

Thriving in Life

Margaret L. Kern¹ and Jessie Sun^{1,2}

¹*Center for Positive Psychology, Graduate School of Education,
University of Melbourne, Parkville, VIC, Australia*

²*Department of Psychology, University of California, Davis, CA, USA*

Introduction

People experience life in a myriad of ways. For some, life is an adventure. They are optimistic, socially engaged, physically healthy, and active participants. For others, life is a daily grind. Work consumes a large portion of time and is simply something to endure each day. And for others, life is a struggle, with physical or psychological disability making it a challenge to function in daily life.

Considerable individual and societal resources are spent addressing the needs of those afflicted by physical and mental illness and disability. Medicine has made great strides in restoring normal function for those who suffer. Research and practice within health psychology has successfully identified ways to alleviate distress, helping patients to enjoy the highest quality of life possible, within the constraints of physical or mental disability.

But what about the majority of people who are not distressed, but also not functioning as well as they could be? A growing body of literature suggests that individuals who proactively approach life experience lower rates of physical and mental disabilities. It is shortsighted to take action only when symptoms appear. Rather, a proactive approach that builds internal and external resources over time will allow as many people as possible to not only survive but to truly thrive throughout life.

Thriving Defined

Thriving can be defined as a state at a single point in time or as a trajectory over time. As a state, thriving refers to current success or prosperity. As a trajectory, thriving refers to successful progression toward a desired goal or outcome, despite obstacles that might occur along the

The Wiley Encyclopedia of Health Psychology: Volume 2: The Social Bases of Health Behavior, First Edition.

General Editor: Lee M. Cohen. Volume Editors: Kate Sweeny and Megan L. Robbins.

© 2021 John Wiley & Sons Ltd. Published 2021 by John Wiley & Sons Ltd.

way. The definition of success, prosperity, and desirable outcomes depends on the field of study.

The traditional medical perspective defines success in terms of biological function. Thriving can be observed objectively based on organic characteristics. “Failure to thrive” describes infants and children who do not develop as expected and fail to gain and maintain weight. The cause may be physical or emotional, but early diagnosis is important before permanent damage to the child occurs. Failure to thrive is also used in gerontology to define progressive physical and cognitive decline. In contrast, thriving is a normal state of health with no detectable signs of disease.

The traditional psychological perspective similarly defines success in terms of the lack of disability and disease but focuses on mental and social health rather than physical conditions. It is more subjective in nature—an organic cause of suffering might not exist, but the individual fails to function well in society.

Over the past few decades, there has been growing interest in a positive psychology perspective, which similarly focuses on mental and social health but argues that success is more than the lack of disease and disability. Thriving involves high levels of positive emotions, satisfaction with one’s life, positive social relationships, and the presence of other positive constructs such as a sense of meaning, mastery, personal growth, engagement in life, and accomplishment.

From an economic perspective, success is defined in terms of financial outcomes, such as income, gross domestic product, or profit. A thriving business is growing and building financial capital. A thriving economy has low levels of unemployment and performs strongly in the international market.

In the 1940s, the World Health Organization defined health as a complete state of physical, mental, and social well-being, not only the absence of disease and disability. This perhaps best captures the health psychology perspective, which includes physical, mental, and social aspects. Thriving is defined in terms of high quality of life and active engagement in life, despite the possible presence of physical and/or mental disorder. The aim of thriving is to allow a person to live as long as possible with the least physical, psychological, and social disabilities possible, focusing on quality rather than quantity (i.e., length) of life alone. This provides benefit to both the individual (by reducing suffering) and society (by reducing economic burden on the system).

Gerontology distinguishes among pathological (where there is accelerated physical, cognitive, and functional decline), usual (general breakdown in the body over time due to cumulative internal and external pressures over time), and successful aging (lack of physical disease and disability, high cognitive functioning, and active engagement in life). Multiple domains—including length of life, biological health, mental health, cognitive function, social competence, productivity, personal control, and life satisfaction—form the foundation of one’s health (Friedman & Kern, 2014). Successful aging involves selecting which elements will optimize life, allowing some domains to compensate for others (Baltes & Baltes, 1990).

