.g., do women, men and Trans/Non-binary participants talk about topics at different rates?) to address Research Question 2.

In addition to standard demographics, identity-related questions were added to address the social justice underpinning of ensuring diverse and underserved communities were heard, such as those living with a disability or who identify as part of the wider Rainbow (LGBTQI+) and Takatāpui¹¹ communities. The demographic questions included open-ended text options (indicated by an asterisk), in case participants wanted to provide further information, for example, lesbian, queer, or gay. The demographic survey covered the following areas:

- Gender identity
- Age
- Relationship status
- Employment status
- Ethnic group *
- Education
- Where do you primarily live (City/Town)
- Do you consider yourself to live rurally? (Yes/No)
- Do you identify as LGBTQI+, Takatāpui or a member of the Rainbow Community? (Yes/No) *
- Do you identify as someone with a disability? (Yes/No) *
- Do you believe your wellbeing is something you can change? (Yes/No) (Malleability)

¹¹ *Takatāpui* - A traditional Māori term meaning intimate companion of the same sex - close friend (of the same gender), intimate friend (of the same gender). Lesbian, gay, homosexual, gay men and women (Moorfeild, 2024). “It has been reclaimed to embrace all Māori who identify with diverse genders, sexualities and sex characteristics” (Te Ngākau Kahukura, 2024).

Qualitative wellbeing survey

Table 9 contains the qualitative survey of nine open-ended ended questions and details the focus for each section, designed to answer Research Question 1.

Table 9

Qualitative Survey Used to Collect Lay Concepts of Wellbeing

Question	Focus
1. When you hear the word wellbeing, what comes to mind for you? (for example: words, phrases, images, feelings). List everything you can think of, there are no wrong answers.	Define and describing 'What is wellbeing?'
2. Imagine if you were asked to describe wellbeing to someone who had never heard of the concept before. How would you describe it, as fully as possible?	
3. What, do you believe, makes your wellbeing better? Write everything you can think of.	Define and describing what makes wellbeing better.
4. From what you just said, what do you believe is the single most significant thing that makes your wellbeing better?	
5. Why do you think this is?	
6. What, do you believe, makes your wellbeing worse? Write everything you can think of.	Define and describing what makes wellbeing worse.
7. From what you just said, what do you believe is the single most significant thing that makes your wellbeing worse?	
8. Why do you think this is?	
9. Is there anything else you would like to share about the topic of wellbeing? (last question in survey after the self-report measures were administered)	Final catchment, after wellbeing measures delivered.

Quantitative wellbeing measures

Table 10 outlines the validated and non-validated self-report measures and scales that were used to collect data on each participant. These measures were selected as they are commonly used within Positive Psychology research and provide a broad overview of participants' wellbeing, and this supports the categorisation of participants into groups for comparative purposes to address Research Question 2 (all scales are located in Appendix D).

Table 10

Validated and Non-Validated Quantitative Scales Used to Collect Participant Data

Scale name / author	Scale description
Wellbeing Literacy 6 item self-report scale (WellLit6SR) (Oades, 2019)	A brief 6-item tool that seeks to capture self-reported measures for aspects of Wellbeing Literacy (vocabulary, knowledge, skills, comprehension, composing and literacy), e.g., I have the skills to understand information about wellbeing. The scale was developed by University of Melbourne Graduate School of Education Centre of Wellbeing Science team members leading the work on

Scale name / author	Scale description
	this emergent research area. While the scale is yet to be validated, it has proven helpful in identifying wellbeing literacy levels in respondents in both school-age and adult populations with convergent analyses confirming that wellbeing literacy is positively associated with wellbeing and negatively associated with illbeing (Hou, et al., 2021). Respondents are categorised as having low (red), moderate (amber) or high (green) levels of wellbeing literacy. This measure was included within this study for two purposes, firstly to provide a descriptive category for qualitative comparisons to explore if the different categories of wellbeing literacy speak at varying rates about themes in the research. Secondly, to support the development of the field by collecting a new data sample.
Positive mental health - Mental Health Continuum SF (MHC-SF) (Keyes, 2009)	A 14-item short form scale which measures dimensions of positive mental health. Emotional (hedonic wellbeing) e.g., during the past month, how often did you feel: happy and/or satisfied with your own life?. Five items of social wellbeing, e.g., during the past month, how often did you feel that you had something important to contribute to society?. Lastly, 6 items of psychological wellbeing (together comprising eudaimonic wellbeing) by measuring the frequency that respondents experience symptoms of positive mental health (e.g., during the past month, how often did you feel that you liked most parts of your personality?). This scale provides mental health status based on three subscales: Languishing, Moderately mentally well, and Flourishing. The psychometric properties of the MHC-SF are well founded (Lamers et al., 2011) with internal reliability (Cronbach's alpha) high for the total MHC-SF (0.89), as well as for the subscales of emotional wellbeing (0.83), psychological wellbeing (0.83), and social wellbeing (0.73).
The Patient Health Questionnaire (PHQ-ADS) (Kroenke & Spitzer, 2002; Spitzer, et al., 2006)	The Patient Health Questionnaire (PHQ-ADS) is designed to facilitate the recognition and diagnosis of the most common mental disorders (Pfizer Inc, n.d.). The PHQ-9, with 9 items, measures the items for major depressive disorder (DSM-IV). The GAD-7, with 7 items, is a brief scale for anxiety (Wenzel, 2017). <i>Note:</i> I have corresponded with Professor Corey Keyes who recommended these tools to determine the mental illness categorisation for use in conjunction with his Mental Health Continuum Short Form. <i>PHQ-9 Depression Severity</i> The depression severity score is 16 (3 items scored 1, 2 items scored 2, and 3 items scored 3). Scores of 5, 10, 15, and 20 represent cut-off points for mild, moderate, moderately severe and severe depression, respectively. <i>GAD-7 Anxiety Severity</i> Scores of 5, 10, and 15 represent cut-off points for mild, moderate, and severe anxiety, respectively. While designed principally as a screening measure for generalised anxiety disorder, the GAD-7 has moderately good operating characteristics for three common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder. When screening for anxiety disorders, a recommended cut-off point for further evaluation is a score of 10 or greater.
Cantril Ladder questions	A set of questions designed to capture information in the form of Cantril Ladder assessment rating. Participants were shown an image of a ladder and asked to assume that the ladder is 'how you picture your life'. The top (10) represents the best possible state and the bottom (1) represents the worst possible state. Please rate the following aspects of your life:

Scale name / author	Scale description
	• Satisfaction with my life? (1 to 10). • Financial security? (e.g. can cover my bills and feel confident about my financial situation) (1 to 10). • The degree to which I intentionally pursue activities / practices that are intended to support or improve my wellbeing (1 to 10).

Data analysis

Data analysis software

The data collection and analysis relied heavily on the use of three software packages. Firstly, Qualtrics (2023) is a platform which supports the design, testing, dissemination and response collection of online surveys. Secondly, NVivo Version 12 (Lumivero, 2023), is a data storage and analysis software programme used to support the organisation, coding and visualisation of qualitative data. NVivo has built-in tools and queries, such as coding, cross tab and matrix coding queries, which allow the user to access the coded data for different purposes and perspectives, thus supporting the qualitative analysis aims of the research. Lastly, IBM SPSS Version 29 (IBM SPSS, 2023) is a statistical data manipulation tool which supports the storing, testing and reporting of data in the form of variables.

Data screening and testing

Once the data was collected in Qualtrics, the final responses were checked for incomplete/unfinished participant records, which were deleted in Qualtrics. The survey results were downloaded into Excel, and several copies were made. Copy 1, entitled ‘mistress file’ is stored separately for consistency and safekeeping. Copy 2, entitled ‘working file’ was used for analysis. The data was then coded with a unique identifier number (files numbered 1 to 1064) to ensure consistency could be checked over the course of the analysis.

All content was then checked, and errors were remedied. This included text cleaning due to the use of Māori language macrons or translation issues between Qualtrics and Excel which entailed symbols being placed in the middle of some words. Next, the wellbeing measure scores were calculated with new columns added to allow for the results and category labels. Once cleaned, the data was then prepared to be loaded into Word for transfer to NVivo. The transfer process was done with expert support from Lyn Lavery of Academic Consulting to ensure a smooth and accurate data transition.

Data analysis approaches

The research design and the mixed methods nature of the data collected are driven by my underpinning values of equality and accessibility, in this case, the visibility of a wide array of lay voices. The most substantial method of analysis was the *Reflexive Thematic Analysis* process as it was the main (Core QUAL) focus of this study. Here I explored the data using the six phases of Braun and Clarke’s Reflexive Thematic Analysis (RTA) (2006; 2022a) process. Woven within the phases were two

additional quantitative and comparative narrative analysis processes which will be discussed in the following sections.

Reflexive Thematic Analysis (RTA)

Thematic analysis (TA) is an umbrella term for ‘a range of qualitative research methods that are used for exploring and interpreting patterned meaning across datasets’ (Auckland University, 2022, para. 1). Reflexive Thematic Analysis (RTA) is a method of TA coined by researchers Braun and Clarke (2006; 2019a; 2022a). RTA is a process of analysing qualitative data to answer a full spectrum of research questions (broad or narrow) about people’s experiences, views and perceptions, and representations of a given phenomenon (Braun & Clarke, 2022a) and, as such, is an appropriate method for this study which seeks to collect and understand how laypeople conceptualise wellbeing. RTA involves a rigorous, iterative process of exploring and interpreting a dataset to identify patterns of meaning that provide an answer to the research question being addressed. Patterns are identified through a six-phase process of analysis, outlined below. There is acknowledgment that RTA involves an iterative refinement and interpretation process and is not a strictly linear process, instead moving back and forth between the phases (Braun & Clarke, 2022a).

- Phase 1: Familiarising yourself with the dataset - Reading and re-reading the data, becoming immersed and familiar with its content. Making notes on initial observations and insights, relating to each data item (e.g., a survey response) and the entire dataset.
- Phase 2: Coding - Generating succinct labels (codes) that capture and evoke important features of the data that might be relevant to addressing the research question/s. Coding the data, with two or more rounds of coding, and then, collating the codes and relevant data extracts, for later stages of analysis.
- Phase 3: Generating initial themes - Examining the codes and collated data to begin to develop significant broader patterns of meaning (potential themes). Collating data relevant to each candidate theme, so that you can work with the data and review the viability of themes.
- Phase 4: Developing and reviewing themes - Checking the candidate themes against the coded data and entire dataset, to determine that they tell a convincing story of the data, that addresses the research question/s. Themes are further developed, which sometimes involves them being split, combined, or discarded.
- Phase 5: Refining, defining and naming themes - Developing a detailed analysis of each theme, working out the scope and focus of each theme, determining the ‘story’ of each. Deciding on an informative name for each theme.
- Phase 6: Writing up - Weaving together the analytic narrative and data extracts, and contextualising the analysis in relation to existing literature.

The inductive approach is initiated with familiarisation with the data, then coding, through to candidate theming, returning to the coding for a detailed and nuanced review of the contents, and then back to theming for broad meaning-making and storytelling, some of which only form once the writing

process begins. The ‘reflexive’ aspect was added to differentiate this from other TA approaches and pays tribute to the ‘foregrounding of researcher subjectivity’ (Auckland University, 2022; Braun & Clarke, 2022a, p.5). Here subjectivity is not seen as something to be mitigated or controlled but acknowledged and even appreciated for the experience and knowledge it brings to the process.

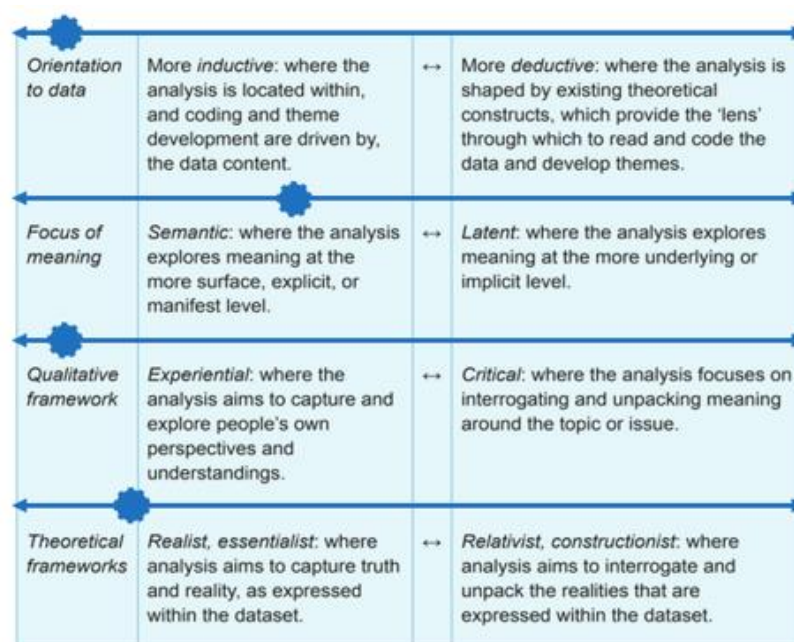
The key to managing researcher subjectivity is awareness and acknowledgment. The nuance and power of RTA shine, in that it is not expected that the analysis and resultant topic summaries and themes are all-encompassing and generalisable. However, they are situated within this dataset, at this point in time and through my eyes. With this in mind, it is essential to note that RTA is theoretically flexible. It can be guided by concepts from a variety of fields, as well as used in a variety of research approaches (inductive and/or deductive), yet it is not theoretically neutral. The analysis is influenced by the researcher values and corresponding decisions (Braun & Clarke, 2006; 2016; 2022; Clarke & Braun, 2017).

Figure 10 illustrates the variations of RTA helping to clarify the boundaries of orientation. The blue arrow depicts the continuum for each variation, and the blue circle indicates the approximate location of the approach taken in this study relative to the outer poles of each continuum. In this study:

- The *orientation to data* is inductive, driven by the desire to capture and amplify lay voices and not to use theory or models of wellbeing as a priori coding structure.
- The *focus of meaning* leans towards the semantic in that I have collected meaning at a surface level, attempting to capture the explicit meaning especially where I have used topic summaries to curate the findings. However, I have identified themes that sit at a more implicit level where I have inferred meaning from the narratives.

Figure 10

Variations in Reflexive Thematic Analysis as Applied to This Study



Note: Adapted from Braun and Clarke (2022a, p.10) and helps to articulate the implementation of an RTA process in this study.

- The *qualitative framework* is strongly experiential in fitting with the Descriptive-Exploratory design, looking to capture laypeople's perspectives and understandings rather than explore how these can be interrogated. Due to the data collection method, an anonymous survey, it was not possible to dive deeper into participant meaning as is afforded by interview or focus group methods. Here the words are left to speak for themselves, and as such, interpretation is partial.
- Lastly, the *theoretical framework* is towards the realist end of the continuum, in keeping with the critical realist underpinnings, attempting to capture a version of the truth as expressed by the participants; however, there is an acknowledgment that these ideas are constructed, so there is some interrogation around the nature of these realities.

As such, RTA is an excellent fit for this inductive, exploratory-descriptive study because it affords a structured process but analytic flexibility. Before I describe in more detail how RTA was used in this study, I will take a moment to outline the language, terms and definitions used.

A pause for clarification - Getting clear on language choice and use: codes, themes and topic summaries

There are many types of TA, so terminology and concepts can sometimes become unclear. To ensure a common understanding of the language used throughout this study, Figure 11 provides a supplement of definitions and explanations of key concepts which has been sourced from two key Braun and Clarke publications (2022a; 2019b).

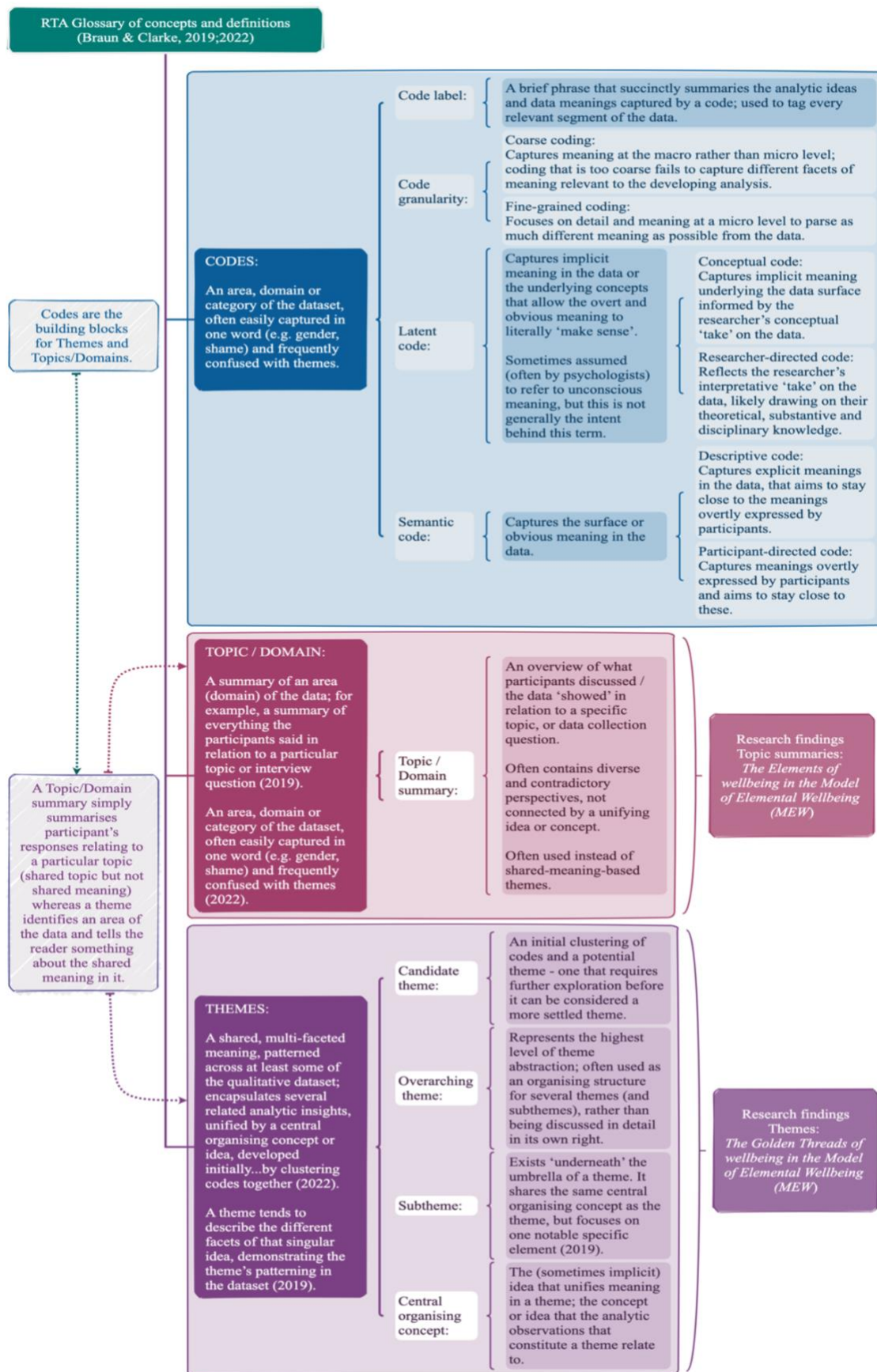
Within the analysis and findings write-up, there are examples of codes (coarse and fine, latent and semantic) used to build what are denoted as *Topic summaries* and *Themes* within the RTA framework. These terms help to communicate the analytic sensibility or 'orientation to data, which involves taking an inquiring and interpretative stance, exploring meaning beyond the obvious or surface-level content, and examining wider connections or concepts' (Braun & Clarke, 2022a, p. 283) as executed in this study.

Figure 12 illustrates how the findings have been organised and articulated using RTA approaches. The analysis I have labelled 'topic summaries' are 'a summary of everything the participants said about a particular topic' (Braun & Clarke, 2022a, p.77). These have been constructed by grouping codes that are not always unified in meaning but reference common descriptions of the 'parts' of wellbeing. For example, the topic summary '*connection*' contains sub-codes for topics related to types of relationships (e.g., family, friend, animal, whenua, spirituality) and another grouping of codes that refer to the characteristics of those relationships (e.g., loving, toxic, trusting). As such, this topic summary is a gathering of participant responses when they have referenced a connection to something outside themselves and how this relates to their notion of wellbeing.

The process of grouping, describing and naming these topic summaries of wellbeing aids in understanding laypeople's concepts of wellbeing while acknowledging that understandings are not 'one-

Figure 11

Reflexive Thematic Analysis Terms and Definitions



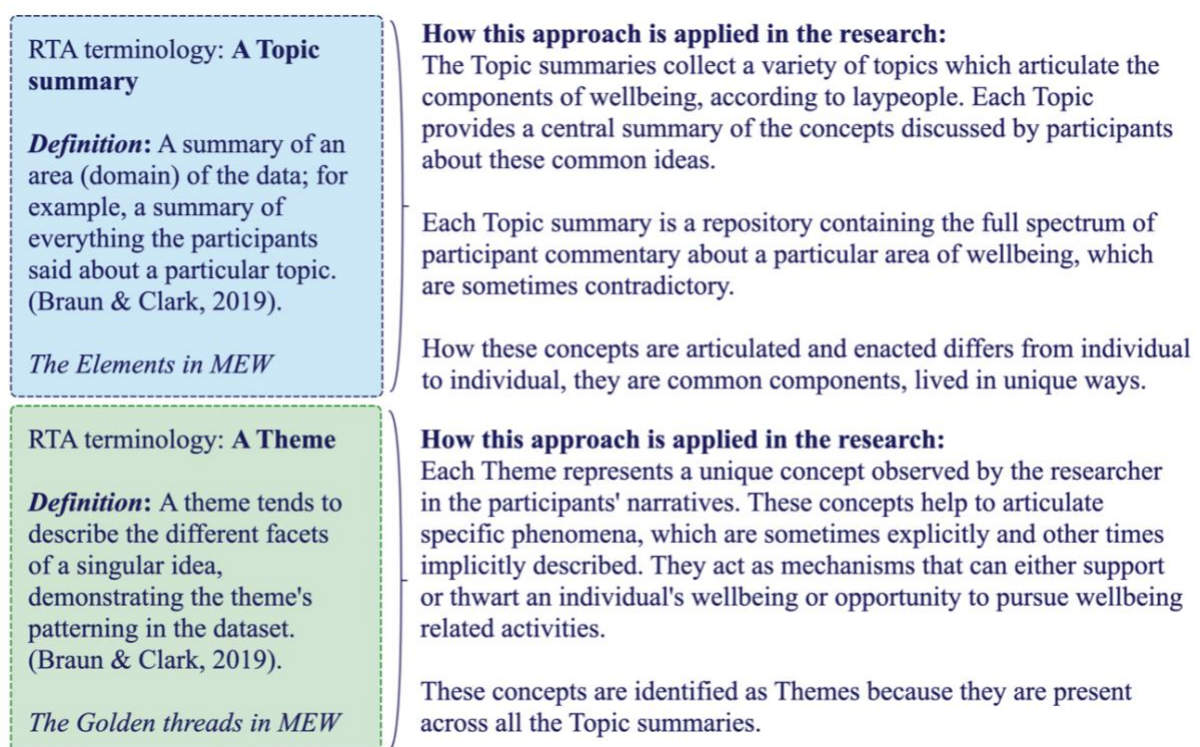
Note: Adapted by the author from Braun and Clarke (2019b; 2022a).

size-fits-all'. Individuals construct wellbeing differently, but common concepts are shared across the understanding. This is supported in the later stages of the comparative analysis, where I seek to compare across groups (e.g., ethnicity, sex, age) to identify the differences in who holds what views, as well as comparing lay views of wellbeing with prominent academic theories and models found in PP.

Findings are also presented as *themes* that are *latent* and have a more implicit level of analysis (Figure 13). As the researcher, here I become even more present in interpreting, characterising and presenting the analysis and findings than within the descriptive *semantic* topic summaries (Braun & Clarke, 2022b; Bryne, 2022).

Figure 12

Translating RTA Approaches Used Within This Study



Central organising concepts unify each theme, signified by ideas I had observed in the narratives, sometimes overtly and other times more subtly. Throughout the analysis process, common concepts were observed, which appeared to act as a mechanism for thwarting or supporting wellbeing. They traversed the topic summaries, so they are not a component of wellbeing as much as they are a way in which wellbeing can be activated or impeded. Here these themes 'bring meaning and identity to a recurrent experience and its variant manifestations. As such, a theme captures and unifies the nature or basis of the experience in a meaningful whole'(DeSantis and Ugarriza, 2000, p. 362). I will now outline how the RTA approach was undertaken in this study.

My analysis and writing process

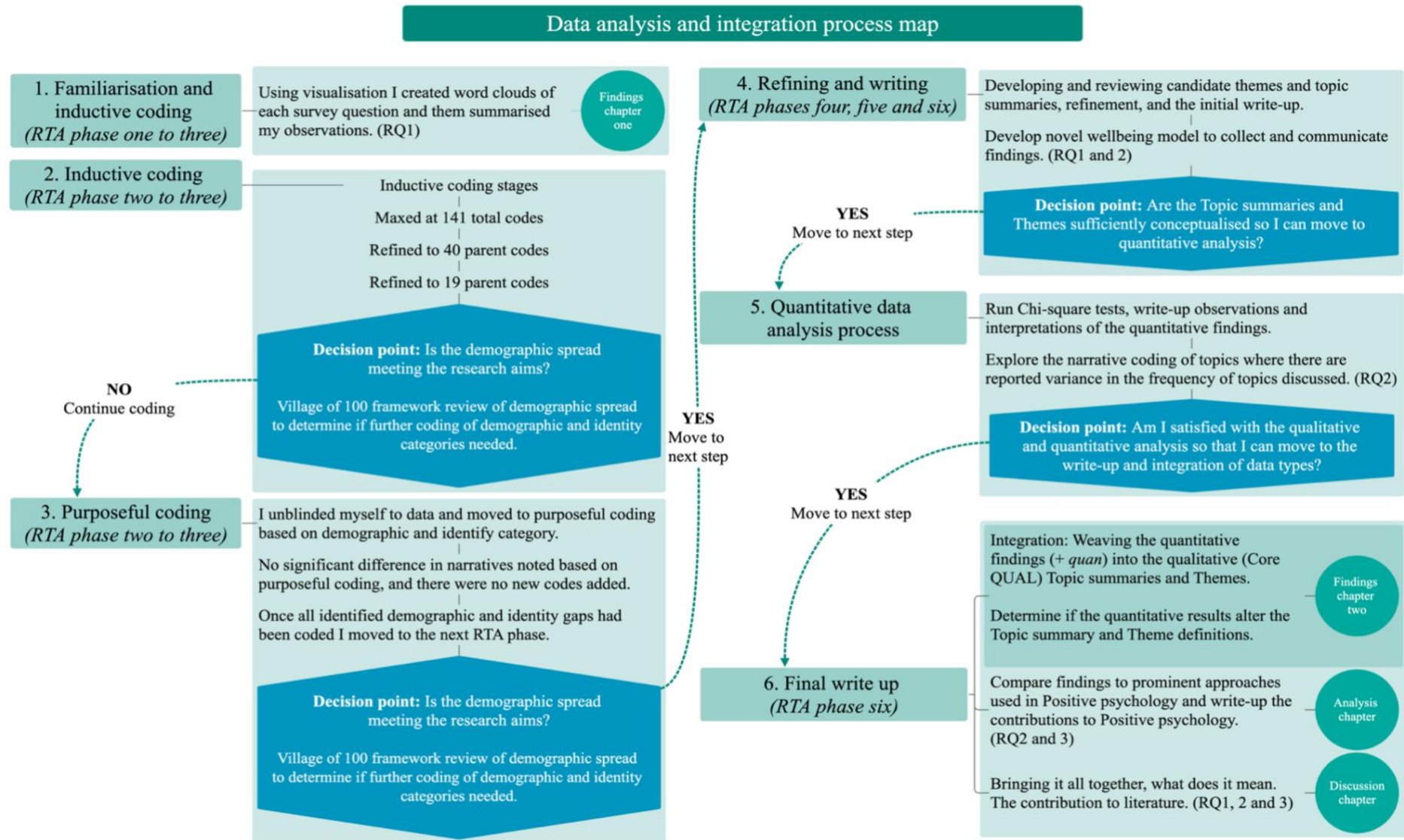
In this section, I provide an account of my analysis process using the six RTA phases as a framework. Rather than thinking of the process as stepwise, it is better thought of as a circular path, traversed iteratively, where understanding is clarified and transformed at different stages (Terry et al., 2017). In this inductive approach, I explored and developed the participant responses into topic summaries and themes that highlight the common meaning shared by participants. I have attempted to make this process clear while also paying homage to the circular nature of RTA. Figure 13 provides an illustration of the phases of the analysis processes of this study, and the key decision points encountered. The following narrative describes each phase.

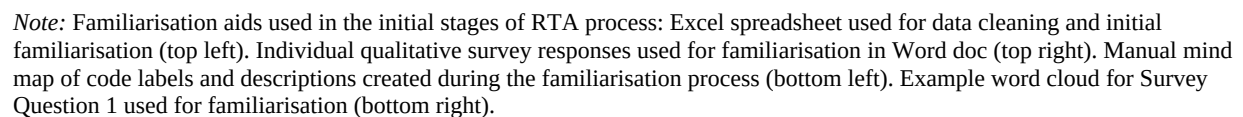
Familiarisation and inductive coding (RTA Phases 1 to 3)

The survey data was collected, via the online survey system, over a 4-week period which was far quicker than had been anticipated. I had allowed 4 months, and as a result, my familiarisation process started earlier than I had planned. I felt overwhelmed by the sheer quantity of data and the task ahead. In the process of transferring the responses (both qualitative and quantitative) from Qualtrics to Excel, it became apparent that there were many errors in the participant qualitative text responses. For example, technical errors due to the use of Māori language macrons or translation issues between Qualtrics and Excel which involved symbols (e.g., #&%) being placed in the middle of some words.

This led to the initial familiarisation process being undertaken in Excel (Figure 14) as I had to read and clean the data before transferring it to Word and then NVivo. This proved useful as the dual process (reading to clean) meant I was also becoming familiar with the responses. I read across a single participant response (e.g., questions 1 to 9) or down the column for all responses to a particular question. I took very few notes, allowing myself to be absorbed in their words. It was an exciting time, and I was profoundly moved by what had been shared. The depth and honesty surprised me, and this has stayed with me throughout my doctoral studies, a sense of awe and profound gratitude for the participants and people in general.

Next, I transferred all the qualitative survey responses into a Word document (1250 pages) and printed it out (Figure 14). The social constructionist and general sample design meant I was looking for common meaning across the narratives inductively generated from the responses and not based on socially constructed normative characterisation. I was blind to identifying characteristics. After doing this for about 25-30 responses, I felt a degree of familiarisation with the ideas being shared. I then undertook a review across the whole dataset ($N = 1064$) to explore the word clouds produced in NVivo visualisation (Figure 14), looking for the frequency of words used and general patterns. I wrote up my observations which form Findings Chapter 4. This process extended the familiarisation stage and ensuring I was not missing any key concepts as I coded. Had analysis stopped here with a pure frequency of words, as is often the case in lay concepts studies, I would have missed many essential findings that the thematically

Figure 13*Data Analysis and Integration Process Map*



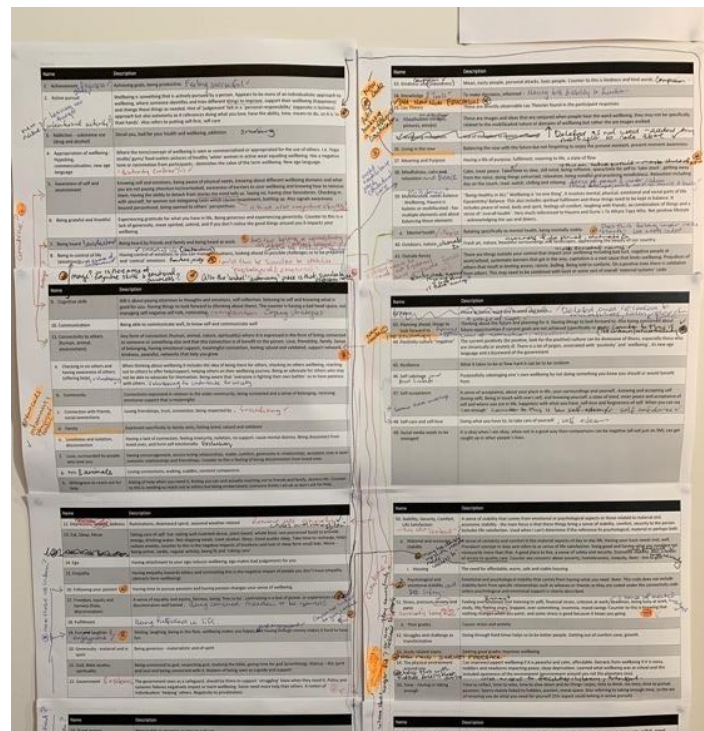
After 55 responses, I felt many shared concepts were forming that could be labelled, and the beginning of codes was becoming apparent. At this stage, my theoretical knowledge of RTA started to feel like a tangible experience. As this was my first thematic analysis process coming from a very quantitatively dominated field, it was encouraging to see the process taking shape and feeling congruent. I moved to a brainstorming activity, reviewing my notes on Responses 1-55 and mapping words and

phrases, then linking common ideas to start the formation of codes (Figure 14). Once I felt confident that I had a starting point for coding, I moved to use the NVivo software system. I started the long dance of coding, initial theming, reviewing and refining and back to coding, refining and on the story goes, which I will now describe.

Holding to an inductive analysis approach, I did not develop a coding framework before beginning the software-based coding process. I commenced creating codes once I moved into NVivo. I started back at participant Response 1. Staying with semantic codes and labels, I wrote detailed descriptions (in the system) and labelled the codes. This process formed a 'coding framework', an output produced by the software system, effectively an alphabetical table of codes and their descriptions. I printed the framework out and placed it on my wall to take manual notes (Figure 15) alongside my research journal, which I kept in a memo on NVivo as I coded.

Figure 15

Coding Framework - Shows Manual Notes to Capture Ideas



A code represented the continuum of concepts shared, in that items that could be considered 'positive' or 'negative' concerning a specific topic were placed in the same code. For example, when participants talked about feeling a *lack of love* this was detrimental to their wellbeing, and others spoke of the benefits of *feeling loved*. Both references were placed in the same code *love*. Further, the codes '*love*' and '*toxicity*' were located under a higher order code labelled *connection* when referencing relationships. This ensured a full range of ideas was captured under a unifying concept as it collected discussion about connection to others (human, animal etc).

I undertook four major reviews of the codes, each triggered when the coding process felt like it was becoming muddled or cluttered because of overlaps in codes (transcript 75, 180 and 350) and then

one final review after the last file was coded (transcript 476). Each review iteration involved the following aspects:

- Clean – the process of ensuring coding labels and definitions accurately captured the full array of concepts coded within the item.
- Combine – combined when an overlap was identified.
- Cull – the archiving of unneeded codes where the content had been merged in the combined process and left empty codes to be removed.
- Retain – in some cases, codes appearing similar to other codes were deemed unique enough to be left separate, to ensure nuances were not missed and for ease of coding. For example, the notion of mentoring was only mentioned a handful of times, but to ensure this concept was not lost, I retained a unique code for it.

Each review was documented in my research diary with potential candidate themes, concepts to explore or possible concerns in data/coding to be resolved. This was discussed with my supervisors throughout the coding and theming phases.

This first ‘blinded’ coding phase focused on annotating each response until I saw no significant new ideas, which occurred around participant transcript 160 but continued until transcript 180 to confirm my observation. I then moved to the next phase of sampling, purposeful coding.

Purposeful coding (RTA Phases 1 to 3)

Once I believed I had reached a point where no new ideas were evident, the decision-point arose to confirm if the demographic spread was meeting the research aims and to see if new ideas would be shared by voices not currently coded. I used the attribute function in NVivo to report on the demographics and could see that, at this stage, I had not coded a wide variety of lay voices. I moved to quota or purposeful random sampling, described as an organic or nested technique (Bazeley, 2018; Morse, 2000) to ensure representation of selected identifiable subgroups such as gender, ethnicity, and identity labels (Rainbow, Disability, Rural) and wellbeing measure categories (Positive Mental Health, Wellbeing Literacy, Depression and Anxiety) (Mason, 2017).

This approach allowed the sample to be adapted in an organic purposeful progression as the qualitative process evolves, supporting a greater possibility of transferability and, therefore, the trustworthiness of the findings (Korstjens & Moser, 2018; Morse, 2000; Ravitch & Carl, 2015). My approach was guided by the Statistics New Zealand ‘A village of 100’ (Stats NZ, 2022a), which describes the population as if the country were comprised of 100 people. On current census findings, this would mean New Zealand has a population that is 51% Female, 49% Male, 70% European, 17% Māori, 15% Asian, 8% Pacific peoples, those living with a disability, (25%), and those living Rurally (13.2%). LGBT+ Rainbow data has only recently started to be collected by Stats NZ (2022d) and at year end June 2020 it was estimated that 1 in 20, or 4.4 percent, of the New Zealand adult population identified as LGBT+.

The rationale for this approach was to support the possibility of a more accurate reflection of Aotearoa's population being captured in the study and to determine if there were any potential gaps in the coding, by asking the questions, Have the voices of ethnic, Rainbow, disabled and rural voices been heard? How about those experiencing anxiety and/or depression and those languishing or flourishing? Using attribute and coding query reports in NVivo, I could call up participant responses based on demographic and wellbeing measure responses and then code the files. I tracked the purposeful coding in an Excel spreadsheet to maintain a record of the changing demographic mix. No new codes were identified through this process, but it did ensure that a more representative sample was coded, and I did note the minor variance in how certain groups spoke about specific topics in their narratives. These were documented within the findings write-up phase.

Refining and writing (RTA Phases 4 to 6)

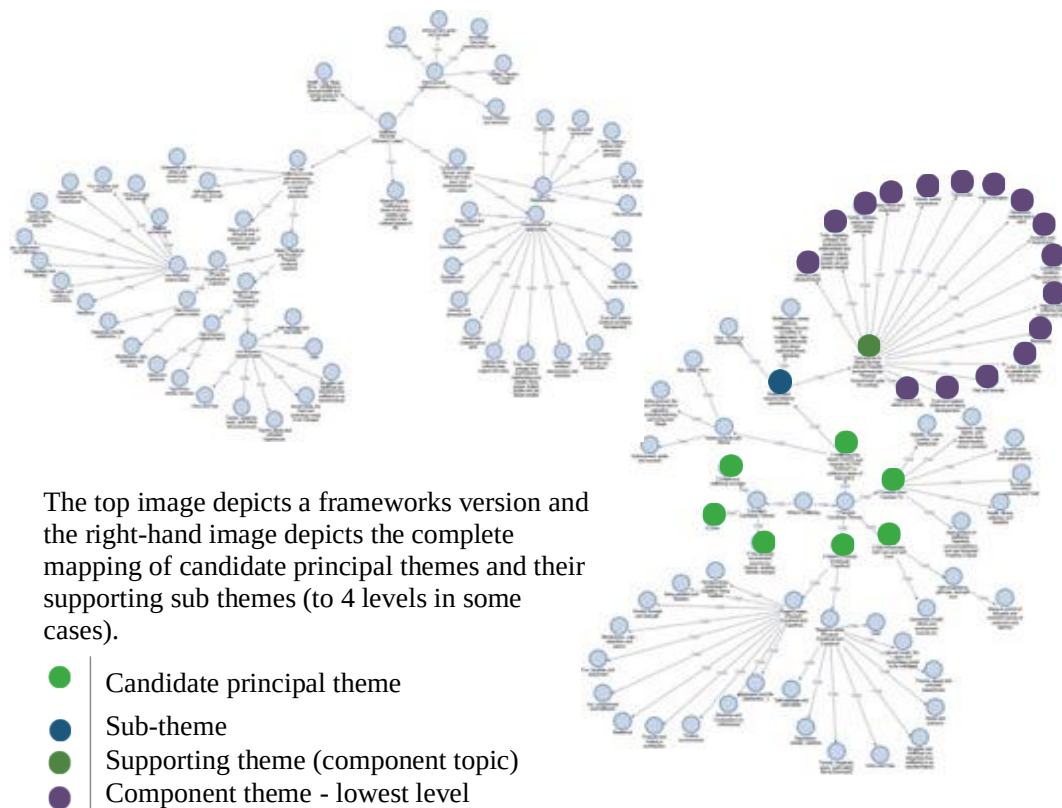
Candidate theming was facilitated as I gathered and sorted codes and concepts. This process took several months of thinking and reading over the responses. Taking breaks from the analysis helped me to see the higher-level conceptual links and latent concepts. Returning to the narrative for each code helped to flesh out and pull apart the code's details. Often there were multiple viewpoints to capture, and opposing ideas. I paid particular attention to keeping an accurate description of each code in NVivo so that as the themes were built from the codes, the granular detail was not lost. I also created additional codes to collect quotes to support each concept as the coding, theming, and writing process progressed. A copy of the final coding framework is attached in Appendix E.

The data was explored electronically (Excel, Word, NVivo, Xmind) and in hardcopy printouts (handwritten notes, mind maps and journaling), with both forms aiding in the sorting, organising and retaining of ideas. Mind-map visualisations (Figure 16 iterative mind map) helped to identify links and relationships between ideas while the software functionality afforded a means of coding, labelling, defining, and sorting with the security of the framework being left in a static format between work sessions, as opposed to relying on sticky notes on wall charts.

NVivo housed my coding research diary and memos, along with visualisation, queries and reports generated by the system, which aided in sorting and making meaning of my thinking as the process unfolded. I needed to take breaks from the coding process when the granular ideas became muddled, almost as if I was standing too close to the data to be able to see it. These breaks proved to be valuable space for thinking, and I found that quite profound clarity came, and links made as I stepped back and looked at the whole picture of what the participants were saying.

Figure 16

Iterative Examples of NVivo-Generated Visualisation for Theming Purposes



The iterative process of RTA, moving between Phases 2 and 6, was intellectually and energetically challenging, yet it was also illuminating and awe-inspiring. I began to see the depth of what participants had shared and, frankly, how wise and articulate they were. My research drive of amplifying lay views, because I believed they had something to add to our academic discussions on wellbeing, was confirmed, over and over. The process involved reading through codes, grouping them to determine candidate themes, and then deconstructing and reintegrating them to form new candidate concepts. At this stage, I became aware of the challenge of separating my prior theoretical and professional practice knowledge as I could see the mirroring of lay concepts across wellbeing models and theories. However, I could also see the gaps which I noted down for when it came time to address Research Question 3.

It was beneficial to explain what I saw to others and to ‘think aloud’. When I had to describe and explain what I saw and coded, the overlaps, gaps, and synergies became more apparent. I am part of a working group of specialist wellbeing scientists at Melbourne University, where I had the opportunity to present my preliminary findings. Their feedback was encouraging and helped confirm for me that there was consistency in what experts understand wellbeing to be and unique insights and extensions we could learn from lay perspectives.

I became stalled at 19 candidate themes (Figure 17), which felt, at this stage, like unique ideas, so I resisted homogenising them. While Braun and Clarke (2022a) often talk of RTA as being fluid and

Figure 17

Theming and Coding Iterations – Stalled at 19 ‘Core’ Concepts



flexible, there are also clear guidelines of what is considered quality RTA, as outlined in several publications (Braun & Clarke 2022a; 2021a; 2020) and having 19 themes is not considered good practice. It was not until I returned to reading Braun and Clarke's (2022a) recent work, attended webinars, joined an academic book club and spoke to an RTA specialist that I became aware that what I had developed were both themes (latent shared meanings) and topic summaries (semantic descriptions). The rub was that the RTA process and the exploratory-descriptive nature of my mixed methods study appeared to be clashing. On one hand, I was looking for interpreted shared meanings, and on the other, I was looking to describe what I saw without construing meaning.

One significant concept shared by participants, a desire for stability and balance, saw me return to the literature to explore what this idea could relate to. I wondered, was it a component part of wellbeing or a process for achieving wellbeing? Since starting my doctoral studies, the topic of balance has grown in interest in the field, and I explored the comprehensive work on the topic by The Human Flourishing Project (Harvard College, 2023) and, in particular, the outputs of Dr Tim Lomas, who was my Master's supervisor and is a collaborator on several other projects. Lomas (2021) and Lomas et al.'s (2022a) work on Balance and Harmony provided a vital mechanism by which I could make sense of some of the ideas I was identifying in my own dataset.

This decision facilitated the grouping of codes and I committed to a two-pronged approach to capturing the lay concepts shared by participants. Firstly, the topic summary approach captured the semantic detail of the constituent parts of wellbeing, and secondly, the thematic approach articulated the latent themes which thwart and support wellbeing that were observed in the narratives.

Once I had settled on a final structure of topic summaries and themes, I completed the final purposeful coding to endeavour to meet the 'village of 100' sample composition. When the majority of

often underrepresented voices (e.g., Rainbow, Disability, Māori, Men) were coded, a pragmatic decision was made to move to the quantitative comparative analysis process.

Quantitative and Narrative Comparative Analysis Processes

Quantitative comparative analysis process

The purpose of this study's comparative quantitative analysis process was descriptive and inferential. The aim was to extend the capacity for transferability of the findings by understanding if there were differences in how laypeople discuss concepts, in particular, exploring if certain groups speak more or less frequently about specific topics and to a lesser degree to explore if they discuss different topics within those specific concepts (Bazeley, 2021). For example, is there a difference in the frequency that women speak about physical health topics compared to Trans/Non-binary participants, and do they talk about different ideas within the coded topic? Investigating how the narrative differed for each group was conducted as an anecdotal review by reading the coded descriptions using the NVivo search function. An additional round of thematic analysis would have been required to code possible differences at a detailed level, and given that very few were seen, this was deemed unnecessary. However, it would be a useful starting point for future research projects.

The first step of the quantitative analysis was to identify the frequency at which each group, using demographic and wellbeing measure categories, spoke about each of the topic summaries and themes by running and downloading coding matrix queries from NVivo for each demographic and wellbeing category (17 in total). Each report contained the unique references of each topic summary and theme component, e.g., the number of women who discussed a topic, not the number of times any participant referenced the topic.

The results were downloaded into Excel, and then calculations were run to determine the percentages for each category. The next step involved two phases: firstly, the creation of numerous charts which strengthened a visual comparative representation for the descriptive write-up. The second was the undertaking of inferential analysis in the form of Pearson's Chi-square testing to compare if observed results matched the expected results (Brace et al., 2016). In simple words, are any differences reported within the groups to be expected by chance or are the differences considered statistically significant and therefore unexpected. I employed the chi-square test to assess relationships between categorical variables, adhering to standard practice in social science research. A significance level (alpha) of 0.05 was used to determine statistical significance, which is widely accepted in the field. This means that if the p-value obtained from the chi-square test was less than 0.05, the null hypothesis was rejected, indicating a statistically significant association between the variables under study. It is important to acknowledge that while a p-value below 0.05 denotes statistical significance, it does not necessarily imply a strong or meaningful relationship between variables. Therefore, both statistical significance and practical significance were carefully considered when interpreting the results (University of Utah, 2025).

Testing was conducted in SPSS (IMB SPSS, 2023) and supporting graphs were finalised in Excel. My observations, in the form of narrative descriptions, were documented in Word for later integration into the thematic analysis write-up. Upon reviewing the higher-order topic summaries and themes analysis, I realised that lower-order analysis was needed. For example, one topic summary was informed by too many significant codes, which meant 96% of the sample was reported as speaking of the topics, and this did not support a detailed understanding of the narrative. Hence, a lower level of analysis was needed.

I repeated the downloading process from NVivo and the data preparation process in Excel, ran the tests in SPSS and continued to document the observations as I moved through the testing process. While this process was cumbersome and time consuming, it did prove helpful because it mapped a clearer picture of how often topics were discussed and by whom, ensuring a more accurate understanding of the facets of the general sample. This process identified many possible areas for further research.

Narrative comparative analysis with prominent approaches used in PP

Research Question 3 is focused on comparing how lay concepts of wellbeing compare to prominent approaches (models, theories and measures) used in PP to identify if similarities and differences could grant valuable insights. A narrative comparative method was utilised to explore the two datasets (Pickvance, 2001).

It is imperative to acknowledge that no two theories, models or measures are developed in the same way or assert to quantify the same thing (e.g., mental, psychological, subjective, eudaimonic) and herein lies the challenge of providing an accurate comparative process. To mitigate this challenge, the review focused on analysing the components, presented in instruments of measurement, assembled by the experts to represent their understanding of wellbeing and then look to see how these compared to the topic summaries and themes. The analysis involved 3 steps:

1. Comparing topic summaries and themes in this dataset to the prominent PP models and theories chosen pre-analysis, as they are often used for construct comparative purposes in research (see Hone et al., 2014; Keyes & Martin, 2017; Oades & Mossman, 2017).
2. Comparing topic summaries and themes in this dataset to the models added post-analysis as they more fully represented the lay concepts developed in this study and illustrate the evolution in thinking in the field, all of which are described in the Literature Review chapter (Donaldson et al., 2022; Rath & Harter, 2010a; Ryan & Deci, 2000; VanderWeele, 2017).
3. Comparing topic summaries and themes in this dataset to the dimensions and themes outlined in three substantial systematic reviews, all of which are described in the Literature Review chapter (Iasiello et al., 2024; Kauppi et al., 2023; Linton et al., 2016).

The process resulted in a comparative analysis that reviews the summative evaluation of more than 50 wellbeing models and theories and approximately 250 measures of wellbeing-related constructs, of which none, to my knowledge, have involved using lay input in their development.

The analysis narrative was collected in a crosstabulated table (Appendix F) which depicts the intersection between the topic summaries and themes and the comparative items' constituent parts, and my annotations and assessment indicator, consisting of one of three possible ratings:

- An assessment of *construct agreement* (green with horizontal stripe) indicates that the component of the expert account corresponds to the findings and that there is a high degree of agreement in the composition of the constructs. The narrative participants shared contains comparable concepts and intentions as displayed in the expert account.
- *Partial construct agreement* (black and white check) illustrates that this aspect of the expert account displays constructs agreement with the 'positive' concepts shared by participants; however, it does not reference the holistic, dialectical conceptualisation contained in the lay narratives, which includes factors that may be deemed 'negative' or 'challenging' (e.g., love but not loneliness).
- *Low construct agreement* or a warning indicator (red vertical stripe) signposts that the expert account displays minimal agreement with the findings.

This is noted with two cautions: Caveat 1, the topic was low in frequency when discussed by participants (e.g., meaning and purpose, optimism), and Caveat 2, there is only partial similarity in the composition of the construct. For example, 'connection' types articulated in academic approaches are limited to human relationships and do not discuss non-human forms of connection, such as pets/animals and nature, which are important topics shared by laypeople.

In addition to the assessment indicator, the table contains my rationale for the assessment (agreement, partial, low) and the scholarly survey indicator question/s or theme definitions that enabled the comparison, which in and of itself was a fruitful process that highlighted how the same or similar constructs are articulated—and therefore measured—differently by experts. My analysis and write-up focused on articulating the gaps rather than highlighting the similarities.

Integration and final write-up (RTA Phase 6)

The final phase involved integrating the quantitative (+*quan*) and qualitative (Core QUAL) in the findings chapter to paint an overall picture of the composition and consistency of the lay concepts of wellbeing. The writing process supported the refinement and clarity of the findings, which I supported with participant quotes. Due to the enormity of the narrative collected, I have created an appendix with additional quotations should readers appreciate more detail (Appendix H).

Due to the size of the findings chapters, I chose not to integrate the existing literature which may be the preference for many RTA studies. Instead, I developed an analysis chapter, bringing together the findings and existing literature to identify nine contributions to the literature and PP scholarship. Lastly, the discussion chapter moved to a higher level of discussion to identify the key contributions lay concepts can offer the literature and wellbeing scientists. I will now detail the whole sample and the thematic nested sample which was coded.

Sample

Given the size of the sample collected, I was unable to thematically code all responses and rather opted for a staged, purposeful coding as I used the dataset in different ways for different types of analysis and interpretation, as described here.

Description of the whole sample

There were 1446 people who started the survey, with 385 (27%) dropping out before completion, and 1061 completing the full survey. Three participants did not complete the last 3 descriptive data points which I determined were not influential, so I retained these files in the dataset, resulting in a total dataset of 1064 participants, with the demographic breakdown shown in Table 11.

Despite efforts to recruit a non-WEIRD sample (Hendrich et al., 2010; 2020), the sample was instead victim to the typical psychological research limitations (Hendricks et al., 2019) in that a majority of respondents are women (84.5%), and the remaining 13.3% identifying as men and 2.2 % identifying as Transgender/Non-binary. My research design choices to use purposeful organic sampling (Terry & Hayfield, 2021) did afford an opportunity to rectify some of the WEIRD imbalances by purposefully coding participants in underrepresented groups rather than relying fully on random selection or order of response. Table 12 shows the beneficial impact of purposefully coding the ‘thematically coded sample’, which worked towards rectifying demographic response rate imbalances.

Table 11

Whole Sample

Category	Participants	Percentage of sample	NZ population
Gender			(Figure NZ, 2025a)
Women	896	84.5%	50.2%
Men	141	13.3%	49.8.%
Transgender / non-binary	23	2.2%	Not reported
Total	1060		
Age			(Figure NZ, 2025b)
18 - 24	290	27.3%	12.6%
25 - 34	219	20.6%	14.5%
35 - 44	227	21.4%	13.9%
45 - 54	179	16.8%	12.1%
55 - 64	121	11.4%	11.8%
65 - 74	23	2.2%	9.3%
75 - 84	4	0.4%	7.4%
Total	1063		

Category	Participants	Percentage of sample	NZ population
Ethnicity			(Figure NZ, 2025c)
Māori	39	3.7%	15.5%
Māori / Pākehā	80	7.5%	
Pākehā/European	733	68.9%	59.1%
Pacific	20	1.9%	7.7%
Pacific / Pākehā	15	1.4%	
Asian	75	7.0%	15.1%
Asian / Pākehā	11	1.0%	
Middle eastern	4	0.4%	1.6%
African	8	0.8%	
Other	43	4.0%	1.0%
Mixed other	36	3.4%	
Total	1064		
Rural identified			(Ehinz, n.d)
Yes	153	14.4%	16.3%
No	906	85.6%	
Total	1059		
Rainbow and Takatāpui identified			(Stats NZ, 2021)
Yes	205	19.5%	4.2%
No	844	80.5%	
Total	1049		
Disability identified			(Stats NZ, 2013)
Yes	253	24.0%	24.0%
No	800	76.0%	
Total	1053		

Thematically coded nested sample description

Table 12 provides a breakdown of the sample coded in the RTA process ($n = 476$) and used to develop the comparative group analysis and interpretation of findings through the topic summaries, themes, wellbeing variables and demographic categories. For simplicity of reading, those who preferred not to disclose in any particular category have not been listed, hence there are differing totals. I also opted to merge, and thereby reduce, the ethnicity groupings for some categories (e.g., Māori and Māori/Pākehā) to ensure there were large enough groups for the comparative testing process. The smaller sample total has been listed in brackets to accurately reflect each category's composition.

Table 12*Thematically Coded Nested Sample*

Category	Participants	Percentage of coded nested sample	NZ population
Gender			(Figures NZ, 2025a)
Women	309	65.3%	50.2%
Men	141	29.8%	49.8%
Transgender / non-binary	23	4.9%	Not reported
Total	473		
Age			(Figures NZ, 2025b)
18 - 24	127	26.7%	12.6%
25 - 34	81	17.1%	14.5%
35 - 44	106	22.3%	13.9%
45 - 54	82	17.3%	12.1%
55 - 64	62	13.1%	11.8%
65 - 74	14	2.9%	9.3%
75 - 84	3	0.6%	7.4%
Total	475		
Ethnicity			(Figures NZ, 2025c)
Māori (39)	82	17.2%	15.5%
Māori / Pākehā (43)			
Pākehā/European	269	56.5%	59.1%
Pacific (20)	35	7.4%	7.7%
Pacific / Pākehā (15)			
Asian (56)	60	12.6%	15.1%
Asian / Pākehā (2)			
*Other (Middle Eastern, African, other, mixed other ethnicity)	30	6.3%	2.6%
Total			
Rural identified			(Ehinz, n.d)
Yes	61	12.9%	16.3%
No	413	87.1%	
Total	474		
Rainbow and Takatāpui identified			(Stats NZ, 2021)
Yes	102	21.7%	4.2%
No	368	78.3%	

Category	Participants	Percentage of coded nested sample	NZ population
Total	470		
Disability identified			(Stats NZ, 2013)
Yes	114	24.3%	24.0%
No	356	75.7%	
Total	470		
Wellbeing Literacy (WellLit6SR)			
Green	206	43.3%	
Amber	223	46.8%	
Red	47	9.9%	
Total	476		
Positive Health (Mental Health Continuum SF)			
Flourishing	164	34.5%	
Moderate Mental Health	252	52.9%	
Languishing	60	12.6%	
Total	476		
Depressive symptomology (PHQ-9)			
Minimal	135	28.4%	
Mild	144	30.3%	
Moderate	102	21.4%	
Severe	95	20.0%	
Total	476		
Generalised anxiety (GAD-7)			
Mild	329	69.1%	
Moderate	83	17.4%	
Severe	64	13.4%	
Total	476		
Do you believe wellbeing is something you can change? (Malleability)			
Yes	452	95.2%	
No	23	4.8%	
Total	475		
Satisfaction with my life (Cantril 1-10)			
1	9	1.9%	
2	13	2.7%	
3	33	6.9%	
4	37	7.8%	
5	52	10.9%	
6	67	14.1%	
7	91	19.2%	

8	104	21.9%	
Category	Participants	Percentage of coded nested sample	NZ population
9	52	10.9%	
10	17	3.6%	
Total	475		
Financial security? (e.g. can cover my bills and feel confident about my financial situation) (Cantril 1-10)			
1	46	9.7%	
2	32	6.7%	
3	41	8.6%	
4	40	8.4%	
5	46	9.7%	
6	46	9.7%	
7	59	12.4%	
8	72	15.2%	
9	54	11.4%	
10	39	8.2%	
Total	475		
The degree to which I intentionally pursue activities / practices that are intended to support or improve my wellbeing? (Cantril 1-10)			
1	16	3.4%	
2	16	3.4%	
3	25	5.3%	
4	38	8.0%	
5	67	14.1%	
6	61	12.8%	
7	79	16.6%	
8	86	18.1%	
9	51	10.7%	
10	36	7.6%	
Total	475		

*Note: These categories are grouped together for reporting purposes under the banner of ‘other’.

Methodological limitations

As with any research study, methodological limitations are inevitable. In this section, I address some I have identified and discuss how I have addressed them through the research project. The most noteworthy limitations relate to sample composition, finding interpretations and a cumbersome analysis method. With feminist and social justice values critical of the limitations of psychology research samples (Hendriks et al., 2019), the design choice to collect a general sample was appropriate; however, the resulting scale of data collected and the inability to reach a representative sample means that, despite best intentions, the sample remains nonrepresentative.

Purposeful sampling succeeded at mitigating this limitation to a degree, and while it is not the desired outcome, the themed sub-sample is far more diverse and representative of the general population of Aotearoa, which is a positive result. Secondly, the data collection method of an anonymous survey, while being easy to administer and effective (given the number of responses received), also limits the ability to enquire deeper into participant meaning and context as would be provided by an interview or focus group method.

The statistical testing provides evidence of significance, but further thematic analysis must be undertaken to uncover nuanced differences in lay concepts' narratives. Lastly, the mixed methods approach, combining an inductive, iterative thematic analysis supplemented by statistical testing, was both cumbersome and time-consuming for a single researcher to undertake. Throughout the process I have documented possible improvements for future research design approaches for similar studies and I will outline these in the concluding chapter.

Chapter 4 | The concepts most frequently discussed by laypeople:

The bird's eye view of a new map

The following chapter explores how laypeople define and construct wellbeing through their language choices in response to the survey prompts on what wellbeing is and what makes their wellbeing better and worse. Reporting language frequency provides a means of familiarising the reader with common concepts shared across the entire data set ($N = 1064$). Understanding language choice is relevant to this study as it helps reveal how laypeople think and communicate about wellbeing. Language is a vital tool in that it acts as an interpretative apparatus in the meaning-making process and is said to bring to light people's internal consciousness, painting a picture of how someone interprets and represents the world, how one makes meaning.

Moreover, research by Oades and colleagues explores the importance and impact of language use, namely in wellbeing literacy, where the vocabulary, knowledge about wellbeing and composition of text related to wellbeing are some of the essential components that can be purposely used to grow and maintain wellbeing (Hou et al., 2021; Oades et al., 2020; Oades & Johnson, 2017). Researchers state that:

intentional language use is one mechanism by which individuals learn, define and ultimately influence their own wellbeing... [with] wellbeing literacy defined as a capability to comprehend and compose wellbeing language, across contexts, with the intention of using such language to maintain or improve the wellbeing of oneself, others or the world (Oades et al., 2021a, p. 1).

In addition to exploring the vocabulary and knowledge shared by participants, starting the analysis this way builds on the methodological rationale for the approaches chosen in this study. It affords a comparison between an analysis based on methods that would seek to explore meaning via the frequency of language use (e.g., content analysis or prototype analysis) contrasted with that of RTA, which seeks to explore beyond individual words, and places language in the context of the story being told, paying heed to the researcher's influence, in the pursuit of broader meaning-making. These findings are the most frequent words identified by the software system and not selected by participants. It is therefore not possible to denote context. For example, if the word *stress* appears, it could be in a sentence that says 'having little work stress in my life' or 'doing physical activity helps reduce stress'—the sentiments of the participants are different but the word 'stress' is selected by the system because of its frequency of occurrence. Nevertheless, the process was helpful as it supported familiarisation with the participant responses. Each area of inquiry is explored in the following chapter through the use of queries (tables) and graphics (word clouds) generated by the NVivo software system (released in March 2020).

A note on the use of participant quotes

Direct quotes have been used in several different ways within the findings chapters to support the development of topic summaries and themes to ensure the participants' voice remains at the forefront. Participants' direct quotes are *italicised* when written within a paragraph. More extended direct excerpts have been coloured in green and centre formatted to ensure they stand out from the main text. Where I have used a forward slash (/), this indicates the move between question responses for the same participant, as displayed below.

*'Trying not to spend too much of my life consumed by my work /
Because when I get stressed it is usually about spending too much time and energy at work and ignoring
my own needs and what I know I should be doing / I don't want to do a bad job.'*

Furthermore, quotes have been used in tables, bullets or in-text when they are more complex or are sourced from several survey question responses across one participant, and these can be displayed in a table; for example, see Table 13.

Table 13

An Illustrative Example of a Participant Response Across the Areas of Inquiry

Q3. What makes your wellbeing better?	Q4. From what you just said what is the single most important thing?	Q5. Why is this?
<i>'Trying not to spend too much of my life consumed by my work'</i>	<i>'Because when I get stressed it is usually about spending too much time and energy at work and ignoring my own needs and what I know I should be doing'</i>	<i>'I don't want to do a bad job'</i>

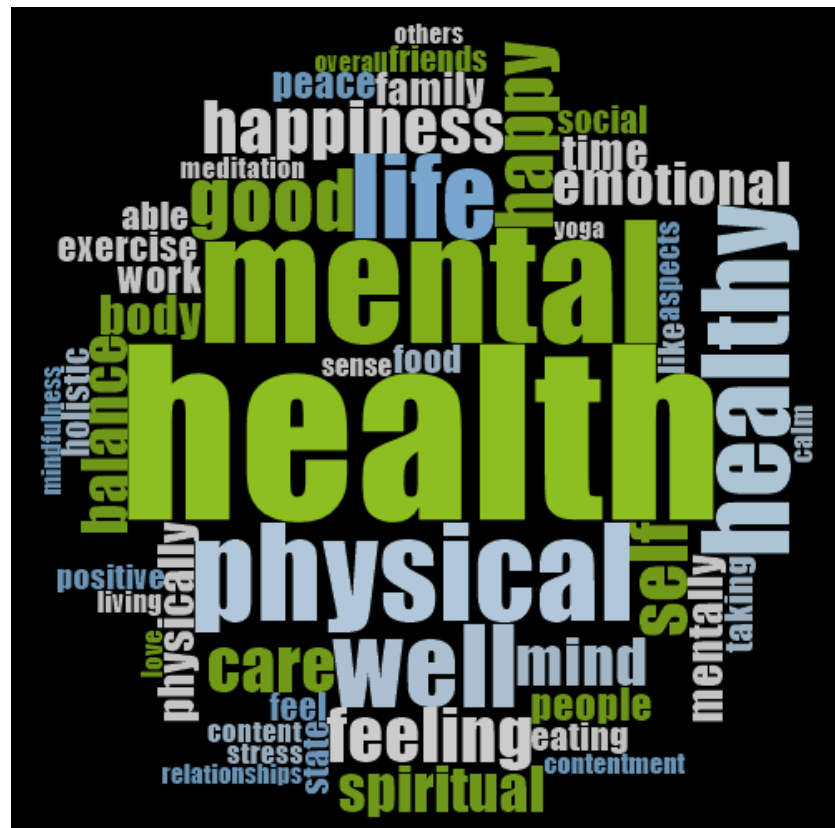
The concepts most frequently discussed by laypeople

What is wellbeing?

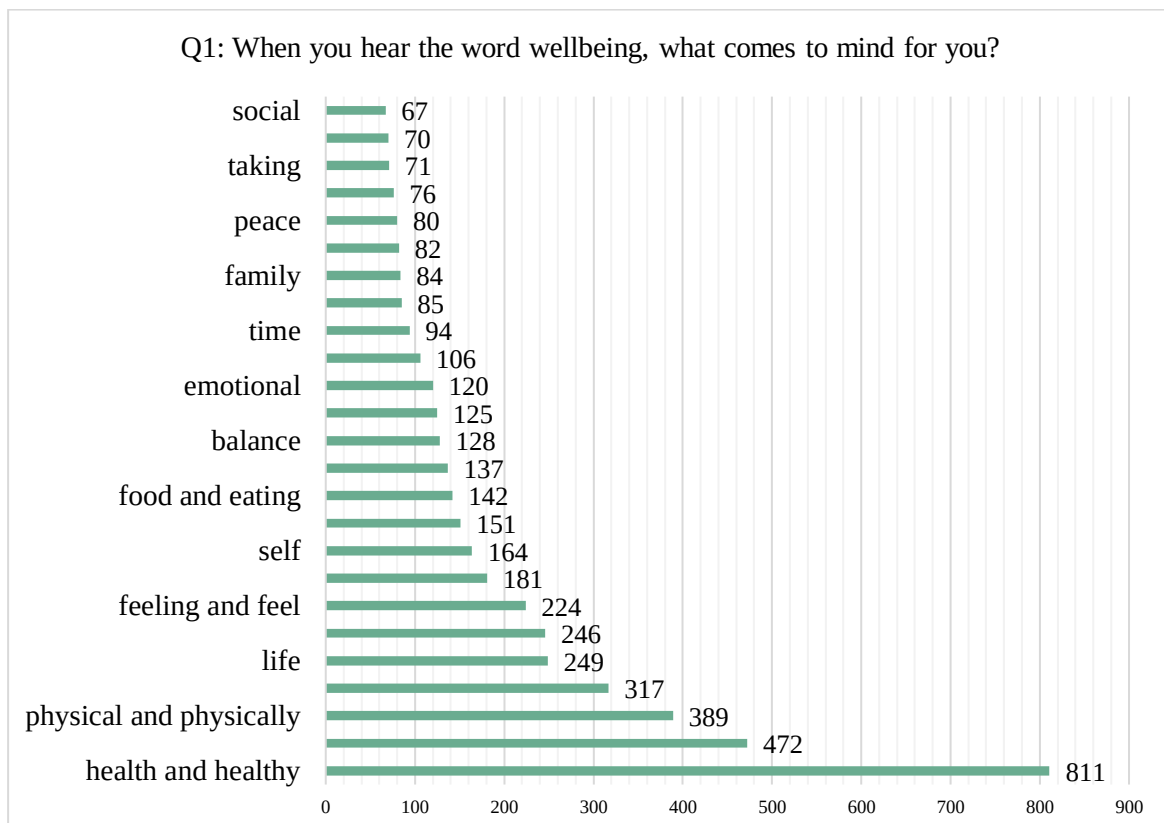
When looking for the description and definition of wellbeing participants were asked: *'When you hear the word wellbeing, what comes to mind for you? (for example, words, phrases, images, feelings). Write everything you can think of, there are no wrong answers.'* Participants discussed many shared ideas. Using the word cloud (Figure 18) and word frequency bar graph (Figure 19), it is apparent there is considerable agreement about the common aspects of wellbeing. The most frequent term used—*health* (and *healthy*)—is prominent, plus *mental* (*mind, mentally*) and *physical* (*physically, body*), *emotional* (*feel, feeling, peace*), *spiritual* and *social* (with mention of *people and family*), all of which shows laypeople conceptualising wellbeing as having many parts. *Well, good, life and happy* (and *happiness*) are evident. Linking words such as *taking* and *care* highlight wellbeing as a verb or more accurately a gerund, 'a verb form which functions as a noun' (Oxford University Press, 2022). This includes *exercise* and *food* (and *eating*) and there is also mention of *balance, time* and *work*.

Figure 18

Word Cloud Q1: 'When you hear the word wellbeing, what comes to mind for you?'

**Figure 19**

Word frequency table Q1: 'When you hear the word wellbeing, what comes to mind for you?'



Chapter 5 | Qualitative and Quantitative Findings:

Establishing the topography of this wellbeing map, amplifying lay voices

This research aims to capture and present a descriptive account of what wellbeing is and what moderates it (making it better and worse), according to those who may be deemed *lay* or non-experts of wellbeing science. Through the qualitative survey questions, the participants shared in a complex array of ways, from imagery (e.g., *sunshine, green tea*) to prescriptive (e.g., *regular cardio and 7 hours of sleep*) to list form (e.g., *happiness, health, family, friends*), branching out to illustrative narratives that tell a story (e.g. *the valleys and hills are less dippy*). The narratives speak to wellbeing as being within the person, between people and situated as part of, and influenced by, the environment in which the individual lives.

Wellbeing is viewed as a multifaceted concept enacted through thoughts, actions and experiences. These accounts echo Byrne's (2022) explanation that the RTA process can provide for findings that are presented *illustratively*, 'providing a surface-level description of what participants said...and *analytically* interrogating what has been interpreted to be important about what participants said and contextualising this interpretation in relation to available literature' (p. 1407). This chapter focuses presenting an illustrative account of participant responses, as curated by me, and supported with participant direct quotes and relevant quantitative findings. The analytical interpretation and integration with relevant literature is housed in the analysis and discussion chapters.

Lay concepts of wellbeing | the *Elements* and *Golden Threads*

Through the inductive, iterative, and reflexive analysis process, I have curated the participant commentary in two ways: firstly, the *Elements* (topic summaries) and secondly, the *Golden Threads* (themes). The *Elements* of wellbeing outline the semantic approach: an explicit description of the participants' responses (Byrne, 2022), forming what in RTA is labelled a topic summary (Braun & Clark, 2022). The term *Element* was chosen because it is defined as 'a necessary or typical part of something: one of several parts that something contains' (Oxford University Press, 2022). As such, it is a fitting label for use here as each *Element: Inner self, Material stability, Health and Connection* express how laypeople describe and define what wellbeing is and what makes it better or worse, each is unique and holds essential characteristics in and of itself, and each stands alone—one *Element* is not a whole picture of wellbeing—yet, taken together, they form a holistic framework of wellbeing, according to this sample.

While these *Elements* are held in common across populations, as confirmed by statistical reporting and significance testing, each contains diverse and sometimes contradictory concepts because wellbeing is not a stable singular state, experienced at a fixed time. It is a complex, nuanced and organic state which means the *Elements* will be enacted differently, in unique contexts and at different times to meet an individual's needs, desires and opportunities.

In addition to these descriptive component parts of wellbeing, participants also shared rich narratives that contain latent ideas that appear to thwart and support wellbeing; here, they are dubbed the *Golden Threads* of wellbeing. A golden thread signifies a ‘feature or idea that is present in all parts of something, holds it together and gives it value’ (Oxford University Press, 2022). Lomas (2021) recently called for the exploration of what he termed the golden threads of wellbeing, the ‘unifying principle[s] that pertain to all...domains’ (p.50). Within this study, the *Golden Threads* became apparent through the analysis process as concepts that traversed and enlivened the *Elements* yet were more abstract than that of a semantic descriptive account.

The *Golden Threads* present an analytical interpretation, of wellbeing-related lay dialogues identified and presented by me. Within the RTA process, these storylines are branded as themes and subthemes, ‘a shared, multi-faceted meaning, patterned across at least some of the qualitative dataset: [that] encapsulates several related analytic insights, unified by a central organising concept or idea’ (Braun & Clark, 2022a, p. 296). The overarching theme here is: ‘*Wellbeing is afforded by the stable freedom to pursue activity that brings balance to the many parts of life*’. This theme is informed by three subthemes, termed *Golden Threads: Balance, Active pursuit and Freedom*, each providing insight into the somewhat more intangible aspects that impact on wellbeing, as shared by participants.

Each *Element* and *Golden Thread* will be outlined in greater depth with support from the participant quotes and quantitative descriptive testing. Within the main body of text, each *Element* and *Golden Thread* is interspersed with illustrative participant quotes. The immense amount of supporting commentary could not be included in the interest of readability and word limit. To provide a broad array of supporting quotes to substantiate the topics discussed, I have compiled an additional appendix (see Appendix H).

Integrating supplemental quantitative analysis

To support the comprehensive qualitative commentary shared in the *Elements* and *Golden Threads*, the write-up includes quantitative analysis (chi-square testing and bar graphs) which illustrate the frequency of coded narrative. Where supportive of significant findings, graphs are displayed within the chapter and non-significant results have not been included.

Overview of quantitative results and significance reported

This section provides a brief introduction to the quantitative results to afford the reader a high-level overview of the entire sample. Figure 25 illustrates the percentage of frequency of narrative of the total nested coded sample ($n = 476$) which mention each item. For example, 97% of the coded sample discuss topics related to *Inner self*.

Figure 25

Percentage of Coded Sample That Discuss Each Element and Golden Thread

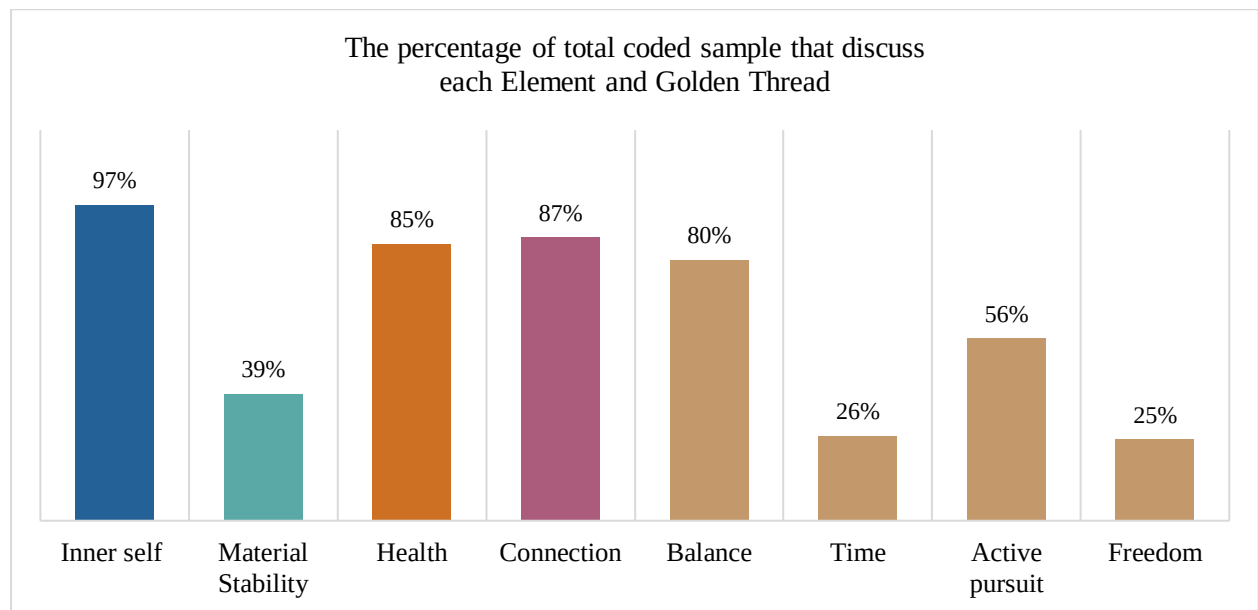


Table 14 provides a simple, yet persuasive, overview demonstrating if the code was *present* or *not present* in each of the quantitative categories. This illustrates that the topics were present across all demographic and wellbeing measure categories, across all *Elements* and *Golden Threads*, indicating these are universally discussed concepts. There are four exceptions, with no coding present. This is due to either no sample or a very small sample size. See Appendix G for the breakdown of coding for each demographic and wellbeing measure.

All categories have been quantitatively tested at the highest coding level, the *Elements* and *Golden Threads*. In some cases, when the *Elements* and *Golden Threads* are comprised of a large amount of informing narratives (sub-codes), the testing has been taken to a lower level, referred to as the ‘informing code’ level. For example, the *Element* of *Inner self* has many parts which are unique and substantial in their own right and, as such, benefit from testing at a more granular level.

This is also the case for the *Golden Thread* of *Balance*, which includes an informing code topic related to narrative around the topic of *Time*. Given this was a prominent topic for respondents, I have elected to report about it in more detail. In one case, the testing has been taken to the lowest level of coding, for that of *Positive and Negative states*: here, this is referred to as the child codes. Table 15 provides a summary table of the *Elements* and *Golden Threads* significant chi-square testing: each result is elaborated upon within the *Element* or *Golden Thread* results write-up.

