



# Developing an Integral Well-Being Model–Bridging Multidimensional Perspectives on Human Functioning

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## Abstract

Well-being has been examined through various theories and models, often overlapping with the concepts of health, quality of life, happiness, and life satisfaction. Multiple disciplines, from philosophy to psychology, have shaped its understanding - from the ancient Greek philosophers' distinction between Hedonia and Eudaimonia, to Maslow's theory of self-actualization, positive psychology's emphasis on flourishing, and the World Health Organization's definition of health. Literature reflects a rich yet fragmented definition of well-being. The gap is particularly evident in its measurement and demands a model that represents its holistic and interconnected nature. The current study adopts a theoretical approach to address this gap by systematically reviewing, analyzing, and integrating well-being literature across Indian and Western contexts. Common and unique factors that characterized well-being were identified and reviewed iteratively to develop the initial Integral Well-Being (InWeB) model, which is currently under empirical validation. InWeB offers a comprehensive framework with eight core well-being dimensions: physical, psychological, social, occupational, financial, digital, spiritual, and environmental. This integrative approach holds the potential to advance theoretical and practical applications in studying human well-being.

**Keywords:** holistic well-being, well-being model, well-being framework, integral well-being

## 1. Introduction

The concept of well-being has evolved through various philosophical and scientific influences, including ethics, welfare philosophy, and positive psychology. While interdisciplinary inquiry has enriched the concept, it has also made it more abstract and challenging to define. This paper explores these conceptualizations of well-being and the nature in which they vary, thereby attempting to integrate them towards a more comprehensive understanding of well-being.

The term *well-being* originates from the fusion of the adverb *well* (to be happy/ prosperous) and the noun *being* (to be/ exist). It has been described as the satisfactory state that someone is

in - being happy, healthy, safe, and having enough resources (Oxford English Dictionary, *n.d.*). Well-being has often been studied in ways that overlap with concepts of health, happiness, life satisfaction, and quality of life. The American Psychological Association (2018) dictionary defines well-being 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 definition describes well-being through seven parameters - happiness, contentment, distress, physical health, mental health, mental outlook, and quality of life. However, some theorists adopt a more focused perspective by conceptualising well-being primarily in terms of emotions. Layard (2011), in his study of happiness, characterises well-being as positive emotions. On the other hand, Kahneman & Krueger (2006) define well-being as the equilibrium of positive and negative emotions, while Diener et al. (1999) characterise it as the state when positive emotions predominate over negative emotions. These perspectives illustrate three distinct ways in which positive emotions characterise well-being: presence, equilibrium with negative emotions, and predominance over negative emotions. Although all three approaches have contributed to measuring well-being, a clear consensus remains elusive. Gasper (2004) highlights this vastness and complexity of the well-being conceptualization, including theorists’ focus usually on feelings, contentment, well-living, and health-related aspects. This focus seems to alter with the field of study and the theorist.

### **1.1 Research Problem and Gap**

There is an evolving understanding of the term ‘well-being’ because of its broad and all-encompassing nature. Often, theorists focus on one or more dimensions for specific understanding. Since various scholars emphasise different contributing factors to the concept of well-being, there remains a lack of consensus on its definition and measurement. The divergence is reflected in the multitude of scales and instruments developed, each grounded in its own theoretical framework rather than a unified approach. Therefore, it is evident that creating a more comprehensive and integrated definition of well-being could help address this inconsistency to a significant extent. There is a need to incorporate its multidimensional nature and explore the interactions across its various dimensions. In this regard, the present paper seeks to move beyond purely psychological and subjective domains while integrating both Eastern and Western approaches.

### **1.2 Objective**

This paper aims to critically analyse the different theories and models of well-being to arrive at an integral well-being model.