One’s definition of thriving impacts how it is assessed, the extent to which the construct is continuous versus dichotomous, unidimensional versus multidimensional, subjective versus objective, and whether it can be captured at a single time point or necessitates seeing the person’s trajectory across life as a whole.

The common thread across these definitions is that thriving involves success across one or more domains. The traditional medical and psychological models tend to take a diagnostic approach, such that one is either healthy or unhealthy. Other perspectives more directly capture the continuous nature of biopsychosocial functioning, such that there is a broad range of functioning even among the healthy. Thriving refers to the higher end of this spectrum.

For our purposes here, we define *thriving* as subjective and objective success across multiple domains (e.g., physical, mental, cognitive, social, functional, economic), and we use the term interchangeably with *flourishing*. The domains that matter most may vary for different individuals and at different periods of time, depending on one's personality and social context. From this perspective, thriving is not a single number, but involves feeling and functioning well across multiple valued areas of life.

This definition is sufficient if we are only interested in identifying who or how many people are thriving at any given point in time. We suggest that *thriving in life* goes a step further and involves not only success at a single point in time but also a consistent trajectory of wellness over time. Thriving in life is a dynamic phenomenon that depends on multiple influences that interact and accumulate over the course of years and decades. Sustained states of thriving are rarely the outcome of a one-time fix or short-term behaviors that are not maintained; rather, thriving in life depends on the cumulative effects of a constellation of repeated behaviors combined with supportive environments. Just as plants need a regular supply of water and sunlight to flourish, human thriving depends on a sustained combination of salutary supports.

Predictors of Thriving

Numerous factors predict one's level of thriving, including one's personality, habitual behaviors, social relationships, socioeconomic status (SES), the environment, and culture.

Individual Factors

Some of the most consistent predictors of thriving are one's personality characteristics. Meta-analyses spanning thousands of participants find that conscientiousness (the tendency to be self-controlled, hardworking, dependable, organized, and socially responsible) and intelligence predict length of life on par with well-established risk factors (such as smoking, alcohol consumption, physical inactivity, and unhealthy diet; Calvin et al., 2011; Kern & Friedman, 2008). Personality accounts for over 40% of the variance in subjective well-being, with extraversion (the tendency to be sociable, talkative, assertive, enthusiastic, and active) and low neuroticism (the tendency to be irritable, moody, and temperamental) being the strongest predictors (Steel, Schmidt, & Shultz, 2008).

Behavioral Factors

Thriving is impacted not only by who we are but also by what we do. Habitual behaviors cumulatively impact one's health and well-being over time. Protective behaviors include moderate physical activity, healthy diet and weight control, restful sleep, immunizations, safe driving, wearing sunscreen, and regular medical checkups, whereas risky behaviors include smoking, drug use, alcohol abuse, thrill-seeking activities, and unsafe sex. For instance, regular physical activity can prevent and assist in the management of chronic illnesses and disease (Pedersen & Saltin, 2006), moderate sleep duration relates to lower mortality risk (Cappuccio, D'Elia, Strazzullo, & Miller, 2010), and the combination of not smoking, physical activity, healthy diet, and moderate drinking can predict up to a 14-year difference in length of life (Khaw et al., 2008). Such behaviors are physically healthy and relate to higher levels of psychological well-being, less mental distress, and better cognitive function.

Daily Activities

A related factor involves how time is spent, including employment, voluntary, home, and leisure activities. The impact of work is most clearly seen in the case of involuntary unemployment, which relates to a greater number of health problems, lower psychological well-being, and greater psychological distress (McKee-Ryan, Song, Wanberg, & Kinicki, 2005). Similarly, one of the greatest risk periods for early death is within the first few years after retirement. Beyond being necessary for meeting basic needs, work can provide a sense of identity, connection to like-minded others, and a source of personal accomplishment.