Table 14

The Presence/Non-Presence of Coding of Participant Narrative for each Element and Golden Thread Across All Demographic and Wellbeing Measures

	<i>Elements</i>					<i>Golden Threads</i>		
Descriptive statistic category	<i>Inner self</i>	<i>Material Stability</i>	<i>Health</i>	<i>Connection</i>	<i>Balance</i>	<i>Active pursuit</i>	<i>Time</i>	<i>Freedom</i>
<i>Gender</i>								
Women	●	●	●	●	●	●	●	●
Men	●	●	●	●	●	●	●	●
Trans & non-binary	●	●	●	●	●	●	●	●
<i>Age</i>								
18-24	●	●	●	●	●	●	●	●
25 - 34	●	●	●	●	●	●	●	●
35 - 44	●	●	●	●	●	●	●	●
45 - 54	●	●	●	●	●	●	●	●
55 - 64	●	●	●	●	●	●	●	●
65 - 74	●	●	●	●	●	●	○	●
75 - 84	●	●	●	●	●	●	○	○
<i>Ethnicity</i>								
Māori (39) & Māori/Pākehā (43)	●	●	●	●	●	●	●	●
Pākehā/European	●	●	●	●	●	●	●	●
Pacific (20) & Pacific/Pākehā (15)	●	●	●	●	●	●	●	●
Asian (56) & Asian/Pākehā (2)	●	●	●	●	●	●	●	●
Other	●	●	●	●	●	●	●	●
<i>Rural identify</i>								
Yes	●	●	●	●	●	●	●	●
No	●	●	●	●	●	●	●	●
<i>Rainbow & Takatāpui identify</i>								
Yes	●	●	●	●	●	●	●	●
No	●	●	●	●	●	●	●	●
<i>Disability identify</i>								
No	●	●	●	●	●	●	●	●
Yes	●	●	●	●	●	●	●	●
<i>Wellbeing Literacy</i>								
Green	●	●	●	●	●	●	●	●
Amber	●	●	●	●	●	●	●	●
Red	●	●	●	●	●	●	●	●
<i>Mental Health Continuum (SF)</i>								
Flourishing	●	●	●	●	●	●	●	●
Moderate Mental Health	●	●	●	●	●	●	●	●
Languishing	●	●	●	●	●	●	●	●
<i>PHQ-9</i>								
Minimal	●	●	●	●	●	●	●	●
Mild	●	●	●	●	●	●	●	●
Moderate	●	●	●	●	●	●	●	●
Severe	●	●	●	●	●	●	●	●
<i>GAD-7</i>								
Mild	●	●	●	●	●	●	●	●
Moderate	●	●	●	●	●	●	●	●
Severe	●	●	●	●	●	●	●	●
<i>Malleability</i>								
Yes	●	●	●	●	●	●	●	●
No	●	●	●	●	●	●	●	●
<i>Satisfaction with life (Cantrill 1-10)</i>								
1	●	●	●	●	●	●	○	●
2	●	●	●	●	●	●	○	●
3	●	●	●	●	●	●	●	●
4	●	●	●	●	●	●	●	●
5	●	●	●	●	●	●	●	●
6	●	●	●	●	●	●	●	●
7	●	●	●	●	●	●	●	●
8	●	●	●	●	●	●	●	●
9	●	●	●	●	●	●	●	●
10	●	●	●	●	●	●	●	●
<i>Financial security (Cantrill 1-10)</i>								
1	●	●	●	●	●	●	●	●
2	●	●	●	●	●	●	●	●
3	●	●	●	●	●	●	●	●
4	●	●	●	●	●	●	●	●
5	●	●	●	●	●	●	●	●
6	●	●	●	●	●	●	●	●
7	●	●	●	●	●	●	●	●
8	●	●	●	●	●	●	●	●
9	●	●	●	●	●	●	●	●
10	●	●	●	●	●	●	●	●
	Present	●	Not present	○				

Table 15

Chi-Square Significant Test Result Summary Table

Demographics and wellbeing variables											
<i>Element / Golden Thread</i>	Gender	Age	Ethnicity	Rural identified	Rainbow & Takatāpui	Disability identified	Wellbeing literacy (WellLit6SR)	Positive Mental Health (MHC-SF)	Depressive symptomology (PHQ)	Generalised anxiety (GAD-7)	Wellbeing malleability
Highest order (parent code)											
Informing code (lower informing code)											
Child code (lowest informing code)											
Inner self	-	-							-		-
Self-awareness	×						×			×	×
Being in control of thoughts & emotions											
Self-acceptance, love & care	×				×						
Inner states											
Negative states						×					
Stress and pressure			×								
Depression and anxiety						×		×	×	×	
Positive states											
Happiness			×								
Mindfulness, calm					×				×		
Material stability	×		×		×						×
Health					×		×		×		-
Physical health: Eat Sleep Move							×				
Healthcare			×								
Connection Types & Characteristics		×					×		×		-
Family/Whānau							×				
Friends/Social connection		×	×		×		×				
Te Ao Māori Indigenous concepts	×	×	×		×						
Nature/Whenua			×		×		×				
Pets & Animals	×				×	×					
Spirituality & Religion				×							
Workplace connections	×		×					×		×	
Being heard & understood					×	×			×	×	
Loneliness, isolation, disconnection					×			×	×	×	
Love							×				
Toxic, dysfunctional relationships			×								
Balance							×				-
Time							×		×		
Active Pursuit							×				×
Freedom					×						

Statistically significant result ×

Not statistically significant result Blank

Did not meet test assumptions —

Part 1 | The *Elements* of wellbeing

The *Elements* of wellbeing encapsulate how laypeople speak of wellbeing and their role, the role of others and the impact that the systems and environment around them have on their wellbeing experience. Figure 26 provides a topic summary description and a list of the informing sub-codes of each *Element*. Figure 27 provides a more detailed map of the *Elements* and the codes which inform them.

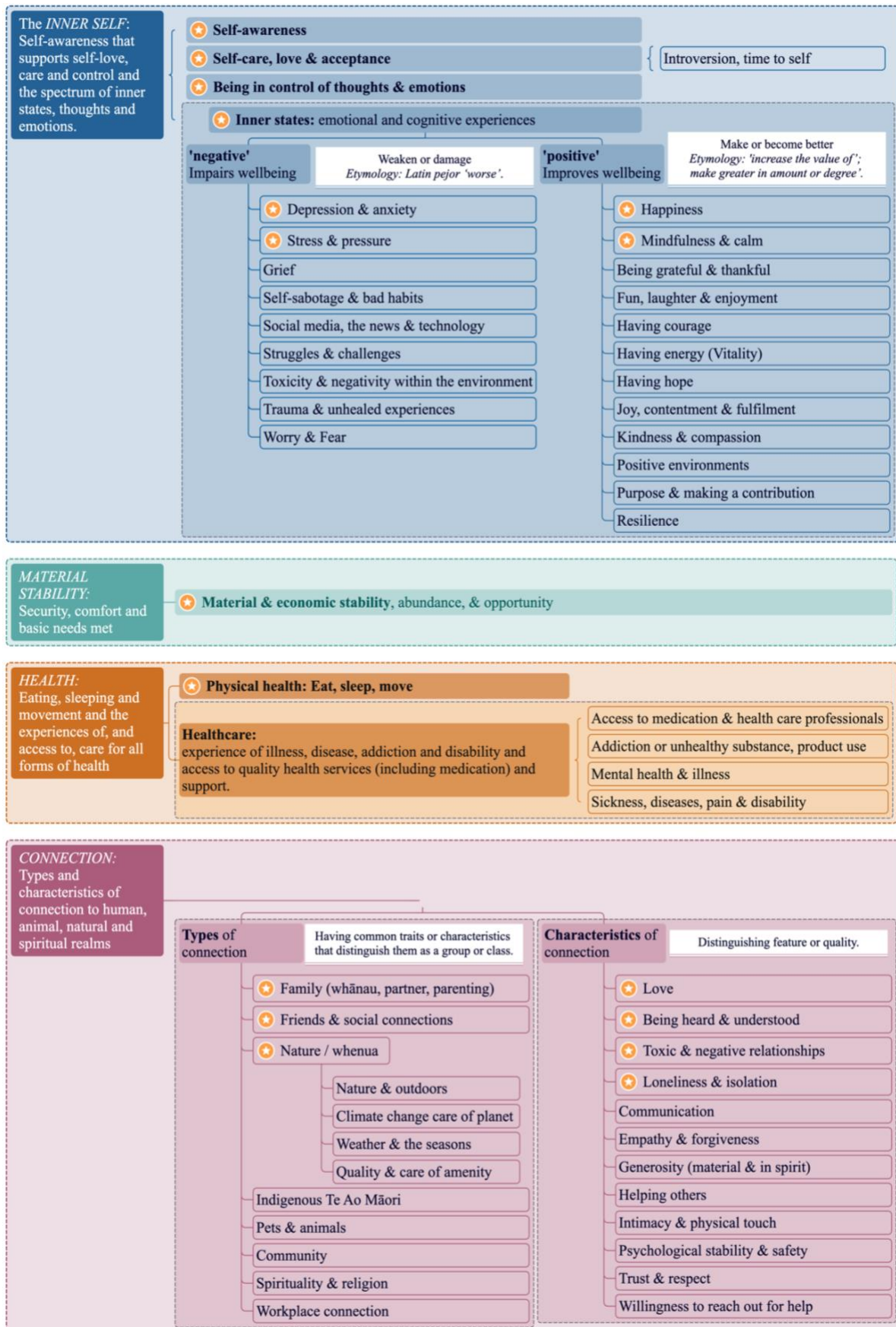
Figure 26

Topic Description of Each Element and the Informing Codes that Construct Them

The Elements of wellbeing	Topic summary descriptions	Primary sub-codes
The INNER SELF: Self-awareness that supports self-love, care and control and the spectrum of inner states, thoughts and emotions.	Wellbeing involves the experience of an enormous array of cognitions, emotions and behaviours. To sustain wellbeing, a level of self-awareness is essential. This self-knowledge drives self-acceptance, self-control and self-care that aids in the direction of thoughts and actions for the protection and betterment of wellbeing.	Self-awareness Being in control of thoughts and emotions Self-acceptance, love and care including introversion and time to self. Inner states: emotional and cognitive experiences ('positive' and 'negative')
MATERIAL STABILITY: Security and comfort and basic needs being met.	Material stability is vital to wellbeing, hinged on financial and material security in the form of steady and fair income, appropriate housing (warm, dry, secure) and having basic needs met (being fed, clothed and access to transport and care). Stability yields safety and autonomy, the ability to meet necessities, to care for self and extended family, and the means to access care. With material stability, one's full potential can be realised along with the opportunity for fun, relaxation and enjoyment. A lack of security brings uncertainty, stress and anxiety and is most often thwarted by systematic barriers, such as poverty, homelessness, failing state systems and hostile cultural norms.	
HEALTH: Eat, sleep, move and the experience of, and access to, care for all forms of health.	Wellbeing and health are synonymous and experienced in the mind and the body. Wellbeing is improved and thwarted by the quality and quantity of food, sleep, and movement one gets along with the experience of illness, disease, addiction and disability and access to quality health services (including medication) and support.	Physical health: Eat, sleep, move Healthcare: experience of illness, disease, addiction and disability and access to quality health services (including medication) and support.
CONNECTION: Types and Characteristics of human, spiritual, animal, Te Ao Māori, nature & whenua connections.	Connection refers to the type and characteristic of relationships with other humans, animals, and the spiritual, Te ao Māori and the natural world. Such connections can be fleeting or long-lasting and are often appreciated for the bi-directional nature and contagion or ripple effect they have on wellbeing. There are many types of connections (i.e., community, family/whānau, friends, social, Te Ao Māori indigenous concepts, pets, nature and whenua, spiritual, religious). These Connection types stimulate an extensive range of connection characteristics be they feelings or experiences (i.e., love, being heard, loneliness, toxicity, feeling connected to roots), that are beneficial and detrimental to wellbeing. Connection is a central tenet of wellbeing, yet not all connection is good for us.	Types of connection Characteristics of connection

Figure 27

Coding Map: The Elements of Wellbeing and the Codes that Construct Them



★ Indicates a prominent topic discussed by participants.

Inner self: Self-awareness, self-acceptance and care, control and experiences of thoughts and emotions

Wellbeing involves the experience of an enormous array of cognitions, emotions and behaviours potentially enhancing or damaging to wellbeing, including *self-awareness, self-acceptance and care, control of thoughts and emotions* and the many thoughts, emotions and experiences of wellbeing. To sustain wellbeing, a level of self-awareness is essential. This self-knowledge drives self-acceptance, self-control and self-care that aids in the direction of thoughts and actions to protect and improve wellbeing.

‘Being able to and cognisant of taking the time to think about what you need to make life more enjoyable for yourself, time out, doing things you enjoy, not feeling guilty about being selfish when it’s needed. And then being able to do it! And for others to understand, accept and support me in doing that.’

Participants’ understanding of wellbeing centres around having a degree of self-awareness for both the cognitive and physical aspects of life and this awareness extends to those around them. Driving self-knowledge is the ability to control thoughts and emotions and to engage in practices that support and build self-acceptance, love and care. Self-awareness, control and acceptance are regarded as a constant, active process, referenced by almost the entire coded sample (97%). This narrative is conveyed as the acceptance of one’s place in life, one’s surroundings and oneself, knowing and being in touch with oneself and accepting self (e.g., loving self), often expressed as a state of mind or a feeling of inner peace and happiness with what they have and this extends to self-forgiveness. There is also a strong message that wellbeing is impacted by one’s self-confidence, self-esteem and a sense of self-worth, which comes through self-awareness and self-love. Included is the need to care for oneself, be that through encouraging self-talk or partaking in self-care activities (e.g., rest, time with loved ones, enough alone time, mindfulness), even if it can be seen as being selfish.

‘I have to learn how to deal with things and build my self-esteem when it has been knocked. I am becoming more resilient and less affected by how others behave towards me and less reliant on others - in the long run these things give me the opportunity to self-reflect and develop a more conscious self but in the time of confusion my wellbeing is negatively affected’

Participants share about the impact of processing thoughts, particularly ‘negative’ ones, and the bearing this has on experienced wellbeing. There is discussion around a need to control thoughts and emotions to bring about beneficial outcomes or reduce distress. This includes having an awareness of both emotional and physical states within the body and addressing these needs. This awareness extends to those around them, and the environment they are in, with the need to ensure self-awareness and ‘checking in’ so they are conscious of the impacts of these external forces and can respond to the environment well.

There is substantial discussion about the topic of time, with 27% of the code sample mentioning the topic in some capacity. The discussion is often linked to introversion, introspection and recuperation and will be covered in greater depth in the *Golden Thread of Balance*. There is also considerable commentary about the experience of the inner states or emotions and experiences and how these impact on people’s sense of wellbeing. Contrary is the experience of low self-esteem and mention of not being

connected to self, lacking self-awareness and the adverse consequences of this, especially not taking needed action to improve one's wellbeing.

'To me, it involves giving yourself the time to connect with yourself and to learn about who you are, what you like, and what maybe makes you not as happy.'

This *Element* is comprised of a broad assortment of participant views which have been collected under four sub-elements:

- Self-awareness
- Being in control of thoughts and emotions
- Self-acceptance, love and care
- Inner states: emotional and cognitive experiences.

Self-awareness

This informing topic includes narratives relating to a cognisance of one's thoughts, feelings and physical needs, taking the time to reflect inward to bring forth self-knowledge about different wellbeing domains, and acting on this awareness for the betterment of wellbeing.

'Greater awareness of who we truly are, beyond our personhood status. Ability to understand we are not our mind and our thoughts. Ability to dis attach to the mind and the stories it has told us. Then to nourish yourself, your whānau¹² and your community through your awareness.'

'Self-awareness and trying to understand yourself and your emotions as well as your physical pains you might be experiencing.'

Participants talk about taking time to reflect and understand self. This internal practice can uncover what is and is not working or what is not being paid attention to, or perhaps overlooked, and includes awareness of barriers to wellbeing and knowing how to remove them. This self-awareness can come through self-directed reflection or in response to challenging situations and other people's behaviour towards them that have prompted people to self-reflect and thereby increase self-awareness.

Being in control of thoughts and emotions

This sub-element references participants' ideas about controlling thoughts and behaviours to support, or protect, their wellbeing. It involves having the ability to detach from stories the mind tells us, saying no, having clear boundaries and checking in with yourself. Here there is an extension of what is done with the self-knowledge gained through being self-aware, and that participants' wellbeing is seen as being buttressed by paying attention to thoughts and emotions, practising self-reflection, listening to self and knowing what is good for them.

'Getting lost in thoughts/worries about the past or future and not staying grounded in the present.'

¹² *Whānau* - Extended family, family group, a familiar term of address to a number of people. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members (Moorfield, 2024).

'Learning to redirect negative thoughts and build self-esteem.'

The benefit is seen from having a feeling of control over thoughts and emotions (feeling autonomous and having agency), so they can manage situations and have a 'good' attitude towards situations. A sense of routine, order, control and confidence, including talk of mindset, is also expressed. Counter to being in control of thoughts and emotions is having a bad headspace, not managing oneself, negative self-talk and rumination.

*'Wellbeing and how we feel about it is connected to how autonomous and capable we feel.
In other words the higher my self-esteem the better my wellbeing is,
and the more in control I feel about it.'*

Self-acceptance, care and love

This narrative highlights a drive for a sense of belonging and confidence from knowing who you are, flaws included. Care is both cognitive (e.g., thinking kind thoughts about self) and behavioural, in terms of acting in ways that nurture and care for self (e.g., making good choices and eating well).

*'When you love yourself, flaws included you understand that it's ok to not be perfect.
You also take the time to take care of yourself, making wholesome food and
knowing all the things that make you feel good.'*

This process can often involve needing time for self, for reflection and recuperation and this is sometimes labelled as necessary due to self-identified introversion. There is mention of 'being selfish' or 'feeling guilty' in putting oneself first and taking time to do this for yourself, indicating a clash between caring for self and the perceived expectations of others, whether implied or overt.

*'Putting myself first / taking time for myself
(due to my very introverted nature this is the only way for me to recharge although
I deeply care about a lot of people and appreciate their being in my life).'*

Self-care positively impacts on self-esteem and how one feels about self, which participants underscore as improving their sense of autonomy and having control over their choices and lives as a whole.

'Working at a pace that is healthy for me or looking after your health - practicing good self-care and maintaining work life balance to avoid illness and not taking time to look after my needs - like not going into nature enough, spending too much time on work.'

Another perspective shared by participants is that work and life balance impact on their ability to care for themselves which influences their health. This narrative sometimes extended across several answers where participants relate self-care to what improves and worsens their wellbeing across different life domains and cultural influences.

'Trying not to spend too much of my life consumed by my work / Because when I get stressed it is usually about spending too much time and energy at work and ignoring my own needs and what I know I should be doing / I don't want to do a bad job.'

'I am a workaholic which means I push some aspects like exercise and eating healthy all the time aside. / As an immigrant, I feel I need to prove myself and I don't want to disappoint.'

Woven throughout this discussion are signals beyond personhood, being open to others' perspectives, being aware of others' needs and managing others' expectations and not wanting to disappoint others. Counter to this is mention of not being connected to self, lacking self-awareness.

Inner states

Inner states relate to the narrative shared by participants about the cognitive, emotional and physical experiences and states they associate with when asked about wellbeing, and these encompass experiences that both weaken or improve wellbeing. As such, the concept of wellbeing encompasses the whole spectrum of human experience, from peace, contentment and happiness to loneliness, grief and depression. These states are discussed as separate aspects or intertwined into other narratives and event descriptions, confirming that wellbeing is not viewed solely as an optimal state of thriving and doing well—it also includes experiences of disharmony and challenge.

'Well-being is about knowing what experiences bring a sense of harmony, joy or contentment etc into your life, as well the experiences that conjure up feelings of disorder, unhappiness etc in order to help you lead a life that's purposeful for you and that's aids you in dealing with stressors.'

This collective topic pulls together references to 'negative or challenging' cognitive, emotional and physical states, which deplete wellbeing, and 'positive' cognitive, emotional and physical states, which boost wellbeing. It is acknowledged that using positive and negative labels could be seen as an oversimplification of complex, somewhat subjective notions and that what can be reasoned negative can lead to positive outcomes and vice versa (Ivtzan et al., 2016; Kashdan & Biswas-Diener, 2015; Lomas, 2016d). Some of these topics are discussed with far greater regularity which I explore in more detail, while other topics are mentioned by only a handful of participants which I summarise to a lesser extent.

'Negative or challenging' cognitive, emotional and physical states, which deplete wellbeing

Stress and pressure are often discussed, as is depression, anxiety, and sadness. Relating to stress and pressure, participants talk of feeling overwhelmed, not listening to themselves, financial strain, criticism at work, being busy at work, deadlines, burnout, study, feeling angry, trapped, over-committed, insomnia and mood swings. There is a sense of overload. This can cause strain on relationships and feelings of failure, affecting both emotional and physical health. Counter to this is the knowledge that nothing changes when you panic, and some stress is good because it keeps you going.

'Stress can cause strains on relationships, on your communication, on your control of emotions. It can cause anxiety, insomnia, depression, affect yourself image and self-worth if you feel like you're failing, it can make you angry, have mood swings etc. I think stress is a cause of a lot of things that bring wellbeing down.'

Depression, anxiety and sadness is another significant discussion point for participants who talk of the adverse impacts of depression and the ruminations, struggle and feelings of downward spirals that can lead to anxiety, isolation and withdrawal, and *less capacity to make helpful decisions*. These feelings

can be triggered by self-talk, external relationships, and a sense that there is a lack of external support. These feelings expand to notions of external impacts such as seasonal, weather-related low mood.

'Anxiety makes me withdraw, Depression follows that withdrawal, My wellness depletes.'

*'Mental health comes to mind as soon as I hear the word wellbeing.
I think of depression and the struggle to stay happy. I think of trying to overcome anxiety.'*

Minor lay concepts of emotions, cognitions and experiences which deplete wellbeing

In addition to the commonly discussed states already covered, the participants shared, to a lesser degree, a wide array of emotions, cognitions and experiences which deplete and impair their wellbeing, a summary of which is provided in Table 16.

Table 16

Summary Table of Minor Lay Concepts Which Deplete/Impair Wellbeing

Code	Description	Sample quotation
Grief	A need for there to be adequate time and space to allow time to grieve, for experiences of loss, heartbreak, and sadness.	<i>'When you're sad give yourself enough time to grieve.'</i>
Self-sabotage and bad habits	Purposefully sabotaging one's wellbeing by not doing something you know you should or would benefit from. Spoken of as bad habits, procrastination, succumbing to temptation, doing things that you know will make you unhappy.	<i>'Falling back into old non self-serving behaviour such as over-eating, eating the wrong foods for me, not exercising enough and being attached to what others say or think. Falling into 'poor-me' behaviour.'</i> <i>'Giving in to temptation.'</i> <i>'Not taking care of myself, eating bad foods or not eating properly.'</i> <i>'Procrastination.'</i>
Social media, the news and technology	Participants share that social media can lead to compulsive behaviours and addiction. They share that it is okay when I am okay but when I'm not in a good way, then comparisons can be damaging, this extends to all forms of media (social and mass). Participants share that they get caught up in other people's lives, looking at others, too much screen time, playing games, anime etc. Negative news, making the world seem like a very dark place. There is discussion around the need to manage news intake and set boundaries.	<i>'Compulsive behaviours (e.g. stalking an ex on Facebook), not setting boundaries.'</i> <i>'isolating myself in conjunction with social media. Social media is fine when I'm feeling fine, but definitely makes me feel worse when I'm already feeling bad.'</i> <i>'The biggest one is definitely social media. In this generation, being constantly bombarded with images and ideals when you are alone and may not live up to some of these expectations can be very unhealthy. They're designed to be addictive and it's difficult to get out of this cycle.'</i>
Struggles and challenges	There are daily struggles that can bring you down, the ups and downs of life detracting from wellbeing. There is also talk of the upside of struggles, going through hard times helps us to be better people and getting out of our comfort	<i>'Struggles that we go through to make us Better People and shape our Well-being outlook on life.'</i> <i>'Working through challenges / problem solving i.e. at work.'</i>

Code	Description	Sample quotation
	zone brings growth that comes from facing challenges.	<i>'Life's ups and downs / Daily struggles / Life can never be 100% perfect for anyone.'</i>
<i>Toxicity, negativity, anger, guilt (within the environment)</i>	Here participants talk about negativity in the environment, being surrounded by it but not specifically relating to people or relationships, these are more general references to toxic, abusive negative spaces.	<i>'Toxic behaviour, environments.'</i> <i>'Being subjected to an abusive environment (chemical, noise or stress).'</i>
<i>Trauma and unhealed experiences</i>	Referencing prior trauma (emotional, physical and psychological), old wounds unhealed, specifically childhood trauma (e.g., abuse) that has a lasting impact into adulthood. Participants talk about the need to work on and understand trauma, and to avoid triggers.	<i>'Working on my traumas and trying to understand myself better.'</i> <i>'Unhealed Childhood experiences.'</i> <i>'Avoiding triggers from my past.'</i> <i>'Emotional physical psychological trauma.'</i>
<i>Worry and fear</i>	Worrying about the future, health, finances, things out of your control, fear which can immobilise and can create a false narrative. Also couched as wellbeing is the absence of fear and worry.	<i>'Worry about finances, health, etc.'</i> <i>'Getting lost in thoughts/worries about the past or future and not staying.'</i>

'Positive' cognitive, emotional and physical states, which boost wellbeing

References to inner states which boost wellbeing cover several topics, including happiness and the broad topic of mindfulness, calm, relaxation and peace. When asked to describe wellbeing, one of the most commonly shared words is the overarching notion of happiness.

Happiness is often listed in conjunction with the word health, *being happy and healthy*. It appears to be an all-encompassing concept covering all parts of life and the emotional, physical and mental states of people and animals. References include being happy at home and work, having a happy disposition (trait), feeling happy, doing things that make you happy (hobbies, activities) and being surrounded by happy people.

'Happy - people, animals, all living things.'

'Wellbeing is feeling safe, healthy, content, and happy overall.'

Mindfulness, calm, relaxation and peace are important discussion points for wellbeing. Participants share their experiences of calm, inner peace, taking time to slow down, having a still mind, achieving a state of flow, relaxing and being reflexive. Participants list specific actions for achieving this state, including *practicing mindfulness* or *meditation* and having space/time to 'take stock', getting away from the noise, doing things unhurried, being mindful, practising yoga and using meditation apps.

'Anything that encourages mindfulness and appreciation of each moment.'

'To be in a place of peace and balance with your environment.'

'Breathing and being present. Relaxing and not feeling the need to go anywhere, do anything or be more than just be you!'

Relaxation can also be achieved through a day on the couch, reading, watching and chilling. Participants desire a sense of peace and inner calm, which extends to peace at home, work and in mind and body and how these experiences impact on their wellbeing for better or worse. There is the realisation that happiness is not a fixed state. It can come and go and be impacted by life circumstances, but wellbeing is centred around a feeling of happiness and contentment that come with basic comforts.

Minor lay concepts of emotions, cognitions and experiences which boost wellbeing

In addition to the commonly discussed states already covered, the participants shared, to a lesser degree, a wide array of emotions, cognitions and experiences which sustain and improve their wellbeing, a summary of which is provided in Table 17.

Table 17

Summary of Minor Lay Concepts Which Boost Wellbeing

<i>Code</i>	<i>Description</i>	<i>Sample quotation</i>
<i>Joy, contentment and fulfilment</i>	Discussion centres around feelings of joy and contentment in life, and a sense of fulfilment. Flowing with life.	<i>'A feeling of contentment, that 'everything is right' in your world.'</i> <i>'Enjoying life and feeling fulfilled.'</i>
<i>Purpose and making a contribution</i>	Having a life of purpose, fulfilment, meaning to life, making a difference, contributing, and giving back to your family and community. A feeling that what you do matters. This can also be expressed through the consequence of not having a sense of meaning and the detriment this has to wellbeing.	<i>'A life of purpose, meaning.'</i> <i>'not having something that drives us'</i> <i>'having a sense of hope, purpose and feeling like you're making a contribution to your family, your community'</i>
<i>Being grateful and thankful</i>	Experiencing gratitude for what you have in life, being generous and experiencing generosity. Counter to this is a lack of generosity, being mean-spirited, unkindness, and if you don't notice the good things around you, it depletes your wellbeing.	<i>'I think this is the case because no matter how much of the good things exist around you if you don't take the time to appreciate them they are mute.'</i> <i>'Having a gratitude practise can make such a difference in your wellbeing.'</i>
<i>Fun, laughter and enjoyment</i>	Smiling, laughing, being in the flow makes you happy. Experiencing a sense of enjoyment. There is also mention of having (making) time to have fun.	<i>'Being silly/light hearted and not taking life too seriously.'</i> <i>'Time and energy to have fun.'</i> <i>'Smiling, Laughing, Having fun.'</i>
<i>Having courage</i>	Mustering courage and acting on it, being courageous even if it means doing things that are scary.	<i>'Courage.'</i> <i>'Saying yes to things that may be scary.'</i>

<i>Code</i>	<i>Description</i>	<i>Sample quotation</i>
<i>Having energy, enthusiasm (vitality), being inspired</i>	A feeling of being inspired, full of energy, enthusiasm and vitality that comes from having wellbeing; as opposed to being exhausted, lacking energy and vitality.	<i>'Vitality enthusiasm.'</i> <i>'Healthy body full of energy and excitement for life.'</i> <i>'Wellbeing would be feeling good in oneself most of the time, feeling energised, engaged, not stressed.'</i>
<i>Having hope</i>	Having things to look forward to, future plans and a sense of hope (vs. not having hope, a plan for the future or direction)	<i>'Having hope to always find better and do better.'</i> <i>'Sense of hope.'</i>
<i>Kindness and compassion (vs unkindness)</i>	A desire to receive and give kindness. It is often shared in the contrary, as in the impact of unkindness, mean, nasty people, personal attacks, toxic people.	<i>'Surrounding yourself with love and kindness'</i> <i>'Showing kindness to others.'</i> <i>'Unkindness in all its forms'</i>
<i>Positive environments</i>	The importance of being in a positive, accepting and celebrating environment.	<i>'Positive environment (for me as a queer person it's about being open and honest about who I am).'</i> <i>'Supportive environment.'</i> <i>'Positive environment.'</i>
<i>Resilience</i>	Participants share about the journey of gaining resilience through tough experiences, and the need to have coping skills and strategies to remain resilient. The ability to overcome and recover.	<i>'The resilience to withstand the ups and downs of life.'</i> <i>'The resilience or strategies to bounce back from adverse situations to reclaim your wellbeing.'</i>

Turning now to the supplemental quantitative analysis which supports further exploration of different populations and the frequency at which they discuss these lay concepts.

Supplemental quantitative analysis: Inner self

The topics contained within the element of *Inner self* are the most spoken-about concepts for participants across all demographic and wellbeing self-report measures, with 97% of participants mentioning these topics in some form (see Figure 26). The test assumptions were unmet when chi-square testing was conducted at the highest level which led to testing on the informing codes: 1) *Self-awareness*, 2) *Control of thoughts and emotions*, and 3) *Self-care, love and acceptance*, and *Inner States*, which have been classified as 4) *Negative*, including sub-codes *Stress* and *Depression* and 5) *Positive*, including sub-codes *Happiness* and *Mindfulness*. Table 18 outlines the statistically significant results reported for the demographic measures: gender, ethnicity, Rainbow and Takatāpui, and disability; and for the wellbeing measures: wellbeing literacy, positive mental health, depressive symptomology, generalised anxiety and wellbeing malleability.

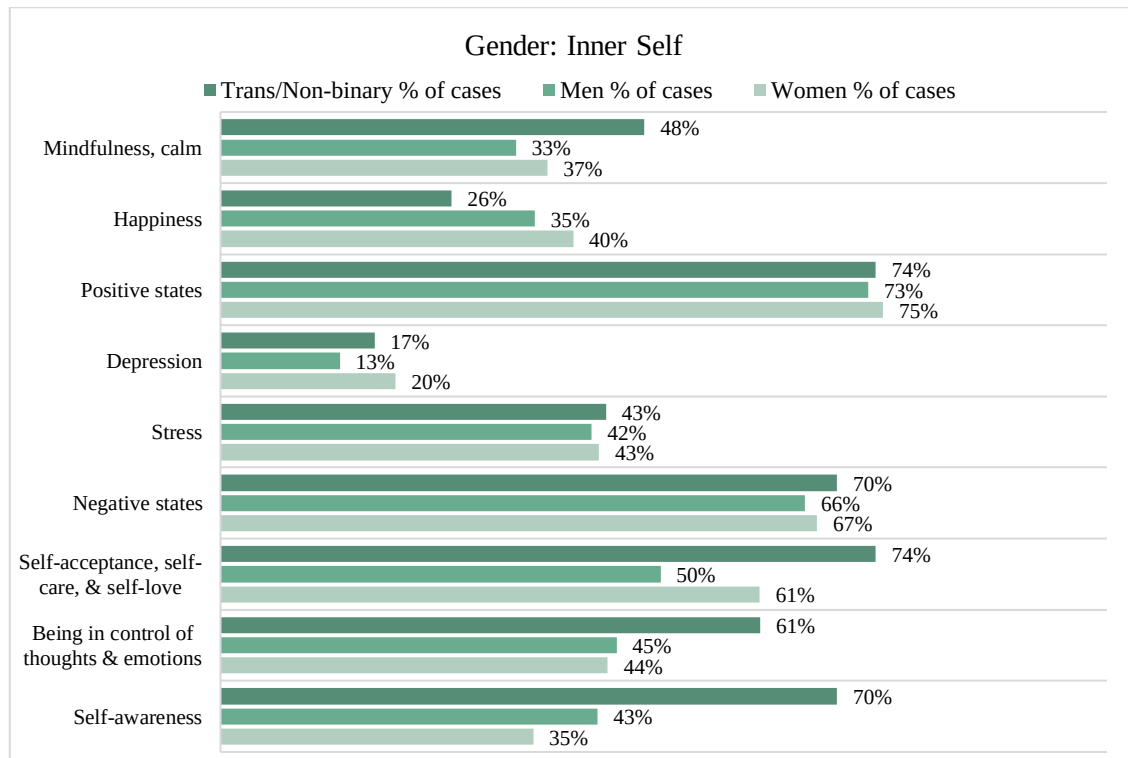
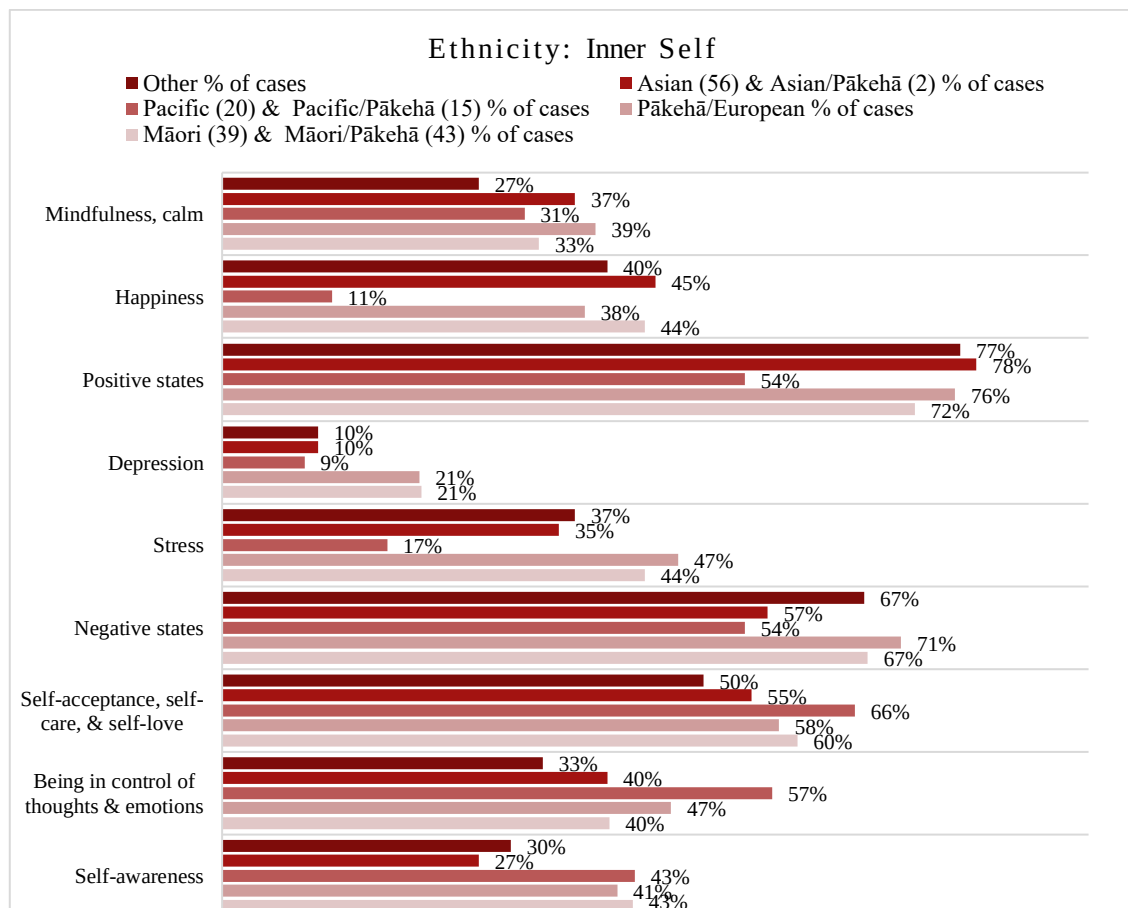
Table 18*Inner Self Chi-Square Significance Testing Results*

<i>Demographic / Wellbeing category</i>	<i>Inner self topic with significance reported</i>	<i>Chi-square test result</i>
<i>Gender</i>	Self-awareness	$X^2 (2, N = 473) = 11.56, p < .003$
	Self-care, love and acceptance	$X^2 (2, N = 473) = 7.48, p < .024$
<i>Ethnicity</i>	Happiness	$X^2 (4, N = 475) = 13.02, p < .011$
	Stress	$X^2 (4, N = 475) = 13.70, p < .008$
<i>Rainbow and Takatāpui</i>	Self-care, love and acceptance	$X^2 (1, N = 469) = 4.58, p < .024$
	Mindfulness	$X^2 (1, N = 469) = 4.58, p < .032$
<i>Disability</i>	Negative states	$X^2 (1, N = 469) = 5.17, p < .023$
	Depression and anxiety	$X^2 (1, N = 469) = 6.48, p < .011$
<i>Wellbeing literacy</i>	Self-awareness	$X^2 (2, N = 475) = 11.37, p < .003$
<i>Positive mental health</i>	Depression and anxiety	$X^2 (2, N = 475) = 28.94, p < .001$
<i>Depressive symptomology</i>	Depression and anxiety	$X^2 (3, N = 475) = 12.51, p < .006$
	Mindfulness	$X^2 (3, N = 475) = 12.82, p < .005$
<i>Generalised anxiety</i>	Self-awareness	$X^2 (2, N = 475) = 8.39, p < .015$
	Depression and anxiety	$X^2 (2, N = 475) = 15.53, p < .001$
<i>Wellbeing malleability</i>	Self-awareness	$X^2 (1, N = 474) = 6.76, p < .009$

Figure 28 illustrates that Trans/Non-binary participants are more likely to discuss almost all topics, with the exception of *Negative* and *Positive states*, with significant results reported for *Self-awareness* and *Self-care, love and acceptance*, which display a substantial disparity with how much less often men and women discuss these topics.

Age data did not meet the testing requirements at the highest level and the informing code level of *Inner self* did not report significant differences across categories. It is noteworthy to highlight that *Positive* and *Negative states* are spoken about at similar rates across all ages (ranging from 50% to 71%), confirming that when laypeople conceptualise wellbeing, it is perceived as a holistic concept which extends to the full array of emotions.

Ethnicity displays variability in frequency of discussion for the *Inner self* informing topics (Figure 29), with *Positive states* most often expressed, with the exception of Pacific/Pacific-Pākehā peoples, yet there was no statistically significant difference reported. *Happiness* reported a statistically significant difference as did *Negative states* which showed variability of discussion across all ethnicities, again seeing Pacific/Pacific-Pākehā peoples discussing the topics less frequently and while this was not statistically significant at the highest level of testing, it was statistically significant for the lower order topic of *Stress*. For Pacific/Pacific-Pākehā peoples, *Self-acceptance, care and love* is the most substantial topic, more frequent than all other groups; however, testing confirmed this was not statistically significant.

Figure 28*Frequency of Inner Self Topics Discussed by Gender***Figure 29***Frequency of Inner Self Topics Discussed by Ethnicity*

There is some disparity in the frequency at which urban and rural identified participants discuss the *Positive* and *Negative* aspects of *Inner self*, with those living rurally discussing *Positive states* to a lesser extent than those living in urban settings (66% rural and 75% urban). This was less pronounced for *Negative states* (69% rural and 67% urban). Testing confirmed these are not statistically significant differences showing that perhaps the rural/urban divide has less impact on frequency of concepts and narrative regarding *Inner self* topics than do other demographics.

Rainbow and Takatāpui and non-identified participants report similar levels of discussion across all *Inner self* topics (Figure 30). Greater differences are apparent in *Happiness* and *Depression*; however, these are not statistically significant. The topic of *Self-acceptance, care and love* and *Mindfulness* indicated a statistically significant difference.

Figure 30

Frequency of Inner Self Topics Discussed by Identity

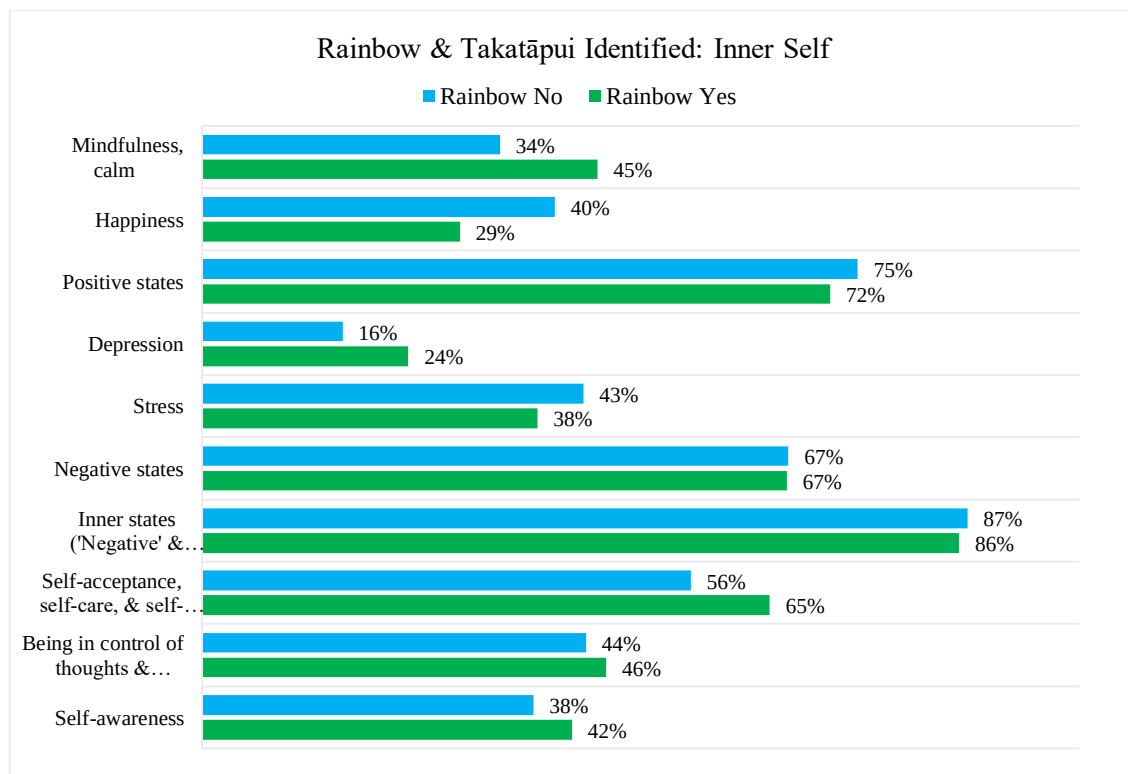


Figure 31 shows that those who self-identified as living with a disability discuss the informing topics of *Inner self* at similar rates to those who do not live with a disability, with the exception of *Negative states* and narrative related to the topic of *Depression* both of which are statistically significantly different.

The wellbeing measures show some thought-provoking differences in the degree to which participants discuss aspects of *Inner self*. Figure 32 illustrates that wellbeing literacy displays the most pronounced disparities, with the frequency of discussion for those who report high wellbeing literacy (Green), speaking more about all topics, with the exception of *Self-acceptance, care and love* which is matched by those reporting moderate wellbeing literacy (Amber). Those with the lowest reported

wellbeing literacy (Red) discuss *Self-awareness*, *Being in control of thoughts and emotions* and *Self-acceptance, love and care* at a far lower frequency than those in the middle and upper categories, with *Self-awareness* reported as statistically significantly different.

Figure 31

Frequency of Inner Self Topics Discussed by Disability Identified Participants

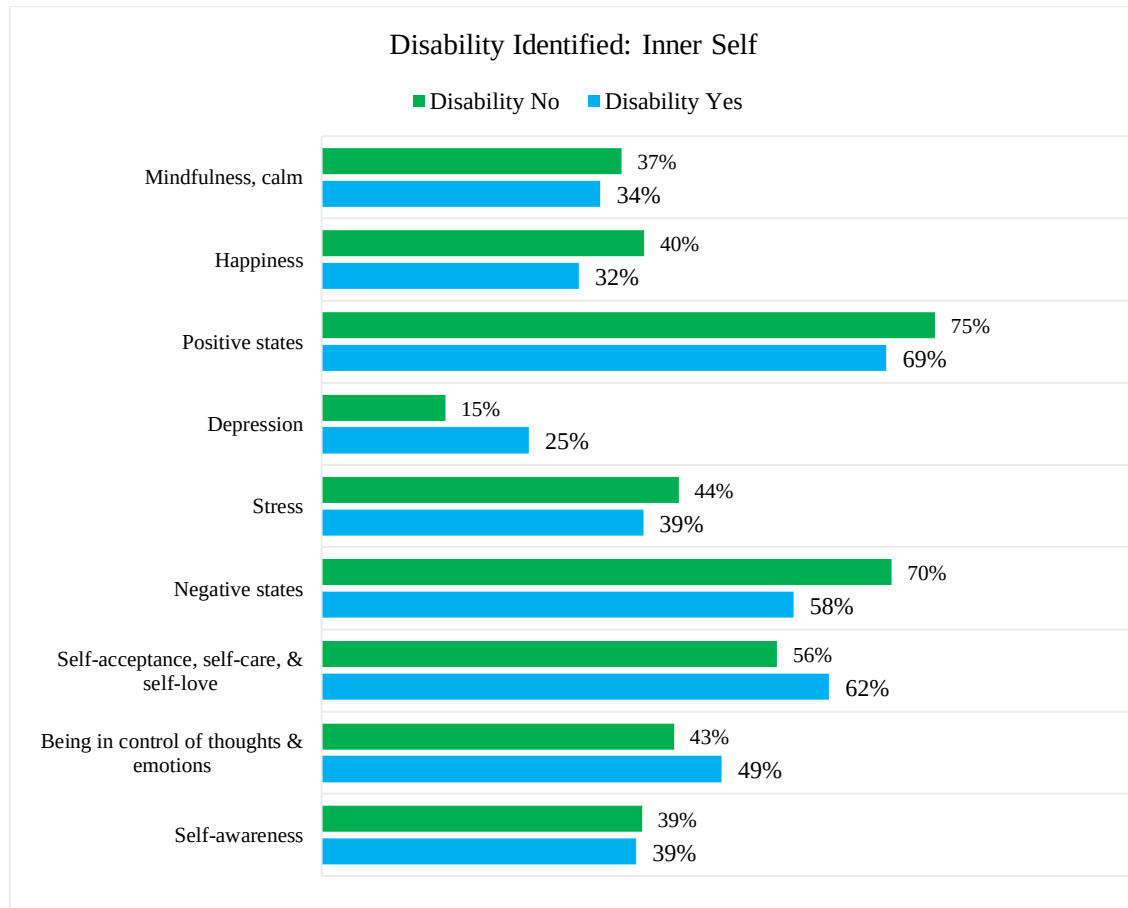
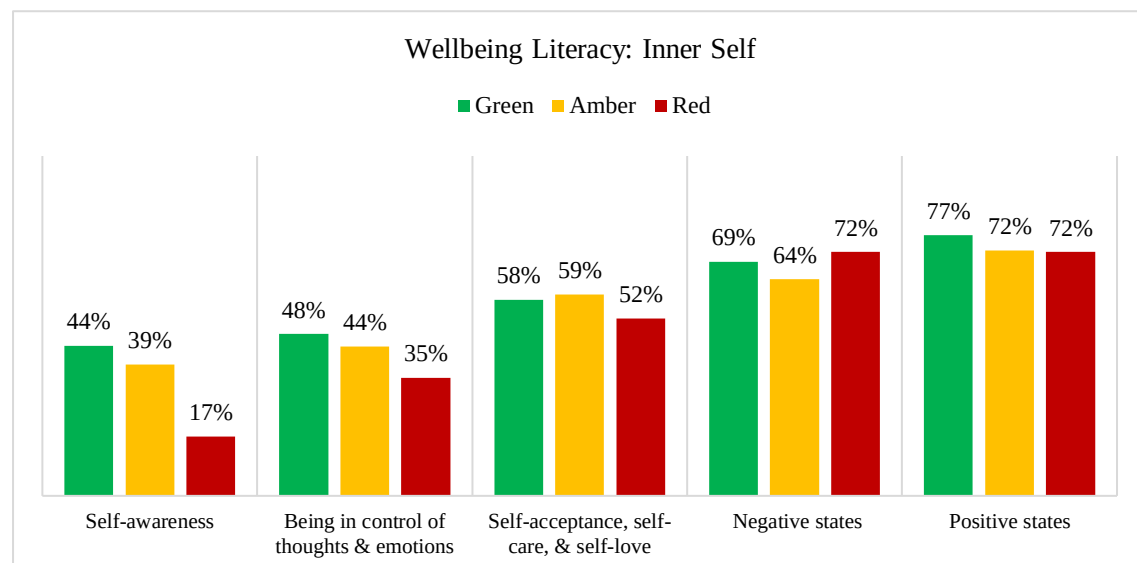


Figure 32

Frequency of Inner Self Topics Discussed by Wellbeing Literacy Category



Similar findings are reported for *Positive mental health* (Figure 33), with those reported as Languishing discussing *Self-awareness* the least. The inverse is represented for *Negative states*, with those reported as Languishing showing increased frequency of narrative. However, testing confirmed these were not statistically significant differences until looking at the lower order code of *Depression*, where those who reported as Languishing were statistically significantly more likely to discuss these topics.

Figure 33

Frequency of Inner Self Topics Discussed by Positive Mental Health Category

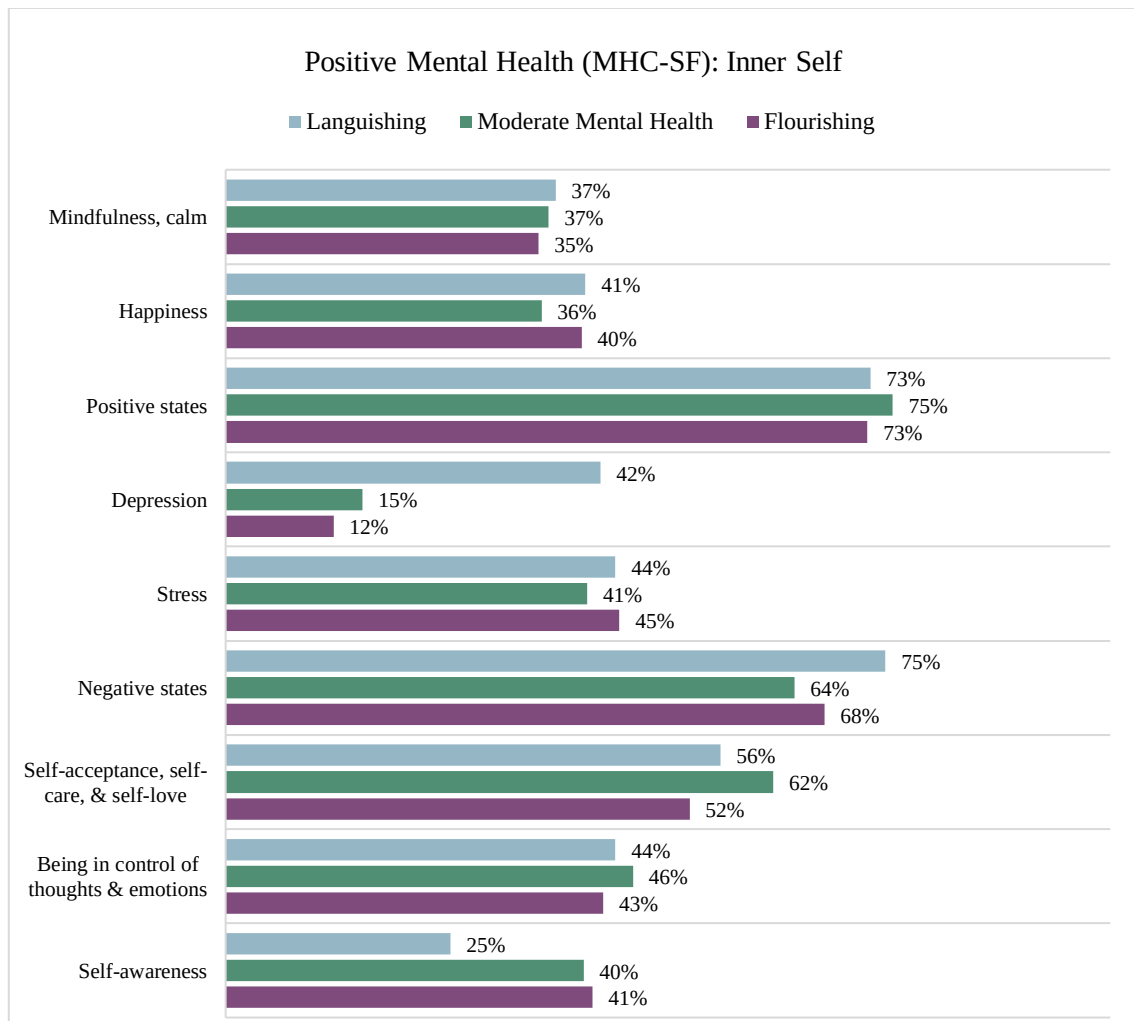
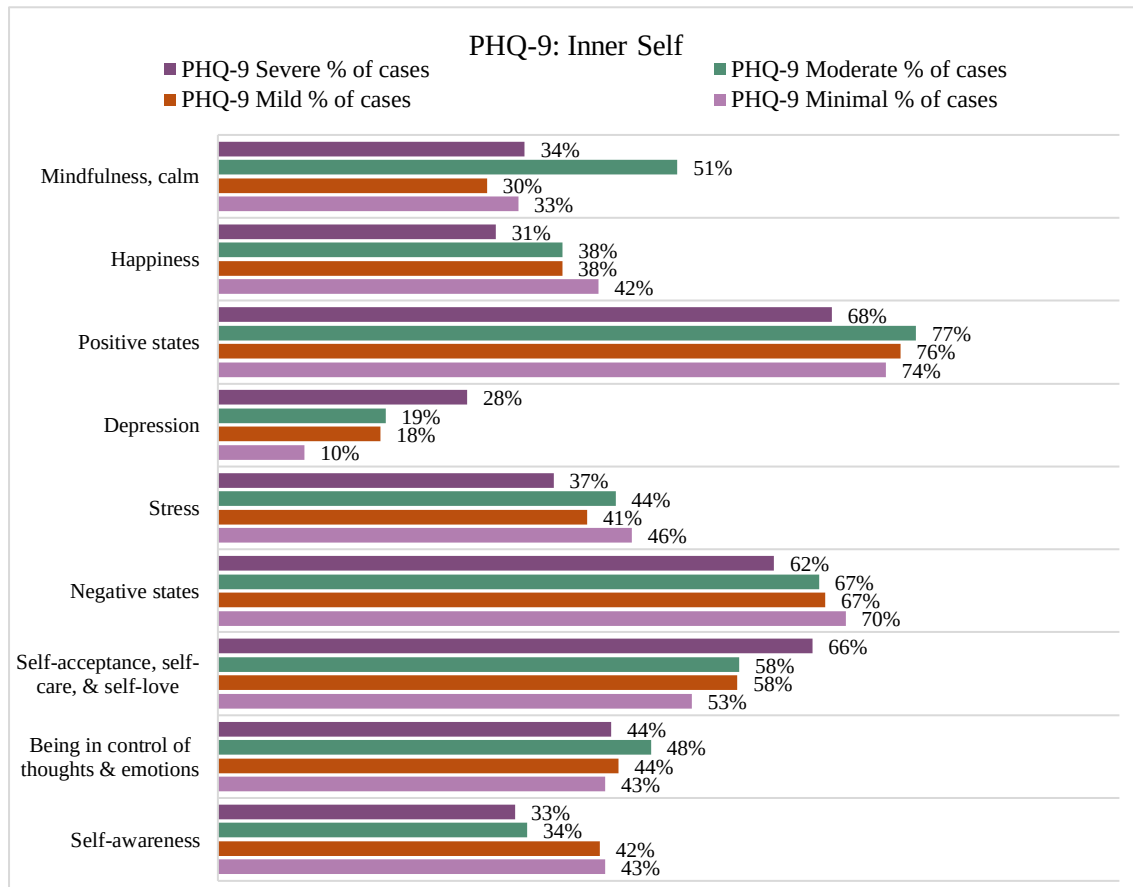
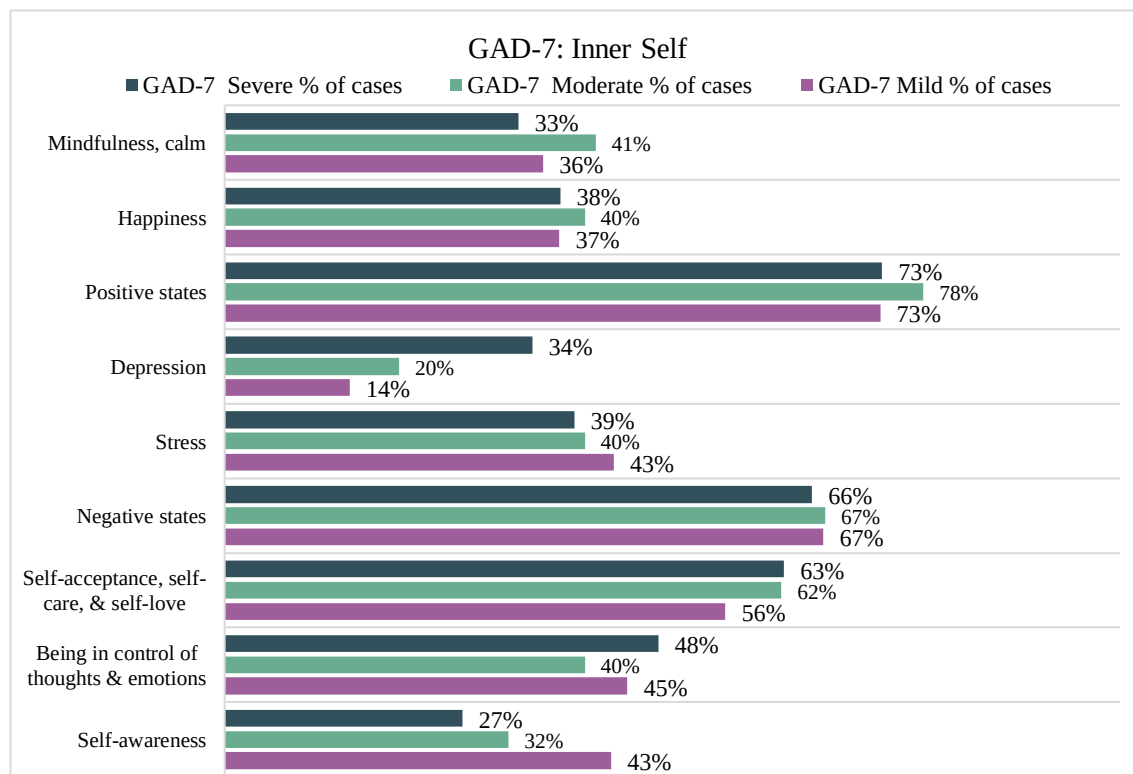


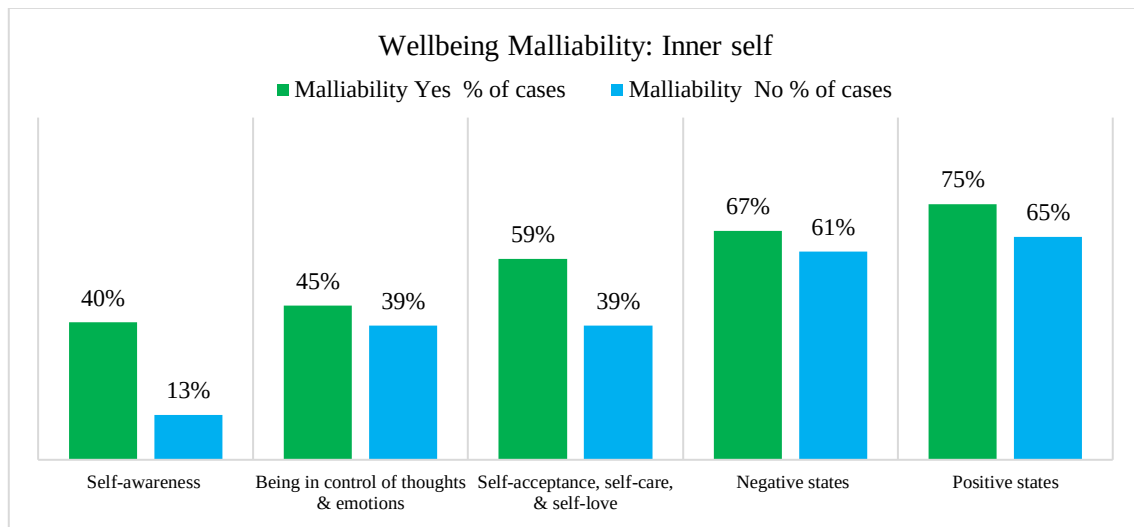
Figure 34 illustrates a consistent trend for depressive symptomology (PHQ-9), with the topics related to *Depression* spoken of at greater frequency as symptomology increases, peaking at the severe category that is reported as statistically significant, as is *Mindfulness* which appears to be related to those with moderate symptomology. The generalised anxiety (GAD-7) measures confirmed the more severe the symptomology, the lower the frequency of narrative recorded for *Self-awareness* and narrative related to the topics of *Depression* increased in frequency as severity of symptomology increases. Both differences are statistically significant (Figure 35).

Figure 34*Frequency of Inner Self Topics Discussed by PHQ-9 Category***Figure 35***Frequency of Inner Self Topics Discussed by GAD-7 Category*

The Cantril ladder data collected show limited information regarding variances across reported categories. When looking at those who believe wellbeing is changeable, there is a clear trend around the volume of narrative disclosed for all topics of the *Inner self* (Figure 36). Those who report wellbeing as being malleable and changeable, as opposed to those who see it as fixed, discuss *Self-awareness* at a statistically significantly different rate, while the remaining topics were not statistically significant (but may indicate a potential area of further research).

Figure 36

Frequency of Inner Self Topics Discussed Based on Belief of Wellbeing Malleability



Inner self Summary

The *Inner self* element captures lay concepts of wellbeing discussed by 97% of the sample. The topic covers the wide range of narratives which describe the importance of having *Self-awareness* and how this self-knowledge is essential, and highly prized, because it supports honest reflection and motivates behaviour that nurtures *self-acceptance* and *self-care* which aids in the *control of thoughts and emotions*. This element also includes an account of the assortment of emotions, cognitions and behaviours labelled *Inner states*, which laypeople articulate when discussing their understanding of wellbeing and what improves or diminishes it, conveying a holistic account of wellbeing that is more than a state of optimal functioning or flourishing.

To sustain wellbeing, laypeople state that a level of self-awareness and ‘checking in’ through inward reflection is required to maintain consciousness of inner states and needs, physical and mental, and to remain mindful of internal and external influences, related to other people or oneself, and this aids in the identification and management of unhelpful thoughts and behaviours, fuelling motivation to act for the protection and betterment of wellbeing. There are reported differences in the frequency at which different groups speak about these internal states and lay concepts related to gender, ethnicity, Rainbow and Takatāpui identity, and subjective wellbeing self-reported concepts such as wellbeing literacy, languishing, depressive symptomology, generalised anxiety and wellbeing malleability.

Particular focus is centred on the findings related to having *Self-awareness*, with those with higher levels of wellbeing literacy more likely to discuss these topics. This trend is evident in those reporting lower levels of depressive symptomology and generalised anxiety, with the frequency of discussion of *Self-awareness* dropping as symptomology increases. Lastly, those who believe wellbeing is changeable and can be impacted by an individual's actions are 4 times more likely to discuss topics contained in *Self-awareness* than do those who report wellbeing as a fixed state.

Material stability: Security and comfort

'A feeling of contentment, not because you have everything you could possibly want, but because you don't lack anything crucial to your physical or mental wellbeing.'

Laypeople articulate the fundamental significance of *Material stability* as being vital to wellbeing. Narratives in this *Element* are centred on financial and material security in the form of steady and fair income, appropriate housing (warm, dry, secure) and having basic needs met (being fed, clothed and access to transport and care). Stability yields safety and autonomy, the ability to meet necessities, to care for self and extended family, and the means to access care. With *Material stability*, one's full potential can be realised along with the opportunity for fun, relaxation and enjoyment. A lack of security brings uncertainty, stress and anxiety. Security is reported as being thwarted by systematic barriers, such as poverty, homelessness, failing state systems and hostile cultural and social norms.

'Having a good standard of living e.g.; roof over head, warmth, food, water etc. A bit of fun as well./ A solid base./ Then you can go with the flow of life knowing that you're alright, you have support. The valleys and hills are less dippy.'

Laypeople explain that a central requisite of wellbeing is a need for certainty and stability, in most participant narratives this is referenced as material and economic in nature. While this topic is not discussed as frequently as any of the other *Elements*, with 37% of respondents mentioning it, when it is discussed it appears to be very influential in its impact, adversely or beneficial, on an individual's wellbeing experience.

'Ability to live one's life comfortably and pursue whatever one wishes to achieve without systematic barriers.'

'Poverty, hunger.'

'Homelessness.'

'Not having a stable life. / Because if you don't have a stable life you can't relax or live to your full potential.'

'Lack of power (through money) / If I had more money, I would have more freedom and power to make decisions that assist both my physical and mental health, but also that of my family's. I would be able to provide better living conditions, stability, better health care, better lifestyle.'

The sense of *Material stability* is afforded by having resources to meet basic needs, a good place to live (affordable, stable and physically sound), and secure income, be it through secure employment or social support systems. The critical point is the enduring and reliable nature of stability, which is certain

and provides autonomy and agency. Autonomy is articulated as a means to make decisions for themselves, having enough to make ends meet without help from others, and results in a sense of life satisfaction and hope. Some voice this as feelings of safety and security, which bring a sense of abundance, opportunity, access to quality care and comfort, and fun and entertainment, along with feelings of independence, self-sufficiency and living a productive life, to one's full potential.

'Money buys opportunities.'

*'Maslow's hierarchy of needs met. Security.
Without basic needs met there cannot be well-being.'*

*'Being financially stable or financially comfortable –
not living in poverty or struggling financially.'*

For some participants, work is viewed as somewhat of a 'necessary evil' that affords them the opportunity to live life but there is perceived cost, such as antisocial hours and enduring unrewarding work. *Material stability* appears closely linked to notions of life satisfaction, living a good life and having what you need, but not necessarily more than that—a sense of certainty and comfort in the material aspects of day-to-day life, having enough. Put simply, having your basic needs met, well, and with assurance this state can and will be maintained is vital, for *'without basic needs met there cannot be well-being'*. Aspects which erode a state of stability include *'neglect/no access to necessities, poverty, inequity, and struggling to make ends meet'*, and relying on external agencies for financial and housing support. This impacts beyond the individual's wellbeing to the family unit, leading to a lack of choice, autonomy and agency and, indeed, a sense of power.

'Without a decent, stable home, enough to eat, good healthcare, access to transport and technology, you can achieve nothing and your health, both mental and physical, declines.'

'Opportunity to enjoy life (i.e., financial, and time-wise ability to do things that benefit you or that are fun - not stuck spending all time working, or with very little money).'

'Work is largely a necessity in order to obtain money to provide for basic needs such as shelter, food etc. as well as higher level, more luxurious 'needs'. When work itself is tedious and unrewarding, the amount of time spent doing work is injurious to my quality of life and inhibits my spending time on things that contribute to my wider wellbeing.'

Supplemental quantitative analysis: Material stability

The *Element* of *Material stability* is spoken of at a lower rate than the other three *Elements* and has considerable variation across the demographic and wellbeing measures, averaging 39% of participants discussing the topic, unprompted. Chi-square testing identified four areas of statistical significance: gender, ethnicity, Rainbow and Takatāpui identified and wellbeing malleability. These will now be explored in greater detail (Table 19).

Table 19*Material Stability Chi-Square Significance Testing Results*

<i>Demographic / Wellbeing category</i>	<i>Chi-square test result</i>
<i>Gender</i>	$X^2 (2, N = 473) = 8.12, p < .017$
<i>Ethnicity</i>	$X^2 (4, N = 476) = 16.39, p < .003$
<i>Rainbow and Takatāpui</i>	$X^2 (1, N = 470) = 4.27, p < .039$
<i>Wellbeing malleability</i>	$X^2 (1, N = 475) = 8.36, p < .004$

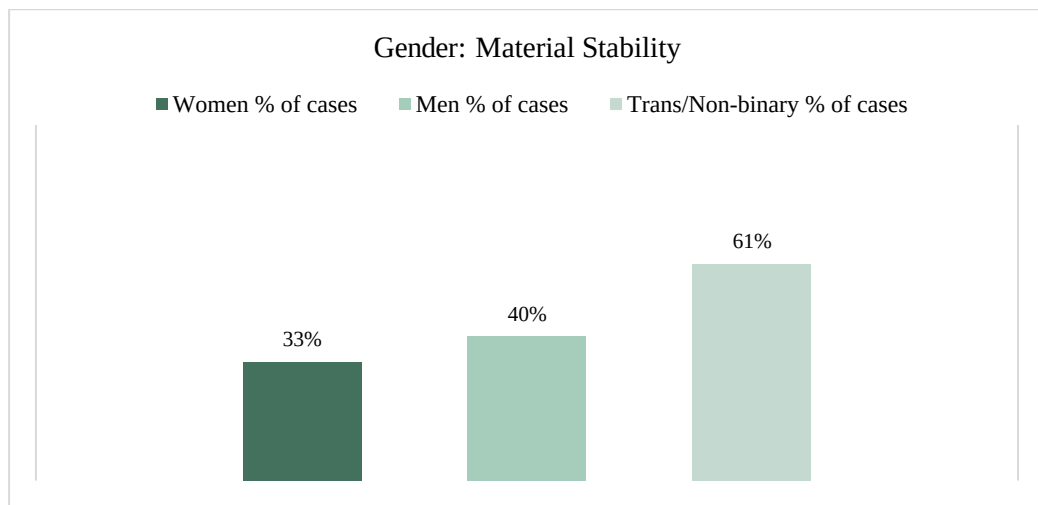
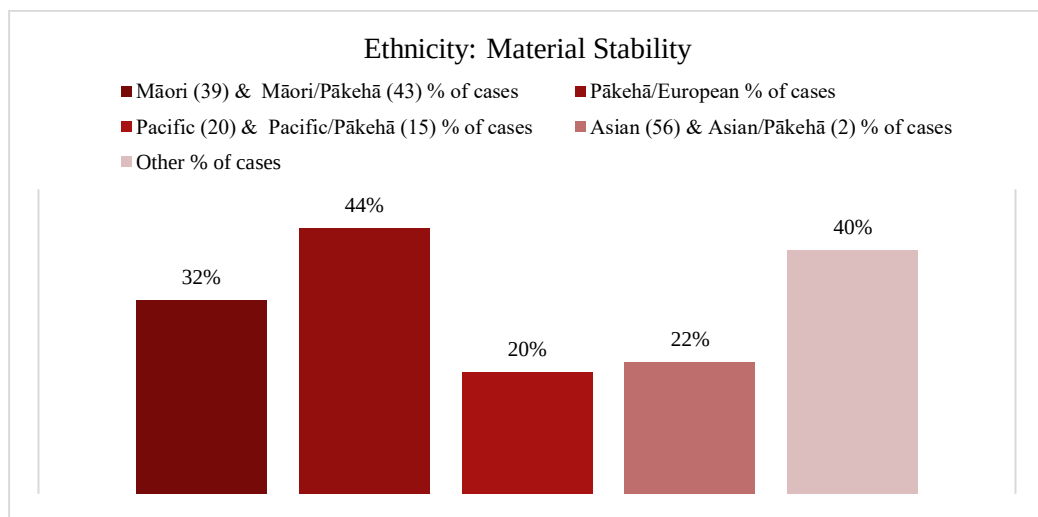
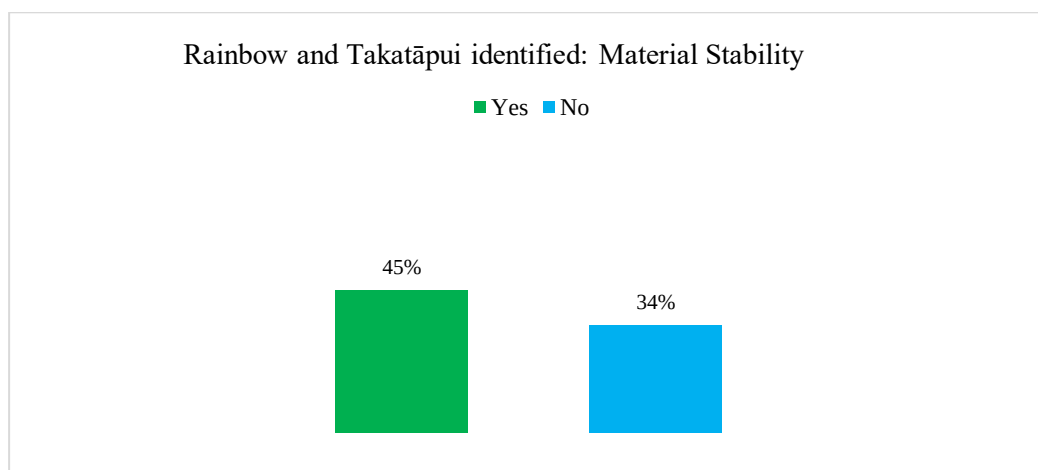
When looking within gender (Figure 37), the frequency of narrative around the topic of *Material stability* differs considerably and was confirmed as statistically significant. This corresponds with research related to material deprivation experienced by those who identify as Trans/Non-binary and Rainbow (Veale et al., 2019).

A review of the commentary coded to this topic does not indicate that the different genders speak about this topic with much variation. For example, all talk about having financial stability in the form of security and stable quality home environments and having the means to live comfortably with basic needs met and sufficient income. In addition, Trans/Non-binary participants discuss *'being unable to access adequate care both physical and mental because of a combination of ignorant, arrogant doctors and financial barriers.'* These variations of narrative indicate similar underpinning needs for material security with added dynamics of the individual specific needs, be that housing, employment or access to quality affirming health care.

Chi-square testing also reported a significant difference in how different ethnicities discuss *Material stability*. Figure 38 shows that Pākehā/European speak most frequently about this topic, closely followed by the category 'other', made up of those who identified as mixed-other (not listed), Middle Eastern and African, followed by Māori/Māori-Pākehā (32%) and dropping for Asian and for Pacific/Pacific-Pākehā participants. Exploring the narrative here did not uncover any specific differences in how ethnicities discussed *Material stability* and further research could be beneficial to explore the implications of the chi-square testing.

Those who live rurally speak of *Material stability* at a greater rate than those who live in urban settings and a similar difference is present for those who identify as part of the Rainbow and Takatāpui communities which is statistically significant (Figure 39). There is little difference between those who identify as living with a disability and those who do not.

When testing wellbeing self-report measures, greater frequency of narrative about the topic is seen for those reported as languishing and also an increase in the frequency of discussion as positive mental health declines; however, chi-square testing did not report a significant relevance. Those who consider wellbeing to be fixed mentioned *Material stability* at twice the frequency of those who believe wellbeing is changeable.

Figure 37*Frequency of Material Stability Discussion by Gender***Figure 38***Frequency of Material Stability Discussion by Ethnicity***Figure 39***Frequency of Material Stability Discussion by Identity*

Chi-square testing confirmed there is a statistically significant variance; however, review of the coded narrative did not uncover any visible difference in topics discussed, indicating another area for potential further research.

Material stability Summary

The narrative collected within this *Element* communicates the importance of having stability in having basic needs met and the impact this has on wellbeing, for better and worse. Through stable and fair employment, social support and housing, these needs, when met, support autonomy and the ability to live life to your fullest potential. There are also reported differences in the frequency at which different groups speak about these topics with chi-square testing confirming four areas of statistical significance: gender, ethnicity, Rainbow and Takatāpui identified, and wellbeing malleability. These narratives are also a substantial contributor toward the Golden Thread *Freedom* - I further discuss the systematic and cultural barriers to *Material stability* in that section. This foundational building block of wellbeing highlights the importance of context and environment when exploring wellbeing concepts.

