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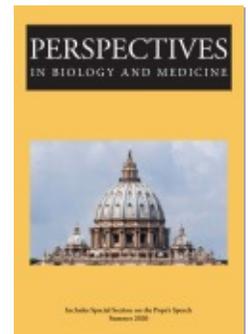
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Human Flourishing and Population Health: Meaning,  
Measurement, and Implications

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# HUMAN FLOURISHING AND POPULATION HEALTH

*meaning, measurement, and implications*

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JEFF LEVIN

**ABSTRACT** Human flourishing has recently emerged as a construct of interest in clinical and population-health studies. Its origins as a focus of research are rooted in philosophical writing dating to Aristotle's concept of eudaimonia, in the work of contemporary psychologists, and in studies by epidemiologists, physicians, and social and behavioral scientists who have investigated religious influences on physical and mental health since the 1980s. Inasmuch as human flourishing has been characterized as multidimensional or multifaceted, with hypothetically broad antecedents and significant outcomes, it may be an especially valuable construct for researchers. For one, it would seem to tap something deeper and more meaningful than the superficial single-item measures that often characterize such studies. This article surveys the rich history of the concept of human flourishing in its multiple meanings and contexts across disciplines, proposes a conceptual model for assessing the construct, and lays out an agenda for clinical and population-health research.

In recent decades, social and behavioral scientists have begun to explore how and why human beings thrive or flourish and to consider whether traits indica-

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This article is an updated version of earlier presentations on the subject of human flourishing and health, dating back to the closing plenary address at "Spirituality, Health and Human Flourishing: Meaning? Measurement? Implications?" the First Annual Meeting of the Society for Spirituality, Theology, and Health, in Durham, NC, June 27, 2008.

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tive of thriving or flourishing may themselves influence physical well-being. This stands in contrast to the historical tendency in these fields to focus on pathology: mental illness, psychological dysfunction, deviant behavior, social problems, and so on. In epidemiology, too, the influence of pathology is seen in a tacit emphasis on risk factors for disease outcomes and for rates of morbidity and mortality, as opposed to, say, protective factors promotive of good health. Methodologically, there is nothing substantial that would prohibit looking at the world from the perspective of flourishing, other than professional convention, but the change-over to a more positive focus has been long in coming and is still a niche endeavor. In psychology, a turn towards flourishing is seen in the expanding positive psychology movement (see Snyder and Lopez 2002); in sociology, it is seen in an encouraging research focus on prosocial behavior in some subfields, such as criminology (e.g., Johnson 2011).

For study of the health of people and populations, such a flipping of the polarity of the variables studied—that is, from “negative” risk factors to more “positive” strengths—has been anticipated for several years. An essay outlining the theoretical basis for a “positive psychosocial epidemiology” advocated for an integration of the concepts and methods of positive psychology into epidemiologic research (Levin 2007, 212). A renewed emphasis in epidemiology and population health on salutary outcomes such as personal adjustment and general well-being, coupled with a focus on its prosocial determinants, would be a welcome development. It would contribute to the emerging interest in exploring what keeps people well and enables them to heal, which to now has been downplayed in favor of investigations of factors contributing to pathophysiology and disease.

Since about the middle of the 20th century, social and behavioral scientists have explored the psychosocial determinants of health and illness and of related concepts such as well-being, an amalgam of cognitive and affective states and quality of life measures. Hundreds of thousands of studies have documented the impact of mental and emotional factors on health and well-being. This has mostly been the work of health psychologists and medical sociologists—indeed, almost all of the ostensibly epidemiologic research on this subject has been conducted not by epidemiologists, experts in the concepts and methods involved in studying population health, but by others. This does not reflect well on epidemiologists as a whole, the present author included, and population-health scientists have much to learn by more systematic consideration of this body of findings.

In recent decades, the work of these explorers of the psychosocial antecedents of health has moved beyond the mental and emotional to consideration of the spiritual. This has resulted in both conceptual and theoretical conundrums—problems related to definitional questions, as well as to the how or why of what might be termed mechanisms of action. Research evidence suggests that the many facets of the spiritual domain of life matter for our emotional well-being and health, but how specifically do we make sense of the results of such stud-

ies? Do they jibe with what is known about the pathophysiology, healing, and prevention of human disease? For many earnest scientists, there is still something off-putting about research findings linking religious beliefs, attitudes, and practices to measures of health or illness. Is there really good reason to believe that the flourishing of the human psyche or spirit has something to say about our health?