## **2. Method**

This study adopts a theoretical model development approach, which involves systematically analysing, synthesising, and integrating existing literature. It employs a comprehensive review of existing literature to explore the concept of well-being. The initial literature search used the keyword ‘well-being’ to identify relevant definitions, theories, and discussions surrounding well-being across diverse academic fields. Searches were primarily conducted using Google Scholar and PubMed databases to ensure wide coverage of general and health-specific sources. The results indicated an overlap of well-being with other variables – ‘happiness’, ‘life satisfaction’, ‘health’, and ‘quality of life’. It was observed that relatively few studies directly explore or measure well-being as a distinct construct. Hence, to understand the eastern and western approaches, two major strands of literature were identified for detailed review: well-being theories and models, and well-being measures. Key factors from the literature that describe and characterise well-being were identified and grouped into broader dimensions

based on predefined inclusion and exclusion criteria. Inclusion criteria were to contain factors that characterise and describe well-being. Exclusion criteria eliminated factors that studied well-being as an outcome or predictor variable. This process forms the basis for proposing an initial conceptual model for Integral Well-Being (InWeB).

### **3. Literature Review of Well-Being**

#### **3.1 Evolution of Well-being Literature**

Over time, the concept of well-being has evolved alongside theoretical advancements across various schools of psychology and philosophy. Each field has provided distinct lenses to understand well-being, leading to a rich yet complex landscape of definitions and models. In ancient Greek ethical philosophy, two foundational notions, *hedonia* and *eudaimonia*, laid the groundwork for later well-being theories. Although often treated as distinct types of happiness, these terms are also used to classify dimensions of well-being. *Hedonia*, discussed by Aristippus, refers to the pursuit of pleasure and the subjective experience of positive emotions derived from external sources (Irwin, 1991). In contrast, *eudaimonia*, extensively elaborated by Aristotle, refers to a form of meaningful living grounded in self-awareness, virtue, and realizing one's true potential (Aristotle, 1999). It embodies the ideals of "knowing oneself" and "becoming who one truly is" emphasizing alignment with the truth of one's being. These ideas remain foundational even in contemporary discussions, as they continue to inform theories that distinguish between hedonic and eudaimonic well-being. While *hedonia* and *eudaimonia* are often considered separate constructs, scholars suggest they are interrelated. Waterman, Schwartz, and Conti (2008) and Deci and Ryan (2008) posit that eudaimonic well-being generally encompasses hedonic experiences; however, not all hedonic experiences can be derived from eudaimonic well-being. This implies that the pursuit of deeper meaning often brings pleasure, but pleasure cannot always be derived from meaningful fulfilment. In contrast to these virtue-based approaches, welfare-based philosophies define well-being in more utilitarian terms - the extent to which a person's life goes well. This view emphasizes maximizing pleasure or satisfaction regardless of individual preferences or authenticity (Crisp, 2017). It forms the basis of modern policy frameworks, such as the OECD Well-Being Framework (2011) and the Gross National Happiness (GNH) index (Ura et al., 2012), which conceptualize well-being in terms of access to resources, standards of living, and societal conditions.

#### **3.2 Well-Being in Psychology**

With recent advancements in psychology, different schools of thought have identified numerous perspectives for understanding well-being, including self-actualization, flourishing, and quality of life. Humanistic psychology explores well-being as the result of realizing one's full potential, pursuing intrinsic goals, and experiencing authenticity. The concept of self-actualization, closely linked to well-being, was first introduced by Goldstein (1939) in his holistic view of the organism as striving to realize its potential. This concept was later popularized by Maslow (1943) in his theory of human motivation and needs hierarchy. Maslow (1962) defined self-actualization as the individual's capacity to reach their highest potential - a state characterized by psychological health, authenticity, and optimal functioning, which he associated with complete well-being. Building on these foundations, the emergence of positive psychology further broadened the scope of well-being research. Pioneered by Seligman and Csikszentmihalyi (2000), positive psychology focuses on studying and promoting human flourishing, arguably the most expansive construct within well-being science. This paradigm integrates subjective dimensions (such as happiness and life satisfaction) and objective indicators (such as functioning), recognizing well-being as a personal and social attainment.

Another related domain, health psychology, views well-being through the lens of quality of life and health outcomes. It connects physical, psychological, and behavioural factors, expanding our understanding of well-being in clinical and health-related settings (Kaplan, 2000).