While work provides physical, psychological, social, and economic benefits, too much work can also be problematic. Technological developments have blurred the boundaries between work and home in many occupations. Working beyond contractual hours has been related to increased risk of one or more health problems, greater distress, and perceived work–life imbalance (Arlinghaus & Nachreiner, 2014).

Social Factors

The need to belong is one of the most pervasive and powerful fundamental human needs (Baumeister & Leary, 1995). Humans are extremely sensitive to even the slightest hint of social exclusion. Peer rejection and victimization in childhood predicts poor adjustment and psychopathology later in life. Loneliness is one of the strongest risk factors for failure to thrive—including higher risk of mortality, physical disease, and depressive symptoms (Hawkley & Cacioppo, 2010).

Social relationships range in quality; in general, positive relationships are protective against poor health outcomes, whereas hostile and negative relationships increase risk. Perceived social support and lower levels of interpersonal conflict may buffer the negative health-related consequences of stress and relate to lower risk of infection, morbidity, and mortality.

It is commonly believed that social relationships are one of the most important contributors to psychological well-being. However, this is complicated by how thriving is defined and measured. If thriving is defined in part as good social function, then social relationships are a marker of thriving, not a predictor. Associations among both objective and subjective relationship variables and subjective well-being may also be confounded by shared method variance and underlying variables such as personality traits. To distinguish predictors and outcomes, it may be useful to define factors such as connectedness (i.e., the ability to intimately connect with others) and fulfillment of one's sense of belonging as predictors and factors such as the quality of social relationships as outcomes.

Socioeconomic Factors

There is clear evidence for a social gradient, such that those who have a lower socioeconomic position have a shorter life expectancy, increased risk of mental and physical disease, and lower well-being. This appears to be a nonlinear relationship, with income making a greater difference at very low levels of income and less of an impact as income increases. Unfortunately, although narrowing income gaps may have the biggest impact on health and well-being around the world, inequality in most countries is increasing (Pickett & Wilkinson, 2015).

Although it is clear that people who have more money tend to be happier and healthier than people with less money, research suggests that how people spend their money can also influence their happiness. People report greater happiness after spending money on other people

compared with spending money on themselves and derive more satisfaction from purchasing life experiences than purchasing material possessions (Dunn, Aknin, & Norton, 2014).

Environmental Factors

Individuals are not isolated, but are embedded within social and environmental contexts. Over the past century, some of the greatest improvements in physical and mental health have occurred through the availability of clean drinking water, proper sewage treatment, and the development of immunizations and antibiotics. Contact with nature relates to greater physical activity, social interactions with others, increased happiness, enhanced cognitive capacity, and less mental distress (Hartig, Mitchell, de Vries, & Frumkin, 2014). There is also emerging discussion about the potential impact of climate change, increased pollution, economic volatility, exposure to violence, and political displacement. The long-term impact of these external factors is unknown, but it is clear that proactive approaches that create healthy, safe environments are needed.

Cultural Factors

At a broader level, culture has a profound influence on individual characteristics, behavior, social relationships, and even the definition of thriving. For example, North Americans tend to associate happiness with personal achievement more closely than with social harmony, whereas the opposite pattern has been observed for Japanese (Uchida & Kitayama, 2009). Thus, pathways to thriving most likely vary across cultures. However, there are also likely to be some common predictors of thriving across cultures. For instance, people who inhabit regions of Italy, Japan, and the United States that have high proportions of centenarians tend to value family and other social relationships, smoke less, have a healthy diet, engage in moderate physical activity, and are generally engaged in life (Buettner, 2012). There is also evidence that there are universal needs (e.g., social support, respect, mastery, autonomy) that predict subjective well-being across the world, although some cultures might emphasize some needs more than others (Tay & Diener, 2011).