Since its beginnings in the 1980s, systematic research exploring the health impact of religious expression has entailed studies of various beliefs, attitudes, and practices pertaining to the religious life of people both in general populations and in hospitalized settings. By now there are several thousand published studies, and these have been reviewed, critiqued, and commented upon in numerous places (see Koenig, King, and Carson 2012; Levin 2018). While the methodology of current studies is, on the whole, consistent with the best of contemporary social, behavioral, and epidemiologic standards, one issue remains subject to considerable criticism. This is what epidemiologists refer to as “exposure assessment,” which in the present context is a technical way of saying that how religiousness tends to be measured in these studies is problematic. It is this conceptual concern, more than any other, that animates critiques of these studies (see Hall, Koenig, and Meador 2004) and unites proponents (e.g., Krause 2011) and skeptics (e.g., Sloan 2007).

Among active researchers, a consistently voiced concern is that the usual ways of assessing religiousness suffers from two limitations. First, measures are mostly reductionistic and unidimensional, usually focused on discrete behaviors, and typically assessed by a single item, such as the frequency of attending church services; one critique called this a “fetish” for “bean-counting” and “behavioral empiricism” (Levin 2003, 409). Second, researchers seem almost allergic to exploring the experiential dimension of lived religion (Levin 2011). It is much easier to ask people how many times they do this or that (go to church, pray, read the Bible) or if they believe in God, yes or no, and so on.

To be clear, there is nothing innately wrong with such questions if these discrete behaviors and beliefs are precisely what one is looking to assess and what one has hypothesized as related to well-being. But is this really tapping into something deeply and genuinely spiritual, “intrinsic” in the language of psychologists of religion (see Donahue 1985)? Do such studies, moreover, tell us anything meaningful about how the inner life of people influences their physical or psychological well-being? Does this work shed any light on how the flourishing of one’s psyche, mentally or emotionally or spiritually, may serve to enhance wellness, prevent illness, promote health, or heal disease?

A hopeful alternative advanced in the literature since the 1990s has been the construct of “spirituality.” The intent of this construct is to entertain an alternative to religiousness that retains a focus on matters of the spirit but without the negative connotations that many people believe are implicit in organized religion. In most usages, however, *spirituality* is little more than a buzzword, desig-

nating something of a religious nature but unsullied by the institutional features of religious denominations, which are presumably objectionable (see Levin 2009). Moreover, the usage of this term in research related to health and well-being does not resemble how religious scholars, across faith traditions, have long defined the term *spirituality*: as an ideal state of attainment that is a lifetime product of a characteristic path of religious practice and belief, or the respective such path among a particular religious tradition, such as Buddhist spirituality, Jewish spirituality, or Roman Catholic spirituality (see any representative theological dictionary, e.g., McKim 1996).

In contemporary usage, “spirituality” has instead become something amorphous and detached from religion—“unmoored” in the famous words of Martin Marty (1998), “thin, particled, almost invisible, shapeless, hard to grasp” (xii–xi)—as well as distinctively individualized and self-acquired outside of a communal religious context, such as a religious congregation. Thus, it is not clear what precisely is being assessed or claimed to be assessed by measures of spirituality. A feeling of oneness, of transcendence, of connection with God or the divine? A particular attitude or emotion? A belief or set of beliefs about nature and humans’ place in the universe?

Yet even where meaningful and reliable measures have been proposed for aspects of spirituality (e.g., Underwood and Teresi 2002), there is a contextual question, in that the unique construction of spirituality within respective religions makes comparative research difficult. Is *halachic* Jewish spirituality, for example, as affirmed and practiced in all of its ritual precision and theistic imprimatur, comparable in any way to the spirituality of, say, *Vajrayāna* Buddhism, with its emphasis on meditation and its transpersonal and nontheistic elements? And what about comparisons with evangelical spirituality or *Shi’a* Muslim, *Khalsa* Sikh, or *Jinja* Shinto spirituality? Without tapping into some presumably universal feature, generalizations about the impact of “spirituality” on physical or mental health—or on anything else—and the meaning of strong statistical associations, become problematic if not impossible.

So, for different reasons, typical ways of assessing religiousness and spirituality each have limitations: either they are bloodless counts of discrete religious behaviors that may be somewhat comparable across faiths but do not engage faith or the human spirit in any depth; or they are attempts to assess a sketchy construct that has not yet been adequately defined and validated for use in comparative studies of health across global populations. What this field would seem to require, then, would be a construct or meta-construct with all the benefits of “spirituality”—that is, a broader take on the realm of the human spirit than simple counts of religious behaviors—without the drawbacks of this construct—that is, its conceptual fuzziness and its incomparability across religions and populations on account of implying different things across different traditions.

