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Human Flourishing: A New Concept for Preventive Medicine

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INTRODUCTION

Since the 1990s, researchers have explored "how and why humans thrive or flourish and... consider[ed] whether traits indicative of thriving or flourishing may themselves influence physical well-being" (p 401–402).[1] This is an adjustment from the longstanding deficits approach focused on the negative polarity defined by social problems, psychopathology, and deviant behavior. Its ascendancy is seen in research on positive psychology and prosocial behavior, and it has left its mark in preventive medicine and public health, indicated by proposals for a positive approach to epidemiology.[2]

The umbrella term for this new approach to the study of health is *human flourishing*. The concept is rooted in Aristotle's eudaimonia, a conglomeration of traits related to character, wisdom, balance, and service to the common good.[3] Most research on human flourishing has been the province of philosophy and psychology but also, as noted, of the health sciences. At present, human flourishing has been indexed >200 times in the National Library of Medicine's PubMed database, almost all since the year 2000, more than half just in the past 3 years. This literature features commentaries on clinical ethics and practice guidelines for various medical specialties. It also contains notable empirical studies, such as a report that lower levels of flourishing are associated with a heightened risk of all-cause mortality using national data.[4] Additional epidemiologic research focuses on related constructs without necessarily using the phrase human flourishing, such as optimism, social cohesion and integration, and purpose in life,[5] for each of which studies have found primary preventive associations with mental health.

For work to advance, conceptual development is needed, as for other concepts, such as population health,[6] that have come into vogue in preventive medicine. To this end, one might ask, what is human flourishing, what are its component dimensions, and might this be a valuable concept to explore?

CONCEPTUALIZING HUMAN FLOURISHING

Throughout the emerging literature on human flourishing, efforts to define the construct have been few. As a result, there is a confusing overlap with related constructs, such as health and well-being. Recently, multidimensional conceptual approaches have been proposed. These efforts focus on different aspects of human flourishing, namely its definition and determinants, and approach the construct differently.

First, human flourishing is viewed as a means to extend research beyond existing unidimensional models of health. The contributions of VanderWeele and colleagues[7] at Harvard have been prominent in this area, leading to the validation of multidimensional measures for research use.[8] Human flourishing in this context operationalizes the WHO's Alma-Ata Declaration,[9] which advocated for expanded emphasis on "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" (p 1).[9] As described by the Harvard group, the prevailing deficits approach to health outcomes assessment fails to capture "what people almost universally regard as essential to well-being" (p 1667),[7] such as "being happy, having meaning and purpose, being 'a good person,' and having fulfilling relationships" (p 1667).[7]

Second, by contrast, human flourishing is viewed as an expansion of existing models of the determinants of well-being, itself a complex multidimensional construct.[10] Drawing on decades of theory and research in psychology and other fields, a multidimensional model has been proposed for human flourishing as a combination of integrality, holism, other regard, virtuousness, actualization, and positive affect.[1] It is hypothesized that population health and well-being and both morbidity

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and mortality may be a function in part of states and traits intrinsic to the human psyche and of a propensity to express what is often termed *social consciousness*. This is a broader take than the familiar social determinants of health approach focused on social-structural influences on the health of individuals and populations.[11] By comparison, human flourishing, as described, encompasses factors both within (psychological growth) and among (compassionate service to others) humans as pertinent to what the WHO termed *health for all*.[9]

How these conceptual proposals translate into better health or lower rates of morbidity or mortality remains an open question. This is complicated by the absence of a consensus conceptual framework for human flourishing. Is it best considered an antecedent of health? A downstream outcome of health? An extension of the concept of health? Moreover, theoretical discussion of human flourishing within preventive medicine and public health is scarce, although insightful essays elaborate on the concept.

One commentary noted that "[h]ealth is a precondition for human flourishing and, conversely, the absence of health impedes the capacity for purposive action and fulfillment" (p 8).[12] The authors affirmed that "public health is an essential element of a responsible society" (p 8).[12] This suggests that a society in which citizens possess the resources to work collectively to improve the human condition and attain health and well-being can be said to be flourishing. Another article affirmed "public health's central role in supporting human flourishing" (p 854).[13] Accordingly, an indispensable function of public health is to establish the requisite primary preventive infrastructure to ensure preparedness in meeting challenges that arise.[13]

The subtext here is that oftentimes social institutions, public health agencies, and government officials may offer up a "deficient response"[14] in ensuring that the population maintains an ability to flourish, let alone remains healthy. Development of a consensus understanding of what it means to flourish may help in refocusing how the medical community responds to public health challenges.

IMPLICATIONS FOR PREVENTIVE MEDICINE

So, now, a few questions: how can human flourishing be advanced at the population level? Related to this, what role can human flourishing play in the prevention of morbidity and mortality and in the promotion of health? In other words, does human flourishing matter for preventive medicine? The short answer is yes—it matters in at least 4 ways.

