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What Means Wellbeing? Distinction of Two Discourses on Well-being – Conceptual and Theoretical Reflections

Wistoft K*

Professor, Danish School of Education (DPU), Aarhus University.

***Correspondence:**
Wistoft K, Professor, Danish School of Education (DPU), Aarhus University.

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ABSTRACT

The article offers a new contribution to an existing discussion about well-being in defining the difference between a public health discourse and a pedagogical discourse, and the difference between a causal logical and a reflectivity paradigm, build on empirical informed theoretical analysis. The principal conclusion is: If efforts to promote well-being can be seen as a cross-professional responsibility, it is crucial that the relevant professionals meet across these well-being discourses, that children and young people's well-being is viewed as a complex matter and challenge, and that professionals are challenged on their understanding, and capable of meeting different expectations, of well-being.

Keywords

Well-being; Discourses, Public Health, Pedagogy, Reflectivity, Expectations.

Introduction

According to the World Health Organization, well-being is a state in which the individual realizes their potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. However, behind this official definition of well-being and many other more holistic definitions there are different ways of talking about well-bring, entailing different concepts and ideas concerning the way in which it can be realized [1]. Today, there are vast differences in how well-being among children and young people is perceived, discussed and measured in research and practice [2-6]. Taking inspiration from Max Weber's concept of ideal types as representations that provide a simplified picture of a complex phenomenon, we can identify two particularly dominant discourses [10]. One discourse can be termed the *public health discourse*, which is rooted in epidemiology and prevention. The other can be termed the *learning-oriented discourse*, which refers to pedagogical approaches and educational science [7]. The present article employs a *pedagogical* and *educational* view on well-being among children and young people, and suggests a discussion of the difference between the public health discourse and the learning-oriented discourse on well-being and concepts of well-being, including the basis for studies on well-being, i.e. how well-being is viewed or measured with a focus on the child or pupil.

The central issue is that the public well-being discourse is dominated by a focus on failure to thrive, even though some branches of well-being research and surveying over the years have focused on positive [8] or multifactorial approaches or definitions [9]. This is an important issue to address, not least for the professionals involved, who need to be able to arrange reflected, pedagogical activities for children and young people with a view to promoting well-being [11]. In this context, it is crucial that we can distinguish between different well-being discourses and their theoretical and conceptual method and basis. Having said that, it is also important that professionals who work with well-being can meet in cross-professional collaboration about the well-being of children and young people, as well as patients and other citizens in general – also across well-being discourses. This article aims to show exactly this: that well-being effort in the relevant professions are a cross-professional responsibility. It is therefore important that professionals can collaborate across the different understandings of well-being. In the cross-professional collaboration on well-being promotion among children and young people, it is important

that we are aware of our own understanding of the concept of well-being and ready to enter into constructive discussion in order to meet complex issues with nuanced action initiatives. This article deals with three questions: What is the theoretical basis for studying children and young people's well-being? What is the conceptual basis for studying children and young people's well-being? What is the methodological basis for measuring children and young people's well-being?

Two Different Discourses on Well-being

As mentioned above, this article will compare and discuss two well-being discourses: one health-professional and one related to educational science/pedagogy. The comparison is presented in a shorter version in the debate article "A Distinction of Two Discourses Concerning Wellbeing" [7]. In the health-professional approach, the basic attitude is that well-being is increased by reducing the opposite – failure to thrive. The rationale is that well-being is defined as the absence of failure to thrive, i.e. a state in which the risk of sickness or distress is minimal. This approach focuses on the individual child and the child's social environment, and the basic idea is that in order to promote the child's well-being, any symptoms – and potential sources – of failure to thrive must be identified in due time so that the child can avoid negative consequences of so-called 'risk behavior', e.g. bullying, neglect, self-harm, loss, grief or sickness [12]. The health-professional approach prioritizes efforts that address 'worrying tendencies' and well-being is seen in light of risk. The interventions initiated are therefore typically risk-oriented and based on causal logic, i.e. based on ideas of so-called risk behavior leading to lack of well-being. The idea is that well-being is promoted by eliminating or preventing risk behavior.