The strongest candidate broached in recent sociomedical literature is the fascinating and old-but-new construct that has come to be known as “human flourishing.” It has been described as “a natural home for spirituality,” in the sense that it represents something that is able to incorporate a spiritual dimension alongside psychological and social domains (McEntee, Dy-Liacco, and Haskins 2013). Since the turn of the new century, human flourishing has been the subject of research papers, academic conferences, and funding initiatives specifically in the context of medicine, health, and healing, including in bioethics (e.g., Taylor and Dell-Oro 2006). Yet, as with studies of religion, spirituality, and health, interest in the subject and the publication of thoughtful theoretical papers have outpaced the kind of conceptual development that is requisite for any new subject to be accepted as a legitimate focus for research.

### MEANING

Human flourishing has roots in antiquity. In the West, its conceptual origins date at least to Aristotle, whose *Nicomachean Ethics* is, among other things, a treatise on what he termed *eudaimonia*. This he described as the ultimate end or goal of a good life, which he also referred to as “good spirit.” As characterized by Aristotle, *eudaimonia* is something akin to happiness or perhaps the contemporary construct of well-being, although deeper and more multidimensional and with more existential and other-regarding features. Essential core components are character, wisdom, and balance, in service together to the common good.

In the *Ethics*, discussion of *eudaimonia* touches on numerous related themes that have evolved into the foundation for the contemporary concept of human flourishing. These include the good; morality and virtue; temperance and courage; promotion of the virtues in service to right action; justice and reciprocity; intellect and practical wisdom, in the form of rationality and intuition working in unison; pleasure moderated by continence; friendship; and ethical behavior in the social and political domains. Since the time of Aristotle, scholarly discussion of *eudaimonia* has almost exclusively been the work of academic philosophers and theologians.

Yet over the past few decades, since the advent of humanistic psychology, the phrase “human flourishing” has begun to appear in the behavioral science, psychiatric, and medical literatures. According to the National Library of Medicine’s PubMed search engine, medical uses date back about 30 years, initially in bioethics and the philosophy of medicine. By now, over 170 studies or scholarly essays or reviews have been published on the subject specifically within medicine. In academic psychology and religious studies, the phrase began appearing somewhat earlier, in the 1960s (e.g., Meynell 1969). In a special issue of *Social Philosophy and Policy*, in 1999, the recency and provenance of scholarly attention was noted:

“Human flourishing is a relatively recent term in ethics. It seems to have developed in the last two decades because the traditional translation of the Greek term *eudaimonia* as ‘happiness’ failed to communicate clearly that *eudaimonia* was an objective good, not merely a subjective good” (Rasmussen 1999, 1–2).

Different religious and wisdom traditions have engaged this construct, as have respective academic disciplines and schools of psychology. This includes a variety of distinctive takes on human flourishing, under that name, or on closely equivalent concepts. Some of this writing is definitional and prescriptive; other writing is meant to be inspirational. While a diversity of philosophical perspectives is apparent, and in current usage no one definition prevails over the others, all the definitions to some extent are grounded in *eudaimonia*. Where they differ is in focus, primarily on inner psychological development or on cultivation of social consciousness.

In religions of Asia, including Buddhism and Hinduism, flourishing is most typically described as being about what psychiatrists term “mood tone” and may be achieved through introspection. In Tibetan Buddhism, for example, *eudaimonia* is interpreted as “genuine happiness,” a life devoted to “the pursuit of virtue and understanding” and productive of “the blossoming of lovingkindness and compassion, of empathic joy and equanimity” (Wallace 2005, 114, 147). Human flourishing results when the mind is in “a state of healthy balance” (219), which has four components: motivational, attentional, cognitive, and emotional balance. This can be attained through mindfulness and other forms of Buddhist meditation.

In the Integral Yoga tradition, life’s goal is viewed the “integral realisation of Divine Being,” which is defined as “integral liberation” and leads to “the perfect harmony of the results of Knowledge, Love and Works” (Aurobindo 1999, 42–43). A state of integral liberation

is of the nature not only of freedom, but of purity, beatitude and perfection. An integral purity which shall enable on the one hand the perfect reflection of the divine Being in ourselves and on the other the perfect outpouring of its Truth and Law in us in the terms of life and through the right functioning of the complex instrument we are in our outer parts, is the condition of an integral liberty. (43)

In the Western monotheisms, attaining flourishing, or defining it, seems to be less about inner psychological evolution and self-realization and more about praxis—intentional, directed action toward an idealized communal end. The Jewish liturgy, for example, features a definition of *ashrei* (happiness) that is self-focused: “Happy are those who dwell in Your house; they forever praise You. / . . . Happy the people who have it so; happy the people whose God is the Lord” (Psalms 84:5, 144:15). Yet the rabbinic literature offers a roadmap to its attainment that is decidedly other-regarding, as in the Mishnaic meditations

on *al shloshah devarim*, the three things upon which the world stands (see Levin 2014). The goal of life, and the path to a good life, is through actions that balance upon a three-legged stool, actually two separate such stools. One of these is *torah* (learning), *avodah* (devotion to God), and *g'milut chasadim* (acts of loving-kindness) (*M. Avot* 1:2). These in turn produce *emet* (truth), *shalom* (peace), and *din* (justice) (*M. Avot* 1:18).