### 3.3 Definitions of Well-Being

Over time, well-being has been defined in diverse ways, reflecting shifts in focus across decades. For example, one of the earlier definitions by Shin and Johnson (1978) described well-being as a “global assessment of a person’s quality of life according to their own chosen criteria”, highlighting its subjective nature. Later, Marks and Shah (2004) emphasized on societal facets in their definition of well-being as – “happy, healthy, capable individuals who are fulfilled and contribute positively to their community”, while Huppert (2009) describes it as the combination of ‘feeling good’ and ‘functioning effectively’ by developing one’s potential. In the 2010s, researchers, such as Dodge et al. (2012), proposed the Balance theory of well-being, framing well-being as the equilibrium between an individual’s resources and life’s challenges. Messer (2013) conceptualized well-being as the “achievement of all goods, purposes, and ends of human existence”. More recently, VanderWeele (2017) offered a succinct yet comprehensive definition as the “state in which all aspects of a person’s life are good”. This chronological progression highlights how the concept of well-being has expanded over time, from early definitions emphasising subjective life satisfaction to later frameworks that integrate emotional, functional, societal, and existential dimensions. Despite these varied perspectives, core themes such as autonomy, connectedness, fulfilment, and equilibrium consistently emerge, suggesting that any comprehensive understanding of well-being must account for individual and contextual factors.

### 3.4 Dimensions of Well-Being

To deepen the understanding established by these diverse definitions, examining the key dimensions of well-being conceptualisation is important. While environmental, social, digital, and spiritual well-being are increasingly recognized, much empirical literature focuses on psychological well-being (Huppert & Baylis, 2004). Among these, spiritual well-being, though often underrepresented in mainstream psychological literature, has increasingly gained recognition as an important dimension of overall well-being. One of the earliest modern definitions came from the National Interfaith Coalition on Aging (NICA, 1975) as the affirmation of life concerning oneself, others, nature, and the divine.

Developing upon this foundation, Fisher (1999) proposed a four-domain model of spiritual health: personal, communal, environmental, and transcendental. In this model, the personal domain concerns an individual’s intrapersonal relationship through meaning, purpose, and values in life. The communal domain reflects the quality and depth of interpersonal relationships, covering morality, social justice, culture, and religion. The environmental domain includes the care one has for the physical environment and other organisms, as well as a sense of awe and wonder. The transcendental domain describes the relationship of the self with something or someone beyond humanity, such as a cosmic force or God. Together, these domains emphasise intra- and inter-personal harmony; notably, Fisher (1999) uses the terms *spiritual health* and *spiritual well-being* interchangeably in his study. More recently, Sham et al. (2021) extended the spiritual framework to mental health recovery, distinguishing between intrapersonal well-being (relationship with the self, including physical and positive sense of the self) and transpersonal well-being (connection with others, the environment, and the Divine). This approach highlights the continued relevance of a spiritual and integrative view of well-being, particularly for individuals recovering from psychological distress.

Moving beyond the spiritual and interpersonal dimensions, the World Health Organization (WHO, 2020) characterises well-being as a multidimensional state encompassing physical, mental, and social domains beyond the absence of disease. The existing literature recognises well-being's multidimensional nature, yet its dimensions are usually studied and measured separately. As a result, the holistic nature of well-being and its dimensional interactions, is often overlooked.

Alongside these theorisations, several models and measurement tools have been developed to operationalize the various dimensions of well-being. A comparative analysis of prominent frameworks and scales is summarized in the Tab. 1 below.

Table 1: Summary of major Western measures of well-being

Framework / Scale	Key Domains	Focus Area	Summary
Satisfaction with Life Scale (Diener et al., 1985)	1. Life satisfaction 2. Positive affect 3. Negative affect	Subjective well-being	Built upon <i>hedonia</i> , it offers a unidimensional view of well-being focused on cognitive evaluation
Psychological Well-Being Scale (Ryff & Keyes, 1995)	1. Self-acceptance 2. Positive relations with others 3. Autonomy 4. Environmental mastery 5. Purpose in life 6. Personal growth	Eudaimonic well-being	Covers psychological, environmental, social, and spiritual aspects by integrating multiple theories
PERMA (Seligman, 2011)	1. Positive emotions (P) 2. Engagement (E) 3. Relationships (R) 4. Meaning (M) 5. Accomplishment (A)	Psychological and social dimensions	Attempts to integrate <i>hedonia</i> and <i>eudaimonia</i> . But the interplay of multiple facets is not explicitly integrated
Warwick-Edinburgh Mental Well-Being Scale (Tennant et al., 2007)	1. Positive affect 2. Resilience 3. Interpersonal relationships 4. Personal functioning	Mental well-being	Emphasises positive mental health and functioning
WHO Well-being Index (Regional office for Europe, WHO, 2004)	1. Positive emotions 2. General outlook on life	General life experience	Primarily captures emotional and subjective well-being and is limited in scope
WHOQOL (WHOQOL Group, 1994)	1. Physical functioning 2. Psychological health 3. Level of independence 4. Social relationships 5. Environment 6. Spiritual/religious beliefs	Holistic quality of life	Most comprehensive; captures physical, social, environmental, and spiritual domains. But it focuses on functionality and quality of life as a well-being indicator
Overall Summary			Most models focus heavily on subjective factors, while WHOQOL offers a broader socio-environmental perspective. Integration of domains across scales is limited The interplay between facets is underexplored.