Health: Physical health and Healthcare experiences of, and access to, care for all forms of health

For laypeople, wellbeing and health are synonymous and experienced in the mind and the body. Wellbeing is improved and impaired by the quality and quantity of food, sleep, and movement one gets, along with the experience of illness, disease, addiction and disability and access to quality health services (including medication) and support.

*‘My wellbeing is made better by healthy food choices...
drinking as much water as I can and achieving exercise goals.’*

*‘Being able to afford nutritional food, being able to afford the doctor,
having good mental health care.’*

Health is formed by both mental and physical health; as such, this *Element* is produced by two distinct yet allied sub-codes:

- *Physical Health: Eat, sleep, move:* the discussion around the impact of food, exercise and sleep on wellbeing and the activities, choices, opportunities and access that influence these aspects.
- *Healthcare: Illness, disability and access the care:* participant commentary about experiences of mental and physical ill-health, sickness and disability, access to health-related support and medications, and how this impacts wellbeing.

Participants talk extensively about the idea of health, with over 85% of the coded files disclosing about these topics. The terms physical and mental health are often used to define and describe wellbeing. They are often framed within an accessibility lens. Also evident are participants’ perceptions of the role that time (having it, needing it) has on their ability to eat, sleep and move well or indicating the position that broader systems (health system, cultural norms), outside the individuals’ influence, have on these choices and opportunities. Experiences of physical disability, mental health (ill-health), sickness and

disease and adequate access to health care services and medications, along with other people's empathy and kindness, form the heart of these discussions.

'Great sleep (at least 7 hours), nutritious plant-based whole-food diet, limiting alcohol, strength and/or cardio-based exercise a minimum of 45 minutes daily.'

Physical health: Eat, sleep, move

Within the topic of *eat, sleep, move*, commentary is predominantly focused on the activities and choices people make around food, sleep and movement to support their wellbeing and the detrimental impacts of poor diet, lack of or disrupted sleep, and a lack of physical activity. This is one of the only topics where participants appear to have clear ideas about what constitutes 'right' or 'correct' actions in terms of eating, sleeping and moving, with some going so far as to prescribe quantities, for example:

'Not eating well, not moving your body.'

'Good sleep, eating enough, conscious decisions to better life, eating fresh food.'

Eating covers subjects around consumption, such as drinking water and access to nutrient-dense, plant-based, whole food and non-processed food (i.e., the type and quality), which provides energy and feelings of good health. It includes having access to ethical sources and preferences for being vegetarian, meat-free, and vegan and the benefits this has for health and mental acuity. There is dialogue about the detrimental impact of poor dietary choices, limiting alcohol consumption and binge eating and skipping meals. Quality and quantity of sleep along with good sleep patterns are recognised for their impact on wellbeing and daily functioning, mental health and anxiety. Counter to this are the negative impacts of tiredness that come from a lack of sleep (e.g., from having young children).

'Exercise, healthy food, enough sleep, hydration.'

'Exercising / movement. Yoga. Walking. Running. Swimming in the ocean.'

Within the topic of *move* is the discussion of a vast range of activities and regular physical activity of all types (running, walking, swimming, cardio, yoga, gym etc.), both planned and incidental, as opposed to the negative impacts of being sedentary. While there is discussion around activity and food choice that relate to being seen as '*being active*', '*being fit*' and '*taking care*', there is the minimal reference by participants to eating, sleeping and moving for the benefits of physical appearance. It appears that within this sample these activities are not pursued for external validation or vanity but rather for personal health, self-care and enjoyment, which could be perhaps considered an implicit drive.

Healthcare: Illness, disability and access the care

Within the composite group of topics related to *Healthcare*, there are four sub-topics:

- Access to medication and health care professionals
- Addiction or unhealthy substances, product use (smoking, drugs, alcohol, social media, apps)
- Mental health and/or illness

- Sickness, disease, pain and disability.

Here participants discuss experiences of physical (illness, addiction and disability) health, mental health and health care systems, including access to care and medication.

‘Being able to afford nutritional food, being able to afford the doctor, having good mental health care.’

‘Those who are poor are beaten down every day, our access to good mental health services are poor, our ability to live a quality of life that others enjoy is impossible, although a vast majority of us are intelligent, are useful despite being told we are not. Others control our standard of living, we are not seen as people, we are seen as unimportant and a drain on society.’

Here, participants talk beyond the *eat, sleep, move* paradigm, which implies a sense of self-sufficiency and motivation and the active health choices they make, to discussions related to genetics and hormones impacting wellbeing (adversely), through to systems and living in a fair and equitable society, with access to the care they need. Participants share that life and wellbeing are hard without physical and mental health, in that feeling and being physically and mentally unwell detract from wellbeing.

Health is often referred to across multiple domains, *‘healthy and happy both at work and home’* and health in relation to being devoid of concerns, *‘comfortable and happy with no health concerns physical or mental’*, and this extends from self to others, *‘good health for yourself and those you love’*. In relation to *access to medication and health care professionals*, participants talk about having access to what they need, when they need it and the validating experiences that can come with quality health care. Counter to this is inaccessibility to trained professionals and medication when required due to cost or overburden on the system, which relates to mental health and physical health specialists.

‘Equitable access to care! Doctors, mental health professionals, community support, being catered to individual needs.’

‘The lack of accessible healthcare. My last doctor's visit I was told to google support groups. If I was able to get the help, I needed with google, I wouldn't be at a doctor in the first place.’

There is discussion around how being able to access and afford medication and the adverse impacts of side-effects are detrimental to wellbeing. Participants also share the feelings of judgement and ‘othering’ that come from being seen as a burden or drain on society and the need to educate others about recognising disability and responding with kindness.

Addiction or unhealthy substance and product use (smoking, drugs, alcohol, social media, apps) covers discussion about both their own and/or family members’ experiences with addiction and substance abuse, be that food, smoking, alcohol, illegal substances, technology or social media. Participants share how these unhealthy addictions derail people and are bad for their health and wellbeing. There is also reference to social media and apps being addictive by design, leading to poor health outcomes.

‘Alcohol, Drugs, Drinking culture.’

Sickness, disease, pain and disability topics include the impacts of living with disease, illness pain (acute or chronic) and the detrimental effects of the significant ongoing impact of allergies, genetics and hormones and critical medical events such as miscarriage.

‘Bad health, physical pain.’

‘Hormonal fluctuations.’

‘Genetics.’

‘As someone with chronic pain, this affects my day to day wellbeing - some days I manage it well, but some days it knocks my wellbeing, energy, confidence etc.’

‘Physical disability.’

*‘Wellbeing also comes from educating others on disabilities.
How to spot them and how to be kind about them.’*

Mental health and/or illness are often discussed concerning the impact these have on wellbeing and the need to have and employ coping strategies, including professional care, family support and medication, to help mitigate the consequences. There is also discussion about the unrealistic expectations placed on those living with chronic anxiety and a mismatch between professional recommendations and service availability and the participants lived reality, especially regarding financial constraints.

*‘I have to work far too much in order to survive and I have severe anxiety.
I need regular ongoing help and I can’t access it. I finished the hospital anxiety treatment and you’re just dumped. The final session was such a joke. How to prevent relapse when all in group weren’t even anywhere near recovery. One woman in the group asked how she was supposed to beat social anxiety and go out and have fun/get transport out with \$60 per week left for living costs after rent.’*

Supplemental quantitative analysis: Health

At the highest order of the *Health Element*, there is a consistently high rate of discussion across all demographic and wellbeing measures, with 85% of participants mentioning these topics in some form. Chi-square testing identified four areas of statistical significance which were ethnicity, Rainbow and Takatāpui identified, wellbeing literacy and depressive symptomology (Table 20).

Table 20

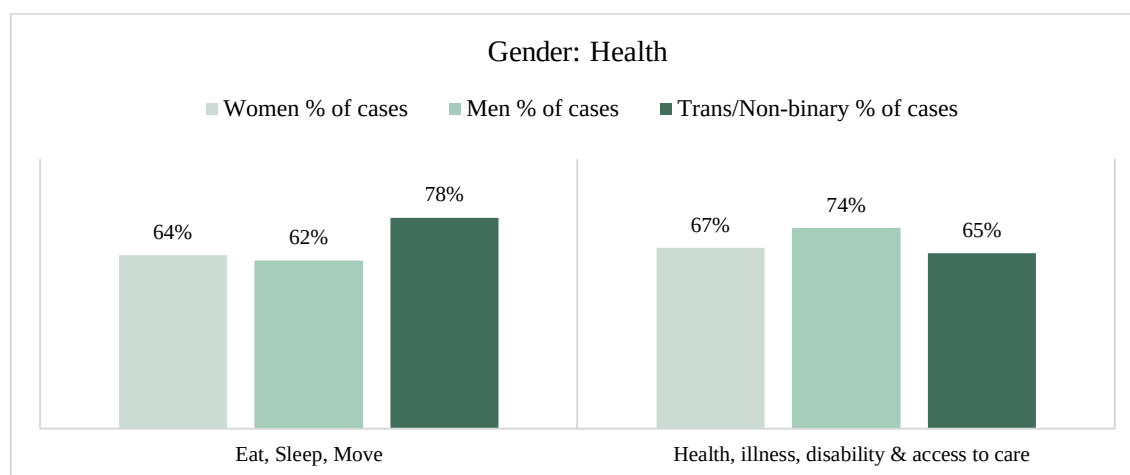
Health Chi-Square Significance Testing Results

<i>Demographic / Wellbeing category</i>	<i>Sub-code</i>	<i>Chi-square test result</i>
<i>Ethnicity</i>	<i>Healthcare</i>	$X^2(4, N = 475) = 15.84, p < .004$
<i>Rainbow and Takatāpui</i>	<i>Health parent</i>	$X^2(1, N = 470) = 15.84, p < .027.$
<i>Wellbeing literacy</i>	<i>Health parent</i>	$X^2(2, N = 476) = 13.22, p < .001.$
	<i>Eat, Sleep, Move</i>	$X^2(2, N = 475) = 18.03, p < .001$
<i>Depressive symptomology</i>	<i>Health parent</i>	$X^2(3, N = 476) = 8.85, p < .031$

Gender shows increased frequency for Trans/Non-binary for *Eat, Sleep, Move* while *Healthcare* and related topics were spoken about more often by men (Figure 40). On investigation of the coded narrative, no distinctions on topic content were observed and chi-square testing did not determine any significance in that difference.

Figure 40

Frequency of Health Discussion By Gender



Across age ranges, *Health* is a prominent topic, with a lower frequency of discussion for age 35-44, and a peak frequency of discussion for those in the 25-34 age range; however, chi-square testing at both parent and informing levels did not report statistical significance.

Pacific/Pacific-Pākehā discuss the *Health* topics less often than all other ethnicity groupings, with Māori and Māori/Pākehā and those classified as 'other' referencing the topic more frequently. Chi-square testing confirmed there is not a statistically significant difference at the *Health* parent level; however, when looking at the informing code level of *Eat Sleep Move* and *Healthcare* (illness, disability and access to care), a statistically significant difference is evident for narrative around the latter.

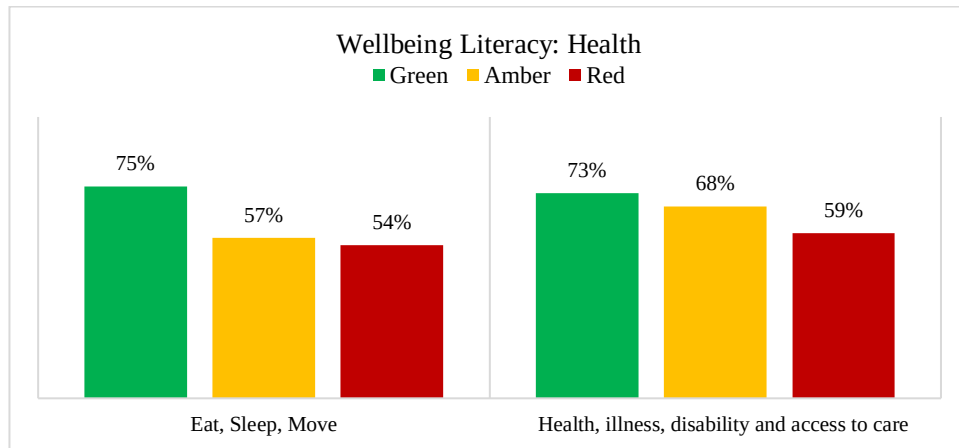
Those who identify as disabled do not speak about *Health* at a greater rate than those who do not identify as living with a disability and the same is present for the rural / urban divide with minimal difference observed. There is a variance between those identifying as Rainbow and Takatāpui with chi-square testing confirming a statistically significant result at the parent level; however, chi-square tests of the lower-level informing codes did not report as significant for either. This may be accounted for by the Trans/Non-binary communities who identify as Rainbow and Takatāpui and their increased discussion around healthcare access, as noted in the *Inner self* topics.

Within the wellbeing measures, there is a more significant difference in the frequency of discussion around *Health* topics, with a decreased frequency in commentary as wellbeing literacy reduces (Figure 41) and chi-square testing confirmed this to be statistically significant. When exploring at the lower level informing codes, this trend is evident to an even greater degree with those reporting high

levels of wellbeing literacy discussing the *Eat, Sleep, Move* narratives at a far greater frequency, and chi-square testing confirmed statistical significance.

Figure 41

Frequency of Health Discussion by Wellbeing Literacy

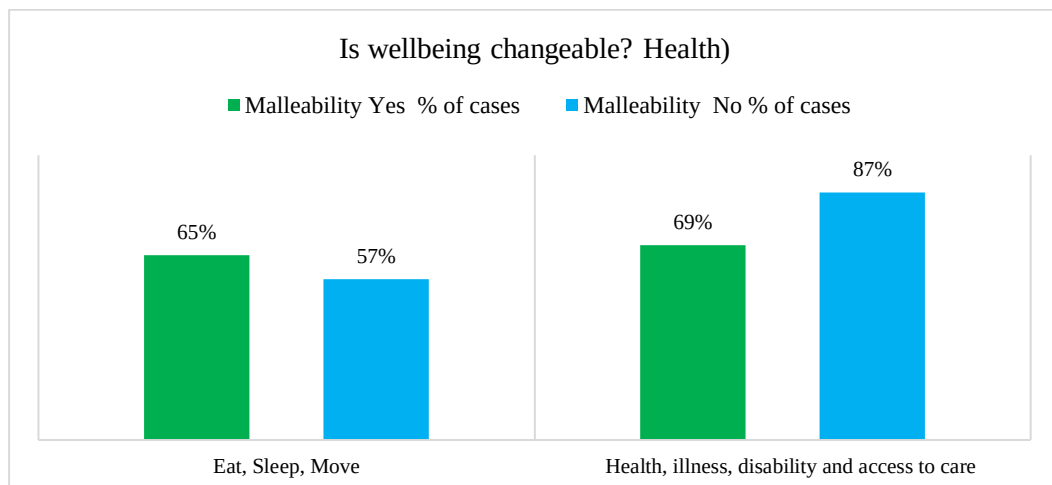


The generalised anxiety differences are not as sizeable, including at the informing code level. Across the Cantril measures, there are similar frequencies of discussion with one interesting anomaly in that participants with the lowest and highest reported Life Satisfaction discussed *Health* topics at the greatest rates. This may be impacted by smaller sample sizes for these scores. There is no clear trend to report for Financial Security or Intentional Pursuit and the health-related topics.

Lastly, when asking participants if they believe wellbeing is changeable or a fixed state, there is quite marked difference with the frequency of discussion for these topics. Those who believe wellbeing is fixed talk less frequently about *Eat, Sleep, Move* and more about *Health* (illness, disability and access to care). Although not reported as statistically significant, there is an interesting trend appearing in relation to a fixed mindset and wellbeing concepts that could be worthy of further investigation (Figure 42).

Figure 42

Frequency of Health Discussion by Malleability



Health Summary

This topic covers a broad spectrum of life situations that participants feel are within their control, such as what they eat, how often they exercise and sleep habits and quality, and extends to systems outside their direct influence, such as accessing appropriate medication and health care due to overburdened systems or financial barriers. This builds on a growing theme that wellbeing is not immune to context, the systems we operate in impact our ability to thrive.

Connection: Human, spiritual, animal, Te Ao Māori, nature and whenua

Connection refers to the type and characteristic of relationships with other humans, animals, and Te Ao Māori, the spiritual and natural realms. Such connections can be fleeting or long-lasting and are often appreciated for the bi-directional nature and contagion or ripple effect they have on wellbeing.

There are many types of connections (e.g., familial, friends, animals, social, spiritual, Te Ao Māori Indigenous wellbeing concepts, ancestral, planetary, native bush, land of origin), and they stimulate an extensive range of feelings and experiences (e.g., love, being heard, loneliness, toxicity, feeling connected to roots), that are beneficial and detrimental to wellbeing. Connection is a central tenet of wellbeing, yet not all connection is good for us.

‘A sense of connection. Whether that be connection to other humans, or animals, or a more spiritual sense of connection.’

*‘Having a good support network that you can rely on.
Having people that bring you up, that are kind and that you can trust.’*

*‘Making sure the important relationships in your life are taken care of
contribution - to your family, community, work.’*

‘Animals do not judge, they love and accept you the way you are with no expectations.’

Connection is a prominent topic for participants, with over 87% of coded files referencing an example of connection to humans (individual, group), spiritual aspects, or animals and nature in some form or another. There is an almost equal level of reference to positive aspects of connections (e.g., love, being heard and understood) as there is commentary of the detrimental nature of poor quality or lack of connection (e.g., isolation, disconnection and toxicity in relationships). There is significant discussion around the bi-directional nature of connection (Los Horcones, 2005), in that there is a reciprocal impact from connecting with others which can be consciously attended to or may be an unintended consequence of connection.

‘Connecting with those who feed you while protecting self from those who do not.’

*‘Some connection can make you feel worse, and sometimes
you have to find ways to manage that rather than ejecting the person from your life,
in the case of family for example, or toxic work relationships.’*

'I need space from people, but I really need people - loving, kind, warm people, in my life.'

The impact these relationships have on wellbeing raises awareness that connection is seen as a central element of wellbeing, but not all connection is good for us. Discussion is separated into two aspects of connection:

- **Types of connection** – these include family/whānau, partner, friends, pets and animals, community, spirituality/religion, Indigenous Te Ao Māori and nature/whenua and the physical environment around you and workplace connections.
- **Characteristics of connection** – for example, love, being heard, intimacy, toxic, dysfunctional relationships and loneliness.

Within each of these aspects some items were shared more commonly and some were unique to a handful of participants.

Types of relationships

Participants speak of connection in terms of the relationship they have in their lives with other living things, Indigenous beliefs and ancestral connections, and extends to spiritual and religious connections. The label *type* was selected because they have common traits or characteristics that distinguish them as a group or class (Merriam-Webster, 2022). Each type will now be explored with the support of participant direct quotes.

Family/Whānau

'Because family is what I deem to be my main purpose in life.'

'Positive family relationships.'

This topic, which extends to whānau, partner and parenting, is one of the most prominent topics of connections shared by participants. This brings together references to many types of intimate relationships.

'Surrounded by supportive and loving people/family.'

'Connection with, whanau, family.'

Here, participants talk about having functional, positive, supportive, strong and good relationships with family, whānau and partners and feeling a sense of bond, shared values and understanding, and support during difficulties. These connections offer many benefits: providing encouragement, motivation, and social and fun time spent together.

'Having a good support network that you can rely on.'

'Having people that bring you up, that are kind and that you can trust.'

There is a desire for happiness and safety for family (having what they need, knowing children are safe and 'in a good place'). As such, these connections are bi-directional, in that participants talk

about what they get from the connection and what they give. Parenting is talked about with mixed feelings, the pressure and stress from being a parent, sleeplessness and a sense of responsibility (e.g., financial strain), and the joy that comes from loving relationships with children.

*'The best things in life cannot be brought. the feeling of holding a new born baby.
a parent watching their child perform in a play.'*

*'Taking the time to stop and appreciate all the wonderful things in my life especially how grateful I am
for my family and friends / Because they fill my heart with love joy and laughter, I feel happy when I am
with them, and do my best to make them happy too.'*

There is a dialogue of the sadness and unhappiness experienced from being separated from family, especially children (living overseas) and the adverse impact of having poor relationships or experiencing family rejection. Also mentioned is the impact of parent's behaviour (abusive, addiction) or pressure felt from expectations that thwart wellbeing.

'Family (in my case) not being seen for who I am.' (detrimental impact on wellbeing)

'Parental expectations, peer expectations.'

Friends and social connections

Here participants share their thoughts on the benefits of having good relationships, having the trust and respect of friends and that these connections help them feel understood and can support them to work through things that are too hard to deal with alone. Friendships encourage growth and improvement and can help one find perspective. Participants share a desire to have friendships that are caring, emotionally mature and supportive, and fun and enjoyment are central to friendships.

'Laughing with friends.'

'Friendships that are strong and you can be your true self in and feel accepted for who you are.'

*'Other than the obvious mental help that friends given by being supportive,
having a strong social network encourages you to fix the issues that may be on the surface,
maybe someone might point out catalysts for bad wellbeing that you hadn't thought
of because they see you from a different perspective.'*

There is discussion that friendships deserve, and need, time and effort to maintain. For some participants, friendship supplants family connection, whether due to not having family in New Zealand or having troubled biological family connections (not healthy, accepting or supportive). Here social and friendship connections become family by choice, possibly implying that family is seen as a different role to friendship, perhaps one where there is a sense of belonging, and reliance, for more than the social and fun aspects of connection.

*'Without friends to share my life, feelings, fun times, ideas I would be lonely and all the other good things
would become less meaningful. I need to support of friends and enjoy being supportive. I like sharing and
having joint ventures and making things happen.'*

*I have no family in nz so my friends are very important to my wellbeing -
sense of connection and belonging, meaningfulness and fun.'*

'Bad/toxic social relationships.'

On the whole, friendship connections are beneficial to sustaining and improving wellbeing; however, there are detrimental impacts from not spending enough time with friends, lacking social time, and the damaging effect of feeling isolated or enduring toxic social relationships.

Te Ao Māori Indigenous wellbeing concepts

This topic gathers participants' explicit use of Te Reo Māori¹³ (language) and discussion about connection and disconnection from a Te Ao Māori¹⁴ worldview and belief system. Participants, it is inferred who identify as Māori or as both Māori and Pākehā¹⁵, speak of how this knowledge and practice, or inaccessibility to it, impacts their wellbeing.

'Whanaungatanga / being disconnected from your roots.'

'Isolation from all things be it people Atua¹⁶taiao¹⁷.'

'Disconnection from my whenua.'

Te Reo Māori is woven into English language narratives of what makes wellbeing better or worse or simply listed in a long chain of words, but it is presumed that participants choose to use Māori language to ensure the specificity of their meaning is communicated.

For example, participants reference the benefits of being connected to natural elements such a wai¹⁸ (water), ngahere¹⁹ (forest) and whenua²⁰ (land); however, it would be a simplification to merely say that participants speak of a desire for a connection to the natural world, it is not any physical environment they seek connection with, it is the whenua on which their ancestors and future generations walk. In Te Reo Māori (language), whenua has several meanings ranging from land, ground, territory to country and is also the same word for placenta and afterbirth, communicating the notion of birth connection, so the land where one is birthed and ideally where the placenta is returned to and buried (Te Ahukaramū Charles Royal, 2007). When spoken of in this study, whenua is often mentioned in relation to the importance of having access to, and being connected to, the whenua and knowing where you come from and how this supports or thwarts wellbeing.

*'Whakapapa, whanaungatanga , both words in māori that mean connectedness.
when a person is taught well at home, he stands proud on the marae²¹.'*

¹³ Te Reo Māori - The Māori language. Language, dialect, tongue, speech (Moorfield, 2024).

¹⁴ Te Ao Māori - Māori knowledge, refers to three key areas; te Reo Māori (language) , tikanga Māori (protocols and customs) and Te Tiriti o Waitangi (The Treaty of Waitangi) [Treaty with the crown] (University of Otago, 2022).

¹⁵ Pākehā - New Zealander of European descent, introduced from or originating in a foreign country (Moorfield, 2024).

¹⁶ Atua - ancestor with continuing influence, god, demon, supernatural being, deity, ghost, object of superstitious regard although often translated as 'god' and now also used for the Christian God, this is a misconception of the real meaning. Many Māori trace their ancestry from atua in their whakapapa and they are regarded as ancestors with influence over particular domains. These atua also were a way of rationalising and perceiving the world (Moorfield, 2024).

¹⁷ Taiao - world, Earth, natural world, environment, nature, country (Moorfield, 2024).

¹⁸ Wai - water, stream, tears (Moorfield, 2024).

¹⁹ Ngahere - bush, forest (Moorfield, 2024).

²⁰ Whenua - country, land, nation, territory, placenta, afterbirth (Moorfield, 2024).

²¹ Marae - marae sacred meeting place, traditionally situated within a village (Moorfield, 2024).

*'Losing connections to your atua, whenua and tangata,
No personal connections / disconnection from my whenua.'*

The connection is loaded with deep pride and a sense of belonging but also shame, sorrow and trauma. This extends to language selections such a *tāngata*²²(people) and *atua* (ancestors), *whanaungatanga*²³ (relationship, connection, kinship) and *whakapapa*²⁴ (lineage). In this topic, there is 'a sense of being connected to *Papatūānukū*²⁵ and appreciation for the *whenua* (land) alongside a love and respect for our *tikanga*²⁶ that shapes who we are as Māori'. Detrimental to wellbeing is 'disconnection from my whenua [land]' and 'isolation from all things be it people, *atua taiao*',²⁷ seen as being the 'opposite to *whakapapa*', and this indicates a loss of essential life supports from being disconnected from your roots, *whenua* (land) and *whanaungatanga*²⁸ and the importance of 'spending time outdoors, going back to my home - my *tūrangawaewae*'. Here, Indigenous principles are linked to a physical connection to land, ancestry, social and familial relationships, rituals and practices linked to the customary place of belonging. The disconnection from this physical place, be it through urbanisation, physical distance or land confiscation as part of colonisation, has a detrimental impact on wellbeing. The immense importance of being connected to one's roots (ancestry, people, land, place, gods) and to the rituals and practices which support life and wellbeing is evident.

There is discussion around 'walking in two worlds', Pākehā and Māori, having to balance and draw from two ways of wellbeing.

'For me wellbeing can be shaped in two ways. Firstly, through a pākehā lens - security in life, material things, career, financial stability, a sense of social engagement with friends, exercise, eating well etc etc. The modern day things we all aspire to within our dominant societal construct.'

'Secondly through a Māori lens shaped by the Māori values of manaakitanga (generosity) and aroha (love) - a sense of serving ones whānau, hapū and iwi, and providing for them. A sense of being connected to papatuanuku (mother earth) and appreciation for the whenua (land) alongside a love and respect for our tikanga that shapes who we are as Māori. Connectedness to these two mirroring elements of self are important for me in achieving a sense of "wellbeing".

This participant articulates how these two worldviews shape their approach to wellbeing, expressing perhaps what might be thought of as the individualist Western approach of materiality, stability and modern societal notions of wellbeing along with the communal aspects of a Te Ao Māori approach to wellbeing, seen as being connected to ancestors, land, rituals, and how the connection to both these paralleled aspects of the self help them to achieve wellbeing.

²² *Tāngata* - people, men, persons, human beings (Moorfield, 2024).

²³ *Whanaungatanga* - relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging (Moorfield, 2024).

²⁴ *Whakapapa* - genealogy, lineage, descent - reciting whakapapa was, and is, an important skill and reflected the importance of genealogies in Māori society in terms of leadership, land and fishing rights, kinship and status (Moorfield, 2024).

²⁵ *Papatūānukū* - a mother earth figure who gives birth to all things, including people. Trees, birds and people are born from the land, which then nourishes them (Te Ara, n.d.).

²⁶ *Tikanga* - correct procedure, custom, habit, ...convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context (Moorfield, 2024).

²⁷ *Atua Taiao* - relates to the natural world, mother nature Te Ara, n.d.).

²⁸ *Whanaungatanga* - relationship, kinship, sense of family connection...which provides people with a sense of belonging. (Moorfield, 2024)

Nature/whenua

'Feels connected, whether through people or nature.'

The physical world around us and our sense of connection to it play a significant role in how people define and describe wellbeing and in particular what makes wellbeing better or worse. Spending time in nature, feeling connected to ancestral land and roots, the quality and care of the planet and animal kingdom and the changing seasons and weather impacts on wellbeing. When exploring what wellbeing is and what makes it better or worse, participants often link their experiences and beliefs to the physical world around them and in particular nature. The code *nature/whenua* collects several diverse ideas shared through the following topics: nature and outdoors, climate change and care of planet and animals, weather and the seasons, and quality and care of amenity.

Being in **nature and outdoors** brings a sense of connection to self and others and includes overt behavioural references to physical and planet-friendly activity. In addition to physical activity such as exercising, there is a more comprehensive self-care benefit that includes time for self-reflection and reconnection to self, with a grounding effect that supports people to become conscious of where they are and what is going on for them. This speaks to the widespread discussion about maintaining happiness and physical and mental health through connection to nature and the outdoors.

'Being in nature allows me to reflect on what happened in the day/last few days and is an opportunity to appreciate what's around me.'

'Often these walks can be with friends as well, because being outdoors rejuvenates me.'

'Specifically, moving my body outside, daily, preferably near trees and water. This is moving meditation and without it I feel gross, physically AND mentally.'

Here we see access to nature as very much related to maintaining physical health, and the connection is made between being outdoors and the benefit gained from the activity: as the venue changes, so does their experience of the activities. This topic is displayed in the quotes in Table 21. It extends to experiences of love and pride in their country, happiness, wise decisions to protect the planet and discussion around feeling boundaryless and connected to personal purpose.

Table 21

Participant Quotes About Nature and the Outdoors

<i>When asked what makes your wellbeing better</i>	<i>Why is this</i>
<i>'For me personally my wellbeing is being outdoors in the fresh air and outdoors of NZ. Getting my outside time is key to my mental and physical health. I love being on the tracks and trails as well as regular run, bikes and swims any type of physical activity.'</i>	<i>'I think it's better to be outdoors than stuck inside. We live in the most stunning country, and I try to embrace this each and every day, though it's not always possible with work commitments. Being active and outdoors always lifts my mood.'</i>

When asked what makes your wellbeing better	Why is this
<i>'Nature makes me happy.'</i>	<i>'Making eco wise choices gives me a sense of good karma and contribution to helping Mother Nature.'</i>
<i>'Being outside in nature and around animals makes me feel free and happy :).'</i>	<i>'Because outdoors, you have no boundaries. Everything is there, and your only limitation is your own fear.'</i>
<i>'Nature'</i>	<i>'Reminds me of my chosen purpose and beauty'</i>

Nature and the outdoors are one of the few topics where participants' descriptions evoke very suggestive and emotive narratives. These references can be broad, for example, access to *fresh air* and *sunshine*, *trees*, *beaches* and evocative, *the salt on your lips from the ocean* and *grounding yourself on the grass* or elaborate:

*'To go to...nature, trees and breath to walk on the beach and feel the sand between your toes, the water splashing on your feet.
To climb a hill and sit and look at the view. Look at the stars, watch the clouds.'*

These references evoke an emotional intensity when people talk about the importance of being in nature and its impact on their wellbeing. There is a perception of spending *time in nature* or environments that suits the needs and desires of the individual:

*'If you excel being outdoors in a forest that could improve your wellbeing.
If you prefer sitting quietly in a library in a book, that could improve your wellbeing.'*

Counter to this are several discussion points about the negative impact of separation from nature because it is unnatural, the greed of humankind, and the damage we are doing to the planet. The following quote exhibits a more complex crossover between the personal benefit of being in nature and the broader recognition of humankind's harmful impact on the planet.

[My wellbeing is improved by being] 'able to relax, be in nature (forests, mountains, beaches, and the ocean), away from the urban world [but wellbeing is made worse by] how we destroy (pollute the world and kill other animals) and poison the planet with our greedy behaviour.'

This topic shows that nature and being outdoors is a much-respected element of how laypeople define wellbeing and their beliefs about how it impacts on their wellbeing for better and worse. Laypeople have complex needs, both intrapersonal (self-reflective), interpersonal (connecting with others, the planet) and physical (mental and physical health), which can be realised outdoors, in nature.

Climate change and care of planet and animals brings together narratives of climate crisis awareness and a focus on appreciating the natural world, making decisions that improve and do not actively harm the planet, *taking care of our world*. Participants speak of an active awareness of the choices made for self, others and the planet, *being conscious about decisions you take that affect your health and your impact on others and the planet* and *environmental degradation*. This extends to personal

choice about food consumption, for example, *being vegan, I'm no longer contributing to the mistreatment of innocent beings so I'm much lighter*. It is also about others not caring and being self-interested in that *other people being selfish, taking everything and not caring about nature and the others around him*. Climate change can also be viewed with a more complex and nuanced discussion of nature, for example, when asked what wellbeing is, responses include a *healthy mind, healthy body, healthy natural world* and as the quotes in the Table 22 illustrate, there is connection to what both improves and reduces wellbeing.

Table 22

Climate Change and Connection

What is wellbeing	When asked what makes your wellbeing better / worse	Why is this
<i>'Holistic well-being - physical, mental, spiritual. Ecological.'</i>	<i>'A lack of human care for the planet.'</i>	<i>'The planet is what sustains and nurtures us. We are intimately connected to complex biological and ecological systems that we are destroying at an unbelievable rate. Humans are basically stupid.'</i>
	<i>'Sitting beside a beautiful clean NZ native bush river, waterfall, stream or golden sand beach Abel Tasman track.'</i>	<i>'Involvement in community of positive change and climate activists. Respectful of humans, animals and the environment and gentle on each.'</i>

Weather and the seasons are discussed in regard to a desire to appreciate being in touch with plants and rain, wind, phases of the moon, and the seasons, helping to counter the detrimental feelings of doom about the planet. There is some discussion relating to the weather and the seasons and how they improve or damage wellbeing, with comments focused on specifics of needing a certain amount of sunshine time or the detrimental impacts of a lack of sun and winter gloom when it is harder to get outside and connect with nature. When weather and the seasons are mentioned, it primarily concerns the unfavourable effects they have on wellbeing, such as *seasonal depression* and *miserable weather, cold / lack of sun, and bad weather (silly but true)*.

'Getting plenty of sunshine (at least 15 minutes daily to produce enough Vitamin D).'

'Being inside with no outdoors and daylight time in winter.'

'The weather and situations can affect my wellbeing.'

Quality and care of amenity is talked about in relation to wellbeing being impacted by both visual and audio pollution and the need for quiet spaces away from disruptive and polluted noise (e.g., *traffic*). They like their surrounding environment to be well cared for and healthy, *clean, dry, warm*, and *not messy* (especially at home). There is also mention of having access to quality local amenities like buses, cycleways, and libraries. In terms of noise and visual pollution, this is mainly spoken of as physical chaos and its detrimental impact on wellbeing, *especially around noise and bustle*, being in an environment of *constant noise, loud and disruptive environments, modern living, pollution, noise*.

Counter to this is the notion of spaces that are calm and peaceful. Concerning the quality of amenities, there is commentary around the types and characteristics of personal spaces that are clean, safe and dry and having access to public amenities and spaces that are cared for.

*'Living in a messy environment and, overstimulation, our supermarkets are the worst!
Too many people, too many colours, too many choices, wrong lights and
then spending that much money for such little food.'*

'Library services, public transport. Living in a cared for environment.'

In summary, the topic of nature/whenua covers several aspects of connection to the spaces we occupy in daily life, the decisions we make relating to these spaces and how this impacts wellbeing. The effects are presented as both positive and negative and are determined by access to, and characteristics of, the physical space, be it the detrimental effects of noise, mess, chaos, pollution, and climate change to the disconnection from the whenua (land). The benefit received from spending time in nature and the sea, forest or bathed in sunshine, connecting to mother earth and ancestral legacy, be it alone or with others, exercising or relaxing, the physical world around us is something laypeople consider essential to their wellbeing.

These connection *types* capture the variety and nature of the relationship participants mention when asked about what wellbeing is and what makes their wellbeing better or worse. We turn now to explore the impacts and characteristics of these connections, for the betterment or detriment of wellbeing.

Pets and animals

*'Contact with animals. They remind you that you have value
independent of what you look like or what you've achieved.'*

Participants share of the value and benefit of having animals in their life, ranging from the feelings of happiness, love, and physical intimacy from cuddles and pats, to being valued and not feeling judged or criticised (for what you say or how you look). There is also physical benefit from spending time in nature with animals, walking and exercising them and the benefit this has on their human counterparts. Counter to this is the negative impact of being in homes where animals are not allowed or not having animals in your life.

'I have a cockatiel named Rubble, coming home to her and having her be excited to see me and cuddle makes me feel better even if I've had a terrible day. / It makes me happy because she loves me and it reminds me of the people in my life that love me, also she's very cute.'

'Spending time with my dog 🐶. She makes everything better and life far more tolerable. /She's amazing! Is very loving, sweet and gives the best snuggles.'

'My kitten / He doesn't criticise when I talk to him'

Spirituality and religion

‘Care for oneself spiritually. / I also love studying the bible to help me spiritually too. / Connecting the god. / I study as well as work but I will never give up my weekends for God.’

Discussion related to spirituality and religion, while not mentioned explicitly by many participants, does present as a vital form of connection (to self and others) for some contributors. Most commonly discussed are the different facets of wellbeing, physical, social, emotional, and spiritual and the balancing and health of the many parts of life. More expressly, there is mention of studying and having knowledge of and relationship with Jesus Christ, God, the Bible, and the gospel and spirit guides. There is comment on practices and rituals, such as meditation, prayer and karakia²⁹ and to connect with spiritual and religious values, beliefs and wairua³⁰.

‘Meditation, connecting with my spirit guides.’

Workplace connection

Workplace connection is discussed in several ways that may be thought of as both positive and negative, though, that said, the tone is predominantly pessimistic. The main topics discussed include the concept of work life balance, to support a balanced life. Then there is discussion around the idea of ‘healthy workplaces’ which is comprised of commentary about what supports wellbeing (e.g., supportive relationships) in the workplace and what diminishes wellbeing (e.g. bullying, toxic culture, stress and overload).

‘I have recently left a toxic work environment, lots of backstabbing, gossip and arguing on a daily basis. No amount of healthy living in the end was able to combat the mental and emotional distress it was causing me which in turn robs you of any down time or quality time and eventually you fall back into bad coping habits such as drinking. Put together with an unstable home life it’s a recipe for disaster.’

Participants share thoughts about what weakens their wellbeing through work environments that are unhealthy and even hostile, which include toxic workplace culture, bullying and expectations from superiors. This is wrapped in an array of quotes such as *criticism from work related stuff, too much work, being bullied at work and hostile or high stress work environments and being in a job I dislike or being in a toxic work culture*. This hostile notion of work extends to concepts around control and expectations from superiors, such as *persistent managers who deal in output not outcomes and shitty jobs where I don't have enough control*. This concept is carried into more depth with the following quotes, which discuss the importance of workplace culture and systems to support workers better.

‘I grew up with a lot of abuse in the family home and the slight change in atmosphere or behaviour sends my fight or flight mode into overdrive. I shouldn’t have to disclose that history to my employer in order

²⁹ *Karakia* - is an incantation, ritual chant, chant, intoned incantation, charm, spell - a set form of words to state or make effective a ritual activity. Karakia are recited rapidly using traditional language, symbols and structures (Moorfield, 2024).

³⁰ *Wairua* - is the spirit of a person (Keane, 2022).

for them to adjust their behaviour. They should be behaving like respectable adults in a position of management and leading the team correctly in the first place.

/I found it incredibly frustrating and stressful going to work every day knowing exactly what was going to happen, I likened it to an abusive relationship. And other staff felt the same way but nothing ever changed and it grinds you down./

One thing I struggled with the most is not having a 3rd party at work that I could talk to about what was happening so it would be incredible if there was something or someone... that employees could confide in and I guess, almost have a wellbeing audit for your company. Our HR company was external and staff had no access to them'

Participants talk about the importance of having healthy and supportive relationships in their lives and this extends to the workplace. Wellbeing is improved by *having supportive and kind people in my life-at home and at work. Having a good support system, being able to talk to people how I really feel,* and wellbeing is diminished by *unhealthy relationships at home and at work.* The discussion around relationship also extends to a person's sense of safety and a shared code of care in the workplace as articulated by the participant quote below, where they weave the topic of workplace relationships across five of the nine open-ended responses.

'The people you work with. If they are of the same mindset, then your wellbeing as well as theirs are always at the forefront of your intentions and actions. / If everyone is working towards this outcome, there is only one result. A safe and secure environment devoid of emotional and physical harm for all.'

'Working with someone who puts their ideology and ego before others. It only takes one person to persuade others to take short cuts on the basis of "saving" time therefore money (in some case's) to endanger the welfare of all those involved. The outcome may prove beneficial (at the time) but have dire consequences in the long run. Complacency leads to disasters./ Complacency, not taking responsibility for ones actions, and blaming others for bad outcomes./ Looking at the short term effect, ignoring all possibilities.'

Participants discuss the desire to work in places that offer genuine care and support for their wellbeing, articulated as *working in a positive environment, having a supportive employer, and working for a company that cares, or working for a company that recognise the importance of wellbeing and have programmes to support this.* Counter to this is a sense of scepticism about the workplace intentions for wellbeing and genuine care that is articulated as *genuine support from schools/businesses not just a cookie cutter step by step guide they have been given to follow, and*

'Where I work there is a plan to develop a staff wellness programme, but this is allied to increased work pressures, so I suspect it will be more of a political tool than a genuine wish to improve the lives of staff.'

The idea of genuine care extends to being treated fairly with *respect and fair pay at work and fair equal pay, while having no flexibility at work and feeling that the big boss is more interested in his own career than the well being of staff and needing to strike, unions not being strong enough to demand fair conditions* are seen to diminish wellbeing.

Community

'Social interaction, a feeling of community, feeling understood.'

This topic explores the physical community (e.g., the community you live in or a church) and the communities of shared identity, experience, and interest (e.g., disability, sexual orientation, faith), as meaningful places of connection. Participants talk about being connected, valued and cared for by their community, contributing to it, and experiencing a sense of belonging. Good communities are great places to live. A community can be a place where one can find like-minded people, share knowledge and resources, gain support with life's more challenging aspects (such as disability or accident) or share in faith and leisure-based activities. Counter to this is living in a bad community, not seeing your community thrive and feeling disconnected from the community.

'I need accessible healthcare and don't have it. Without that, the thing that currently helps my personal well-being the most is community. The tips, emotional support and solidarity I get from other sick folks and our supporters is invaluable. / Because the healthcare system needs work and we have to find the support we ought to be getting from it elsewhere, and so we form community to support others like ourselves.'

Characteristics of relationships

In addition to types of relationships, participants share a wide range of experiences within these connections, here labelled *characteristics*, in that they share a distinguishing feature or quality (Merriam-Webster, 2022). There are four key characteristics of relationships shared most commonly, with similar intensity and regularity, by participants. They are *love, being heard and understood, toxic and negative relationships* and *loneliness, isolation, and exclusion*. The range in these four characteristics confirms the complexity of experiences felt in connection to others and the impact this can have on wellbeing, for better or worse. Each will now be explored in greater detail and supported with direct quotes from participants.

'Love / Connection with the people I love / For me this is what lights me up – my loved ones keep me sane, give me a different perspective when I need one, pull me out of the dumps when I need it. Are there to celebrate with me, being fun and joy into my life.'

'Because if you have self-worth, if you have unconditional love, care and kindness for yourself, and from the people you love, you tend to stand strong, be confident and learn to overcome the obstacles life throws at you. You become a nicer person and strive for wellbeing.'

Love

Being surrounded by people who love and care for you is a characteristic that is articulated in many generalised ways: being loved, supported, nurtured, cared for, valued, accepted (experiencing acceptance) and connected to or surrounded by loved ones. The experience of love makes participants feel relaxed, happy, validated, encouraged, and worthy. With love, you can be confident and overcome obstacles: it has a protective dynamic, especially for mental ill-health and anxiety. Love grows self-worth: the ripple effect results in being more loving to others. Loving connections need to be secure and

stable: without love, life is stale and incomplete. Participants share that if their wellbeing is threatened, it is most likely to be restored by love and that loved ones keep them sane, providing different perspectives. The contrary is the detrimental impacts of grief from losing loved ones and a lack of love, which makes participants feel unwanted.

'Aroha (love).'

*'Love encompasses understanding, acceptance, generosity and care.
When my wellbeing is threatened I am most likely to be restored in some way through love.
Not by judgement, hate or fear. But love.'*

'A loving stable relationship.'

Being heard and understood

This topic covers the importance of being heard, understood, and seen for who you are. It includes references to being loved and seen for who you are, being listened to, being believed, and that your opinion and voice matter. Others discuss being accepted for mental health issues, not feeling they have to change or fit into other people's ideas, to be accepted for who they are. Participants infer a spirit of self-responsibility, in that they must be willing to share their thoughts and seek support, to open up to other people (who will not judge) so they too can know what is going on.

'Having people who understand you and accept you, having support and acknowledgement, companionship, friendship, whanau, having people who follow through with their offers and don't let you down time and time again.'

To talk it out, so things do not get bottled up, sharing with others allows one to seek solutions and other perspectives and to be understood. There is a discussion that being and feeling supported can be contagious in that it leads them to feel they can offer support to others in return.

'Surrounded by people that truly get you and love you for who you are.'

'Feeling that my voice matters and is heard.'

'When I feel cared for & seen.'

Counter to this are the detrimental feelings that come from feeling others lack understanding about who they are and being misunderstood. Participants share concerns and experiences of telling people what is happening and others not reacting well, making them feel worse or judged. Judgement or lack of understanding can lead to spirals of anxiety and depression, while having feelings of love and non-judgement helps to *'keep the demons away a little longer.'*

'Lack of understanding by others.'

Toxic and negative relationships

These narratives hold significant impact deemed by participants as detrimental to wellbeing. These include a wide array of what can be considered 'toxic' or 'negative', also labelled by some as dysfunctional.

'Toxic relationships and negativity. Being negative brings down your own mood and the mood around you / Because negativity is like a disease and it spreads. / When it brings one person's mood down that means 30 more people are affected by negativity.'

'Not allowing toxic people in my life./ Because relationships can affect everything. Your thoughts, your nervous system. The decisions you make. If you don't have those toxic people around things are clearer and less heavy. Therefore your wellbeing is better.'

Participants talk about being around toxic, negative, narcissistic, critical people and the impacts of arguments, gossip, drama, bullying, unresolved conflict and poor workplace relationships that turn toxic. They share the effects of historic trauma and the adult triggers sparked by toxic people. Participants report feeling pressured to fit others' expectations, feeling judged, insulted and belittled and experiencing attacks on dignity, including patronising behaviour from people in authority.

'Unhealthy relationships, whether family friends or intimate, unresolved issues.'

'Being part of a negative community, seeing people treat others and myself like shit for absolutely no reason.'

'If surrounded by low-vibe, negative people. / You are the average of the 5 people you spend the most time with. Not standing guard at the door to your mind will allow negative things to enter and put down roots.'

Participants often state that these things feel outside their control, including when witnessing others mistreating people (especially if they are like me). There is a discussion that these toxic relationships have a lasting impact because negativity spreads (contagious), impacting on mood and draining energy. There is discussion around setting and keeping boundaries, needing to *'stand guard at the door to your mind'* to keep toxic people out of their lives and not harbouring grudges. All these things can make it hard to be resilient. Counter to this is surrounding yourself with positive people and taking care of yourself.

Loneliness, isolation and disconnection

These concepts are discussed by participants in two principal ways: that which is of their own making (done by them) and that which is deemed outside their control (done to them). In the case of *done by them*, here participants talk about the act of self-isolating even though they know it is not good for them. There is a sense of self-sabotage, isolating to protect themselves (although they do not often articulate from what), but they know it is not healthy to isolate. This self-isolation and disconnection can be done to protect their level of anxiety; however, they note that this, more often than not, actually exacerbates their anxiety and depression.

'Isolating myself, because I never always do it fully. Just enough so I feel lonely and worthless and want to die, but I still stay connected to the internet and am acutely aware of everyone else doing fun things and having friendships and it just makes it worse. So, isolating myself in conjunction with social media. Social media is fine when I'm feeling fine, but definitely makes me feel worse when I'm already feeling bad'

When this aspect is discussed, participants use terms like *being disconnected, feeling alone, trapped, not leaving the house, too much alone time, not getting out, isolating self or being isolated*. The notion of self-isolation hints at self-sabotage, e.g., being lazy or knowing you should connect and socialise but not doing it, or isolating self but not fully, for example by staying connected on social media which makes it worse because comparisons creep in while watching others' supposedly 'wonderful' lives, further causing feelings of disconnection.

'We were never created to be alone. We are made to communicate, share, create life, socialise, to seek to learn. Being alone and not feeling care, kindness, joy or love is not human and in my opinion goes against our DNA.'

In the latter case, *done to them*, participants talk about the sense of being isolated, disconnected, excluded or betrayed by others. This can be a disconnection from both social circles and family. In the case of family, it may be because they feel excluded because they do not fit within their family's norms (*am not free to be me, feeling judged, betrayed or excluded*).

'Feeling like it's wrong to be me or knowing I'm unable to cut myself to fit (for example, by taking medication), being around people who try to make me fit their boxes.'

'Being left out. Being forgotten, not called, not asked if okay, not having much support or any support or understanding.'

Here participants talk about the negative impacts of feeling isolated and excluded, the detrimental impacts this has on their wellbeing, and that it can aggravate existing experiences of anxiety and depression.

'Isolation is one of the biggest things that affects wellbeing, if you have people around you that push you to be better it's a lot easier to actually do it. / Isolation causes mental distress, you can feel perpetually lonely, angry, sad. if you've got no one to turn to you can take it out on yourself.'

Participants also discuss being disconnected due to physical distance or separation from ancestral lands, mother nature and the natural world, *atua taiao*³¹. There is mention of people's 'social nature' and that humans are hardwired (evolutionarily) for connection and to be social. The benefits of being connected, such as having support to turn to so you do not *take it out on yourself* (anger, sadness, loneliness) mean that not having supportive people around you, especially when you are struggling (e.g., no one to talk to), can make it hard to bounce back or rise above a challenge. Counter to this is experiencing a sense of inclusion from having functioning social support networks. In contrast, time alone needs to be balanced with time with others or self-isolation to manage anxiety and pressure felt in larger groups (work and social). Some coping tactics include what is deemed as 'forced' socialising through being part of groups (e.g., sports), which reduces the chance of self-sabotage and isolation.

³¹ *Atua Taiao* relates to the natural world, mother nature (Moorfield, 2024).

* Further discussion on the topic of dislocation and disconnection from *whenua*, land, and ancestral lineage is discussed in greater detail in the *Connection Element* section below entitled *nature and whenua*.

'Being alone is (I think) the biggest cause of a lack of connection and insecurity - and therefore a lowered sense of wellbeing.'

Minor concepts of Connection characteristics

In addition to the commonly discussed connection characteristics already covered, the participants also shared a wide array of other characteristics related to connection, a summary of which is provided in Table 23.

Table 23

Summary of Minor Concepts Related to Connection Characteristics

<i>Code</i>	<i>Description</i>	<i>Sample quotation</i>
<i>Communication</i>	The need for, and skills required, to communicate well with friends, family and professionals, at work or in seeking care (e.g., health settings). This includes being able to communicate what is going on for oneself, having honest discussions, having people in your life who listen well (without judgement), and that communication is of a certain quality (e.g., good, deep, meaningful).	<i>'Having good communications skills and understanding.'</i> <i>'Have people in my close circle that I can have open and honest discussions with about things going on with my life.'</i> <i>'Being able to have someone who will listen, you can trust and won't judge you is massively important. Most of the time talking things through with someone is all that's required. The process of verbalising problems for me works well and little or no input from the other person is required other than their support and care.'</i>
<i>Empathy and forgiveness</i>	Empathy and forgiveness are directed to the self and extend beyond others. This process can have benefits for the forgiver as well as the receiver. There is discussion about the detrimental impact on wellbeing of not having this empathy and understanding from others and that it must be genuine. Not forgiving and harbouring grudges are seen to have a deleterious impact on wellbeing.	<i>'Lack of understanding and empathy from self and others.'</i> <i>'Forgiving and forgetting the small things in my relationship makes it flow easier and leaves more energy to love.'</i> <i>'If other people will just empathise with one another and look beyond the superficial in life. If we as a community become one with just one goal, to look after each other.'</i> <i>'Refusing to forgive, harbouring grudges.'</i>
<i>Generosity (material and in spirit)</i>	Participants talk of the importance of both giving and receiving generosity, of spirit and materially (sharing resources) and manaakitanga³² (generosity) but that there needs to be reciprocity. Note: this is referenced by a handful by participants (6).	<i>'Manaakitanga (generosity).'</i> <i>'Spending your time and resources on other people, when there is no reciprocity e.g. altruism can be positive up to a point, but I believe the lack of receiving any reinforcement can turn it toxic quickly.'</i> <i>'Generous of spirit.'</i> <i>'A lack of generous spirit, meanness.'</i>
<i>Helping others</i>	Feeling and desiring a role in caring for others, to check in on others' health and wellbeing, supporting others, advocating for those who cannot do it for themselves and that this is mutual, there is a positive feedback loop of support and care and this is expressed through positive emotions like a feeling of joy and love.	<i>'Checking up on someone's wellbeing.'</i> <i>'Being able to advocate for others who might not have the voice to advocate for themselves.'</i> <i>'Having others to take care of but also having them take care of you and love you.'</i> <i>'When you care for yourself and others you treat those relationships with more respect and so good effects take place.'</i> <i>'There's a sense of joy when I make someone happy and that makes me happy, it's like a positive feedback loop.'</i>

³² Manaakitanga - hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others (Moorfield, 2024).

Code	Description	Sample quotation
Intimacy and physical touch	Discussion about physical touch, intimacy, affection, hugs, feeling sexy and attractive, being creative and exploring, and the physical act of sex with their partners (or self) and how these aspects improve their wellbeing or detract from it if they are missing. There is mention that these connections must have certain characteristics (e.g., good, fulfilling, special, regular) where mutual feelings exist, and that sex and intimacy are fundamental needs. This intimacy extends beyond human connection to animals as well, in fact more participants talk about the benefit of having cuddles and snuggles with their pets than they do other humans. <i>Note:</i> It is of note that only a handful of participants talk about this topic: there could be many reasons for this. Perhaps the nature of an anonymous online survey and question format did not invite intimate sharing, or perhaps it's not seen as part of wellbeing (22 references).	<i>'Intimate connection with someone special.'</i> <i>'A fulfilling sex life with opportunities for exploration, eroticism, and sensual enjoyment.'</i> <i>'Sex.. sorry to say, and I mean good sex, affection, intimacy.'</i> <i>'Loving physical connection / very much a fundamental need.'</i> <i>'Touch isolation (experienced as a married mature male).'</i> <i>'Intimacy with a loved one (or, indeed, by yourself).'</i> <i>'It is important for me to have someone to share my life with, who I can confide in. I also think sex is important: not the be all and end all, but important.'</i> <i>'She's amazing! Is very loving, sweet and gives the best snuggles.'</i> [referencing their dog]
Psychological stability and safety	Psychological stability and/or safety that comes from having what you need, which includes stability born from specific relationships such as <i>whānau</i> or friends and that the environment is free from threat or danger. This stability and security allow one to travel through life's challenges more easily, 'the valleys and hills are less dippy'.	<i>'A solid base / then you can go with the flow of life knowing that you're alright, you have support. The valleys and hills are less dippy.'</i> <i>'A sense of stability. That everything will be okay, and that I am fundamentally okay even if circumstances are not.'</i> <i>'Insecurity (financial or personal relationships).'</i> <i>'A feeling of safety and security in one's physical and mental health.'</i>
Trust and respect	The sense of wellbeing that comes from feeling the trust and respect of friends and that this improves their sense of self-worth and wellbeing. This extends to having trusted sources to speak to. A notion of respect which relates mainly to self and others and can extend to animals and the environment too. One participant talked about the concept of <i>mana</i>³³ (dignity) and that this extends to having respect and trust for self and for others (despite differences). Other participants echo this sentiment saying that having self-respect leads one to treat others with more respect. Counter to trust is distrust, which extends to concerns about people taking advantage or not doing a good job and ripping one off, leading to worsening wellbeing.	<i>'The trust and respect of friends / distrust creates a sense of insecure connection - vital to my well being.'</i> <i>'I think that because I believe that mana (dignity) is everything. I try to respect myself or show dignity towards myself by tending to my physical, emotional and spiritual wellbeing. This idea of mana means respecting that everyone is different and treating them differently in a respectful way according to what they deem as respectful. If I cannot deduce this then I follow the general philosophy of 'treat others as I would like to be treated'. It seems to work well for me.'</i> <i>'Respectful of humans, animals and the environment and gentle on each.'</i>

³³ *Mana* - 'prestige, authority, control, power, influence, status, spiritual power, charisma - mana is a supernatural force in a person, place or object...The more prestigious the event, person or object, the more it is surrounded by tapu [sacred, prohibited] and mana. Mana is the enduring, indestructible power of the atua [ancestor, god, supernatural being] and is inherited at birth, the more senior the descent, the greater the mana.' (Moorfield, 2024).

Code	Description	Sample quotation
	Participants talk about being treated poorly, being taken for granted or treated as 'a non-entity', and this erodes trust. Distrust brings with it a sense of insecure connection.	
Willingness to reach out for help	Having the willingness to reach out for help and support when needed, including to friends and family, as well as medical and psychological professionals. There is mention of not having the skills and knowledge to know how or who to reach out to, or having to fight embarrassment because others may not realise help is needed or refusing to ask for help and how this hinders wellbeing.	<i>'Your willingness to reach out for support from your peers, doctor or family. / Embarrassed to ask for help as everyone assumes I have it all together.'</i> <i>'Not having the knowledge or tools to know how to get help / because you can't always recover by yourself.'</i> <i>'People need to know they are not "alone" in what they go through. They need to know it's ok to "not be ok". We all need someone to help share our load with. Happy heart = happy mind = happy body = healthy wellbeing.'</i> <i>'Refusing to ask for help.'</i>

Supplemental quantitative analysis: Connection Types and Characteristics

As outlined above, the *Connection Element* is a widespread topic, discussed by 87% of participants and presented in two ways: through the *types* of connections and the *characteristics* of those connections. Due to test assumption limitations, the connection type *Community* could not be analysed. Only the top four characteristics, *Toxic, dysfunctional relationships; Loneliness, isolation and disconnection; Love; and Being heard and understood* met the criteria for testing. The only demographic and wellbeing indicator which did not report at least one statistically significant result was wellbeing malleability while all others provide some level of analysis which will now be outlined. Table 24 reports all the chi-square tests that reported significant results.

Table 24
Significant Chi-Square Test Results for Connection Types and Characteristics

Demographic / Wellbeing category	Sub-code	Chi-square test result
Gender	Te Ao Māori Indigenous wellbeing	$X^2 (2, N = 473) = 6.04, p < .049$
	Pets & Animals	$X^2 (2, N = 473) = 6.72, p < .035$
	Workplace connections	$X^2 (2, N = 473) = 7.40, p < .025$
Age	Friends/Social connection	$X^2 (5, N = 471) = 12.86, p < .025$
	Te Ao Māori Indigenous wellbeing	$X^2 (5, N = 471) = 19.93, p < .001$
Ethnicity	Friends/Social connection	$X^2 (4, N = 475) = 10.04, p < .040$
	Te Ao Māori Indigenous wellbeing*	$X^2 (4, N = 475) = 34.74, p < .001$
	Nature/Whenua	$X^2 (4, N = 475) = 21.83, p < .001$
	Workplace connections	$X^2 (4, N = 475) = 12.63, p < .013$
	Toxic, dysfunctional relationships	$X^2 (4, N = 475) = 10.97, p < .027$
Rural/Urban	Spirituality & Religiosity	$X^2 (1, N = 473) = 5.12, p < .024$
Rainbow and Takatāpui	Friends/Social connection	$X^2 (1, N = 469) = 6.25, p < .012$
	Te Ao Māori Indigenous wellbeing	$X^2 (1, N = 469) = 3.93, p < .047$
	Nature/Whenua	$X^2 (1, N = 469) = 8.06, p < .005$

	Pets & Animals	$X^2(1, N = 469) = 6.31, p < .012$
	Being heard & understood	$X^2(1, N = 469) = 8.36, p < .004$
	Loneliness, isolation, disconnection	$X^2(1, N = 469) = 7.47, p < .006$
<i>Disability</i>	Pets & Animals	$X^2(1, N = 469) = 6.88, p < .009$
	Being heard & understood	$X^2(1, N = 469) = 9.13, p < .003$
<i>Wellbeing literacy</i>	Family/Whānau	$X^2(2, N = 475) = 17.07, p < .001$
	Friends/Social connection	$X^2(2, N = 475) = 15.59, p < .001$
	Nature/Whenua	$X^2(2, N = 475) = 11.01, p < .004$
	Love	$X^2(2, N = 475) = 8.24, p < .008$
<i>Positive Mental Health</i>	Workplace connections	$X^2(2, N = 475) = 6.20, p < .04$
	Loneliness, isolation, disconnection	$X^2(2, N = 475) = 9.55, p < .016$
<i>Depressive symptomology</i>	Being heard & understood	$X^2(3, N = 475) = 11.07, p < .04$
	Loneliness, isolation, disconnection	$X^2(3, N = 475) = 15.39, p < .002$
<i>Generalised anxiety</i>	Workplace connections	$X^2(2, N = 475) = 8.73, p < .013$
	Being heard & understood	$X^2(3, N = 475) = 10.33, p < .016$
	Loneliness, isolation, disconnection	$X^2(2, N = 475) = 9.09, p < .011$

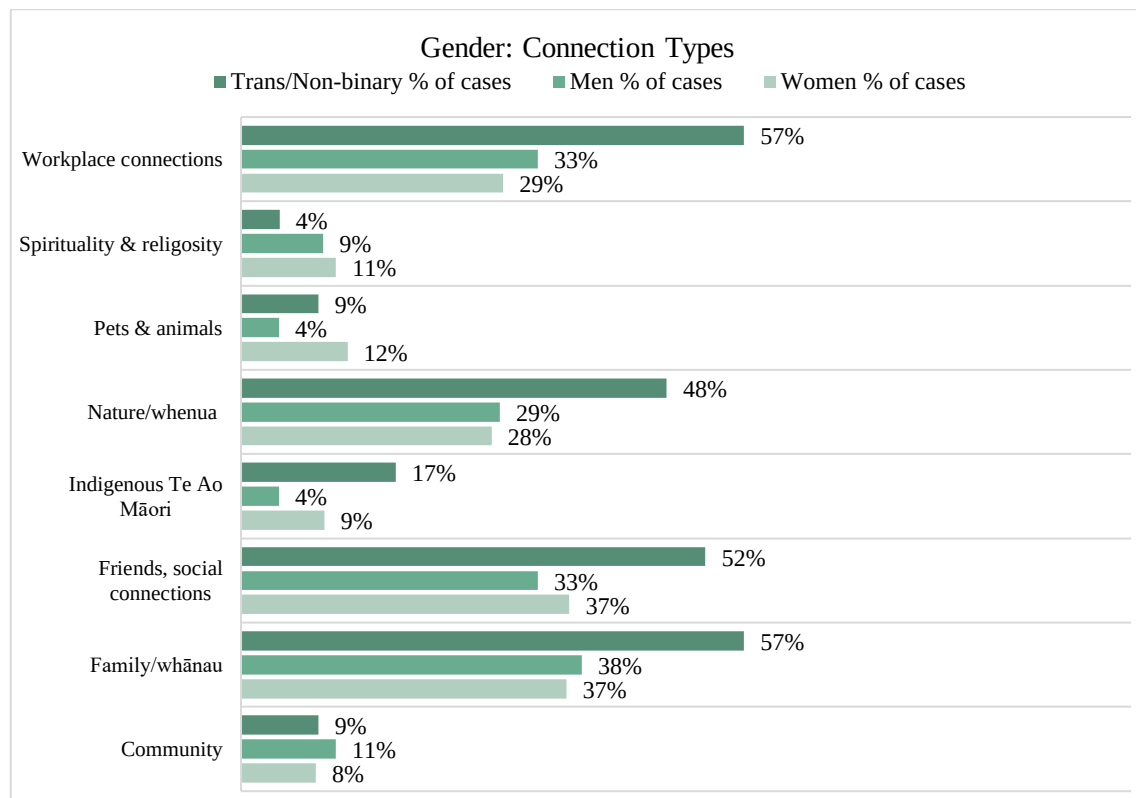
Note: *Indicate test assumptions failed.

Gender Connection Types and Characteristics

When exploring the types and characteristics of connections across the gender categories (Figure 43), it appears that all identities discuss the connections of *Family/Whānau*, *Friends/Social* and *Nature/Whenua* at greater rates than other types of connections, with Trans/Non-binary discussing at considerably greater frequency than women and men. When exploring the narrative, there are no notable differences in how the genders talk about these connections.

Te Ao Māori Indigenous concepts are statistically significantly different for gender with Trans/Non-binary discussing the concept at almost twice the rate of women and over 4 times that of men. Women and Trans/Non-binary participants talk about *Pets and animals* at 2 to 3 times the rate of men, which testing confirmed as statistically significant. Men and women speak more often about *Spirituality and religion* than do Trans/Non-binary, but not at statistically significant levels. Discussion around the importance of *Nature/Whenua* see 35% of participants mentioning these topics in relation to their wellbeing; however, there are not statistically significant differences reported. Lastly, *Workplace* connections are spoken of at greater frequency by Trans/Non-binary participants and this is confirmed as statistically significant.

Women speak more often about *Love* while *Loneliness, isolation* and *Toxic, dysfunctional relationships* are spoken of more often by Trans/Non-binary respondents; however, testing did not report that these differences were statistically significant for any connection characteristics within the gender demographic.

Figure 43*Frequency of Connection Type Discussion by Gender**Age Connection Types and Characteristics*

Across the age categories (Figure 44), there is a relatively consistent spread of discussion about *Family/Whānau*; however, for *Friends, social connections*, the concepts are discussed by participants under 34 more frequently, then the narrative frequency drops over the middle age and trends back up in older age. These differences are statistically significant. *Indigenous Te Ao Māori* discussion frequency is also far higher amongst those aged under 34 and noticeably declines with age, which was a statistically significant result.

Nature/Whenua is a consistent topic across the age brackets, with one in three people mentioning it, highest for those aged 25-34 and 55+, and lower for those aged 18-24. Narrative frequency around *Pets and animals* increases with age, at its lowest level for those 34 and under and peaking for those aged 55-64. *Spirituality and religion* remain consistent, albeit lower than other topics, across age brackets with 12 in 100 participants discussing concepts related to these topics. Testing did not report statistical significance for these items or for any *Connection characteristics*.

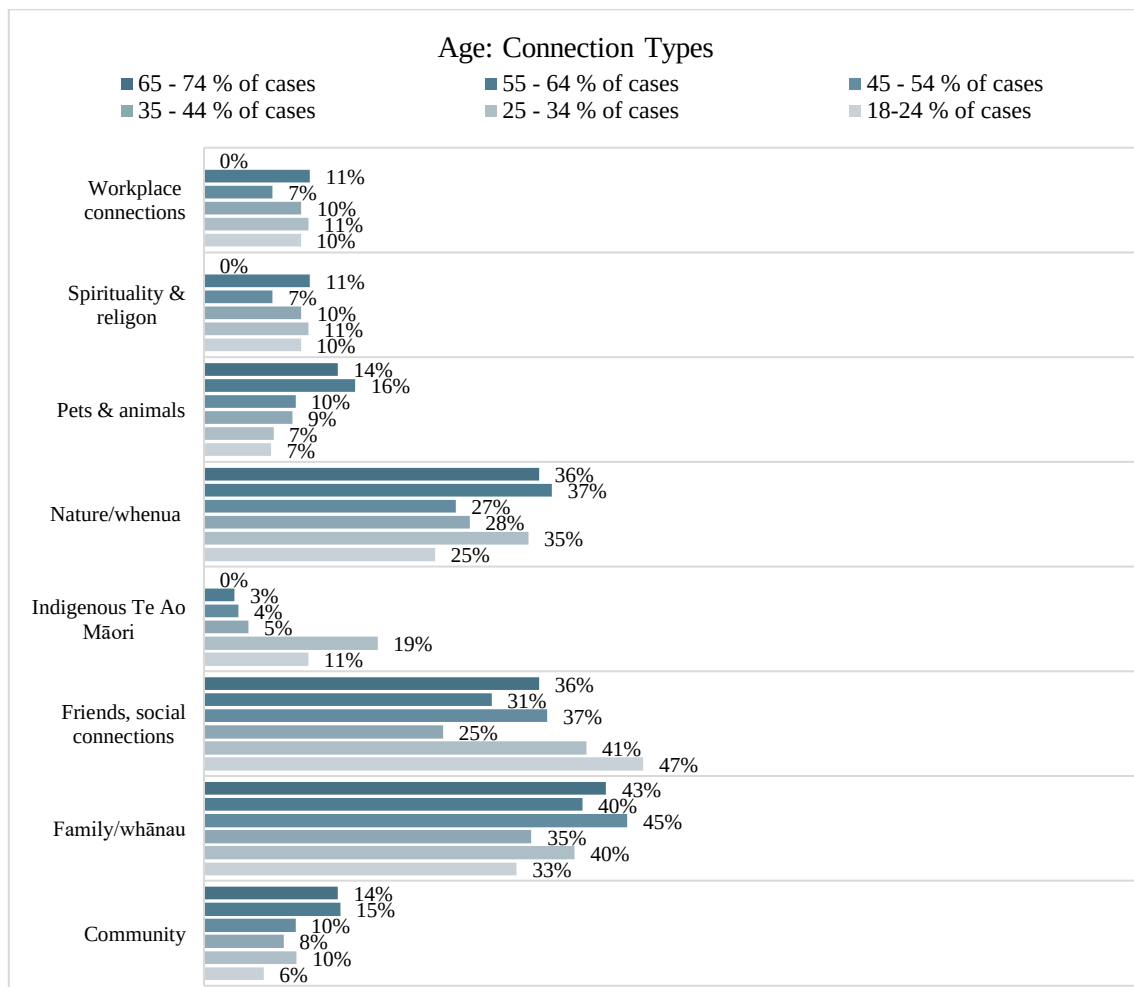
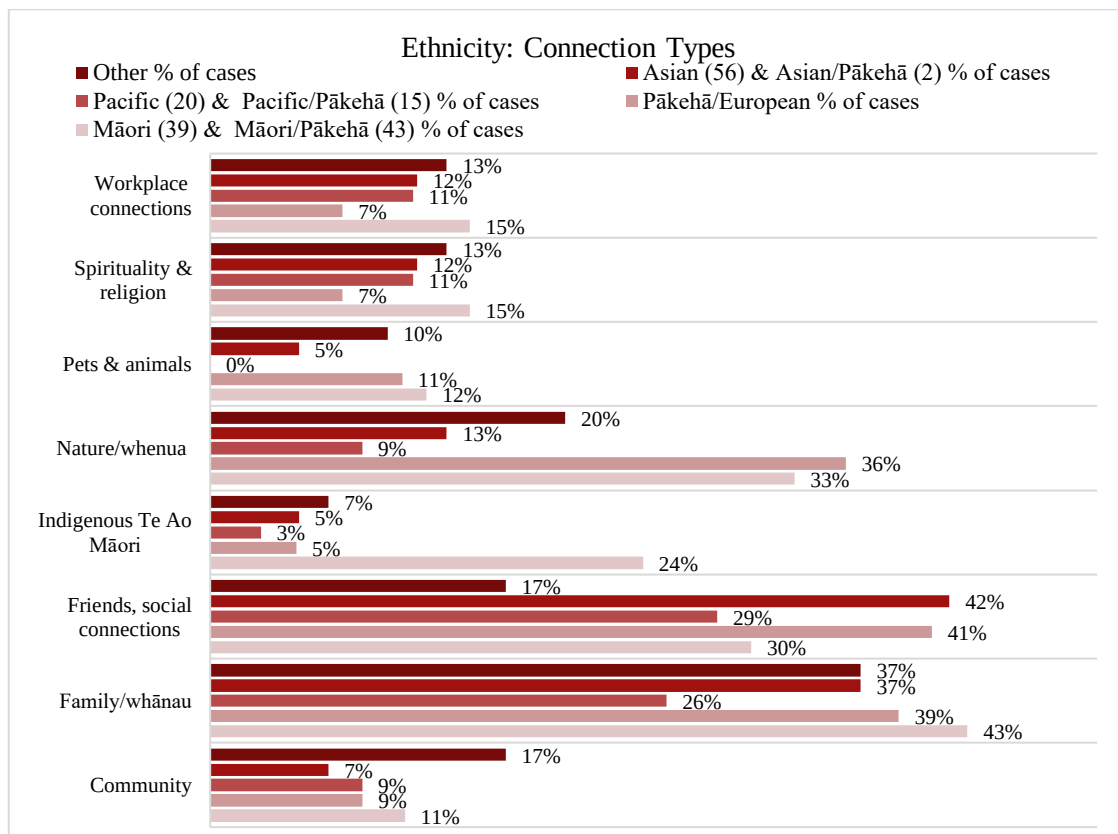
Figure 44*Frequency of Connection Type Discussion by Age**Ethnicity Connection Types and Characteristics*

Figure 45 illustrates the frequency of coding for ethnicity categories and *connection type*. Māori/Māori-Pākehā and Pākehā speak most frequently about *Family/Whānau* while Pacific participants discuss this topic the least. Discussion around *Friends, social connections* show there is a marked change in who speaks more frequently about the topics, with Asian (and Pākehā similar, and a drop in frequency for Māori/Māori-Pākehā, Pacific and others, which testing confirmed was a statistically significant difference.

When exploring the narrative, these results highlight the importance of understanding language choices used to describe certain connection types. For example, Asian people use language more consistently about connection in terms of social and wider ‘community’ connection, versus the specificity of terms like family, whānau and friends. Perhaps we could assert similar attitudes for the ‘other’ ethnicity category, comprised of Middle Eastern, African and mixed other, where similar issues arise, with social connection being termed ‘Community’ connection, displaying the importance of using the correct terminology when reaching out to different populations about wellbeing.

Figure 45

Frequency of Connection Type Discussion by Ethnicity



When surveying the frequency of *Indigenous and Te Ao Māori* commentary, chi-square testing displayed statistically significant differences; however, the test assumptions failed as the count was too low for 30% of the categories. This indicates a return to research on this topic could be beneficial as we see one in four Māori/Māori-Pākehā discuss these topics, which is a slightly higher rate than those reported as speaking Te Reo (Māori language) (Stats NZ, 2020). The remaining ethnicity categories average only 5 in 100 participants; however, this is slightly higher for ‘other’, perhaps indicating the newer immigrants to Aotearoa are exposed to or naturally aligned with Te Ao Māori principles with regards to wellbeing.

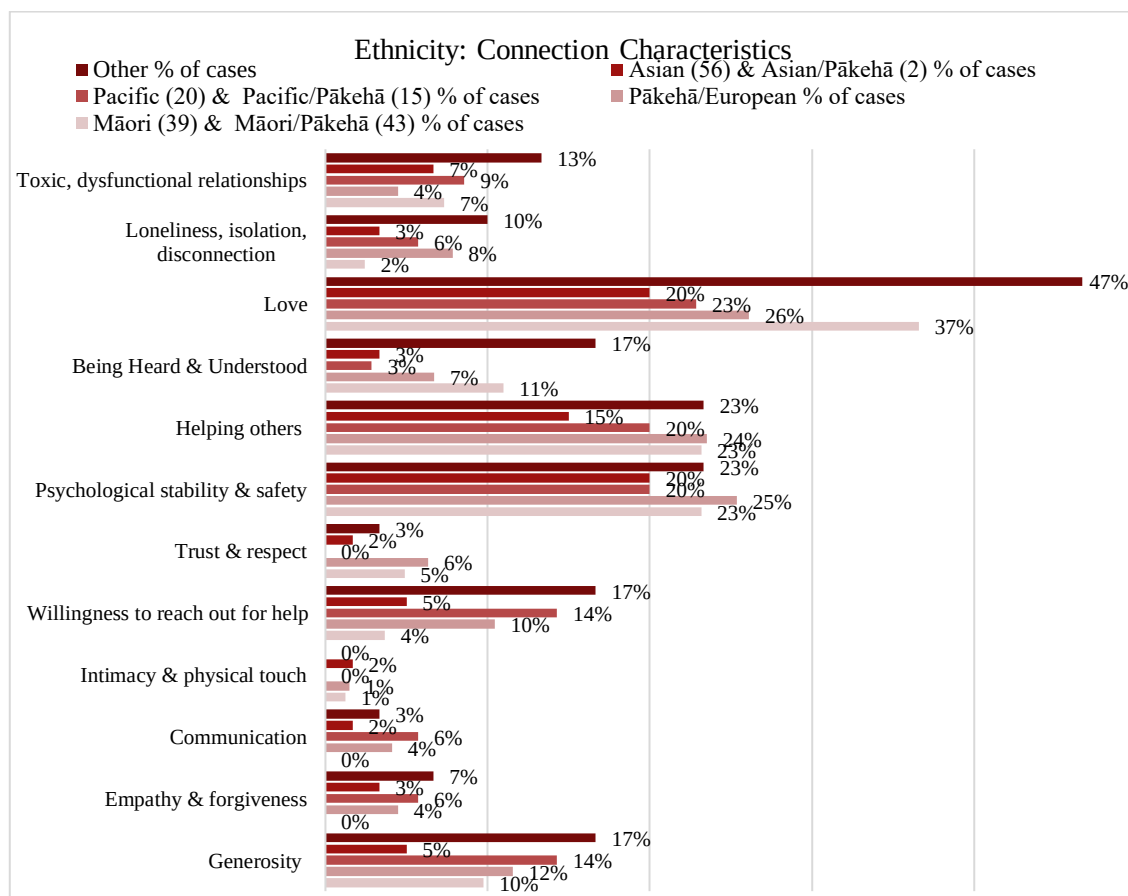
When reviewing *Nature/Whenua* narrative frequency, there is a significant disparity in who talks about the topics peaking with Pākehā and Māori/Māori-Pākehā participants, dropping for ‘other’ and Asian, to the lowest level for Pacific participants, showing quite significant differences around this topic that testing confirmed as statistically significant.