Likewise, in Roman Catholicism the inclination of human beings is “to seek a deeper sense of happiness than mere hedonistic notions of pleasure and the absence of pain. This is the eudaimonistic notion of happiness, and it centers on human flourishing” (Annett 2016, 39). Such a notion of flourishing is tied explicitly to working for the common good. Seeking this is key to attaining the Aristotelian good life, which is “the telos not only of the individual but of the political community, too” (39). Accordingly, in its inheritance and internalization of the older Aristotelian tradition, the foundation of Catholic social teaching on human dignity and the supremacy of the common good “offers a path toward authentic human flourishing” (39) especially tailored to our increasingly globalized and culturally diverse world.

According to Islamic religious texts, as well, in order to live out a good life “one should have faith and put his or her faith into practice” (Joshanloo 2013, 1863). *Islam* means submission, and the definition of piety and religious virtue for Muslims amounts simply to this: “to submit to the supreme power” (1862). According to contemporary Muslim philosophers, for Islam, as for rabbinic Judaism and Roman Catholicism, authentic happiness or flourishing may be understood consistently with “Aristotle’s focus on social aspects of eudaimonia” (1867), whereby “individual happiness is tied to collective happiness and a person cannot seek happiness independent of others. In other words, we should devote ourselves to the collective happiness of humanity” (1867). Moreover, the concept of community (*ummah*) “implies above all a human collectivity held together by religious bonds that are themselves the foundation for social, juridical, political, economic, and ethical links between its members” (Nasr 2002, 160–61). The absence of mental illness or presence of mental health cannot by itself be equated with flourishing. Such a state entails the presence of positive affects which are sequelae of a life of piety and virtue, and these in turn are defined in large part through actions outwardly directed toward the common good, as in laboring for social justice, a cornerstone of Islam (see Esack 2002; Ruthven 2006; Van Gorder 2014).

In psychology, traditions of research and writing on constructs such as happiness and well-being seem to be conceptually consonant, if not synonymous, with evolving understandings of human flourishing. Moreover, in this context human flourishing is taken as antonymous with human suffering (Svenaeus 2019), a concept that can be seen in psychology in various guises, such as in the empirical literatures on psychological distress, including diagnosed mood disorders. Outside

of the mainstream of academic psychology, newer perspectives or schools have emerged whose respective focus is much more explicitly on enhancing human flourishing, or something equivalent, in contexts that seem to transcend the concepts broached by religious understandings of flourishing. Moreover, in these schools, attaining wholeness and wellness and balance is central to the therapeutic task, which is not just about the remediation of psychological symptoms.

Since its emergence in the 1950s, humanistic psychology has been offered as a “third force,” an alternative to the psychodynamic and behaviorist schools. The goal of this perspective has been explicitly to foster “human potential,” posited in terms of Maslow’s (1970) famous hierarchy of human needs, which identifies basic requirements for flourishing. In ascending order, these are physiological, then safety, love and belonging, esteem, and self-actualization.

An outgrowth of the humanistic school in the 1970s, transpersonal psychology became identified as a “fourth force” for the field. It emphasized a nexus of themes, including states of consciousness, human potential, spirituality, and transcendence. Tart (1986) identified “awakening” out of our “consensus trance” as a key to fulfilling one’s potential, revealing a significant influence of earlier Western mystics such as Gurdjieff.

Integral psychology, associated with the writing of Wilber (2000) since the 1980s, is sometimes fashioned as a “fifth force,” promoting an evolutionary view of consciousness and on integrative of themes and concepts from science, philosophy, and mysticism. As with the humanistic and transpersonal schools, its principal aim is to foster human growth. According to Wilber, by accounting for a greater number of antecedents, the integral approach is thus “more encompassing [of] levels of consciousness” in what he terms the “Great Nest of Being” (5–27). Efforts have been made to apply this framework to medicine, as in Dacher’s (2006) “integral health,” described as a path to human flourishing that is at once holistic, evolutionary, intentional, person-centered, and dynamic.

