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Understanding "Well-being" from the perspective of Adolescents: An Exploratory study

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Well-being is an important construct in the field of positive psychology, which focuses on building the best qualities in life than just repairing the worst things. Well-being in psychology is seen traditionally from two perspectives: hedonic and eudaimonic. Hedonic perspective describes well- being in terms of pain avoidance and pleasure attainment. Eudaimonic perspective describes well- being in terms of optimal functioning. These models of well-being are based on research on western adult population. The current study aimed to explore how Adolescents conceptualize "Well-Being". 20 adolescents in the age group 12-17 years were recruited for this study. 10 participants were recruited from the community and the other 10 from the psychiatric hospital setting (NIMHANS, OPD). The participants were recruited through convenience sampling method. Semi-structured interview was administered telephonically to understand adolescent's perception of well-being and components of well-being after obtaining consent from parent and assent from adolescents. The information given by adolescents were transcribed and analysed. Directed qualitative content analysis was used to interpret the information. Sample as whole is considered for analysis as there were no significant differences between the participants in both groups. The findings from the analysis indicate adolescents view well-being from both hedonic and eudaimonic perspective. The findings of the present study may help developing a culturally appropriate well-being intervention for adolescents.

Keywords: Adolescent, Well-being, Hedonic perspective, Eudaimonic perspective

Well-being is an important construct in the field of positive psychology, which focuses on building the best qualities in life than just repairing the worst things. Well-being in psychology is traditionally viewed from two perspectives. Hedonic perspective describes well- being in terms of pain avoidance and pleasure attainment. Eudaimonic perspective describes well- being in terms of optimal functioning. Derived from these perspectives are the concept of Subjective Well-Being (SWB) and Psychological Well-Being (PWB). Bradburn's hedonic balance and Diener's tripartite model are the models of Subjective Well-Being (hedonic perspective). Bradburn emphasizes that higher the ratio of positive to negative emotions, higher the well-being. Diener added the third component which is life satisfaction (Ryan & Deci, 2001).

Ryff's model (eudaimonic perspective) describes 6 dimensions namely self-acceptance (positive attitude about oneself and past life), positive relation with others (warm and trusting interpersonal relation with strong feelings of empathy and affection), autonomy (turning inwards to evaluate oneself with personal standards than others approval), environmental mastery (ability to choose or create environment and actively participate in the environment), purpose in life (sense of meaning, directedness and intentionality in life) and personal growth (open to experience and growth mindset) as the predicators of Psychological Well-Being of adults (Singer, 2015).

Adults generally tend to think that children have hedonic well- being but not the eudaimonic well-being. However, children's conception of well-being indicated presence of eudaimonic well-being (Fattore, Mason, & Watson, 2007). The shift in the child's well-being research indicates importance of collecting data from the child rather than from significant adults, need for qualitative studies to understand child's

perspective of their well-being and need for cross-cultural studies (Arieh & Goerge, 2001; Fegter & Kreisel, 2020).

A review by Grinde, Jozefiak and Wold (2014) indicated that the variables like optimism (positive thinking), resilience, pro-social behavior, happy personality (extraversion, low neuroticism, agreeableness), happy family (presence of warmth and support), play, peer relations, academic success and school environment facilitate well-being of children. Childhood adversity affects the well-being of children in the absence of resilience to cope with the life events (Scrimin, Osler, Pozzoli, & Moscardino, 2018).

A study by Fattore, Mason and Watson in 2007, concluded that adolescents in individualistic society perceive well-being in terms of autonomy and agency, having positive sense of self, material resource, physical environment and home. Whereas, a study by Vujcic, Zganec and Franc in 2019, concluded that adolescents in collectivistic culture view well-being in terms of family, friends, education, leisure, physical health and material issues. A study by Lu and Gilmour in 2004, reported that well-being is more socially oriented for Asians as compared to Euro-American whose conception of well-being is individually oriented.

