

PRÉCIS OF  
A PHILOSOPHY FOR THE SCIENCE  
OF WELL-BEING

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Well-being, happiness, and quality of life are now established objects of social and medical research. Does this science produce knowledge that is properly about well-being? I call this The Question of Value-Aptness and over the course of the book, [Alexandrova 2017](#), defend the following answers to this question.

**Value-aptness is the business of science.** An account of value-aptness requires rejecting a value-free conception of science, according to which it is of no concern to the scientist qua scientist whether their object of study truly is well-being and their job is only the discovery and confirmation of generalizations that might be deemed relevant to well-being on extra-scientific grounds. This sort of neutrality, although periodically voiced and often for opportunistic reasons, neither characterizes the current state of research with great ambitions for applications, nor is defensible. That scientists engage evaluative questions of what states and processes are relevant to well-being is entirely compatible with the objectivity of this research, provided that evaluative presuppositions are made explicit, with awareness of the moral and political context, and defended publicly. This acknowledges that the science of well-being is *mixed* in the sense of encompassing both empirical and normative claims, and this mixing is a matter of responsibility for scientists who take up projects of direct practical importance in policy, healthcare, education, and self-help (Introduction and Chapter 4).

**No single theory of well-being ensures value-aptness.** Scientific research is characterized by *construct pluralism*—i.e., a diversity of definitions and measures of well-being. This is to be expected. No one theory is uniquely appropriate in all projects, in part because ‘well-being’ obeys contextualist semantics; depending on the situation, different standards and even different constituents of well-being inform the content of ascriptions and reports about it. Contextualism brings out an essential distinction between the well-being of an individual in the most general all-things-considered sense (the typical concern of philosophers, sometimes a concern of deliberators), and well-being given a specific context of inquiry (the typical concern of doctors, teachers, social and charity workers) (Chapter 1).

**The theories needed by science are mid-level rather than high.** Because ‘well-being’ as an object of science is not ‘well-being’ as an object of philosophical theorizing traditionally conceived, the promise and authority of the science depends on the availability of theories of well-being for specific

kinds of people in specific contexts. So while philosophers typically focus on *high* theories (hedonism, subjectivism, eudaimonism) that purposefully leave out the context of the agent or the benefactor, science needs *mid-level* theories, that is theories of well-being for children, refugees, single parents, diabetes patients, etc. So the philosopher's pursuit of a perfectly general theory immune to counterexamples is misplaced. In principle it is conceivable that there is a single correct high theory that implies all the mid-level theories and measures (this is the *vending machine* view), but in practice it is unlikely. Furthermore, the amount of attention philosophers have devoted to high theories is positively harmful once we take into account opportunity cost. High theories are only one item in the *toolbox* needed to construct what really matters (i.e., mid-level theories) and the more items in the toolbox the better (this is the thesis of *variantism*) (Chapter 2).

**Child well-being is a mid-level construct in need of a theory.** Philosophers have lavished well-being with attention, but not child well-being. Scientists lavish child well-being with attention but without a theory of it. Something needs to explain why a particular set of mortality, vaccination, and schooling indicators bears on child well-being. Neither hedonism, nor subjectivism is a credible starting point, but developmentalism—a version of eudaimonism—does the job, provided that it is supplemented with a thick normative conception of the nature of childhood. On the mid-level theory that I propose, child well-being consists jointly in, first, future-directed and environmentally suited development of the capacities of the child and, second, in present engagement with the world in child-appropriate ways. But the point is also to illustrate how a mid-level theory both feeds off high theories and is independent from them (Chapter 3).

**Well-being of kinds but not of individuals is measurable.** Even when the requisite mid-level theory is available, science cannot get off the ground if the construct the theory identifies is not measurable. Among scientists and policy makers, the measurability of well-being is now almost uncontroversial. Only the specific choice of measure, such as life satisfaction or happiness, is still debated. However, there are good reasons to think that individual well-being in the all-things-considered sense is too complex and heterogenous of a quantity to be measured on the population level. Yet this does not imply that well-being is not measurable in any sense. Crucial to measurement is the existence of generalizations relating core components of well-being (as identified by the relevant mid-level theory) and observable indicators. Such generalizations are more likely to be available when well-being is predicated of kinds of people, rather than of individual lives, which is why the science of well-being should not market itself as producing knowledge about well-being in the all-things-considered sense. Assuming such a focus on kinds, the validity of most existing measures of well-being is secured by the process of *construct validation*, whose logic relies on a plausible coherentist ideal of balancing all evidence (Chapter 5).

**A psychometric approach to validation does not supply value-aptness.** In theory, construct validation secures good measurement, but not in practice, because in practice scientists who validate well-being scales are unduly selective about what evidence they are willing to consider. It is not enough to check, as they do, whether a measure correlates with other measures and behavioral indicators. Measures of well-being should also be judged against the relevant mid-level theory, which the current methods do not touch. The problem is that current methods are grounded in the disciplinary conventions of psychometrics, which reduce the big philosophical questions about validity to technical exercises in statistics and factor analysis. In particular, the current textbook methods assume a problematic *evidential subjectivism* according to which only subjects' own reports and behavior can serve as evidence about the validity of a given questionnaire. Making room for philosophy in the process of validation is essential to the credibility of the science of well-being (Chapter 6).

The overall message is one of optimistic caution. The science of well-being, as well as important, is conceptually and methodologically possible, provided that both philosophers and scientists are willing to change their habits.

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