Source: Authors

The Satisfaction with Life Scale (Diener et al., 1985) and related models of subjective well-being focus narrowly on an individual's cognitive appraisal of life satisfaction, often measured alongside positive and negative affect. In contrast, Ryff and Keyes' Psychological Well-being

Scale (1995) introduces a more eudaimonic perspective, encompassing autonomy, environmental mastery, purpose in life, and personal growth. Alongside psychological constructs, it offers limited insight into social or material contexts. The PERMA model (Seligman, 2011) outlines five core components of well-being - Positive Emotions, Engagement, Relationships, Meaning, and Accomplishment - foundational to human flourishing. While it addresses multiple psychological domains, it lacks explicit integration of physical, environmental, or social determinants. The Warwick-Edinburgh Mental Well-Being Scale (Tennant et al., 2007) assesses mental resilience and interpersonal functioning. On the other hand, the WHO-5 Well-Being Index (2004) captures emotional experiences and general outlook on life. On a larger spectrum, the World Health Organization's Quality of Life Scale (WHOQOL) (1994) presents a more holistic framework, evaluating physical health, psychological state, social relationships, environment, and spiritual beliefs. These tools recognize well-being as a construct influenced by both internal and external factors. However, despite these advancements, the interplay between different domains of well-being remains insufficiently addressed in most models. Many tools capture isolated aspects without fully articulating how these dimensions interact to shape overall well-being. Thus, while these frameworks provide valuable insights, there remains a need for an integrative approach that can unify the psychological, physical, social, and spiritual domains of well-being, especially in diverse cultural contexts.

### 3.5 Well-Being in Eastern Perspectives

While Western psychological frameworks have significantly advanced the study of well-being, they often centre on individualistic values such as autonomy, achievement, and internal emotional states. In contrast, Eastern philosophical and spiritual traditions offer more integrative and relational perspectives, positioning well-being not solely as a personal state but as a dynamic interaction between the individual, community, environment, and the universe. Eastern philosophies such as Hinduism, Buddhism, and Confucianism emphasize balance, harmony, interconnectedness, and the cultivation of inner peace as essential to human flourishing (Joshnloo, 2014). For instance, in Buddhist psychology, well-being is closely linked to mental clarity, liberation from suffering, compassion, and equanimity, resonating with eudaimonia from Western thought (Wallace & Shapiro, 2006). Similarly, Chinese traditions also frame well-being as relational and ecological. Confucian well-being is grounded in social harmony and moral cultivation, where fulfilment is achieved through right relationships and virtuous conduct (*ren*, or humaneness).

In Indian philosophy, *Ananda* (blissful nature of the self) is considered the original state of being. According to Salagame (2013), well-being in the Indian tradition is not merely the presence of positive emotions or the absence of disease, but the realization of one's inner nature as blissful, eternal, and complete. Expanding on this, Pulla and Salagame (2018) describe three interrelated Indian approaches to understanding happiness and well-being: Hedonistic (material pleasure and sensory satisfaction); Collectivistic (social relationships, community, environment, and interdependence); Transcendental (spiritual goals and self-realization beyond material existence). *Ayurveda*, the ancient Indian science of life and healing, contains unique insights into the concept of health and well-being. In *Ayurveda*, well-being is understood through the concept of *Svasthya*, which literally translates to 'being established in the self'. It is a state of living in harmony with one's constitution (*prakriti*) across multiple dimensions (Sharma, 1995): the body (*sharira*), mind (*manas*), senses (*indriya*), and soul (*atma*), thereby presenting a comprehensive and holistic model of health and well-being.