Indian studies have attempted to identify the variables related to child well-being like emotional regulation (Malhotra & Kaur, 2018), emotional intelligence (Susheela, Kumar & Khajuria, 2017), leisure activity and extra-curricular activity (Pol, 2016; Verma, 2017), yoga and exercise (Ul Hassan, 2014), gratitude and forgiveness (Anas, Aijaz and Nazam, 2015; Shourie & Kaur, 2016), pro-social behavior (Kumar, 2014), internal self-talk (Vaishalee, 2017), social support (Patki, 2016), optimism (Pacheco & Kamble, 2016), psychosocial morbidities (Saini, Vig & Kaur, 2014) and personality traits of extraversion, agreeableness (Dutt & Kumari, 2016).

However, there are not many studies on Indian adolescent's perception of well-being. Hence, the objectives of the study were to understand how adolescents conceptualize well-being in terms of definition and characteristics of well-being, reasons adolescents attribute to their well-being and adolescent's perspective of activities to enhance their well-being. The secondary objective was to compare the conceptualisation of well-being between typically growing adolescents and the Adolescents with psychiatric disorder.

Method

Study design

The study was cross sectional in nature. Qualitative methodology was used to understand the conceptualisation of well-being among adolescents.

Sample

The total sample includes 20 adolescents of age 12 to 17 years. 10 adolescents were recruited from the community setting and 10 adolescents were recruited from the tertiary Psychiatric Hospital in Bangalore in the year 2020.

Sampling technique

Convenient sampling method was used for the recruitment of the participants.

Inclusion and Exclusion criteria

For the community group, adolescents in the age group 12-17 years attending school or college were included in the study. Adolescents with score of abnormal ranges in SDQ were excluded from the study.

For the clinical group, adolescents in the age group 12-17 years receiving services from NIMHANS CAP follow up OPD for Axis I psychiatric disorder were be included in the study. Adolescents with the clinical diagnosis of Pervasive developmental disorder (F84), Disorders of psychological development, presence of psychotic symptoms, Intellectual Developmental Disorder were excluded from the study.

Tools and their purpose in the current study

1. Socio-demographic data sheet was prepared by the researcher to get information about the adolescent like the age, gender, class, Socio-economic status etc

2. Clinical Datasheet was used to record the file diagnosis of the adolescent
3. Strength and Difficulty Questionnaire: SDQ- parents form (Goodman, 1997) was administered with the parents of adolescents in community setting to rule out the presence of psychological problem. This scale was widely used among Indian adolescents and was found useful in various studies (Salian, 2013; Bhattacharyya, 2016; Vijayaraghavan, 2018; Ninan, 2019)
4. A semi structured interview schedule was prepared by the researcher to elicit information of well-being after reviewing the previous literature and theories of well-being. The semi-structured interview schedule consists of 6 questions to elicit what well-being mean to them, characteristics of well-being, reasons for well-being and activities to improve well-being. When adolescents indicate that they don't know what well-being means, then they were asked what "mentally healthy" means only for the first question. The semi-structured tool was administered with all 20 adolescents.

Procedure

Ethical clearance has been sought from the NIMHANS Ethics committee. Informed consent and assent have been obtained from parent and adolescent respectively for telephonically interviewing (Ethical clearance was obtained for telephonic interviewing). Tools were administered over telephone at their convenient time due to COVID-19 situation. The responses of the adolescents were transcribed.

Data analysis

The Socio-Demographic Details and the results from Strength and Difficulty Questionnaire were analysed using descriptive statistic statistical analysis like frequency, percentage and mean. Data from the semi structured interview was analysed using Directed Qualitative Content Analysis (DQCA) (Hsieh & Shannon, 2005). Directed QCA is generally used to validate, refine and/or extend a theory or theoretical framework (PWB, SWB) in a new context (Indian adolescents). Data was coded using predetermined codes based on theories of Well-being and are presented in the form of Categorisation matrix (formative matrix of main categories and subcategories, which is derived from the existing theory).