Dialogue about *Pets and animals* averages at 9% of participants and is lower for Asian respondents and rates at 0% reported for Pacific/Pacific-Pākehā participants. *Spirituality and religion* averages at 10% of participants, with a peak of 15% for Pacific/Pacific-Pākehā and a low of 7% for Pākehā; these are not statistically significant results. *Workplace connections* show Pākehā reporting the lowest frequency of narrative at half the rate of Māori/Māori-Pākehā and testing confirms this as a statistically significant difference reported.

Figure 46 demonstrates that there is a consistently high level of dialogue across all ethnicity categories for the *Connection Characteristics of Toxic, dysfunctional relationships and Loneliness, isolation, and disconnection*, followed closely by *Love*, and *Being heard and understood*. Those in the Other category consistently speak at great frequency about most *Connection Characteristics* although testing did not report statistical significance for these results, with the exception of *Toxic, dysfunctional relationship* narrative which peaks at almost 50% of all participants in the Other category, followed by 37% of Māori/Māori-Pākehā participants, which testing reports is a statistically significant result.

Figure 46

Frequency of Connection Characteristics Discussion by Ethnicity



Rural Connection Types and Characteristics

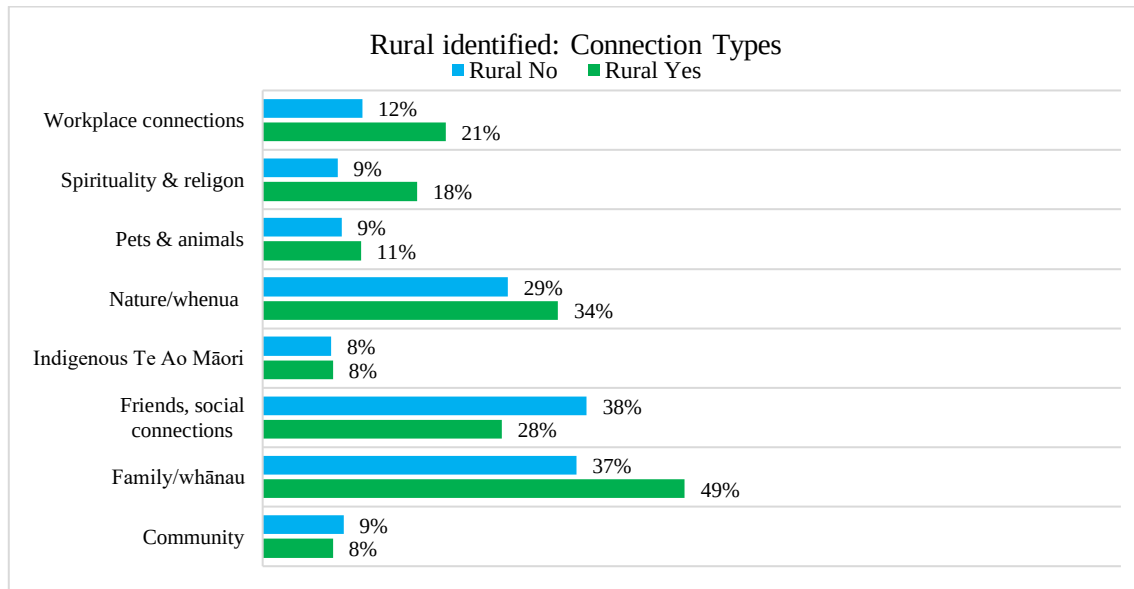
Figure 47 displays one of the few occurrences where the rural / urban boundary testing reported statistically significant results. It showed that *Spirituality and religion* narratives are discussed at twice the frequency by those living rurally. Those living in urban settings speak of *Friends, social connections* at a higher frequency but not a statistically significant difference, and urban and rural residents speak of *Te Ao Māori* concepts at equal rates or less than 1 in 10 participants.

With regards to *Connections Characteristics*, none report statistically significant results but *Being heard and understood*, *Helping others* and *Loneliness, isolation* stand out as more frequently

discussed by those who live rurally, while *Toxic, dysfunctional relationships* is slightly more frequently discussed by those who live in urban settings.

Figure 47

Frequency of Connection Types Discussion by Rural/Urban



Rainbow Connection Types and Characteristics

Those who identify as members of the Rainbow and Takatāpui communities display the most numerous statistically significant results, with participants speaking about all *Connection types* at greater frequency, with the exception of *Spirituality and religion*, as displayed in Figure 48. Testing confirmed statistically significant results for *Friends, social connections*, *Nature/Whenua*, *Pets and animals* and *Te Ao Māori wellbeing concepts*. Figure 49 illustrates that participants in the Rainbow and Takatāpui communities discuss almost all *Connection Characteristics* (with the exception of *Communication*) at greater frequency, with *Being heard and understood* discussed at over twice the frequency and *Loneliness, isolation* discussed by one in three (both topics reported as showing a statistically significant difference between groups).

Disability Connection Types and Characteristics

For those who identified as living with a disability, Figure 50 illustrates that *Pets and animals* appear in dialogue at twice the frequency of those who do not identify as having a disability, which is reported as statistically significant. *Community* and *Spirituality and religion*, *Family/Whānau* and *Friends, social connections* are less frequently discussed by those identified as living with a disability than those without, but not at statistically significant levels. Figure 51 depicts that for those who identified as living with a disability *Being heard and understood* is a considerable topic of discussion, at greater than twice the frequency of those not living with a disability and this is confirmed as statistically significant.

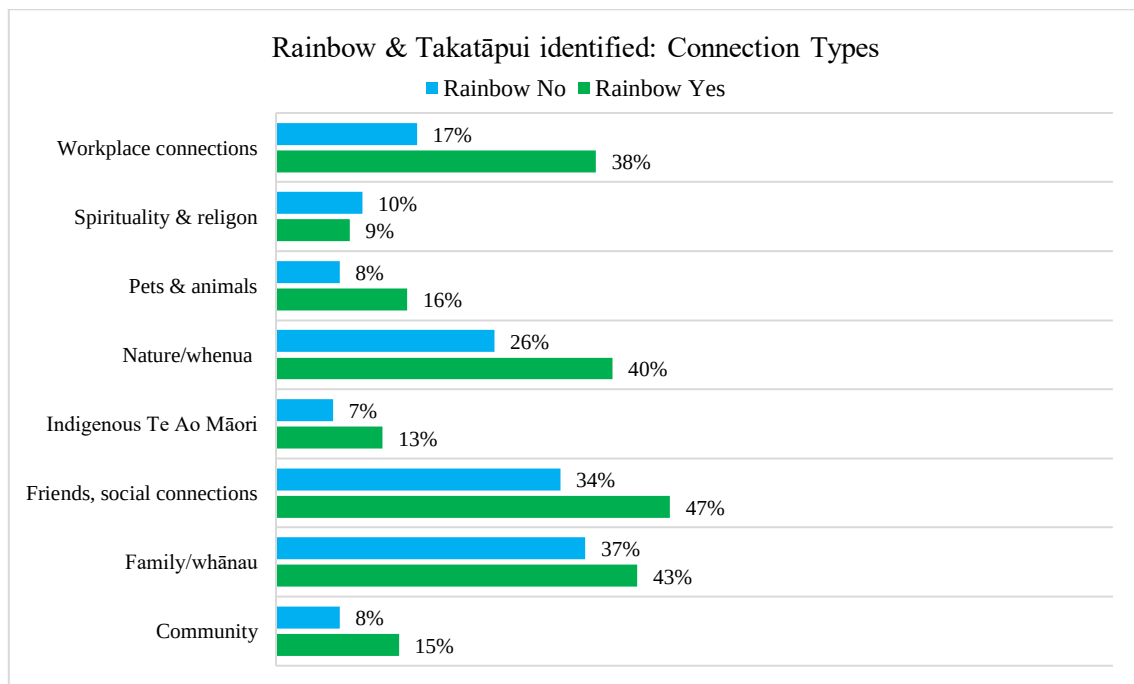
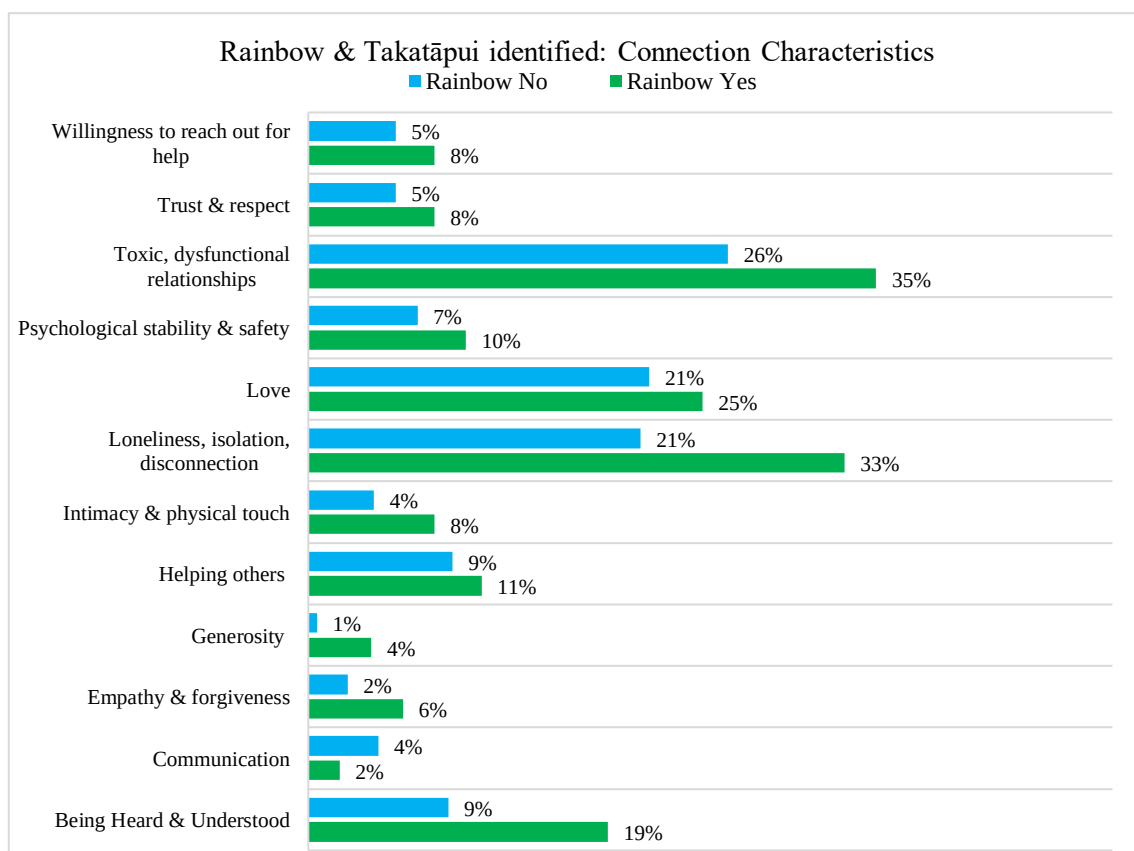
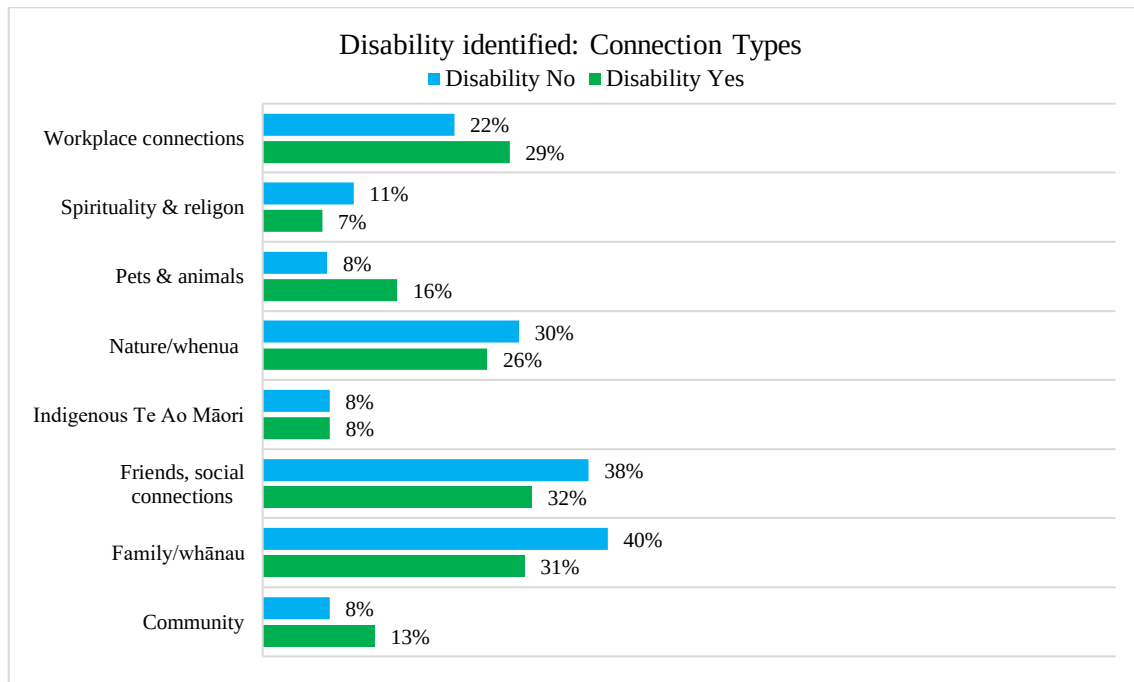
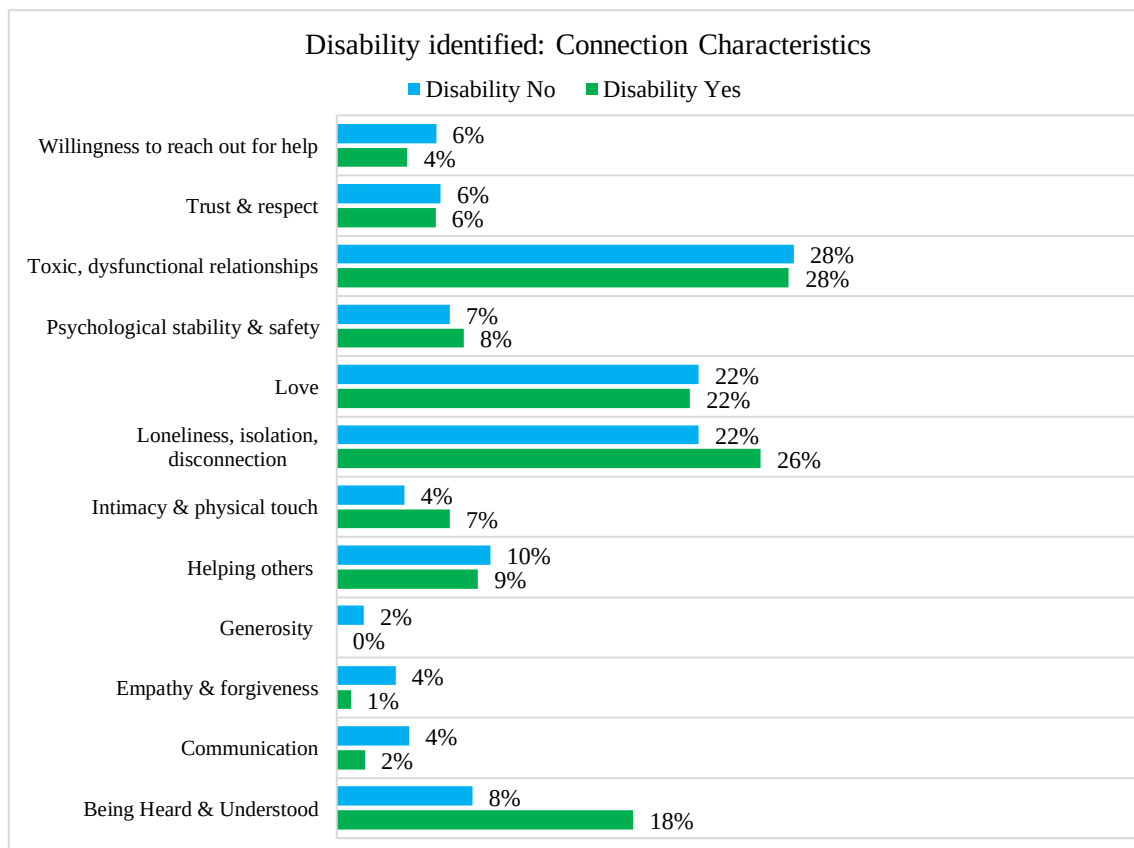
Figure 48*Frequency of Connection Type Discussion by Identity***Figure 49***Frequency of Connection Characteristics Discussion by Identity*

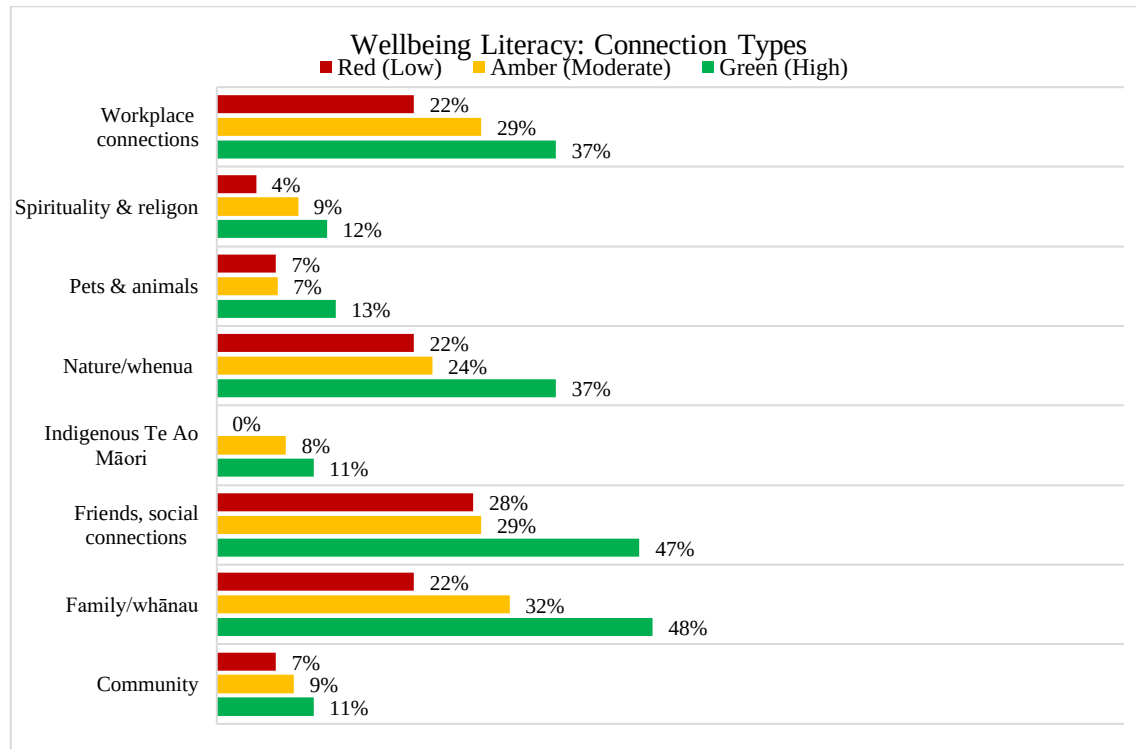
Figure 50*Frequency of Connection Type Discussion by Disability Identified Participants***Figure 51***Frequency of Connection Characteristics Discussion by Disability Identified Participants*

Wellbeing literacy Connection Types and Characteristics

Figure 52 outlines the differences in frequency of narrative across the Wellbeing Literacy (WBL) categories, illustrating that those high in WBL (Green) discuss all *Connection types* at a great frequency, with statistically significant results reported for *Family/Whānau*, *Friends, social connections* and *Nature/Whenua*.

Figure 52

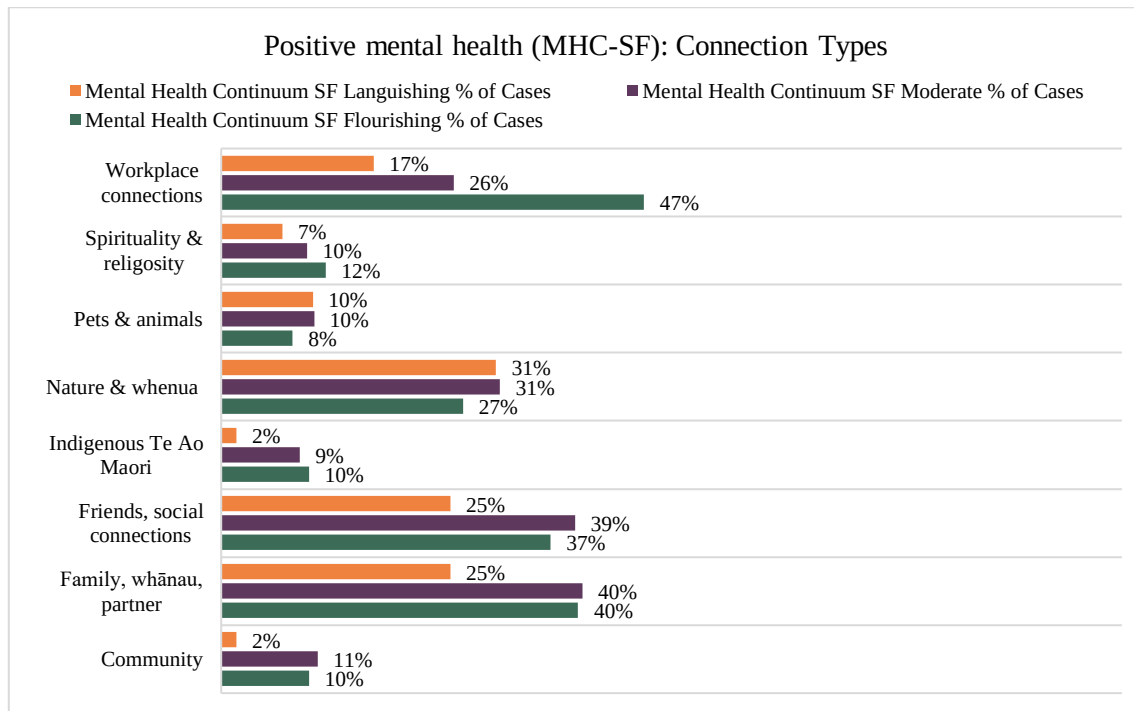
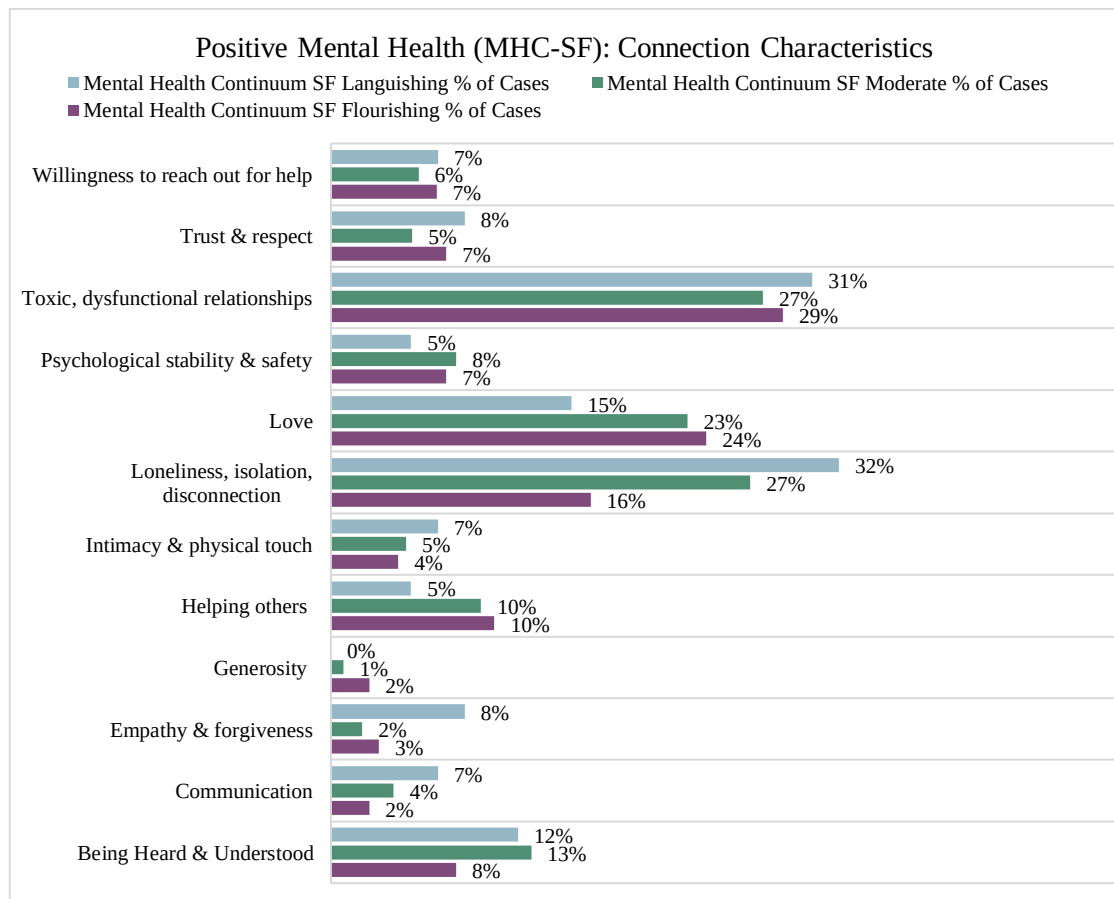
Frequency of Connection Type Discussion by Wellbeing Literacy Variable



Connection Characteristics are one of the few demographic categories where WBL does not show clear trends of increasing narrative frequency as literacy scores increase. Those reporting low in WBL (Red) share a greater frequency of narrative, for example in *Loneliness, isolation. Helping others* is discussed less frequently by those with low WBL, while *Physical intimacy and Love* continue the prior trend of increasing as WBL increases. *Love* is the characteristic testing as statistically significant.

Positive mental health Connection Types and Characteristics

With regards to Positive mental health (Figure 53), those who are Flourishing discuss *Connection types* at similar frequency to those who report Moderate mental health while those who are Languishing speak at a lower frequency about *Family/Whānau* and *Friends, social connections* and peak with discussion around *Nature/Whenua* where they share at a similar frequency to other categories, as is the frequency of narrative about *Pets and animals*. This could be a topic of further research. The only *Connection type* reported as statistically significantly different is *Workplace connections* with those who are Flourishing (47%) speaking at far greater frequency (almost 50% of the sample) about these connection types.

Figure 53*Frequency of Connection Type Discussion by Positive Mental Health***Figure 54***Frequency of Connection Characteristics Discussion by Positive Mental Health*

Those who are reported as Languishing and with Moderate mental health speak of the *Connection characteristic* of *Loneliness, isolation* at twice the frequency of those who are Flourishing, and this is a statistically significant difference (Figure 54). All three categories speak of *Toxic, dysfunctional relationships* at similar rates, which supports that the narrative coded to these topics are materially different in content and meaning.

Depressive symptomology Connection Types and Characteristics

Depressive symptomology appears to have little impact on the frequency of discussion about the topics of *Connection types* with no statistically significant results. The topic of *Pets and animals* sees greater frequency of narrative as depressive symptomology increases, with those reported as experiencing severe depressive symptoms speaking about the topic at almost twice the frequency of those experiencing minimal symptomology (Figure 55).

Figure 56 illustrates that for *Connection characteristics* again as there is an escalation in the severity of depressive symptomology, there is increased frequency of discussion of *Loneliness, isolation and disconnection* at twice the frequency for those reporting severe symptomology as compared to those who report minimal symptomology, and this is recorded as a statistically significant difference. While not as substantial across the indicators, yet still statistically significant, this trend is also seen for the topic of *Being heard and understood* about which narrative frequency increases for those with severe symptomology.

Figure 55

Frequency of Connection Types Discussion by Depressive Symptomology

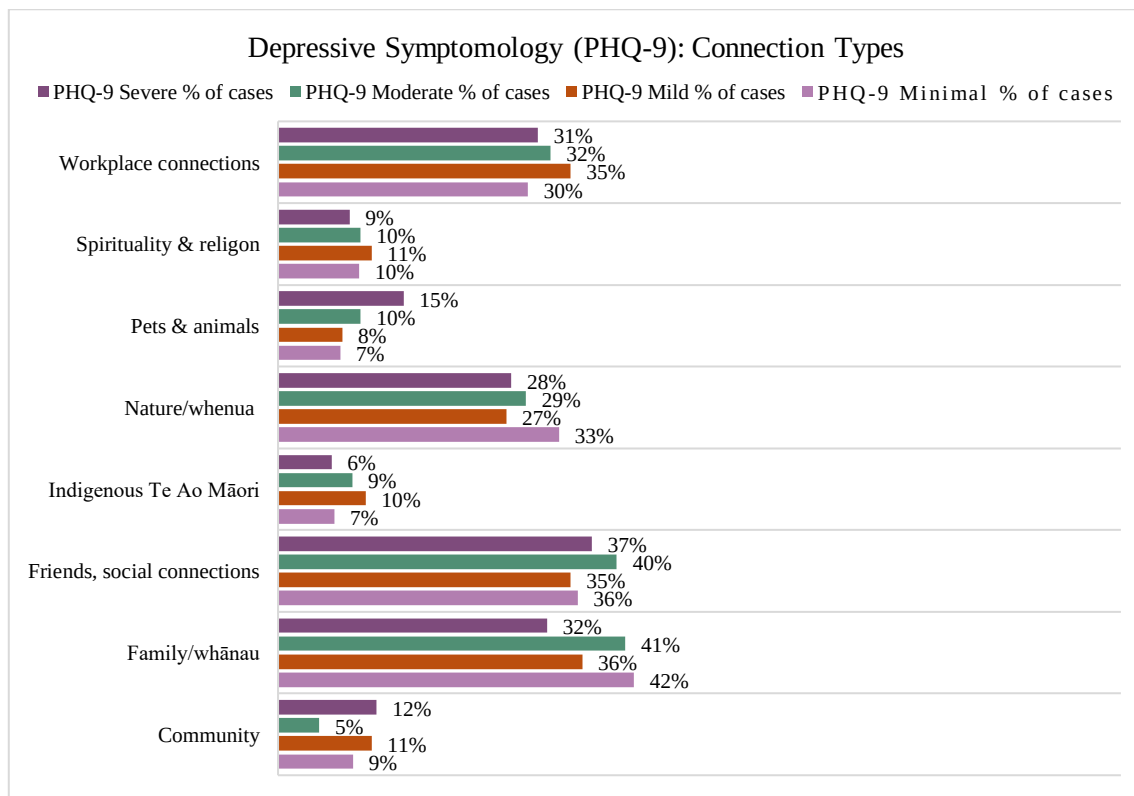
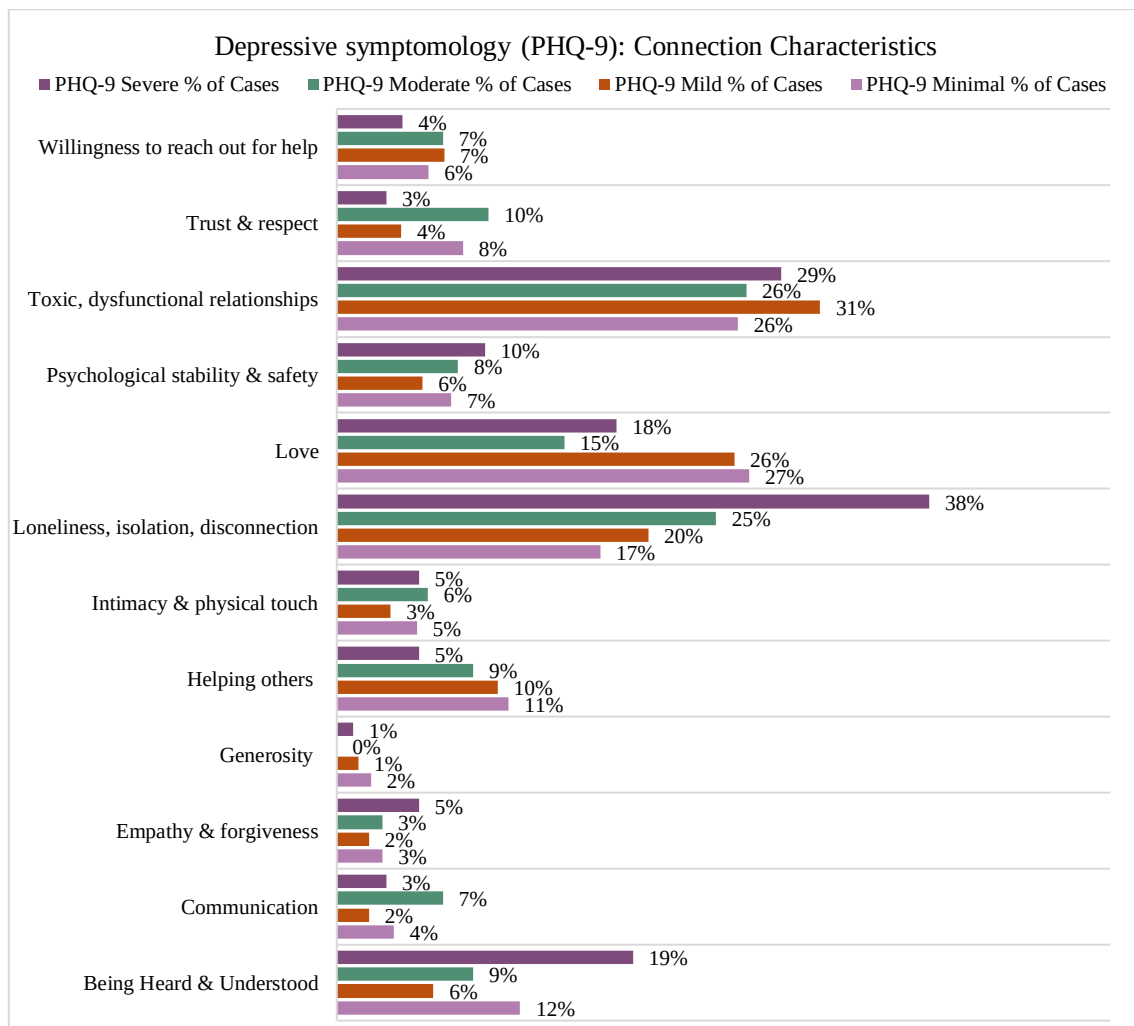


Figure 56

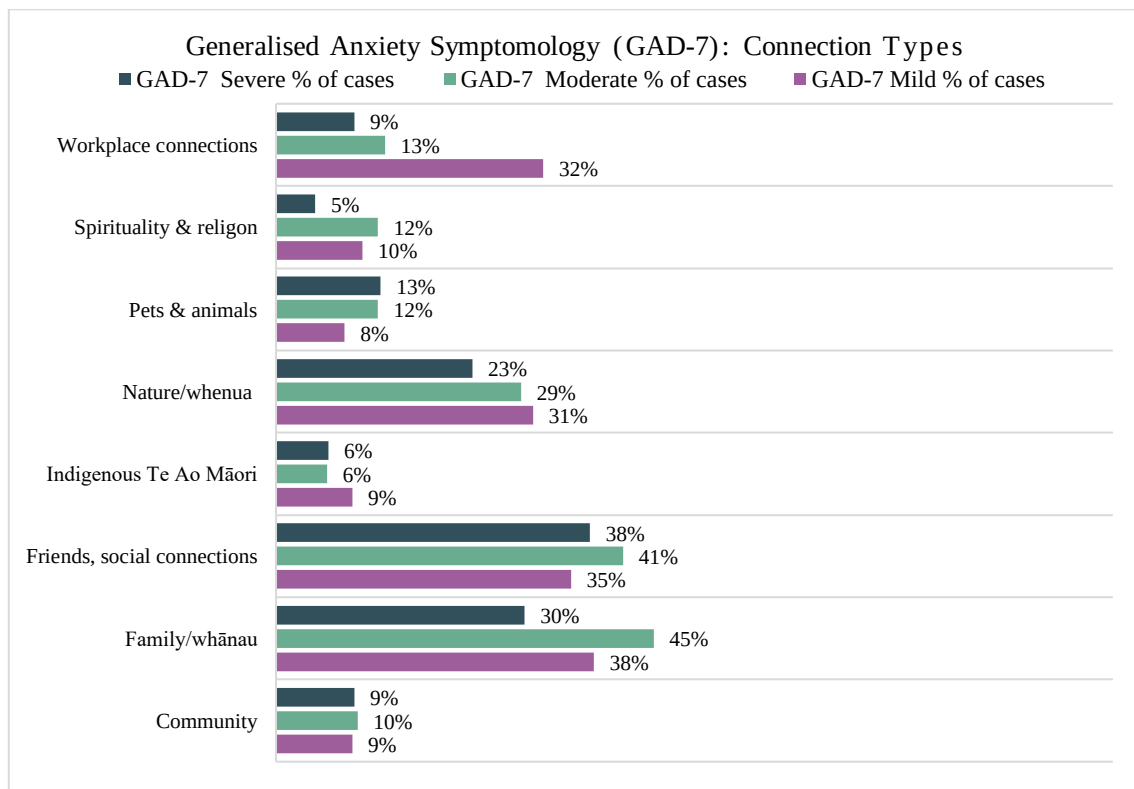
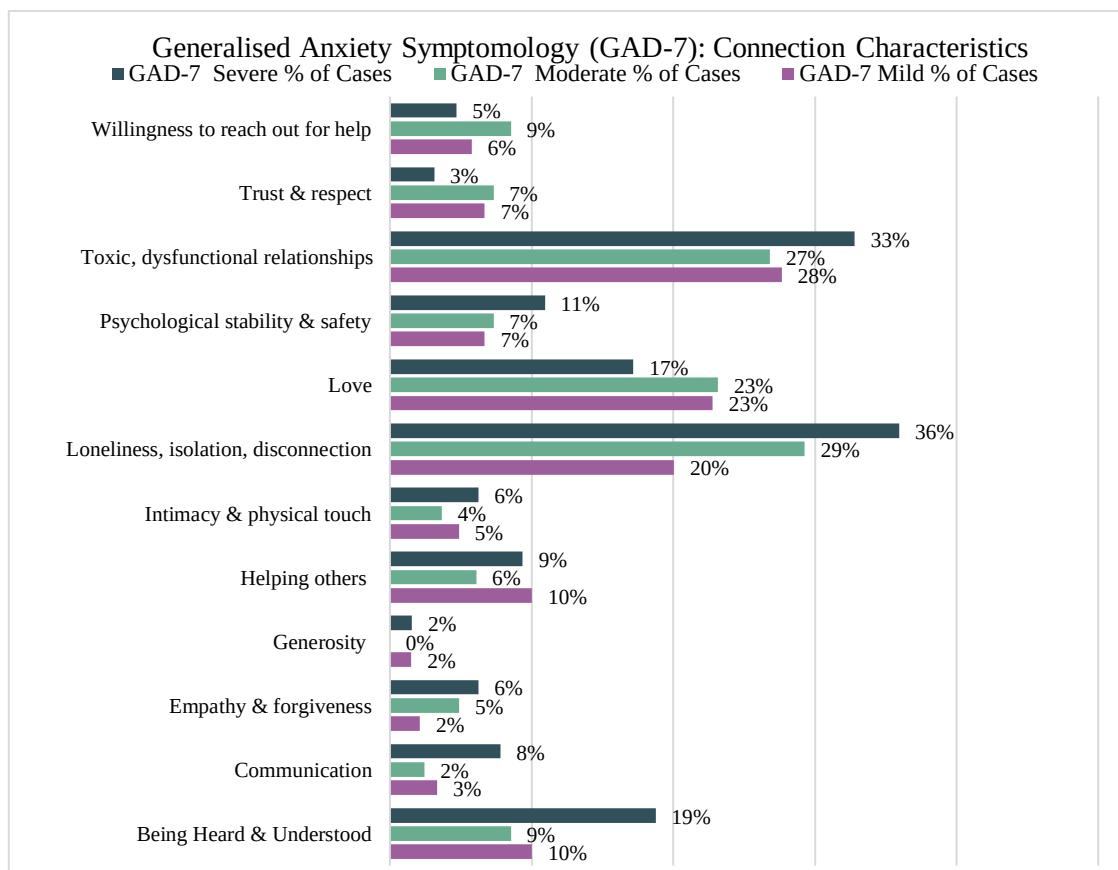
Frequency of Connection Characteristics Discussion by Depressive Symptomology



Generalised anxiety symptomology Connection Types and Characteristics

Overall severity of generalised anxiety symptoms does not appear to impact on the frequency of *Connection types* dialogue to a great degree; however, there is a small trend of lower frequency of narrative as severity increases for some *types* (e.g., *Family/Whānau*, *Nature/Whenua*, *Spirituality and religion*) (Figure 57). One exception is the statistically significant difference in narrative frequency for those who report mild anxiety symptomology talking at far greater frequency about *Workplace Connections* than those who report higher levels of generalised anxiety.

Figure 58 demonstrates an undulating frequency of narrative levels across the generalised anxiety categories for the *Connection characteristic* topics of *Toxic, dysfunctional relationships* and *Love*. Some topics decrease in frequency as severity increases such as *Willingness to reach out for help*, *Trust and respect* and *Helping others*; however, these are not statistically significantly different. There is a significant difference reported for *Being heard and understood* and *Loneliness, isolation* which see substantial increases in narrative frequency as severity increases.

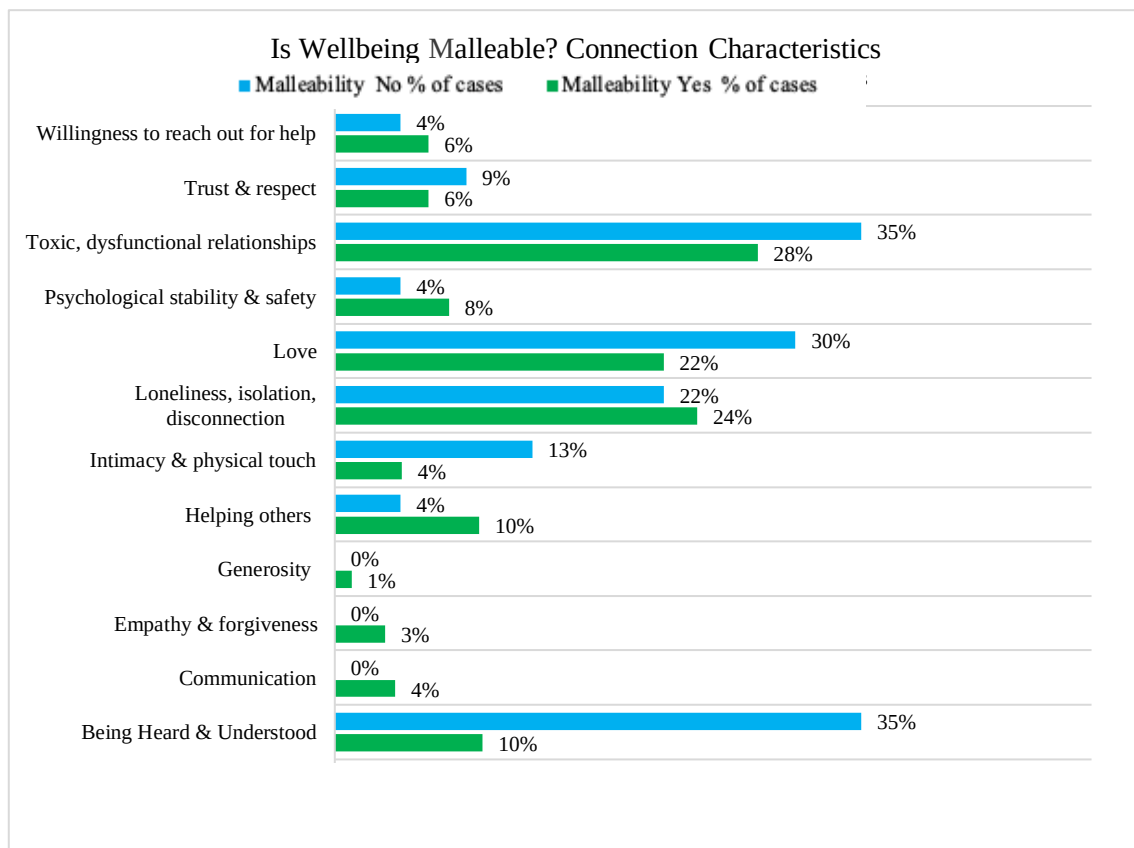
Figure 57*Frequency of Connection Types Discussion by Generalised Anxiety Symptomology***Figure 58***Frequency of Connection Characteristics Discussion by Generalised Anxiety Symptomology*

Wellbeing malleability and Connection Types and Characteristics

A belief that wellbeing is malleable does not report any statistically significant results and narrative frequency remains steady across the *Connection types*. In contrast, Figure 59 displays the *Connection characteristics* showing greater variability in the frequency of narrative, for example *Love* and *Toxic, dysfunctional relationships* and especially for the topic of *Being heard and understood*, which indicates those who report wellbeing as fixed discussing this topic at 3½ times the incidence of those who see wellbeing as changeable. However, these are not confirmed as being statistically significant because the chi-square testing assumptions were not met.

Figure 59

Frequency of Connection Characteristics Discussion by Belief About Wellbeing Malleability



Connection Summary

The *Connection Element* elaborates on the myriad connection types and characteristics that thwart and support an individual's wellbeing experience. These connections range from the human and non-human, to links to nature and Indigenous spiritual beliefs, and the characteristics rendered from these connections, which range from positive loving and sense-making experiences to those that are damaging and depleting of wellbeing including loneliness, dislocation, isolation, and toxicity in connection to others. Laypeople express that connection is a vital aspect of their wellbeing experience, but not all connection nurtures wellbeing.

Summary of the Elements

Each *Element*, when taken separately, provides a comprehensive overview of the overt semantic details discussed about the specific wellbeing concept. The *Inner self* represents the internal working of a person's wellbeing. *Material stability* is the need for security and stability in essential material aspects. *Health*, the role of physical health, eating, sleeping, and moving related to wellbeing and the experiences of health related to the individual experience of illness, disease, disability, and mental ill-health, extend to the role of access to quality care and the role it plays in supporting or thwarting wellbeing. Lastly, the myriad *Connection types* range from family, friends and pets, to nature and Indigenous or spiritual beliefs and practices, and the multitude of *characteristics* these connections engender, including love, being heard and understood to being lonely and adversely impacted by toxic dysfunction in relation to others. Taken together, the *Elements* offer a holistic view of the main concepts that laypeople use to describe and define wellbeing and what makes it better and worse.

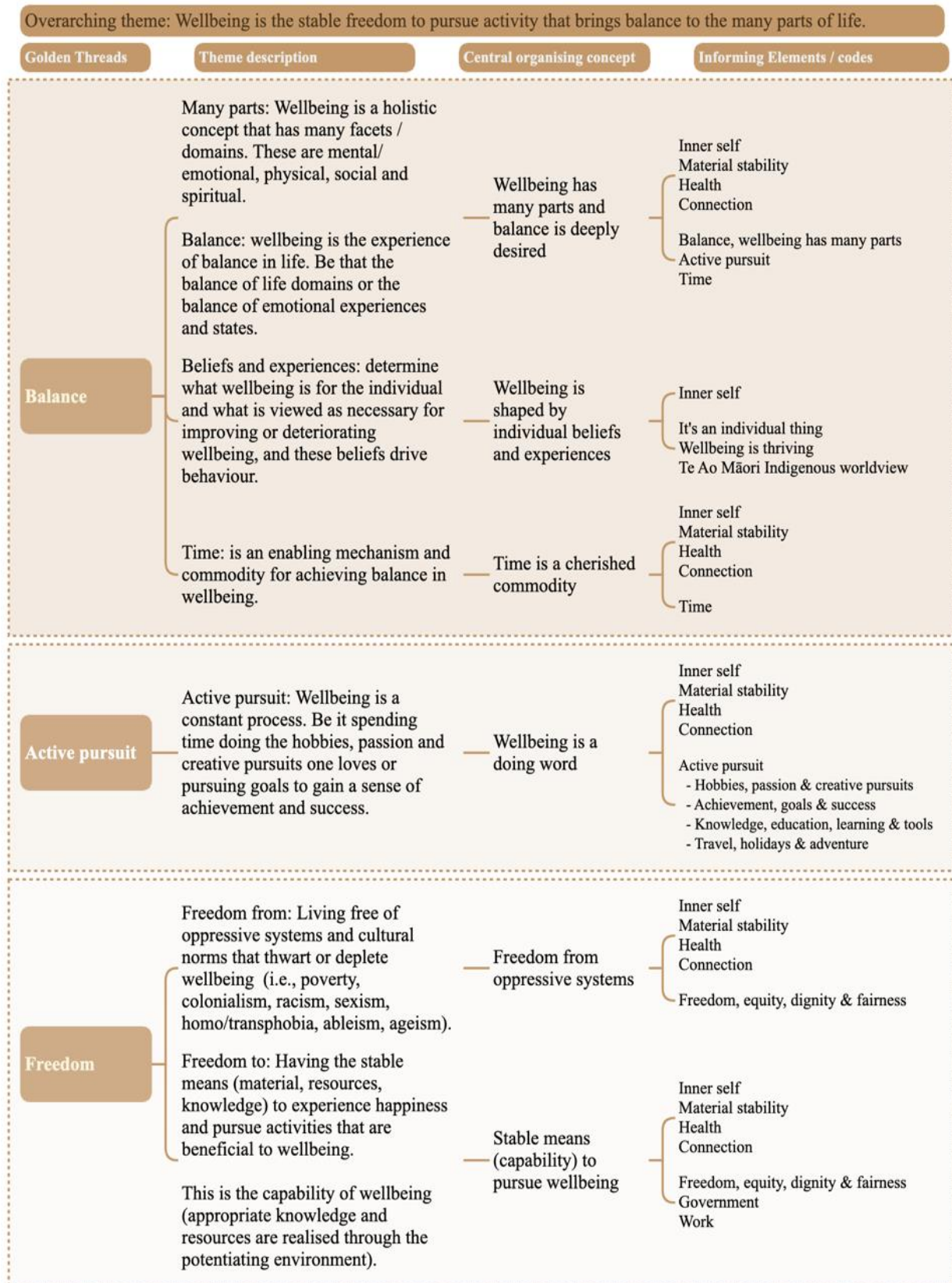
These catch-all 'containers' allow the reader to explore ideas that may appear inconsistent and diverse across various feelings, emotions, behaviours, connection types, characteristics, and individual needs and desires. This complexity speaks to the nature of the topic being explored—wellbeing is not one thing at one point in time, it is coupled to the experience of life over time, located in context and individual to the participant, and therefore, it is a complex, sometimes messy concept. Next, I turn to the more implicit and implied concepts perceived in the participants' narratives, the *Golden Threads* of wellbeing.

Note: The statistical analysis is summarised in more detail in the Analysis chapter and has not been included here to reduce repetition.

Part 2 | The *Golden Threads* of Wellbeing

In this section, we now move to the analytical, researcher-constructed *Golden Threads*, which are unifying and activating concepts that permeate through the *Elements* of wellbeing. The threads have informed an overarching theme which assembles how participants describe and define wellbeing, and what impacts on wellbeing for better and worse. The threads highlight how the individual, system and cultural context inform how wellbeing is constructed, experienced and activated for people.

The overarching theme is that: **Wellbeing is the stable freedom to pursue activity that brings balance to the many parts of life.** Laypeople speak of their role, the role of others and the impact that the systems and environment around them have on their wellbeing capability (e.g., living free from hatred, access to health care, quality paid work and housing). This section will outline the golden threads and is supported by participant quotes to illuminate the concepts. Figure 60 illustrates a coding map which provides a single point of reference for the thread descriptions, central organising concepts and the informing codes which build the threads.

Figure 60*Wellbeing Golden Thread (Theme) Coding Map*

The Golden Thread of Balance

‘Because without balance nothing works in harmony.’

When asked to describe and define wellbeing, laypeople consistently listed or noted numerous aspects. Not a single participant said just one thing when asked, ‘What is wellbeing?’. Respondents acknowledge these component parts, yet there is a centralising impulse—a desire for balance within and between the many areas of life (wellbeing), be that the balance of life domains or the balance of emotional experiences and states. This sense of balance brings with it the opportunity to experience optimal wellbeing. The many parts are conveyed in numerous ways: there are facets (e.g., mental, physical, social and spiritual), domains (e.g., work/life), outcomes (health and happiness) and elements (earth, wind, water and fire).

‘Whole-person flourishing and how to achieve it. Includes physical, mental, emotional, spiritual and social wellbeing. A well-balanced state that allows us to be our best.’

‘Holistic wellbeing. Looking after myself mentally, physically, emotionally and spiritually. Ensuring I spend adequate time on each aspect of my wellbeing to ensure I am progressing and keeping each aspect “well” instead of only focusing for example on my physical and neglecting my mental.’

Here we can see that wellbeing is seen as a holistic, whole-being concept, but that it is comprised of various elements that represent life, be that the physical, spiritual, mental or relational realms. The concept of **many parts** and **balance** is often articulated throughout the dataset by way of the Māori hauora (wellbeing) model Te Whare Tapa Whā (see Literature review for detail), often referred to by the model's name or simply as the *house* model.

‘Example of the house, explaining that the different aspects of wellbeing all work together to keep someone well and must all be nurtured, because if one falls they all fall. At its core I would say it is about balance and recognising when areas of your life need attention.’

The house (whare³⁴) represents the interwoven and interdependent nature of wellbeing, that all aspects, (the four walls, physical health, spiritual health, family health, mental health) must be nurtured for full health and wellbeing to be felt. If one wall is weak or damaged, the house becomes unstable (Ministry of Health, 2023). This speaks to the lay view of wellbeing having many parts which must be in balance.

The desire for balance is also articulated as an emotional state, where participants talk of the need to experience a balance of emotions and balancing their reactions to situations, usually more challenging in nature.

‘Self-awareness and trying to understand yourself and your emotions as well as your physical pains you might be experiencing. Understanding where your wellbeing is not a priority in your life and making it one.’

³⁴ Whare - house, building, residence, dwelling (Moorfield, 2024).

Some responses present an *individualistic* impression of wellbeing as the individual's responsibility. Within the responses in this study, there is a sense that wellbeing is self-responsibility, something you influence and should work at, be that through having self-awareness, being physically active and making quality choices (food, exercise, sleep, the company you keep), managing boundaries of how time is spent, pursuing activities you enjoy, or spending time with those you love (or alone).

'To me wellbeing is an individual thing so for me I'd say it's something you do to take care of your soul. It's what you do to make yourself feel at ease it's all the things that makes your mind calm and your body function to its best'.

'Each person would view wellbeing differently, what's good for one person may not be so good for another.'

Within this individualistic tone, there is an acknowledgement that wellbeing and its pursuit is not a one-size-fits-all endeavour and that many external aspects affect the experience and opportunity of wellbeing. That said, it is essential to note that participants acknowledge that there are circumstances outside their direct control that impact on their wellbeing. These include other people's behaviour and the environment in which they live, which can be enabling of or toxic to their wellbeing (e.g. social, home, work) and the systems at play, which are often oppressive, such as racism, poverty and homophobia.

'Wellbeing is a combination of external and internal conditions, both mental and physical. It can also be spiritual. Factors in the work, home and social environments contribute greatly to an individual's wellbeing which can impact their mental, emotional and physical health. All three (mental, emotional, physical) need to be in a relatively good condition to enable one to be resilient to those outside impacts.'

Laypeople articulate that wellbeing also includes the experiences of challenges in life: negative emotions (stress, sadness), poor behaviour (by themselves or others), and life's inevitable knocks (the loss of loved ones and physical ailments). These are considered part of wellbeing. Wellbeing does not necessarily correlate to life going well all the time; instead, it is visualised as the hills and valleys of life. Participants' understanding is couched in the broader contextual environment of systems and culture, viewed as both within and outside people's control.

'Having a healthy body (one that functions well) and balance between mind heart and soul. The ability to remain happy in the face of setbacks. If one has a body that is not fully functional then the ability to still feel connected and useful in life. Possessing the ability to handle with relative equanimity whatever life throws at you.'

There is reference to the dichotomous balance between work and life, as if the two are competing for the same resources: time and energy, and the result is perceived by participants as happiness and health. Quotes include *work life balance*, *too much work and not enough play*, *work pressure taking over personal life balances* and *healthy and happy both at work and home*. On occasion, participants' notion of balance moves beyond two elements including *balanced life work, family, doing things I enjoy or feeling as though my employment prevents me from having the energy or time to pursue other personal interests or experiences with my family*. There is this idea that work is not seen as their life, work is work and life is everything else.

Alternatively, some participants view wellbeing as something that equals ‘positive’ or optimal functioning, or what the literature refers to as flourishing. The idea of wellbeing means that you are doing well, not just existing day to day but thriving in that existence. So, when they think of wellbeing, it is the *well* part of wellbeing.

‘To me wellbeing means thriving. Not just existing but existing well.’

The *Golden Thread* of *Balance* includes a significant topic that explores participants' views about the vital role of *time* and their wellbeing. Time is viewed as a commodity in that participants speak of it as something that is tradeable, it can be *spent*, *taken* or balanced between their own needs and the needs of others.

‘Wellbeing is the practise of taking essential time for yourself to look after yourself, quiet and relaxing time.’

Participants explain that time helps one to have self-awareness through self-reflection and rejuvenation. This introspection, in turn, supports the ability to focus attention and direct action, including managing boundaries between self and others. There is a desire to have time to reflect, time to relax, time to slow down, time to pursue passions, time to do things you enjoy, and time to think. Time is balanced between the self and others, with ‘me time’ often centred around *time to self*, time to reflect, *time to think* and *recharge and quiet my mind*, and *alone time*. Time can be given to the self, be that time to grieve, recuperate and reflect. This is balanced with the need to spend and have time with others, but not at the expense of time for self and self-care activities.

‘Spending time.’

‘Taking time.’

‘Enough time.’

‘Giving self-time to grieve.’

‘Alone time.’

‘Me time.’

‘Time (and resources) to access support.’

When participants talk about spending their time, it appears often linked to the active pursuits of hobbies, passion and personal space; doing things they love and enjoy, including activities (e.g., walking, yoga, facials, reading, creative passions). Within this, there is a reference to possibly being viewed as selfish by others, needing to place self first, to *unapologetically take time* to care for your wellbeing and to have people around you (partners, family, friends) who understand the need for *me time*. Time is viewed as something to be protected or to slow down, either taking time and slowing down (to reflex or relax) or wanting the passing of time to slow, reducing stress and pressure. Time can be taken through competing demands like work and other people’s needs.

*‘Wellbeing is the practise of taking essential time for yourself
to look after yourself, quiet and relaxing time.’*

‘Not having enough time every day to look after yourself.’

Time can also be associated with place, taking and spending time in nature, fresh air, and daylight. While me time and alone time are prized, there is also mention of *having too much time to self, being isolated* and wondering why people do not want to spend time together.

*‘Working part-time so I can do things I like even though Less money.
I think time is more valuable.’*

‘Money = time.’

*‘Time to pursue enjoyable and meaningful activities.
In a capitalist system that also means money.’*

Supplemental quantitative analysis: Balance

Note: Quantitative analysis for the golden threads is simplified due to their straightforward structure and because analysis was not taken to the informing code level. To streamline the findings and reduce the number of graphs, please refer to pages 174 to 177 for a compilation of supporting graphs for the *Golden Thread* supplemental analysis. Furthermore, chi-square test results are reported in the narrative write-up—due to the low number, a table was not deemed necessary.

Balance and the multifaceted nature of wellbeing is a prominent topic discussed across the sample, with 80% of all participants referencing it (Figure 25). Statistical testing reports significant variance for wellbeing literacy and, under the sub-code of *Time*, again for wellbeing literacy and also depressive symptomology. Across gender categories, there is a peak in the frequency of dialogue for those identifying as Trans/Non-binary (91% of the sample) while women (80%) and men (76%) discuss the topic with a lower frequency, yet still substantial in comparison to other topics. Beyond gender, across all demographic and wellbeing variables, the *Balance* narrative frequency is consistent and significant, confirming *Balance* is a widely discussed topic of wellbeing, regardless of demographic or wellbeing variable.

With regard to the statistically significant findings, testing confirmed that wellbeing literacy reports variances in the order of $X^2(2, N = 476) = 10.32, p < .006$. The narrative frequency indicates notable differences in the level of dialogue, which replicates findings in the *Elements* and informing codes. Here, those higher in wellbeing literacy (Green and Amber) discuss the topic of *Balance* more frequently than do those reported as low in wellbeing literacy (Red). This could indicate an interesting opportunity for further research.

Supplemental quantitative analysis: Time

Time is less frequently spoken of but still sees 27% of the total coded sample mentioning time-related commentary in some capacity. Testing reported two areas of statistical significance, wellbeing

literacy and depressive symptomology. Those with the highest reported wellbeing literacy speak about *Time* at almost 3 times the rate of those with the lowest reported literacy. Testing reported this as statistically significant at $X^2(2, N = 476) = 7.69, p < .021$.

The same trend can be seen for depressive symptomology with testing confirming statistical significance as $X^2(3, N = 476) = 7.99, p < .046$, with those who are reported in the mild and moderate categories speaking more frequently about *Time* than those who are reported as having minimal and severe symptomology, which seems to be an anomaly perhaps worthy of further investigation. Lastly, those who consider wellbeing to be malleable speak about *Time* at almost 3 times the rate as those who believe wellbeing is a fixed state, which could be a beneficial finding; however, this result is problematic due to the sample size of only 3 in the non-malleable category. As a result, further investigation is needed before any claims can be made.

Balance Summary

The section highlights the multifaceted nature of wellbeing, emphasising the importance of balance across various aspects of life, including physical, mental, emotional, and spiritual domains. It underscores the holistic nature of wellbeing, where all *Elements* must be nurtured for overall health. Additionally, it emphasises the individualistic responsibility for one's wellbeing while acknowledging external factors that affect wellbeing experiences, such as social and environmental influences.

A central concept is that for laypeople, *time* is a cherished commodity of wellbeing – to be acquired, managed, used, shared, protected, and slowed. *Time* shines through all four *Elements*, be it *Inner self* (me time, reflection time), *Material stability* (swapping money for time), *Health* (time for healthy activity), and strongly through *Connection* (time for self, and time for others). *Time* provides space for connection to loved ones or to do treasured activities, self-care and hobbies and to be in spaces that enhance wellbeing. Laypeople view *time* as valuable to their wellbeing sustenance.

These findings recognise that wellbeing encompasses both positive and challenging life experiences, and that it does not necessarily equate to a life free from difficulties, presenting a comprehensive view of wellbeing as an interconnected and balanced state encompassing the various dimensions of life.

Quantitative Analysis Tables of all the Golden Threads

Figure 61

All Golden Threads Frequency of Narrative by Gender

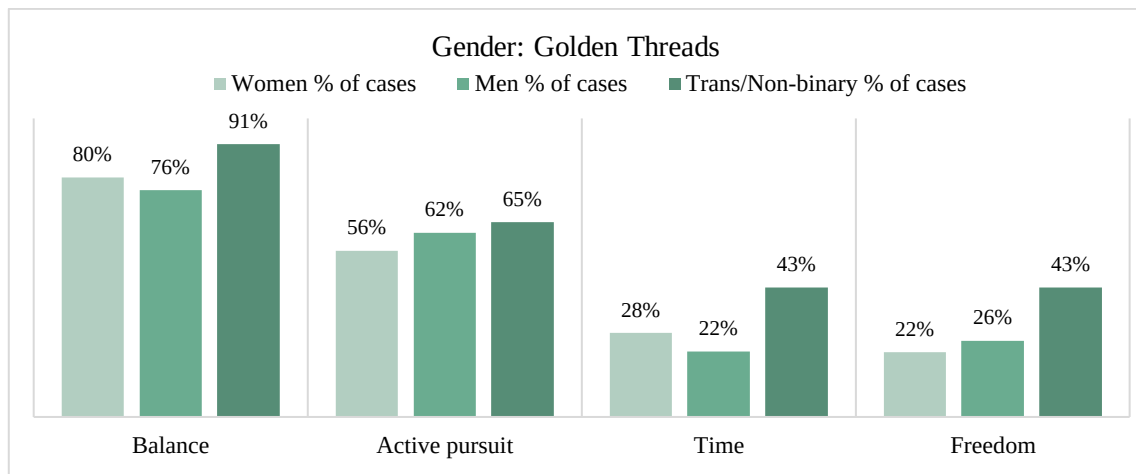


Figure 62

All Golden Threads Frequency of Narrative by Age

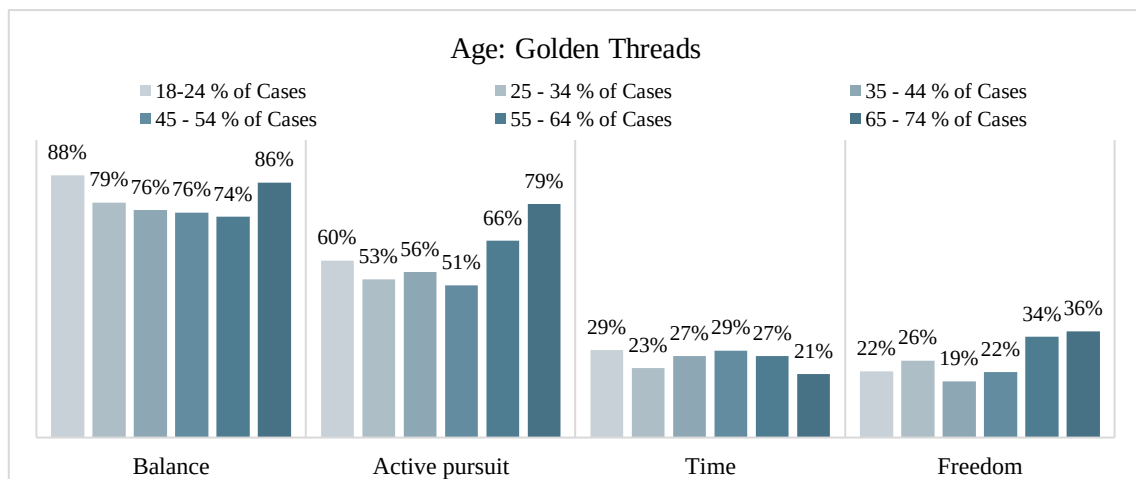


Figure 63

All Golden Threads Frequency of Narrative by Ethnicity

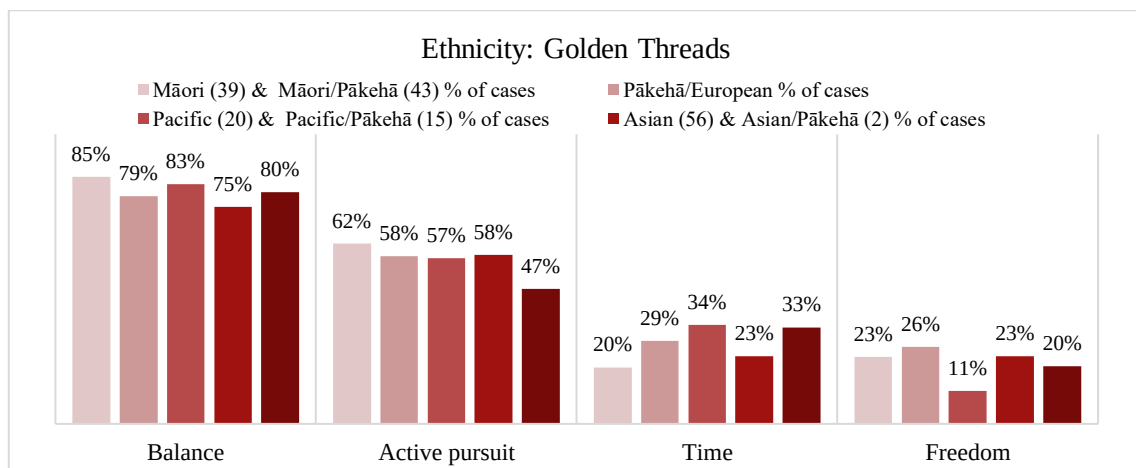


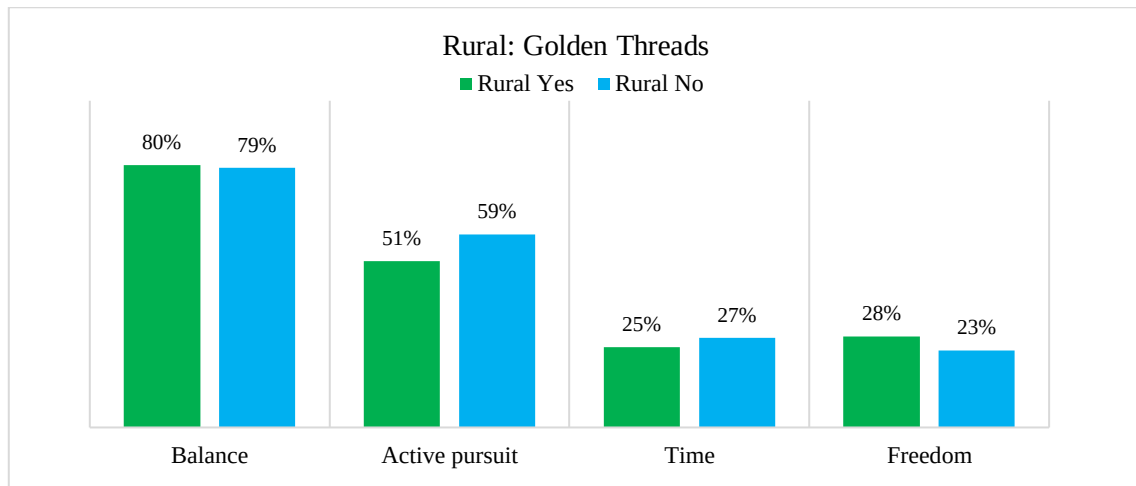
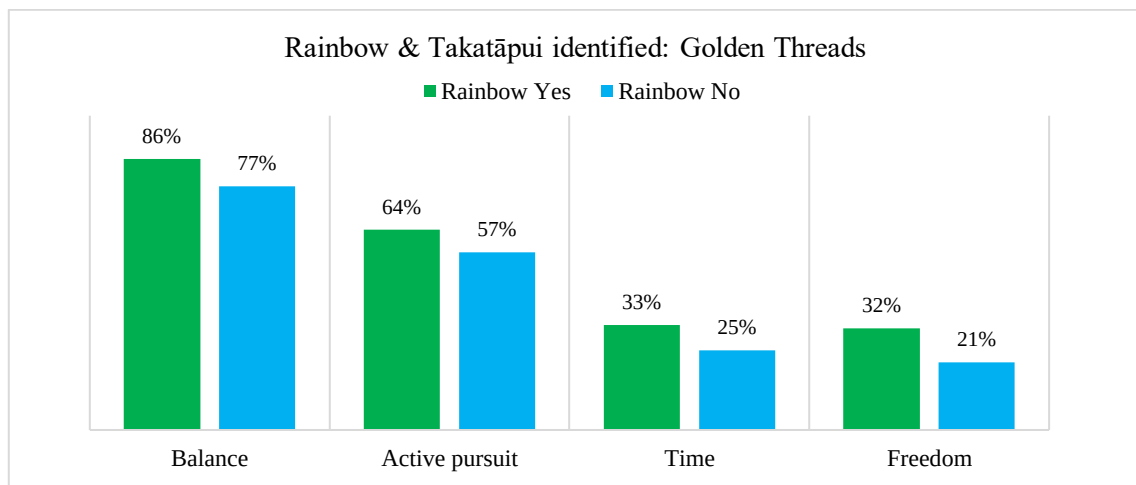
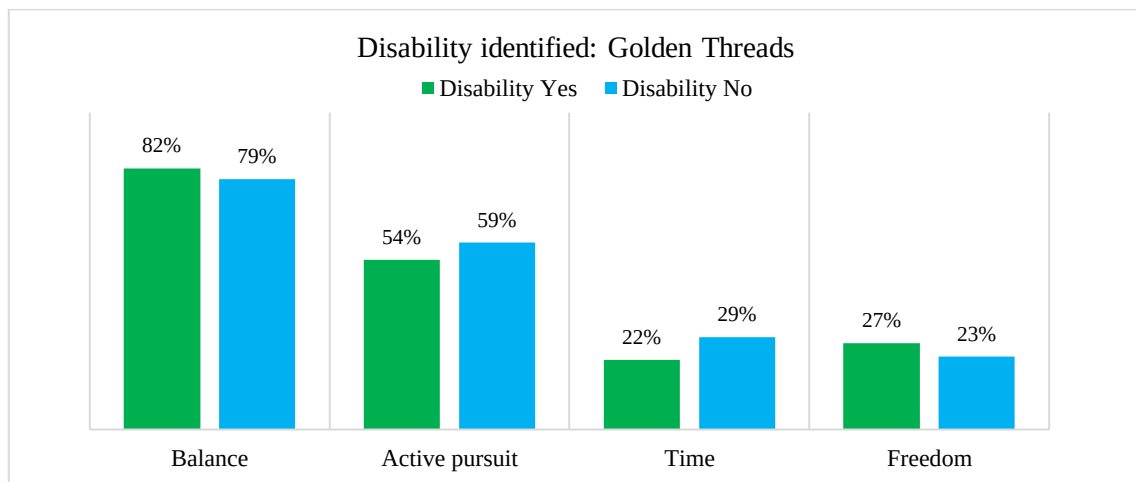
Figure 64*All Golden Threads Frequency of Narrative by Rural/Urban Location***Figure 65***All Golden Threads Frequency of Narrative by Identity***Figure 66***All Golden Threads Frequency of Narrative by Disability Identified*

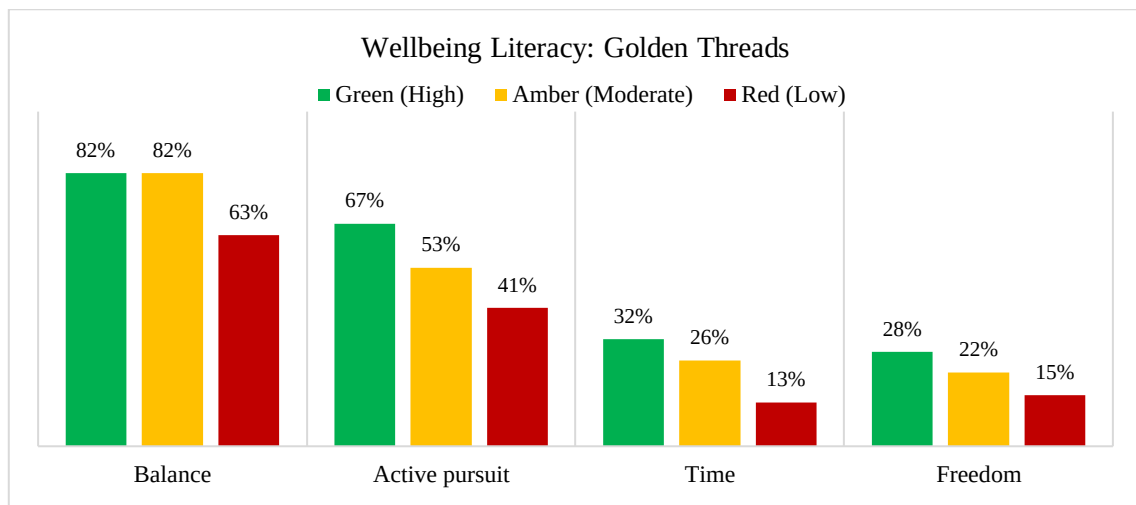
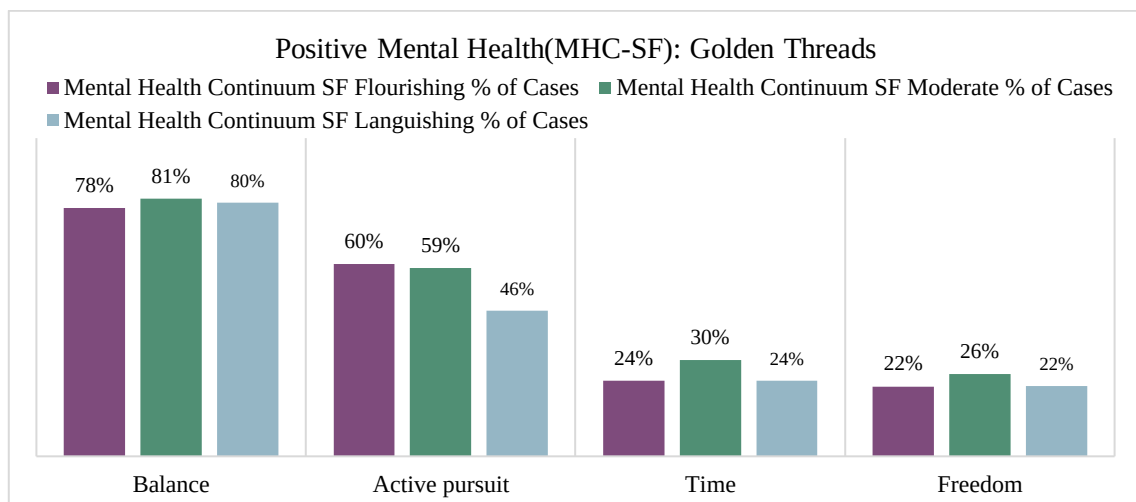
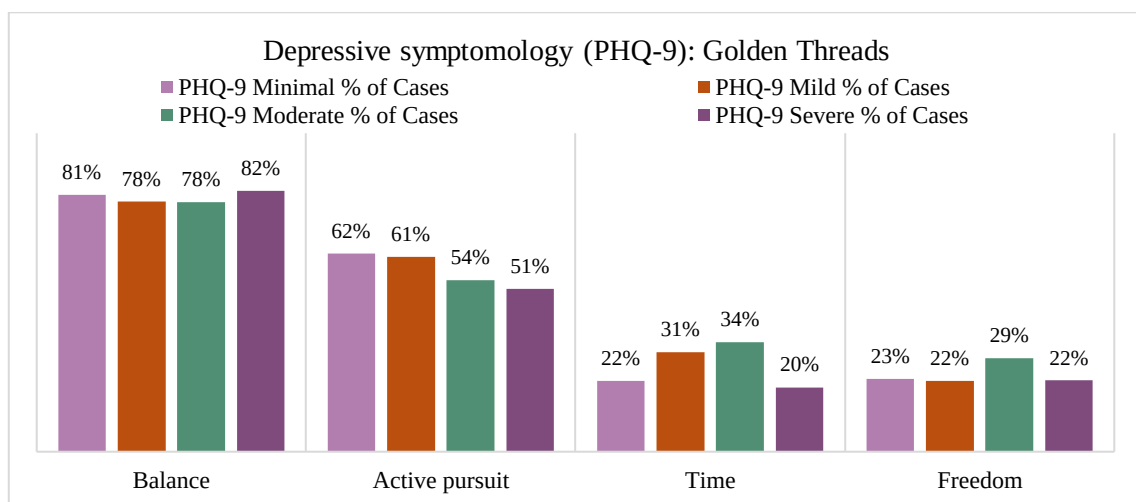
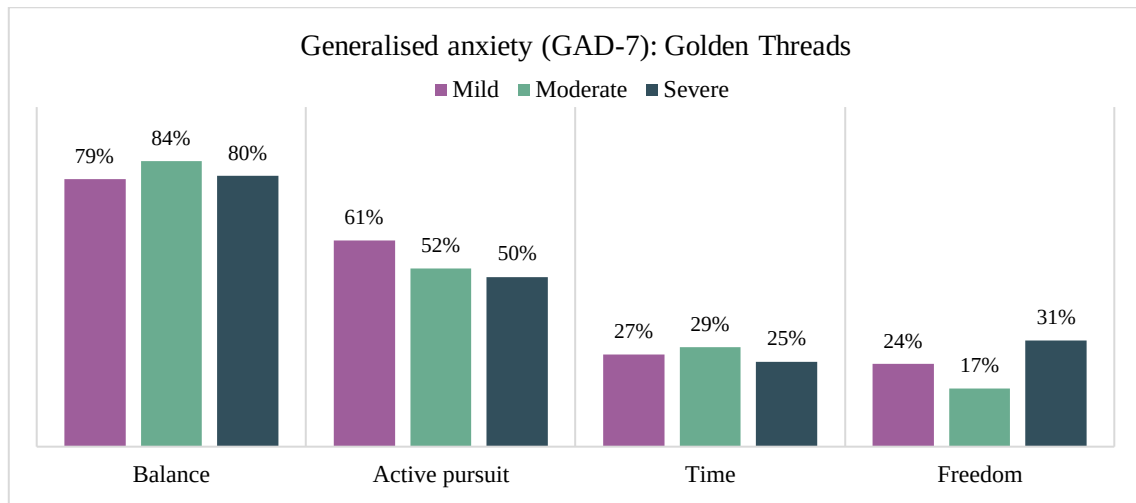
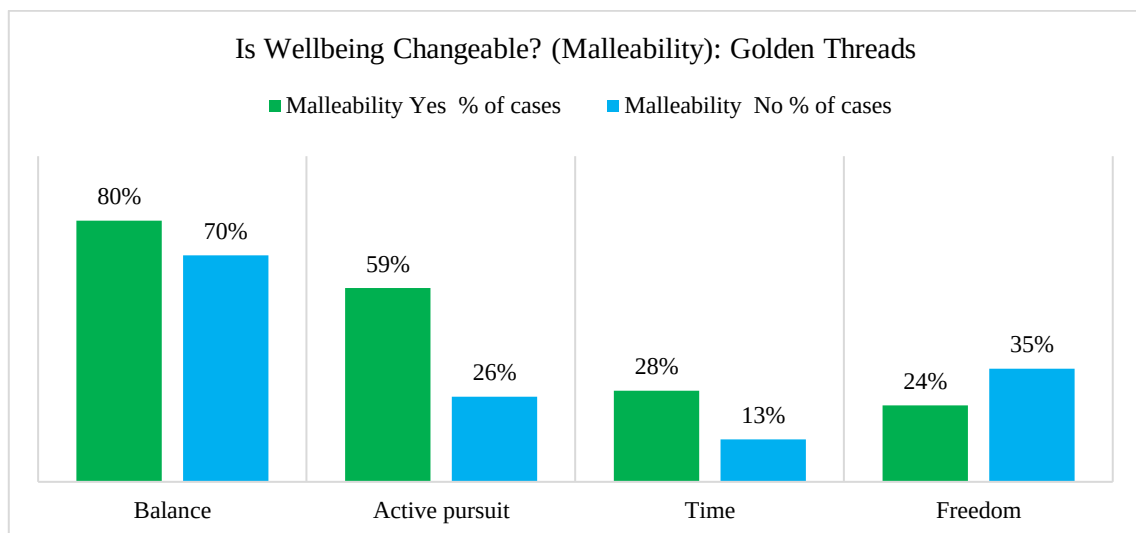
Figure 67*All Golden Threads Frequency of Narrative by Wellbeing Literacy***Figure 68***All Golden Threads Frequency of Narrative for Positive Mental Health***Figure 69***All Golden Threads Frequency of Narrative by Depressive Symptomology*

Figure 70*All Golden Threads Frequency of Narrative by Generalised Anxiety***Figure 71***All Golden Threads Frequency of Narrative by Wellbeing Malleability*

The Golden Thread of Active Pursuit

‘Achieving ‘wellbeing’ is a constant process; one on which you must regularly check in with yourself and continue to pay attention to it and work on. It is not simply reached and then you’re set. It must be maintained.’