Finally, positive psychology is described by Seligman (2011), founder of this field in the 1990s, as the study of what others have variously termed the “essential capacities,” “virtues,” or “classical sources of strength” that enable personal and communal thriving. These include hope, self-control, forgiveness, love, gratitude, humility, wisdom, optimism, spirituality, and other related concepts. Unlike the other psychological schools just noted, positive psychology has been explicitly oriented toward facilitating research on determinants and outcomes of constructs resonant with classical understandings of eudaimonia. An important spinoff has been the validation of the character strengths and virtues (CSV) schema, which comprises 24 “character strengths” arrayed across “six core virtues”: wisdom and knowledge; courage; humanity; justice; temperance; and transcendence. This in turn has become the basis for a measurement tradition and subsequent basic and applied research (see Peterson and Seligman 2004; Seligman et al. 2005). Positive

psychologists continue to explore human flourishing in a variety of applied contexts (e.g., Joseph 2015).

Even Western medicine has weighed in, explicitly, offering definitions of human flourishing intended to guide subsequent research studies. An early paper in the medical sociology literature by Keyes (2002) defined human flourishing as the presence of mental health as well as social well-being, encompassing both positive feelings and positive functioning, with the latter combining social coherence, social actualization, social integration, social acceptance, and social contribution (Keyes 1998). The opposite of flourishing was called “languishing.” A health psychology paper from around the same time period defined human flourishing as life within an optimal range of functioning, meaning the sum of goodness, generativity, growth, and resilience (Fredrickson and Losada 2005). Its opposite, again, was referred to as languishing, characterized as hollowness and emptiness and denoting something beyond simple pathology.

These two takes on human flourishing exemplify the other-regarding and internally focused approaches, respectively, consistent with the disciplinary foci of sociology and psychology. A contemporaneous paper in the bioethics literature more or less split the difference, defining human flourishing as a function of meaning and happiness, marked by the state of one’s relationships and indicated by one’s engagement with issues related to community and justice (Kalbian and Shepherd 2003). A review from psychology on the religious context of human flourishing reviewed evidence both from studies of individual well-being and from research on altruism and communal well-being (Myers 2008). These examples suggest that to best tell the story of the intersections of religion, human flourishing, and health, one must engage both the personal and the collective in the expressions and the downstream effects of flourishing.

Historically, philosophical treatments of human flourishing cover a variety of perspectives. Some are teleological in orientation, but differ as to what constitutes the good life. Others are deontological, but differ as to the virtues required to flourish. Some interpret flourishing in a religious context, while others do not. Some are internally focused, reading human flourishing as being about self-actualization; others are externally focused, with an understanding of this concept as being mainly about acting toward a communal good. For example, we are reminded that “because our existence as God’s covenant partner is also existence in fellowship with others, [this] requires respect for our neighbor’s life as well as our own. Our will to life encompasses the life of our neighbor as well as our life, a point that is especially relevant when it comes to health” (Hauerwas and McKenny 2016, 12). Contemporary philosophers, too, espouse varied perspectives: Alisdair MacIntyre’s *After Virtue* (2007) and Charles Taylor’s *A Secular Age* (2007) are good places to start.

To summarize, what has been termed “human flourishing” resonates with a variety of themes from a variety of sources. These include philosophy (Aristote-

lian views on the good life and its characteristics); humanistic, transpersonal, and integral psychology (holism, interdependence, self-actualization, integration); positive psychology (the virtues, including wisdom, morality, humility, and love of others; and affects of positive polarity, such as happiness); and moral theology (the communal dimension of well-being; and covenantal obligations, such as justice, compassion, and other-regard).

The next question we might ask is whether this richness of conceptual and theoretical material been put to use in research studies seeking to determine whether and how human flourishing impacts on the health of people and populations. The answer is yes, sort of, but not in any programmatic sense. An important step would be the development of a working definition and of a measurement model for human flourishing that would better account for the multidimensionality found in its various depictions from Aristotle to present-day scholarly writing.

### MEASUREMENT

From a careful reading of classical and contemporary sources, including those noted above, some ideas are offered here about how human flourishing might best be conceptualized for purposes of developing measures for use in clinical and population-health studies. The conceptual model proposed is tentative—a first step offered to encourage further exploration, which in its present form may serve as a useful template for scale development and validation. This proposed model is an effort to lay out hypothetical dimensions of human flourishing, based on writing in philosophy, psychology, and other fields. Six dimensions are proposed:

1. *Integrity.* Affirmation of the interconnectedness and interdependence of all life, of the essential wholeness and oneness of all manifestation (as denoted by the maxim “All is one”). This maps onto the experiences of those mystics whose attainment of states of transcendence, *samādhi*, spiritual bliss, or God-consciousness is spoken of as a realization of the unity of all beings.
2. *Holism.* Recognition that the function and worth of a human life cannot be captured by a reductionistic focus on component pieces or levels (“The whole is greater than the sum of the parts”). Accordingly, a good life is one that is lived in balance, through harmonizing all of the constituent elements and forces that make up a human being and ensuring that one preserves a sense of equilibrium.
3. *Other regard.* Altruistic, selfless concern for the well-being of other people or sentient beings, especially valued above oneself (“Putting others first”). From this perspective, one cannot truly attain complete peace of mind so long as there is an awareness of others who continue to suffer.
4. *Virtuousness.* Devotion to acting in consonance with a moral code, in one’s personal and interpersonal behavior (“Walking one’s talk”). Moral-