Well-being surveys with this starting point are carried out to identify signs or symptoms of failure to thrive in order to be able to intervene and thus protect the child or young person. The common perception is that failure to thrive can be prevented if we intervene in time. In popular terms, we can "inoculate against failure to thrive", as Carsten Meyer Obel puts it [13]. Obel is a professor of general medicine from Aarhus University, Denmark, with particular focus on children's mental health, and he has done research on stress in children and young people. Obel has also in his capacity as GP dealt with despairing parents. He emphasizes that stress is linked to well-being; and while he does not believe that we can establish unequivocally that children are actually more stressed today than earlier, he is of the opinion that we are witnessing a development that we, as a society, need to take seriously, try to understand and act on: "What we know is that children today to a larger degree declare that they feel stressed. And it is a fact that more medicine is prescribed to children and young people, and that more children have diagnoses. That is a development we need to take seriously" [13].

Regarding well-being among children in school, Kjærgaard citing Obel's further explains:

"In a school environment (…) it is important not only to pay attention to how the young people feel about themselves, but also to look at what they do. For instance, a recent survey established that many young girls are cutters. Obviously, we have to take this seriously, (…). I would be pleased to see a 360-degree approach to children, especially at signs of stress. It may well be that the child feels stressed, but let us begin by enquiring into whether the child is, e.g., lacking sleep. That is a good place to start. Has an unstable family situation occurred? Are the parents fighting, or are there other factors that make the child's everyday life extra challenging? Is the child being bullied or are they struggling in school? This can cause the child to feel stressed" [13].

There is no doubt that Obel points out relevant questions about well-being. However, the quotes also illustrate what the health-professional approach focuses on, namely stress, medication, diagnoses, self-harm, etc. [14]. Even though much research based on the WHO definition of mental health has developed theories confirming that mental health is not only a question of failure to thrive but also of positive dimensions [4,8,9,15], failure to thrive and stress have remained central tools in surveys addressing the living conditions and quality of life of vulnerable and exposed children and young people. For example, the question of children's failure to thrive in school is often investigated in relation to their personal development and mental health [16,17]. Stress is viewed as central to both well-being and failure to thrive [18].

An alternative to the health-professional approach is the educational scientific or health-pedagogical approach. Here, well-being is not defined in negative terms, i.e. as lack of well-being, but positively as the presence or sense of factors that are connected with well-being, e.g. children/pupils' optimism, hopes, confidence and trust in their surroundings, and the influence of these factors on their well-being, feeling of personal surplus, drive, learning and pleasure of being with others. It is important to stress that this opposition is not similar to the opposition between mental health and mental illness as it has been discussed and investigated over many years [2]. The American psychologist and sociologist Corey Keyes, for instance, has illustrated this opposition as two positions at each their end of a continuum of mental health [4,15]. At the one end, there is a distinction between *flourishing*, defining a state in which the individual experiences a high level of subjective well-being and a high psychological and social functional level, and *languishing*, defining the opposite – mental exhaustion [4]. Dodge et al. propose a definition of well-being "as the balance point between an individual's resources and the challenges faced", where both resources and challenges are psychological, social and physical [2]. The difference between the health-professional and the health-pedagogical approach is not quite the same, even though there are some parallels, which will be elaborated below.

In day care, the well-being of both children and teachers is important to the children's socialization, learning and development of competences, just as successful socialization, learning and development of competences show in increased well-being. Accordingly, children and teachers' well-being in school is significant in relation to children's achievements, including learning in the form of skills, knowledge and competences, just as successful learning can show in increased well-being. The

interrelation is, in other words, reciprocal: social well-being is reflected in academic well-being, and vice versa. Pupils who thrive socially usually have energy to concentrate on academic achievements, while students who thrive academically usually have energy to be good classmates and thrive socially. Well-being rooted in optimism is a good pedagogical starting point, whereas pessimism and risk assessment increases the likelihood of defeatism and feelings of failure. It is therefore a crucial pedagogical task to ensure that children and young people do not lose confidence in themselves, neither in kindergarten nor school [19]. This task entails reflection on what is required to avoid children and young people being under the pressure of expectations and, ultimately, as victims of their own and others' exaggerated expectations. Well-being is best promoted through pedagogical activities, which focus on dialog with children and young people, ensure that they are involved, and learn to make decisions and act on behalf of themselves and others on qualified grounds. Here, the ability to see their own and others' values is central [20]. Well-being should be viewed from more than one perspective.