Table 1. Socio demographic details of the participants

Measure	Community group	Clinical group
Total number	10	10
Boys	4	3
Girls	6	7
Mean Age	14.1 years (12-17 years)	14.3 years (12-17 years)
Mean SDQ Score	7.4 (normal range =0-13)	Anxiety- 2 Depression- 2 Adjustment disorder- 2 CD-1 BPAD- 1 Somatic symptoms- 1 Anger issues- 1
Perceived Happiness- VAS	7.7	6.7
Worrying about problems – VAS	2.8	6.2
Ability to manage problems- VAS	6.6	7.4
Relationships- VAS	8.0	8.4

Results and Discussion

Sample characteristics

The sample consists of 20 adolescents in the age group 12-17 years. There were more girls in both the groups. The groups did not differ in the mean age. The mean SDQ score falls in the normal category for adolescents in community group. The clinical evaluation of clinical group indicates variety of diagnostic categories like Anxiety, depression, adjustment disorder etc among adolescents in clinical group. Scores on Visual Analog Scale indicated that there was not much difference in the perceived happiness, ability to manage problems and positive relationship among the two groups. However, adolescents in the clinical group reported greater worries about the problems.

Adolescent's definition of well-being

To understand adolescent's definition of well-being, questions like "What does the term well-being mean to you?" and "What are the characteristics of well-being?" were asked. The responses of the participants were coded based on the pre-existing theories of well-being namely Tripartite model of Subjective Well-Being (Ryan & Deci, 2001) given by Diener and Ryff's Psychological Well-Being model (Singer, 2015).

The secondary objective was to compare the information obtained from two groups. There are not much differences in the components of well-being between the groups. Hence the sample as a whole was considered for the discussion.

There is not much difference in the definition given by adolescents in this study and adults in western studies in terms of the components. 19 participants (95%) defined well-being in terms of the components of Ryff's Psychological Well-being model. Trends indicate that majority of the participants defined well-being in terms of having supportive relationships (Family, friends and others), doing good deeds, being supportive and helpful to others, studying well, working on improving oneself by receiving feedback from others, facing the problems and not hesitating to seek help when necessary. 18 participants (91%) defined well-being as feeling related. Well-being according to them is to be happy/ calm/ relaxed, not feel stressed/ worried and to enjoy life despite the circumstances.

Since majority (90% to 95%) of the adolescents defined well-being in terms of pleasure attainment, pain avoidance and optimal functioning, it can be concluded that adolescents conceptualize well-being from both hedonic and eudaimonic perspective. Hence the models developed for adult's well-being i.e., Diener's tripartite model of well-being and Ryff's Psychological well-being model may be applicable for adolescents also.

The responses that could not be categorized into pre-existing theories were mentioned separately in table 3. Few adolescents have defined well-being in terms of good health, having good interpersonal skills (talking sweetly, understand others, listen and advice), basic need being met, not having problems/ stressors and having a balance between mental, physical and social life.

The findings of the current study were similar to a study done by Navarro et al (2015) where the factors contributing to adolescent well-being were identified as having good relationships, being healthy, positive feelings towards self, having life aspirations, being successful, not having problems, others listening and having needs met.

The findings of the current study are similar to the Indian studies on well-being (Kumar, 2014; Patki, 2016; Pacheco & Kamble, 2016; Dutt & Kumari, 2016) where, variables like optimism, social support, personality, pro-social behaviours are found to be related to well-being.

Reasons for well-being among adolescents

8 participants from community group and 8 participants from the clinical group (Total=16) reported of having characteristics of well-being in them.

Sample as whole was considered for the discussion as there are no differences in the reasons given by adolescents in both groups. The reasons were categorized broadly into external and internal reasons for well-being. Almost equal number of participants have stated external (69%) and internal reasons (63%). Few participants have also stated both internal and external reasons for well-being.