In this golden thread, participants express that wellbeing is actively pursued and managed, a constant process. Be it spending time doing the hobbies, passion and creative pursuits you love (gardening, music, education, travel) or pursuing goals to gain a sense of achievement and success—wellbeing is a ‘doing’ word shaped by active pursuit, reinforcing the dynamic and active nature of pursuing and sustaining wellbeing.

‘I work really hard on wellbeing as I have struggled with it in the past year so have really actively put strategies in place to make myself feel better and the strategies have been really helpful. They have been making sure every day there is something nice to do, exercising, planning things to look forward to and making sure I connect with someone every day. I found it super helpful and it got me thru a very shaky time for which I was grateful.’

Participants share the importance of their active pursuit of hobbies, creative and passion pursuits, travel, education and goals and prioritising wellbeing-enhancing practices. Participants extend the notion of active pursuits to activities that challenge and expand their learning to gain new knowledge and skills, including identifying and trying new activities to improve and/or support their wellbeing and to change or adjust as needed, signifying a constant process. This new learning and testing includes developing and using coping strategies to address the challenging aspect of life.

There is an intimation of ‘judgement’ in the sense of ‘personal responsibility’ and ‘not being complacent’ with the opposite of active pursuit labelled as ‘lazy’ or ‘procrastinating’. There is also discussion of having the autonomy to do what you love and having the ability, time, attitude and means to do it. This speaks to the next golden thread of *freedom*, depicting the interwoven nature of wellbeing and the things that influence it. Wellbeing is viewed as ‘in their hands’, bringing mental and physical stimulation or recovery, which can include rising to the challenge or testing your limits. Goals, whether personal, educational or work-related, focus on achievement and a sense of success when they are accomplished.

*‘That it is a state of mind plus state of physical nurturing of ourselves.
That we can learn what’s needed for ourselves to feel ok and satisfied in our lives
at any time or age by being honest with ourselves and not giving ourselves a hard time.
That there are many reasons and ways that we can know how our wellbeing is - that it does take a bit of
work, learning and effort. That there are supports beyond ourselves but ultimately we are the one/solo
who can achieve wellbeing in ourselves.’*

This theme is informed by the concepts contained in the *Element of Inner self* where participants note the importance of having self-awareness, choosing self-care activities and having the ability to control thoughts and emotions. Furthermore, active pursuits engender positive and challenging emotional responses, positive when they can spend time doing what they love and challenging when there is not

enough time, energy or resource to pursue activities as they please. The concepts shared within *Active pursuit* are collected under several sub-topics, which I will touch on now.

For example, participants share common ideas of **hobbies, passion and creative pursuits**, referencing spending time doing things they enjoy and love, such as having and doing hobbies, doing things that make them happy: reading, listening to or playing music, art, creating. Ongoing hobbies and passion pursuits are an outlet and also test and grow skills, knowledge and talents. Counter to this, was not having time, due to other demands (like work and family expectations), to pursue hobbies and passion pursuits, or not to have hobbies and how this is detrimental to wellbeing.

‘Spending time doing activities that you enjoy and are good for you mentally / emotionally / physically (eg. Exercising, reading, gardening, socialising with positive, open-minded people, working (paid or volunteering), helping others)’

Achievement, goals, and success commentary involves pursuing and achieving goals and being productive, which results in feelings of success, reward, achievement, direction, progress, impact and competence. However, this striving is balanced by being happy or able to accept where you currently are in life while also aspiring for more. Counter concepts include being complacent or feeling useless, worried or stressed by the expectations placed on self, and needing to let go of perfectionism and expectations.

‘Having achievable aspirations.’

‘Pursuing and achieving goals.’

Knowledge, education, learning and tools speak of access to education and having the knowledge to act for your benefit, including learning new things, self-development courses and having the knowledge to make informed decisions. This extends to having tools, skills and knowledge and the ability to function, especially with pursuing activities that are beneficial to wellbeing. There is a sense that this is an ongoing state, to develop and grow consistently. There is also an appeal for teachers, and the school system, to present more on topics related to wellbeing and emotions and to make these parts of the school curriculum to reduce the strain on individuals to identify and test strategies without guidance.

‘Consistent learning and development.’

‘Continuous personal learning and growth, Challenging myself.’

Travel, holidays and adventure are about both the time and means to travel and have adventures in new places, often with others —a chance to see and experience new things and to get away from the humdrum of daily life.

‘Travelling to new destinations.’

‘Being able to travel whether within NZ or overseas.’

Supplemental quantitative analysis: Active pursuit

Active pursuit is also a common topic discussed by 56% (Figure 25) of the total coded sample. When exploring the results across gender, frequency again peaks for Trans/Non-binary respondents and

is steady across all categories. As people age, the topic of *Active pursuit* becomes more prevalent, peaking at age 65-74. The topic is most often discussed by Māori/Māori-Pākehā but is largely consistent across the ethnicity groupings. Again, the frequency of narrative remains consistent irrespective of rural/urban location or identity and living with or without a disability.

Only two statistically significant variances were reported across the dataset (for wellbeing literacy and wellbeing malleability), confirming that intentional active pursuit is a widespread concept of wellbeing. The frequency of discussion declines across wellbeing measures and, of particular note, is the considerable decline in discussion frequency across the wellbeing literacy categories (Green, 67%, Amber 53% and Red, 41%), with testing reporting this as statistically significant as $X^2(2, N = 476) = 10.32, p < .001$. Those who consider wellbeing to be fixed speak about *Active pursuit* at half the frequency compared to those who considered wellbeing to be malleable, which testing reports as statistically significant at $X^2(1, N = 475) = 9.88, p < .002$.

Active pursuit Summary

Active pursuits are vital to wellbeing. Using the term *active* asserts that wellbeing can be influenced by one's thoughts, behaviours and environment, requiring self-awareness of thoughts, feelings and needs and proactive decision-making to support and protect wellbeing. This thread conveys the variety of references and ways participants speak about their active pursuit of wellbeing, whether through creative interests and hobbies, travel and adventure, or pursuing education and knowledge acquisition. This thread is one of the most talked about aspects that improve wellbeing, entailing activities that participants value and driving how they wish to spend their time, whether on their own or with others.

The Golden Thread of Freedom

'When I hear the word wellbeing.... I think of equality, equity and fairness. Freedom to be happy, to not be hindered by poverty and hatred. Freedom to accept oneself and the freedom to make mistakes and grow. Knowledge around healthy choices, knowledge that frees one from fear. I don't see anxiety, depression, hatred and fear.'

'Lack of power (through money) / If I had more money, I would have more freedom and power to make decisions that assist both my physical and mental health, but also that of my family's. I would be able to provide better living conditions, stability, better health care, better lifestyle.'

(These are from the same participant over multiple question responses.)

Freedom is a deeply complex and somewhat painful subject where the most poignant narratives are shared by participants and felt by me as researcher. The topics discussed here are the most voluble shared by participants. While this commentary is not as commonly discussed as other ideas (e.g., the notion of wellbeing being multifaceted), when it is spoken about participants have a lot to say, and they give very clear examples and personal stories unlike any other topic discussed.

The central organising concept which assembles these concepts is that *Oppressive systems and social/cultural norms thwart wellbeing and material stability potentiates wellbeing*. This is broken down into two ideas:

- **Free from** - living free of destructive oppressive systems and social norms that thwart wellbeing (e.g., poverty, colonialism, racism, sexism, homo/transphobia, ableism, ageism).
- **Free to** – having the stable means (material, resources, knowledge) to experience happiness and pursue activities that are beneficial to wellbeing. This can be thought of as the *capability of wellbeing*, having the appropriate knowledge and resources that can be realised through the potentiating environment. Participants' discussion encompasses the detrimental impacts of broader systems and social norms.

'Our entire system is set up in a way that is contrary to wellbeing. We are being forced to fight uphill as individuals against this push downwards from all other areas: 9 - 5 meaningless jobs ... cheap and easy and well marketed junk food, social media and entertainment that is basically junk food for our minds, we have to leave our families and communities and go to where the work is, we know there's no real social or financial safety net and so we are stuck working in jobs we don't like to pay down the debt we're incurring just to stay alive. It is a really hard thing to pursue genuine wellbeing today.'

Another element of systemic oppression is a reference to social norms expressed in the literature as rules of behaviour that prescribe expected behaviours of group members (e.g., gender and sex stereotypes and expectations such as prevailing heteronormativity sex attraction) (Reese et al., 2019). There is a dialogue about the implications of gender norms, sexism, heteronormativity, and trans and homophobia and how cultural and social norms place expectations on people and exclude them if they do not conform.

'Because it took 5 decades of my life to get all the pieces of my gender jigsaw fitted / Being ridiculed or hated because of my gender. / It's ever present. Has been since birth. Not truly being myself out of fear, distrust of people...Knowing where to place being me in my mind and heart is the centre of my wellbeing. And not being afraid anymore.'

Participants express feeling a lack of power due to experiences of discrimination, exclusions, isolation, hatred and crime, and violence extends to the idea that success (fitting in) is narrowly defined and that you will not always fit into other people's norms.

'Unrealistic expectations placed upon woman / We cannot be all, do everything etc. From a young age we are told to be trim, attractive, athletic, successful, etc.'

Within participant responses, these narratives include sharing about the impact of poverty (inequality), especially intergenerational and political party policy which breeds inequity and fuels discrimination (e.g., 'beneficiary bashing', capitalism), and the shame felt from growing up in poverty, feeling the incapacitating weight of debt (e.g., from study or housing) and living costs from low wage or unstable employment.

'My well-being has not been great for most of my life because I have lived in poverty. As a child I experienced my parents sharing a piece of toast and one egg amongst the three of us for dinner. The horror. The shame.'

Participants discuss the role of social systems such as the government and support provided (financial and access to support systems – e.g., social services) on their wellbeing for better and worse. These supports can be viewed in two ways: some view these systems positively as a safeguard (e.g., should be there to support ‘struggling’ Kiwis when they need it, and some need more help than others) and are viewed as validating experiences. Alternatively, and more pessimistically, they are viewed as failures in policy and systems (lack of access to forms of health care, e.g., mental health services) that affects or harms the wellbeing of themselves and/or those they love.

‘Trying to decolonize my thinking. being in a mental health system that doesn't acknowledge how colonization can still affect me today. Getting stuck in the rut of them and us, when its connection and unity that will make a difference. the overwhelming belief that Western culture, money, and a free market economy are the way to live. I hate living in a society where money comes before people and wellbeing.’

Another core topic covers the damaging influences of colonisation (decolonisation) and systematic and daily experiences of racism and discrimination (hatred) regarding split identities and having to conform to dominant expectations, such as language use. These ideas can be witnessed in participant commentary that ranges from suspicion towards ‘Māori-only’ health systems or distrust of the impacts of privatisation.

‘I want my kids to have a sense of belonging, adequate resources, a place to stand and to be free of other people's prejudices, which given that some of them look Arabic I worry about because of white supremacists./ Even if I had adequate resources and my family about me it wouldn't protect me or my family from people's prejudices. I will always remember my great aunt telling me off for speaking our language on a bus, don't do that she said they don't like it. They'll attack you. I was about 10 at the time and it was a real shock.’

There is a dialogue about the lack of social support systems and health care for chronic conditions, both physical and mental (e.g., expensive or physically inaccessible due to poor design). This extends to dominant norms of ableism in a society that is set up to serve only the able-bodied. Participants' sharing spreads to discussions about needing jobs that pay a living wage and extends to analytical concepts of capitalism, stability, justice and fairness.

‘Not having enough money means I need to rely on others for help, so I can't be financially independent. I don't feel the security of having a steady income, as I am reliant on a benefit and aware this could be taken away. I also can't work, or I will end up worse off due to benefit sanctions, so feel stuck and unable to help myself.’

Within the dataset, these ideas and experiences are articulated as either hindrances or potentiators to wellbeing, and they are expressed as within and outside of one's control. For example, a workplace that does not accommodate part-time or flexible work hours is lessening the opportunity for working parents or those with health limitations to take on roles. Alternatively, a suggestion to perhaps restrict the number of paid therapy sessions for sexual assault survivors, which is most likely to impact those on lower incomes, who are more likely to be those from diverse racial backgrounds due to ongoing systemic barriers to education and employment opportunity – this is the trickle-down effect of systemic barriers in action. These macro-level systems have daily impacts but may be built on archaic foundations (e.g., Western-dominated ideas of work or environmental relationships), which may be expressed in overt or

hidden discrimination that limit one's ability to feel safe and to function freely in the pursuit of wellbeing.

'A society that works against sexism, homophobia etc. tolerance of others, a society that has proper discussion of issues rather than divisive fear mongering of others / A feeling that I am living in a fair society / A generally feeling of happiness and safety and that I can participate in politics and feel that my life matters. Respect and fair pay at work.... having freedom of choice and expression without fear of being marginalised./ feeling powerless, feeling as part of a minority I may be bullied or disadvantaged, being side lined if not with the mainstream.'

Supplemental quantitative analysis: Freedom

Similar to the golden thread of *Time*, *Freedom* is spoken about at a lesser frequency but still sees one in four participants referring to the topic, unprompted, and there was only one statistically significant variance, those who identify as Rainbow and Takatāpui.

Gender categories display disparity in the frequency of discussion about the concepts of being *free from* and *free to*, which are discussed to a far greater level by those identifying as Trans/Non-binary, at over twice the frequency of women and one and half times the rate of men. When reviewing the narrative, all genders share similar sentiments for this topic in relation to the impacts of a lack of money and resource which stops them feeling free, and of the adverse and damaging impacts of capitalism and corporate greed. There is also discussion of living in a fair society where basic needs are met and people feel free to live life free of financial and social judgements (e.g., sexism, racism, colonisation, discrimination, ableism, xenophobia).

This is one of the few areas where narratives indicate differences based on gender, although detailed coding was not undertaken so this is an anecdotal summary. Men appear to share more economic and political commentary; Trans/Non-binary participants discuss health, gender and social acceptance concepts; and women speak of living free from prejudice like sexism and homophobia and living in healthy and happy environments, free from abuse and violence. The topic of being free to be and do appears to increase in frequency with age, with those 55+ more likely to discuss the concepts, while *Freedom* is spoken of at lower rates by Pacific peoples and are most often spoken of by Pākehā Europeans.

Results remain consistent across rural/urban location and disability-identified, while more meaningful differences are apparent for those who are Rainbow and Takatāpui identified who discuss *Freedom*-related concepts at a greater frequency, with testing reporting significance as $X^2(1, N = 470) = 5.21, p < .022$, indicating this is a topic worthy of further investigation.

Looking at the wellbeing literacy measure, there is a clear reduction in *Freedom*-related commentary as wellbeing literacy scores decrease, with those with the lowest literacy speaking about *Freedom* at half the frequency of those with the highest literacy. Positive mental health, depressive symptomology and generalised anxiety do not appear to show any particular trend, with the exception of

those with severe generalised anxiety discussing the topics at almost twice the rate of those who are reported to have moderate symptomology. Participants who see wellbeing as a fixed state are more likely to discuss *Freedom*-related commentary.

Freedom Summary

The section offers an exploration of the concept of *Freedom* as related to wellbeing, with a focus on the impact of oppressive systems and social norms on individual and collective wellbeing. Addressing the association between financial stability and mental health—as well as the role of social and cultural norms in shaping individuals' experiences—the narrative delves into the impact of poverty, discrimination, and unrealistic societal expectations on wellbeing. Participants' wellbeing is founded on a desire to be free from systems that oppress their ability to pursue wellbeing and to have the material means (material, resources, knowledge) to be free to make life-sustaining choices. Overall, it paints a complex picture of wellbeing as something deeply intertwined with societal structures and individual experiences to have their human rights met and to live with dignity.

Golden Threads Summary

The section explores the researcher-constructed *Golden Threads*, which reveal the multifaceted nature of wellbeing and the individual, systemic, and cultural influences that shape it. It emphasises the importance of balance across various aspects of life and the significance of time as a cherished commodity for wellbeing. It highlights the vital role of active pursuits in influencing one's thoughts, behaviours, and environment in supporting or protecting wellbeing. Furthermore, it delves into the concept of freedom in relation to wellbeing, examining the impact of oppressive systems and social norms on individual and collective wellbeing. This comprehensive view portrays wellbeing as deeply intertwined with societal structures and individual experiences, emphasising the pursuit of human rights and dignity.

Note: The statistical analysis is summarised in more detail in the Analysis chapter and has not been included here to reduce repetition.

Part 3 | The Model of Elemental Wellbeing (MEW)

To convey the distinctive interplay of these topics (*Elements*) and themes (*Golden Threads*), I have crafted a novel descriptive *Model of Elemental Wellbeing (MEW)* (Figure 72). This model offers a fresh perspective, providing an illustrative depiction of the associations that occur between and within the *Elements* and *Golden Threads*. The image is a nod to the metaphor of riding a bicycle, which requires the user to turn the wheels (the *Elements*) via the smooth operation of the chain (*Golden Threads*), which brings about motion (*Active pursuit*) kept in movement through balance. This *balance*, crucial for effective forward movement, is only possible if the environment is supportive, providing accessible, safe, and obstruction-free pathways (*Freedom*). In this context, the environment refers to the external factors that influence wellbeing, such as social, cultural, economic, political and physical surroundings.

The image illustrates numerous wheels of various sizes and shades symbolising how each *Element* is composed of many aspects (sub-themes) that do not neatly sit, contained within an *Elements* boundary. Rather, they operate in conjunction with the other *Elements*, demonstrating the interconnectedness and co-occurrence of these features. For example, one will experience emotional states (*Inner self*) when exercising (*Health*) or relating to others (*Connection*): these experiences co-occur, yet they are distinct features. The *Elements* are necessary or typical parts of wellbeing. Each stands alone, unique and holding essential characteristics in and of itself—however, one *Element* is not a whole picture—taken together, they form a holistic multifaceted view of wellbeing.

At the heart of the *MEW* are the *Golden Threads*, depicted as arrows in motion. Lomas (2021) advocates that these threads can be thought of as functioning in at least three ways, they are; “analytical principles...a means for people to understand and evaluate phenomena;...motivational principles...guides to choices and actions; and...axiological principles...valued life outcomes themselves” (p. 51). This echoes what I have interpreted in participants' accounts as the mechanisms for wellbeing in daily life. The *Golden Threads* appear transformative in bringing change that supports or thwarts the *Elements'* function. These threads play a dynamic and active role, holding, connecting, and bringing motion to the *Elements*. Just as the smooth operation of the bicycle chain—free of kinks and breaks - ensures the turning of wheels, the *Golden Threads* facilitate the effective action of the *Elements*. Without this, the wheels would struggle to turn, disrupting the motion and balance necessary for functional wellbeing.

Informed by a robust qualitative analysis of laypeople's perspectives on wellbeing, *MEW* emerges as a novel, holistic framework situated within the environmental context. It transcends the reductionist view of wellbeing as an isolated, individualistic pursuit, highlighting instead wellbeing's multifaceted and interconnected nature. By illustrating these intricate and complex relationships, *MEW* empowers individuals to navigate the complexities of wellbeing, fostering a deeper understanding of self and society.

Figure 72*The Model of Elemental Wellbeing (MEW)*

The Model of Elemental Wellbeing (MEW)

Balance

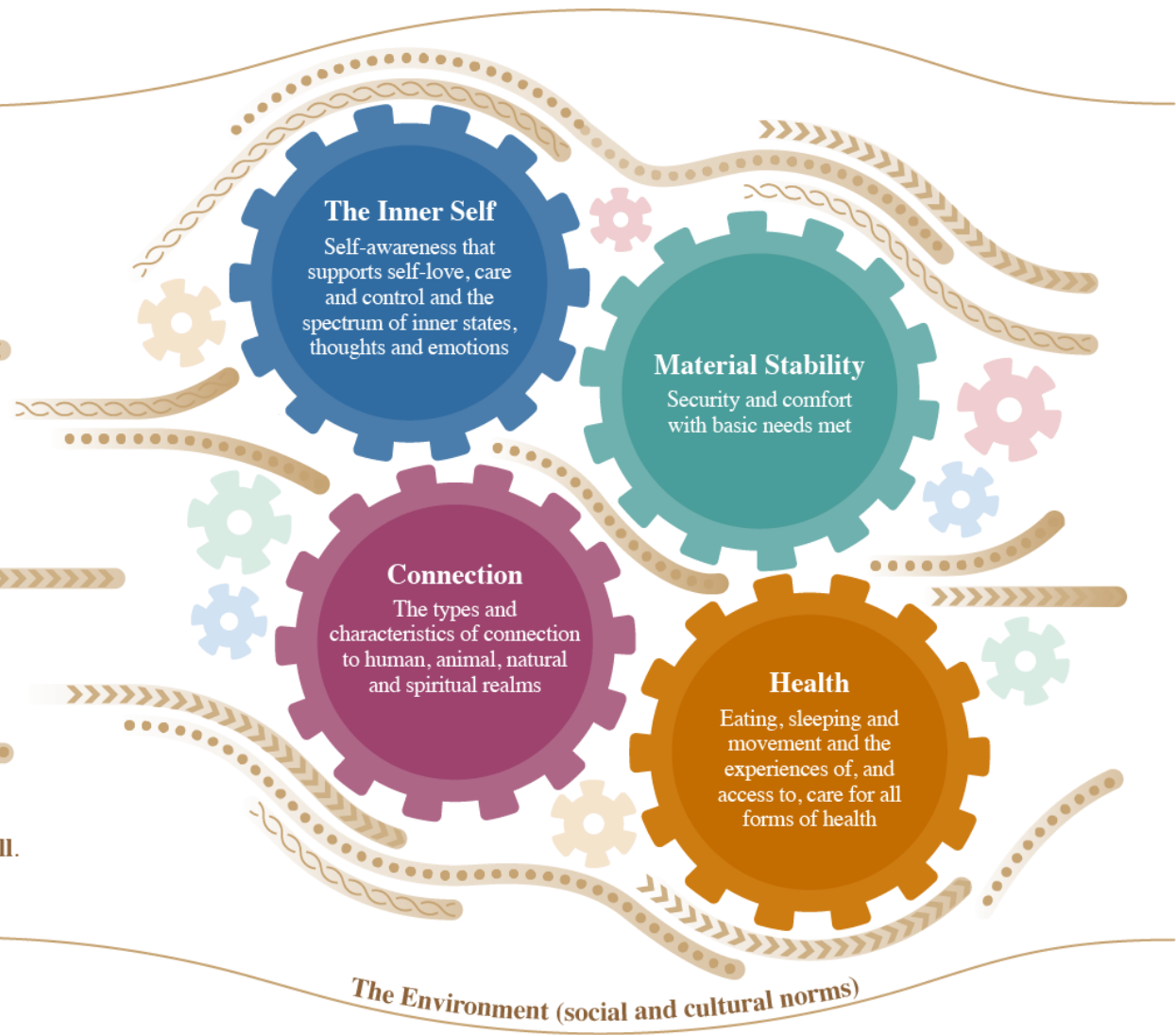
Wellbeing has many parts; it is unique to the individual and requires **active pursuit** and **balance**, powered by **self-awareness and self-care**. Time is an enabling mechanism and commodity for balance and wellbeing.

Active Pursuit

Wellbeing is a doing word, a **constant process**. (Hobbies and creative pursuits, achievements, goals and success).

Freedom

The capability of wellbeing, the appropriate knowledge and resources realised through the potentiating environment (free from oppressive systems). **The ability to be and do well.**



Chapter conclusion

In conclusion, this chapter offers a comprehensive overview of the findings derived from the Reflexive Thematic Analysis (RTA) process, combining qualitative insights and statistical analysis.

The core components of wellbeing, called *Elements*, include the *Inner Self*, *Material Stability*, *Health*, and *Connection*. These *Elements*, identified and supported through participant narratives and grouped by shared meaning, represent essential aspects of wellbeing. Each *Element* provides a unique perspective, and together, they form a holistic understanding of wellbeing, reflecting its complexity and individual nuances.

Beyond these *Elements*, the chapter introduces the *Golden Threads*, which articulate overarching themes identified within participants' descriptions of wellbeing. These threads—*Balance*, *Active Pursuit*, and *Freedom*—capture abstract concepts that enact, unify and enrich the *Elements*, acting as mechanisms of wellbeing. They underscore the importance of achieving balance across life domains, the influence of systemic and cultural factors, and the role of freedom in pursuing activities that enhance wellbeing. Additionally, the chapter addresses how societal structures and oppressive systems affect wellbeing, emphasising the pursuit of human rights and dignity as integral to the potential to pursue and maintain overall wellbeing.

By integrating participant quotes with analytical frameworks, the chapter provides a nuanced perspective on wellbeing and culminates in the introduction of a novel descriptive *Model of Elemental Wellbeing (MEW)*. The model illustrates the interconnectedness of wellbeing aspects, emphasising that each *Element*, while unique, contributes to a holistic view when combined. *Golden Threads*, functioning as analytical, motivational, and axiological principles, facilitate the integration and coherence of these *Elements*. This model encapsulates the complex interplay of *Elements* and *Golden Threads*, offering a sophisticated understanding of the multifaceted nature of wellbeing.

Chapter 6 | Analysis: Comparing the findings with the existing map of wellbeing literature to identify the unique contributions of this study

This chapter focuses on exploring the meaning and significance of the research by locating the findings in existing literature to identify implications and contributions. I start by presenting the analysis on how people's comments can be compared and contrasted, by means of demographic and wellbeing indicators, using the *MEW Elements* and *Golden Threads* as a framework (RQ2). I then outline the analysis comparing prominent academic models and measures to lay concepts (RQ3). The chapter concludes by identifying nine unique contributions to literature for the reader and proponents of Positive Psychology to consider.

How do people compare? Demographic and wellbeing indicators and the *Elements* and *Golden Threads*

In the previous Findings chapter, the results of chi-square testing were presented. This section will now summarise the findings and, where possible, connect them to relevant research and literature in order to answer Research Question 2: *Using self-report measures for wellbeing literacy, mental health and wellbeing, are certain groups more likely to hold certain concepts of wellbeing?* The question seeks to understand if there are differences in the frequency of participant narratives related to each *MEW Element* and *Golden Thread* when grouped by demographic or wellbeing variables. It is important to note that 'frequency' refers to each unique reference from a single participant. If a participant mentions a topic multiple times, it is recorded only once as unique to that person.

Inner self

Trans/Non-binary participants speak about all *Inner self* topics at a greater frequency, except *Inner states*, which is similar across the genders. Rainbow and Takatāpui identified participants talk of mindfulness more often and those who identify as living with a disability more frequently discuss negative *Inner states* and, in particular, notions of *depression*, *anxiety* and *sadness*. Age and geographic location (rural/urban) appear to have little impact on *Inner self* narrative frequency. In contrast, ethnicity exhibits some influence, with Pacific/Pacific-Pākehā peoples discussing both *stress* and *happiness* at a far lower frequency than other groups.

There are some intriguing findings when looking at wellbeing and mental health measures. Wellbeing literacy measures (Oades et al., 2021a) demonstrate *self-awareness* narrative frequency decreasing as self-reported wellbeing literacy reduces. Conversely, as self-reported depressive symptomology severity increases, there is reduced frequency of discussion related to *self-awareness* and increased frequency of discussion about *depression*, *sadness* and *anxiety*. Positive mental health self-reports also denote inverse findings, with those who are Flourishing reporting more frequent *Self-awareness* commentary versus those who are Languishing. Those who self-reported severe levels of depressive symptomology and generalised anxiety more frequently discussed negative state topics related

to *depression, anxiety and sadness*, and the lower the reported anxiety levels, the more frequently there was discussion about *Self-awareness*. Lastly, those who report wellbeing as a fixed, non-malleable state statistically significantly less frequently discuss topics in the *Self-awareness* category.

Material stability

When examining how these subjects are expressed among different demographic groups and across wellbeing indicators, there is substantial variance in how often genders discuss this topic. Those who identify as Trans/Non-binary discuss *Material stability* significantly more frequently than do male or female respondents, with females discussing it least. Those who identify as Rainbow and Takatāpui also statistically significantly more frequently discuss this topic. Exploration of the narrative shows that Trans/Non-binary people mention access to affirming and affordable healthcare, which echoes research concerning systemic bias and material hardship reported at greater rates for these communities than for the general population (Veale et al., 2019).

This finding reinforces the nexus between *Material stability*, the *Element of Health* and the *Golden Thread of Freedom*, which addresses the environmental factors and systemic barriers such as hostile cultural norms and bias that result in some members of society experiencing more significant disadvantage for no other reason than for who they are. Ethnicity also presents substantial differences in the frequency of dialogue, with Pākehā/European, Other and Māori/Māori-Pākehā more likely to mention *Material stability* than are Asian and Pacific peoples.

Living rurally and disability status did not impact the frequency of discussion around this topic. Those with higher levels of self-reported wellbeing, life satisfaction, and financial security frequently spoke about these topics, indicating a relationship between *Material stability* and quality of life. Those who view wellbeing as a fixed and unalterable state discuss topics related to *Material stability* twice as frequently as those who view wellbeing as changeable. While not statistically significant, there was a frequency variation in narrative about the themes related to *Material stability* for mental health scores, with those who reported as Languishing speaking about the topics more frequently.

Health

Similar to the *Material stability* element, there are clear trends when exploring the quantitative data, with Trans/Non-binary folk and Rainbow and Takatāpui participants statistically more frequently discussing *Healthcare* and specifically access to care. These findings are confirmed by New Zealand research, which reports that these communities experience significant discrimination through limited access to affirming care and significantly higher rates of psychological distress and suicidal ideation than the general population (Veale et al., 2019). With regards to wellbeing literacy, there is a decrease in the frequency of narrative as self-reported wellbeing literacy reduces from high to low for *Physical health* (eat, sleep, move). Lastly, depressive symptomology reports significant differences in the frequency of narrative. When exploring the sub-topic level, the testing did not retain significance, showing an area that would benefit from further analysis.

Connection

Connection-related commentary provided interesting results across all demographic and wellbeing measures, except for wellbeing malleability. All genders most frequently discuss *family*, *friends*, *nature/whenua*, and *workplace connections*. Trans/Non-binary participants statistically more frequently discuss matters related to *Te Ao Māori*, while women more frequently discuss *Pets and animals*. Those under 34 and over 65+ more frequently discuss *Friends/Social connections*. Those under 35 statistically more frequently discuss matters related to *Te Ao Māori*, up to 5 times more frequently than older age groups. Discussion around *Friends/social* connections showed a marked change with regards to ethnicity, with Asian and Pākehā most frequently discussing these connections, and a significant drop in narrative rates for Māori/Māori-Pākehā, Pacific peoples and others. Indigenous *Te Ao Māori* commentary is most frequently discussed by Māori/Māori-Pākehā (24% of participants). In contrast, other groups discussed these topics less frequently, with an average of 5 in 100 respondents versus 24% of Māori/Māori-Pākehā participants.

When reviewing the *Nature/Whenua* narrative, there is a significant disparity in who talks about these ideas, with Pākehā (36 in 100 people) and Māori/Māori-Pākehā (33 in 100 people) far more frequently discussing *Nature/Whenua* than other ethnicity categories. This is between 3 and 4 times more frequent than the lowest reported frequency of discussion from Pacific participants. Māori/Māori-Pākehā respondents twice as frequently discuss the topic of *Workplace* connections, which may be indicative of the predominantly pessimistic narrative found in the workplace commentary and echoed by the findings that Other (47 in 100 participants) and Māori/Māori-Pākehā (37 in 100 participants) discuss the impact of *Toxic, dysfunctional relationships* most frequently. The rural/urban divide shows little effect on *Connection types* or *characteristics* discussion levels, except *spirituality and religion*, which are discussed twice as frequently by those living rurally.

Rainbow and Takatāpui participants speak about almost all *Connection types* and *characteristics* at greater frequency, except for *spirituality and religion*; however, this is not a statistically significant difference. Testing confirmed the frequency of discussion for *Friends, social connections*, *Nature/Whenua* and *Pets and animals* (twice the frequency of discussion) and *Te Ao Māori* wellbeing concepts (almost twice the frequency of discussion), *Being heard and understood* (over twice the rate of discussion) and *Loneliness, isolation and disconnection* statistically significantly more frequently discussed by Rainbow-identified participants. For those who identify as living with a disability, *Pets and animals* appear in dialogue at twice the frequency, while *Being heard and understood* is also a considerable topic of discussion at greater than twice the frequency of those not identified as living with a disability.

Wellbeing literacy indicators display differences in the frequency of *Connection type* narrative with frequency of discussion increasing as wellbeing literacy rises, at statistically significant levels for *Family/Whānau*, *Friends, social* and *Nature/Whenua* and continues for the characteristic of *Love*, which is spoken of at over twice the frequency for those high in wellbeing literacy. However, the trend does not

continue for the remainder of characteristics, with one notable exception where those highest and lowest in reported wellbeing literacy speak at an equal frequency about *toxic, dysfunctional relationships* (one in three participants), which, although not statistically significant, is of interest for further analysis.

Those who are reported as Flourishing speak more frequently about *Workplace connections* (47 out of 100 participants) than those who report moderate and lower levels of Positive Mental Health (26 and 17 in 100 respondents, respectively). Those who are Languishing and Moderately mentally healthy speak of *Loneliness, isolation* at twice the frequency of those who are Flourishing, with all categories talking about *Toxic, dysfunctional relationships* at a similar frequency (not statistically significant). Depressive symptomology appears to have little impact on the frequency of discussion about the *Connection types*, with no statistically significant results. However, discussion by those reported as having the most severe symptomology talk about *pets and animals* at twice the frequency of those with lower severity indicators.

As with positive mental health, when there is an increase in the severity of depressive symptomology, there is an upsurge in the frequency of discussion of *Loneliness, isolation* and *disconnection*, which is more than twice the frequency for those reporting severe symptomology (38 in 100 respondents). While not as substantial across the indicators, yet still statistically significant, this trend is also seen for the topic of *being heard and understood*, which is most frequent for those with severe symptomology and those with the mildest symptoms, who speak of this topic more frequently than do those with moderate symptomology, which would indicate further investigation may be required.

Overall, the severity of anxiety symptoms does not appear to affect the frequency of *Connection type* dialogue to a great degree; however, there is a slight trend of reduced frequency of narrative as severity increases, whereas those who reported mild anxiety symptomology talk at far greater frequency (up to 3 times as often) about *Workplace connections*, commentary which is similar to the trend observed for Positive mental health and participants reported to be Flourishing. There is a significant difference noted for the *Connection characteristic, Being heard and understood*, which climbs as anxiety severity increases at almost twice the frequency of discussion for those with severe symptomology, and this is echoed for the topics of *Loneliness, isolation* where the frequency of discussion surges with severity, with those at the uppermost severity discussing the topic at almost twice the frequency.

Beyond the demographic and wellbeing measure analysis, some broader narrative findings look unique at first glance and could inform the focus of further research or analysis. For example, the topics of *spirituality and religion* are spoken about by, on average, 10% of respondents, peaking at 15% for Pacific peoples and 18% of those who live rurally, which is twice the frequency of urban dwellers. In terms of gender, the data shows *spirituality/religion* are spoken about at almost 3 times the frequency by participants who identify as women and men, as compared to Trans/Non-binary respondents. *Spirituality/religion* are topics of growing prominence in Positive Psychology (Davis et al., 2023; Roussiau et al., 2023), yet the topics do not appear relevant or significant for this sample.

This result may be an example of the well-documented disparity in sample composition found in psychology research as a whole, where the importance of a subject may be disproportionate until more representative samples are present (Arnett, 2009; Thaymayer et al., 2021). For example, in this sample, the *Connection* narrative about animals was discussed at a similar or greater frequency than that of *spirituality/religion*, with, on average, 10% of participants discussing the role of *Pets and animals* in their wellbeing. Furthermore, several populations, who might more often be underrepresented in research, referred to *Pets and animals* in relation to wellbeing at an even greater frequency; for example, Rainbow and Takatāpui community (16%), those living with a disability (15%) and those experiencing severe depressive symptomology (15%).

Even more significantly, 35% of the sample discussed topics related to *Nature/Whenua* in some regard, including the physical environment (including natural and built environments), which is an especially significant topic of connection for laypeople. Participants share their need for an opportunity to spend time in and connect to nature, by themselves, with others and to exercise and rejuvenate for the benefit of their mental, physical and social wellbeing. They share their thoughts about the impact of weather, climate crisis and the care of our planet. *Connection* to non-human relationships, such as with *Pets and animals* and *Nature/Whenua* do not appear in any prominent models reviewed. Yet, they are more frequently discussed than *spirituality/religion* in this sample, especially by under-represented groups. These subjects have been less likely to be researched in PP scholarship, and this too may speak to the criticism of broader psychology being Western-centric (Henrich et al., 2010b; Henricks et al., 2019); although granted, there is growing awareness of the need to broaden the remit (Lomas et al., 2021a; Van Zyl & Salanova, 2022).

There are disparities in the frequency of discussion regarding *workplace connections*, which, on the whole, present a relatively pessimistic narrative regarding the influence of workplaces and their impact on experienced wellbeing. This may explain why the workplace is spoken about at statistically more significant rates by Trans/Non-binary participants, almost twice the frequency. This is comparable with Māori/Māori-Pākehā participants, who discuss this topic at twice the frequency of Pākehā. Research confirms the workplace can be a hostile ground with regards to discrimination and bias (Haar, 2023; Veale et al., 2019). In contrast, when looking through the lens of mental health and wellbeing measures, an interesting juxtaposition is present, in that those who are reported as Flourishing and those with lower reported generalised anxiety are statistically significantly more likely to talk about *workplace connection*. This area may warrant additional analysis as there may be evidence to support workplace quality and wellbeing experiences, in that when work is experienced as a positive and safe place, it impacts on wellbeing for the better, while hostile and challenging workplaces may appreciably detract from wellbeing experiences.

Another interesting point is that ethnicity appears to display some relevance in the frequency and *type of connection* narratives, with Asian and Other respondents more frequently speaking about *Friends and community* (at twice the frequency of others). However, when looking at the narrative composition

within the *Community* topic, it is noted that the word is used more broadly to encompass discussion about family and social relationships. This quandary is seen in responses from Pacific peoples, who consistently speak about almost all topics at a lower frequency than other groups. This may indicate the survey questions did not prompt meaningful associations for this population.

These examples confirm the importance of understanding language use for qualitative exploration when analysing for similarities and differences, as shown in wellbeing lay concept research with a Chinese international student sample (Haung et al., 2022) and a nursing sample where it was shown that wellbeing is conceptualised in different ways depending on the context; for example, nurses spoke differently about wellbeing at work and wellbeing more generally (Jarden, 2019). These results are further confirmed by a recent study in a student sample where researchers explored concepts of wellbeing at school. Here, three different models were present: academic, school and general wellbeing, each with some common and some disparate aspects (Rameli et al., in press).

Other and Māori/Māori-Pākehā and those living with a disability discuss the *Connection* characteristics of *Toxicity*, *dysfunctional relationships* more frequently, while Takatāpui and Rainbow respondents discuss the topics of *Toxicity and dysfunctional relationships*, *Loneliness*, *isolation and disconnection* and *Being heard and understood* at statistically more significant frequency. This is confirmed by research with these communities that illustrate the harmful effects of ableism, ciscentrism and phobia (homo, trans, bi) on an individual's wellbeing, sense of connection and worth (Veale et al., 2019). This also links to the *Golden Thread of Freedom* and the adverse effects of living in hostile and biased systems and environments.

MEW Golden Threads

When reviewing the quantitative analysis across the *Golden Threads of Balance*, *Active pursuit* and *Freedom*, it is clear to see these are substantial concepts that are present across all demographic and wellbeing measures with few statistically significant differences identified, which may perhaps indicate these are of universal relevance in laypeople's concepts of wellbeing.

For *Balance*, wellbeing literacy and depressive symptomology are the only two areas of significance statistically speaking, with dialogue about the topics of *Balance* and the sub-topic *Time* reducing in frequency as self-reported wellbeing literacy declines to its lowest level but holds steady for moderate and high literacy. However, discussion frequency drops at each level of literacy for *Time* commentary. Depressive symptomology appears to influence narrative frequency for the topic *Time*, with those who report the most severe and the mildest symptomology speaking of this less frequently than those with mild and moderate symptomology. This appears anomalous and may indicate a point for further analysis.

For *Active pursuit*, the only wellbeing indicator that reports a statistical difference is wellbeing literacy, with the frequency of narrative increasing as self-reported wellbeing literacy rises. There are remarkable differences in the frequency of discussion between those who see wellbeing as a malleable

and changeable state and speak about *Active pursuit* at more than twice the frequency (59 in 100 participants) as do those who view wellbeing as fixed (26 in 100 participants). *Active pursuit* is one of the few areas that shows an apparent reduction in narrative frequency as symptomology increases for depressive symptomology and generalised anxiety; that is, the more severe the symptomology, the less likely participants are to talk about these concepts. Although not statistically significant, this may be worthy of further analysis as it may provide fruitful learnings for these compromised populations.

Lastly, *Freedom* presents only one statistically significant difference, with those who are part of the Rainbow and Takatāpui communities more frequently discussing these topics. While not statistically significant, this trend is also seen for Trans/Non-binary participants who discuss these concepts at twice the frequency of women and 1½ times that of men, echoing existing research on discrimination and bias in many environments and signifying this as another promising area for examination (Veale et al., 2019).

This section explores the differences in how participants, grouped by various demographics and wellbeing indicators, discuss topics related to the *MEW Elements of Inner self, Material stability, Health and Connection*. The analysis shows clear trends among different groups, with some interesting findings. Regarding the *Inner self*, there are no significant differences in how genders discuss this topic, but there are some variations among different ethnicities. Pacific/Pacific-Pākehā peoples mention *stress* and *happiness* at a lower frequency than other groups. Wellbeing literacy measures demonstrate that *Self-awareness* narrative frequency decreases as self-reported wellbeing literacy reduces and inversely as self-reported depressive symptomology severity increases. For *Material stability*, Trans/Non-binary respondents discuss this topic statistically significantly more frequently than do males and females.

Those who view wellbeing as a fixed and unalterable state discuss topics related to *Material stability* twice as frequently as those who view wellbeing as changeable. Those with higher self-reported wellbeing, life satisfaction and financial security speak frequently about these topics. Lastly, in terms of *Health*, Trans/Non-binary individuals and Rainbow and Takatāpui participants discuss *Healthcare* and specifically *access to care* more frequently than other groups. There is also a decrease in the frequency of narrative as self-reported wellbeing literacy reduces from high to low for *Physical health (eat, sleep move)*. Depressive symptomology reports significant differences in the frequency of discussion related to depression, sadness, and anxiety.

The section also discusses the results of a quantitative analysis of the demographic and wellbeing measures for the *MEW Golden Threads*, namely *Balance, Active Pursuit*, and *Freedom*. It is noted that these concepts are universally relevant in laypeople's concepts of wellbeing. The analysis shows that wellbeing literacy is the only statistically significant difference in both *Balance* and *Active Pursuit*, with the frequency of narrative increasing as self-reported wellbeing literacy rises.

Additionally, those who view wellbeing as a malleable and changeable state speak about *Active Pursuit* more frequently than those who view wellbeing as fixed. Lastly, the analysis indicates that Rainbow and Takatāpui communities discuss *Freedom* topics more frequently than others. Trans/Non-binary participants discuss these concepts more than women and men, which may signify an area for

further analysis in this dataset regarding discrimination and bias experiences. Overall, this analysis provides important insights into how different groups discuss topics related to wellbeing.

Next, I will outline the results of the comparative analysis which explores how lay concepts of wellbeing collected in *MEW* compare to prominent approaches used in PP (RQ3).

How do prominent scholarly wellbeing approaches compare to lay concepts of wellbeing?

The analysis presented in this section focuses on Research Question 3: *What are the similarities and differences between lay concepts of wellbeing and prominent wellbeing approaches (theory, models, measures) used in Positive Psychology?* It integrates the outcome of the thematic analysis, presented as the *Elements and Golden Threads of the Model of Elemental Wellbeing (MEW)*, and a comparison of selected models and theories prominent within the Positive Psychology field, labelled here as academic accounts. These were selected because they are widely accepted approaches and have been used for comparison purposes by other researchers (Hone et al., 2014; Iasiello, 2023; Keyes & Martin, 2017). It is essential to acknowledge that no two theories, models, or measures are developed in the same way or claim to quantify the same objective. There are many approaches, including mental, psychological, subjective, hedonic, eudaimonic, economic, and quality of life. The prominent approaches selected articulate wellbeing as *flourishing*, which is variously defined as:

- Keyes (2002), 'the presence of mental health' (p.207)
- Diener et al., (2009), a 'measure of...self-perceived success in important areas such as relationships, self-esteem, purpose, and optimism' (p.247)
- Huppert & So (2013) wellbeing is viewed as 'lying at the opposite end of a spectrum to the common mental disorders (depression, anxiety)' (p. 837)
- Seligman (2011) approaches wellbeing as a construct with several measurable elements (e.g., positive emotions, engagement, meaning), 'each contributing to wellbeing, yet none defining wellbeing' (p. 15).

When looking to compare these four prominent models and theories to lay concepts, it became apparent that:

- The models and theories are not created equally or with the same intention; however, they all explore wellbeing as a subjective mental state, effectively taking a 'neck up' approach to the cognitive workings of wellbeing.
- They are focused on optimal levels of wellbeing or flourishing when individuals are functioning well and feeling good.
- Each has developed a measure to determine respondents' subjective wellbeing, and the indices do not always capture the full detail of the scholar's theory, favouring general measures or short-form surveys.

- They all focus on rating recalled feelings about the different aspects of wellbeing according to the model's components and it is these indicators that were used to compare with lay concepts.

As such, according to the academic approaches, wellbeing is being measured as a cognitive function which is effectively the recalled experiences of scholar-identified aspects of wellbeing. In this study, laypeople were not given the components to rate; instead, they described wellbeing as it is in the here and now, from their perspective, not their recalled rating of the experience. All of these facets add complexity to summarising the results of this study, as each brings with them caveats and limitations while providing richness and complexity and therein lies the challenge of providing an accurate comparative process.

To mitigate the assessment challenge, the *MEW* framework is employed to structure the comparison; however, the need to manage repetition is inherent in the framework. With wellbeing being a holistic and multifaceted concept, this leads to the repetition of ideas and concepts across various topics. Efforts have been made to minimise this duplication, and relevant literature has been incorporated to support and confirm the findings of the analysis. The following section summarises the comparative narrative analysis: Table 25 provides a high-level overview of the similarities and differences, mapping the components of the academic accounts to *MEW* and illustrating a number of concepts that are not conveyed in academic accounts. Refer to Appendix F for the detailed crosstabulation of my analysis and the scale questions.

Table 25

Four Scholarly Conceptualisations of Flourishing Compared to the MEW Model

<i>Positive mental health Keyes (2002)</i>	<i>Flourishing Huppert & So (2013)</i>	<i>Flourishing Diener et al., (2009)</i>	<i>Flourishing Seligman (2011)</i>	<i>Model of Elemental Wellbeing Element and Golden Thread (including informing codes)</i>	
Positive relationships	Positive relationships	Positive relationships	Positive relationships	Connection - Types	Family, friends, social, community, spirituality, workplace
Positive affect (interested)	Engagement	Engagement	Engagement	Active pursuit	Hobbies and passion pursuits, goals, success
Purpose in life	Meaning	Purpose and Meaning	Purpose and Meaning	Inner self Inner state (+)	Purpose and making a contribution
Self-acceptance	Self-esteem	Self-acceptance and self-esteem	-	Inner self	Self-awareness Self-care, love and acceptance
Positive affect (happy)	Positive emotions	-	Positive emotions	Inner self	Inner states – positive – Happiness
-	Competence	Competence	Accomplishment / Competence	Active pursuit Freedom	To do
-	Optimism	Optimism	-	Inner self Inner state (+)	Optimism
Social contribution	-	Social contribution	-	Freedom	To be
Social integration	-	-	-	Freedom	To be

<i>Positive mental health Keyes (2002)</i>	<i>Flourishing Huppert & So (2013)</i>	<i>Flourishing Diener et al., (2009)</i>	<i>Flourishing Seligman (2011)</i>	<i>Model of Elemental Wellbeing Element and Golden Thread (including informing codes)</i>	
Social growth	-	-	-	Freedom	To do
Social acceptance	-	-	-	Freedom	To be
Environmental mastery	-	-	-	Inner self	Control of thoughts and emotions
Personal growth	-	-	-	Inner self	Self-awareness, Self-care, love, acceptance, Control of thoughts, emotions Active pursuit
Autonomy	-	-	-	Freedom	To do
Life satisfaction	-	-	-	Inner self	Self-awareness
-	Emotional stability	-	-	Inner self	Control of thoughts, emotions
-	Vitality	-	-	Inner self Inner state (+)	Having energy
-	Resilience	-	-	Inner self Inner state (+)	Resilience
-	-	-	-	Inner self Inner state (+)	Mindfulness and calm
-	-	-	-	Inner self Inner state (-)	Depression and anxiety
-	-	-	-	Inner self Inner state (-)	Stress and pressure
-	-	-	-	Material stability	
-	-	-	-	Health Physical health	Eat, sleep, move
-	-	-	-	Health Healthcare	Access to medication and healthcare professionals
-	-	-	-	Health Healthcare	Experiences of addiction and substance abuse
-	-	-	-	Health Healthcare	Mental health and illness
-	-	-	-	Health Healthcare	Experiences of sickness, disease, pain, disability
-	-	-	-	Connection Types	Pets and animals
-	-	-	-	Connection Types	Indigenous Te Ao Māori
-	-	-	-	Connection Types	Nature/whenua
-	-	-	-	Connection Characteristics	Toxic and negative relationships
-	-	-	-	Connection Characteristics	Loneliness and isolation
-	-	-	-	Balance	including Time
-	-	-	-	Freedom	To be - environmental context

Note: Adapted from Hone et al., 2014, p.4.

The following section explores the significant differences between scholarly and lay accounts.

Inner self

The narratives collated within the *Inner self Element* reflect a significant topic for laypeople, with 97% of the sample discussing the topics. In scholarly literature, these concepts are referred to as intrapersonal, relating to within-person functions or constructs, ‘such as attitudes, decisions, self-concept, self-esteem, or self-regulation’ (APA, 2023). Yet, it is curious that compared to academic accounts of wellbeing in Positive Psychology, these topics are often overlooked or expressed differently. Subjective wellbeing, by its very definition, is the idiosyncratic experience of wellbeing (Badhwar, 2018); however, none of the prominent content reviewed classifies self-awareness as a constituent of wellbeing, while it is hugely valued and discussed by the sample in the lay study. Participants articulate a desire to be competent at being self-aware and that it allows the individual to be aligned in their actions. While it is not as straightforward as saying these concepts are missing from academic accounts, there is an issue in the resonance of language. For example, many scholarly approaches include the measurement of ‘competence’ as a sense of accomplishment in what one does (Huppert & So, 2013) or feeling competent and capable in the activities important to the individual (Diener et al., 2009), while for laypeople the narratives focus on enjoyment and having time to do activities important to them, with rarely a mention of competence or capability in the activity.

Similarly, narratives captured within the topics of *self-care, love, and acceptance* are not wholly articulated in the academic accounts – yet the practice of self-love and care is a prized aspect of wellbeing maintenance for laypeople. Keyes's (2002) *self-acceptance* asks about liking most parts of your personality, Huppert & So's (2013) *self-esteem* captures general positive feelings about self, and Diener et al.'s (2009) *self-respect* is articulated as a sense of being a good person and living a good life. Here we can see the scholarly accounts are value-laden while lay accounts again diverge in the language choices, focusing more on acknowledging the importance of nurturing care of oneself. This is perhaps related to the measurement function these methods serve rather than taking a descriptive approach. In effect, the academic accounts ask participants to recall prior states of self-acceptance and esteem. Lay concepts were written in the present and active state, forming a first-person description of wellbeing and the behaviour undertaken, rather than measuring past experienced wellbeing.

The *control of thoughts and emotions* topic is often supported by having *Time* for self, commonly linked by participants to concepts of introversion, introspection and recuperation, which aid in self-endorsed, autonomy-promoting behaviour, such as setting and maintaining personal boundaries and managing mindset (Ryan & Deci, 2022). Participants desire to be competent at these skills, and this is a significant location of agreement between lay narrative and scholarly notions of competency, being capable of doing essential activities and feeling a sense of accomplishment (Huppert & So, 2013; Diener et al., 2009). Participants articulate the ongoing struggle of securing *Time* for themselves and balancing this with the needs of others, often expressed as feelings of guilt and selfishness when taking time to care for themselves, highlighting the presence of the *Golden Threads* that act as mechanisms that thwart and support wellbeing, including *Balance* and its prominent subtopic of *Time*, along with *Active pursuit*

which incorporates activities intentionally pursued for self-care purposes, those which bring a sense of restoration or pleasure rather than in the pursuit of eudaimonic notions such as meaning, achievements and purpose, again demonstrating a discrepancy in how laypeople and scholars articulate these concepts.

Lastly, the *Inner self Element* encompasses a diverse range of *Inner states*, where wellbeing is expressed through emotions and cognitions spanning the entire spectrum of human experiences. Noteworthy topics frequently discussed by the lay sample include happiness, mindfulness, calmness, stress, pressure, depression, and anxiety. While prominent academic accounts emphasise the role of positive affect and emotions in flourishing and wellbeing (Diener et al., 2009; Huppert & So, 2013; Keyes, 2002; Seligman, 2011), with some academic accounts highlighting the role of optimism, vitality, and resilience (Diener et al., 2009; Huppert & So, 2013; Seligman, 2011), laypeople rarely articulate these aspects. The academic accounts often fall short in addressing the comprehensive range of *both* high and low arousal experiences laypeople discuss. While topics such as joy and happiness are noted in one account (Keyes, 2002, positive affect - happy) and calm and mindfulness in another (Huppert & So, 2013, emotional stability), none extend their focus beyond the positive aspects to encompass the challenges laypeople encounter when conceptualising wellbeing, including experiences of depression, anxiety, stress, and pressure. Often within PP, wellbeing is articulated as a state of high levels of wellbeing or flourishing (Wissing, 2022), yet as outlined above, the lay participant accounts signpost that it may be more accurate to construct wellbeing as a holistic notion that captures the full spectrum of emotional states and experiences.

Material stability

According to 37% of the lay sample, unprompted, wellbeing is facilitated or hindered by financial and *Material stability* in the form of steady and fair income, appropriate warm, dry and secure housing and having one's basic needs met. The prominent wellbeing approaches reviewed do not include this topic. They are best described as subjective mental and psychological models which are articulated from the perspective of the individual's perceived satisfaction with their life, but they forego direct reference to the material and economic aspects of wellbeing (Diener et al., 2009; Huppert & So, 2013; Keyes, 2002; Seligman, 2011). Scholarly topics like autonomy and life satisfaction, which were not referred to directly in laypeople's conception of wellbeing, may be considered implicit in *Material stability*. For example, participants' dialogue extends to being fed, clothed, having access to transport and appropriate healthcare for oneself and one's extended family. Stability is said to yield a sense of certainty, safety, and autonomy, which is articulated as having the means to make decisions for oneself without help from others. It results in satisfaction, hope, abundance, opportunity, and accessibility, facilitating feelings of independence, self-sufficiency, and living a productive life to one's full potential, enjoying the opportunity for fun, relaxation, and enjoyment, reminiscent of scholarly concepts of autonomy.

The only prominent account that identifies autonomy as a constituent part of wellbeing is Keyes (2002) work, which measures it as 'experiences that challenged you to grow and become a better person;

confident to think or express your own ideas and opinion' which is perhaps better suited to the narrative in the *Inner self Element* and *Active pursuit Golden Thread*. Within *Material stability*, the discussion of autonomy is located within an agentic view, in that the potential to exhibit autonomous action is realised or hindered through one's potentiating environment, which participants articulate as providing stable employment and social systems that work, or thwarted by hostile cultural and social norms, systemic barriers and power imbalance that lead to effects such as pay inequity and living in prolonged poverty. A lack of stability and security brings uncertainty, pressure, stress and anxiety, which depletes wellbeing. This *Element* links closely to the commentary in the *Golden Thread of Freedom*, with the determining influence that an individual's environment plays in attaining or thwarting wellbeing experiences and provides some of the most fertile ground for bridging gaps between lay and academic accounts.

Health

For laypeople, the concept of *Health* is synonymous with wellbeing and is a principal topic, with 86% of the sample discussing the two subtopics to some degree. Firstly, *Physical health* covers the participant's concepts of beliefs, behaviours and opportunities associated with physical health, centred on eating, sleeping and moving for wellbeing. This focus captures the vast array of ideas related to the impact of food, hydration, exercise (e.g., swimming, walking, yoga), activities (e.g., meditation) and sleep on mood, mental acuity, emotions and energy. Additionally, participants discuss the quality and accessibility of these items, such as having access to affordable, nutrient-rich food, getting quality sleep, and dietary decisions such as being meat-free. They also outline the barriers to wellbeing, for example, how poor physical health impairs mental health, anxiety and depression; the cost of food compromises adequate nutrition; and behaviours such as skipping meals or binge eating (e.g., through work pressure, self-sabotaging or stress) deplete wellbeing.

Secondly, the *Healthcare* topic captures a broad range of discussions about experiences of physical and mental ill health, including access to medication and healthcare professionals. These incorporate the impact and psychological cost of addiction or unhealthy substance and product use (smoking, drugs, alcohol, social media, apps), the influence of genetics, the impact of living with sickness, disease, pain and disability and the effect of supporting loved ones with mental health, addiction and/or illness concerns. However, the four academic models do not include physical health, experiences of illness, disease and disability, or access to care as a constituent of wellbeing, again displaying the emphasis on subjective mental wellbeing (Diener et al., 2009; Huppert & So, 2013; Keyes, 2002; Seligman, 2011). Within this topic, narratives interlink to all *Elements* and *Golden Threads*, particularly the *Inner self* concepts related to having *Self-awareness* and the behaviours associated with self-care and love and the accessibility to activities and appropriate health care afforded through *Material stability*.

Regarding *Connection* and health, there is discussion around the role of others in supporting health-promoting behaviours (e.g., exercising together, exercising in nature), supporting others and accessing help for mental and physical illness and disability. The *Golden Threads* run strongly through these narratives in terms of seeking *Balance* and the *Active pursuit* of health, including the influence of

external systems, for example, accessing the needed care and medications captured in the *Freedom* thread.

Thus, for laypeople, wellbeing concepts include the behaviours and experiences related to physical health maintenance along with experiences of disability, disease, sickness, and mental distress, and access to and support of healthcare professionals and medications, which again provide abundant ground for bridging gaps between lay and academic accounts.

Connection

Connection is a central concept through the lay narrative of wellbeing, with 87% of the sample discussing the notion in some form. The *Element* was developed through two lines: firstly, the *types* of connections that share common attributes that distinguish them as a group; and secondly, the *characteristics* of those connection types, which help explain the distinguishing features or qualities that these associations produce for participants.

These connection types are with other humans, ranging from relationships such as family/whānau and friendships to community and workplace connections, and extend to non-human connections with pets, animals and the natural environment, including those connections which bridge between spiritual and religious associations and Te Ao Māori Indigenous beliefs. Relationships and access to *tāngata*³⁵ (people) and *atua* (ancestors), *whanaungatanga* (relationship, connection, kinship) and *whakapapa* (lineage), Te Reo Māori, (Māori language), customs and natural elements, such as places of birth and belonging *whenua* (land), *wai* (water), and *ngarere* (forest), articulate *types* of connection to people, practice, place and time - past, present and future. These types of *connections* bring many qualities or *characteristics* that help to illuminate the role and nature of these connections and how they support or hinder wellbeing experiences.

As with the *Inner self Element*, due to the nature of the survey question, we can see the holistic and dialectical approach laypeople take to wellbeing in that they recognise an array of emotions, cognitions and behaviours that range across a continuum of what might be considered beneficial and harmful when referencing the nature of connections in their lives. Lay reflections on wellbeing extend from feelings of love, being heard and understood, generosity, empathy and forgiveness, helping others, intimacy, and physical touch to the harmful impacts of toxicity and negativity in relationships, broken trust, loneliness, disconnection and isolation, which participants highlight can be of their own making or done to them. The detrimental characteristics of connection are spoken of more frequently than the constructive aspects, demonstrating connection as a dialectical concept.

The academic models focus predominantly on the helpful effects of positive social connection with other humans (Diener et al., 2009; Huppert & So, 2013; Keyes, 2002; Seligman, 2011), reflecting a partial picture of the range and role of different types of connection which laypeople articulate in their

³⁵ Please note the Te Reo Māori language terms are briefly translated in the text but have been more fully explained earlier in the *Te Ao Māori Findings* section under *Connection* or see the thesis *Glossary of Terms*.

conceptualisation of wellbeing. For Keyes (2009), these positive relationships are addressed in the psychological wellbeing dimensions expressed as ‘warm and trusting relationships with others’. For Seligman (2011), the connections are articulated as the level of help and support received when needed and feeling loved and satisfied with personal relationships (Butler & Kern, 2016), while Huppert & So (2013) assess the connections in terms of having ‘people in my life who really care about me’.

These are all representative of concepts articulated by laypeople in the *Connection characteristics*; however, the framing is very one-directional in that the focus is on what the individual gains or receives from others rather than the bi-directional nature of connections, which laypeople articulate as both giving to and receiving from one another for the benefit or detriment of their wellbeing. Furthermore, laypeople conceptualise wellbeing within the context of their environment as an enabling or destabilising influence where most academic accounts speak of wellbeing as constituent parts.

MEW Golden Threads compared to prominent theory

Despite their significance for the lay sample, the *Golden Threads of Balance and Freedom* are not a constituent part of any prominent academic approaches, although there are some overlaps with concepts such as autonomy, competence, mastery, and engagement. For the *Active Pursuit* thread, discussed by 58% of the lay sample, some of the concepts are analogous to notions of engagement and accomplishment detailed in scholarly models (Diener et al., 2009; Huppert & So, 2013; Keyes, 2002; Seligman, 2011). For Seligman (2011), engagement is measured via the level of absorption in activities, feelings of excitement and interest, and notions of flow captured in measures of losing track of time while doing something you enjoy (Butler & Kern, 2016; Csikszentmihalyi, 2000). Diener et al. (2009) include measures of engagement and interest in daily activities, while Huppert & So (2013) detail a more specific focus on a love of learning new things, all of which capture the sentiment that these activities are enjoyable. Furthermore, Ryff’s (1989) physiological wellbeing components (environmental mastery, personal growth and autonomy), included in Keyes (2002) complete state model, address self-directed behaviour and the pursuit of challenging goals for growth and development, which align with narratives in the *Active pursuit* thread. However, much of the *Active pursuit* narrative is about hedonic and pleasure-focused activity, which does not fully resonate with scholarly accounts that are flavoured more by impressions of mastery and responsibility.

In the *Active pursuit* thread, wellbeing is conceptualised by laypeople as a doing word. This constant process includes enjoyment, encompassing self-awareness to govern self-knowledge, motivation to support balance between self and others, and the many aspects of wellbeing. While the *Active pursuit* narrative is largely pleasure-based, and echoes hedonic notions of wellbeing, there is discourse relating to more eudaimonic notions of virtue-aligned behaviour. This mirrors Seligman’s (2011) *Accomplishment* pathway, which measures notions of progress towards and achievement of important goals and the ability to handle responsibility (Butler & Kern, 2016). Diener et al. (2009) and Huppert & So (2013) locate this concept under the theme of ‘competence’, which rates one’s sense of being competent and capable and feelings of accomplishments in the activities that are important,

Again, these resonate with lay concepts of *Active pursuit* related to challenge and expanding through learning to gain new knowledge and skills, including identifying and trying new activities to improve and/or support wellbeing and to adjust behaviour as needed, signifying a constant, reflective and active process. There is also discussion about pursuing goals and achievement, being productive, and being comfortable with the place and space one currently occupies to counter the troubles of perfectionism. Although not widespread within the dataset, there are undertones of judgement about self-responsibility, complacency or laziness, which is one of the few times laypeople describe a pessimistic or negatively framed individualistic interpretation, often with limited acknowledgement of the role of external forces such as environmental, cultural stigma or difference in how success is defined. Some participants also imply the function of autonomy without using this language, instead discussing their ability to do what they love and having the ability, time, attitude and means to engage in these activities.

The topics in *Active pursuit* permeate the *Elements*, such as the *Inner self Element*, where *Self-awareness, love, care, and control of thoughts and emotions* are viewed as constant, active endeavours. Likewise, *Material stability* is influenced by the active management of financial means and the choices required to manage daily needs. With the *Health Element*, wellbeing is managed as the active pursuit of physical and mental activity, quality sleep and consumption for healthfulness. Active engagement in *healthcare* access and management, such as managing pain or medication, is also discussed. *Connection* is viewed as something that needs to be consciously pursued and actively managed to nurture relationships, balancing the needs of self and others. While the academic approaches resonate with much of what is collected in the *Active pursuits* thread, notable differences also provide helpful direction for future wellbeing approaches.

Lastly, while *Freedom* is not evident as a constituent or component of any of the selected scholarly accounts, Keyes's (1998) work with Social Wellbeing theory, influenced by Durkheim and Marx, speaks to the adverse impacts of capitalist and individualistic structures on social cohesion and belonging. Keyes's (1998; 2002) framework assesses individual, interpersonal, and societal factors, including the dimensions of contribution, integration, actualisation, acceptance, and cohesion, highlighting the broader environment's influence on social connections. These dimensions offer a compelling similarity between academic and lay perspectives in this sample. For instance, discussions about a sense of purpose, contributing to something beyond oneself, trust, and respect (received and given) align with accounts collected in the *Inner states* and *Connection characteristics*. Furthermore, the notions in the *Freedom* thread centre on living in a society that values individuals and their contributions. Social integration and actualisation, as proposed by Keyes (1998), significantly influence an individual's sense of belonging. Conversely, feelings of estrangement, isolation, and a lack of cohesion arise if these are unmet.

Similar concepts are expressed in the *Connection characteristics*, with experiences of love, being heard and understood, or conversely, disconnection, isolation, and loneliness. Participants comment on social and cultural norms, such as gender roles, sexism, and homophobia, that contribute to feelings of

disconnection and judgement, impacting on an individual's sense of safety, limiting their freedom to express their true selves and to live in a society where they feel safe, celebrated and connected. These topics resonate with commentary captured in the *Golden Thread of Freedom* and reinforce the impact of external conditions on individual wellbeing experiences; however, it does not fully correspond to the language used in lay concepts.

Highlighting differences – meaning, purpose and spirituality/religion

There are several pronounced gaps between lay and academic approaches; namely, the concepts of *meaning, purpose and spirituality/religion*, which will be explored briefly here.

In scholarly accounts, meaning and purpose are articulated as life and work that is considered to be meaningful and with a greater purpose beyond the self (Diener et al., 2009; Seligman, 2011,). Spirituality/religion is often presented as an adjacent concept; however, the focus is extended explicitly to relationships with the sacred, faith in a higher power or within the context of organised institutions that aim to facilitate spirituality (Davis et al., 2022; Linton et al., 2016). There is substantial scholarly work exploring the role of meaning, purpose and spirituality/religion in human wellbeing (see Davis et al., 2023; Hackney, 2023; Joseph et al., 2006; Steger, 2022), and all prominent wellbeing approaches reviewed include meaning and/or purpose within their accounts (Diener et al., 2009; Huppert & So, 2013; Keyes, 2002; Seligman, 2011). Some researchers (Wong, 2023) and recent systematic reviews (Iasiello et al., 2024; Kauppi et al., 2023; Linton et al., 2016) encourage the notion of spiritual wellbeing as a vital dimension in the good life recipe. Yet in this study, these topics are less present in lay narratives, with only 1 in 10 participants discussing *spirituality/religion* topics. However, when expressed, they are significant to the respondent, with the topic often stretching across several survey responses. Beyond this, negligible references are found in the dataset that speak about meaning and purpose; when present, they are usually within the context of pursuing meaningful work.

This is not to say that laypeople do not describe their lives as meaningful, purposeful, spiritual or religious, it is just that this is not how wellbeing is conceptualised. Similar findings have been reported in other lay population research with both adults (Huang et al., 2022) and adolescent samples (Bharara et al., 2019). Recent research exploring laypeople's beliefs about meaning in life (conceptualised as comprehension, purpose and mattering) found that interpersonal relationships were the most significant contributors to meaning in life; in contrast, comprehension and existential mattering were rarely mentioned (Jonah et al., 2022). A systematic review of 130 participatory wellbeing studies (Sollis et al., 2022) found that only 27% of the frameworks included a sense of purpose and meaning, one of the six least-raised topics of the 30 areas identified. These gaps highlight interesting findings that merit further investigation to explore language choices and relevance for laypeople when articulating their notions of meaning and purpose as related to their conception of wellbeing.

In this section, the results of the analysis which explores how lay concepts of wellbeing compare to prominent academic models and theories selected for comparison have been discussed. Using the four *Elements* that laypeople consider important for wellbeing: *Inner self, Material stability, Health*, and

Connection, the comparative analysis identifies that while there is commonality, many aspects are often overlooked or expressed differently in academic accounts of wellbeing in PP. For example, laypeople value self-awareness and self-care, while academic accounts focus on measures of competence and accomplishment. Laypeople also place significant value on *Material stability*, including financial and material security, adequate shelter, and basic needs being met. However, this topic is not addressed in prominent academic accounts of wellbeing, which focus primarily on subjective mental and psychological models.

The study also identifies the three *Golden Threads* that run through laypeople's concepts of wellbeing: *Balance*, *Active Pursuit*, and *Freedom*. These threads represent the ongoing process of achieving and maintaining wellbeing and where internal and external processes meet, including the active pursuit of physical and mental health, engagement in activities that bring pleasure and enjoyment, and the ability to make choices and take actions that align with personal values and goals.

The study highlights several differences between lay and academic accounts of wellbeing, including the concepts of meaning, purpose, and spirituality/religion. While these concepts are commonly discussed in academic accounts, they are less frequently mentioned by laypeople. Instead, laypeople emphasise the importance of self-awareness, control of thoughts and emotions, *Material stability*, physical health, access to quality care, and social connections. These differences provide fertile ground for bridging gaps between lay and academic accounts of wellbeing and for developing more comprehensive and inclusive models of wellbeing.

Next, I will outline the implications of these findings, articulated through nine contributions to literature that this study offers.

Contributions to current literature from the lay concept based Model of Elemental Wellbeing

This section identifies nine contributions to the existing literature based on the findings, emphasising key themes by integrating lay concepts and current research. This integration aims to enrich scholarly understandings of wellbeing, expanding upon insights derived from everyday lived experiences of wellbeing.

As noted, the prominent academic accounts selected for comparison describe and measure *flourishing*, defined as complete mental health and the absence of pathology, or what can be thought of as high levels of wellbeing: a life where one *feels good and functions well* (Huppert & So, 2013; Jayawickreme et al., 2012; Keyes 2005; Seligman, 2011). These subjective mental/psychological wellbeing perspectives account for the constituents of wellbeing and address many intrapersonal and interpersonal aspects (Diener et al., 2009; Huppert & So, 2013; Keyes, 1998, 2002; Seligman, 2011).

Yet, as has become evident, these constituents do not address many features and nuances that laypeople have described as essential in their conceptualisations of wellbeing. In the following section, the manifest disparities between lay and prominent academic accounts are pinpointed. With the support

of relevant literature, I aim to confirm why these features merit inclusion in functional, measurable and representative wellbeing description and modelling. Potential learnings and implications for the field and supporting the applicability of the novel *Model of Elemental Wellbeing* are indicated.