Cultivating Thriving

The different predictors of thriving offer a range of areas that can potentially be targeted to help more people thrive. Although intelligence and personality are often viewed as fixed traits that are not readily amenable to change, people can and do change, as part of the natural process of maturation, through intervention, and through goals to change. Such changes in personality longitudinally predict changes in life satisfaction and psychological well-being (Boyce, Wood, & Powdthavee, 2013).

As personality influences behavior, it may be possible for individuals to emulate the behaviors of those who are higher in conscientiousness, extraversion, and intelligence and lower on neuroticism. For example, leading a healthier lifestyle could produce some of the health-related benefits of being more conscientious.

Positive psychology has developed various interventions and activities to build psychological and social well-being, such as gratitude exercises, discovering and using one's strengths, random acts of kindness, mindfulness, and active constructive responding. Workplaces and schools have successfully incorporated some of these strategies, providing preliminary support for lower healthcare costs, happier employees, and greater profit.

The extent to which temporary changes in behavior and short-term well-being exercises impact consequential life outcomes, such as long-term social relationships and length of life, is unknown. Changing a behavior (e.g., overeating) will not reduce mortality risk if it is simply replaced by another unhealthy behavior (e.g., drinking). There are likely to be multiple mechanisms by which a trait exerts its influence on thriving, some pathways may be more malleable than others, and the causal impact of many mechanisms are yet to be determined (Friedman & Kern, 2014). Thus, it may be more effective to change the underlying characteristics than to target multiple mediators.

Public health and public policy are well suited to target the external context—creating conditions that support individual and community thriving. Environments can be designed to make healthy behaviors easier to do and more psychologically attractive. For instance, designing parks, communities, transportation systems, schools, and buildings that encourage physical activity may also produce a wide range of environmental, economic, and physical and mental health benefits. Countries where people must opt out of organ donation have higher consent rates (80–100%) than those with an opt-in policy (5–30%; Johnson & Goldstein, 2003).

Policies and legislation can also be used to create social norms and provide checks on behavior. For instance, many countries now levy high taxes on cigarette and tobacco, making it economically unsustainable to smoke. At the same time, policy makers need to tread carefully; not all factors that influence thriving are equally amenable to legislation. For example, screenings for prostate cancer successfully detect many cases, but many of those diagnosed will die of another disease long before the cancer develops. As treatment can cause substantial negative impacts on psychosocial functioning, blindly requiring screenings to target one indicator of thriving (physical health, indicated by lack of cancer) can needlessly undermine functioning in another domain. A systemic consideration of the potential impact that any action will have across multiple domains of thriving is needed.

As a whole, different strategies will likely be effective for different people. From a socioecological perspective, interventions that target multiple levels of influence should result in more powerful and sustained changes than interventions only targeting a single level.

Future Directions

Although optimal functioning has long been an area of scholarly interest, the rapid expansion and application of positive psychology has made it more visible and is bridging research and applications in the real world. However, many gaps remain. Research often looks for simple, singular, linear causes, whereas life is complex, interconnected, and dynamic. Future research will benefit from incorporating a systems perspective, interdisciplinary scholarship, and closer connections between research and practice.

Methodologically, thriving in life is challenging to study. Advances in computational social science provide opportunities for bringing together diverse data sources, which capture both patterns across large populations, and momentary behavioral expressions of thoughts, attitudes, and behaviors. The methodologies, tools, and data that are most useful to understanding thriving are yet to be determined, and as all methodologies have strengths and limitations, multimethod approaches are likely to produce more robust and comprehensive insights.

Much of the research and application to date has focused on individuals, but individual thriving is interconnected with the environment in which a person resides. Questions remain around how individual behaviors and choices influence the well-being of close and distant others and how to balance individual well-being with collective needs. Additional research around person

and environment interactions could address how individuals relate to, are affected by, and impact upon the environment in which they live, as well as the broader biosphere.