- ity is not just about espousing ethical stringencies through one's words or through criticizing others, but rather entails consistency of behavior.
5. *Actualization*. Commitment to inner growth, self-improvement, and moral development in order to reach one's full human potential ("Be all that you can be"). Flourishing is not simply about finding the right self-help program to change one's state of mind, but is a life-long undertaking to change one's way of being.
  6. *Positive affect*. The experience of an aggregate of mood-elevating feelings associated with gratification and contentment ("Don't worry, be happy"). In authentic flourishing, in its fullest flowering, this goes beyond transient state-like emotions, and is more the fruit of a "trait"-like self-transformation.

These six components, taken together, would seem to construct something along the lines of what the sources reviewed earlier mean by "human flourishing" (or related terms). These components represent respective attitudes or values that inform intentional actions, which in turn may be productive of flourishing-like psychological states. At the same time, this proposed conceptual model is distinct from other multidimensional psychological schemata, such as CSV (Peterson and Park 2011), as well as from models of constructs such as spirituality or subjective well-being (George 1981; Selvam 2013).

I suggest that conceptual development along the lines of this proposed model (or another such model) is a necessary step in the elaboration of any psychosocial concept into a form that can be used in research studies. Concomitantly, one must also be capable of advancing hypotheses that justify why the proposed dimensions do or should impact on the outcomes intended to be studied, in this instance physical or mental health. With that in mind, some initial hypotheses are offered here for each of the six dimensions of human flourishing contained in the proposed model, each accompanied by a pertinent research question:

1. *Integrity*. H<sub>1</sub>: Affirming oneness and affiliation with others leads to empathy, which in turn leads to health-related or health-directed behavior in service to others, benefiting the well-being of the population. Q<sub>1</sub>: Is there a health-related instrumentality to a sense of transpersonal connection with others?
2. *Holism*. H<sub>2</sub>: Affirming a holistic view of self leads to a sense of balance and equilibrium, as well as to the practice of self-care, which facilitates greater functioning and psychological well-being. Q<sub>2</sub>: Regarding "wholeness" and "whole-person care," does affirming these respective values about the self and about health care matter for our health and well-being?
3. *Other regard*. H<sub>3</sub>: Selflessness and right action toward others leads to greater well-being both for others and for oneself. Q<sub>3</sub>: Does doing good for others benefit both others and oneself, in terms of measurable health-related outcomes, including at the population level?

4. *Virtuousness*.  $H_4$ : Behaving morally leads to a sense of being in accord with one's highest values, which in turn leads to greater psychological adjustment and overall well-being.  $Q_4$ : Are there physical or mental health consequences of being a good person?
5. *Actualization*.  $H_5$ : Self-actualization leads to mobilization of salutary psychophysiological resources, which lead to mitigation of symptoms and pain and thus to greater physical and psychological well-being.  $Q_5$ : Is a disinclination to personal growth, psychologically or spiritually, a risk factor for adverse health outcomes?
6. *Positive affect*.  $H_6$ : Positive mood produces physiological and psychophysiological sequelae which enhance host resistance and foster health and salutogenesis (healing).  $Q_6$ : Are happy people (and populations) healthier? Should happiness be considered an important public health value?

To reiterate, these ideas have not yet been developed into a formal set of measures, so there are not yet data available to show how these constructs influence health or well-being. Still, a few studies have been conducted that examine how particular aspects of human flourishing impact on indicators of population-wide well-being or health status. We may even be able to estimate something akin to a population prevalence for human flourishing.

In a 1995 survey of 3,032 US adults funded by the MacArthur Foundation, Keyes (2002) developed indices of flourishing and languishing based on multiple measures of positive feelings and of functioning. He reported past-year point prevalence estimates of 17.2% for flourishing, 12.1% for languishing, and 4.7% for languishing with depression. Flourishing was significantly greater among males, 45- to 64-year-olds, college graduates, and the married.

In a study drawing on 5,299 respondents recruited from three internet samples in 2002/3 and using Diener's five-item Satisfaction With Life Scale (SWLS), Park and colleagues (2004) found that indicators of flourishing were significant age- and sex-adjusted correlates of life satisfaction. Independent variables were from the Values in Action Inventory of Strength (VIA-IS), a psychological assessment of character strengths associated with flourishing. Hope, zest, gratitude, curiosity, and love were most strongly associated with life satisfaction, whereas modesty and various intellectual strengths (creativity, judgment, love of learning, appreciation of beauty) were only weakly associated. There was no evidence that "too much" of a particular strength was harmful.