Across Eastern paradigms of well-being, there is a shared emphasis on the interconnectedness of mind, body, self, society, and the universe. These traditions prioritise balance and

consistently incorporate the spiritual dimension of well-being, offering a holistic idea that extends beyond the purely psychological or physical aspects of health. Importantly, within these approaches, well-being is viewed as a dynamic process shaped by daily actions, seasonal rhythms, and spiritual intention, highlighting its fluid and contextual nature.

Cultural psychology suggests the need for a culture-sensitive and holistic lens to understand well-being, acknowledging that its meaning and experience vary across sociocultural contexts. In independent cultural contexts like the United States, well-being is primarily framed as an individual, personal pursuit. Contrastingly, in interdependent contexts such as Japan, well-being is understood in relational and collective terms, with social connectedness serving as a central component (Yoo et al., 2016). Therefore, including Eastern perspectives broadens the discourse on well-being by challenging predominantly individualistic models and encouraging more pluralistic, integrative frameworks.

Most Western theories predominantly discuss well-being's psychological, social, and meaning-related aspects. Besides, the physical dimension is studied primarily through the concept of health and secondarily through quality-of-life studies. On the other hand, the Eastern approach primarily focuses on the spiritual aspect while delving into the concept of well-being. Each theory provides rich insights, but the multidimensionality and wholeness of well-being often remain fragmented across separate frameworks. Therefore, it is essential to integrate these multiple dimensions into a more comprehensive conceptualisation. To address this, the present study proposes the Integral Well-Being (InWeB) model, discussed below, which aims to bring together insights from both Eastern and Western traditions. Such an integrative approach is particularly relevant to contemporary well-being research, which increasingly seeks holistic, preventive, and culturally inclusive frameworks to promote human flourishing.

#### **4. Integral Well-Being (InWeB) Model: A Multidimensional Framework**

The term integral refers to that which is essential to completeness or forms a unified whole with other parts (Merriam-Webster, n.d.). Accordingly, Integral Well-Being encompasses the dimensions and factors fundamental to holistic well-being and their interactions.

Synthesizing the findings from the review presented earlier, the following fundamental dimensions have been identified from prevalent well-being theories and assessment instruments: Physical, Psychological, Social, Digital, and Occupational well-being. Additionally, aspects originating from Eastern approaches encompass Sensorial, Physiological, Environmental, and Spiritual well-being. Figure 1 explains the nature of the InWeB model. At the core of the model is 'Integral Well-Being', a dynamic state that emerges from the harmonious functioning of the following eight interrelated dimensions:

- a. Physical/Physiological Well-Being - Physical and Physiological components have been combined as one dimension. It includes optimal functioning, energy, strength, immunity, and balance.
- b. Psychological Well-Being - Encompasses emotional stability, cognitive clarity, self-acceptance, resilience, and the capacity to cope with stress. This dimension overlaps with positive affect, mental health, and self-concept.
- c. Sensorial Well-Being - Involves the health and balance of sensory perception (sight, sound, taste, touch, smell), contributing to lived experience and enjoyment. It is closely aligned with aesthetic nourishment, comfort, and sensitivity.

- d. Social Well-Being - Relates to the quality of relationships, sense of belonging, connectedness, interpersonal support, and contribution to the community. This dimension values both individual and collective harmony.
- e. Spiritual Well-Being - Refers to meaning-making, transcendence, inner peace, and connectedness with something greater than oneself - divine force, nature, or existential purpose.
- f. Digital Well-Being - Reflects one's relationship with digital environments and technology use. It includes healthy screen time, mindful media consumption, and maintaining psychological boundaries in digital spaces.
- g. Occupational Well-Being - Involves a sense of purpose, fulfilment, and alignment in one's professional roles. It also encompasses work-life balance, ethical engagement, and meaningful productivity.
- h. Environmental (Surrounding) Well-Being - Refers to one's physical surroundings, including natural and built environments, and the sense of safety and sustainability.