Table 2. Definition of well-being according to adolescents

Western concept of well-being	Examples of participant's response	Frequency community + clinical	Total Frequency (Percentage)
Psychological Well-Being (Ryff & Singer, 1996)			**19 (95%)**
Purpose in life	Good manners, be good to others, doing good deeds, make others happy, helping, supportive, kind, feel bad when someone is in road/ homeless, letting others live well and we also live well, focus on character than appearance, care for others	6+5	11 (55%)
Interpersonal relationship	Support, love, encouragement, listen, advice, help from friends/family members during problems, being active in family relationships, good relation with teachers, surrounded by happy people	4+6	10 (50%)
Personal growth	Ask others for feedback – so that can correct, Not hesitate seeking help, easily moves on, face problems boldly, being ready, study well, good career	3+6	9 (45%)
Environmental mastery	Lifestyle (Not focus on mobile, focus on nature/ greenery, play games, read/listen to audio books, drawing, goes to friend's home, morning exercise / yoga), not show family problems in school and school problems to family, control hurting others	3+4	7 (35%)
Self-acceptance	Positive thinking, if gets less mark, thinks "I wrote what I know" and not be sad, people like me at home	2+3	5 (25%)
Autonomy	Does what one like even if others oppose, be proper from our side, not worry about others	2+1	3 (15%)
Subjective Well-Being (Diener, 1969)			**18 (90%)**
Positive affect	Well-being is feeling related, being happy, calm, feeling fresh, jolly, relaxed, resting feel, feeling healthy inside	7+7	14 (70%)
Negative affect	Not mentally disturbed, no tension/ fear/ not get scared, no anger, no stress/worries, not become very sad if someone scolds, no shyness/ stage fear	7+6	13 (65%)
Life satisfaction	Be like it's okay and enjoy well, having good/ peaceful/enjoying life, whatever happens be happy	0+5	5 (25%)

Table 3. Additional themes emerged in the present study on adolescent's conceptualisation of well-being

Categories of well-being	Examples of responses of participants	No of participants (community + clinical)	Total Frequency (Percentage)
Good interpersonal skills	Talk sweetly, mingle with others, not fight/ argue, advice friends, mediate argument, understand others, listen, not talk rude, shares problem, give solutions	5+4	9 (45%)
Easy temperament	Silent, playful, obedient, non-conventional, intelligent, friendly, innocent	4+2	6 (30%)
Good health and lifestyle	Healthy, not about sickness, strong, eat fruits and vegetables, breakfast, yoga, jogging, exercise, if we are correct then we won't get corona- wear mask, wash hands	2+2	4 (20%)
Environment	Basic needs to be met for being safe (not rich, nor poor), no problem/ stressor/ significant life event, being in native place	3+1	4 (20%)
Balance	Mental, physical and social life balance	0+1	1 (5%)

Table 4. Reason for well-being reported by participants

Reasons (Percentage)	Sub-category (Percentage)	Examples of responses of participants	Frequency (community+ clinic)	Total frequency (Percentage)
External reasons				**11 (69%)**
	Interpersonal relationship	Family-parents, siblings (nature, love, help, encouragement)	3+3	6 (37%)
		Friends (support, being with them)	2+2	4 (25%)
		Others- neighbours, teachers	2+2	4 (25%)
	Interpersonal skills	Open communication (not hide and speak, sharing with others), not fight with friends	4+2	6 (37%)
	Environment	Stay at hostel	0+1	1 (6%)
	Experience	Difficult experience	0+1	1 (6%)
Internal Reasons				**10 (63%)**
	Managing stress	Not care, move on, forget over time, believe everyone is there with me, think until get clarity about the problem	3+2	5 (31%)
	Personality characteristics	Shy and silent, no ego, happy	1+2	3 (19%)
	Values adopted	All should be happy, if we treat others, they will treat well too, not worry or be happy too much	1+2	3 (19%)
	Self-reliant activities	Draw, clay modelling, playing sports	0+1	1 (6%)

The external reasons for well-being were further classified into interpersonal relationships, interpersonal skills, environment and experience. Majority of the participants reported their parent's and sibling's encouragement and love as reason for their well-being. Also having an open communication were attributed as reason for their well-being.