Human flourishing matters for preventive medicine research. More than half a century of research in social, psychosocial, and behavioral epidemiology points to population health as a function of more than biological processes. Moreover, pathophysiology and salutogenesis (healing) across their various dimensions—immunological, endocrinological, neurological, psychophysiological—are regulated, mediated, moderated, or otherwise impacted in part by the behavioral, psychological, social, political, and environmental contexts of human life. Yet, much of this work is cloistered into walled-off niches: social determinants researchers focus on sociodemographic variables; behavioral epidemiologists and health educators focus on health behaviors; social psychologists study stress, social support, resilience, spirituality, and more; and rarely do researchers collaborate with each other much less with environmental scientists, nutritionists, bench researchers, economists, or physicians. A contributing factor, as noted, is an absence of comprehensive conceptual models of the myriad determinants of health that could possibly be identified and investigated. Human flourishing, provided it continues to be fleshed out by behavioral and biomedical scientists, may provide a conceptual template for collaboration.

Human flourishing matters for preventive interventions. Health promotion and disease prevention are about more than individual-level behavioral change. Modifying health-related behavior through health education programs is a vital aim for public health, but many strategies exist for community-based intervention.[15] Numerous tested means of reducing population-health disparities address multiple determinants, including access to care, the social and physical environments, political and economic policies, and public education.[16] Addressing these issues requires a combination of downstream (e.g., individual behavior change), midstream (e.g., community organizing, business and civil society sector engagement), and upstream (e.g., legislation and policy making) solutions.[17] Although the norm remains decidedly downstream, this does not inherently need to be so. As with research, a more comprehensive conceptual take on those positive health assets and domains of change agency contributing to the well-being of communities and populations could be a first step in ensuring a more efficacious approach to promoting health and preventing disease.[2] One might recall that improvements in life expectancy and the decline of disease throughout the 20th Century did not principally result from medical advances but rather from "a general improvement in the quality of life" (p 839),[18] such as due to community and policy interventions such as increased primary prevention and access to care.

Human flourishing matters for preventive health policy. This concept provides a wider lens on what defines and determines the health of populations. Smoking cessation, for example, is a worthy aim for preventive

medicine, as are better dietary practices, increased fitness activities, and avoidance of opiates, but so, too, are advocacy efforts focused on social policies promoting an anti-poverty agenda.[19] The political will to address social-structural and environmental causes of health disparities in vulnerable populations is not easily manifested. For example, the comprehensive multisector approach of the National Prevention Strategy[20] spoke eloquently of community environments, community preventive services, citizen empowerment, and population-health disparities, with an eye to progressive policy change. Yet, in the end, the report's recommendations focused on individual behavior modification: for example, smoking cessation, drug and alcohol programs, healthy eating and more exercise, and responsible sexual practices.[21] All are worthy ventures, of course, but in placing the burden for change on vulnerable individuals instead of on society, it constitutes a narrow vision for a national prevention agenda. The human flourishing concept suggests a more inclusive and socially responsive vision of disease prevention and health promotion emphasizing combined psychological, social, economic, political, and environmental causes of health and behavior.

Human flourishing matters for public health training. Because the education of preventive medicine physicians and public health professionals and scientists has become more subspecialized in recent years, respective educational programs do not adequately expose students to content from across the spectrum of knowledge domains that define human flourishing. This would require drawing on content related to the biological, psychological, social, and spiritual dimensions of human life as well as on the experience of life embedded in a multifaceted network of communal relationships and moral obligations. Encouragingly, in new interdisciplinary programs such as One Health, students take advanced coursework in epidemiology, health policy, environmental health and engineering, health behavior change, nutrition, parasitology, public health ethics and law, maternal and child health, and more and participate in externships and ongoing community interventions with medically underserved or politically oppressed populations. As these innovations take hold, the human flourishing concept may play a more central role in health sciences education.

CONCLUSIONS

Back to the question posed earlier: is human flourishing a determinant or outcome of health or an extension of the definition of health? The present author favors the first option but recognizes that this is an open question and that the scholarly conversation on this subject is still new. Yet, whichever take one prefers, human flourishing may be a valuable concept for refocusing preventive efforts beyond physical functioning and for reordering national prevention priorities beyond the downstream focus of current efforts. To make clear, empowering people with behavioral tools to take control of their physical health is an essential foundation of public health, but public health leaders, such as former Surgeon General David Satcher, have encouraged integrated efforts across all levels of intervention, including education, working with community institutions, and advocating for policy change.[17]

In addition, the public health sector would benefit from a more expansive approach to the overall health of populations and to the means of addressing deficits. Human flourishing may provide a helpful template but, at present, remains a promising although underdeveloped concept. Medical scientists, physicians, psychologists, sociologists, epidemiologists, and others are encouraged to continue developing useful conceptual models, validating measures for clinical assessment and population-health research, and compiling data on antecedents and medical outcomes. This remains very much a work in progress. So, at present, human flourishing as a concept with clinical and public health applications is more about potential than on-the-ground, validated reality, despite empirical studies supporting its epidemiologic significance.

In summary, human flourishing may be significant for preventive medicine not just substantively—everyone hopes to flourish and seeks that for their loved ones, presumably—but also as a construct to guide efforts in formulating preventive research, programs, and policies. With a more-agreed-upon definition of flourishing, with a research-driven understanding of what makes for flourishing lives and communities, and with validated means for assessing and evaluating these efforts, preventive medicine and public health could refine their core goals and objectives to ensure a focus more fully on what matters for the health of populations. Human flourishing, with continued development, may be a conceptual touchstone for prevention-related priorities and objective endpoints in the 2020s.

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