Figure 1: Proposed initial Integral well-being model  
Source: Authors

While the dimensions of InWeB are distinct, they interact, often overlapping and influencing one another. The Integral Well-Being Model is a theoretical development presented in this paper as a preliminary conceptual contribution. The aim is to propose an inclusive, comprehensive model of well-being that extends beyond individualistic and clinical interpretations.

## 5. Conclusion

This paper introduced the Integral Well-Being Model (InWeB) as an initial theoretical framework to expand prevailing conceptions of well-being. By integrating perspectives from both Eastern and Western traditions, while drawing insights from Ayurveda and contemporary well-being science, the model underscores the importance of multidimensional balance across eight core dimensions. The Integral well-being model advocates for a more inclusive, culturally

grounded, holistic conceptualization of well-being, particularly relevant in today's diverse and interconnected world. This paper has focused on establishing the theoretical basis and rationale for this multidimensional structure, while the empirical validation is currently underway and will be presented in future work. It is hoped that this contribution will encourage further dialogue and research into integrative models of well-being that are both scientifically robust and culturally sensitive, offering a more nuanced picture of human flourishing.

## References

- American Psychological Association. (2018). Well-being. *APA Dictionary of Psychology*. Retrieved April 19, 2018. Apa.org. <https://dictionary.apa.org/well-being>
- Aristotle. (1999). *Nicomachean Ethics* (W.D. Ross, Trans.). Batoche Books. <https://historyofeconomicthought.mcmaster.ca/aristotle/Ethics.pdf>
- Crisp, R. (2017). Well-being. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Fall 2017 Edition). <https://plato.stanford.edu/archives/fall2017/entries/well-being/>
- Deci, E. L., & Ryan, R. M. (2008). Hedonia, Eudaimonia, and Well-being: an Introduction. *Journal of Happiness Studies*, 9(1), 1–11. <https://doi.org/10.1007/s10902-006-9018-1>
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment*, 49(1), 71–75. [https://doi.org/10.1207/s15327752jpa4901\\_13](https://doi.org/10.1207/s15327752jpa4901_13)
- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three Decades of progress. *Psychological Bulletin*, 125(2), 276–302. <https://doi.org/10.1037/0033-2909.125.2.276>
- Dodge, R., Daly, A. P., Huyton, J., & Sanders, L. D. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 2(3), 222–235. <https://doi.org/10.5502/ijw.v2i3.4>
- Gasper, D. (2004). *Human well-being: concepts and conceptualizations* (WIDER Discussion Paper, No. 2004/06). The United Nations University World Institute for Development Economics Research (UNU-WIDER). <https://www.econstor.eu/bitstream/10419/52803/1/38914200X.pdf>
- Goldstein, K. (1939). *The organism: A holistic approach to biology derived from pathological data in man*. American Book Company.
- Huppert, F. A. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being*, 1(2), 137–164. <https://doi.org/10.1111/j.1758-0854.2009.01008.x>
- Huppert, F. A., & Baylis, N. (2004). The science of well-being. In F. A. Huppert, N. Baylis, & B. Keverne (Eds.), *The science of well-being* (pp. 1–10). Oxford University Press.
- Irwin, T. H. (1991). *Aristippus against happiness*. *The Monist*, 74(1), 55–82. <http://www.jstor.org/stable/27903224>
- Joshanloo, M. Eastern Conceptualizations of Happiness: Fundamental Differences with Western Views. *J Happiness Stud* 15, 475–493 (2014). <https://doi.org/10.1007/s10902-013-9431-1>
- Kahneman, D., & Krueger, A. B. (2006). Developments in the Measurement of Subjective Well-Being. *Journal of Economic Perspectives*, 20(1), 3–24. <https://doi.org/10.1257/089533006776526030>