Finally, although various interventions have been developed to cultivate thriving, the extent to which these are beneficial across individuals from different backgrounds, different periods of life, and under what circumstances is unclear. It is important to further develop a more nuanced understanding of individual fingerprints of thriving, which may depend on cultural differences, socioeconomic backgrounds, and individual values, needs, and motivations.

Conclusion

Thriving involves holistic success across multiple domains of life. Multiple factors impact a person or group's level of thriving at any given point in time. Although we have reviewed a range of factors that correlate with higher levels of well-being, the relative importance of different factors may vary between individuals. In this way, just as different plants thrive under different climates, there is no one-size-fits-all intervention or magic bullet for enhancing well-being; whereas different plants need different amounts of water, individuals may differ in the dose and types of social interaction they need to thrive. We also take the view that optimal well-being involves having a balanced life, with a mix of daily activities that enable individuals to fulfill a variety of needs. This implies that just as you can overwater a plant, it is also possible to have too much of one factor, at the cost of other domains, which undermines thriving as a whole.

Thriving in life not only involves functioning well at a single point in time but also involves one's trajectory over time. A focus on pathways emphasizes the importance of cultivating personal resources and supportive environments across the lifespan, as well as the need to understand how individual and social factors shift one's wellness trajectory over time. Harmful trajectories are not immutable, but early influences play a key role in setting a dominant trajectory. It may be relatively more effective to intervene at an early stage to establish healthier pathways in the first place than to try to correct unhealthy pathways in adulthood and old age. We need to know how different factors contribute to thriving across the lifespan, both naturally and through intervention.

Thriving in life is a complex, multiply-determined phenomenon. There are some universal and necessary ingredients, but the specific combination and importance of different factors will differ between individuals and even within a person at different periods of life. Research across a variety of disciplines is focusing on ways to enhance thriving, with potential benefit to both individuals and society as a whole.

Author Biographies

Dr. Margaret L. Kern is a senior lecturer at the Centre for Positive Psychology at the University of Melbourne's Graduate School of Education. She received her undergraduate degree from Arizona State University; a PhD in social/personality psychology from the University of California, Riverside; and postdoctoral training at the University of Pennsylvania. Her research examines questions around who flourishes in life, why, and what enhances and hinders healthy life trajectories.

Jessie Sun is a graduate student in the Department of Psychology at the University of California, Davis. She received her bachelor of arts (Hons.) from the University of Melbourne. She is interested in researching the interplay between personality, self-knowledge, social experiences, and well-being, especially using methods for studying dynamic processes in daily life.