A note before getting underway: extensive systematic work has been undertaken to address issues around construct definition, confusion, and conflation with the aim of offering a consolidated wellbeing definition (see Iasiello et al., 2024; Kauppi et al., 2023; Linton et al., 2016). These reviews seek to establish domains/definitions across a broad array of wellbeing and wellness dimensions. As a result, more recent wellbeing models and approaches include the addition of mind-body connections, environmental factors such as healthcare access (Kauppi et al., 2023), the role of the activities and functioning of daily life (Iasiello et al., 2024; Linton et al., 2016) and personal circumstances including socioeconomic and external environmental factors (Iasiello et al., 2024; Linton et al., 2016) which are known to affect wellbeing experiences. These reviews present considerable agreement with lay accounts captured here and have therefore been called on to strengthen and evidence the comparative process. Appendix F contains detailed cross tabulated analysis for the narrative comparative.

Contribution 1 | The Model of Elemental Wellbeing: A holistic contribution to Positive Psychology Literature

Wellbeing is a contested and complex construct, often conflated with happiness and life satisfaction despite key differences in meaning (Dodge et al., 2012; White, 2017). Happiness typically refers to short-term emotional states, while life satisfaction involves an evaluative judgement of one's overall life. Wellbeing, however, encompasses both subjective and objective dimensions, integrating hedonic (pleasure-based) and eudaimonic (meaning-based) perspectives (Ryff & Singer, 2008). Furthermore, material and financial stability, alongside environmental factors, significantly influence wellbeing by shaping individuals' capacity to meet basic needs, pursue aspirations, and maintain security and autonomy (Ryan & Deci, 2001; White, 2017).

The Model of Elemental Wellbeing (MEW) developed through this research study addresses these conceptual conflicts by unifying these diverse perspectives within a comprehensive framework. It harmonises the interplay between subjective experiences, objective conditions, and hedonic and eudaimonic elements, offering an integrated and inclusive approach to understanding wellbeing. The model incorporates essential socio-economic and environmental factors, presenting a more complete picture of what it means to thrive in varying contexts. The MEW also acknowledges the critical role of mind-body connection in wellbeing, which are often overlooked in purely subjective cognitive models, thereby broadening the conceptualisation of human flourishing.

Developed through a rigorous, exploratory-descriptive mixed-methods approach, the MEW captures the nuanced, layperson-centred conceptualisation of wellbeing, particularly within the New Zealand context. This focus on diverse, non-academic perspectives addresses a critical gap in the

literature, where established models have often been based on WEIRD (Western, Educated, Industrialised, Rich, and Democratic) populations and traditional academic frameworks (Henrich et al., 2010; Dodge et al., 2012). The model challenges dominant constructs by amplifying voices typically marginalised in PP research, offering a culturally resonant and human-centred alternative (White, 2017).

The MEW also advances cross-disciplinary understandings of wellbeing, exemplifying a 'thick' concept that balances dialectical tensions and acknowledges cultural diversity and normative sensitivity (Alexandrova, 2017; Kirchin, 2013; Tiberius & Hall, 2010). This broader theoretical scope positions the model as an important contribution to Third Wave Positive Psychology, which promotes a broader, more complex understanding of wellbeing by moving beyond individual-focused approaches to include systemic, cultural, and interdisciplinary perspectives, thereby embracing the intricate interplay between individuals and their environments. (Lomas et al., 2021).

Moreover, the MEW demonstrates methodological innovation by combining Reflexive Thematic Analysis (Braun & Clarke, 2022) and supplementary quantitative techniques (Morse, 2017). This mixed-method approach has yielded rich, multifaceted findings that both support and critique established wellbeing approaches. The model's synthesis of qualitative depth and quantitative breadth is a benchmark for future research, enabling the exploration of wellbeing from lay and scholarly perspectives.

Ultimately, the Model of Elemental Wellbeing enriches wellbeing scholarship by providing a theoretically expansive and empirically grounded framework. It underscores the necessity of engaging with diverse epistemologies and contexts to deepen our understanding of wellbeing, thereby contributing conceptual clarity and practical insights to the discourse on human flourishing (Christopher et al., 2014; Jarden & Roache, 2023).

The following 8 contributions are focused on supporting the aspects of MEW which differ from prominent approaches, with an aim to evidence and promote their inclusion in wellbeing definition, models and measurement.

Contribution 2 | You have to see it to be it: Self-awareness to support self-love, care and the control of thoughts and emotions

The most frequently discussed concepts of wellbeing shared by lay participants relate to the topics located in the *Inner self Element*, with 97% of the sample talking in some capacity about the role of self-awareness, self-care, self-love and the experiences of and control of thoughts and emotions. Here, awareness brings with it the ability to notice and reflect on thoughts and feelings and to adjust behaviour for the promotion or protection of wellbeing through intentional self-care activities and habits or the cognitive processes of self-love and acceptance.

Chi-square testing showed that participants who report higher levels of wellbeing literacy (Oades et al., 2021a), those who are Flourishing (Keyes, 2002) and those with lower levels of self-reported anxiety are statistically more likely to discuss concepts related to *Self-awareness*. In comparison, individuals who view wellbeing as a fixed, unchangeable state are less frequently engaged in discussions

related to *Self-awareness*. These statistical findings indicate that lay concepts of wellbeing may hold vital insights for better understanding individual wellbeing experiences and the concepts and processes that may thwart and support wellbeing.

Significant scholarly evidence supports the inclusion of self-awareness as an important feature of wellbeing conceptualisations. Objective self-awareness is a ‘reflective state of self-focused attention in which a person evaluates themselves and attempts to attain correctness and consistency in belief and behavior. This involves...viewing oneself as a separate object, acknowledging limitations and the...disparity between ideal self and actual self’ (APA, 2024, n.p). Theories such as *Self-determination theory* (STD) specify the role of mindfulness in encouraging reflective awareness to support self-regulation and autonomy (Ryan, 2009), proficient engagement in activities that provide occasions to use and hone skills and capability (Ryan & Deci, 2022) and the experience of ‘volition and willingness’ (Vansteenkiste et al., 2023) when fulfilled allow the individual to feel a sense of alignment and integrity as their inner hopes are met.

Put simply, autonomy, identified in all prominent accounts as a basic constituent of wellbeing, ‘literally refers to regulation by the self’ (Ryan & Deci, 2006, p.1557) and yet, when thwarted, results in experiences of pressure and conflict. Bandura’s (2018, 2001) *Social cognitive theory* outlines three agentic elements: *forethought* (development of action plans, goals and visualisation of likely outcomes), *self-regulation* (self-regulatory and behaviour management functions) and *self-reflectiveness* (self-examination and internal conflict resolution), which also strongly echoes lay participant narratives of the underlying function of *Self-awareness*. Laypeople have an implicit desire for self-acceptance, care and love, which this self-knowledge supports.

Joshanloo (2021) conducted a multi-country study using latent variable modelling and multi-dimensional scaling to develop a conceptual framework for differentiating and categorising wellbeing variables central or peripheral to wellbeing and to reflect the diversity of cultural differences and mental wellbeing process. The study found that self-acceptance was consistently in the top two central variables for all countries, indicating cross-cultural congruency and evidence for including self-awareness to drive self-acceptance as a constituent of wellbeing.

Additionally, recent systematic reviews (Iasiello et al., 2024; Kauppi et al., 2023; Linton et al., 2016) have found similar interpretations in their analysis, confirming that the broader literature does mirror lay conception constructs. For example, according to Linton et al. (2016), the domain of *mental* wellbeing conveys the psychological, cognitive and emotional quality of a person’s life, including the thoughts and feelings that individuals have about the state of their life and experience of happiness. Kauppi et al. (2023) derives themes centred around *emotional, intellectual, psychological* and *health behaviour* which link to concepts of intrapersonal awareness and self-acceptance, including cognitive elements of emotional awareness and management involving problem-solving, education and learning and one’s sense of self-worth, health responsibility and preventative self-care as core dimensions of wellness (Kauppi et al., 2023). Iasiello et al. (2024) feature *Engagement*, defined as knowing oneself and

experiencing a state of mindful awareness and *Self-acceptance*, which combines notions of experiencing oneself in non-judgemental ways and self-worth seen as holding positive self-regard. They expand this to *avoidant*, *emotion* and *problem-focused coping* themes, further indicating the role of self-awareness, self-acceptance, care and the control of thoughts and emotions.

The critical implication is that self-awareness plays a crucial role in overall wellbeing. Lay participants frequently discuss concepts of self-awareness, self-care, self-love, and emotional control. Individuals can intentionally engage in self-care activities and habits by being aware of their thoughts and feelings. Scholarly evidence supports including self-awareness in wellbeing frameworks, emphasising its importance for evaluating oneself, recognising limitations, and bridging the gap between ideal and actual self. Understanding these concepts can inform strategies for promoting health and happiness. The lay findings present compelling confirmation for the inclusion of self-awareness as a constituent of wellbeing, as it supports greater self-knowledge to provide constructive cognitive and behavioural responses that yield proactive self-care and control of thoughts and emotions that support or buffer wellbeing.

Contribution 3 | Beyond the positive: It's not all high arousal energy and happiness, sometimes wellbeing is calm and other times it doesn't feel good at all

In the study, participants were prompted to share the things that made their wellbeing better and worse. The resulting feedback showcased a diverse array of emotions, mental states, and life events that were influential in shaping their wellbeing and ranged from joy, mindfulness and love to anxiety, depression, stress, pressure, loneliness and isolation. The analysis revealed that while all of these concepts were discussed with similar frequency, those experiencing more severe levels of anxiety or depression tended to mention feelings of depression, anxiety, and sadness more frequently than others.

The study of positive emotions and their benefits to wellbeing is a bountiful knowledge base for the field of Positive Psychology and an initial focal pivot that Seligman (1999) called for, asking peers to broaden their focus beyond pathology and psychological malaise where positive emotions were viewed as nice-to-haves, not necessities and to include the study of positive subjective experiences (Hart, 2021; Seligman & Csikszentmihalyi, 2000). This call rightly instigated the incorporation of positive emotions as a core tenet of wellbeing in the models and measures examined within this study. However, focusing solely on positive emotions and experiences does not provide a complete picture of life, as established by the lay-participant study.

Barret et al. (2016) chronicle the wide range of emotion theories, including feeling, motivational and evaluative traditions that describe the processes, purpose and benefit of emotions, which are expressed as mental and physiological responses to a particular situation that result in cognitive appraisals (feelings) and may bring about behaviour change. Frederickson's (2009) *Broaden and build theory* has cemented the field's understanding of the function and benefit of positive emotions to expand thought repertoires and grow personal resources. Emotions can be considered along two dimensions: arousal, from high to low, and valence, from positive to negative, depending on how the stimuli are

appraised (Hart, 2021). Within the prominent models, high arousal states are favoured and captured in ratings of emotions such as happiness, joy, enthusiasm, vitality, positivity and optimism (Butler & Kern, 2016; Diener et al., 2009; Keyes, 2002; Huppert & So, 2013; Seligman, 2011) with only one extending this remit to cover ‘emotional stability’ measured as low-arousal states of calmness and peacefulness (Huppert & So, 2013).

Are the East and West so different?

Lomas et al. (2022; 2023b,c) point out that Western-centric approaches in psychology have favoured high arousal states and that given that cultural context is known to shape individuals’ beliefs, values and priorities, there are likely to be noteworthy differences in how people express themselves (Lomas, 2018). This growing awareness of WEIRD-centric orientation is being addressed through various means, including the Gallup World Poll (GWP), which recently expanded data collection points beyond high-arousal, positive subjective states to include low-arousal positive states such as peace and calmness. The result indicates that the East-West divide was not evident. It turns out the world prefers a calm life, in that ‘calmness appeared to be both universally sought and experienced, with 72% of respondents preferring a calm life to an exciting life, and 71.9% experiencing it’ (Lomas et al., 2022c, p.19). Lay participants in my study equally value calm, mindfulness, and happiness. Within the recent systematic reviews, Kauppi et al. (2023) include an ‘emotional’ theme that covers aspects of emotional health, such as positive and negative emotions, coping, emotional awareness and intelligence, and emotional management, while Iasiello et al.’s (2024) analysis most closely aligns with lay accounts by including ‘calmness’ that describes low-arousal, pleasant feelings such as serenity and peacefulness.

Wellbeing is interconnected, without sadness, can we recognise happiness?

With regard to negatively valenced emotions, participants shared about the experience of stress, pressure and feelings of depression, anxiety and sadness affecting their wellbeing experiences. The concept of loneliness is a critical topic shared by participants, with many articulating its harmful impact on their lives and daily functioning. Sometimes, it is declared as loneliness of their choosing, which identifies an essential area for possible intervention. Loneliness is a strong predictor of many adverse life outcomes and, therefore, a significant risk factor to assess when understanding wellbeing outcomes (Caccioppo et al., 2003; Hawkey & Caccioppo, 2010). These low-arousal and negatively valenced states are often overlooked in scholarly models of wellbeing, which tend to favour Western ideals like life satisfaction, extroversion, optimism, and vitality (Delle Fave et al., 2022; Joshanloo, 2022; Lomas et al., 2022a). However, second-wave PP theorists echo lay participants’ concepts in calling for a broader understanding and adoption of dialectical thinking (Kashdan & Biswas-Diener, 2015; Lomas & Ivztan, 2016; Wong, 2011).

‘Dialectics’ in philosophy refers to the dynamic tension of opposition between interacting forces or elements (Merriam-Webster, 2022). Scholars in this field emphasise the interconnectedness of seemingly opposing forces, such as positive and negative emotions, highlighting that one does not exist

without the other; for instance, sadness gains its meaning in relation to happiness (Lomas, 2016d). Additionally, researchers caution against labelling experiences as strictly positive or negative, acknowledging that feelings and experiences perceived as positive may lead to adverse outcomes (McNulty & Fincham, 2012; Kashdan & Biswas-Diener, 2015).

Contrary to common presumptions, so-called ‘negative emotions’ like stress can result in motivation, improved performance, and growth, fostering creativity and resilience (Wong & Roy, 2017). Furthermore, adversity can facilitate transformative experiences, providing clarity of focus and connection to value-aligned behaviour (Wong, 2011). For instance, sadness may lead to feelings of compassion for others’ difficulties, prompting what may be deemed self-sacrificing behaviour (Lomas & Ivztan, 2016). On the flip side, unchecked optimism may lead to an inaccurate assessment of danger, resulting in increased risk-taking behaviours (Weinstein et al., 2005).

To summarise, there are various emotions, experiences, and states that contribute to individuals’ wellbeing. While positive emotions are often prioritised in models of wellbeing, the participants in this study valued them too but also emphasised the place of negative emotions, such as loneliness, anxiety, and depression. This highlights the need for a broader understanding of wellbeing that includes both positive and negative emotions, which the concept of dialectics accommodates.

Contribution 4 | Beyond the subjective: Material stability thwarts and supports wellbeing

More than one in three participants, unprompted, articulated the fundamental significance of *Material stability* as being vital to wellbeing, with narratives centred on financial and material security in the form of steady and fair income, appropriate housing (warm, dry, secure) and having basic needs met (being fed, clothed and with access to transport and care). Stability yields safety and autonomy, the ability to meet necessities, to care for oneself and extended family, and the means to access care. With *Material stability*, one’s full potential can be realised along with the opportunity for fun, relaxation and enjoyment. A lack of security brings uncertainty, stress and anxiety. It was reported as being thwarted by systematic barriers, such as poverty, homelessness, failing state systems and hostile cultural and social norms.

In this sample, individuals who identify as Rainbow and Takatāpui were more likely to discuss the topic of *Material stability*. Narrative analysis revealed that Trans/Non-binary people mentioned access to affirming and affordable healthcare, which echoes research indicating that these communities face more significant systemic bias and material hardship compared to the general population (Veale et al., 2019). Participants who viewed wellbeing as fixed and unchangeable were twice as likely to discuss topics related to *Material stability*.

Although not statistically significant, there is a difference in the frequency of narrative about the themes related to *Material stability* for mental health scores. Participants who reported as *languishing* spoke about the topics more frequently, while those with higher levels of self-reported wellbeing, life satisfaction, and financial security spoke less frequently about *Material stability*. This supports the

assertion that there is a relationship between the *Golden Threads* and quality of life. These findings reinforce the nexus between the constituent *Elements* and *Golden Threads* of wellbeing. In this case, *Material stability*, *Health*, and *Freedom* interact to articulate lay concepts of wellbeing in complex ways.

Can we agree that money buys happiness and wellbeing?

Within the Positive Psychology academic community, there has been a hesitation in claiming *Material stability* as an essential wellbeing constituent; instead, it is overlooked entirely or articulated as an enabling influence rather than pursued for its own sake (VanderWeele, 2017). This reluctance may be related to the challenge of defining income and wellbeing relationships, frequently with reference to the Easterlin happiness-income Paradox of the 1970s, which suggested that happiness and income tend to move together in the short term and that there are levels of income below which people are generally unhappy; however, over a more extended period (e.g., a decade), average happiness does not increase as income rises, often touted through the adage *money can't buy happiness* (Easterlin, 1974).

Nevertheless, research indicates that income, or perhaps broader *Material stability* and wealth, does show a strong relationship with happiness, subjective wellbeing and life satisfaction and this relationship is influenced by the country's relative wealth and education (Howell & Howell, 2008). Studies have established that individuals who live in wealthier economies are, on average, happier and the more affluent the individual, typically the happier they are (Diener et al., 1993; Veenhoven, 1991), with robust evidence suggesting the association between those with higher incomes faring better across all domains of life (Lomas, 2023). While New Zealand consistently places high on international measures of wellbeing, on average households spend 26% of their gross adjusted disposable income on housing and related expenses, which is the highest in the OECD, which averages 20% (OECD, n.d.). This tension is echoed in participants' narratives, with 37% of the unprompted sample discussing topics related to material and financial matters. Sollis et al. (2022) found that 71% of frameworks developed through participatory studies include financial security and money in their wellbeing models. This suggests that, for laypeople, material aspects are a significant component of wellbeing.

The prominent wellbeing approaches selected from PP for comparative purposes view wellbeing primarily as a subjective mental state (Diener et al., 2009; Huppert & So, 2013; Keyes, 2002; Seligman, 2011). However, post-analysis approaches and systematic reviews are starting to characterise wellbeing as encompassing both subjective and objective dimensions. Some are incorporating material and financial aspects (e.g., Iasiello et al., 2024) and VanderWeele's (2017) inclusion of financial and material stability has a caveat that views it as an enabling factor not an intrinsic constituent in and of itself.

Recent global findings have investigated if there is a point at which individual income levels no longer produce meaningful increases in happiness. Researchers have demonstrated that a 'satiation' for life evaluation is reached at \$95,000 (USD) and for emotional wellbeing at \$60,000 to \$75,000 (USD), and they observe that the amount is likely higher for family units (Patterson-Neubert, 2018). Variation is displayed across the globe—the wealthier the nation, the higher the point of satiation—and in some parts

of the world, there is a point at which the cost-benefit of income to happiness starts to decline (Jebb et al., 2018). In New Zealand, the average price of happiness is set at \$193,727 (ranging between \$180,000 and \$207,000 in Aotearoa's main cities). In 2022, the average household income was reported at \$117,126 (Bywater, 2023). The 2021 Census details that 32.2% of New Zealand households reported their income as 'not enough' or 'only just enough'. A higher proportion of Pacific Peoples indicated they did not have enough money to meet every day needs when compared with the European and Asian populations (Stats NZ, 2022c), potentially indicating that money could buy many people greater happiness (or wellbeing).

Perhaps more meaningfully, income security can be seen as a protective factor in that it 'decreases one's precarity, fragility, and vulnerability to terrible misfortune' (Flanagan et al., 2023, p. 31) and 'poverty seems to invariably pose difficulties and challenges that are detrimental to wellbeing' (Lomas, 2023b, p.10). Research using advanced machine learning reports that an individual's 'control over one's life – and control over financial and work matters in particular – strongly predicted well-being' (Margolis et al., 2021, p.2.). This is further established by Salignac et al. (2020), who, using qualitative methods, identified three factors that constitute financial wellbeing: firstly, meeting one's expenses and having money left over; secondly, being in control or having financial autonomy; and lastly, feeling financially secure, which refers to a cognitive appraisal and the notion of stability. For those who are incapable of meeting financial obligations (e.g., meeting regular bills), this may result in a rise in stress, depression and anxiety, all notions that are echoed in participant narratives.

A large-scale machine learning research project that analysed wellbeing data from three sizable national household and daily datasets, representing over 1 million respondents from Germany, the United Kingdom and the United States, found that the three most important variables for wellbeing related to material conditions, health and meaningful social relationships (Oparina et al., 2022). Additionally, Margolis et al. (2021), using the MIDUS dataset ($N = 4,378$), explored the important predictors of subjective wellbeing using machine learning. Their findings were consistent with previous research and identified:

sociability, physical health, disengagement from goals, sex life quality, wealth, and religious activity emerging as the strongest predictors of well-being, and demographic factors emerging as relatively weak predictors. Furthermore, self-reported 'aches' (the strongest 'objective' predictor of well-being), stress reactivity, and disengagement negatively predicted well-being...unlike prior research, control over one's life—control over financial matters...—strongly predicted well-being (p. 2).

This growing evidence establishes the relevance of financial literacy and security (Chen et al., 2022), welfare (Fabian, 2022), and an individual or community's material living standards. As such, recent hybrid scholarly models suggest the inclusion of concepts related to economic and financial security, with indicators focused on income satisfaction and levels of savings (Donaldson et al., 2022), perceived effectiveness of managing one's economic life (Rath & Harter, 2010b) and evaluations of emotions around worry related to living expenses, food, safety and housing (VanderWeele, 2017). These

address some of the lay sample's concepts about financial security; however, they do not attend to the narrative about environmental enablers, also identified by this sample as factors that thwart and support *Material stability*.

Therefore, a more harmonised interpretation of lay and academic concepts is evident in recent comprehensive systematic reviews, providing accounts that support a far broader articulation of wellbeing as both subjective, objective, hedonic, eudaimonic and placed in the context of the individual's environment (see Iasiello et al., 2024; Kauppi et al., 2023; Linton et al., 2016). Such accounts capture the interrelationships between an individual's perceived psychological, cognitive and emotional quality of life and their *personal circumstances* and *economic stability*, acknowledging both autonomous and agentic realities by distinguishing the role of external pressures, both environmental and socioeconomic, and how these affect wellbeing outcomes. The contemporary reviews provide insightful direction for developing new wellbeing models and metrics, which are being called for by those who seek to see the remit of PP broaden by acknowledging that wellbeing is contextually embedded and dynamic (Delle Fave, 2023).

Contribution 5 | Beyond the mind: Wellbeing integrates mind and body to sustain health

Participants highlighted the prominence of healthy eating habits, access to nutrient-dense food, and ethical sources as factors that impacted on their overall health and wellbeing. They also discussed the negative impacts of poor dietary choices, and the need to limit alcohol consumption and binge eating, as well as the benefits of being vegetarian, meat-free, and vegan for health and mental acuity. Quality and quantity of sleep and good sleep patterns were recognised for their impact on wellbeing and daily functioning, mental health and anxiety. Participants also discussed the benefits of regular physical activity of all types, both planned and incidental, for personal health, self-care, and enjoyment rather than for external validation or vanity. Overall, the text emphasised the need to 'eat, sleep, and move' in maintaining good health and wellbeing, which are viewed as synonymous. Statistical testing reported that as wellbeing literacy (Oades et al., 2021a) scores decreased, there was a reduction in the frequency of narrative about the health topics, indicating there may be a link between literacy, language and wellbeing promoting health behaviour.

There is substantial research confirming the bi-directional nature of physical health and subjective wellbeing, including life satisfaction, mood management, self-esteem and experiences of happiness—and that these can be improved with increased physical activity (An et al., 2020; Chen et al., 2022; Iwon et al., 2021; Margolis et al., 2021). A substantial portion of the participants (86%) echoed these findings as they discussed the role of eating, sleeping and moving for their wellbeing. This notable topic is seen as a fundamental dimension of wellbeing concepts; for many laypeople, health and happiness were used synonymously with the term wellbeing. There is reason for the prevalence of this topic and related activities, as established links have been confirmed between the risk of cardiovascular disease, cancer, dementia onset, depression, and the benefits of healthy musculoskeletal, metabolic, blood pressure and weight management through physical activity (WHO, 2010). However, research indicates

trends of consistently low levels of physical activity reported across the globe, recognised as a leading risk factor for non-communicable disease and adversely impacting quality of life and mental health (Guthhold et al., 2018).

Seligman (2008) called for the development of a field of ‘Positive Health’ to be adjacent to ‘Positive Psychology’, reinforcing the separation of these domains, rather than building on the inherent integration that is increasingly being confirmed by scientific research and lay concepts. Despite physical health not forming a constituent of any prominent subjective wellbeing models, a significant body of research on interventions exists. Researchers have documented how PP can apply to physical health and have identified *positive health assets* (such as positive emotions, life satisfaction, optimism, and good social relationships) that can be developed and increased through intervention and that predict good health, as assessed in different cultures and with a variety of benefits such as longevity, illness and infectious disease resistance, and improved pulmonary function (Park et al., 2016). Interventions include those which are designed to develop and enhance mind-body connections, such as mindfulness, meditation and yoga, to build and sustain both psychological (e.g., gratitude, self-compassion, meaning, stress) and physiological (e.g., oxygen consumption, blood pressure, heart rate variability) factors in both clinical and non-clinical populations (Dossett et al., 2020; Ivtzan & Papantoniou, 2014; Taylor et al., 2020; Wang et al., 2020).

Examples such as these have resulted in more recent models and wellbeing approaches incorporating physical health as a constituent of wellbeing (see Donaldson et al., 2022; Rath & Harter, 2010c; VanderWeele, 2017). However, these concepts are often measured as an evaluation of satisfaction or control (e.g., I feel healthy, experiencing good health and energy to get things done, I feel in control of my physical health) rather than the nurturing language of laypeople who conceptualise physical health as activities to protect and promote their wellbeing, while also providing a comprehensive description of the activities undertaken and the barriers experienced. Lastly, Donaldson et al.'s (2022) PERMA+4 is the only model to capture aspects of physical distress such as insomnia, injuries and vision impairment and only one model, VanderWeele's (2017) *Flourishing*, separates the experience and rating of physical health from that of mental health, which provides a more accurate likeness of lay concepts.

Recent systematic reviews again provide significant agreement between lay and scholarly accounts for topics related to physical health (see Iasiello et al., 2024; Kauppi et al., 2023; Linton et al., 2016). In the theme of *physical wellbeing*, Linton et al. (2016) and Iasiello et al. (2024) (who use Linton's themes to inform their dimensions) reference the quality and performance of bodily functioning and experiences of pain and comfort, having the energy to live well and the capacity to sense the external environment as important. Furthermore, their *activities and functioning* theme references the daily activities, behaviour and one's ability to undertake them. Lastly, Kauppi et al.'s (2023) *physical* dimension includes biological context and physical or physiological aspects of health, such as functioning, energy, exercise, nutrition, recovery, and body image, and their *health behaviour* dimension includes factors related to behaviour, health responsibility, preventative actions, self-care, health attitudes

and lifestyle habits. Seeing these concepts making headway into the wellbeing sciences as a recommended wellbeing constituent is encouraging.

Contribution 6 | Beyond high-quality human connection: Wellbeing is interconnected within people, places and pets, but not all connections benefit us

The concept of connection in all its forms, to other humans and animals, to nature, to the divine, religious and spiritual and to Te Ao Māori indigenous worldviews, permeated across the sample, articulated through discussion about friendships, family support, and community networks and into the workplace. Clearly of importance for laypeople, 87% of the sample discussed these concepts. Discussion ranged across the beneficial impacts of feeling loved and loving, being heard and understood, and extended to the challenges of connections and dysfunctional and toxic relationships, as well as the profoundly adverse effects of isolation and loneliness.

We know that the quality of connection matters, what about the types of connections?

The powerful benefits of high-quality connections are some of the most researched in the wellbeing sciences, with the words of Christopher Peterson (2008), ‘other people matter’ forming centre stage as *positive relationships* in many PP models, theories and interventions (Diener et al., 2009; Huppert & So, 2013; Keyes, 2002; Rath & Harter 2010a; Ryan & Deci, 2022; Seligman, 2011;2002). ‘Relatedness’ is the belief or feeling that one is connected to important others, characterised as feelings of warmth, bonding and care and when frustrated, results in experiences of loneliness, exclusion and isolation (Deci & Ryan, 2015, 2012; Vansteenkiste et al., 2023).

Social relationships emerge as some of the strongest predictors of wellbeing (Diener & Biswas-Diener, 2011), with growing evidence indicating that social connections are protective and related to reduced incidence of ill health. Research includes links to reduced cardiovascular disease (Tay et al., 2013), stress reduction (Collins & Feeney, 2000), increases in life satisfaction, positive affect, and reduced negative affect (Brannan et al., 2013), achieving better health outcomes such as healthy diet and physical activity and reducing harmful behaviour such as smoking and alcohol excesses (Tay et al., 2013).

Most often, these connections are focused on other humans: intimate connections, the family unit, friendship circles, community links, and faith and workplace relationships, and they can be short-lived micro-encounters or long-lasting ties (Gable & Gosnell, 2011; Roffey, 2011; Tan & Tay, 2024). They can be conceptualised along a continuum from *close relationships* (e.g., romantic, family connections and close friends) to *weak ties* (e.g., service providers, acquaintances, social media followers), all of which may be both meaningful and impactful to an individual’s wellbeing (Hart, 2021). These findings and research approaches echo much of what the lay sample shared concerning concepts of connection as they relate to the betterment or detriment of wellbeing. Beyond these human relationships, participants shared a range of non-human connections (*pets, nature*) and a blend of human and belief

structures (*Te Ao Māori worldview, religion and spirituality*), which are significant to their wellbeing experience and which we will now explore in more detail.

Beyond humans: A place for pets

Commentary about the role of pets and animals and religious and spiritual connections feature at similar levels, approximately 1 in 10 participants. Yet, the role of pets is often overlooked in the wellbeing models despite significant research to support their role in wellbeing promotion. For example, research indicates that pets provide the most adequate support to grieving people beyond human social support (Cacciatore et al., 2021). Pet owners have higher survival rates after cardiovascular events than non-pet owners, while pet ownership is reported to positively affect emotional health (Friedman, 2013), happiness, and wellbeing (Bao & Schreer, 2016).

Studies have confirmed that pets are often viewed as family members, improving reported wellbeing (McConnell et al., 2019). Research exploring positive ageing found that companion animals provided a range of wellbeing-enhancing benefits for community-dwelling participants, such as companionship, providing purpose and meaning, combating loneliness, increasing socialisation and showing increases in resilience to mental health disorders (Hui Gan et al., 2020). Furthermore, research has confirmed that dogs have been used in an assortment of contexts, such as therapeutic and educational settings, where they work as an adjunct or complementary therapy to enhance human health and wellbeing for a range of features, such as improved cognition and supporting neurotypical and neurodiverse populations and those with learning disorders, mental and physical health concerns, and disabilities (Fine, 2019; Gee et al., 2021).

Participant commentary echoed these benefits and speaks of the unconditional love and constancy of pets in their lives, including feeling better for spending time with their pets, being welcomed home and for non-judgemental and loving responses, which are bi-directional, including, for example, the physical and emotional benefits that come from exercising with dogs.

Nature is a potent wellspring

A significant finding for the lay sample was the importance placed on a connection to nature, with 35% of the participants discussing it in some capacity, which is among the top three connection topics discussed (along with family and friends) and almost 4 times the rate of *spirituality/religion* related commentary.

Research into the wellbeing benefits and forms of connection to and in nature has recently increased (McMahan & Lee, 2018), with researchers positing three theories on why connecting with nature is necessary. The evolutionary hypothesis (e.g., *biophilia*) suggests human dependence on nature has created enduring innate drivers; *attention restoration theory* emphasises the restorative potential of spending time in nature for cognitive performance and focus; and *stress-reduction theory* explores the

relationship between spending time in low-threat natural environments eliciting a range of stress-reducing physical responses and acting as a buffer to stress (Capaldi et al., 2015).

Connection to nature has also been linked to improved learning potential and cognitive functioning in educational settings (Vella-Brodrick & Gilowska, 2022), and studies into the environmental factors concerning vitality as an indicator of both mental and physical wellbeing have revealed the positive impact of exposure to natural environments in enhanced energy levels (Ryan & Deci, 2022). Lay concepts endorse these ideas; however, they are not articulated in the process or descriptive language contained in scholarly accounts, with laypeople focusing on the positive emotions and feelings they get from spending time in nature for physical activities, relaxation, rejuvenation and self-reflection. There is also a significant observation about nature's role as a host or venue for connecting with others.

Te Ao Māori connections which span, people, place and time

Participants shared contextually relevant New Zealand commentary in the *Te Ao Māori* narrative in the *Connection Element*, where participants described relationships and connections and presented a broader notion than those articulated within the predominantly individualistic and Western-focused wellbeing science literature (Lomas et al., 2023a; Yadeun-Antuñano et al., 2018). Participants shared about whenua, manaakitanga, whanaungatanga and tūrangawaewae, which weave together fundamental aspects of the Māori worldview that recognises an interconnectedness that exists between all living and non-living beings (Hikuroa, 2016). Here, connection traverses time, place and people.

There is discussion about the role of people, from awareness and respect of ancestral ties to nurturing and caring for present-day whānau, communities and whenua and for making decisions with future generations in mind. The role of place is communicated through connection to the natural elements such as *wai* (water), *ngahere* (forest) and *whenua* (land). In Te Reo Māori (language), whenua has several meanings ranging from land, ground, territory and country and is also the same word for placenta and afterbirth, communicating the notion of birth connection, so the land where one is birthed and ideally where the placenta is returned to and buried (Te Ahukaramū Charles Royal, 2007). Participants expressed the importance of having access to and being connected to the whenua and customary land, knowing where one comes from, and signposting the loss of essential life support from being disconnected from one's roots.

Connection for the whanāu (family) unit includes relationships and engagement in community affairs, activities and facilities and the utilisation of financial means and institutions, while connection to heritage extends to practices, people and places in the past, present and future (Kingi et al., 2014), which is a much broader concept of connection than those offered in predominantly individualistic, 'Western' wellbeing approaches and 'transcends an individual and environment dichotomy' (Mackean et al., 2022, p.1). For example, Sollis et al.'s (2022) systematic review of participatory wellbeing studies recognised that wellbeing frameworks developed with an Indigenous lens highlight the role of a connection to

culture as key to wellbeing. Approaches developed by non-Indigenous populations were far less likely to include culture as a pertinent feature of wellbeing, with only 9% of the 130 studies reviewed including connection to culture.

There is abundant documentation and research (see Rolleston et al., 2022; Kingi et al., 2014) that elaborates Māori wellbeing approaches, which I have touched on lightly here with regards to notions of connection echoed by participants, a fuller discussion around environmental and cultural context sits in the next section.

Loneliness, it can be done to me and done by me

An individual's wellbeing experience can be positively influenced in connection to other humans, animals and natural environments, and equally, participants shared the detrimental impacts of broken and harmful connections and disconnection, with a significant focus on toxic and negative relationships, loneliness, isolation, and exclusion from people and important places. There is substantial research to support these experiences, enough to fill many theses. I will focus here on commentary related to loneliness as providing fertile ground for exploration of lay concepts of wellbeing, overlooked by prominent wellbeing approaches.

Loneliness involves emotional and cognitive processes (Motta, 2021), such as the 'distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships' (Hawkey & Cacioppo, 2010, p.218). Recent research conducted by Meta-Gallup (Gallup, 2023b) found that across 142 countries, nearly 1 in 4 respondents (24%) reported feeling very or fairly lonely, and 49% were not lonely. This rate was significantly lower in New Zealand, with 12% feeling very or fairly lonely and 64% not at all lonely. The implications of loneliness are often considered concerning, with damaging effects such as increased feelings of vulnerability and physical and mental health consequences related to the temporal nature of fleeting, situational or chronic loneliness (Hawkey & Cacioppo, 2010; Motta, 2021).

Within the lay-concept study, loneliness was conferred in two principal ways: that which was of their own making (done by them) and that which was deemed outside their control (done to them). In the case of *done by them*, participants talked about the act of self-isolating even though they know it is not good for them. In the scholarly research, loneliness and solitude are often studied together, where solitude is viewed as a valuable action with positive ramifications for self-exploration and creativity, while isolation and loneliness are seen as harmful (Weinstein et al., 2023). Participants' narratives on these topics present some of the most emotive and sensitive sharing, speaking to the influence and impact of self-selected solitude for self-care versus the harmful effects of isolation and loneliness on wellbeing. These findings signpost that scholarly accounts of connection may benefit from a broader consideration of the range of human and non-human *types* and *characteristics of connection*.

Within the participant narratives, we witness the other *Elements* and *Golden Threads* interwoven through discussion centred on a need for *Balance* in spending time for self-care and care of others. The

Active pursuit of connection is something to be pursued, nurtured and respected. The *Freedom* and *Material stability* to support self and others and the concern for loved ones who are living in environments that may feel hostile and dangerous, be that through racism, sexism, ableism and a range of hazardous phobias, or apprehension for those who are contending with poverty, addiction, illness, pain and access issues for care and treatment. Human, animal, natural and Indigenous connection narratives play a significant role in laypeople's concepts of the quality of their wellbeing experiences.

Beyond the types of connections, there are the ways these relationships make individuals feel, be that a sense of being heard and understood, surrounded and supported by people who love us and who we love, through to the sadness, grief and trauma that comes from loss, toxicity and dysfunction, loneliness and disconnection which is experienced in relation to the desire for healthy and safe connections. Lay accounts deliver a dialectical experience of connection, whereas most prominent PP theories and models capture the upside alone, despite continued calls from within the second wave of the field to broaden conceptualisations to appreciate the dynamic, dialectical interplay of emotions and cognitions (Kashdan & Biswas-Diener, 2015; Lomas, 2016b; Lomas & Ivztan, 2016; Van Zyl & Donaldson, 2023).

Given the research indicating the substantial roles that quality relationships and connection have on wellbeing levels, these findings provide bountiful ground for further exploration of both the breadth and depth of topics highlighted by laypeople and the dialectical nature of these connections, which move beyond the positive influence to appreciate the dark side of connection. Furthermore, the rich sharing about the Indigenous understanding of connection allows researchers to move beyond the East versus West binary to embrace holistic and integrated beliefs.

Contribution 7 | The connective tissue of Golden Threads that support the intentional, active pursuit of wellbeing and the role of balance and time that thwart and support it

Most often, wellbeing models focus on the constituent parts of wellbeing, treating them as siloed areas to investigate and intervene. However, this is not the lived experience of wellbeing. The constituents occur in unison and are brought to life through the connective tissue of wellbeing, termed the *Golden Threads*. These threads are valued life outcomes in and of themselves and drive meaning-making and the manifestation of motivation to act. This contribution addresses three *Golden Threads* as they relate to participants' purposeful, *Active pursuit* of tasks, connections and activities that bring them pleasure (hedonic) and personal growth (eudaimonic), such as pursuing goals, acquiring knowledge, travelling, and seeking adventure, and the principle of *balance* seeking, and their perception of *time*.

The following section explores the existing literature, including cultural and demographic factors that support the findings in this study, which highlight the role of intentional active pursuits and the significance of balance and relationships with time to promote and protect wellbeing.

Wellbeing is an active pursuit

Participants described a constant process of self-reflection and behavioural adjustments to safeguard and improve wellbeing, 56% of the coded sample explicitly referred to the importance of

spending time doing things you enjoy and that are good for your mental, physical and emotional wellbeing, including hobbies, passion pursuits, striving towards and achieving goals and educational interests.

Scholars have ventured beyond the constituent parts of wellbeing to explore the intricate processes and mechanisms that impact on and regulate variables related to wellbeing, with the principal contenders including genetic predispositions, life circumstances, and intentional activities (Layous et al., 2018; Lyubomirsky, 2008):

- Genetic factors refer to the inherited biological traits and predispositions that influence an individual's characteristics, including temperament and personality traits and are often tested through twin studies (van de Weijer et al., 2022). These factors are believed to be essentially predetermined and stable over time, contributing to an individual's baseline level of wellbeing, often referred to as their happiness or wellbeing 'set point' (Lyubomirsky et al., 2005b; Seligman, 2002).
- Life circumstances encompass the external conditions, events, and situations an individual experience throughout life (Lyubomirsky et al., 2005b). This includes socioeconomic status, marital status, health, employment, and environmental factors like geographical location and cultural context (Layous et al., 2018). Life circumstances influence an individual's overall wellbeing and can positively and negatively affect wellbeing levels (Luhmann et al., 2012).
- Lastly, intentional activities refer to purposeful behaviours, cognitive practices, and volitional efforts that individuals engage in intending to enhance their wellbeing (Lyubomirsky et al., 2005b). Individuals make deliberate choices to improve their mood, increase life satisfaction, promote positive emotions, and buffer against suffering (Layous et al., 2018). Examples of intentional activities include exercising regularly, practising gratitude, setting and achieving personal goals, engaging in hobbies, and cultivating positive social relationships (Lyubomirsky et al., 2005b), which align with participant descriptions collected in the golden thread of *Active pursuit*.

Seligman (2002) offered a formula to address these three factors: Happiness (enduring) = Set range (genetics) + Circumstances + Voluntary control ($H = S + C + V$), which mirrors Lyubomirsky et al.'s (2005b) *Sustainable happiness model*, often called the happiness pie. Both have become popular among PP practitioners. The three integrated and overlapping influences have different rates of impact on chronic or enduring happiness, with genetic factors accounting for 50%, life circumstances 10% and volitional or intentional activities accounting for as much as 40%, while acknowledging these are approximate figures (Lyubomirsky, 2008; Lyubomirsky et al., 2005).

Seligman (2002) and Lyubomirsky (2008) emphasise that while external factors such as life events and circumstances may temporarily affect happiness levels, humans quickly return to a relatively stable baseline, even after experiencing significant positive or negative events, returning to their set point. The authors' main focus was to emphasise the considerable extent to which individuals can shape their happiness (the term used interchangeably with wellbeing), and they went on to develop and test several

activity-focused models that explore eudaimonic and hedonic adaptation perspectives that indicate that there are ways to thwart adaptive tendency (Martela & Sheldon, 2019; Sheldon & Lyubomirsky, 2012).

The Positive Activity Model (PAM) emerges as a significant framework, outlining the conditions under which positive practices enhance wellbeing (Lyubomirsky & Layous, 2013). PAM predicts that various positive activities affect wellbeing differently, depending on factors such as frequency of engagement, cultural endorsement, and individual motivation (Sheldon & Lyubomirsky, 2021). For instance, individuals from collectivist cultures may benefit more from reflecting on kindness with close ties, e.g., family friends, versus distant others, such as random acts of kindness with strangers (Shin et al., 2021), and extraverted individuals might benefit more from activities involving social interaction (Pressman et al., 2015). As such, PAM highlights the importance of personal fit with activities, suggesting that certain practices may be more effective for specific personality types or demographics (Nelson & Lyubomirsky, 2014).

Longitudinal research has indicated that intentional effort is crucial for achieving positive changes in wellbeing, with an 8-month study (Lyubomirsky et al., 2011) reporting that participants who willingly joined a ‘happiness intervention’ experienced more significant wellbeing improvements compared to those who undertook the same activities that were labelled as ‘cognitive exercises’. Participants who exerted more effort in positive activities reported greater wellbeing enhancements. The study highlights the importance of understanding and endorsing the goals of activities or interventions for their effectiveness. Additionally, participants benefited from activities they personally selected, indicating that willingness, effort and appropriate self-selected activities are necessary for increasing wellbeing; as such, ‘successful pursuit of happiness typically requires awareness, knowledge, and intentional buy-in by participants’ (Sheldon & Lyubomirsky, 2021, p. 2).

Sheldon and Lyubomirsky (2021) have since revisited the happiness pie to clarify their original intention and address both the critiques (e.g., Brown & Rohrer, 2020) and updated thinking regarding the percentages of each influence. Taking into account the subsequent 15-year period of developments in knowledge, they agree that perhaps the 40% intentional activity percentage is higher than can be confirmed. However, they continue to assert that as understanding deepens through research and theory, it is clear that achieving happiness involves choosing activities that align with individual preferences and are conducive to personal growth (e.g., eudaimonic rather than solely seeking fleeting hedonic feelings) and that this requires consistent and dedicated effort towards these activities, rather than sporadic attempts. Additionally, it is beneficial to engage in various types of activities, taking novel approaches. By adopting such practices, individuals can cultivate a consistent flow of fulfilling and enriching experiences, enhancing the likelihood of staying within the higher levels of experienced wellbeing (Sheldon & Lyubomirsky, 2021).

Laypeople's understanding of wellbeing, articulated through the *Active Pursuit* thread, was conceptualised as a constant process of self-awareness, motivation, and enjoyment, which closely aligns with Sheldon and Lyubomirsky's (2021) approaches. However, the narrative is predominately hedonic

and pleasure-focused, where participants talk about their desires and commitment to doing things they enjoy as often as they can. While there are undertones of eudaimonic, virtue-aligned behaviour, including pursuing challenging goals, education, and productivity, the frequency of this type of narrative is far lower.

In PP research, the concepts of ‘feeling good’ and ‘functioning well’ are often examined through the lenses of hedonic and eudaimonic wellbeing (Huppert & So, 2013; Keyes & Annas, 2009). Feeling good typically encompasses subjective wellbeing (SWB), reflecting hedonic aspects such as emotional experiences of happiness and life satisfaction (Diener et al., 2009). Conversely, functioning well pertains to psychological wellbeing (PWB), which aligns closely with eudaimonic wellbeing and encompasses broader dimensions like personal growth, purpose in life, autonomy, positive relations with others, and self-acceptance (Ryff, 1989; Waterman et al., 2010). Waterman et al. (2010) assert that in functioning well, the ‘motive for eudaimonic activity is the value of the activity itself, not the subjective experiences that accompany it’ (p.4). While feeling good emphasises immediate emotional experiences, functioning well is more closely associated with pursuing meaningful goals and optimal psychological functioning, contributing to fulfilment and flourishing (Keyes, 2002; Ryff & Keyes, 1995). The interplay between feeling good (hedonic wellbeing) and functioning well (eudaimonic wellbeing), is often demonstrated as between related yet distinct facets of overall wellbeing (Keyes, 2005; Waterman et al., 2010). Individuals may experience high levels of hedonic wellbeing (SWB) without necessarily exhibiting optimal psychological functioning (PWB), and vice versa (Keyes & Martin, 2017). Recognising and understanding both dimensions provides a more comprehensive perspective on wellbeing, which reconciles with lay concepts that promote individuals’ holistic wellbeing by addressing immediate emotional experiences and pursuing meaningful goals, which can be both hedonic and eudaimonic.

The *Active pursuit* thread therefore resonates to some extent with the scholarly models, which include the engagement and accomplishment pathways (Diener et al., 2009; Donaldson et al., 2022; Huppert & So, 2013; Seligman, 2011; VanderWeele, 2017), as well as the psychological wellbeing components and specifically the concept of autonomy that is found in only one of the prominent academic accounts reviewed (Keyes, 2002), where, however, the focus is on the ability to express ideas and opinions. The lay participants’ motivation seemed grounded in their ability to choose the activities they engage in, and while many of the narratives communicated that the pursuit of passion projects, hobbies and activities such as cooking, singing, playing instruments, gardening and crafting will undoubtedly be challenging and bring them meaning and purpose, their narratives were concentrated on pleasure and enjoyment rather than growth and development.

More recent systematic reviews overtly focus on the behaviour and activities that characterise daily life, including specific activities we fill our time with, and our ability to undertake these tasks (Linton et al., 2016; Iasiello et al., 2024). Iasiello et al.’s (2024) dimension of *self-congruence* adds the perception that actions and behaviours are compatible with interests, values, and beliefs and Kauppi et

al.'s (2023) *intellectual domain* discusses intellectual health and wellness including educational and creativity pursuits, all of which more closely resemble some lay participants' accounts.

Active pursuit is one of the few areas in this study that showed a decrease in narrative frequency as depressive and generalised anxiety symptomology increased. The more severe the symptomology, the less likely participants were to discuss the pursuit of intentional activities. Similarly, participants who viewed wellbeing as fixed and unchangeable wrote of *Active pursuit* at half the frequency of those who viewed wellbeing as malleable. Research has shown that participants who express stronger convictions about their belief in the malleability of wellbeing tend to think more favourably about an assigned intervention, they adhere to its instructions more consistently, and this results in more significant improvements in reported wellbeing compared to the control group (Gander et al., 2022), suggesting that beliefs concerning the changeability of wellbeing could significantly influence the efficacy of PP interventions.

The findings of the current study confirm the role of intentional, active pursuit and highlight that laypeople's concepts of wellbeing align with the scholarly models but also provide unique insights into the constant and active process of self-awareness, motivation, and enjoyment, which also bring lasting wellbeing benefits beyond endeavours that might be labelled eudaimonic and virtue-laden.

Wellbeing has many parts, at its core is a desire for balance

Participants in this study described wellbeing as multifaceted, portraying the social, emotional, physical and material along with a full spectrum of experiences from unfortunate and lonely to happy, calm and joyful. It is the wholeness of living, which invokes a notion of needing to balance the many and sometimes conflicting aspects of daily life. *Balance*, spoken of in some form by 80% of the coded sample, includes affective aspects of balancing moods and emotions, a cognitive balance in attending to thoughts, behavioural aspects in regard to choosing activities that support a sense of balance, and interpersonal balancing of the needs of self and others, often through time allocation.

Balance is a burgeoning topic in the field of psychology, and the concept is usually presented as a binary construct, such as domains (e.g., work-life balance) or states (e.g., positive and negative affect balance) (Delle Fave et al., 2022). Researchers are calling for any wellbeing definition to include the role of balance, with Sirgy and Wu (2009) building on Seligman's (2002) three Authentic Happiness pathways of the pleasant, engaged and meaningful life by defining balance 'as a state reflecting satisfaction or fulfilment in several important domains with little or no negative effect in other domains' (p.185). This acknowledges that focusing on a single pathway (such as work or physical health) can result in imbalances that are detrimental to wellbeing.

Dodge et al. (2012) appeal for a definition of wellbeing to include a state of equilibrium or a 'balance point between an individual's resource pool and the challenges faced' (p. 230), depicted as a see-saw, where wellbeing is when an individual returns to the central set-point, balanced between resources on one end and challenges faced on the other. Similarly, Lomas et al. (2022b) explain balance

as an ‘equilibrium often with an implication of stability, evenness, and poise’ (p.4), where balance is articulated via the etymology *bi-lanx*, bi being 2 and lanx being scale (Harper, 2024), thus, two ends of the scale, and finding the equilibrium between what is sometimes referred to as Aristotle’s ‘golden mean’ or the ‘Goldilocks principle’ of being *just right*.

Sirgy (2020) has developed a supplementary approach beyond domains, which calls for positive mental health to be defined as *positive balance*, ‘a preponderance of a desirable state over an undesirable state specified at each level of analysis... [including] physiological, emotional, cognitive, meta-cognitive, developmental, and social-ecological levels’ (p. 1922). Lomas (2021) extends the concept of balance to include the notion of harmony:

if balance describes the relationship quality between two interlinked phenomena, harmony could be conceptualised as the relationship quality between *multiple* such ‘balancing acts.’ A harmonious marriage, for instance, implies not merely balance with respect to one aspect of life (e.g., division of chores), but successfully managing numerous such balancing acts across many areas of life (p. 52).

Here, Lomas (2021) articulates the concepts of balance and harmony as a golden thread, a defining principle that runs through wellbeing’s myriad dimensions, which in themselves are multifaceted and therefore represent a ‘cluster of interlinked concepts’ (p. 50). He goes on to offer an overarching definition of wellbeing as ‘the dynamic attainment of optimal balance and harmony in any—and ideally all—aspects of life’ (p. 50). Furthermore, Lomas (2021) features four categories of balance that align with the concepts shared by participants in this study: *affective*, balancing positive and negative feelings about self; *cognitive*, regulating thoughts to attain a sense of peace and control; *behavioural*, striking a balance of the intensity and type of activities that promote or thwart wellbeing; and lastly, *self-other*, the need to balance energy, resources and time spent on self-care versus time spent with others or managing personal needs with the competing demands of one’s wider environment, which can encompass cultural influences such as individualism and collectivism mapping accurately to participants’ excerpts.

Wong and Cowden (2022) provide an illuminating outline of Eastern psychological principles that leverage wellbeing conceptualisations beyond WEIRD-centricity, calling for an increased cultural appreciation and exploration ‘by embracing the non-dualist and dialectical dynamic of human experience...[where] non-duality looks at everything as wholeness based on Yin-Yang integration of independence but interactive opposing dimensions’ (p. 4). This stance allows the individual to simultaneously hold space for seemingly opposing ideas, emotions, and experiences and to adapt and learn to live with these expected tensions of life.

The 2022 World Happiness Report recently included a chapter on Balance and Harmony as a measure of inquiry for the first time, with results pulled from the 2020 Gallup World Poll (Lomas et al., 2022a). Lomas (2021) reasons that this inclusion is likely attributed to its being an Eastern tradition, perhaps overlooked by Western-centric approaches in the past (Henrich et al., 2010a, 2010b). However,

the analysis of the poll results shows that people in Eastern cultures generally did not have higher levels of balance/harmony than those in other regions. Instead, the higher rankings tended to be dominated by Western countries, particularly Nordic ones (Lomas et al., 2022a). The survey also found a clear preference for a calm life, which most people in all countries (except Vietnam and Georgia) chose. Once again, Eastern cultures did not score especially highly on this item, with the top-ranked nations mainly in Africa.

Lomas et al. (2022a) assert that this suggests that experiences of and preferences for balance/harmony appear to be shaped, to an extent, by people's social and economic situation, and regression analyses indicated that, apart from experiencing calmness, balance/harmony items all had a significant association with life evaluation. The survey results suggest that balance and feeling at peace with life could be considered central to wellbeing, equal to other key variables linked to high life evaluations, such as income, absence of health problems, and having someone to count on in times of need. Lomas et al. (2022a) note similar concerns as highlighted in the lay study, in that it is unclear to what extent the questions were interpreted similarly across countries, and further work could be done to examine the impact of language choices and differences. For example, my study showed potential differences in ethnic groups' use of terminology related to connections and community. Nevertheless, the authors suggest that the survey provides a strong case for regularly monitoring and further studying balance and harmony in the Gallup World Poll and beyond (Lomas et al., 2022a).

The theme of balance is a familiar finding in lay studies in both prominent single and multi-national studies, which have found that laypeople frequently value experiences of harmony and balance in both individualistic and collectivist contexts (Hone et al., 2015a; Jongbloed & Andres, 2015; Joshanloo et al., 2021). In two separate studies, initially with a preponderance of Western countries and latterly with a broader sampling including Asian and Latin American nations, research by Delle Fave et al. (2011, 2016) presented participants' definitions of happiness as featuring the concept of inner harmony extending to peace, serenity, balance and self-acceptance and that 'harmony is a process rather than a state; it is the dynamic harmonisation of various aspects and components of a whole' (Delle Fave et al., 2011, p.199). This endorses the notion that balance is a dynamic and flexible means which relates to intrapersonal, interpersonal and broader social systems features (Delle Fave et al., 2023; Kjell et al., 2016), as illustrated in my *Model of Elemental Wellbeing*.

A longitudinal Canadian study (Jongbloed & Andres, 2015) explored if happiness and wellbeing are either unitary or differentiated constructs and developed two metaphors from the findings: '*happiness as balance*' (see Literature Review), suggesting that happiness is a mental concept that involves balancing goal setting and achieving, accepting unexpected outcomes, and managing the tension between what one should do, have, or become to be happy and the potential loss of freedom or quality of life. The second, '*Gears of wellbeing*' (see Literature Review), integrates various aspects, including mental and physical health, work, and social relationships, and posits that optimal wellbeing requires different gear ratios, depending on the stage or situation. The researchers note that 'when adjusting the "gears of

wellbeing,” individuals...make complicated decisions based on their capabilities, knowledge, prior experiences, and best guesses about the future’ (Jongbloed & Andres, 2015, p. 11). These findings echo lay participants’ narratives that highlight the role of self-awareness, active pursuit, and their desire to experience and maintain balance.

To this end, there has been increased exploration of the concepts of balance and harmony. Kjell et al.’s (2016) *Harmony in Life Scale* describes harmony as involving both balance and flexibility, stating that ‘Balance is used to describe the relationship quality between two dialectically related phenomena, and harmony to signify the dynamic co-ordination of multiple balancing acts’ (p. 51). However, laypeople within this study speak more commonly of the balancing act between domains, processes or activities (e.g., between self-time and time with loved ones, between rest and exercise) rather than the harmonising effect of multiple balancing acts. This could be considered implicit in the narrative, and mindfulness, calm, and contentment are described as highly desirable positive states that sustain and buffer wellbeing. Perhaps the two are related, as these cognitive and behavioural states afford a feeling of balance or act as resources the individual can use to facilitate balance.

These findings mirror understandings endorsed in wellbeing science research across the globe and yet are complemented by context-specific narratives unique to Aotearoa New Zealand. For example, many participants cited the everyday vernacular of *the house*, or Te whare tapa whā (four cornerstones/sides), a Māori health model used to communicate the different parts of hauora (wellbeing). The house (whare) and its four walls (physical health, spiritual health, family health, mental health) represent the interwoven and interdependent nature of wellbeing, emphasising that all aspects must be nurtured for complete health and wellbeing to be realised if one wall falls or is damaged, the collective may become unbalanced and unwell (Ministry of Health, 2023). This may account for the prevailing sentiment that sees 80% of the sample, Māori and non-Māori, conveying that wellbeing contains many parts that require balance. In scholarly accounts, these parts are expressed as emotional, social and psychological (Diener et al., 2009; Huppert & So, 2013; Keyes, 2002; Seligman, 2011) and physical (Donaldson et al., 2022; Rath & Harter 2010a; VanderWeele, 2017), yet there remains little discussion of the interconnectedness of these pathways and the implicit balance between them.

Recent systematic review work explored wellbeing concepts within Indigenous populations around the globe, including in Aotearoa New Zealand, and found balance to be one of four key themes, reiterating the interconnectedness of the dimensions of wellbeing beyond standalone components (Gall et al., 2021). Beyond the East versus West dichotomy, this study, along with other lay sample research, has signposted the topic of balance as prominent for laypeople, Eastern, Western and Indigenous (Delle Fave, 2020; Delle Fave et al., 2022, 2016; Heaton, 2023; Hone et al., 2015a; Jongbloed & Andres, 2015; Wong, 2011).

Participants desire balance within and between the many areas of life (wellbeing), whether the balance is between life domains or emotional experiences and states. This sense of balance brings with it the opportunity to experience optimal wellbeing. The many parts are conveyed in numerous ways: there

are facets (e.g., mental, physical, social and spiritual), domains (e.g., work/life), outcomes (health and happiness) and elements (earth, wind, water and fire). This multidimensional view of wellbeing and coveted balance is expressed as an introspective and extrospective endeavour, balancing internal conflicting needs and the needs of the self with the needs of others.

Following the three features of a golden thread (Lomas, 2021), balance is conferred analytically, as something understood and desired as both a feeling and an end result, motivationally, in that the desire drives people's choices and behaviours and, in and of itself, participants deeply value the feeling or sense of having and being in balance. Within the *MEW*, the *Golden Thread of Balance* was developed through three central subthemes. Firstly, wellbeing has many parts and balance between them is deeply desired. Secondly, notions of wellbeing are shaped by individuals' beliefs and experiences, making it idiosyncratic. Lastly, time is an essential driver of wellbeing and a cherished commodity that facilitates balance.

Is there time to be well?

Time is voiced as a cherished and enabling commodity and mechanism for achieving balance, with 26% of the coded sample mentioning the topic in some form. The topic of time also presented insights into wellbeing literacy, with narrative frequency statistically significantly dropping at each level of reported literacy, with those who report high literacy levels discussing time concepts at 3 times the rate of those who report low literacy levels.

According to participants, time is to be acquired, managed, used, shared, protected and slowed. Dialogue indicates that an individual's relationship to their sense of time, quantity, quality and flexibility greatly influences their wellbeing experience, especially concerning having time for self-care. Time shines through all four *Elements*, be it *Inner self* (me time, reflection time), *Material stability* (swapping money for time), *Health* (time for healthy activity, time taken to access care) and strongly through *Connection* (time for self, and time for others). Time provides space for reflection, connection to loved ones, or treasured activities, such as self-care and hobbies, and to be in spaces that enhance wellbeing. In summary, laypeople view time as a precious commodity for nurturing their wellbeing.

However, research shows that there has been little improvement in the perception of time paucity, with almost half of all Americans saying they feel they do not have enough time to do the things they want to do, and this rate has held steady over a 15-year period (Newport, 2015). In New Zealand, 47.8% reported not having the right amount of free time, with only 4.1% of employed respondents saying they had too much free time (Stats NZ, 2022b). Despite research indicating that people now have more leisure time than they did in the 1960s, notions of time scarcity, paucity and pressure, and their impact on decision-making and lower perceived enjoyment of leisure time, are pervasive and affirmed by this lay sample (Boniwell, 2012; Sharma et al., 2023;).

When researching scholarly endeavours into the concept of time, it is clear that it transcends boundaries, from the abstract realms of physics and Einstein's spacetime continuum to the intricacies of

biology and psychology (Carroll, 2012). Becker's (2021) Templeton review of time provides a thorough overview of the interdisciplinary story of time, establishing no one agreed definition of the most used noun in the English language. However, she offers three 'flavours' to consider time: what physicists call *natural time*, beyond human perception and meaning-making; *clock time*, the objective passing of time that manifests through intricate rhythms that govern life processes, such as circadian rhythms, that regulate physiological functions; and lastly, *subjective time*, the human experience and understanding of time (Becker, 2021).

In the field of psychology, time is articulated as a subjective dimension, shaping human perceptions and experiences where 'time relies on sensory, perceptual, attentional, and memory processes at different time scales...from milliseconds to seconds, minutes, hours, and a lifetime....[and] is influenced by many different factors, such as attentional processes and contextual changes' (Block & Gruber, 2014, p. 132). Zimbardo and Boyd (2014) distinguish 'time perspective' (TP) as a cognitive process that places temporal frames of past, present and future on human experiences, providing order and meaning, which in turn play a potent role in driving human behaviour, contending that individuals tend to favour a particular TP, that can lead to a cognitive bias which may distort perceptions and future decisions. These TP, which are primarily subjective and may be unconscious to the person, are malleable and formed through learned factors, including culture, modelling and experience (Zimbardo & Boyd, 1999).

Research indicates that TP has important implications for cognitions, emotions, behaviour, motivation (such as goal setting) and social interactions (Diaconu-Gherasim et al., 2023; Chadee & Kostić, 2017). Researchers found that participants who feel time-poor are more likely to make unhealthy food choices and are less likely to volunteer or help a person in distress (Rudd et al., 2012). Through empirical testing, Zimbardo and Boyd (1999) identify five TPs that cover temporal frames of past, present, and future and are valenced to positive and negative recall. They assert that a 'balanced TP', comprised of a specific blend of the five TPs, is the most optimal perspective, with balance defined 'as the mental ability to switch flexibly among TPs depending on task features, situational considerations, and personal resources rather than be biased toward a specific TP that is not adaptive across situations' (Zimbardo & Boyd, 1999, p. 50). For example, Layous et al. (2018) sought to explore the nature of time scarcity by asking research participants to live like this was the last month in their current city (test group), and the control group kept track of their daily activities. Those in the test group reported improved wellbeing over time that the researchers explained were linked to increases in connection, competence and autonomy, articulated as those who were consciously living in time scarcity being more likely to seize opportunities that improved their wellbeing.

Although space here is limited to explore the vast range of research related to time perspective and wellbeing, a recent meta-analysis and textbooks provide helpful resources (see Chadee & Kostić, 2017; Diaconu-Gherasim et al., 2023) highlighting the relationship that TPs have with wellbeing subjective evaluations, depressive symptomology and anxiety, and showing that age and culture do play a

moderating role in these outcomes. Of particular interest to this study is research that indicates that TP may have a more significant role in financial health than financial literacy (Zimbardo et al., 2017) and that those with a balanced TP report higher hedonic and eudaimonic wellbeing (Boniwell et al., 2010). Although what constitutes a measure of balanced TP is contested, much of the research is still promising regarding malleability in terms of time perspectives (Boniwell & Zimbardo, 2015; Jankowski et al., 2020). Multiple experiments testing if the experience of awe can alter time perception report that participants who experienced awe also had a perceived greater sense of time, which positively influenced decision-making (Rudd et al., 2012).

Time is a valuable commodity that affects individual wellbeing, behaviours, and decision-making in various aspects of life. One perception of time is subjective and shaped by experiences, culture, and cognitive biases. Adopting a balanced time perspective, which involves the ability to switch flexibly among temporal frames depending on the situation, can promote financial health and overall wellbeing. By managing time effectively, individuals can make time for self-care, hobbies, and meaningful connections with others, which are essential for mental and physical health.

Contribution 8 | Beyond the individual: the role of context and the environment in the freedom to do and be well

The junction between internal individual awareness, experience, and feelings of autonomy and control, and external forces and agentic realities provides a fertile ground for exploring how wellbeing is experienced at the individual level. There are compelling signals, with one in four lay participants sharing about the impact their environment, socioeconomic situation, and access to care (for both mental and physical health) had on their experience of wellbeing and sense of freedom.

The space in which people live, work and play is said, by participants, to provide opportunities or impediments to their ability to function well, signposting the impacts of racism, poverty, homophobia, transphobia, sexism, ageism and ableism, perpetuated through embedded bias, dysfunctional capitalist systems and cultural norms that dictate rights and opportunities. Within this sample, Rainbow and Takatāpui participants were statistically significantly more likely to discuss these topics in comparison to heterosexual counterparts, and this trend was also seen for Trans/Non-binary participants, who discussed these concepts at twice the frequency of women and 1½ that of men.

Within the wellbeing sciences, these external considerations are often acknowledged as factors influencing wellbeing (Keyes, 2002; Ryan & Deci, 2006); however, they are not apparent, in constituent form, in prominent wellbeing accounts and are therefore not accounted for in the measurement of wellbeing (Diener et al., 2009; Huppert & So, 2013; Seligman, 2011).

The notion of environment is often addressed from the individual facing out, as such focus is on the cognitive and behavioural functions and responses deemed ‘within a person's control’. The onus is placed on the individual to respond to environmental factors that support them to be and do well. Others argue for an environment-person integration, acknowledging that the environment and person act on one

another, and these perceptions trigger emotional, cognitive and behavioural responses, which can be culturally or environment-based (Suresh, 2006). With critiques charged against the WEIRD (Western, Educated, Industrialised, Rich, Democratic) sciences of psychology (Henrich, 2020; Henricks et al., 2019) and Positive Psychology more directly (Van Zyl & Donaldson, 2024), there is merit in exploring how the field could benefit from a process of self-reflection to identify and analyse the situational power imbalances which perpetuate embedded bias (Goodwin et al., 1998).

These weaknesses have been confirmed by Park & Joshanloo's (2024) recent large-scale national survey research that explored relationships between perceived inequality, life satisfaction, and trust in a South Korean sample ($N = 17,357$), with modelling recognising two aspects of perceived inequality. Firstly, *opportunity inequality*, which relates to education and employment, which are 'essential for personal development and accomplishment ...[and] are crucial determinants of... access to resources and social mobility' (p. 9) and secondly, *power inequality*, which is linked to power dynamics, gender, wealth and law enforcement and which are embedded in social structures that allocate resources. Mediation analysis reported that both factors negatively predicted life satisfaction and remained stable, irrespective of household income (Park & Joshanloo, 2024).

The individualistic focus in the wellbeing sciences places the burden on the actor to make good and be well rather than positioning a share of responsibility where it also lies, in the hands of those who benefit from perpetuated systemic imbalances, who assert meritocracy as a level playing field without acknowledging the WEIRD freedoms they get to play the game with (e.g., genetics, resources, accessibility, connections) (Frank, 2016).

The Cambridge Dictionary (2024) defines freedom to be 'the condition or right of being able or allowed to do, say, think...whatever you want to, without being controlled or limited', and this extends to freedoms of choice, speech, thought, information and being free from injustice and persecution. These central concepts were captured within participant narratives in two ways: firstly, *freedom from*, living free of destructive, oppressive systems and social norms that thwart wellbeing (e.g., poverty, colonialism, racism, sexism, homo/transphobia, ableism, ageism), to be free to be oneself and live authentically. Secondly, there is *freedom to*, having stable means (material, resources, knowledge) to experience happiness and pursue activities that are beneficial to wellbeing. Participants desired freedom through material security, access to resources and knowledge that supported their wellbeing choices, and to live free of external forces that limited or controlled their ability to live according to their values and identity and pursue wellbeing supporting activities.

Within political philosophy, freedom has been discussed as 'negative freedom', viewed as the absence of external constraints or interference, and 'positive freedom' as the ability to exercise one's agency and pursue one's goals (Hardy, 2002). The concept of 'negative freedom' is often associated with liberalism, which emphasises individual rights and limited government intervention in private affairs; as such, people should be free to do as they please as long as they do not harm others or infringe upon their rights. 'Negative freedom' is thus seen as a form of *freedom from*, be it government regulation, social

norms, or other external factors that limit individual choice (Berlin, 1969, as cited in Hardy & Harris, 2002). ‘Positive freedom’ can be associated with progressive or socialist philosophies which emphasise collective action and social justice; here, proponents assert that people should not only be free from external constraints but also have the resources and opportunities to live fulfilling lives and achieve their potential. ‘Positive freedom’ is thus a *freedom to* do something, such as pursue education, healthcare, or other basic needs (Berlin, 1969 cited in Hardy & Harris, 2002).

Freedom is a central topic of Sen’s (1987, 2000, 2015) work in economics, which is increasingly cited interdisciplinarily (Robeyns, 2003; Oades et al., 2021a,b) and which calls for development work to expand success measures beyond GDP and personal income or measures of desire fulfilment such as happiness, to include ethics, social justice, inequality and discrimination, the outcomes achieved when people are free (Robeyns, 2005). Viewing development beyond a focus on growth emphasises the importance of ‘positive freedom’, which Sen (1999, as cited in Roberts et al., 2015) calls capabilities: ‘the doings and beings that people can achieve if they so choose—their opportunity to do or be such things as being well-nourished, getting married, being educated, and travelling’. Whether individuals can transform resources and public goods into ‘functioning’ depends on personal, socio-political, and environmental conditions, referred to as conversion factors (Robeyns & Byskov, 2023).

Here, ‘functioning is an achievement, whereas a capability is the ability to achieve. Functionings are...more directly related to living conditions...Capabilities, in contrast, are notions of freedom, in the positive sense: what real opportunities you have regarding the life you...lead’ (Sen, 1987, p. 36). Sen elaborates on this through the metaphor of a bicycle. One can know how to ride a bike and may have access to a bicycle (capability), but if the person has reduced mobility or does not have a safe place to ride, they cannot convert that capability to operationalise it to real freedom (an achieved functioning) (as cited in Robeyns, 2021). Capabilities can be expressed as ‘real or substantive freedoms’ as they represent the freedoms cleared of obstacles as opposed to formal rights and freedoms that may exist but cannot necessarily be realised (Robeyns, 2005).

Freedom in Positive Psychology – is it just autonomy?

Within PP, interpretations of freedom are frequently interchanged with the concept of autonomy (Ernø & Birk, 2024; Ryan & Deci, 2006; Schwartz, 2000). This builds on humanistic psychology and, in particular, Maslow’s (1958) work, which considers freedom as a basic need for self-actualisation and growth, conveyed as independence and the ability to express and defend oneself, being in control of one’s behaviour or choices. Seligman (2011) indicates the dimensions of the PERMA model to be things that ‘free people will choose for their own sake’ (p. 16), which echoes Rogers’s work on free will, driven by biological predispositions to improve and grow, to ‘experience the freedom to be oneself’ (Rogers, 1962, p. 47). As such, autonomy is deemed a basic psychological need or the ‘nutriments or conditions that are essential to an entity’s growth and integrity’ (Ryan, 1995, p. 410). Autonomy entails the individual’s perception of free choice and self-endorsed behaviour while acknowledging they are embedded within conditions or environments that can facilitate or thwart healthy functioning (Deci & Ryan, 1980; Ryan &

Deci, 2000; Ryan et al., 2016). As such, autonomy refers to an individual's ability to make independent decisions and act on them and is considered an essential aspect of human development and wellbeing (Iasiello et al., 2024; Keyes, 2002; Ryan & Deci, 2022). Autonomy supports individuals to express their unique identities and pursue goals and aspirations, which promotes psychological health and overall life satisfaction, with research confirming that autonomy is positively associated with various indicators of wellbeing, such as intrinsic motivation, self-esteem, and positive affect (Gagné & Deci, 2005; Vansteenkiste et al., 2007).

While autonomy refers to the capacity to make independent decisions and act on them, agency refers to the ability to act intentionally and exert control over one's environment (Ryan & Deci, 2006). These two concepts are often discussed in the context of Self-determination Theory (SDT) as a framework for understanding human motivation and behaviour (Deci & Ryan, 1980). According to SDT, Autonomy, Competency, and Relatedness are basic psychological needs essential for wellbeing, whereas agency is a crucial component of self-efficacy and personal growth (Deci & Ryan, 2012, 2008). Here, autonomy, instituted in an organismic metatheory approach, asserts that humans have inherent tendencies and innate psychological needs that are essential for optimal functioning and behavioural regulation, through which, when 'satisfied, one experiences a sense of integrity as when one's actions, thoughts, and feelings are self-endorsed and authentic' (Vansteenkiste et al., 2023).

In essence, autonomy is about the freedom to choose, while agency is about the ability to make things happen (Bandura, 2006). According to Bandura's (2006) Social cognitive theory (SCT), agency is the capacity to act intentionally, make decisions based on values and beliefs, and exert control over one's environment. It involves setting goals, planning actions, and regulating behaviour to pursue those goals. Agency is a dynamic and interactive process involving personal and environmental factors. Bandura (2001) argues that individuals are not passive recipients of their environment but actively shape and influence it through their behaviour. He also emphasises the importance of self-efficacy, which is the belief in one's ability to achieve goals and overcome obstacles and that achieving the desired goal will bring about the desired outcome (Bandura, 2006).

Bandura's (2001, 2006) approach to agency has implications for understanding human motivation, behaviour and wellbeing, suggesting that individuals have the capacity to exert control over their lives and achieve their goals, even in the face of adversity. Highlighting the importance of social and environmental factors in shaping agency and the need for interventions that promote positive self-beliefs and supportive environments, SCT recognises that individuals exist within social contexts, such as family, peer groups, and organisations, that can influence their behaviour and motivation. These social contexts can either support or undermine an individual's sense of autonomy so that when disturbed or interfered with, individuals experience a sense of pressure and conflict, which can result in feelings of being forced, controlled and thrust in an unwanted direction (Ryan & Deci, 2000; Vansteenkiste et al., 2023). This resonates with participants' narratives in the *Inner self Element* and notions of *freedom to be*,

while *freedom from* captures participants' accounts about oppressive systems which thwart wellbeing experiences and opportunities, limiting their agency.

In Aotearoa New Zealand, autonomy has been articulated in a collectivist tone to communicate the need for self-determination in decision-making, such as resource allocation and policy design to support outcomes, where autonomy is extended to include the need for a 'by Māori for Māori' approach (Kingi et al., 2014). As with Indigenous outcomes, these considerations are increasingly utilised in work seeking to address other underrepresented and disempowered populations who have considerably poorer health and wellbeing outcomes as well, such as disability and queer communities, endorsed in the dictate 'nothing about us without us' founded on principles of participation (Bridges, 2017; Koontz et al., 2022). These concepts speak to both autonomous and agentic possibilities and were prevalent in participant narratives regarding the significant role that experiences of physical ill health, including sickness, mental illness, disability, pain and addiction, had on their wellbeing experience—expressed about access to suitable healthcare services and providers (e.g., cost, timeliness, fit for purpose, affirming) for themselves or loved ones. Research confirms there is significant evidence to highlight the impact of barriers to care that exist beyond the individual's controls, such as being unable to get an appointment, transport inaccessibility, need for care after work hours, discrimination and cost (most significant barrier), and there is greater prevalence of these barriers for groups which are considered underserved including Pacific Peoples, Māori children and whānau (Te Tāhū Hauora, 2020) and for transgender and Indigenous peoples across the globe (Gracey & King, 2009; Kcomt et al., 2020; Veale et al., 2019).

Recent systematic reviews again deliver significant agreement between lay and scholarly accounts for physical health-related topics and the intersection with environmental contexts (see Iasiello et al., 2024; Kauppi et al., 2023; Linton et al., 2016). Linton et al. (2016) and Iasiello et al. (2024) (who use Linton's themes to inform their dimensions) reference *personal circumstances* that speak to both environmental and socioeconomic concerns. Kauppi et al.'s (2023) emergent *healthcare* theme is unique to any other model, theory, or systematic review examined. It includes aspects such as dependence on medication and the availability of healthcare services. As discussed, this topic was often articulated in lay concepts of wellbeing, focusing on what makes wellbeing better or worse related to access to appropriate care. It is encouraging to see these concepts, which see the intersection between autonomy, agency, context and environment, making headway into the wellbeing sciences as a recommended aspect for inclusion and measurement.

Wellbeing is situated in context and system

Context encompasses various social and political systems that create, shape, and uphold social hierarchies, spanning the labour market, education, political structures, and diverse cultural and societal norms (WHO, 2023b). Context matters because it represents the environment in which individuals exist, impacting on their experiences, cognitions, opportunities, and outcomes (APA, 2023). Understanding context is crucial as it provides insight into the factors influencing individuals and communities, ultimately shaping their wellbeing opportunities and overall quality of life. Environmental structures

influence decision-making, behaviours, and the distribution of resources, profoundly affecting how people live and interact within a given society or system. In the literature, systems are referred to as ‘an entity made up of interrelated/interdependent parts, [while] complex systems are the greater, the whole system made up of individual smaller systems’ (MSW, 2020). Meadows (2008) adds that a system is ‘a set of things . . . interconnected in such a way that they produce their own pattern of behaviour over time’ (as cited in Kern et al., 2020, p. 2).