- Layard, R. (2011). *Happiness: Lessons from a new science* (2nd ed.). Penguin Books.
- Marks, N., & Shah, H. (2004). A well-being manifesto for a flourishing society. *Journal of Public Mental Health*, 3(4), 9–15. <https://doi.org/10.1108/17465729200400023>
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396. <https://doi.org/10.1037/h0054346>
- Maslow, A. H. (1962). *Towards a Psychology of Being*. Princeton, NJ: D. Van Nostrand Company. <https://doi.org/10.1037/10793-000>
- Merriam-Webster. (n.d.). *Integral*. In *Merriam-Webster.com dictionary*. Retrieved April 9, 2025, from <https://www.merriam-webster.com/dictionary/integral>
- Messer, S. B. (2013). On the impossibility of a grand theory of psychotherapy. *Journal of Psychotherapy Integration*, 23(2), 102–114. <https://doi.org/10.1037/a0031330>
- National Interfaith Coalition on Aging. (1975). *Spiritual well-being: A definition*. [Unpublished report].
- Organisation for Economic Co-operation and Development (OECD). (2011). *How's life? Measuring well-being*. OECD Publishing. <https://doi.org/10.1787/9789264121164-en>
- Oxford English Dictionary (OED). (n.d.). *Well-being, n.* In *OED online*. Retrieved June 02, 2025, from <https://www.oed.com>
- Pulla, V., & Salagame, K. K. K. (2018). Wellbeing: Through the Lens of Indian Traditional Conceptualisations. *International Journal of Social Work and Human Services Practice*, 6(3), 94–100. <https://doi.org/10.13189/ijrh.2018.060304>
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727. <https://doi.org/10.1037/0022-3514.69.4.719>
- Salagame, K. K. (2013). Well-being from the Hindu/Sanātana Dharma Perspective. In I. Boniwell, S. A. David, & A. C. Ayers (Eds.), *Oxford University Press eBooks* (online edn, pp. 371–383). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199557257.013.0029>
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5–14. <https://doi.org/10.1037/0003-066X.55.1.5>
- Sham, P. C., Singhal, N., & Metcalfe, J. D. (2021). The development of a model of well-being for people recovering from mental illness. *Journal of Mental Health*, 30(3), 295–303. <https://doi.org/10.1080/09638237.2020.1765991>
- Sharma, P. V. (1995). *Caraka Samhita: Agnivesa's treatise refined and annotated by Caraka and redacted by Drdhabala* (Vols. 1–4). Chaukhambha Orientalia
- Shin, D. C., & Johnson, D. M. (1978). Avowed happiness as an overall assessment of the quality of life. *Social Indicators Research*, 5(1), 475–492. <https://doi.org/10.1007/BF00352944>
- Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S. & Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and

- UK validation. *Health and Quality of Life Outcomes*, 5, Article 63. <https://doi.org/10.1186/1477-7525-5-63>
- Ura, K., Alkire, S., Zangmo, T., & Wangdi, K. (2012). An Extensive Analysis of GNH Index (Version 1). The Institute of Development Studies and Partner Organisations. <https://hdl.handle.net/20.500.12413/11818>
- VanderWeele, T. J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences*, 114(31), 8148–8156. <https://doi.org/10.1073/pnas.1702996114>
- Wallace, B. A., & Shapiro, S. L. (2006). Mental balance and well-being: Building bridges between Buddhism and Western psychology. *American Psychologist*, 61(7), 690–701. <https://doi.org/10.1037/0003-066X.61.7.690>
- Waterman, A. S., Schwartz, S. J., & Conti, R. (2008). The Implications of Two Conceptions of Happiness (Hedonic Enjoyment and Eudaimonia) for the Understanding of Intrinsic Motivation. *Journal of Happiness Studies*, 9(1), 41–79. <https://doi.org/10.1007/s10902-006-9020-7>
- World Health Organization. (2024). *The World Health Organization-Five Well-Being Index (WHO-5)*. World Health Organization. <https://www.who.int/publications/m/item/WHO-UCN-MSD-MHE-2024.01>
- WHOQoL Group. (1994). The development of the World Health Organization quality of life assessment instrument (the WHOQOL). In *Quality of Life Assessment: International Perspectives: Proceedings of the Joint-Meeting Organized by the World Health Organization and the Fondation IPSEN in Paris, July 2–3, 1993* (pp. 41-57). Springer Berlin Heidelberg.
- Yoo, J., Lee, I. S., & Lee, H. S. (2016). The development and validation of a holistic well-being scale: Integrating subjective and psychological well-being. *Journal of Happiness Studies*, 17, 2511–2534. <https://doi.org/10.1007/s10902-015-9707-3>