In the MacArthur Foundation study, Keyes (2002) also found a link between flourishing/languishing and a diagnosed major depressive episode, according to the DSM-III-R. Specifically, the risk of major depression was 2.1 times greater among languishing than "moderately mentally healthy" adults, and 5.7 times greater among languishing than flourishing adults. This was not a simple calculus: there were respondents who were flourishing yet depressed, and respondents who were languishing yet not depressed.

Using two samples totaling 188 university students, Fredrickson and Losada (2005) identified a connection between the ratio of positive and negative affect and scores on an index of flourishing. Mathematical modeling determined that a positivity ratio of greater than 2.9 was associated with “the generative and resilient dynamics of human flourishing” (684), and the authors hypothesized that flourishing is a function of four components: goodness, generativity, growth, and resilience. Subsequent research has confirmed their results in other settings and populations (e.g., Faulk, Gloria, and Steinhardt 2013).

Finally, Keyes and Simoes (2012), using the same MacArthur Foundation data cited above, linked flourishing, defined as a measure of positive mental health, with 10-year follow-up data from the National Death Index records. Non-flourishing adults had a significant adjusted odds ratio of 1.62 for all-cause mortality over the study period, compared to flourishing respondents. Results held for men and women.

### IMPLICATIONS

So what might be next for the study of human flourishing and population health? Or, more significantly, should there be a “next” for this line of study? Is there reason to believe that this may evolve into a fruitful research frontier? In my opinion, the answer is a guarded yes—guarded because there is sparse empirical evidence to this point, only theoretical promise. It is “yes” because conclusions that can be drawn from this promise suggest that human flourishing may be a meaningful upgrade over the standard ways that the spiritual domain has been assessed in health research up to now. Let us look at some of these conclusions.

First, *human flourishing is a provocative alternative to spirituality*. Unlike the norms of current research on religion, spirituality, and health, human flourishing has deep roots in religion and classical philosophy. The religious sector, moreover, has been identified as a potentially key contributor to flourishing in a world that is experiencing rapid globalization (see Volf 2015).

Second, *human flourishing has an existing theoretical basis*. These foundations tap into various contemporary schools of psychology which are considerably more encompassing than the simple models that animate current norms of assessing religiousness and spirituality. Developing models of patterns, predictors, and outcomes of human flourishing will entail a deeper dig into theoretical work in the psychology of religion than is presently standard in studies of religion and health or of well-being, something that will benefit the quality of research and ensure its coherence with current understandings of the human psyche (see Pargament 2013).

Third, *research on human flourishing is a blank slate*. Study of this subject requires creative conceptual work and development of measures that offer broader takes on a flourishing human life than the standards of religious assessment currently

employed in the sociology and psychology of religion. This will be a challenge, as to study human flourishing correctly will require convening multidisciplinary teams capable of conducting multi-method research from multiple perspectives, something that has been called for, but not necessarily fulfilled, for many years (e.g., Ryan and Deci 2001).

Fourth, *human flourishing can be studied and ought to be studied*. It can be studied clinically, epidemiologically, behaviorally, and in the lab—with validated measures, this is no less feasible than research on any other psychosocial construct. It *ought* to be studied if we care to expand our focus on the psychosocial determinants of physical and mental health of people and populations, including cross-culturally across settings where what constitutes religiousness or spirituality varies too much to yield valid comparisons. Research on human flourishing is a potentially more multidimensional and holistic approach to investigating the health impact of the human condition than simply inquiring about one's spiritual life (VanderWeele 2017a), notwithstanding that such inquiry was a significant advance over prior investigations that neglected that domain of human experience.

Fifth, *all pertinent epidemiologic questions are waiting to be answered*. These include the usual questions addressed by epidemiologists in population-health studies, namely what, who, where, when, how, and why (see Levin and Steele 2005). More specifically, a host of fascinating questions could be posed here, not limited to the work of population-health scientists, each spawning a provocative vector of research. A few examples: Are there period effects (historical shifts) in human flourishing? Does human flourishing follow a particular life-course trajectory? Are there age, gender, or social-class differences in human flourishing? How do cross-cultural, cross-national, or cross-religious differences in human flourishing manifest? Does human flourishing differentially impact on physical and mental health and well-being by any moderating influences, such as social, psychological, or financial resources? Are there physiological or psychophysiological correlates of human flourishing that mediate its impact on health? Can interventions be designed to foster or increase human flourishing?