The two well-being discourses are summarized in the model below.

Table 1: Well-being in a public health or learning perspective.

	Definition of well-being	Promotion of well-being
Public health discourse	• Reducing risks and preventing illness	• Risk-reducing interventions based on causal logic • Focus on both individual and social determinants
Learning-oriented discourse	• Well-being expressed through feelings of personal surplus, drive, learning and social interaction	• Competence/pedagogical efforts based on reflexivity • Focus on both individual and social resources

Table 1 depicts the differences between the two well-being discourses. However, it is important to stress that the professionals in the health sector and the educational sector need to be able to meet in constructive, cross-professional collaboration concerning children and young people's well-being – and lack thereof – across these differences [21]. In this connection, professionals need knowledge about the different well-being discourses to be able to conduct cross-professional collaboration on an informed basis. It is also important that professionals dare to challenge their own understanding and attitude in the encounter with other professions and interpretations of well-being. Further, it is important to understand that, e.g., the balance definition by Dodge et al. and Keyes' continuum definition can be linked to both discourses [2,4,5,15].

In the causal logical paradigm, the idea is that there is a direct, i.e. causal, connection between intention and effect, whereas, in the reflection logical paradigm, the idea is that external influence in the form of communication or action always entails that the person who is the target of the intervention has their own reflections. This means that we cannot expect an immediate, causal effect of the intervention, and that the pedagogical approach must include the aspect of reflection, i.e. involve the target of the intervention. The two rationales can be summarized as follows:

Table 2: The causal logical and the reflective approach to well-being.

Paradigm	Aims	Examples
Causal logic	• Absolute aims for well-being • Determined by well-being norms	• Children thrive 80/90%, which can be measured by asking them or carrying out epidemological surveys
Reflexivity	• Relative aims for well-being • Constructed on the basis of expectations	• Children thrive when they feel that they thrive, which can be measured by comparing their feeling of thriving with individual or social expectations of thriving

According to a simple, *causal logical approach*, well-being is the result or effect of direct external influences. In relation to older pupils, this can, e.g., relate to stress or low self-esteem in connection with the demands they experience in school, or to boredom because they shut out their surroundings and, hereby, the impossible demands, which – in the worst-case scenario – can lead to self-harm. The causal logical conclusion in this case would be that we would reduce the failure to thrive and promote well-being if we can minimize or eliminate these risk factors.

According to a *reflective approach*, well-being is a result of causal attribution, i.e. the individual's own (subjective) and others' (social) influences, the latter of which are also always reflected by the individual. Therefore, this approach aims to develop learning environments where the professionals, in dialog with the children/pupils, ensure that children learn to thrive and act on a qualified basis: "I realize my own well-being because I have the individual and collective strength to thrive". The factors that are typically included are the child's own expectations and evaluation of the chances of realizing the expectations from their surroundings in concrete action. Does the child have positive expectations of converting external expectations to concrete action? Does the child have positive expectations of being able to change things for themselves and others with a view to well-being? Well-being is optimized in constructive interplay between such expectations, self-evaluation, and accommodating and inclusive surroundings that provide real opportunities [19,22,23].

The reason that these two well-being discourses were characterized as 'ideal typical' in the introduction is that they seldom occur in their pure forms. Further, the discourses are not mutually exclusive; it is important to emphasize that the two well-being discourses can often advantageously supplement each other.

Empirical or Philosophical Theoretical Foundation?

There is both empirical and philosophical well-being research. The empirical research is based on phenomena or qualities that can be 'found' and measured [6], while the philosophical research is based in texts, usually humanist or philosophical, and relates to non-measurable phenomena, suggesting new interpretational, theoretical or philosophical grounding [24].

