

## HEALTH AND WELL-BEING ASSESSMENT: SOME NEW APPROACHES AND METHODS

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**Abstract:** *The paper presents different approaches to the concept of health. The concept of well-being is one of the possibilities in exploring mental health. Three aspects of well-being assessment are presented. 2 strategies of well-being assessment are described and the Day Reconstruction Method is discussed. The ASS-SYM self-assessment scale by G. Krampen is recommended.*

**Key words:** *ASS-SYM, assessment methods, mental health, well-being, assessment of well-being.*

Issues of physical and mental health have recently got to the fore of both public and scholarly interest. The concept of well-being certainly provides an opportunity to ask questions and search for answers to them. Research in psychology as an empirical science has been enabled by the fact that the basic concepts have been operationalized and a great number of techniques and tools to assess mental health and subjective well-being including tools sensitive to change due to consistent training have been available.

According to the definition by World Health Organization, health is a state of the organism when the person feels totally well – physically, psychically and socially – as opposed to a mere absence of illness and sickness (Křivohlavý, 2001). Health is can be studied from multiple points of view and has been regarded as:

- a source of physical and psychic strength
- metaphysical strength
- each person has their own individual source of health (salutogenesis)
- the organism's adaptive capacity
- ability of good functioning (fitness)
- a commodity
- the ideal of life and its sense

Health may also be regarded as an ideal state of a person who feels well. The issues of health support and recovery have been tackled especially by medicine and

some of its subdisciplines such as psychoimmunology. Health-supporting factors include especially:

1. self-efficacy (Bandura, 1988)
2. coping with critical life situations (optimism, regarding life as meaningful, self-confidence)
3. supportive social background
4. mental hygiene (self-education, adaptation, self-regulation)

Psychology as an empirical science has always studied the regularities of psychic processes in humans. These include, among other things, mental health; ‘psychology of health’, which has experienced a boom in the USA, has thus developed as one of the new psychological disciplines. The object of study of psychology of health includes especially the health consequences (both positive and negative) of certain human activities and behaviours (Křivohlavý, 2001).

The concept of health has undergone radical change and the approach of medical doctors to psychologists as professionals providing their patients with psychotherapeutic methods has changed, too. Positive psychology, helping people to focus on the positive aspects of their lives and leading them to live meaningful lives, has helped a lot in this respect. The concept of health is inseparably connected to the concept of happiness. Happy people usually feel healthier and live longer. It however remains a fact that healthy individuals do not experience happiness and peace of mind with the same intensity as people who have recovered from traumata or serious illness.

The paths leading to a personal sense of balance, i.e. health, tend to be complicated and highly individual and the process of searching for them helps one to build the core of personal well-being, i.e. helps one to find our health. By learning to understand the needs leading to this goal, we practice mental hygiene.

The cornerstone of mental hygiene is the concept of mental health as a desired state arrived at by conscious or unconscious adherence to the principles of mental hygiene. What is important is adequate adaptation – a process through which mental health is achieved. The course of adaptation is affected by stressors, i.e. stimuli and conditions implying increased stress. Míček (1984) lists several paths to achieving mental equilibrium:

1. *Mens sana in corpore sano* (A sound mind in a sound body) – by strengthening physical health we support our mental equilibrium.
2. Naturalness – living in close contact with nature and laws of nature.
3. Coping ability – high toleration of frustration as an ability to cope with problems in life and frustrating stimuli without irritation and inadequate reactions.
4. Independence and internal autonomy – focus on internal equilibrium – the art of building up self-confidence and self-control.
5. An objective concept of oneself, self-knowledge – openness to new experiences, ability to correct one’s behaviour and learn, sensitive vision of the world and people around and responding to them.
6. Self-acceptance – joy at being oneself.
7. Courage to take up new things – real effort for mental advance and growth

8. Sense of satisfaction, peace of mind – subjective happiness
9. Gentleness and a sense of beauty – aesthetic perception leading to a cultivated attitude
10. Acceptance of others and social adaptation – building a positive attitude towards other people
11. Self-mitigation – selflessness and avoidance of egoism, modesty
12. Ethical sense – respecting basic moral principles

One of the concepts that have recently received empirical attention is well-being. The discussion below is based mainly on the paper by Lischetzke and Eid (2006).

The concept of well-being refers to the assessment of one's life as well as the proportion between pleasant and unpleasant physical and psychic perceptions. In order to emphasize that these are subjective feelings and assessments, the concept of subjective well-being (SWB) is often used. Two components of well-being are discussed: the cognitive component concerns one's happiness about their life and/or its individual areas while the affective component concerns moods and emotions the person experiences in their everyday life. High affective well-being scores are typical of persons who often experience positive moods and emotions and who experience negative moods and emotions only rarely (positive affect balance, e.g. Diener, 2000).

Apart from distinguishing the components of well-being, one should bear in mind the temporal dimension of the assessment, too. The current state of subjective well-being (State), and situations beyond the usual, habitual level of well-being (Set-Point) should be differentiated between. Depending on situation-specific factors and the time of the day and the week, the current state of subjective well-being oscillates around the mean value. Diagnosis of subjective well-being can thus target 3 aspects:

1. the current state of subjective well-being
2. the habitual level of subjective well-being
3. situation-dependent deviations of the current state of SWB from the habitual level of SWB

Moreover, these aspects may concern life in general or its different domains. Current mood may relate e.g. to the job or the general atmosphere in the workplace or to the deviations of mood in specific work situations from the general level of mood in the job context.

