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**Psychological Well-Being and Ill-Being: Do They Have Distinct or Mirrored Biological Correlates?**

'Well being' is not the opposite of 'ill being'. Causes for one are not necessarily mirror images of causes for the other.

At a simplistic level it is assumed that if a factor which has an adverse effect on well being is discovered then in order to increase well being that adverse factor should be removed or even reversed. Much of the guidance on stress follows exactly that logic e.g. if there is distress over low control over work then happiness would result from high control. Stress measurement techniques and management interventions are often based on such linearity of thought.

Initial advice to HSE from leading experts was that this approach was probably too simplistic but may be accurate for some stressors [but there were no indications as to which these would be].

The present study begins to explore the validity of this mirror image approach to 'well being' vs. 'ill being'. The relationships between psychological well/ill being and health markers e.g. cholesterol levels were examined.

Well being was assessed by questionnaire as were factors that might contribute to well being and ill being. Biological correlates of well being and ill being were measured objectively where possible.

Results showed that, for example, cortisol, adrenalin and HDL cholesterol levels were associated with 'well being' but not with 'ill being'.

In all two health markers were correlated with ill/well being in a mirrored way and seven were not. The weight of evidence is that psychological 'ill being' is not simply the mirror image of psychological 'well being'. These two poles on a continuum have very different effect of health markers.

**Comment**

The study was small and cross sectional in design but illustrates the possibility that well being is not simply the absence of ill being. If validated by longitudinal studies, much of the stress literature would need to be re-evaluated where measurement has been based on an assumption of mirroring.

It is possible that the most potent interventions to reduce stress at work may not have anything to do with reduction of adverse exposures but instead may be more efficient if based on increasing well being. The literature is remarkably uninformative on the subject of what makes us happy at work; 'anti stressors' as opposed to, not stressed.