The present article focuses on the empirical branch of well-being

research. When well-being is viewed empirically, it means that we can 'find' well-being in the form of features in the child or young person. These features can be mental, i.e. emotional, and/or social, and show in the child or young person's communicated experiences, relations and interaction. They can also sometimes be established via physiological measuring, e.g. hair samples, where well-being is defined from the presence of the hormone cortisone. Here, the idea is that stress is an external influence that causes the body to go into a state of emergency, which – in the long run – will influence the person's level of cortisone and indicate failure to thrive [25,26].

Based on the fundamental distinction between a health and a learning-oriented well-being discourse, we can identify different well-being concepts and theoretical 'bedrocks' for empirical well-being surveys. Here, it is a central question whether well-being can be determined by anyone but the child or young person themselves, i.e. whether we can determine if they are thriving without asking them. If we answer 'yes', there must exist specific standards for well-being. If we answer 'no', the logical consequence is that it is only the child or young person themselves who can determine whether they are thriving or not. Well-being as a concept in this sense is a matter of experience or self-evaluation.

We can distinguish between the following foundations:

A. Self-evaluated well-being: The individual generates well-being. The child/young person is thriving if they experience well-being, e.g. feel happy or content, have good friends, confidence in themselves and their surroundings, etc.

B. Well-being determined by the surroundings: Well-being is determined by the individual's surroundings. Some living conditions and prerequisites have to be in place for the child or young person to thrive, e.g. a stable family, attentive adults (parents and teachers), a good environment in their institution, good friends, etc. The child/young person is thriving when their surroundings are favorable.

Further, well-being can be generated by the individual's competences, i.e. *competence-oriented well-being*. Here, the main focus is on the child or young person's 'well-being competences', i.e. individual and social skills and preconditions for thriving. In addition to this comes the individual's knowledge about what facilitates (resources) and prevents (challenges) well-being [2]. Competence-oriented well-being can encompass both A and B, i.e. self-evaluated well-being and well-being determined by the surroundings, as these competences can be determined by the child themselves or the surroundings, e.g. in teaching.

Finally, we can talk about *normatively determined well-being*. Here, social/societal norms or standards determine well-being and the opposite. Well-being is defined by these standards.

According to the concept of *self-evaluated well-being*, well-being depends on the child's own evaluation of, e.g.:

a) Social belonging, including relationships with friends and networks (including digital).
b) Having someone to confide in, i.e. confidence in others.
c) Being surrounded by responsible, caring adults who keep agreements and do not neglect the child.
d) Attending kindergarten or school where it is nice to be [19].

There are obviously other self-evaluated well-being factors. The point is that they are determined by the child or young people themselves and refer to the sense of doing well. Here, we can employ three different angles that provide slightly different understandings of self-evaluated well-being [19]:

1) One that is personality oriented, where the important aspect is the child or young person's evaluation of their personal development.
2) One that is cognitively oriented, where the important aspect is the child or young person's perception, understanding and expectations of their surroundings.
3) One that is socio-psychological, where the important aspect is the child or young person's social interplay with, and active participation in, their surroundings, e.g. their access to co-decision – according to themselves.

The concept of *well-being determined by the surroundings* does not position the child or young person's own evaluation at the center. Here, well-being is "other-referential" [27], i.e. dependent on social preconditions, e.g. teachers, therapists, health visitors and parents creating an environment for the child that promotes well-being. This entails a pedagogical-sociological perspective emphasizing conditions that promote well-being, e.g. – as mentioned above – a stable family, attentive adults and favorable institutional settings. Thus, it is not only the child or young person who regulates their well-being: well-being is dependent on the surroundings [28]. In other words, well-being is the type of thriving represented in the social networks of which the child or young person is part. Central factors in this context are acknowledgement, inclusion and responsibility. In this sense, A and B can be combined: well-being is dependent on the surroundings but evaluated or interpreted by the individual.