References

- Arlinghaus, A., & Nachreiner, F. (2014). Health effects of supplemental work from home in the European Union. *Chronobiology International*, 30, 1197–1202. <http://dx.doi.org/10.3109/07420528.2014.957297>
- Baltes, P. B., & Baltes, M. M. (1990). Psychological perspectives on successful aging: The model of selective optimization with compensation. In P. B. Baltes & M. M. Baltes (Eds.), *Successful aging: Perspectives from the behavioral sciences* (pp. 1–34). New York, NY: Cambridge University Press.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497–529. <http://dx.doi.org/10.1037/0033-2909.117.3.497>
- Boyce, C. J., Wood, A. M., & Powdthavee, N. (2013). Is personality fixed? Personality changes as much as “variable” economic factors and more strongly predicts changes to life satisfaction. *Social Indicators Research*, 111, 287–305. <http://dx.doi.org/10.1007/s11205-012-0006-z>
- Buettner, D. (2012). *The blue zones: Lessons for living longer from the people who've lived the longest*. Washington, DC: National Geographic.
- Calvin, C. M., Deary, I. J., Fenton, C., Roberts, B. A., Der, G., Leckenby, N., & Batty, G. D. (2011). Intelligence in youth and all-cause-mortality: Systematic review with meta-analysis. *International Journal of Epidemiology*, 40, 626–644. <http://dx.doi.org/10.1093/ije/dyq190>
- Cappuccio, F. P., D'Elia, L., Strazzullo, P., & Miller, M. A. (2010). Sleep duration and all-cause mortality: A systematic review and meta-analysis of prospective studies. *Sleep*, 33, 585–592.
- Dunn, E. W., Aknin, L. B., & Norton, M. I. (2014). Prosocial spending and happiness: Using money to benefit others pays off. *Current Directions in Psychological Science*, 23, 41–47. <http://dx.doi.org/10.1177/0963721413512503>
- Friedman, H. S., & Kern, M. L. (2014). Personality, well-being, and health. *Annual Review of Psychology*, 65, 719–742. <http://dx.doi.org/doi:10.1146/annurev-psych-010213-115123>
- Hartig, T., Mitchell, R., de Vries, S., & Frumkin, H. (2014). Nature and health. *Annual Review of Public Health*, 35, 207–228. <http://dx.doi.org/10.1146/annurev-publhealth-032013-182443>
- Hawkey, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40, 218–227. <http://dx.doi.org/10.1007/s12160-010-9210-8>
- Johnson, E. J., & Goldstein, D. (2003). Do defaults save lives? *Science*, 302, 1338–1339. <http://dx.doi.org/10.1126/science.1091721>
- Kern, M. L., & Friedman, H. S. (2008). Do conscientious individuals live longer? A quantitative review. *Health Psychology*, 27, 505–512. <http://dx.doi.org/10.1037/0278-6133.27.5.505>
- Khaw, K.-T., Wareham, N., Bingham, S., Welch, A., Luben, R., & Day, N. (2008). Combined impact of health behaviours and mortality in men and women: The EPIC-Norfolk prospective population study. *PLoS Medicine*, 5(1), e12. <http://dx.doi.org/10.1371/journal.pmed.0050012>
- McKee-Ryan, F., Song, Z., Wanberg, C. R., & Kinicki, A. J. (2005). Psychological and physical well-being during unemployment: A meta-analytic study. *The Journal of Applied Psychology*, 90, 53–76. <http://dx.doi.org/10.1037/0021-9010.90.1.53>
- Pedersen, B. K., & Saltin, B. (2006). Evidence for prescribing exercise as therapy in chronic disease. *Scandinavian Journal of Medicine and Science in Sports*, 16, 3–63.
- Pickett, K. E., & Wilkinson, R. G. (2015). Income inequality and health: A causal review. *Social Science & Medicine*. <http://dx.doi.org/10.1016/j.socscimed.2014.12.031>
- Steel, P., Schmidt, J., & Shultz, J. (2008). Refining the relationship between personality and subjective well-being. *Psychological Bulletin*, 134, 138–161. <http://dx.doi.org/10.1037/0033-2909.134.1.138>
- Tay, L., & Diener, E. (2011). Needs and subjective well-being around the world. *Journal of Personality and Social Psychology*, 101, 354–365. <http://dx.doi.org/10.1037/a0023779>
- Uchida, Y., & Kitayama, S. (2009). Happiness and unhappiness in east and west: Themes and variations. *Emotion*, 9, 441–456. <http://dx.doi.org/10.1037/a0015634>

Suggested Reading

- Friedman, H. S., & Kern, M. L. (2014). Personality, well-being, and health. *Annual Review of Psychology*, 65, 719–742. <http://dx.doi.org/doi:10.1146/annurev-psych-010213-115123>
- Huppert, F. A. (2014). The state of wellbeing science: Concepts, measures, interventions, & policies. In F. A. Huppert & C. L. Cooper (Eds.), *Wellbeing: A complete reference guide, volume VI, interventions and policies to enhance wellbeing* (pp. 1–50). West Sussex: Wiley. <http://dx.doi.org/10.1002/9781118539415.wbwell01>
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52(1), 141–166. doi:10.1146/annurev.psych.52.1.141