### **Diagnosis can address the following:**

1) The cognitive component of subjective well-being (happiness in life) and the affective component, within which diagnostics of emotions and moods can be distinguished.

2) As far as the temporal axis is concerned, current and habitual level of SWB (see above) and situation-dependent deviations of SWB from habitual SWB can be diagnosed.

By combining these 2 components, 9 variants of diagnostic targets can be arrived at.

3) As for width, general well-being and domain-specific well-being (job, family, health) can be diagnosed.

Generally speaking, there are 2 strategies of subjective well-being assessment: direct and indirect assessment.

*Direct SWB assessment* always targets an aspect of well-being (State, Trait or Situation Deviation in a certain domain) through studying the item of the measuring tool itself. Statements about oneself or, alternatively, reports by close persons are typically analyzed. Besides current SWB, habitual level of SWB can be diagnosed. (“On most days I am happy about my life.”)

If habitual SWB or situation deviation from the habitual level are assessed *indirectly*, repeated SWB measurements are necessary. This is done using “fluid assessment” methods in the natural conditions of Ambulatory Assessment.

The level of habitual SWB is identified by studying SWB values at different moments. The difference between current and habitual SWB characterizes the situation the person is in.

The 3 aspects – State, Trait and Situation Deviation – can also be diagnosed using new test models. (Latent-State-Trait-Theorie, Yousfi, Steyer, 2006).

Since studies based on Ambulatory Assessment taken several times a day are extremely costly, Kahneman, Krieger, Schkade, Schwarz and Stone (2004) developed the Day Reconstruction Method as an alternative consisting in obtaining detailed information on the previous day. The subject is first instructed to divide the previous day into a series of episodes such as the journey to work or interactions with different people. Each episode is then characterized with respect to experienced emotions and other aspects, resulting in specific information on SWB in various domains of life provided by the single subject. A greater amount of such information characterizing a particular day can be used as an indicator of habitual SWB. Subjects are asked to assess retrospectively selected moments distributed over a longer period of time such as 2 weeks, specifying which emotions they experienced at particular times. In this way, frequency of certain emotions can be determined by calculating how frequently a subject experienced anger, fear or joy, without considering the strength of the emotional response. The ratio of the frequency of positive emotions and the frequency of negative emotions is referred to as ‘affect balance’ and regarded as an important indicator of the affective component of subjective well-being. The assessment can be facilitated by using a laptop.

Subsequently, habitual intensity of emotions can be determined as a mean value of the individual measurements taken in longitudinal studies. What typically correlates is the levels of intensity of specific emotions, i.e. persons who have strong positive emotions, tend to have intensive negative emotions, too. Since the positive effects of intensive positive emotions and the negative effects of intensive negative emotions cancel each other out, there is usually no connection between habitual intensity of emotions on the one hand and affective balance or happiness in life on the other. Habitual intensity of emotions thus cannot be regarded as one of the indicators of subjective happiness. Various studies use techniques of SWB assessment by family members or close friends as an alternative to self-assessment. Behavioural aspects (such as symptoms of emotions) can also be studied through observing behaviour or psychophysiological parameters such as blood pressure. Another interesting and valid method of examining SWB is analyzing

memory performance – e.g. numbers of positive or negative experiences a person can recall within a certain period of time. A range of decision-making tasks (such as assessing the likelihood that something positive or negative will happen) may also provide a valid method. Subjective well-being can also be studied using the Association Experiment or Sentence Completion tests (see Diener, 2000).

Self-assessment by the person himself/herself nevertheless remains the most frequently used – and both reliable and valid – method. Combining several methods is recommended where possible.

Methods to diagnose subjective well-being sensitive to change achieved through consistent training form a specific group.

Among the recent self-assessment scales, it is especially the self-assessment scale by the German author Günter Krampen (2006), ASS-SYM, Änderungssensitive Symptom Liste, which is worth not only mentioning but also testing. It is, essentially, a list of symptoms sensitive to change concerning relaxed emotionality, happiness in life, or stress due to problems and obstacles. It contains 48 items to be commented on by the subject on a 4-point scale. These symptoms are sensitive to change thanks to long-term autogenic training and progressive relaxation. The tool has been verified in assessing the efficacy of various therapeutic techniques. Its strength is that does not, in contrast to some other methods, impose problems on the subjects. The subscales concern the following 6 areas (with 8 items each):

Physical and psychic exhaustion (e.g. sleep and falling-asleep disorders)

Nervousness and mental tension

Psychophysiological dysregulation (loss of appetite)

Performance and behavioural problems (fear of exams, test situations)

Self-control problems (headaches etc.)

General symptoms and problems (indecisiveness, stress in decision-making situations)

The scales have good psychometric qualities. The tool certainly deserves to be tested in the Czech environment.

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## ZDRAVÍ A OSOBNÍ POHODA: NĚKTERÉ NOVÉ PŘÍSTUPY A METODY POSUZOVÁNÍ

**Souhrn:** V článku uvádíme různá chápání pojmu **zdraví**. Koncept **well-being** je jednou z možností zkoumání mentálního zdraví. Zabýváme se 3 aspekty hodnocení osobní pohody, popisujeme 2 strategie hodnocení **well-being**, zmiňujeme **Day reconstruction Method**. Z nových sebeposuzovacích škál upozorníme na sebeposuzovací škálu G. Krampena SS-SYM.

**Klíčová slova:** ASS-SYM, duševní zdraví, prožívaná duševní pohoda, posuzování duševní pohody