The concept of *competence-oriented well-being* defines well-being as a question of personal and social well-being competences, i.e. the sense of having well-being skills, the ability to learn and thrive in the company of others, and academic well-being competences, i.e. the ability to live up to the demands and expectations presented in teaching. One of the things that characterize schools where academic well-being is high is that the pupils are met with high demands and expectations [29]. The explanation could be that the pupils thrive with high but realistic expectations; here, it is not only a question of actually thriving but of learning to thrive in teaching or daily life in the institution, just as it is a question of learning to thrive socially. A central factor in this context is the children and young people's sense of having well-being skills, knowledge and experiences of 'action competence', succeeding, and feeling good about themselves and others. Academic well-being is often underestimated, partly because it is viewed as a consequence of social well-being. The rationale is that the child/pupil must thrive to be able to follow and succeed in the teaching. However, the

situation is also vice versa: the child/pupil has a better chance of thriving socially if they thrive academically. Academic well-being, i.e. the sense of learning in school or kindergarten, or being part of the group and recognized by the teachers and the other children, can result in a corresponding surplus in social relationships with other children. As illustrated, academic well-being and teaching are mutually dependent. It is not a question of thriving first before teaching can begin. "Good teaching is one of the primary preconditions for academic well-being. In this respect, well-being is also a didactic category – thriving with stimulating and varied teaching, silence in classes and differentiated teaching", writes Professor Lars Qvortrup. As mentioned, not everyone agrees that well-being can be determined by the individual; this is exactly the consequence of the perception that well-being is determined externally. Well-being, as well as the opposite, becomes a question of the quality of the individual's context and living conditions. Consequentially, the question of well-being must be determined socially or by society, which entails the introduction of a normative basis for well-being. Norms and standards for well-being are defined, and this is what we see when the assessment is made in national and international frameworks (e.g. the Ministry of Education, Health Behaviour in School-aged Children (HBSC), or in WHO (World Health Organization), or as part of international comparative well-being or quality surveys (cf. ECERS (Early Childhood Environment Rating Scale)). The idea is that a child is thriving because their context and living conditions live up to societally defined standards for well-being. The foundation is normative because criteria for well-being are 'decided' on the basis of standards defined in the social community.

Empirical surveys of well-being work across the four above categories that can all be 'found' and thus measured empirically. The point is that when we measure well-being, we always measure on the basis of 'something' because any measurement is based on a standard. Therefore, it is important to be aware that surveys are always carried out on the basis of different standards: the child's self-evaluated well-being, conditions for well-being in the child's surroundings, well-being competences, or established standards (normative objectives) for well-being (Table 2).

Well-being now or in the Future?

Theory can be defined as a certain type of knowledge that can describe and thereby account for itself [20]. This means that a theory with associated concepts must be appropriately general or abstract and draw on some transparent criteria of validity. In other words, theory must have explanatory power in relation to practice so that it can reduce complexity and form a basis for clarifying – in this context – phenomena and measuring of well-being. With a starting point in the different well-being concepts, we can raise a number of 'practical', clarifying questions regarding relevant, useful concepts of well-being [2].

Let us therefore move on from the question of what well-being *is* to what is prioritized in well-being interventions: are we talking about well-being here and now or in the future? What should we focus on when we look at, e.g., 'well-being in day care and school': whether the children are thriving at the time when we conduct the survey, or whether the pedagogical interventions in question promote children/pupils' well-being in the long run, e.g. when they become teenagers or adults?

Theoretically, we cannot rule out that interventions which here and now seem to result in failure to thrive (e.g. pedagogical interventions or classroom management that keep some children or pupils from realizing their immediate needs) in the long run will strengthen the robustness and well-being of the child or the group. Also, it is obvious that what at first sight appears as a simple and unequivocal concept of well-being spans a multitude of concepts with different meanings. Just think about how positive definitions of well-being have existed all the way back from William James (1902-1910), who described positive mind-cure, and now include such concepts as: happiness, robustness, comfort and quality of life [8,9,30-32]. This article accentuates two well-being discourses (health and learning-oriented), but, as demonstrated, well-being is a complex concept with many and far-reaching definitions.

Well-being: Ontology or Expectation?

Both the theoretical and the conceptual discussion give rise to further discussion of the theoretical status of the well-being concept: is well-being an ontological phenomenon that we can measure, just like we can take the child's temperature, or is it rather what we could call a 'concept of expectation'?