Naturally, these do not exhaust all of the health-related empirical questions that may be asked about human flourishing. But, put in motion, they could certainly keep an army of investigators busy for many years, including social scientists, psychologists, epidemiologists, and clinical and biomedical researchers. Investigators will need to confront, however, the possibility that the constituents of a flourishing human life—a good life, in the Aristotelian sense—are not easily comparable across cultures or faith traditions. However, these potential conceptual challenges are not all that distinct from the challenges faced in studies of the health impact of religious and psychosocial measures and other subjective determinants. This issue of subjectivity is confronted by social and behavioral scientists in any study of social or psychological indicators, such as subjective well-being

(see Eid 2008), and it presumably can be methodologically managed, and resulting findings interpreted, with the appropriate caveats.

Another tricky conceptual issue for empirical researchers to consider is whether human flourishing is best conceived of as an independent variable—an exposure variable, in the language of epidemiology—and thus an advance over simple measures of religiousness or spirituality, or whether it is more appropriately conceived of as a dependent or outcome variable, as a more sophisticated and improved substitute for the myriad scales of objective and subjective well-being that proliferate in clinical and population-health research. In the present article, I have treated human flourishing as the former, and to that end I have proposed a template for developing measures for use in health studies. But human flourishing could also be treated as the latter, as a focus of predictive modeling seeking to identify its antecedents or determinants, along the lines of studies that epidemiologists and others conduct of the determinants and correlates of rates of physical and mental health and psychological well-being.

A recent essay has insightfully made this very point and has laid out a research agenda oriented toward human flourishing as a dependent variable (VanderWeele 2017a). Instead of human flourishing as an upgrade over measures of religiousness and spirituality, as in the present paper, it is proposed as a meta-construct coalescing information on happiness and life satisfaction, mental and physical health, meaning and purpose, character and virtue, close social relationships, and financial and marital stability. In this context, human flourishing is seen as a way of “reimagining health” (VanderWeele, McNeely, and Koh 2019a). VanderWeele and colleagues have developed and validated a multidimensional assessment instrument for this construct, and they have also identified religious correlates (VanderWeele 2017b; Węziak-Białowolska, McNeely, and VanderWeele 2017). This conceptual rubric has been applied successfully in cross-cultural and cross-national research conducted at Harvard (Węziak-Białowolska, McNeely, and VanderWeele 2019). However, it also has received some pushback as being “too broad a concept to serve as a workable definition of health” (Card 2019, 981)—something, to be fair, that the authors did not intend to imply (see VanderWeele, McNeely, and Koh 2019b).

Restated, the question here becomes whether human flourishing is best conceived of as an exposure variable that impacts on the health of populations, or as an outcome variable which is a function of other psychosocial and socioeconomic exposures. This is perhaps an unresolvable issue, and it may be a matter of taste, but human flourishing cannot easily be both at the same time in the same study. As Koenig (2008) has reminded us in the context of research on spirituality and well-being, independent constructs such as spirituality are often “contaminated” (352) with positive psychological states and traits or other reflections of good mental health, thus rendering any subsequent statistical associations with respective outcomes as artifactual or questionable. One can envision the same problem

presenting itself with respect to human flourishing, if investigators are not careful about how they conceptualize their constructs of interest and with their choice of measures. Notwithstanding, recent scholarship has made some headway in accounting for this multiplicity of contexts (e.g., Miner, Dowson, and Devenish 2012). It will be fascinating to track the evolution of research and scholarly writing on this construct in medicine and the health sciences over the coming years, especially with an eye toward observing any conventions or standards that may develop.

With that in mind, an academic research partnership has been initiated to explore these and other issues concerning human flourishing in relation to a variety of outcomes, including physical and mental health, personality and other psychosocial constructs, and prosocial behavior and attitudes. A centerpiece of the collaboration between Baylor University's Institute for Studies of Religion and Harvard University's Human Flourishing Program is the establishment of an ongoing global panel study of human flourishing. Specific plans include a longitudinal population survey of 22 nations, in partnership with the Gallup Organization, which will enable causal analyses of social, political, psychological, economic, and demographic determinants of human flourishing and well-being across national, cultural, and religious boundaries.

In sum, for epidemiologists, social scientists, medical researchers, and religious scholars, features of the concept of human flourishing show great potential to serve, in epidemiologic terms, as "protective processes" (Kaplan 1992, 3) for preventing morbidity and mortality and for promoting prosocial behavior and overall and domain-specific well-being. Informed by theoretical perspectives in multiple disciplines, as well as by longstanding traditions of religious and theological writing, conceptual models for assessing human flourishing can be utilized by researchers seeking to document patterns and determinants of human health and wellness in its broadest context.

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