In the social sciences, the term ‘systemic’ is often articulated around the notions of power and privilege, who has it and how it is exerted. There is a focus on the inequalities manifested through maintained discrimination (e.g., systematic) and experienced by what are often labelled ‘marginalised’ groups (e.g., women, LGBTQI+, those living with disability). These inequalities and discriminatory oppressions can be both an experienced state and an ongoing process that perpetuates the continued power imbalance (e.g., pay inequity, colonial land grabs, poor health outcomes). In this case, I have added the label of *oppressive* because participants referenced the incapacitating nature of these systems, which reduced their feelings of dignity and thwarted their potential to pursue and maintain wellbeing (David & Derthick, 2013, 2017). Longitudinal and systematic research confirms that experience of racial and identity (non-European patients, trans and non-binary) discrimination is a principal determinant of health in Aotearoa New Zealand and globally, with self-reported discrimination shown to be related to reduced quality of health care, poor health and wellbeing outcomes and even experiences of violence and pathologisation (Harris et al., 2018; Kapeli et al., 2020; Talamaivao et al., 2020; Soren, 2023; Tan et al., 2020).

The concepts articulated by laypeople across many parts of *MEW*, particularly the *Elements of Material stability, Health* and the *Golden Thread of Freedom*, align with what might be interpreted as the determinants of health and wellbeing. The social determinants of health (SDH) refer to the conditions and circumstances in which individuals are born, grow, live, work, and age, influencing their health outcomes (WHO, 2021). These encompass various factors such as socioeconomic status, education, employment, physical environment, access to healthcare, and social support networks. Researchers widely acknowledge the substantial impact of determinants on health inequalities and overall wellbeing (WHO, 2023b). These concepts align with the idea of health equity, which aims to safeguard that all people can attain high levels of health and wellbeing by addressing unfair and avoidable inequality and health outcomes for disadvantaged and underserved groups, both past and contemporary, due to socioeconomic, social and systemic obstacles such as bias and unethical practices from racism, sexism and stigma (Centres for Disease Control and Prevention, 2023).

Research indicates that these determinants are more critical than personal lifestyle choices and healthcare and may account for 30% to 55% of health outcomes, with much of the influence coming from outside the designated Health sector (WHO, 2023b). SDH are recognised for impacting an individual’s ‘access to power, decision-making, money and resources that give rise to these conditions of daily life’ (WHO, 2021, p.32). There are clear examples of laypeople’s articulation of social determinants and their

influence on wellbeing within *MEW*. Corresponding with narratives collected in the *Material stability Element*, such as fair and stable income, unemployment and job insecurity, quality of housing and having basic needs met. Within the *Health Element*, there are notions of food insecurity, access to affordable healthcare, both mental and physical, and experiences of disability, living with chronic pain, substance abuse and addiction. Access to education traverses *Material stability* and *Active pursuit*, and lastly, notions of the impact of social inclusion and discrimination permeate the *Golden Thread of Freedom*. This brief foray into the social determinants of health and capability approach to wellbeing provides significant support for the inclusion of objective, environmental factors such as *Material stability* and *Freedom* in *MEW*.

Contribution 9 | Lay concepts, the window to wellbeing literacy

Wellbeing literacy is defined as ‘a capability to comprehend and compose wellbeing language, across contexts, with the intention of using such language to maintain or improve the wellbeing of oneself, others or the world’ (Oades et al., 2021a, p.719). Presented as a model, with five components: wellbeing knowledge and language, comprehending for wellbeing, composing for wellbeing, contextual sensitivity and the intentional use of language (Oades et al., 2021b). With an epistemological grounding in constructivist and contextualist approaches, the model is suited to this study as it underscores the function of language in shaping realities and emphasises the active construction of meaning through language use and how this influences wellbeing experiences (Oades et al., 2020).

The lay concepts collected provide insight into the relationship between wellbeing language choices and experienced wellbeing. The self-report scale (WellLit6SR) (Oades, 2019) reported the greatest number of statistically significant results across the demographic and wellbeing variables, including the topics of *Self-awareness*, *physical health*, *Connection types family, friends and nature*, and *Connection characteristic of love*. In the *Golden Threads of Balance*, including the topic of *Time* and *Active pursuit*, all of which have been discussed in the above contributions and evidenced in terms of their role and benefit for experienced wellbeing. Additionally, there is a relationship between reports of generalised anxiety and depressive symptomology increasing as WellLit6SR scores decline, further cementing the link between language and experienced wellbeing as seen in prior studies (Hou et al., 2021).

Building on Sen's (1987, 2000) and Nussbaum's (2007) work, wellbeing literacy is viewed as a capability, and capabilities are notions of freedom, including how these opportunities shape the life one may lead and echoing the participant narratives collected in the *Golden Thread of Freedom*. Capabilities afford active engagement with language and, as such, influence cognition, emotion, and behaviour. The contextualisation of wellbeing emphasises the significance of considering social, economic, and environmental conditions, as these factors influence language use and interpretation. Wellbeing literacy necessitates the ability to adapt language use to various contexts. As such, capability is not only what one is capable of doing but also how the capability is borne out in the environment one inhabits. These functionings are seen as autonomous self-choices, where people have the freedom to be and do what they

need and what their heart desires. You might be a master rider, but this ability cannot be realised if you cannot access a bicycle, shoes and the time to ride.

The wellbeing literacy model presents literacy as a capability that empowers individuals to achieve meaningful wellbeing outcomes by navigating and leveraging environmental conditions. Through intentionally employing language to promote wellbeing, individuals can cultivate resilience and thrive even in the face of adversity. The findings contained within *MEW* regarding the range, valence, and dialectical notion of emotions, states and connection types offer a roadmap for the expansion of language used by academics and practitioners. By incorporating, through language choice, this learning into models and interventions to better reflect how laypeople experience wellbeing, thus expanding scholarly vocabulary, this could lead to intervention design to improve wellbeing literacy for all parties (Oades et al., 2021b).

This concludes the nine contributions to literature drawn from the analysis and comparative processes founded in participant lay narratives, academic accounts and current research and literature. This section has provided clear evidence as to the place of the constituent *Elements* of wellbeing and motivational, analytical and axiological principles of the *Golden Threads* when mapping a comprehensive account of lay concepts of wellbeing, thereby evidencing both the novel nature of some aspects of the *Model of Elemental Wellbeing* alongside the well-evidenced support for the inclusion of the remaining parts. The *MEW* provides a novel approach to support wellbeing definition, measurement and intervention design.

Next, the Discussion chapter will explore a more in-depth conceptualisation of wellbeing and demonstrate how these lay insights can contribute to the PP field's desire to improve definition and measurement. This discussion will highlight the importance of adopting a hybrid, dialectical, normative, and situated approach to understanding wellbeing.

Chapter 7 | Discussion and Conclusion:

So what and where to, what does this mean for map readers?

This exploratory-descriptive mixed methods (Core QUAL + *quan*) study maps the concepts of wellbeing held by laypeople in an adult New Zealand sample. The qualitative data collected and inductively analysed provided an opportunity to understand how people define and describe wellbeing and what makes wellbeing better and worse for them, addressing research aim one. Using Reflexive Thematic Analysis (RTA), a descriptive framework, the *Model of Elemental Wellbeing (MEW)* was developed to collect and communicate the lay narratives. The model depicts four *Elements* that describe the universal constituents of wellbeing (*Inner Self, Material stability, Health, Connection*) and three *Golden Threads (Balance, Active pursuit, Freedom)* that illustrate the interrelationships and motivational forces integrated within and between the constituent elements. The second research aim sought to identify differences in how demographic groups engage in these discussions, and the final aim explored discrepancies in lay and academic accounts of wellbeing by comparing the thematic results to a selection of prominent approaches in the PP field. All three aims uncovered valuable insights for scholarship and potential practical applications.

At the simplest reading, wellbeing is how a person, place or thing is faring, are they well or not. But it is seldom this simple. As such, wellbeing has been described as a *thick* concept, one which both describes and evaluates. The concept itself holds in it an evaluative, normative quality, in this case we are discussing the wellness of a being, to ‘be’ (exist) ‘well’ (in a satisfactory manner) (Alexandrova, 2017; Kirchin, 2013; Harper, 2024; van der Weele, 2021). Taking wellbeing as a thick concept and calling on the lay concepts collected in this study, wellbeing can be viewed as a **complex multifaceted hybrid experience**, with **dialectical sensibilities** that is a **situated freedom** and should therefore recognise **normative** expectations in its prescription. This acknowledges that not all things that promote wellbeing may be universally needed, accepted or desired, yet they should still form part of its definition and measurement. In this chapter, each of these facets is discussed and located within existing literature. The chapter closes with an outline of the study's strengths and limitations, future research prospects, and a conclusion.

Wellbeing: A complex multifaceted experience

In this study laypeople communicated that wellbeing is a concept that encompasses a wide array of features, making it **complex and multifaceted**. It is a deeply personal journey, crafted uniquely for each person yet composed of common elements that shape experiences. Achieving wellbeing involves navigating the delicate balance between numerous, sometimes conflicting aspects of life, whether cognitive, emotional, or behavioural. Wellbeing requires constant active engagement, as individuals strive to cultivate happiness, inner peace, mindfulness and love, while also grappling with challenges such as anxiety, stress, depression, and loneliness. The jingle jangle of terminology and meaning in the wellbeing sciences, which often sees ideas like wellbeing, happiness and flourishing used

interchangeably (Marsh et al, 2019; Van Zyl et al., 2024), and PP's noble pursuit to understand and support the good life, see our models focused on when life goes well. Yet, wellbeing is not always a good time. For laypeople, wellbeing is a holistic notion, synonymous with health, and extending to include emotional, social, physical and material daily realities.

Central to this pursuit is self-awareness, involving mental and physical health, as individuals seek harmony within themselves. Moreover, wellbeing extends beyond the individual to encompass connections with others and the environment. These connections, with fellow humans, animals, nature, or through Indigenous and spiritual practices, play a pivotal role in nurturing or hindering wellbeing experiences. Such interactions provide opportunities for mutual support and growth, yet they can also become sources of stress or conflict. Contextual factors further influence wellbeing, deeply embedded within societal systems and environments that can either facilitate or impede one's freedom to thrive. Factors like cultural and social norms, ethnicity, identity, and socioeconomics significantly affect how individuals experience and perceive wellbeing, often reflecting historical power imbalances and biases.

In summary, the concept of wellbeing is intricate and multi-layered, shaped by both internal and external factors that influence the pursuit of a balanced and fulfilling life. It is through understanding these complexities and navigating the dynamics of personal and environmental influences that individuals can aspire towards a holistic sense of wellbeing.

Wellbeing: A hybrid experience with dialectical sensibilities

A **hybrid** model is one which blends theory and research from different paradigms, proposing that wellbeing is in some part an objective value and also a subjective evaluation (Lambert et al., 2015; Woodard, 2015), and, as such, wellbeing is a mixture of objective, subjective, hedonic and eudaimonic approaches. A **dialectical** sensibility recognises that wellbeing involves a balance of seemingly opposing aspects, of positive and negative emotions, states, and experiences, located within the person or between the individual and others, and with the dynamic of both loving connections and those which are toxic and dysfunctional co-existing (Lomas, 2016c). These considerations are increasingly being addressed in contemporary wellbeing models, for example, accounting for the mind-body connection by including the function of physical health (Donaldson et al., 2022; Rath & Harter, 2010c; VanderWeele, 2017) and the adverse effects of physical distress (e.g., insomnia, injuries and vision issues (Donaldson et al., 2022); however, the intersection between person and environment is still under-recognised.

Wellbeing: Situated in the environment

While several academic accounts mention the role of the environment in their writings (Keyes, 2002; Huppert & So, 2013; Seligman, 2011), none account for the environment within their measurement tools, which results in the impact of the environment not being considered in any given measures of subjective wellbeing, which are then used to compare variables and outcomes. There are calls for this to change, with VanderWeele and Lomas (2023) acknowledging that definitions of wellbeing (and therefore

measures) are not static, they evolve, refine, and expand, as displayed in their recent work defining *wellbeing* as ‘the relative attainment of a state in which all aspects of a person's life are good as they pertain to that individual’ (p. 38), delineating that *flourishing* encompasses not just the individual, but also the quality of their environment. This means that the conditions for wellbeing extend beyond personhood to include the broader context. Lay accounts displayed the richness of the interplay between the individual and their environment. These narratives weave together the subjective experience within the contextual fabric, rejecting the notion of separating one from the other. Put simply, wellbeing is not just about the individual or their surroundings in isolation, it is about how they interact.

Consider, for instance, the contrast between a church serving as a sanctuary for one individual and as a source of anguish for another. For a faith community member, the church environment may provide solace and spiritual connection. Yet, for a young queer person rejected by their religious family, that same setting could evoke profound distress. The physical church is not inherently ‘good’ or ‘bad’, it embodies both potentials. This dynamic underscores a fundamental reality that the value of any context is defined by its unique impact on a given individual’s wellbeing. What fits one may not suit another. Therefore, a context’s relative ‘goodness’ or ‘badness’ lies not in its intrinsic qualities but in its resonance with the needs and experiences of those within it. Within the participant narrative, these concepts are expressed as being interrelated and provisional upon one another, not discrete and detached.

This echoes what Lomas and VanderWeele (2023b) convey as the complex creation of happiness (used interchangeably with flourishing/wellbeing) and the ‘conditions that contribute to its arising, which interact in complex ways’ (p. 15) formulated as *multidimensional conditionality*, in that wellbeing is an emergent, intertwined and unpredictable construct that cannot be attributed to any one element because humans actively shape and pursue activities based on many conditions. With testament to mounting scholarly evidence and particular reference to Crenshaw's (1991) intersectionality work, Lomas and VanderWeele (2023b) locate wellbeing and flourishing in a broader topography that traverses Subjective (mind), Objective (body), Intersubjective (culture), Interobjective (society) (see LIFE model, Lomas et al., 2015). They identify a collection of conditions such as awareness, cognition, emotions, biochemistry, temperament, genetics, physical health, social, economic, cultural and environmental systems which signals that wellbeing opportunities are located within societal power constructs that act ‘not merely instrumentally as factors which influence flourishing, but as actually constituting it’ (Lomas & VanderWeele, 2023b, p.16). This highlights the powerful interwoven nature of wellbeing constituents, social determinants and environmental realities which combine to shape people’s freedom to be and do well.

Ernø and Birk (2024) appeal for a rethink of freedom, viewing it as situated in that it is ‘a lived, bodily endeavour...something which one can lose, be deprived of, or gain. **Situated freedom** is therefore not dependent on metaphysical free will, rather, it is lived in the world, dependent on social life, politics, and so forth’ (p. 2). Breaking this down, MacCallum (1967) talks of freedom as having three parts: the agent, the goal, and the obstacles/interference and that even when the impediments are removed, the

agent may still not be entirely free because other barriers may become apparent—as such, freedom is situated. Furthermore, there is growing body of research that recognises the role of financial and economic security (Donaldson et al., 2022; Rath & Harter, 2010a) and the stability of financial and material conditions (VanderWeele, 2017). The analysis highlighted gaps in existing models, which fail to acknowledge fundamental human processes like the pursuit of balance, individual relationships with time, and the role of context in facilitating wellbeing. Approximately one in four participants spontaneously discussed narratives related to *Material stability* and *Freedom*, recognising that while wellbeing is individualised, it is influenced by environmental factors.

Taking a hybrid, blended approach highlights the limitation of equating and measuring wellbeing as linked to GDP or subjective measures of happiness alone, asserting that wellbeing must 'reflect both people's material living conditions and the quality of their lives' (Voukelatou et al., 2021, p. 279). This potentially goes some way to safeguarding against the autonomy concerns of objective theories and addressing the adaptation challenge that pose complications for subjective approaches to wellbeing like hedonism (Kwarcinski & Ulman, 2020; Robeyns, 2017).

Wellbeing: A normative reality

If there is agreement that wellbeing is a complex, multifaceted hybrid experience that has dialectical sensibilities and is a situated freedom, then the notion of **normativity** must be contemplated—asking, whose idea of wellbeing are we theorising, modelling, measuring, and promoting? Tiberius and Hall (2010) offer an approach founded in philosophical alternatives, which include 'idealization: a theory that begins with subjective psychological states and adds constraints that such states must meet to count as constitutive of a person's well-being' (p.2) or what they refer to as 'idealised subjective theories'. Here, Tiberius and Hall (2010) describe subjective wellbeing (e.g., life satisfaction or hedonism) as an evaluative consideration. It is related to perceived satisfaction with positive or pleasant states, while objective wellbeing involves components that may not in and of themselves be desired or assessed as personally valuable by the individual (although they may be). Yet, this is not a constraint of the component being included as a necessary aspect of the theory. As such, they are proposing a normative³⁶, value-laden conceptualisation of wellbeing. This would see the addition of aspects that may not necessarily be valued by an individual or scholar but which, when present, be that personally or for the social good, are known to impact on wellbeing positively, and therefore 'should be' required consentient parts of wellbeing theory.

Would a scholar from a WEIRD nation (Henrich, 2020; Hendriks et al., 2019), occupying a position of power and privilege (e.g., through their gender, ethnicity, level of education, socioeconomic status, being able-bodied, heteronormative) view material stability and freedom as essential to wellbeing, as compared to someone who is a member of a chronically underserved group? The lay concepts captured

³⁶ Normative – 'When philosophers use the word "normative", they mean, roughly, "having to do with what ought to be rather than what is"; "normative" is opposed to "descriptive" and does not refer to what is statistically normal' (Tiberius & Hall, 2010, p.2).

in the *MEW* describe the need to have basic material needs met, being able to access health care, and being able to live free from oppressive cultural and gender norms to be free to be oneself, all of which indicate wellbeing to be a value-laden prospect.

A normative model of wellbeing includes what we know to be good for wellbeing, not just what we think results in pleasure. For example, from this study, laypeople contribute self-awareness, material stability, physical health, access to care, connection to people, pets and nature, Indigenous knowledge and practices, in addition to a desire for balance and freedom to actively pursue wellbeing. Scholars might add meaning and purpose, autonomy, and perhaps spirituality. When taken together, the *Elements* and *Golden Threads* form a hybrid, dialectical, situated and normative descriptive model of wellbeing incorporating hedonic, eudaimonic, subjective and objective factors.

A final methodological consideration

The final concluding consideration steps away from the content of the participants' sharing, taking a moment to acknowledge the method by which their voice was collected, amplified, analysed and curated, with the focus moving to the methodological choices. Proponents of third wave PP (Lomas et al., 2021a) called for an expansion in both scope and methods, with an appeal to increase the scope to contextual and cultural enquiry beyond the individual, and methods moving beyond what was originally a positivist paradigm that deemed the gold standard of evidence to be via the holy grail of randomised control trial, which saw quantitative approaches dominate PP's first two decades and 78% of all studies taking a quantitative design (Donaldson et al., 2015). Lomas et al. (2021a) called for a broadening of the scope of the methodological approach to include qualitative, mixed and computational designs. This study is firmly located in the third wave remit as a mixed methods, Core QUAL + *quan* (Guest 2012; Morse, 2017, 2020), inductive design using Reflexive Thematic Analysis (Braun & Clarke, 2022a) as the central methodological guide and with the aim to collect and amplify voices which are often overshadowed or excluded in PP (Hone et al., 2015a).

Other lay research designs may be quicker to execute, but I would argue that they are less comprehensive. Often, they result in a homogenisation of concepts siloed into demographics or vocations, lacking the intersectionality of the whole human experience and nuanced language use. For example, if the analysis in this study had ended at Chapter 4, relying solely on the most frequently used single words, the resulting map would have been quite different. The most common term used to describe and define wellbeing was 'Health', and if the analysis had stopped there, it might have potentially resulted in health as being merely related to physical states and behaviours (eating, moving, sleeping) and overlooked the nuances of health related to access to care and services.

I aimed to address these limitations through careful research design, data collection methods, and analysis procedures in this research. I encouraged a variety of voices to contribute by using a general sample through an anonymous online survey, acknowledging that not all perspectives would be captured. I employed blinded inductive coding, revealing demographic variables only to support purposeful coding

and include absent voices. By seeking statistical significance through socially constructive and subjective measures, the mixed methods design enabled comparative analysis by grouping the sample.

This study provides unique insights into lay concepts of wellbeing by addressing criticisms of qualitative research and demonstrating how the Core QUAL + *quan* design mitigated these concerns. Specifically, it offers a deeper understanding of New Zealand adults' perspectives on wellbeing, producing a model that can inform practice, policy, intervention, programme design, and future scholarly research, both locally and internationally.

Strengths and limitations

Throughout my PhD journey, I have cultivated several key strengths that have contributed to the quality and impact of my research. As a practitioner and coach, I bring a unique perspective focusing on trusting and amplifying the lay voice. Employing my coaching skills, characterised by curiosity and dedication to client-led exploration, I believe the methodological design and method choices drew out participants' knowledge, enriching the research insights' depth and authenticity. A commitment to learning new methodologies, analysis approaches and technological aids, such as NVivo and X-mind, has been integral to enhancing the rigour of my research. I have increased my aptitude in developing anonymous surveys and recruiting participants, coupled with a commitment to learning and undertaking inductive research and reflexive thematic analysis, facilitating robust data collection and analysis processes and ensuring the credibility and depth of my findings. As with any PhD journey, I have had to demonstrate adaptability and creativity to navigate research challenges with resilience and innovation. Leveraging support and insights from my network, new and existing, I approached obstacles with creative problem-solving techniques such as visualisation and mind mapping, fostering breakthroughs in analysis.

My research journey has been marked by several achievements and milestones. Presenting my findings at international conferences, contributing to scholarly publications, and engaging in knowledge dissemination through podcasts and professional platforms have allowed me to showcase my research's relevance to diverse audiences. Moreover, fostering collaborations and interdisciplinary efforts has enriched my research journey, culminating in a comprehensive network of scholars across various disciplines. These collaborations have broadened the scope of my research and laid the foundation for future collaborative opportunities, fostering innovation and cross-disciplinary dialogue.

Despite the strengths of my research, several limitations have influenced its scope and findings. The sample composition posed limitations, particularly regarding the underrepresentation of certain demographic groups, such as men and individuals of Asian and Pacific descent. Although purposeful organic sampling mitigated some of these issues, sample diversity remains challenging. While efforts were made to minimise biases through blind inductive processes and reflective practice, inherent biases and assumptions may have influenced data collection and analysis processes. While sample size, population diversity, and data quality were addressed to the best of my ability, these limitations may have

influenced the breadth and depth of the findings. Generalisability was not attempted, given the qualitative nature of the study; however, purposeful sampling facilitated the transferability and trustworthiness of the findings within the sampled population.

Employing an inductive Reflexive Thematic Analysis process was time-consuming and constrained the utilisation of quantitative data, limiting the scope of analysis and interpretation. The scarcity of purely inductive qualitative studies exploring lay concepts of wellbeing, particularly in New Zealand, underscores gaps in the literature, limiting the depth of analysis and comparative understanding. Reflecting on these limitations, future studies in the field may benefit from smaller sample sizes, potentially accelerating the coding and analysis process while maintaining rigour and credibility.

Lastly, a key strength of this research is that it not only adheres to established statistical and methodological standards but also actively challenges traditional power imbalances in knowledge production, fostering a more inclusive and ethically grounded approach to social inquiry. In doing so, it contributes to the third wave PP knowledge base, which emphasises embracing complexity and the critical interrogation of dominant epistemologies. By demonstrating the practical application of social justice, feminist, and intersectional theories in research design, data collection, analysis and decision making, this study serves as a model for others seeking to integrate these approaches into their own work. This reinforces the idea that such methodologies are not only theoretically significant but also empirically viable, paving the way for more socially responsive and equitable research practices.

Recommendations for future research

Building upon the insights gleaned from the present study, this section outlines a series of future research recommendations that aim to advance knowledge in key areas of inquiry.

Expand the scope of participant demographics: To enrich the range of perspectives and experiences, future research would benefit from involving a broader spectrum of participants. Specifically, incorporating focus groups with men, Pacific and Asian communities will address a notable gap in the current demographic representation. Additionally, testing the model with Māori participants would provide valuable insights into the applicability and cultural relevance of the proposed framework within an Indigenous community.

Development of a *Model of Elemental Wellbeing Scale*: Conduct a development and validation process for a model synthesising the *Elements* and *Golden Threads* framework, followed by empirical testing to evaluate its effectiveness in capturing wellbeing concepts within varied cultural contexts and demographic groups.

Cross-cultural validation: Opportunities to test the model in diverse cultural contexts by conducting comparative studies across different cultural settings would allow researchers to assess the model's robustness and adaptability. This cross-cultural validation would illuminate how cultural nuances

shape perceptions of wellbeing and inform the refinement of the model to ensure its relevance across varied cultural backgrounds.

Tailored Reflexive Thematic Analysis: Employ further rounds of RTA to conduct focused analysis on key aspects of the data, including wellbeing malleability, wellbeing literacy, and demographic considerations such as the experiences of Trans/Non-binary and Rainbow and Takatāpui populations. This approach will enable deeper exploration and interpretation of nuanced findings, fostering a comprehensive understanding of the intersecting factors shaping individuals' wellbeing experiences. Additionally, it will facilitate the identification of unique themes and perspectives within specific demographic groups, contributing to more inclusive and culturally sensitive research outcomes.

In-depth examination of wellbeing literacy results: Building upon the observed association between wellbeing literacy scores (WellLit6SR) and elevated levels of reported wellbeing, there is a compelling opportunity to delve deeper into understanding the mechanisms underlying this relationship. A focused analysis of wellbeing literacy data can provide valuable insights into the specific components and processes through which literacy in wellbeing concepts contributes to positive mental health outcomes—leading to innovative approaches, such as educational programmes, digital interventions, and community-based initiatives, tailored to address specific deficits in wellbeing literacy identified through empirical research.

Understanding meaning, purpose and virtue from a lay perspective: One of the most significant gaps identified between lay concepts and prominent theory and models were the ideas of meaning, and/or purpose. These topics are present in all prominent accounts reviewed yet were only minimally communicated by laypeople. Undertaking further qualitative research, perhaps in the form of focus groups or interviews could help to understand if this was an anomaly of this sample or perhaps laypeople see these as different, unrelated concepts. Further exploration into the nature of language is warranted to gain a deeper understanding of how linguistic expressions relate to wellbeing perceptions.

Refinement and replication of methodology: To enhance the replicability and transferability of the study findings, refinements to the research design are necessary. A smaller-scale survey, capped at 200 participants, could provide more nuanced data for analysis while ensuring feasibility and rigour. Adopting a deductive thematic coding framework, such as the *MEW* framework, would facilitate the systematic exploration of emergent themes while also allowing for the identification of novel concepts and codes. Subsequent validation through focus groups could validate the revised model and ensure its relevance in diverse contexts.

Development of Positive Psychology Interventions: Building upon PP's theoretical foundations, future research should focus on developing and implementing interventions based on the *MEW Elements* and *Golden Threads* framework. These interventions could cultivate and sustain individual wellbeing by leveraging evidence-based practices grounded in PP principles. By integrating these interventions into real-world settings, researchers can evaluate their efficacy in fostering holistic wellbeing and promoting flourishing among diverse populations.

The proposed avenues for further research aim to address critical gaps in current knowledge while advancing the understanding of wellbeing dynamics and effective intervention strategies. By incorporating diverse perspectives, refining research methodologies, and implementing evidence-based interventions, future studies can contribute significantly to wellbeing research and practice.

Closing reflections from the researcher

I am proud of the contribution this study offers to advancing knowledge in a field whose potential and impact I am very passionate about. One of my favourite sayings is that a beach is made of many grains of sand. I am thankful to have had the opportunity to add a grain to the knowledge base by adding a comprehensive, inductive exploratory-descriptive study on lay concepts of wellbeing.

In particular, I am proud of the amplification of voices that may not always be represented in research like this, including the insightful Indigenous perspectives of the Māori people who participated, along with those living with a disability, Trans/Non-binary folk and those who identify as part of the LGBTQI+ Rainbow and Takatāpui communities with which I also identify. I hope this work can aid in bridging knowledge gaps between scholarly and lay perspectives so that the participants' knowledge and my analysis of it can inform the design of interventions, programmes, and policies to enhance wellbeing and foster a deeper understanding of human flourishing.

Conclusion

This research focuses on the lived experiences of wellbeing to explore and describe what wellbeing is. The analysis revealed that laypeople view wellbeing as a complex, multifaceted, and deeply personal concept influenced by internal and external factors. The results were curated into a novel prototype, *The Model of Elemental Wellbeing (MEW)*, which highlights common *Elements* and *Golden Threads* that shape individuals' understanding, motivation, and wellbeing experiences. Furthermore, the study emphasised the normative nature of wellbeing, underscoring the value-laden nature of its conceptualisation.

The research matters because it enriches our understanding of wellbeing as a complex, hybrid model with dialectical sensibilities situated in the environment, underscoring the importance of considering normativity in wellbeing theories. By exploring lay concepts of wellbeing, the study shed light on the intricate interplay between personal experiences and environmental realities, highlighting the need to recognise and address societal power constructs that influence wellbeing and its conceptualisation, measurement and operationalisation.

A key strength of this study is its design and conduct, which are consistent with the need to nurture diversity and inclusivity, as evidenced in its comprehensive mixed methods approach, which aimed to collect and amplify voices often overshadowed in Positive Psychology literature. The study's inductive design using Reflexive Thematic Analysis further underscores a commitment to inclusivity.

While the research acknowledges limitations related to sample composition and methodology, its dedication to diversity remains a standout feature.

The findings, contributions and recommendations for future research urge further exploration of the developed model, consideration of diverse participant demographics, and cross-cultural validation of the framework. Additionally, the study recommends tailored thematic analysis, deeper examination of factors influencing wellbeing literacy, understanding lay perspectives on meaning and purpose, refinement of the methodology, and the development of Positive Psychology interventions based on the *MEW* framework.

In conclusion, this research has provided valuable insights into the complex nature of wellbeing. It emphasises the need for a holistic understanding of the concept that considers a wide range of experiences and perspectives that are dialectically sensitive and contextually located. The conclusions drawn and the recommendations for future research, which include further exploration of the developed model, consideration of diverse participant demographics, and cross-cultural validation of the framework, indicate an ongoing commitment to furthering our understanding of wellbeing and its applications in practice, policy, and intervention strategies.

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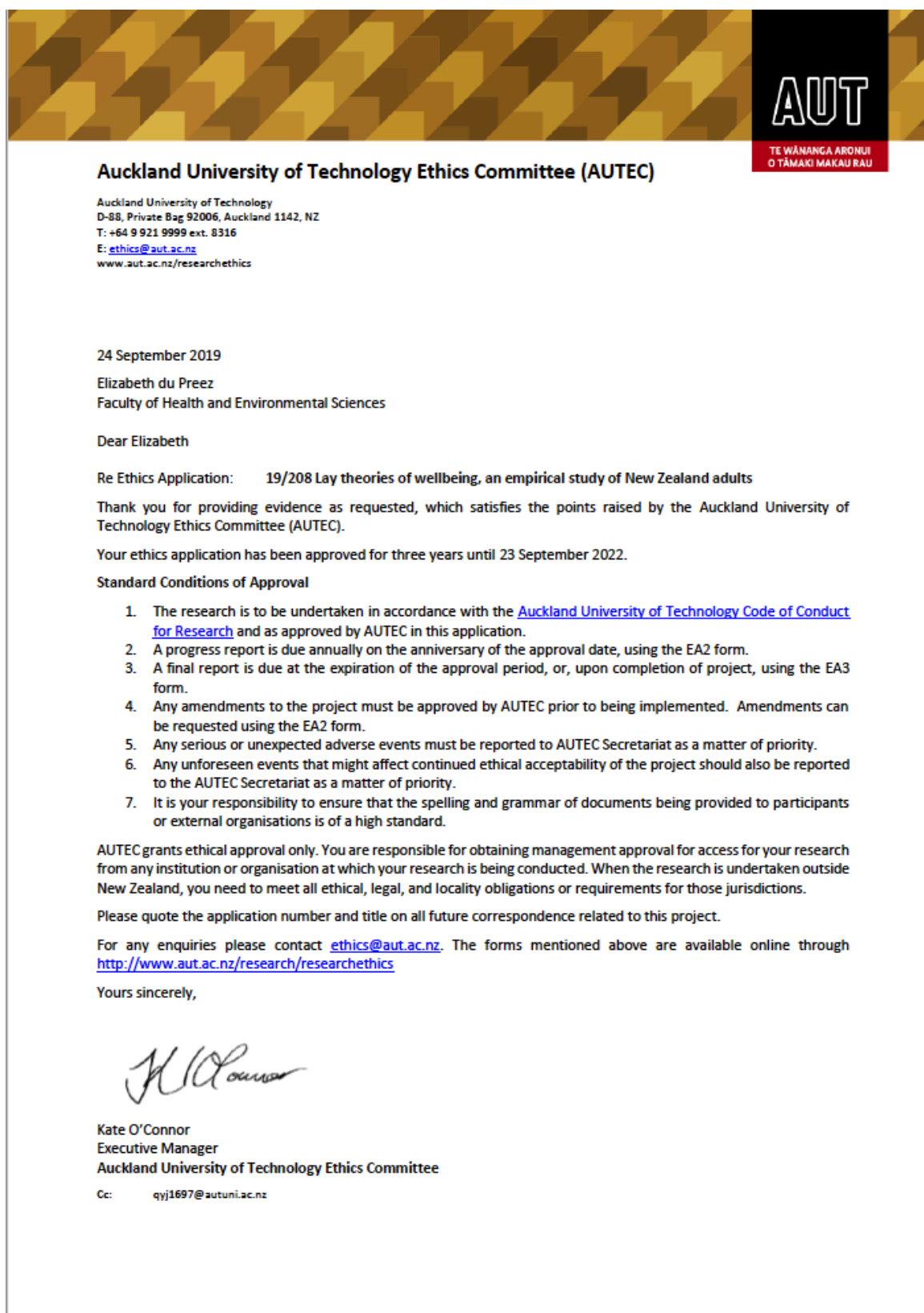
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Appendices

Appendix A: Ethics Approval

Figure 73

Ethics Approval Letter



Appendix B: Invitation to participate in research study

Figure 74

Research Invitation to Participate Flyer



RESEARCH HELP WANTED
Wellbeing is a hot topic!
 I want to know what it means to you.

I am looking for participants to complete an online survey for my PhD studies at AUT.

What does it involve?

- I want to hear what you believe about wellbeing...what it is and what makes it better and worse. There are no right or wrong answers.
- It takes 10-15 minutes, is **completely anonymous** and can be done **online, anywhere, anytime**.
- The research will help practitioners to design and deliver better wellbeing interventions and programmes.

Who can participate? Anyone who is;

- 18 or over who lives in New Zealand.
- **Not** a wellbeing expert or researcher.

Prezzy card

Participate for chance to win **1 of 5 \$100 Prezzy cards**

TO START FOLLOW LINK ABOVE

AUT

Approved by the Auckland University of Technology Ethics Committee on 24 Sept 2019. AUTECH Reference number 19/208.

Contact details: Researcher: Annalise Roache, PhD Candidate (qyj1697@autuni.ac.nz)
 Project supervisor: Dr. Elizabeth du Preez (elizabeth.dupreez@aut.ac.nz)

PLEASE SHARE THIS INVITATION
Thank you

Appendix C: Full survey flow and question set (including Information Letter)

Standard: Info Sheet and Age consent block (2 Questions)
Branch: New Branch If If I understand that my involvement in this study and data from this research will remain strictly c... I am <u>under</u> 18 Is Selected
Block: End of Survey - Under 18 (1 Question)
EndSurvey:
Standard: Live in New Zealand (1 Question)
Branch: New Branch If If I am living in New Zealand? No, I <u>do not</u> live in New Zealand Is Selected
Standard: End of survey - not in NZ (1 Question)
EndSurvey:
Standard: Lay person check block (1 Question)
Branch: New Branch If If Do you consider yourself to be a wellbeing specialist, researcher or expert? (For example do you... Yes, <u>I AM</u> a wellbeing expert Is Selected
Block: End of survey - Non lay person (1 Question)
EndSurvey:
Standard: Demographics - pre survey (10 Questions) Block: Wellbeing survey - qualitative (9 Questions) Standard: WBL 6 item (1 Question) Standard: Mental Health Continuum Short Form (1 Question) Standard: PHQ-ADS (1 Question) Standard: Demographics - post survey (3 Questions)
Branch: New Branch If Invalid Logic Click Here to Edit Logic
ReferenceSurvey:
Branch: New Branch If Invalid Logic Click Here to Edit Logic

EndSurvey:

Start of Block: Info Sheet and Age consent block

Q1.1 Date Information Sheet:

Project Title: *Lay Theories of Wellbeing: An empirical study of New Zealand adults.* Hello and thank you for taking the time to find out more about my research study. My name is Annalise Roache, and I am completing a Doctorate of Philosophy at Auckland University of Technology. I am a Positive Psychology practitioner, coach and researcher who is interested in better understanding the concept of wellbeing. There is a chance you may know me through professional or personal connection. I would like to take a moment to reassure you that this research is completely anonymous and whether you choose to participate or not will neither advantage nor disadvantage you.

What is the purpose of this research? This study seeks to amplify the voice of people in wellbeing research. By using an anonymous survey to capture the beliefs lay people (e.g. non wellbeing experts) hold about wellbeing and compare them to prominent academic theory. The benefits of this study include the identification of lay theories of wellbeing or prominent beliefs held by individuals. This will support a bridging of the gap between scientific theory and lay opinion. It will also explore the relationship, if any, to mental health status and wellbeing literacy, which could provide insights into intervention and programme design to support the wellbeing of New Zealand citizens. The findings of this research may be used for academic publications and presentations and will form the major element of the requirements for my programme of study for a Doctor of Philosophy.

How was I identified and why am I being invited to participate in this research? You have been identified as someone directly in my personal and professional networks or through a colleague or acquaintance who has passed on this invitation to you. All adults over the age of 18, who reside in New Zealand, are invited to participate unless you are a wellbeing specialist or expert. You are receiving this Information Sheet to ensure you are fully informed about the nature of the study, how to participate and to answer any questions you may have. Alternatively, you may be a wellbeing specialist or expert. For example, someone who has a particular framework of understanding wellbeing, or an academic qualification in the wellbeing field and/or work in the allied health fields. As the study is focused on capturing lay (non-expert) beliefs of wellbeing it precludes experts participating at this stage. However, if you are a wellbeing expert it would be greatly appreciated if you could assist in recruiting others to participate in the study by passing on this invitation and Information Letter.

Who can participate? Anyone over 18 who is living in New Zealand and who is not a wellbeing expert or researcher.

How do I agree to participate in this research? At the end of this letter, click the next button to start the survey. Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You can withdraw from the study at any time. If you choose to withdraw from the study, simply close the survey. Any incomplete surveys will be deleted from the survey system and the content will not be analysed. Once you have submitted the survey it is not possible to have your response removed as there is no way to identify an individual response.

What will happen in this research? The survey should take about 10-15 minutes to complete depending on how much you choose to share. Firstly you will be asked to answer a few demographic questions. Then eight open ended questions about wellbeing (for example what you think wellbeing is). There is no minimum or maximum word limit and you can share as much or as little as you want and spelling and grammar do not matter. The final part of the survey contains a set of questions (which you will be asked to rate from agree to disagree) which identify wellbeing, mental health and wellbeing literacy self-reported ratings along with a demographic survey. It is important that you complete the full survey to ensure your responses can be used. Incomplete surveys will not be used in the final research study.

What are the discomforts and risks? There are no discomforts or risks anticipated in taking this survey. You can complete it at a time and place of your choosing and share as much as little as you feel comfortable with. AUT Health Counselling and Wellbeing can offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to: Drop into our centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling 921 9992 Let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet You can find out more information about AUT counsellors and counselling on <http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling>.

What are the benefits? For participants and wider community, the research findings may result in improved programme design and service delivery by supporting more accurate targeting of wellbeing messages and information. There is a potential short-term benefit in that expressive writing exercises have been shown to provide short term boosts to participants positive emotions and sense of life satisfaction, while reducing negative emotions. For me, the researcher, the benefits of you completing this survey are many. Firstly, it affords me the opportunity to research in a field I am passionate about and one which I believe can help to improve the wellbeing of New Zealand citizens. Secondly, this study forms the major component of my Doctoral studies and will support me in obtaining my degree. Should you choose to participate I would like to thank you in advance for without participants such as yourself this research is not possible.

How does the prize draw work? Participants who complete the survey will be given the opportunity to enter a prize draw for one of 5 \$100 Prezzy cards. At the end of the survey you will be invited to enter the prize draw. The draw will be selected using a random number allocator and will be drawn once the research is fully complete, this is anticipated to be anywhere between 6-12 months' time.

How will my privacy be protected? This survey is completely anonymous, and your privacy will be protected through several means. Firstly, you **will not** be asked to provide any identifiable data (e.g. name, email, phone number, address). Secondly, the survey system has been designed so that it does not collect IP addresses so there is no way to link your response to your computer or device. Thirdly, any information which may be shared in the survey (such as name or geographical location) will be removed by the researcher. Fourthly, all data will be reported in merged or generalised findings no identifiable information will be used. Specific quotes may be used to highlight overall themes and reinforce larger findings. Lastly, anyone choosing to enter the prize draw will be automatically transferred to a separate survey which will collect your name, address and contact details, this process ensures that your survey responses and prize draw information cannot be linked together, maintaining the strictest levels of privacy.

What are the costs of participating in this research? There are no financial costs to participate and you will be asked to give 10-15 minutes of your time (or more) depending on how much you chose to share when answering each question.

What opportunity do I have to consider this invitation? The survey will be open for approximately three months and you can complete it at any time. That said, it would be appreciated if you could complete it now, as analysis will be ongoing throughout the research period and every response helps speed the process.

Will I receive feedback on the results of this research? A one to two-page summary of the findings will be published on the researcher's website (www.thecoachingtoolbox.co.nz) should you wish to review the findings I recommend you check the website from July 2021 onwards.

What do I do if I have concerns about this research? Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Elizabeth du Preez, elizabeth.dupreez@aut.ac.nz, 09 921 9999 ext 7692. Concerns regarding the conduct of the research should be notified to the Executive Secretary of ATEC, Kate O'Connor, ethics@aut.ac.nz, 921 9999 ext 6038.

Whom do I contact for further information about this research? Please keep this Information Sheet. You are also able to contact the research team as follows: **Researcher Contact Details:** Annalise Roache,

qyj1697@autuni.ac.nz. **Project Supervisor Contact Details:** Dr. Elizabeth du Preez, elizabeth.dupreez@aut.ac.nz , 09 921 9999 ext 7692. **Approved by the Auckland University of Technology Ethics Committee on September 24th, 2019 AUTEK Reference number 19/208.**

Q1.2 I understand that my involvement in this study and data from this research will remain strictly confidential. Only the research team (comprised of the researcher, her supervisors, AUT statistical staff, data analysis assistants) involved in the study will have access to the non-identifiable data. It has been explained to me what will happen once the research study has been completed. I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. You must be over 18 to participate. Please confirm you are over the age of 18.

I am over 18 (1)

I am under 18 (2)

End of Block: Info Sheet and Age consent block

Start of Block: End of Survey - Under 18

Q2.1 Thank you for your time however the survey is restricted to people 18 and older. If you know anyone who may be interested in responding please do pass on the link. Thank you.

End of Block: End of Survey - Under 18

Start of Block: Live in New Zealand

Q3.1 I am living in New Zealand?

Yes, I live in New Zealand (1)

No, I do not live in New Zealand (2)

End of Block: Live in New Zealand

Start of Block: End of survey - not in NZ

Q4.1 Thank you for your interest, unfortunately the survey is restricted to people living in New Zealand. If you know anyone else, living in New Zealand, that may be interested please pass on the link. Thank you.

End of Block: End of survey - not in NZ

Start of Block: Lay person check block

Q5.1 Do you consider yourself to be a wellbeing specialist, researcher or expert?

(For example do you have a particular framework of understanding wellbeing, or an academic qualification in the wellbeing field and/or work in the mental health field?)

No, I AM NOT a wellbeing expert (2)

Yes, I AM a wellbeing expert (1)

End of Block: Lay person check block

Start of Block: End of survey - Non lay person

Q6.1

The survey is focused on capturing lay opinions of wellbeing and therefore experts are excluded.

If you know anyone who may be interested in responding please do pass on the link. Thank you for your interest.

End of Block: End of survey - Non lay person

Start of Block: Demographics - pre survey

Q7.1

We are going to start with a few demographic questions and then move to the core, open ended, survey questions and then close with some more demographic and wellbeing questions.

What is your age?

Under 18 (1)

18 - 24 (2)

25 - 34 (3)

- 35 - 44 (4)
- 45 - 54 (5)
- 55 - 64 (6)
- 65 - 74 (7)
- 75 - 84 (8)
- 85 or older (9)
- Prefer not to disclose (10)

Q7.2 To which gender identity do you most identify?

- Female (1)
- Male (2)
- Transgender / gender non-binary (3)
- Prefer not to disclose (4)

Q7.3 What is your relationship status?

- Single, never married (1)
- Long term partner (2)
- Married / Civil Union (3)
- Widowed (4)
- Divorced (5)
- Separated (6)
- Never married (7)
- Other (9) _____
- Prefer not to disclose (8)

Q7.4 What is your employment status? Mark the space/s which apply to you.

- Homemaker (1)
- Employed full time (2)
- Employed part time (3)
- Unemployed looking for work (4)
- Unemployed not looking for work (5)
- Retired (6)
- Student (7)
- Beneficiary (8)
- Prefer not to disclose (9)

Q7.5 Which ethnic group do you belong to? Mark the space/s which apply to you.

Please provide further detail, in the space provided, if you would like (For example your specific Iwi/Hapū or Pacific, Asian, Middle Eastern, African or European country)

- Māori (1) _____
- Pākehā/European (2) _____
- Pacific (3) _____
- Asian (4) _____
- African (5) _____

Middle eastern (6) _____

Other (7)

Q7.6 Education: what is the highest degree or level of school you have completed? If currently enrolled, highest degree received.

Less than high school (1)

High school graduate (2)

Some University, no Degree (3)

Trade/technical/vocational training (4)

Bachelors (5)

Masters (6)

Doctorate (7)

Q7.7 Where do you primarily live?

Northland (1)

Auckland Region (2)

Waikato (3)

Bay of Plenty (4)

Gisborne (5)

Hawke's Bay (6)

Taranaki (7)

Manawatu-Wanganui (8)

Wellington (9)

Tasman (10)

Nelson (11)

Marlborough (12)

West Coast (13)

Canterbury (14)

Otago (15)

Southland (16)

Q7.8 Do you consider yourself to live rurally ?

Yes (1)

No (2)

Prefer not to disclose (3)

Q7.9

Do you identify as LGBTQI+, Takatāpui or a member of the Rainbow Community?

Please provide further detail, in the space provided, if you would like (For example; lesbian, transgender, queer, gay)

Yes (1) _____

No (2)

Prefer not to disclose (3)

Q7.10

Do you identify as someone with a disability?

Please provide further detail, in the space provided, if you would like (For example; auto immune disease, depression, chronic pain condition, sight impairment)

Yes (1) _____

No (2)

Prefer not to disclose (3)

End of Block: Demographics - pre survey

Start of Block: Wellbeing survey - qualitative

Q8.1

Instructions: - It's time to answer the core, open ended, questions of the research (8 in total).

- Write as little or as much as you like.
- The more detail the richer the results, take time to respond fully.
- ***There are no right or wrong answers, this is about sharing your opinion and beliefs.***
Before you start please take a moment to clear your head, take a few deep breaths and think about the concept of wellbeing, in all parts of your life; not just at work, or just at home, everywhere.
Click NEXT to begin.

PageBreak

Q8.2 When you hear the word **wellbeing**, what comes to mind for you? (for example: words, phrases, images, feelings).

Write everything you can think of, there are no wrong answers.

PageBreak

Q8.3 Imagine if you were asked to describe **wellbeing** to someone who had never heard of the concept before. How would you describe it, as fully as possible?

PageBreak

Q8.4 What, do you believe, makes your **wellbeing** better?

Write everything you can think of.

PageBreak

Q8.5 From what you just said, what do you believe is the **single most significant** thing that makes your **wellbeing better**?

Q8.6 Why do you think this is?

PageBreak

Q8.7 What, do you believe, makes your **wellbeing** worse?

Write everything you can think of.

PageBreak

Q8.8 From what you just said, what do you believe is the **single most significant** thing that makes your **wellbeing worse**?

Q8.9 Why do you think this is? _____

PageBreak

End of Block: Wellbeing survey - qualitative

Start of Block: WBL 6 item

Q9.1 Now for the **last set** of multi-choice health and demographic questions (this should take **about 2 minutes**) Please answer the following questions.

	Strongly disagree (1)	agree (2)	slightly disagree (3)	neutral (4)	slightly agree (5)	agree (6)	strongly agree (7)
I have many words I can think of to communicate about wellbeing. (1)							
I know a lot about wellbeing. (2)							
I know how to improve my wellbeing. (3)							
I have the skills to understand information about wellbeing. (4)							
I have the skills to express myself about wellbeing. (5)							
I can communicate about wellbeing in multiple ways (e.g., writing, listening, drawing) to suit the needs of my audience. (6)							

End of Block: WBL 6 item

Start of Block: Mental Health Continuum Short Form

Q10.1 Please select the answer that best represents how often you have experienced or felt the following during the **past month**:

	Never (1)	Once or twice (2)	About once a week (3)	About 2 or 3 times a week (4)	Almost every day (5)	Every day (6)
Happy (1)						
Interested in life (2)						
Satisfied with life (3)						
That you had something important to contribute to society (4)						
That you belonged to a community (like a social group, or your neighborhood) (5)						
That our society is a good place, or is becoming a better place, for all people (6)						

That people are basically good (7)

That the way our society works makes sense to you (8)

That you liked most parts of your personality (9)

Good at managing the responsibilities of your daily life (10)

That you had warm and trusting relationships with others (11)

That you had experiences that challenged you to grow and become a better person (12)

Confident to think or express your own ideas and opinions (13)

That your life has a sense of direction or meaning to it (14)

End of Block: Mental Health Continuum Short Form

Start of Block: PHQ-ADS

Q11.1 Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (8)	Several days (9)	More than half the days (10)	Nearly every day (11)
Little interest or pleasure in doing things. (1)				
Feeling down, depressed, or hopeless. (2)				
Trouble falling or staying asleep, or sleeping too much. (3)				
Feeling tired or having little energy. (6)				
Poor appetite or overeating. (7)				
Feeling bad about yourself - or that you are a failure or have let yourself or your family down. (8)				
Trouble concentrating on things, such as reading the newspaper or watching television. (9)				
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual. (10)				
Thoughts that you would be better off dead or of hurting yourself in some way. (11)				
Feeling nervous, anxious or on edge (12)				

Not being able to stop or control
worrying (13)

Worrying too much about different
things (14)

Trouble relaxing (16)

Being so restless that it is hard to sit
still (17)

Becoming easily annoyed or irritable
(18)

Feeling afraid as if something awful
might happen (19)

End of Block: PHQ-ADS

Start of Block: Demographics - post survey

Q12.1 Do you believe your wellbeing is something you can change?

Yes (1)

No (2)

Page Break

Q12.2

Assume that this ladder is how you picture your life. The top (10) represents the best possible state and the bottom (1) represents the worst possible state for you. How do you rate the follow aspects of your life;

	10 (1)	9 (2)	8 (3)	7 (4)	6 (5)	5 (6)	4 (7)	3 (8)	2 (9)	1 (10)
Satisfaction with my life? (1)										
Financial security? (i.e. can cover my bills and feel confident about my financial situation) (2)										
The degree to which I intentionally pursue activities / practices that are intended to support or improve my wellbeing? (3)										

Q12.3 Is there anything else you would like to share about the topic of wellbeing?

End of Block: Demographics - post survey

Appendix D: Quantitative wellbeing measures

Wellbeing Literacy 6 item self-report scale

Table 26

Wellbeing Literacy Scale

	Strongly disagree 1	Disagree 2	Slightly disagree 3	Neutral 4	Slightly agree 5	Agree 6	Strongly agree 7	Measures (Internal use only)
I have many words I can think of to communicate about wellbeing.								[Wellbeing vocabulary]
I know a lot about wellbeing.								[Wellbeing knowledge]
I know how to improve my wellbeing.								[Wellbeing skills]
I have the skills to understand information about wellbeing.								[Wellbeing comprehension]
I have the skills to express myself about wellbeing.								[Wellbeing composing]
I can communicate about wellbeing in multiple ways (e.g., writing, listening, drawing) to suit the needs of my audience.								[Wellbeing literacy]

In terms of scoring, there are 2 possible ways:

1) compute total scores from all the 6 items, then average it to obtain an overall score for the ‘wellbeing literacy’ construct; and/or

2) simply use the actual response for each item, and report them separately (Vocabulary; Knowledge; Skills; Comprehension; Composing; Literacy) – see over page for example.

Red zone – low wellbeing literacy score <4 (0 to 3)

Amber Zone – mid-range wellbeing literacy score 4<6 (4 & 5)

Green Zone - low wellbeing literacy score 6<7 (6 & 7)

Source: Oades, L.G., (2019).

Positive mental health - The Mental Health Continuum-Short Form (MHC-SF)

Table 27

Mental Health Continuum-Short Form (MHC-SF)

	Please answer the following questions are about how you have been feeling during the past month. Please tick the answer that best represents how often you have experienced or felt the following:	Never	Once or twice	About once a week	About 2 or 3 times a week	Almost every day	Every day
		0	1	2	3	4	5
Cluster 1; Items 1-3 = Hedonic, Emotional Well-being	1. happy						
	2. interested in life						
	3. satisfied with life						
Cluster 1; Items 4-8 = Eudaimonic, Social Well-Being	4. that you had something important to contribute to society						
	5. that you belonged to a community (like a social group, or your neighbourhood)						
	6. that our society is a good place, or is becoming a better place, for all people						
	7. that people are basically good						
	8. that the way our society works makes sense to you						
Cluster 3; Items 9-14 = Eudaimonic, Psychological Well-Being	9. that you liked most parts of your personality						
	10. good at managing the responsibilities of your daily life						
	11. that you had warm and trusting relationships with others						
	12. that you had experiences that challenged you to grow and become a better person						
	13. confident to think or express your own ideas and opinions						
	14. that your life has a sense of direction or meaning to it						

Continuous Scoring: Sum, 0-70 range.

Symptom Clusters and Dimensions:

Cluster 1; Items 1-3 = Hedonic, Emotional Well-Being	Cluster 2; Items 4-8 = Eudaimonic, Social Well-Being Item 4 = Social Contribution Item 5 = Social Integration Item 6 = Social Actualization (i.e., Social Growth) Item 7 = Social Acceptance Item 8 = Social Coherence (i.e., Social Interest)	Cluster 3; Items 9-14 = Eudaimonic, Psychological Well-Being Item 9 = Self-Acceptance Item 10 = Environmental Mastery Item 11 = Positive Relations with Others Item 12 = Personal Growth Item 13 = Autonomy Item 14 = Purpose in Life

Categorical Diagnosis:

A diagnosis of flourishing is made if someone feels 1 of the 3 hedonic well-being symptoms (items 1-3) "every day" or "almost every day" and feels 6 of the 11 positive functioning symptoms (items 4-14) "every day" or "almost every day" in the past month.

Languishing is the diagnosis when someone feels 1 of the 3 hedonic well-being symptoms (items 1-3) "never" or "once or twice" and feels 6 of the 11 positive functioning symptoms (items 4-8 are indicators of Social well-being and 9-14 are indicators of Psychological well-being) "never" or "once or twice" in the past month.

Individuals who are neither "languishing" nor "flourishing" are then coded as "moderately mentally healthy."

Source: Keyes, C. (2009)

Patient Health Questionnaire (PHQ-ADS)

Table 28

Patient Health Questionnaire (PHQ-ADS)

	Comprised of PHQ-9 and GAD-7. Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
PHQ-9	Little interest or pleasure in doing things.				
	Feeling down, depressed, or hopeless.				
	Trouble falling or staying asleep or sleeping too much.				
	Feeling tired or having little energy.				
	Poor appetite or overeating.				
	Feeling bad about yourself - or that you are a failure or have let yourself or your family down.				
	Trouble concentrating on things, such as reading the newspaper or watching television.				
	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.				
	Thoughts that you would be better off dead or of hurting yourself in some way.				
GAD-7	Feeling nervous, anxious or on edge				
	Not being able to stop or control worrying				
	Worrying too much about different things				
	Trouble relaxing				
	Being so restless that it is hard to sit still				
	Becoming easily annoyed or irritable				
	Feeling afraid as if something awful might happen				

Scoring notes.

Scores are calculated by assigning scores of 0, 1, 2, and 3, to the response categories of “not at all,” “several days,” “more than half the days,” and “nearly every day,” respectively. GAD-7 total s ranges from 0 to 21 and for the PHQ-9 from 0-27.

PHQ-9 Depression Severity.

The depression severity score is 16 (3 items scored 1, 2 items scored 2, and 3 items scored 3). Scores of 5, 10, 15, and 20 represent cut points for mild, moderate, moderately severe and severe depression, respectively.

GAD-7 Anxiety Severity.

Scores of 5, 10, and 15 represent cut points for mild, moderate, and severe anxiety, respectively.

While it was designed principally as a screening measure for generalised anxiety disorder, the GAD-7 also has moderately good operating characteristics for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder. When screening for anxiety disorders, a recommended cut point for further evaluation is a score of 10 or greater.

Source: Pfizer Inc (n.d.).

Appendix E: NVivo generated coding framework

This table is produced in NVivo from the coding framework developed during the RTA process. Please note codes are listed in alphabetical order as generated by NVivo rather than presented in the order of the *Elements* and *Golden Threads* in the *Model of Elemental Wellbeing*.

Table 29

NVivo Generated Coding Framework

Code name	Code description
Wellbeing Elements (Semantic Codes)	
Connection to other (human, animal, nature) - there are many types and characteristics of connection	Any form of connection (human, animal) where it is expressed in the form of being connected to someone or something else and that this connection is of benefit to the person. Love, friendship, family. Sense of belonging, having emotional support, meaningful connection, feeling valued and validated, support network, kindness, peaceful, networks that help you grow. Being cared for. Counter is toxic and damaging relationships, not all connection is good for us.
Characteristics of relationships	Organising code to bring together of codes that describe the nature of relationships.
Being Heard and Understood	Being heard and understood by others - by friends and family and being heard at work. That your feelings matter, and you are able to express them. Counter to this is not feeling appreciated or heard/seen.
Communication	Being able to communicate well, to know self and communicate well. Honest communication.
Empathy and forgiveness	Having empathy towards others and contrasting this is the negative impact of people you don't have empathy (detracts from wellbeing). The ability to forgive (only showed up a small amount so not sure this will stick as a node)
Generosity - material and in spirit	Being generous - materialistic and of spirit
Helping others (offering help, support and care),	When thinking about wellbeing it includes the idea of being there for others, checking on others wellbeing, reaching out to others to offer help/support, helping others on their wellbeing journey. Being an advocate for others who may not be able to advocate for themselves. Being aware that 'everyone is fighting their own battles' so to have patience with others. Also, about volunteering and contributing to society.
Intimacy and physical touch	The act of physical affection, touch, hugs, sex, intimacy with another
Loneliness, isolation, disconnection and exclusion	Having a lack of connection, feeling insecurity, isolation, no support, cause mental distress. Being disconnect from loved ones, and form self emotionally. Exclusion, sense of worth lessens.
Love, surrounded by people who love and care for you, loving others	Having encouragement, secure loving relationships, stable, comfort, generosity in relationships, accepted, love in both romantic relationships and friendships. Feeling loved, cared for and nurtured. Being able to give and receive love. Counter to this is feeling of being disconnection from loved ones.
Psychological and emotional stability and safety	Emotional and psychological stability and/or safety that comes from having what you need. <i>Note:</i> This code does not include stability born from specific relationships such as whanau or friends as they are coded under the connectivity code unless psychological and emotional support is clearly described.
Toxic, negative, unhappy and dysfunctional relationships and	References to toxic people and dysfunctional relationships across full spectrum of intimate, friend, family, and workplace. Negativity,

Code name	Code description
people, being judged, bullied, people who are closed minded.	unhappiness in people and being surrounded by it, negative people, toxic people, rude people, selfish, greed. Being criticised. Being bullied. Being judged. Being angry or around people who are angry. Results in energy being drained. Feeling guilty. Misunderstandings and conflict. Violence and threats of violence in the world. Being around ignorant and closed-minded people.
Trust and respect (Distrust and being disrespected)	Being trusted by others and trusting others yourself, having the trust and respect of friends and having friends you can trust. Counter to this is not being trusted or not trusting others, having people you can trust. Being taken for granted, not being appreciated. Living by an ethical and moral framework and treating others as well through living that way.
Willingness to reach out for help	Asking for help when you need it, feeling you can and actually reaching out to friends and family, doctors etc. Counter to this is needing to reach out to others but being embarrassed, everyone thinks I am ok so don't ask for help.
Type of Relationships	Organising code to bring together types of relationships
Community	Connectivity expressed in relation to the wider community, being connected and a sense of belonging, receiving emotional support that is meaningful.
Family, whānau, partner (also references parenting)	Expressed specifically to family units, feeling loved, valued, and validated. Also, the challenge and pressure of parenting. Whanau, kinship, family connection. References to partners (non-intimate)
Friends, social connections	Loving friendships, trust, connection, being respected by. Socialising.
Indigenous Te Ao Māori wellbeing concepts - wellbeing means many things	Te Whare Tapa Wha – balance of many elements, physical, social, emotional and spiritual. Being in balance. Tahi Wairoa (Spiritual and personal beliefs), Taha Tinana (Physical health). Taha Hinengaro (Mental / emotional health and self-control). Taha Whanau (Social connection and self-esteem). Te Kore – the void from which creation comes, the space before. Wairua – the spirit and being in touch with it.
Nature/Whenua (and the environment around you)	The physical environment around you includes several concepts that impact wellbeing for better and for worse. These include references to nature and the outdoors, including complex notions of connection, physical and mental health and happiness and the quality of amenity, noise and visual pollution, indigenous connections, climate change and the impact of weather and seasons.
Nature, outdoors, whenua, climate change awareness, ethical sources	Fresh air, nature, beautiful surroundings, and landscapes, appreciating the beauty of our country. Awareness of the planet and climate choices. Ethical sources for food. Ngahere being forest and wai being water. Contra being disconnected from whenua, land.
Quality and care of amenity (Noise and visual pollution)	Surrounding environment is well cared for and healthy, clean, dry, warm. Noise that is disruptive, noise pollution, traffic, messy spaces and homes. Access to quality local amenity like bus, cycle, and library.
Weather, seasons	Bad weather, dull grey days, lack of sunshine, cold, seasonal depressive disorder, impact of different seasons (good and bad) and counter to this is loving sunshine and good weather.
Pets and animals	Loving connections, walking, cuddles, constant companions
Spirituality and religion	Being connected to god, respecting god, studying the bible, giving time for god (prioritising), Wairua – the spirit and soul and being connected with it. Notions of being seen as a guide and support. Karakia, reciting rituals, pray, chant.

Code name	Code description
Workplace connections - Wellbeing discussed in relation to work is mostly negative, it brings meaning for a few but challenge and stress for many	That has meaning, is satisfying and you enjoy. Counter to this is the stress from being overworked. Causes stress and pressure, prevents me doing what I love, brings a sense of overload, drains energy and time, is frustrating, reduce wellbeing when not paid enough. Contrasting this having meaningful work can support/improve wellbeing. Workplace bullying. Also un / under employment leading to boredom and stress.
Health - Eat Sleep Move	
Physical health: Eat, Sleep, Move - Wellbeing is physical health and having access to health services	Taking care of self. Eat: eating well (nutrient dense, plant based, whole food, non-processed food) to provide energy, drinking water. Not skipping meals. Limit alcohol. Sleep: Good quality sleep, take time to recharge, helps reduce anxiety, counter to this is the negative impacts of tiredness and lack of sleep from small kids. Move – being active, cardio, regular activity, being fit and ‘taking care’. Ethical sources for food.
Healthcare: Health, illness, addiction and disability are wellbeing (Organising code)	Without health life and wellbeing is hard, feeling unhealthy detracts from wellbeing. Appears to be a predominantly physical health reference. Also, things like references to genetics and hormones impacting wellbeing (adversely). Specific accounts of health-related matters, access to care, addiction, mental health and illness and specific mention of sickness and disease.
Access to medication and health care professionals	Having access to what you need, when you need it. Including mental health and physical health specialists. Also medicine can be bad for your wellbeing, side effects. Validating experiences with health care.
Addiction or unhealthy substance, product use (smoking, drugs, alcohol, social media, apps)	Derail you, bad for your health and wellbeing. Addictions including legal and illegal; Smoking, drinking, drug use. Also, reference to social media and apps being addictive, by design, and leading to poor health outcomes.
Mental health and/or Illness	Relating specifically to mental health or mental illness.
Sickness, Disease, Pain and Disability	Physical disability, cancer, experiencing pain / no pain. Significant medical events such as miscarriage. Allergies and their negative consequences, nausea, and tiredness. Genetics and hormones.
<i>Material stability</i> - Wellbeing is a sense of security, stability and comfort in the material aspects of life	A sense of stability, security, comfort and life satisfaction that comes from material and economic stability - the main focus is that these things bring a sense of stability, comfort, security to the person. Includes life satisfaction. Includes a sense of independence and self-sufficiency, living a productive life. Higher order code used when I cannot determine if the reference its psychological, material or perhaps both.
Material and economic stability, abundance, and opportunity	A sense of certainty and comfort in the material aspects of day-to-day life. Having your basic needs met, well. Prevalent concept in data and refers to as sense of life satisfaction, living good and having what you need but not necessarily more than that. A good place to live, a sense of safety and security. Economic and financial stability and security. A sense of abundance. Also, a notion of access to quality care. Counter are concerns about poverty, homelessness, inequity. Note - maybe link to govt code.
The <i>Inner self</i> - Wellbeing involves Self-awareness, care and love and a myriad of emotional experiences	Organising code to bring together the 3 core topics which relate to the internal practices of having Self-awareness, having control of thoughts and emotions and self-love and care.
Self-awareness, others and environment around you	Knowing self and emotions, being aware of physical needs, knowing about different wellbeing domains and what you are not paying attention to/overlooked, awareness of barriers to your wellbeing and

Code name	Code description
	knowing how to remove them. Having the ability to detach from stories the mind tells us. Saying no, having clear boundaries. Checking in with yourself. A sense of belonging coming from knowing who you are. Also signals awareness beyond personhood, being opened to others' perspectives. Having awareness of others to
Self-acceptance, self-care, and self-love	A sense of acceptance about; your place in life, your surroundings and yourself...knowing and being in touch with one-self and accepting self (loving self). A state of mind, inner peace, and acceptance of self and where you are in life, happiness with what you have, and forgiveness of self. Doing what you must, to take care of yourself. When you can say 'I am enough'. Having self-confidence and self-esteem and a sense of self-worth Having self-respect, self-care activity Counter to this is low self-esteem.
Introversion, time to self	Need to have time to self to recharge – appears to be seen as an identity which is attached to their ideas of wellbeing for themselves. Also, a space and time to be creative. Personal space, time for self, space for reflection.
Being in control of thoughts and emotions (sense of autonomy and agency)	WB is about paying attention to thoughts and emotions, self-reflection, listening to self and knowing what is good for you. Having a feeling of control over thoughts and emotions (feeling autonomous and having agency) so you can manage situations and have a 'good' attitude towards situations. Having a sense of routine, order, control and confidence. Mindset. The counter is having a bad head space, not managing self-negative self-talk, ruminating.
Inner states (‘Negative’ and ‘Positive’) Physical, emotional, cognitive	
Negative states (Physical, Emotional and Cognitive)	A parent code refereeing to all negative states, using this to group them together until I can see a clearer picture of what lies beneath and how to work the structure of codes and themes as a result. Within the parent are child codes for Toxicity, negativity, anger; Worry and Fear; Depression, anxiety, and sadness. Stress, pressure, and anxiety (with sub code about poor grades). In the general parent code things like 'things not going according to plan', problems, exhaustion.
High frequency negative topics	Organising code for high frequency negative states
Depression, anxiety, sadness	Ruminations, downward spiral, seasonal weather related
Stress and pressure	Feeling overwhelmed (not listening to self), financial strain, criticism at work, deadlines, burnout, being busy at work, study, life, feeling angry, trapped, over committing, insomnia, mood swings. A sense of mental overload. Counter to this is knowing that nothing changes when you panic, and some stress is good because it keeps you going.
Low frequency negative topics	Organising code for low frequency negative states
Grief	A need for there to be adequate time and space take to allow time to grieve, for loss, heartbreak, and sadness.
Self-sabotage and bad habits	Purposefully sabotaging one's own wellbeing by not doing something you know you should or would benefit from. Bad habits. Procrastination. Doing things that make you unhappy.
Social media, the news and technology needs to be managed	It is okay when I am okay, when not in a good way then comparisons can be negative (all not just on SM), can get caught up in other people's lives. Looking at others, social media, too much screen time, playing games etc. Negative news, making the world seem like a very dark place. Managing news intake.

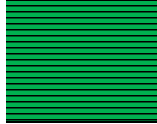
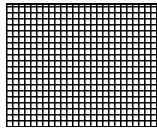
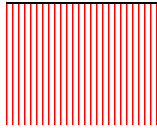
Code name	Code description
Struggles and challenge (as detracting from wellbeing or as transformative)	Going through hard times helps us to be better people. Getting out of comfort zone, growth. Daily struggles can bring you down, the ups and downs of life detracting from wellbeing.
Toxicity, negativity, angry, guilt (within the environment)	Negativity in the environments. Being surrounded by it but not specifically relating to people or relationships - more general references. Can also be feelings of anger experienced by the individual.
Trauma, abuse and unhealed experiences	Reference to old wounds unhealed, specifically childhood trauma that has lasting impact into adulthood. Abuse.
Worry and Fear	Creates a false narrative, worrying about the future
Positive states (Physical, Emotional and Cognitive)	A parent code referring to all positive states, using this to group them together until I can see a clearer picture of what lies beneath and how to work the structure of codes and themes as a result. Within the parent are child codes for Fun, Laughter and Enjoyment; Joy, contentment and fulfilment and; Energy & Enthusiasm
High frequency positive states	Organising code used to collect high frequency positive states
Happiness (and life satisfaction...)	Having a happy disposition (trait). Hobbies make you happy. Life satisfaction may well sit in here to, but only a couple of occurrences so far.
Mindfulness, calm, relaxation and peace	Calm, inner peace. Taking time to slow, still mind, being reflexive, space/time for self to 'take stock', getting away from the noise, doing things unhurried, relaxation, being mindful and practicing mindfulness and meditation. Relaxation including day on the couch, read, watch, chilling and relaxing. Sense of peace and inner calm. Peace at home, work and in mind and body. Achieving a state of flow.
Low frequency positive states	Organising code used to collect low frequency positive states
Being grateful and thankful	Experiencing gratitude for what you have in life. Being generous and experiencing generosity. Appreciation for what you have in life. Counter to this is a lack of generosity, mean spirited, unkind, and if you don't notice the good things around you it impacts your wellbeing.
Fun, laughter and enjoyment	Smiling, laughing, being in the flow, wellbeing makes you happy. Enjoyment. Not having enough money makes it hard to have fun.
Having courage and strength	Mustering courage and acting on it, being courageous
Having energy, enthusiasm (Vitality), being inspired	A feeling of energy, enthusiasm and vitality that comes from having wellbeing. As opposed to being exhausted, lacking energy and vitality. Being inspired.
Having hope	Planning ahead, things to look forward to, having hope. (Counter to this is a sense of uncertainty.) Thinking about the future and planning for it. Planning for emotional and stressful times so you can be prepared and control them. Having things to look forward to. Also being concerned about future opportunities if current goals are not achieved (specifically re study). Having a sense of hope. Counter to this is a sense of uncertainty.
Joy, contentment and fulfilment	Joy and contentment in life, and a sense of fulfilment. Flowing with life.
Kindness and Compassion (vs Unkindness)	Mean, nasty people, personal attacks, toxic people. Compassion. Counter to this is kindness and kind words.
Positive environments	The sense of being in a positive, accepting, celebrating environment.

Code name	Code description
Purpose and making a contribution	Having a life of purpose, fulfilment, meaning to life, a state of flow. Making a difference, a contribution, giving back. A feeling that what you do matters.
Resilience	What it takes to be or how hard it can be to be resilient
Wellbeing Golden Threads	
Overarching theme - Wellbeing is the stable freedom to pursue activity that brings balance to the many parts of life	Overarching theme holder - no coding here
<i>Active pursuit</i> - wellbeing is a verb	Wellbeing is actively pursued. Appears more individualistic, where someone identifies and tries things to improve and/or support their wellbeing (happiness) and change these things as needed, coping strategies. Hint of 'judgement' felt 'personal responsibility' (opposite lazy) but also autonomy, doing what you love, have the ability, time, attitude, means to do, is 'in their hands'. Brings mental stimulation. Drive. Putting self-first, self-care, learning new things. The act of doing, wellbeing is a verb.
Achievement, goals and success	Achieving goals, being productive. Feeling successful. Having a sense of impact and competence.
Hobbies, Passion and Creative Pursuits	Doing activities that you enjoy, exciting activities, pursuing personal passions, being creative, having creative outlets. Listening to or playing music, reading. Making things. Trying new things.
Knowledge, Education, Learning and Tools	To make decisions, informed. Having tools and ability to function. This also refers to access to education and having the knowledge to act for your benefit. Learning new things. Self-development courses.
Travel, holidays, and adventure	When thinking about the word wellbeing think of travel. Holidaying impacts wellbeing. Possibilities for adventure.
Balance - Wellbeing hauora has many parts that require attention to balance (Multifaceted)	'Being Healthy in all areas' Wellbeing is 'no one thing', it involves mental, physical, emotional and social parts of life. Equanimity/ Balance. This also includes spiritual fulfilment and these things need to be kept in balance. It includes peace of mind, body and spirit, feelings of comfort, laughing with friends, a combination of things and a sense of 'overall health'. Very much referenced to Hauora and Durie's Te Whare Tapa. Net positive lifestyle – acknowledging the ups and downs. Includes work/life balance
It's an individual thing, and culturally different.	What is good for one is not necessarily good for another - it's an individual concept. Also, the notion it is different for different cultures, cultural differences.
Time – Wellbeing is influenced by the sense of time, having time, taking time	Time to reflect, time to relax, time to slow down and do things I enjoy, time to think, me time, time to pursue passions. Seems mainly linked to hobbies, passion, mental space. Also referring to taking enough time, so the act of ensuring you do what you need for yourself (this aspect could belong in active pursuit)
Freedom to be and do - Wellbeing is impacted for good and bad, by external forces and systems	This is an organising code for the two child codes of Freedom and Government - here bringing together aspects which relate systematic influences on wellbeing
Freedom, equity, dignity, and fairness (hate, discrimination, racism, poverty) (Free to be)	A sense of equality, equity, fairness, being 'free to be' yourself. Human rights met, dignity. Poverty, acknowledge impacts of gender norms, heteronormativity, hatred, colonisation (decolonisation) the influence these have on the dismantling of opportunity and outcome. Contrasting is a lack of power, or experiences of discrimination, hatred, crime, and violence. The idea that success is a narrowly

Code name	Code description
	defined and that you will not always fit in to other people's norms. May include cultural and social norms?
Government, external systems and cultural norms (Free from)	Systems such as the government – seen positively as a safeguard, should be there to support 'struggling' kiwis when they need it but and some need more help than others. Also viewed negatively as policy and systemic failures negatively impact or harm wellbeing. A notion of individualism 'helping' others. Negativity to privatisation, anti-capitalism, neo-liberalism. There is also reference to expectations of cultural systems placed on us, being told to conform, societal norms. Validating experiences.
YY - Great quotes	Memorable or meaning quotes to pull out
ZZ - Survey feedback (Not for Coding)	Just a reference code to capture any specific feedback about the survey – not for analysis.
ZZZ - Archived	
Being paid well for my creative work	
Major life transitions	'Life transitions' interesting idea that wellbeing is impacted negatively by major transitions/changes. Job loss, health scares, the notion that these major events disrupt wellbeing. Only 2 have said it but it is an interesting notion so will capture it and see where else it may sit if no one else comes up with it. Will not place it under negative states just yet in case it has broader a spectrum.
Mentorship	Finding and follow mentor for guidance and growth.
Poor grades	Causes stress and anxiety
Pop psychology references	Not specifically for analysis but rather noting mentions of unvalidated science or pop psychology references.
Stagnation	Stagnation in life (whether through job, general direction, physical ability), not having things to look forward to or enjoy in life. Could be linked to 'hobbies' and 'planning ahead' nodes. No mental stimulation.
Study related topics	Getting good grades improves wellbeing.

Appendix F: Crosstabulation Comparative Narrative Analysis MEW and Positive Psychology Approaches

This table provides a detailed review at a theory, model and systematic review level with each component or theme referenced against MEW. The table depicts a crosstab of the intersection between MEW building blocks and the comparative items (i.e. theory, model, systematic review dimension) component parts and the author's assessment indicator consisting of one of three possible ratings.