Both when well-being is viewed as an individual, self-evaluated phenomenon and as a social phenomenon, it is often linked to expectations. When we measure children and young people's well-being, it is very much a question of gauging their own and others' expectations of how they thrive in kindergarten or school. This is emphasized by Qvortrup, who has headed a national assessment of, among other things, well-being in Danish schools. "We need to maintain focus on matching different expectations when trying to understand the Danish well-being surveys", he explains. When pupils evaluate their own well-being, their expectations to school and their friends are rather decisive for the results. A girl in the 5th grade may imagine that having many friends' means that you have to be friends with everyone in the class, while one of the boys may think that having one close friend counts. So, if they both have three friends, the boy's self-evaluated well-being will be higher than the girl's. Qvortrup explains:

If the doctor takes my temperature and it is 101.3 that is a fact, regardless of my expectations. The same is not the case when you ask children if they have friends, have fun in the schoolyard or like their teacher. Those responses will depend a lot on the children's expectations of well-being.

With this, Qvortrup is saying that a child thrives in relation to their expectations of well-being/quality of life [29]. It appears that this definition – well-being as a concept of expectation – is the most useful. In this connection, it is important to stress that it is not a parallel to self-evaluated well-being (A). If we enquire about level of well-being, we must assume that the evaluation of own well-being depends on the informant's expectations of thriving. The

question is whether it is possible to operationalize our way out of the problem, e.g. by asking concrete questions such as, "Do you have many friends?" and "Do you like recess?" But again, we have to accept that the phrasing 'many' is open to interpretation and that 'liking' recess is a question of expectations. In the above-mentioned national survey, a comparison of academic well-being among pupils with Danish and other ethnic backgrounds, respectively, is illustrative. The informants' responses show that pupils with different ethnic backgrounds thrive significantly better than pupils with a Danish background [33]. Can we conclude from this that pupil with different ethnic backgrounds 'objectively' thrive better than pupils with a Danish background? No. The explanation may very well be that student with other backgrounds than Danish has lower expectations of academic well-being (enjoying subjects, relationships with teachers, etc.). The conclusion is rather that well-being has been measured as a phenomenon connected to different expectations (obs).

Something similar applies to differences in socio-economy, where the indicator used in the survey mentioned was the parents' level of education. The numbers show that pupils whose parents have a higher educational background thrive better, both socially and – especially – academically than pupils whose parents have no education beyond public school. As in the above example, we can ask whether children of parents with higher education 'objectively' thrive better, or if the explanation is rather that these pupils go to school with higher expectations than children of parents with shorter educational backgrounds. It is a fact that the latter often go to school with low expectations. Therefore, we can assume that pupils whose parents have taken higher education are influenced with positive expectations of going to school and therefore thrive, whereas pupils whose parents have no further education are influenced with, low expectations and therefore do not thrive as well.

Are we on thin ice here? Can well-being not be measured at all? That is not necessarily the conclusion. Rather, we should conclude that measuring of well-being presents other methodological challenges than 'simpler' ontological phenomena. We can also see that turning 'well-being' into a normative concept can be a (conscious or unconscious) research-related reaction to the theoretical challenge. The line of argument is as follows: in order to measure well-being, it must be defined in an absolute sense. If that is not possible, because well-being is not absolute but relative, we must define the concept normatively. We can also express this 'move' differently: norms equal expectations decided by society, cf. national (e.g. the Danish Ministry for Children and Education, 2019) or international [34] or ECERS [35] definitions of well-being.

Such a clarification of the theoretical and conceptual basis can be used to identify different perceptions of well-being, and it can be used as a reflection model for utilizing the concepts in both pedagogical practice and research. In pedagogical practice, there are significant reasons for paying attention to well-being. In research, it is always significant how we substantiate concepts in a science-theoretical perspective, how we empirically ensure that our surveys are transparent, and how we define the criteria for the success or effect of interventions in promoting well-being. Both practical argumentation and scientific transparency depend on conceptual clarification.