The internal reasons for well-being were further classified into managing stress, personality characteristics, values adopted and self-reliant activities. Majority (31%) of the adolescents perceive their ability to manage stress by not caring about it, moving on and believing that others are there to support as reason for their well-being. Others reported their positive personality characteristics and valued adopted like "All should be happy", if we treat others well, they too will treat us well" as reasons for their well-being.

The findings of the current study were similar to that of a study by Phillips, Reipas & Zelek, 2019., where the sources of strengths are categorized into social connectedness, self-reliance and personal attributes. Majority of the participants indicated strong social connection with parents and friends fostered resilience. Personal attributes include ability to resist becoming stressed, having positive attitude, confidence in one's ability to cope as a source of strength. In the previous study, majority indicated self-reliant activities as a source of strength. The differences in the percentage of the participants reported may be due to use of different terminologies. Current study used "well-being" which is quite different from "strength", which was used in the previous study. It is interesting that parents are perceived as a source of strength by most adolescents in both studies done in different cultures.

Activities enhancing well-being of adolescents

On asking what adolescents think would help them in enhancing adolescent's well-being, their responses were given in table 5.

Trend shows that majority of the participants reported spending time in leisure activity (active/ passive/nature) and having good social support (friends, family) would promote well-being. Majority of adolescents in community group reported of interpersonal skills (being sociable and having open communication) and living with value fosters well-being. Majority of adolescents in clinical setting reported improving on emotion regulation (cognitive and behavioural control) strategies would improve well-being.

This finding was similar to the study done by Nima, Archer & Garcia (2013) among Swedish adolescents. Findings indicated that social interaction and active leisure play major role in psychological well-being. This might be due to the "adolescence stage" where social relationships were given more importance and adolescents have more energy to invest in active leisure, which are related to their own identity.

In the current study, interpersonal skills and living with values in terms of being helpful, trust-worthy, maintaining secret with friends were reported to help in improving well-being. Whereas study by Nima, Archer & Garcia (2013) emphasised on instrumental goal pursuit and

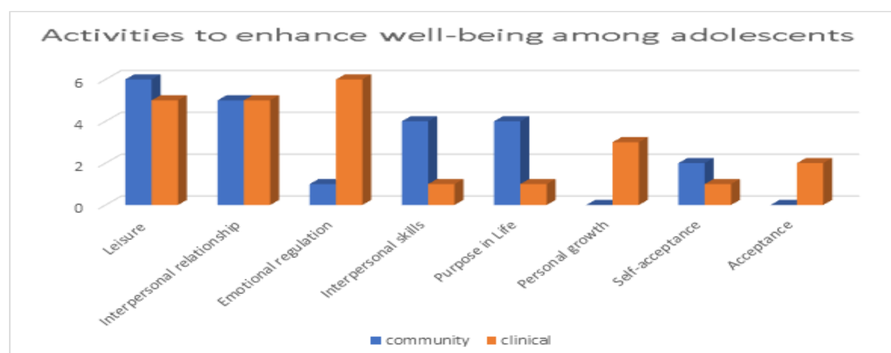

Figure 1. Activities to enhance well-being with the frequency of adolescents reporting

self-directedness. The difference may partly be due to the cultural differences between the countries. Sweden, being an individualistic culture, might have emphasised on self-directed activities whereas India, being a collectivistic culture, might have emphasised on others-oriented activities to improve well-being.

Conclusion and Implication

The study aimed to understand Adolescent's conceptualisation of well-being using qualitative methodology. Findings indicate Adolescents conceptualize well-being from both hedonic and eudaimonic perspective. Further, adolescents attribute both internal and external reasons for well-being. Majority of the participants reported spending time in leisure activity (active/passive/nature) and having good social support (friends, family) would promote well-being. However, small sample size is a limitation of the current study. Future research may be conducted to study well-being in large sample of adolescents, with equal number of boys and girls will give greater insight into the concept of well-being. The findings of the present study may help developing a culturally appropriate well-being intervention for adolescents.

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