	<i>Construct agreement</i> (green with horizontal stripe) indicates that the component part of the expert theory/model/dimension corresponds to the findings of MEW and that there is a high degree of agreement in the composition of the constructs. The narrative participants shared contains comparable concepts and intentions as displayed in the expert account.
	<i>Partial construct agreement</i> (black and white check) depicting that this aspect of the expert comparative theory/model/dimension displays constructs agreement with the 'positive' concepts shared by participants; however, it does not reference the holistic dialectical conceptualisation contained in the lay narratives, which includes factors that may be deemed 'negative' or 'challenging' (i.e., love but not loneliness).
	<i>Low construct agreement</i> or a warning indicator (red vertical stripe) signposts that the expert theory/model/dimension displays diminished agreement to MEW with two possible cautions. • Caveat one; the topic was very low in frequency and/or importance when discussed by participants (i.e. meaning and purpose; optimism) • Caveat two; there is only partial similarity in the composition of the construct, for example, Connection types that are limited to human relationships while not referencing reference to pets/animals and nature.

In addition to the assessment indicator, the table contains the author's rationale for the assessment (agreement, partial, low) and the prominent scholarly works survey indicator question/s or theme definitions that afforded the comparison, which in and of itself was a fruitful process that highlighted how the same or similar constructs are articulated differently by experts.

Figure 75

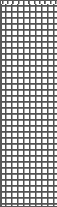
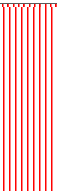
Crosstabulation Narrative Analysis of MEW and Positive Psychology Approaches

		The Model of Elemental Wellbeing (MEW)														
		The Elements									The Golden Threads					
		Inner Self			Inner states: cognitive & emotional		Material stability	Health		Connection	Balance	Active pursuit	Freedom			
		Awareness of self and others	Self-care, love, acceptance	Control of thoughts & feelings	'positive'	'negative'		Physical Health: Eat, sleep, move	Healthcare: Sickness, disease, pain & disability and access to care							
Component or theme													Compare and contrast assessment rationale	Indicator questions or theme definitions		
Prominent Positive Psychology Theory / Model (Component parts)	Complete State Model of Mental Health (Keyes)	Emotional Wellbeing												Past month (0-5 Never to Every day)		
		Positive affect (happy)												Inner self - Inner states	happy	
		Positive affect (interest in life)												Inner self - Inner states - not an overt topic but similar to feeling energy, vitality, purpose and making a contribution.	interested in life	
		Life Satisfaction												Inner self - Self-love, care and acceptance and Material stability - Partial because it is a low frequency topic	satisfied with life	
		Social Wellbeing														
		Social contribution													Inner Self- Inner States - Purpose and making a contribution; Connection -type - community and characteristic - helping others Partial because it is a low frequency topic. Freedom is the feeling one can contribute, free form restrictions to contribute.	that you had something important to contribute to society
		Social integration													Connection types - all human and Connection characteristic - Love, being heard and understood. Freedom in that you are safe and accepted in your community for who you are but it only partially relates to the content of the theme.	that you belonged to a community (like a social group, or your neighbourhood)
		Social actualisation (social growth)													Freedom - Partial because it is partially similar to how the construct is articulated, it is more from a personal perspective - it is a safe place for me.	that our society is a good place, or is becoming a better place, for all people
		Social acceptance													Freedom - Partial because it no overtly stated by laypeople but implied in the sense of being accepted and safe, free from oppression.	that people are basically good

	Social coherence (social interest)													Freedom - Partial because it no overtly stated by laypeople but implied in the sense of being accepted and safe, free from oppression and possible to participate in.	that the way our society works makes sense to you
	Psychological wellbeing														
	Self-acceptance													Inner self - Self-care, love and acceptance viewed as a significant topic amongst laypeople and this is one of the few frameworks to capture it.	that you liked most parts of your personality
	Environmental mastery													Partial because it is a low frequency topic and isn't really spoken of as environmental mastery, perhaps more about Inner self - control of self to support desired reaction and behaviours. Active pursuit, engagement in activities that control and create ones environment. Freedom perhaps relevant to the sense of being free from mastery reducing restrictions.	good at managing the responsibilities of your daily life
	Positive relations with others													Connection - types and characteristics but only mentions human for of Connection and the positive characteristics.	that you had warm and trusting relationships with others
	Personal growth													Active pursuit - goals and success - development of personal potential via the tackling of new challenges	that you had experiences that challenged you to grow and become a better person
	Autonomy													As with environmental mastery this is not an overtly stated concept except for in Inner Self - Control of self for thought and emotional responses. Active pursuit acting on one's own behalf however much of Active pursuits is about hedonic and pleasure based activity which does not fully resonate with scholarly accounts of mastery and responsibility. Freedom perhaps relevant to the sense of being free from mastery reducing restrictions. Not addressing the autonomous commentary in Material stability as the indicator is focused on growth and expression rather than satisfaction and agentic notions of autonomy.	confident to think or express your own ideas and opinions
	Purpose in life													Inner self - Inner states - Purpose and making a contribution but only partial because it is a low frequency topic and is not really articulated as directive and primarily relates to workplace commentary in the form of doing meaningful work.	that your life has a sense of direction or meaning to it

PERMA (Seligman) PERMA-Profiler (Butler & Kern, 2016)	Positive emotions												Inner self - Inner states - Scale asks about joy, feeling positive and contentment, does not mention *happiness which is a prominent lay construction of positive emotions.	How often do you feel joyful? How often do you feel positive? To what extent do you feel contented? (11-point scale ranging from 0 to 10 Not at all to completely)
	Engagement												Engagement relates to flow and strengths while for laypeople this concepts sits in Active pursuits which are spoken of as doing something one enjoys and loves (so engagement is implied) it is not often discussed in the 'flow' sense of challenge meets skill. Needs more investigation.	How often do you become absorbed in what you are doing? To what extent do you feel excited and interested in things? How often do you lose track of time while doing something you enjoy?
	positive Relationships												Connection - only human forms and the positive characteristic, does not include the holistic nature of connection shared by laypeople.	To what extent do you receive help and support from others when you need it? To what extent have you been feeling loved? How satisfied are you with your personal relationships?
	Meaning												Feeling life is purposeful, valuable and worthwhile is rarely discussed by laypeople, it is more often articulated as Inner self - Inner states - Purpose and making a contribution but only partial because it is a low frequency topic and is not really articulated as directive but rather Connection - workplaces - meaningful work. In lay narratives the concept of worth is more often articulated as the importance of having and nurturing self-worth (care/love), having self-awareness and self-love not a 'whole' life assertion.	To what extent do you lead a purposeful and meaningful life? To what extent do you feel that what you do in your life is valuable and worthwhile? To what extent do you generally feel you have a sense of direction in your life?
	Accomplishment												Active pursuit - achievement, goals and success but a very small topic for laypeople. May be seen as linked to Active pursuits - hobbies, passion and creative pursuits with spent doing things they enjoy and feel accomplished (i.e., gardening, crafting, musical instrument). Perhaps linked to Time and Self-care balance but needs more investigation.	How much of the time do you feel you are making progress towards accomplishing your goals? How often do you achieve the important goals you have set for yourself? How often are you able to handle your responsibilities?

Flourishing (Huppert & So)														
Competence													The notion of 'being competent' is rarely discussed by laypeople in overt references; however, the intention can be seen in relationship to Inner Self and having an Awareness of self and Control thoughts and emotions in terms of being able to live in a way that is congruent to their desires and being competent at managing reactions and directing behaviour. Also, perhaps in Connection - workplaces in wanting to do good quality work. Present in Active pursuit in terms of being able to do the things they love well, including Achievement and success. Lastly, Freedom relates to being able to pursue a life in a way they want to, free from experiences and norms that limit their ability to be competent. However, it is not articulated as 'feeling competent' or a sense of accomplishment across all things.	Most days I feel a sense of accomplishment from what I do (Likert rating)
Emotional stability													Expert construct relates to feelings of calm and peace which are prominent for laypeople but not the sole sense of how emotional stability may be considered for example Inner self - control of thoughts and emotions probably more relevant, needs investigation	(In the past week) I felt calm and peaceful
Engagement													Active pursuits is where there is some discussion about pursuing new learning but it is a minor topic and engagement is more related to spending time doing things they love and enjoy.	I love learning new things
Meaning													Feeling life is valuable and worthwhile is rarely discussed by laypeople, it is more often articulated as Inner self - Inner states - Purpose and making a contribution but only partial because it is a low frequency topic and is not really articulated as directive but rather Connection - workplaces - meaningful work. In lay narratives the concept of worth is more often articulated as the importance of having and nurturing self-worth (care/love), having self-awareness and self-love not a 'whole' life assertion.	I generally feel that what I do in my life is valuable and worthwhile

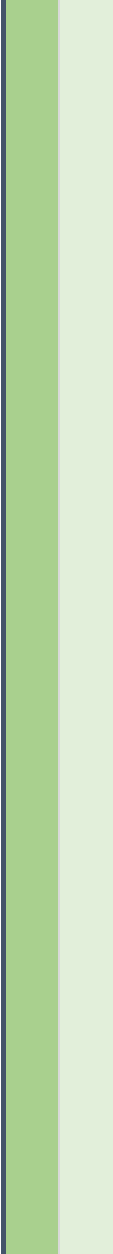
	Optimism												Optimism a very low level Inner Self- inner state positive emotion, and no one talks of their life as 'always' anything. Laypeople have far more balanced and nuanced understandings.	I am always optimistic about my future
	Positive emotion												Inner self - Inner states where happiness is one positive emotion that is very often articulated (hence tick) but there are others so this is not a full picture of the range of positive emotions	Taking all things together, how happy would you say you are?
	Positive relationships												Lay people have a wider range of Connection related types and characteristics beyond being cared about although love and being cared for are the tops positive connection characteristics so there is similarity but it is not a full picture of lay constructions..	There are people in my life who really care about me
	Resilience												Resilience or bounce back is only a minor topic discussed, however Inner self- control of thoughts and emotions is mentioned in terms of responses in the face of adversity (things going wrong in life) is more commonly discussed so this could be similar to resilience just not articulated as such.	When things go wrong in my life it generally takes me a long time to get back to normal. (reverse score)
	Self-esteem												There is lay discussion around Inner self - Self care, love and acceptance but it is more often discussed as something that needs to actively pursue and prioritised - it is a more active commentary rather than a general feeling of self-esteem.	In general, I feel very positive about myself
	Vitality												Inner self - inner states where having energy and vitality is mention but is a low frequency topic.	(In the past week) I had a lot of energy

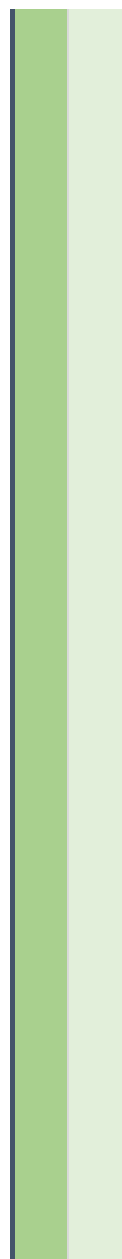
Flourishing Scale (Diener et al.,)	Purpose/meaning											Feeling life is purposeful, valuable and worthwhile is rarely discussed by laypeople, it is more often articulated as Inner self - Inner states - Purpose and making a contribution but only partial because it is a low frequency topic and is not really articulated as directive but rather Connection - workplaces - meaningful work. In lay narratives the concept of worth is more often articulated as the importance of having and nurturing self-worth (care/love), having self-awareness and self-love not a 'whole' life assertion.	I lead a purposeful and meaningful life (Using the 1–7 scale below, indicate your agreement with each item)
	Positive relationships											Lay people have a wider range of Connection related types and characteristics beyond being cared about although love and being cared for are the tops positive connection characteristics so there is similarity but it is not a full picture of lay constructions.	My social relationships are supportive and rewarding
	Engagement											Active pursuits is significant discussion captured about being engaged in doing activities they love and enjoy and spending their time on these activities (be it leisure, goal pursuit, education). It does not extend to a sweeping assertion that people are engages and interested in all daily activities, rather that they have some that they can spend time doing.	I am engaged and interested in my daily activities
	Social contribution											On the whole Connection to others is discussed as a first person experience of what is received or endured, the feeling of being loved, understood and heard, or isolated or disconnect and while actively contributing to others, happiness is not necessarily how it is articulated as a topic, rather being a good family member, friend, colleague, community member.	I actively contribute to the happiness and well-being of other

Additional Positive Psychology Theory / Model (Component parts)	PERMA+4 (Donaldson et al.,)	Positive emotions																While focused on work alone this construct does reference many ideas shared by lay people in terms of Inner self - Inner states feeling of joy and Connection types - workplace which discusses experiences in the workplace - these question afford the opportunity to people a assess the degree of agreement which provides space for work relationships (or relationships as a whole) to be rated as poor or dysfunctional which is not common in wellbeing scales.	I feel joy in a typical workday; Overall, I feel enthusiastic about my work; I love my job. (Response set ranged from 1, Strongly Disagree to 7, Strongly Agree).
		Engagement																Active pursuits is significant discussion captured about being engaged in doing activities they love and enjoy and spending their time on these activities (be it leisure, goal pursuit, education). It does not extend to notions of absorption or losing a sense of time although it can most probably be implied from the narratives shared.	I typically become absorbed while I am working on something that challenges my abilities; I lose track of time while doing something I enjoy at work; When I am working on something I enjoy, I forget everything else around me
		positive Relationships																On the whole Relationships (articulated in MEW as Connection) are discussed as a first person experience of what is received or endured, and not as overt as being appreciated or bringing our best self although the topic of trust received minor reference and is contained in the Element of Connection characteristics - trust and respect and is discussed as both being trusted but also trusting others - it is a mutual holistic and mutual construct in lay views. Furthermore Connection types are far broader than work and include non-human aspects like pets, nature and spirituality and a range of characteristic, not all deemed positive.	I can receive support from co-workers if I need it; I feel appreciated by my co-workers; I trust my colleagues; My colleagues bring out my best self.
		Meaning																Feeling life is purposeful, valuable and worthwhile is rarely discussed by laypeople, it is more often articulated as Inner self - Inner states - Purpose and making a contribution but only partial because it is a low frequency topic and is not really articulated as directive but rather Connection - workplaces - meaningful work. In lay narratives the concept of worth is more often articulated as the importance of having and nurturing self-worth (care/love), having self-awareness and self-love not a 'whole' life assertion.	My work is meaningful; I understand what makes my job meaningful; The work I do serves a greater purpose.

Systematic review themes	Linton et al., (2016) Wellbeing measures themes	Character and Virtue											Active pursuits contains a significant amount of narrative about value aligned behaviour however it is focused primarily on hobbies, passion and creative pursuits and goals and educational pursuits. Otherwise little similarity in Lay conceptions to this constructs. There is limited if any discussion about delayed gratification, although Inner self- Control of thoughts and behaviours may be linked and could warrant future investigation.	I always act to promote good in all circumstances, even in difficult and challenging situations. I am always able to give up some happiness now for greater happiness later.
		Close social relationships											Connection- types and characteristics captures within these scale questions however they do are limited in the range of types of connection and characteristics, including spirituality, nature. The second question allows for some appreciation for the aspects of connection which may not be as favourable and lead to disconnection and isolation.	I am content with my friendships and relationships. My relationships are as satisfying as I would want them to be.
		Financial and material stability											Material stability covers topic such as feeling secure and having stable income, housing and financial situation which meets ones basic needs.	How often do you worry about being able to meet normal monthly living expenses? How often do you worry about safety, food, or housing?
	Linton et al., (2016) Wellbeing measures themes	Mental well-being											Inner self - Being in control of thoughts & emotions and Inner States; Material stability notions of life satisfaction and Freedom.	Dimensions linked to the theme of mental well-being assess the psychological, cognitive and emotional quality of a person's life. This includes the thoughts and feelings that individuals have about the state of their life, and a person's experience of happiness.
		Social well-being											Connection – Types and Characteristics. * No specific mention of non-human connection such as pets & animal, natural, indigenous connections to whenua.	Social well-being concerns how well an individual is connected to others in their local and wider social community. This includes social interactions, the depth of key relationships and the availability of social support.

Iasiello et al., (2023) Dimensions of wellbeing	Activities and functioning												One of the few frameworks which alludes to the active nature of wellbeing as is seen across MEW in Inner self - Self-care, love & acceptance; Health – Eat, Sleep, Move and Health care access; Balance - Time; Active pursuit.	The focus of this theme is the behaviour and activities that characterise daily life. This involves the specific activities we fill our time with, and our ability to undertake these tasks.
	Physical well-being												In MEW Physical Health is articulated in discussion about the activities and habits that enhance (or detract from) wellbeing which includes eating, sleeping and moving well. There is also appreciation for the role physical ill-health has on being able to live pain and discomfort free. Missing Health - Access to care.	Physical well-being refers to the quality and performance of bodily functioning. This includes having the energy to live well, the capacity to sense the external environment and our experiences of pain and comfort.
	Spiritual well-being												Inner self - Inner states - Minor mention of Meaning and Purpose. Connection – Types - Spirituality & religiosity. * This topic is only mentioned to a minor level by laypeople and did not warrant status as a stand-alone Element/ Golden Thread.	Spiritual well-being is concerned with meaning, a connection to something greater than oneself and in some cases faith in a higher power.
	Personal circumstances												Material stability, Health - Sickness, disease, pain & disability and access to care; Freedom addressing wider systemic concerns.	These dimensions are related to the conditions and external pressures that an individual face. This involves numerous environmental and socioeconomic concerns such as financial security.
	Happiness												Inner self – Inner states – Happiness.	States that are characterized by moderate-arousal pleasant feelings, such as feeling happy, cheerful and pleased. (sourced from Longo et al., 2017)
	Vitality												Inner self – Inner states – Having energy (vitality).	States characterized by high-arousal pleasant feelings, such as feeling energetic and lively. (sourced from Longo et al., 2017)
	Calmness												Inner self – Inner states – Mindfulness & Calm.	States characterized by low-arousal pleasant feelings, like serenity and peacefulness. (sourced from Longo et al., 2017)

	Optimism												Probable similarity to Inner self – Inner states – Having hope.	Having a positive outlook on and expectations about the future. (sourced from Longo et al., 2017)
	Engagement												Inner self – Self-awareness and Inner self – Inner states – Mindfulness & calm. Active pursuit.	Combination of Longo et al., 2017 <i>Involvement</i> (Having an absorbing experience in which the individual is completely focused on the task at hand; the flow state) and <i>Self-awareness</i> (consists in knowing oneself and experiencing a state of mindful awareness).
	Self-acceptance												Inner self - Self-awareness and self-care, love and acceptance viewed as a significant topic amongst laypeople and this is one of the few frameworks to capture it.	Combination of Longo et al., 2017 <i>Self-acceptance</i> (Experiencing different aspects of oneself [e.g., one's past, personality, thoughts, and feelings] in a tolerant, receptive and non-judgmental way) and <i>self-worth</i> (Holding positive evaluations and feelings about oneself).
	Competence												The notion of 'being competent' is rarely discussed by laypeople in overt references; however, the intention can be seen in relationship to Inner Self and having an Awareness of self and Control thoughts and emotions in terms of being able to live in a way that is congruent to their desires and being competent at managing reactions and directing behaviour. Also, perhaps in Connection - workplaces in wanting to do good quality work. Present in Active pursuit in terms of being able to do the things they love well, including Achievement and success. Lastly, Freedom relates to being able to pursue a life in a way they want to, free from experiences and norms that limit their ability to be competent. However, it is not articulated as 'feeling competent' or a sense of accomplishment across all things.	Feeling and perceiving oneself as effective and able to overcome challenges, stressors and adversity, and achieve desired outcomes; feeling resilient. (sourced from Longo et al., 2017)
	Development												Active pursuit – specifically Achievement, goals & success but only a minor topic for laypeople.	Experiencing continuous growth and improvement. (sourced from Longo et al., 2017)

	Meaning and purpose										Feeling life is purposeful, valuable and worthwhile is rarely discussed by laypeople, it is more often articulated as Inner self - Inner states - Purpose and making a contribution but only partial because it is a low frequency topic and is not really articulated as directive but rather Connection - workplaces - meaningful work. In lay narratives the concept of worth is more often articulated as the importance of having and nurturing self-worth (care/love), having self-awareness and self love not a 'whole' life assertion.	Combination of Longo et al. 2017 <i>purpose</i> (Having clear goals, a sense of direction and a larger aim in life) and <i>significance</i> (The feeling that what we do is worthwhile, rewarding and valuable).
	Self-congruence										Inner self - Inner states - Purpose & making a contribution although of note is this is a very minor topic discussed by laypeople; Active pursuit.	The perception that our actions and behaviors are compatible with our interests, values, and beliefs. (sourced from Longo et al., 2017)
	Personal relationships										Connection – Types and characteristics but only addresses the 'positive' aspects of relationships missing the 'negative' or challenge facets of these connections. Also missing many of the types of connection like pets and animal, community (see theme below), nature, indigenous conceptions.	Involves a feeling of belonging, mutual caring, love, and closeness to friends, family and loved ones; positive relationships. (sourced from Longo et al., 2017)
	Activities and functioning										On of the few frameworks which alludes to the active nature of wellbeing as is seen across MEW in Inner self - Self-care, love & acceptance; Health – Eat, Sleep, Move and Health care access; Balance - Time; Active pursuit.	Behaviour and activities that characterize daily life. This involves the specific activities we fill our time with, and our ability to undertake these tasks. (Sourced from Linton et al., 2016)
	Physical health										In MEW Physical Health is articulated in discussion about the activities and habits that enhance (or detract from) wellbeing which includes eating, sleeping and moving well. There is also appreciation for the role physical ill-health has on being able to live pain and discomfort free. Missing Health - Access to care.	The quality and performance of bodily functioning. This includes having the capacity to sense the external environment and our experiences of pain and comfort. (Sourced from Linton et al., 2016)
	Spirituality										Connection – Types - Spirituality & religiosity. * This topic is only mentioned to a minor level by laypeople and did not warrant status as a stand-alone Element/ Golden Thread.	Spiritual well-being is concerned with meaning, a connection to something greater than oneself and in some cases faith in a higher power. (Sourced from Linton et al., 2016)

Kauppi et al., (2023) Emergent themes	Economical														Material stability covers topic such as feeling secure and having stable income, housing and financial situation which meets ones basic needs.	The economical theme includes domains linked to economic and material aspects of wellness, such as economic stability, the standard of living, income, and socioeconomic development.
	Emotional														One of the few frameworks which captures the full spectrum of Inner Self commentary – Awareness of self, Self-care, Control of thoughts & emotions and the full spectrum of Inner states (positive and negative).	The emotional theme includes various aspects of emotional health, such as positive and negative emotions, coping, emotional awareness and intelligence, and emotional management.
	Environmental														One of the few frameworks which captures non-human aspects of the Element of Connection – Types – Nature/Whenua – specifically physical environments. Also covers the notion of security an safety captured in the Freedom Golden thread.	The environmental theme includes domains related to both general environmental health and ecological context. For example, community, political environment, safety, and natural environment.
	Health behaviour														The only framework which captures the significant narrative articulated in a similar way to laypeople including topics covered in Inner self – Self-care, love & acceptance; Health – Eat, Sleep, Move and Active pursuit.	The health behaviour theme includes domains linked to behaviour, health responsibility, preventative actions, and self-care. Other examples include health attitudes and lifestyle habits.
	Healthcare														The only framework which captures the significant narrative collected in Health – access to care.	The healthcare domain includes aspects such as dependence on medication and availability of healthcare services.
	Intellectual														Inner self – Self-awareness, Being in control of thoughts & emotions; Active pursuit - Hobbies, passion and creative pursuits and Achievement, goals & success.	The intellectual domain includes intellectual health and wellness, such as education and learning, creativity, cognitive wellness, and problem solving.
	Life satisfaction														Inner self - Self-love, care and acceptance- Partial because it is a low frequency topic. Material stability notions of life satisfaction and this is one of the few frameworks which articulates balance as part of the elements as captured in the Golden thread of Balance.	The life satisfaction domain focuses on life satisfaction and life balance
	Miscellaneous	?	?	?	?	?	?	?	?	?	?	?	?	?	Not possible to compare.	The miscellaneous theme includes domains that could not be categorized under any other

[illegible]

Appendix G: Coding Reference Table

Table 30

Coding Reference Table

This table displays the number of unique references coded for each *MEW Element* and *Golden Thread* against each Demographic and Wellbeing Measure indicators.

	<i>MEW Elements</i>								<i>MEW Golden Threads</i>								
Descriptive statistic category and breakdown	<i>Inner self</i>		<i>Material stability</i>		<i>Health</i>		<i>Connection</i>		<i>Balance</i>		<i>Active pursuit</i>		<i>Time</i>		<i>Freedom</i>		Total (unique)
GENDER	CASES	%	CASES	%	CASES	%	CASES	%	CASES	%	CASES	%	CASES	%	CASES	%	CASES
Female	303	98%	103	33%	264	85%	271	88%	248	80%	172	56%	87	28%	67	22%	309
Male	134	95%	57	40%	120	85%	120	85%	107	76%	87	62%	31	22%	36	26%	141
Trans & non-binary	22	96%	14	61%	21	91%	22	96%	21	91%	15	65%	10	43%	10	43%	23
Total files / Average %	459	96%	174	45%	405	87%	413	89%	376	82%	274	61%	128	31%	113	30%	473
AGE																	
18-24	124	98%	33	26%	106	83%	112	88%	111	87%	75	59%	37	29%	28	22%	127
25 - 34	78	96%	31	38%	72	89%	79	98%	64	79%	43	53%	19	23%	21	26%	81
35 - 44	101	95%	40	38%	94	89%	86	81%	81	76%	59	56%	29	27%	20	19%	106
45 - 54	81	99%	33	40%	69	84%	69	84%	62	76%	42	51%	24	29%	18	22%	82
55 - 64	60	97%	31	50%	50	81%	54	87%	46	74%	41	66%	17	27%	21	34%	62
65 - 74	12	86%	4	29%	12	86%	11	79%	12	86%	11	79%	3	21%	5	36%	14
75 - 84	3	100%	2	67%	3	100%	3	100%	3	100%	3	100%	0	0%	0	0%	3
Total files / Average %	459	96%	174	41%	406	87%	414	88%	379	83%	274	66%	129	23%	113	23%	475
ETHNICITY																	
Māori (39) & Māori/Pākehā (43)	81	99%	26	32%	68	83%	74	90%	70	85%	51	62%	16	20%	19	23%	82
Pākehā/European	257	96%	117	43%	239	89%	237	88%	211	78%	155	58%	77	29%	71	26%	269
Pacific (20) & Pacific/Pākehā (15)	35	100%	7	20%	26	74%	26	74%	29	83%	20	57%	12	34%	4	11%	35
Asian (56) & Asian/Pākehā (2)	58	97%	13	22%	50	83%	50	83%	45	75%	35	58%	14	23%	14	23%	60
Other	29	97%	12	40%	24	80%	28	93%	24	80%	14	47%	10	33%	6	20%	30
Total files / Average %	663	98%	233	29%	575	81%	593	87%	547	82%	395	52%	181	29%	157	20%	476
RURAL IDENTIFY																	
Yes	60	98%	27	44%	53	87%	55	90%	49	80%	31	51%	15	25%	17	28%	61
No	398	96%	147	36%	352	85%	359	87%	328	79%	244	59%	113	27%	97	23%	413
Total files / Average %	458	97%	174	40%	405	86%	414	89%	377	80%	275	55%	128	26%	114	26%	474

	MEW Elements								MEW Golden Threads								
Descriptive statistic category and breakdown	Inner self		Material stability		Health		Connection		Balance		Active pursuit		Time		Freedom		Total (unique)
RAINBOW & TAKATĀPUI																	
Yes	98	96%	46	45%	94	92%	92	90%	88	86%	65	64%	34	33%	33	32%	102
No	356	97%	125	34%	307	83%	317	86%	285	77%	208	57%	93	25%	79	21%	368
Total files / Average %	454	96%	171	40%	401	88%	409	88%	373	82%	273	60%	127	29%	112	27%	470
DISABILITY																	
No	344	97%	131	37%	304	85%	310	87%	281	79%	210	59%	104	29%	82	23%	356
Yes	110	96%	41	36%	97	85%	99	87%	94	82%	61	54%	25	22%	31	27%	114
Total files / Average %	454	97%	172	36%	401	85%	409	87%	375	81%	271	56%	129	26%	113	25%	470
WELLBEING LITERACY																	
Green	197	96%	83	40%	189	92%	189	92%	168	82%	137	67%	66	32%	58	28%	206
Amber	219	98%	73	33%	183	82%	188	84%	182	82%	119	53%	57	26%	49	22%	223
Red	44	94%	19	40%	35	74%	38	81%	29	62%	19	40%	6	13%	7	15%	47
Total files / Average %	460	96%	175	38%	407	83%	415	86%	379	75%	275	53%	129	23%	114	22%	476
MENTAL HEALTH CONTINUUM SF																	
Flourishing	159	97%	54	33%	141	86%	141	86%	128	78%	99	60%	39	24%	36	22%	164
Moderate Mental Health	243	96%	95	38%	220	87%	225	89%	204	81%	149	59%	76	30%	65	26%	252
Languishing	58	97%	26	43%	46	77%	49	82%	47	78%	27	45%	14	23%	13	22%	60
Total files / Average %	460	97%	175	38%	407	83%	415	86%	379	79%	275	55%	129	26%	114	23%	476
PHQ-9																	
Minimal	130	96%	46	34%	120	89%	121	90%	109	81%	84	62%	30	22%	31	23%	135
Mild	139	97%	50	35%	113	78%	116	81%	113	78%	88	61%	45	31%	32	22%	144
Moderate	100	98%	43	42%	92	90%	95	93%	80	78%	55	54%	35	34%	30	29%	102
Severe	91	96%	36	38%	82	86%	83	87%	77	81%	48	51%	19	20%	21	22%	95
Total files / Average %	460	97%	175	37%	407	86%	415	88%	379	80%	275	57%	129	27%	114	24%	476
GAD-7																	
Mild	318	97%	123	37%	285	87%	286	87%	259	79%	200	61%	89	27%	80	24%	329
Moderate	80	96%	27	33%	68	82%	73	88%	69	83%	43	52%	24	29%	14	17%	83
Severe	62	97%	25	39%	54	84%	56	88%	51	80%	32	50%	16	25%	20	31%	64
Total files / Average %	460	97%	175	36%	407	84%	415	87%	379	81%	275	54%	129	27%	114	24%	476
MALLEABILITY																	
Yes	437	97%	160	35%	386	85%	394	87%	362	80%	268	59%	126	28%	106	23%	452
No	22	96%	15	65%	20	87%	20	87%	16	70%	6	26%	3	13%	8	35%	23
Total files / Average %	459	96%	175	50%	406	86%	414	87%	378	75%	274	43%	129	20%	114	29%	475

	MEW Elements								MEW Golden Threads								
Descriptive statistic category and breakdown	Inner self		Material stability		Health		Connection		Balance		Active pursuit		Time		Freedom		Total (unique)
SATISFACTION WITH LIFE (Cantrill 1-10)																	
1	8	89%	6	67%	9	100%	7	78%	4	44%	2	22%	1	11%	3	33%	9
2	13	100%	5	38%	10	77%	11	85%	8	62%	6	46%	1	8%	5	38%	13
3	32	97%	13	39%	27	82%	30	91%	30	91%	23	70%	8	24%	4	12%	33
4	35	95%	14	38%	31	84%	32	86%	33	89%	19	51%	11	30%	11	30%	37
5	51	98%	21	40%	45	87%	41	79%	44	85%	30	58%	14	27%	15	29%	52
6	64	96%	30	45%	57	85%	59	88%	47	70%	31	46%	21	31%	20	30%	67
7	88	97%	33	36%	75	82%	82	90%	75	82%	57	63%	30	33%	20	22%	91
8	101	97%	34	33%	93	89%	95	91%	82	79%	61	59%	26	25%	24	23%	104
9	51	98%	16	31%	42	81%	45	87%	43	83%	36	69%	15	29%	10	19%	52
10	16	94%	3	18%	17	100%	12	71%	12	71%	9	53%	2	12%	2	12%	17
Total files / Average %	459	96%	175	38%	406	87%	414	85%	378	76%	274	54%	129	23%	114	25%	475
FINANCIAL SECURITY (Cantrill 1-10)																	
1	37	95%	13	33%	35	90%	33	85%	31	79%	23	59%	15	38%	10	26%	39
2	53	98%	17	31%	49	91%	50	93%	45	83%	36	67%	20	37%	12	22%	54
3	71	99%	26	36%	66	92%	63	88%	53	74%	46	64%	16	22%	14	19%	72
4	57	97%	20	34%	51	86%	54	92%	47	80%	34	58%	20	34%	13	22%	59
5	41	89%	17	37%	40	87%	40	87%	38	83%	27	59%	14	30%	9	20%	46
6	46	100%	13	28%	37	80%	41	89%	36	78%	30	65%	9	20%	9	20%	46
7	40	100%	17	43%	28	70%	35	88%	33	83%	23	58%	6	15%	11	28%	40
8	38	93%	15	37%	35	85%	32	78%	32	78%	24	59%	9	22%	14	34%	41
9	32	100%	15	47%	28	88%	29	91%	26	81%	15	47%	10	31%	8	25%	32
10	44	96%	22	48%	37	80%	37	80%	37	80%	16	35%	10	22%	14	30%	46
Total files / Average %	459	97%	175	37%	406	85%	414	87%	378	80%	274	57%	129	27%	114	25%	475

Average response rate	97%	39%	85%	87%	80%	56%	26%	25%
	<i>The Inner self</i>	<i>Material stability</i>	<i>Health</i>	<i>Connection</i>	<i>Balance</i>	<i>Active pursuit</i>	<i>Time</i>	<i>Freedom</i>

Appendix H: Additional Participant Quotations

Table 31

Additional Participant Quotations

This table contains a range of additional participant quotations to support the coding development in the main text findings chapter.

Element/Golden Thread	Sub Theme / Code	Quotation
INNER SELF	Self-awareness	• <i>Self-awareness and trying to understand yourself and your emotions as well as your physical pains you might be experiencing. Understanding where your wellbeing is not a priority in your life and making it one e.g. At uni.</i> • <i>Achieving 'wellbeing' is a constant process; one on which you must regularly check in with yourself and continue to pay attention to it and work on.</i> • <i>Greater awareness of who we truly are, beyond our personhood status. Ability to understand we are not our mind and our thoughts. Ability to dis attach to the mind and the stories it has told us. Then to nourish yourself, your whanau and your community through your awareness</i> • <i>Checking in with myself and loved ones, being honest with myself and loved ones about how I am feeling.</i> • <i>Listening to the mind, body, soul and spirit</i> • <i>Reflection and talking things out, being honest with myself and making good choices.</i>
	Self-love, care and acceptance	• <i>Being able to and cognisant of taking the time to think about what you need to make life more enjoyable for yourself, time out, doing things you enjoy, not feeling guilty about being selfish when it's needed. And then being able to do it! And for others to understand, accept and support me in doing that.</i> • <i>The only relationship that lasts your entire life is the one with yourself. That makes it the most important to maintain. Being self-aware and practicing self-care has bought a sense of peace in my life that I wasn't achieving prior to this practice.</i> • <i>Introversion definition: Need to have time to self to recharge – appears to be seen as an identity which is attached to their ideas of wellbeing for themselves. Also, a space and time to be creative. Personal space, time for self, space for reflection.</i> • <i>A sense of inner peace and acceptance about where you are in life.</i> • <i>Self-love. Everything else helps make yourself love better/easier</i> • <i>Freedom to accept oneself and the freedom to make mistakes and grow.</i> • <i>When you love yourself, flaws included you understand that it's ok to not be perfect. You also take the time to take care of yourself, making wholesome food and knowing all the things that make you feel good</i>

Element/Golden Thread	Sub Theme / Code	Quotation
INNER SELF CONTINUED	Self-love, care and acceptance continued	• <i>To me, it involves giving yourself the time to connect with yourself and to learn about who you are, what you like, and what maybe makes you not as happy.</i> • <i>Being able to and cognisant of taking the time to think about what you need to make life more enjoyable for yourself, time out, doing things you enjoy, not feeling guilty about being selfish when it's needed. And then being able to do it! And for others to understand, accept and support me in doing that.</i> • <i>As an introvert and thinker, I need space and solitude to recharge myself and quiet my mind</i> • <i>Putting myself first / taking time for myself (due to my very introverted nature this is the only way for me to recharge although I deeply care about a lot of people and appreciate their being in my life)</i> • <i>Having my own space and time to do things that are good for me like writing, making things, reading, gardening. These things make my headspace better and make me better able to cope with life's inevitable stresses. Having the support of a partner who understands I need my space and quiet time and encourages me to get it.</i> • <i>Alone time - prioritising time for reading, practising a hobby, or learning a new skill. This lets me feel capable.</i> • <i>Taking time out for myself / It allows me to reflect on all aspects of my life and determine whether I'm on the path I want to be on as well as giving me time to relax and do things I enjoy doing just for me.</i>
	Control of thoughts and emotions	• <i>The absence of all your mind talk that is harsh and self-destroying</i> • <i>Allowing things to get on top of me/pile up. Shoving my emotions under the rug. Not recognising or being honest about my emotions with myself or family</i> • <i>Rehashing past experiences over and over in my brain</i> • <i>Having control of your emotions.</i> • <i>Getting lost in thoughts/worries about the past or future and not staying grounded in the present</i> • <i>I think I can improve my wellbeing where I am in control of the things that improve it. There are things outside my control that I can't, but those things may still impact my well being</i> • <i>Ruminating, Getting stuck in my thoughts.</i> • <i>Well-being is about knowing what experiences bring a sense of harmony, joy or contentment etc into your life, as well the experiences that conjure up feelings of disorder, unhappiness etc. / It's a concept that requires deep understanding of the self and of others.</i>
	Inner states 'Negative' – impairs wellbeing	• <i>Though you're wellbeing can be bad too, whether you're sad, depressed, stressed, angry etc.</i> • <i>It affects both physical and mental health, it can cause isolation if you shut yourself off, it can be the only Thing you think about, it can take over your thoughts when you're away from work/school.</i> <i>Stress can cause strains on relationships, on your communication, on your control of emotions</i> <i>It can cause anxiety, insomnia, depression, affect your self-image and self-worth if you feel like you're failing, it can make you angry, have mood swings etc. I think stress is a cause of a lot of things that bring wellbeing down</i>

Element/Golden Thread	Sub Theme / Code	Quotation
INNER SELF CONTINUED		• <i>Anxiety can sometimes sap me from going to do exercise or going out to take a walk in the nature or in general paralyse me a bit</i> • <i>If you experience something like depression or anxiety, you can try to change all these things but unless you're putting the most energy into bettering your mental health it will always be a struggle and damage your wellbeing</i> • <i>Anxiety / no anxiety</i> • <i>Anxiety makes me withdraw, Depression follows that withdrawal, My wellness depletes</i> • <i>Because without support and regular social contact, depressed and anxious eating disorder thoughts and habits quickly take over which spirals into more isolation worse mental and physical health, and less capacity to make helpful decisions</i> • <i>Mental health comes to mind as soon as I hear the word wellbeing. I think of depression and the struggle to stay happy. I think of trying to overcome anxiety.</i> • <i>Various factors contribute to stress, making your sense of well-being less</i> • <i>More recently, CBD oil has made a noticeable (by others) difference in my level of anxiety and general calmness.</i> • <i>When you're sad give yourself enough time to grieve</i> • <i>Compulsive behaviours (e.g. Stalking an ex on Facebook), not setting boundaries</i> • <i>Procrastination</i> • <i>Escapism and poor coping mechanisms</i> • <i>Watching too much to escape (YouTube, Netflix, anime etc)</i> • <i>Comparing myself to others. Typically, from what I see on social media but can also be the benchmarks their people have set in the work and study paths that I am on</i> • <i>Facebook, the TV news</i> • <i>The biggest one is definitely social media. In this generation, being constantly bombarded with images and ideals when you are alone and may not live up to some of these expectations can be very unhealthy. They're designed to be addictive and it's difficult to get out of this cycle.</i>
	Inner states 'Negative' – impairs wellbeing continued	• <i>Acknowledging and overcoming negative actions is how I think maintaining wellbeing is accomplished</i> • <i>Negative situations and Bad Luck</i> • <i>Getting away and keeping away from negatives things.</i> • <i>Past experiences, Unhealed Childhood experiences</i> • <i>Working on my traumas and trying to understand myself better</i> • <i>Getting lost in thoughts/worries about the past or future and not staying grounded in the present</i> • <i>Worrying about things you can't control.</i>

Element/Golden Thread	Sub Theme / Code	Quotation
INNER SELF CONTINUED		• <i>Stress and worry about how I'm going to afford to live impacts my mental health my physical health and my emotional health, I start losing hope and it affects my mental illnesses</i>
	Inner states 'Positive' – improves wellbeing	• <i>Happy disposition</i> • <i>Healthy and happy both at work and home</i> • <i>Doing anything that promotes your personal happiness</i> • <i>Being happy with all aspects of my life</i> • <i>Being happy and content with all aspects of your life</i> • <i>Thriving doesn't necessarily mean always happy but means you're able to look after yourself when you're not so happy as well as when you are happy. It means that you are not economically fighting (not fighting for the basics). It means you are comfortable and satisfied with your status in the world.</i> • <i>Mindfulness, meditation, yoga, stress reduction</i> • <i>Achieving a state of flow regularly</i> • <i>Meditation, relaxation</i> • <i>Zen, peace, reflection,</i> • <i>To me wellbeing is an individual thing so for me id say it's something you do to take care of your soul. It's what you do to make yourself feel at ease it's all the things that makes your mind calm and your body function to its best.</i> • <i>I think this is the case because no matter how much of the good things exist around you if you don't take the time to appreciate them they are mute</i> • <i>Having a good laugh</i> • <i>Smiling, Laughing, Having fun</i> • <i>People are there to laugh with and smile with and make great memories</i> • <i>Courage</i> • <i>Healthy body full of energy and excitement for life</i> • <i>Health and vitality</i> • <i>Wellbeing would be feeling good in oneself most of the time, feeling energised, engaged, not stressed.</i> • <i>A feeling of contentment, that 'everything is right' in your world</i> • <i>Being happy and content with all aspects of your life</i> • <i>Having joyful times</i> • <i>Taking actions and doing mindful things to ensure that you feel happy, whole, at peace, joyous, grateful</i> • <i>Surrounding yourself with love and kindness,</i>

Element/Golden Thread	Sub Theme / Code	Quotation
INNER SELF CONTINUED	Inner states 'Positive' – improves wellbeing continued	• <i>Unkindness really stings personally - it hurts. It is tough to feel resilient when you put yourself out there and face unkind, thoughtless, mean, nasty or thoughtless comments</i> • <i>Random acts of kindness</i> • <i>Treating others with kindness.</i> • <i>Being happy and content with your environment (job, family and friends)</i> • <i>Well-being is about knowing what experiences bring a sense of harmony, joy or contentment etc into your life, as well the experiences that conjure up feelings of disorder, unhappiness etc in order to help you lead a life that's purposeful for you and that's aids you in dealing with stressors</i> • <i>Living a life of purpose.</i> • <i>Positive environment (for me as a queer person it's about being open and honest about who I am)</i> • <i>Participating fully in society, with purpose</i> • <i>Having a higher purpose in life.</i> • <i>Having something to get up for each day</i> • <i>Re-framing and other resilience strategies</i> • <i>The resilience or strategies to bounce back from adverse situations to reclaim your wellbeing</i> • <i>Resilience, If you don't have it, you'll be forever beaten down- no recovery from adverse events.</i> • <i>Emotional resilience</i>
MATERIAL STABILITY		• <i>Financial security, emotional support from friends and family</i> • <i>Safety security warmth comfort / economic stability/ Insecurity (financial or personal relationships).</i> • <i>Secure in yourself and having the agency and resources to keep yourself healthy.</i> • <i>All basic needs are met. Human rights are met.</i> • <i>A sense of stability. That everything will be okay, and that I am fundamentally okay even if circumstances are not.</i> • <i>Material and economic stability, abundance, and opportunity - A sense of certainty and comfort in the material aspects of day-to-day life. Having your basic needs met, well. Prevalent concept in data and refers to as sense of life satisfaction, living good and having what you need but not necessarily more than that. A good place to live, a sense of safety and security. Economic and financial stability and security. A sense of abundance. Also, a notion of access to quality care. Counter are concerns about poverty, homelessness, inequity. Note - maybe link to govt code.</i> • <i>Psychological and emotional stability and safety - Emotional and psychological stability and/or safety that comes from having what you need. Note: This code does not include stability born from specific relationships such as whanau or friends as they are coded under the connectivity code unless psychological and emotional support is clearly described.</i>

Element/Golden Thread	Sub Theme / Code	Quotation
<i>MATERIAL STABILITY</i> <i>CONTINUED</i>		• <i>A feeling of contentment, not because you have everything you could possibly want, but because you don't lack anything crucial to your physical or mental wellbeing.</i> • <i>Safety security warmth comfort.</i> • <i>Fulfilment, satisfaction with your life.</i> • <i>Ability to live one's life comfortably.</i> • <i>Is a state of being healthy, safe, and content.</i> • <i>Secure in yourself and having the agency and resources to keep yourself healthy.</i> • <i>Maslow's hierarchy of needs met. Security. Without basic needs met there cannot be well-being.</i> • <i>It is feeling safe and secure most of the time and having mechanisms to cope when those aren't possible</i> • <i>Stability, Security</i> • <i>Because if you don't have a stable life you can't relax or live to your full potential</i> • <i>Having a good standard of living eg; roof over head, warmth, food, water etc. A bit of fun as well.</i> • <i>Neglect/no access to necessities</i> • <i>Insecurity (financial or personal relationships),</i> • <i>Poverty, Hunger</i> • <i>Enough money to live</i> • <i>Lack of power (through money) / If I had more money, I would have more freedom and power to make decisions that assist both my physical and mental health, but also that of my family's. I would be able to provide better living conditions, stability, better health care, better lifestyle.</i> • <i>Money, not excessive amts but enough to be comfortable</i> • <i>A feeling that I am living in a fair society and that I have support for my needs. That I have opportunities to maintain health and fitness, earn a decent living</i> • <i>Stability financially, emotionally, psychologically</i> • <i>Having plenty of free time even if the price is long shifts and antisocial hours</i>
	HEALTH Eat, sleep move	• <i>Getting regular exercise and sleep. Eating healthily</i> • <i>Getting enough sleep, Exercising, Eating nutrient-dense and fresh foods</i> • <i>Exercise, healthy food, enough sleep, hydration,</i> • <i>Great sleep (at least 7 hours), nutritious plant-based whole-food diet, limiting alcohol, strength and/or cardio-based exercise a minimum of 45 minutes daily,</i> • <i>Good sleep, eating enough, conscious decisions to better life, eating fresh food</i>

Element/Golden Thread	Sub Theme / Code	Quotation
HEALTH CONTINUED		• <i>My wellbeing is made better by healthy food choices, surrounding myself with likeminded and positive people, drinking as much water as I can and achieving exercise goals.</i> • <i>Wellbeing is something we learn through modelling, supported by other forms of education. If you grow up in a family with health issues - physical and mental and dependencies-tobacco, alcohol etc - it's harder to know how to care for yourself.</i> • <i>Drinking too much alcohol, taking harmful drugs.</i> • <i>Alcohol, Drugs, Drinking culture</i> • <i>Smoking, meth, p, cocaine, drugs</i>
	Access to healthcare	• <i>Equitable access to care! Doctors, mental health professionals, community support, being catered to individual needs.</i> • <i>The lack of accessible healthcare. My last doctor's visit I was told to google support groups. If I was able to get the help I needed with google, I wouldn't be at a doctor in the first place.</i> • <i>A feeling that I am living in a fair society and that I have support for my needs. That I have opportunities to maintain health and fitness, earn a decent living</i> • <i>Taking prescription medication to manage your health if necessary</i> • <i>I have to work far too much in order to survive and I have severe anxiety. I need regular ongoing help and I can't access it. I finished the hospital anxiety treatment and you're just dumped. The final session was such a joke. How to prevent relapse when all in group weren't even anywhere near recovery. One woman in the group asked how she was supposed to beat social anxiety and go out and have fun/get transport out with \$60 per week left for living costs after rent.</i> • <i>Being able to afford nutritional food, being able to afford the doctor , having good mental health care.</i> • <i>Excessive drugs and/or alcohol</i> • <i>Living with mental issues and being well managed.</i> • <i>Mental illness. It will cause a majority of what I described like staying in bed, skipping meals, declining invitations, dirty environment, lack of confidence. / If you experience something like depression or anxiety, you can try to change all these things but unless you're putting the most energy into bettering your mental health it will always be a struggle and damage your wellbeing</i> • <i>Physical disability</i> • <i>Physical illness</i> • <i>Bad health, physical pain</i> • <i>Those who are poor are beaten down every day, our access to good mental health services are poor, our ability to live a quality of life that others enjoy is impossible , although a vast majority of us are intelligent, are useful despite being</i>

Element/Golden Thread	Sub Theme / Code	Quotation
CONNECTION		<i>told we are not. Others control our standard of living , we are not seen as people , we are seen as unimportant and a drain on society</i> • <i>Wellbeing also comes from educating others on disabilities. How to spot them and how to be kind about them</i> • <i>Hormonal fluctuations</i> • <i>Genetics</i> • <i>As someone with chronic pain, this affects my day to day wellbeing - some days I manage it well but some days it knocks my wellbeing, energy, confidence etc</i>
	Types	• <i>Connection with, whanau, family</i> • <i>Taking time out. Depending on the circumstances, that's either time out to be by myself or time out to make sure I'm still in touch with the people I care about; not losing either who I am or my friends and family by getting caught up in life</i> • <i>Laughing with friends</i> • <i>You are the average of the 5 people you spend the most time with. Not standing guard at the door to your mind will allow negative things to enter and put down roots.</i> • <i>Functional relationships with family, friends and immediate communities one is part of</i> • <i>A feeling of being a connected, accepted, valued member of the community or communities surrounding you</i> • <i>Having a strong sense of community and connection. This includes not only my immediate family, but my hapu (sub tribe) iwi and rohe. I am from the beautiful BOP.</i> • <i>Positive family relationships</i> • <i>Spending time with loved ones (family or friends).</i> • <i>Time with family / They are part of me , my identity , seeing my children happy fills me with joy</i> • <i>Going for a walk, or swim, or to the gym or an adventure, day trip to river or beach every now and then. Or a stroll in the forest. A kayak or playing a sport game.</i> • <i>Quiet; away from city hustle and bustle</i> • <i>Living in a place where there is not much road noise, especially at night and living in a peaceful environment</i> • <i>Living environment, i.e. Safe, dry and warm place to live</i> • <i>Walking my dog because I get well needed exercise and build on my friendship with my dog.</i> • <i>Looking after my mental and emotional and spiritual needs,</i> • <i>Nourishing your spiritual health, however that looks for you</i>

Element/Golden Thread	Sub Theme / Code	Quotation
CONNECTION CONTINUED		• <i>Taking the time to be in nature and making the effort to fully be conscious when I am</i> • <i>Specifically, moving my body outside, daily, preferably near trees and water. This is moving meditation and without it I feel gross, physically AND mentally.</i> • <i>For me personally my wellbeing is being outdoors in the fresh air and outdoors of NZ. Getting my outside time is key to my mental and physical health. I love being on the tracks and trails as well as regular run, bikes and swims any type of physical activity</i> • <i>Making eco wise choices gives me a sense of good karma and contribution to helping Mother Nature.</i> • <i>Being outside in nature and around animals makes me feel free and happy :) / Because outdoors, you have no boundaries. Everything is there, and your only limitation is your own fear.</i> • <i>Spending time outdoors, going back to my home - my turangawaewae.</i> • <i>Lack of sunshine and dull grey days, shorter winter days</i> • <i>Isolation from all things be it people, atua taiao (relates to the natural world, mother nature).</i> • <i>Constant noise; loud and disruptive environments; modern living, pollution, noise</i> • <i>Quiet; away from city hustle and bustle or living in a place where there is not much road noise, especially at night and living in a peaceful environment.</i> • <i>Seasonal depression and miserable weather, cold / lack of sun, bad weather (silly but true)</i> • <i>The planet is what sustains and nurtures us. We are intimately connected to complex biological and ecological systems that we are destroying at an unbelievable rate. Humans are basically stupid.</i>
	Indigenous Worldview	• <i>I like Mason Durie's te whare tapawha model involving the four walls of a house. They are all necessary for good health. Te taha tinana, te taha wairua, te taha whanau and te taha hinengaro. (ie, balance between the physical aspects, the spiritual aspects, the family aspects and the emotional aspects. /</i> • <i>Because I think that as a biracial woman (half Maori, half Pakeha) growing up in the school system in Aotearoa/New Zealand at a time where only skin colour and facial features provided you with a recognition that you were Maori, there was a certain invisibility attached with this identity. As part of my attempt to adapt to the way New Zealand is, I have had to educate myself in many ways so that I can be proud of who I am and part of that is being educated about and tending to my personal and social wellbeing. This has included learning more about my Maori cultural identity. /</i> • <i>I think that because I believe that mana (dignity) is everything. I try to respect myself or show dignity towards myself by tending to my physical, emotional and spiritual wellbeing. This idea of mana means respecting that everyone is different and treating them differently in a respectful way according to what they deem as respectful. If I cannot deduce this then I follow the general philosophy of "treat others as I would like to be treated". It seems to work well for me.</i> • <i>Being disconnected from your roots / Not knowing who you are</i>

Element/Golden Thread	Sub Theme / Code	Quotation
CONNECTION CONTINUED		• <i>Whakapapa, whanaungatanga</i> , both words in maori that mean connectedness. When a person is taught well at home, he stands proud on the marae • <i>I was lucky enough to grow up within the papa kainga of my hapu, where I could walk into every house on the street and be safe, feed and cared for. I know where I am from giving me a strong sense of identity</i> • <i>Hauora balance</i> • <i>A holistic view of the whole tinana encompassing physical and mental health</i> • <i>Tino rangatiratanga, land</i> • <i>Marae, healthy iwi</i> • <i>I always think of Haoura. Mental and emotional, physical, spiritual and social well-being</i> • <i>Isolation from all things be it people Atua taiao (Atua Taiao - concept that relates to the natural world, mother nature, literal translation would be God of the natural world.)</i> • <i>For me wellbeing can be shaped in two ways. Firstly, through a pākehā lens - security in life, material things, career, financial stability, a sense of social engagement with friends, exercise, eating well etc etc. The modern-day things we all aspire to within our dominant societal construct. Secondly through a Māori lens shaped by the Māori values of manaakitanga (generosity) and aroha (love) - a sense of serving ones whānau, hapū and iwi, and providing for them. A sense of being connected to papatuanuku (mother earth) and appreciation for the whenua (land) alongside a love and respect for our tikanga that shapes who we are as Māori. Connectedness to these two mirroring elements of self are important for me in achieving a sense of "wellbeing".</i> • <i>A sense of identity and understanding of that identity gives me a framework to go about my haerenga (journey) in te ao (the world).</i> • <i>Colonialism</i> • <i>I want to say something about learning to speak te reo but I'm not sure exactly what. It's such a mixed bag. It gives me a lot of pride & sense of purpose, but it also causes a lot of stress, pressure & feelings of shame when I am finding it hard Kaupapa Māori narratives and modalities such mirimiri, rongoa, connection to all that is, waiata. / whare tapawhā model / Atua Māori / For me, what has truly worked is using healers and my guides/tipuna. Drawing on traditional narratives and pushing myself out of my normal way of reacting - especially depression.</i>
	Workplace	• <i>Having a job that enables me to provide for myself and my loved ones, albeit one that also allows me sufficient time out of work to pursue hobbies, activities etc, and spend time with my partner, friends, and family.</i> • <i>Work life balance, too much work and not enough play, work pressure taking over personal life balances</i> • <i>Healthy and happy both at work and home.</i> • <i>Balanced life work, family, doing things I enjoy or feeling as though my employment prevents me from having the energy or time to pursue other personal interests or experiences with my family</i>

Element/Golden Thread	Sub Theme / Code	Quotation
CONNECTION CONTINUED		• Opportunity to enjoy life (i.e., financial, and time-wise ability to do things that benefit you or that are fun - not stuck spending all time working, or with very little money) • Having a job that enables me to provide for myself and my loved ones, albeit one that also allows me sufficient time out of work to pursue hobbies, activities etc, and spend time with my partner, friends, and family. • Work is largely a necessity in order to obtain money to provide for basic needs such as shelter, food etc. As well as higher level, more luxurious 'needs'. When work itself is tedious and unrewarding, the amount of time spent doing work is injurious to my quality of life and inhibits my spending time on things that contribute to my wider wellbeing. • Always being available - I hate the expectation that you will always be contactable by phone or email, any time of day or night, any day of the week. It means there is no privacy, you're never really alone and you can never really relax. • A supportive employer, and working for a company that cares, or working for a company that recognise the importance of wellbeing and have programmes to support this. • Genuine support from schools/businesses not just a cookie cutter step by step guide they have been given to follow • Where I work there is a plan to develop a staff wellness programme, but this is allied to increased work pressures, so I suspect it will be more of a political tool than a genuine wish to improve the lives of staff • Respect and fair pay at work and fair equal pay • Being in a toxic work culture • Being bullied at work
CONNECTION		• Because if I'm loved and not judged it feels like I can keep the demons away for a little longer • Being believed • Having a good support network that you can rely on. Having people that bring you up, that are kind and that you can trust. • Surrounded by supportive and loving people/family • Connections interacting with people • Love encompasses understanding, acceptance, generosity and care. When my wellbeing is threatened I am most likely to be restored in some way through love. Not by judgement, hate or fear. But love. • Without a support network it's harder to bounce back from the negative things that happen. • A feeling of being a connected, accepted, valued member of the community or communities surrounding you • Feeling disconnected emotionally from loved ones
CONNECTION CHARACTERISTICS		• I need space from people, but I really need people - loving, kind, warm people, in my life • Being alone is (I think) the biggest cause of a lack of connection and insecurity - and therefore a lowered sense of wellbeing

Element/Golden Thread	Sub Theme / Code	Quotation
		• <i>Bad/toxic social relationships</i> • <i>A lack of support and people to talk to can make people feel depressed and removed from society</i> • <i>Feeling disconnected emotionally from loved ones</i> • <i>Being alone is (I think) the biggest cause of a lack of connection and insecurity - and therefore a lowered sense of wellbeing</i> • <i>Isolation is one of the biggest things that affects wellbeing, if you have people around you that push you to be better it's a lot easier to actually do it.</i> • <i>Isolation causes mental distress, you can feel perpetually lonely, angry, sad. if you've got no one to turn to you can take it out on yourself.</i> • <i>Not feeling lonely; having supportive friends and family</i> • <i>It's hard to choose between exercise and good social connections. But I'd probably go with good social connections. I have experienced loneliness and it is one of the worst feelings on earth.</i> • <i>Because being lonely means that you may feel there is no one you can turn to and/or nobody who will understand you when you're struggling. Also, as I said before, humans have evolved as inherently social creatures.</i> • <i>Exclusion</i> • <i>Poor habits: eating badly, isolating myself, not taking care of myself</i> • <i>I'm often lonely which can lead to a spike in my depression, unhealthy eating, loss of motivation, but having someone there to make a cup of tea for and talk about my day with really helps me feel less alone</i> • <i>With no one to talk to, I get trapped in my head and convince myself of all these negative things because there's no one to pull me out of that mindset. Spiral of negativity</i> • <i>Loneliness can become overwhelming. Human need for meaningful social interactions</i> • <i>Sometimes I isolate myself from other people and don't really do well in social situations as much anymore, I'm happy alone or in small crowds, so it can sometimes affect my work</i> • <i>Netball especially always makes me feel better, it's a great way to clarify the mind and get the emotions out on court that I need to express. It also allows me to catch up with friends (forced socialisation because when I feel down I often isolate), and also allows me to get out into the open air</i> • <i>Withdrawing from friends</i> • <i>Because it means I'm more isolated which leads to me thinking things over and over and not having anyone around to help rationalise my thinking</i> • <i>Being isolated, or disconnected from friends, family or community</i> • <i>Surrounded by supportive and loving people/family</i>

Element/Golden Thread	Sub Theme / Code	Quotation
CONNECTION CHARACTERISTICS CONTINUED		• <i>I need space from people, but I really need people - loving, kind, warm people, in my life</i> • <i>Love encompasses understanding, acceptance, generosity and care. When my wellbeing is threatened I am most likely to be restored in some way through love. Not by judgement, hate or fear. But love.</i> • <i>A shared life with the people I love</i> • <i>For me this is what lights me up - my loved ones keep me sane, give me a different perspective when I need one, pull me out of the dumps when I need it, are there to celebrate with me, being fun and joy into my life</i> • <i>Forgiving and forgetting the small things in my relationship makes it flow easier and leaves more energy to love.</i> • <i>Because we are social animals, we need each other, we derive feelings of love and pleasure and value from our interactions and from touching each other kindly. it makes us feel good to laugh together and to help each other. It helps us feel that we matter, that our actions matter.</i> • <i>It helps me remember I am loveable/worthy of love</i> • <i>Because if you have self-worth, if you have unconditional love and care and kindness for yourself, and from the people you love, you tend to stand strong, be confident and learn to overcome the obstacles life throws at you. You become a nicer person and strive for wellbeing.</i> • <i>Being heard and understood</i> • <i>Feeling that my voice matters and is heard</i> • <i>Feeling like it's wrong to be me or knowing I'm unable to cut myself to fit (for example, by taking medication), being around people who try to make me fit their boxes,</i> • <i>Love understanding not judging me because of my mental health issues</i> • <i>Because if I'm loved and not judged it feels like I can keep the demons away for a little longer</i> • <i>Being listened to</i> • <i>Being believed</i> • <i>Being loved for who I am</i> • <i>By talking about your feelings and how you are doing helps release it. if you dont talk about things it all gets bottled up and then you get to a point where you can take it anymore and you just explode. if you talk about it you can also get help and someone can help you through it or if they are unable to they can support you and be there for you and you can go to someone who will be able to help</i> • <i>Because that connection supports me in times of need and makes me able to support others in their time of need. It means I have others to share the successes with and to interact with.</i> • <i>When I feel cared for & seen</i>

Element/Golden Thread	Sub Theme / Code	Quotation
BALANCE	Many parts	• <i>Your wellbeing is the wellness of your entire 'you'. Mind body and soul.</i> • <i>Wellbeing is a culmination of emotions, actions, relationships, and health (mental, physical, spiritual, and emotional)</i> • <i>The holistic health model. The idea that there is more to being sick than the presence of a disease. Wellbeing is about looking after more than just yourself physically, but looking after yourself, mentally, spiritually, and emotionally too.</i> • <i>The main four elements, earth, air, fire and water are important for my well being. Touching the earth, be it standing on beach or tilling the soil to plant a vegetable. Air, listening to the wind blowing, watching the trees blow. Breathing the cool air in the morning. Fire. I find a fire essential for well being, be it the fireplace, a brazzer or an open fire at the beach. Water is important, even just standing in the shower but also saltwater splashing against me or floating in a fresh water pond</i>
	Balance	• <i>It is a state of your mental, spiritual, emotional and physical you, it can be good, mediocre or bad in individual area or them all, it changes even daily and it is something you can affect. It has powerful effect in your everyday life and experience of living.</i> • <i>Wellbeing is to ensure you prioritise the aspects of your life that keep you healthy and happy and keep your life in balance.</i> • <i>Wellbeing means for me is having all of the important aspects of my life in balance being the physical, mental and spiritual needs in correct proportions. When I have well-being I am prioritising my wife and son, working smart and not too hard and keeping myself healthy and fit and interested in the wider world and taking time to pursue my personal interests.</i> • <i>Your well-being is another way to describe your general health - your physical and mental health combined. Your being may be well, or it may be unwell. A 'well' is also something to be filled. I'd like to think that's why we call it "well" being because we all need to have our most basic physical and emotional needs met, our "well" filled, before we can be well, or being.</i> • <i>Living in a way that provides you with a satisfying, fulfilling life of warmth, connection, happiness, health - mental and physical, meaning and purpose / connection with, whanau, family, and friends, love, great mental health, a life of purpose, meaning, exercise, healthy eating, great work, a great place to live, in a great community, a good climate, warm enough clothes and a gorgeous place to live, and of course my pets - cats and dogs</i> • <i>Thriving doesn't necessarily mean always happy but means you're able to look after yourself when you're not so happy as well as when you are happy. It means that you are not economically fighting (not fighting for the basics). It means you are comfortable and satisfied with your status in the world.</i> • <i>Being healthy in mind, spirit and body. Balanced,</i> • <i>Balance, physical, emotional, spiritual</i> • <i>Wellbeing is hauora, looking after and being cognescent of your spiritual wellbeing, physical wellbeing and mental wellbeing</i>

Element/Golden Thread	Sub Theme / Code	Quotation
BALANCE CONTINUED		• <i>Living your life with balance in all things spiritual, physical, emotional, and mental</i> • <i>Balance between work, school, and personal time.</i> • <i>When you feel your best as everything in you is healthy and balanced</i> • <i>Whole-person flourishing and how to achieve it. Includes physical, mental, emotional, spiritual and social wellbeing. A well-balanced state that allows us to be our best.</i> • <i>Physical, emotional, systemic, relational, intersectional, spiritual and cultural variables that in combination enable an individual to reach their potential.</i> • <i>A balance between work, personal hobbies/pastimes, community involvement and completely unstructured time</i>
	Te Whare Tapa Whā	• <i>I like Mason Durie's te whare tapawha model involving the four walls of a house. They are all necessary for good health. Te taha tinana, te taha wairua, te taha whanau and te taha hinengaro. (ie, balance between the physical aspects, the spiritual aspects, the family aspects and the emotional aspects.</i> • <i>The house with the four walls holding each other up (whare tapa wha?)</i> • <i>Example of the house, explaining that the different aspects of wellbeing all work together to keep someone well and must all be nurtured, because if one falls they all fall. At it's core I would say it is about balance and recognising when areas of your life need attention</i>
	Time	• <i>Time out</i> • <i>Time for self</i> • <i>Unapologetically take time for myself</i> • <i>Putting myself first / taking time for myself</i> • <i>Time for others</i> • <i>Time with friends</i> • <i>Too much alone time</i> • <i>People not wanting to spend time with me</i> • <i>Poor time management</i> • <i>Daylight time</i> • <i>Fresh airtime</i> • <i>Not having enough time everyday to look after yourself</i> • <i>Time off from the daily grind</i> • <i>Regular time off work</i> • <i>Not having time – and resources, to pursue interests</i>

Element/Golden Thread	Sub Theme / Code	Quotation
BALANCE CONTINUED		• <i>Money and security and certainty. Time and Resources to access support.</i> • <i>Feeling as though my employment prevents me from having the energy or time to pursue other personal interests or experiences with my family.</i> • <i>Getting my outside time is key to my mental health Taking time to slow down and think</i> • <i>I have a lot of ideas and interests and knowing that I only have a limited amount of time to engage in them throughout the week, especially due to exhaustion, is incredibly frustrating.</i> • <i>Taking time out. Depending on the circumstances, that's either time out to be by myself or time out to make sure I'm still in touch with the people I care about; not losing either who I am or my friends and family by getting caught up in life</i> • <i>Spending time with the people I love but also having some me time</i> • <i>Working part time do I can do things I like even though Less money. I think time is more valuable</i> • <i>Ensuring I spend adequate time on each aspect of my wellbeing</i> • <i>Feeling like I can't take the time to take care of myself as its not supported by partner who doesn't understand the importance of it.</i> • <i>Being a little selfish from time to time and spending quality time on my self, my friends and family, when I choose to, without obligation</i> • <i>Money and security and certainty. Time and Resources to access support.</i> • <i>Having my own space and time to do things that are good for me like writing, making things, reading, gardening. These things make my headspace better and make me better able to cope with life's inevitable stresses. Having the support of a partner who understands I need my space and quiet time and encourages me to get it</i> • <i>If I don't get this time, I feel frazzled and overwhelmed. Too much interaction with others is sort of overstimulating and exhausts me so I feel drained and then I can't cope with simple things. Suddenly everything seems too hard.</i> • <i>Solitude and reflective time</i> • <i>Taking the time to stop and appreciate all the wonderful things in my life especially how grateful I am for my family and friends</i> • <i>I will have more time for taking care of myself and more time on my hobbies. Money = time.</i>
	Beliefs and experiences	• <i>To me wellbeing is an individual thing so for me id say it's something you do to take care of your soul. It's what you do to make yourself feel at ease it's all the things that makes your mind calm and your body function to its best.</i> • <i>Each person would view wellbeing differently, whats good for one person may not be so good for another</i> • <i>Its not just your physical health or your mental health or your spiritual health ect its all of them. Its like what you need and need to do to look after yourself and thrive</i>

Element/Golden Thread	Sub Theme / Code	Quotation
BALANCE CONTINUED		• <i>When you feel your best as everything in you is healthy and balanced</i> • <i>I'd define it as being able to flourishing in all domains of life that are important to someone.</i> • <i>To me wellbeing means thriving. Not just existing but existing well. Able to look after the daily affairs and also able to have a life on top of that./Wellbeing is that state of being that ensures that you are in touch with all of the main areas of your life, that is physically well, mentally well, socially well, and able to do the main things that you are responsible for as well as having a standard of living that would indicate that you are thriving.</i>
	ACTIVE PURSUITS	Active intentions • <i>Wellbeing is the task of ensuring that your mental, physical, spiritual and emotional loads are properly taken care of and managed</i> • <i>Achieving 'wellbeing' is a constant process; one on which you must regularly check in with yourself and continue to pay attention to it and work on.</i> • <i>Wellbeing is to ensure you prioritise the aspects of your life that keep you healthy and happy and keep your life in balance.</i> • <i>Being aware of what's going on - being able to separate the emotional reactions or responses to life's serendipity and unexpected challenges and taking positive actions to resolve things</i> • <i>That it is a state of mind plus state of physical nurturing of ourselves. That we can learn what's needed for ourselves to feel ok and satisfied in our lives at any time or age by being honest with ourselves and not giving ourselves a hard time. That there are many reasons and ways that we can know how our wellbeing is - that it does take a bit of work, learning and effort. That there are supports beyond ourselves but ultimately we are the one/solo who can achieve wellbeing in ourselves.</i> • <i>I work really hard on wellbeing as I have struggled with it in the past year so have really actively put strategies in place to make myself feel better and the strategies have been really helpful. They have been making sure every day there is something nice to do, exercising, planning things to look forward to and making sure I connect with someone every day. I found it super helpful and it got me thru a very shaky time for which I was grateful.</i> • <i>Having the time to pursue personal passions</i> • <i>Doing things that make you happy e.g. Art if it's a hobby,</i> • <i>Ability to do things that one likes (sports, reading, movies etc. This depends on each individual)</i> • <i>Enough resources to plan good things such as travel</i> • <i>Going on holidays once a year to get away from the hum drum of normal days at home</i> Hobbies, passion and creative pursuits • <i>Ability to do things that one likes (sports, reading, movies etc. This depends on each individual)</i> • <i>Doing things you love. Hobbies. Music. Gardening. Dancing</i> • <i>Ability to do things that one likes (sports, reading, movies etc. This depends on each individual)</i> • <i>Having time to myself to pursue my interests/passions</i>

Element/Golden Thread	Sub Theme / Code	Quotation
ACTIVE PURSUITS CONTINUED	*shows links to time mechanism	• <i>Spending time on activities outside of work and family.</i> • <i>Spending time doing activities that you enjoy and are good for you mentally / emotionally / physically (eg. Exercising, reading, gardening, socialising with positive, open-minded people, working (paid or volunteering), helping others)</i>
	Achievement, goals, and success	• <i>A sense of achievement or accomplishment, Setting and working towards achievable goals.</i> • <i>Things that give me a feeling of competence & where I can see my impact.</i> • <i>Striving towards goals but also being happy with where you are at the moment.</i> • <i>Being able to accept ourselves at every point in our life, and at the same time always striving for more</i> • <i>Not being complacent, making changes when needed to achieve contentment and a sense of achievement in all aspects of your life</i> • <i>Having achievable aspirations</i> • <i>Pursuing and achieving goals</i> • <i>Also, worrying too much about the expectations I put on myself to succeed in work and school, etc.</i>
	Knowledge, education, learning and tools	• <i>Knowledge around healthy choices, knowledge that frees one from fear.</i> • <i>Consistent learning and development</i> • <i>Continuous personal learning and growth, Challenging myself</i> • <i>Access to education</i> • <i>Learn something new</i> • <i>Enriching your life through food - activity and knowledge</i> • <i>I think teachers should be taught about wellbeing to support and share techniques with their students</i> • <i>Access - financial access to education. Time to access education.</i> • <i>There should be more education on emotions and what is healthy and what isn't</i> • <i>Not having the knowledge or tools to know how to get help</i> • <i>Always learning- interests in global issues and continuum of social justice since childhood</i> • <i>Working or studying things that make you happy</i> • <i>What makes health better? Access to evidence-based medicine and treatments, access to a level of education that allows an individual to identify evidence based practices and then have consistent access to them.</i>
	Travel, holidays and adventure	• <i>Travelling to new destinations</i> • <i>Being able to travel whether within NZ or overseas</i> • <i>Maybe find an adventure comment</i>

Element/Golden Thread	Sub Theme / Code	Quotation
<i>FREEDOM FROM AND FREEDOM TO</i> <i>FREEDOM FROM AND FREEDOM TO CONTINUED</i>	Systemic barriers	• <i>Ability to live one's life comfortably and pursue whatever one wishes to achieve without systematic barriers / Freedom of movement / [what makes your wellbeing worse] Capitalism / It is the root cause of everything that limits people's wellbeing</i> • <i>A place to stand and to be free of other people's prejudices, which given that some of them look Arabic I worry about because of white supremacists.</i> • <i>Even if I had adequate resources and my family about me it wouldn't protect me or my family from people's prejudices. I will always remember my great aunt telling me off for speaking our language on a bus, don't do that she said they don't like it. They'll attack you. I was about 10 at the time and it was a real shock. / Prejudice</i> • <i>Social inequality or oppression (e.g. Racism, homophobia)</i> • <i>Frustration; Social Justice and Inequality; Generational Trauma, lack of wider understanding and acceptance, crap public system, wider systemic problems cause personal wellbeing imbalance and too much focus is on blaming and shaming victims.</i> • <i>Financial insecurity, drinking culture, Rape culture, Diet culture, Judgmental people / It's incredibly nuanced and individual, to improve well-being systemic work on cultural, financial, sexual, social, medical, size and gender inclusivity and support systems needs to happen. And that needs to start now.</i> • <i>A feeling that I am living in a fair society and that I have support for my needs. That I have opportunities to maintain health and fitness, earn a decent living.</i> • <i>Having my voice censored</i> • <i>All basic needs are met. Human rights are met.</i> • <i>A sense of stability. That everything will be okay, and that I am fundamentally okay even if circumstances are not.</i> • <i>I think of knowledge and freedom. Freedom to be happy, to not be hindered by poverty and hatred. Freedom to accept oneself and the freedom to make mistakes and grow.</i> • <i>Lack of power. Inequality.</i> • <i>Accepting that some of us, especially the sick, need more and specialised care than the general population and, most importantly, not expecting those with specific needs to fulfill them on their own.</i> • <i>Not having the ability to eat well, being poor and seeing the future as only getting more desperate. People seeing me as a nothing and subhuman for being on a benefit and being afraid of who ever is in govt as to what they will do to us. I live in fear now</i>
	Government	• <i>Money being king, politicians</i> • <i>Corrupt systems and services, greed</i>

Element/Golden Thread	Sub Theme / Code	Quotation
FREEDOM FROM AND FREEDOM TO CONTINUED		• <i>Not having the ability to eat well, being poor and seeing the future as only getting more desperate. People seeing me as a nothing and subhuman for being on a benefit and being afraid of whoever is in govt as to what they will do to us. I live in fear now</i> • <i>Whoever is in govt controls whether we get enough to live on or whether they want to take money away / those who are poor are beaten down every day, our access to good mental health services are poor, our ability to live a quality of life that others enjoy is impossible, although a vast majority of us are intelligent, are useful despite being told we are not. Others control our standard of living, we are not seen as people, we are seen as unimportant and a drain on society</i> • <i>(across 5 responses in 1 survey) neo liberalism, selfishness, greed, the unlikelihood of my children ever being able to afford a decent place to live. And just today having heard another Trumpish, unthoughtful load of scaremongering tripe from a national party member, i have to say a national government makes my wellbeing worse. We can't afford health insurance and we are always at the mercy of public hospital queues and the fear that if a national government coalition with act comes in public services will be decimated again and we'll be fucked and it's a style of economics that dismisses society and champions individuality and greed. It also makes core public services a business rather than a service which disadvantages every person in society that doesn't have the wherewithal to access private health</i> • <i>Validating experiences within institutions (i.e., medicine or education) ...which makes it worse by (q6) ... Trying to fit societal norms (i.e., gender norms (like a gender binary that i don't feel fits me), work norms (i work multiple jobs because a 50-hr week at an office job severely impacted my mental health). Furthermore, there are certain norms (like every day misogyny or internalised harmful beliefs) that can be difficult to deal with constantly. And the single thing to make it worse probably my own internalised misogyny/queerphobia/victim-blaming/fatphobia, etc. I guess, shame?</i> • <i>Capitalism. Remove the paywalls from living now. Eat the rich. Guillotine the predatory class. Redistribute the resources. Let the people choose their true leaders, let the people rebuild the world and climate that the wealthy elite and their corporations ruined. With only myself in my own way, and not money blocking me at every turn, then i can truly be healthy.</i> • <i>What makes it worse cartesian dualism. Oppressive environments. Gender stereotypes. Overwhelm. Capitalist systems or environments which equate value with output/performance. Disruption of circadian rhythms. People in positions of power who lack education, self-awareness and compassion. Dominant philosophical dialogues</i>
	Cultural and social norms	• <i>A society that works against sexism, homophobia etc. Tolerance of others, a society that has proper discussion of issues rather than divisive fear mongering of others</i> • <i>Gender and ethnic equity/ Discrimination, Unfairness</i> • <i>Militant feminism, racism & other forms of societal hatred</i>