Methodological Basis (Basis for Measuring)

Finally, there are some challenges in connection to the methodological basis. These challenges have been discussed, and various questionnaires have been tested and evaluated. Dodge et al. use the following phrasing: "With wellbeing becoming tangible and operationalized, measurement becomes easier" [2]. The first – and most basic – challenge is whether well-being should be measured as lack of failure to thrive and/or the presence of positive well-being factors, cf. well-being in a health or learning discourse. In addition to this comes the question of whether well-being should be measured as qualities in the child and their behavior, as qualities in the child's surroundings, or as qualities regarding the child's well-being competences, whether personal or social. The more challenging question is whether well-being can be measured ontologically, i.e. as something that 'exists', or should be measured epistemologically, i.e. as something that is experienced or interpreted. If we believe that well-being can be measured ontologically, i.e. independently of interpretation, it entails statements such as: 'The plant is growing; ergo, it is thriving', or, 'the presence of cortison is low; ergo, the child is thriving'. If, on the other hand, we believe that well-being is always a sign or result of experience and interpretation, the statement, 'I am thriving', should be interpreted as, 'I think/express that I am thriving'. The latter is the case if we adhere to the idea that well-being is a concept related to expectation.

If we believe that we can measure well-being from the cortison level, the element of self-reporting becomes irrelevant. If, on the other hand, we wish to measure well-being as self-reported, so-called objective data are irrelevant. However, self-reported well-being entails an element of interpretation and positioning that the physiological method does not. If a child or young person replies that they experience failure to thrive, it can be interpreted as a statement, i.e. a declaration of the person's dissatisfaction. Reversely, if the child or young person replies that they are thriving, it can be interpreted as a statement of satisfaction in relation to their own and others' expectations. If we, based on this distinction, focus on well-being as a matter of expectation, the most interesting and challenging question in a methodological perspective is the question of how to measure a phenomenon of expectation, i.e. a phenomenon whose level or extent is a result of the informant's own expectations and, perhaps, interpretation. In this case, we do not measure absolute but relative phenomena.

Let us look at an example: measuring social relations, which are not clear-cut examples of well-being but rather a matter of expectation. According to the concept of well-being defined by the surroundings, well-being is closely associated with social relations. They are particularly important for children and young people because they underpin general and personal development

during childhood and youth. Surveys on social relations can be used both to identify the individual child or young person's development and as starting points for developing their sense of responsibility in communities built on mutual responsibility. In terms of developing social relationships, girls and boys are often different; however, what is central is that both genders find that their friends and social relations suit the person they feel they are. We can enquire about social relations in many different 'arenas': family, friends, school, leisure time, etc. At the same time, there is rich opportunity to enquire about social relations via digital networks, e.g. Facebook, Twitter, Instagram, online games, blogs, etc. A girl in the 6th grade may, for instance, have many 'followers' and friends who are online at the same time as she is, and who are following her life, and she may be a 'follower' herself, following their lives. She experiences these relations as close and intense, and feels connected. She is usually a good judge of whether 'staying connected' in all these different fora across time and space puts a strain on her. Here, expectations play a central part, and a survey of the girl's well-being will to a large extent be a question of expectations.

A chart of social relations can illustrate children and young people's well-being in networks. How, and to which extent, they thrive with the number of contacts they have is individual. Some thrive with few social connections – they thrive better on their own – while others thrive with many connections. Some friendships can feel like the most natural thing in the world – as if they almost appear by themselves. Others demand more work and may entail doubt. Even through it is most common that children and young people have many connections, pedagogical research shows, as in the example with the girl above, that it is not the number of contacts or friends that is central but rather the feeling of confidentiality: having someone to confide in as well as feeling trusted and needed [19,36]. In that case, that is how well-being should be measured.

There are numerous examples of empirical surveys on children and young people's well-being. Forgeard et al. describe the challenges of this method in the article *Doing the right thing: Measuring wellbeing for public policy* (2011). One example of an empirical approach is the well-being survey carried out by the Danish Ministry of Education. With the school reform in 2014, it was decided that pupils' well-being was to be surveyed annually in all Danish schools. This was part of the national goal in the school reform of strengthening pupils' well-being, and it is a good example of normative criteria for well-being: national goals for well-being were developed, and recurrent well-being surveys are to ensure that the schools live up to the goals. The surveys are carried out among pupils from preschool to the 9th grade in all public schools, including special schools. The ministry makes available tools to the schools which enable them to carry out empirical measuring (tools) of well-being, e.g. an electronic pupil questionnaire, access to following completion percentages, and access to result reports at class, school and municipal level. An 'expert panel' has developed validated questions and continuously adjusts the questionnaires, making sure that they live up to the nationally and internationally recognized evidence in the field.

Failure to to Thrive - in Children and Young People's own view

Recent years have seen an increased focus on the well-being of children in kindergarten and school. Although well-being has become a bit of a buzzword, it does not detract from the fact that considering children's well-being is important in regard to their self-image, learning and development of competences. In a workshop on well-being for high school students, it turned out that the students do not feel 'pressured' into thriving; rather, they find that some of the national well-being surveys focus on failure to thrive, which they think is the wrong approach. They wish to contribute to formulating the questions because they know best what well-being is for them. The students feel misunderstood if the questions only focus on negative phenomena like excessive drinking or use of other drugs, loneliness, low self-esteem, self-harm, and even attempted suicide. With their contribution, the well-being surveys will give them a better opportunity to express whether they agree with the way things are done in high school, and how they assess their well-being in daily life [7].

Conclusion

The issues discussed in this article can be summarized in two overall points. The first point is whether well-being should be measured as the lack of failure to thrive, or the presence of positive well-being aspects that can be promoted through pedagogical activities. Consequently, the question is whether we must try to reduce children and young people's failure to thrive to 'protect' them, or promote their well-being competences to teach them to thrive and generate well-being for each other. The second point is that well-being can be understood in a causal logical or reflective perspective, which is connected to whether we understand well-being as an ontological concept or a concept determined by expectations.

With regard to the first point, the distinction between well-being as lack of failure to thrive or as the presence of positive well-being aspects can be linked to the difference between a health-professional and a pedagogical discourse. In a health-professional context, the subject – typically the 'patient' – is viewed through a lens of healthy or ill, with a focus on 'ill' [27]. A successful medical intervention is therefore an intervention that eradicates illness, and a healthy person is someone who is no longer ill. Similarly, well-being is defined negatively as the lack of failure to thrive. In a pedagogical discourse, on the other hand, the subject – typically the child or teacher – is seen through a distinction between learning/development vs. lack of learning/development. A successful pedagogical intervention is therefore an intervention that results in learning and/or development. Similarly, well-being is defined positively as the presence of comfort, recognition, etc. If well-being efforts are seen as a cross-professional responsibility, it is crucial that the professionals meet across these well-being discourses, ensuring that the endeavor is not based on 'either-or' but 'both-and': that children and young people's well-being and failure to thrive are viewed as complex situations and challenges, and that the professionals are challenged on their understanding of well-being and accommodate the issues with multi-angle proposals from a health-professional and pedagogical point of view – as well as others.

With regard to the second point – that well-being is not an absolute but a relative concept – the consequence is that well-being does not exist 'as such', and that, therefore, there is no universal scale for well-being like there is for blood pressure. As a concept related to expectations, well-being and a sense of well-being must be viewed in light of something else. It can refer outward, i.e. be 'other-referential', or it can refer inward, i.e. be self-referential. When well-being refers to something external, it becomes normative, i.e. a collective concept of expectations. This means that the question, 'are children and young people thriving?' should actually be rephrased, as 'do children and young people live up to collective, normative expectations of well-being and quality of life?' When well-being refers to something internal, the statement, 'I am/am not thriving' should actually be rephrased as, 'I meet/do not meet my own expectations of thriving.'

Obviously, we need to make this clear when we implement interventions or present results of well-being surveys. But more than anything, we need to approach these issues as theoretical, conceptual and methodological challenges. The conclusion is not that it is impossible to measure well-being. On the contrary, the challenge only makes well-being an even more interesting object of study. Before we even begin to measure well-being, we need a productive definition [2,3], and we need to clarify the basis of our definition.

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