Theoretical Foundations of Multi-Dimensional Wellbeing

A Research Report on the Theories Underpinning the Ten Domains of *The Dynamic Balance Framework*

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1. Introduction

1.1 Purpose of This Report

The Dynamic Balance Framework organises human wellbeing across ten domains. These domains are not arbitrary groupings. They reflect decades of research in psychology, philosophy, and public health that consistently identifies core areas of functioning essential to a whole life. This report examines the three primary theoretical traditions that underpin those ten domains: Carol Ryff's dimensions of psychological wellbeing, Martin Seligman's PERMA framework, and the World Health Organization's broader definitions of health.

The purpose is to provide a clear, referenced account of each theory, its origins, core components, supporting evidence, and practical applications. The report also examines where the three theories converge and diverge, and how the Dynamic Balance Framework draws on their shared insight that wellbeing is not one thing but the interaction of multiple domains.

1.2 Scope

This report focuses on the theories that informed the selection and structure of the ten domains. It does not address the theories underpinning the fifty dichotomies within each domain. Those draw on a separate set of traditions including Maslow's self-actualisation, Jung's individuation, Stoic philosophy, dialectical behaviour therapy, polarity management, and Eastern philosophical frameworks. A companion report could address those foundations in detail.

2. Carol Ryff's Dimensions of Psychological Wellbeing

2.1 Origins and Context

Carol Ryff developed her model of psychological wellbeing in the late 1980s in response to what she saw as a significant gap in the literature. At the time, wellbeing research was dominated by subjective wellbeing measures, primarily life satisfaction and the balance of positive versus negative affect. Ryff argued that these hedonic measures captured how happy people felt but missed whether they were functioning well. Her 1989 paper, published in the Journal of Personality and Social Psychology, proposed a multidimensional model grounded in classical philosophy, developmental psychology, and clinical theory (Ryff, 1989).

Ryff drew explicitly on Aristotle's concept of eudaimonia, the idea that the good life is not about pleasure but about the realisation of one's potential. She also integrated developmental theories from Erik Erikson, Abraham Maslow, Gordon Allport, and Carl Jung, as well as clinical perspectives from Carl Rogers on the fully functioning person and Marie Jahoda's work on positive mental health. From these diverse sources, she distilled a set of core dimensions that together describe what it means to be psychologically well.

2.2 The Six Dimensions

Self-acceptance. This involves holding a positive yet realistic attitude toward oneself, including acknowledgement of both strengths and limitations. It reflects the capacity to look at one's past and present without excessive distortion or denial. Ryff linked this to Allport's concept of maturity and Rogers' notion of self-regard.

Positive relations with others. This dimension captures the ability to form warm, trusting, and empathic relationships. It reflects a capacity for love, deep friendship, and genuine concern for others. Ryff drew on Erikson's stages of intimacy and generativity as core reference points.

Autonomy. Autonomy refers to self-determination, independence of thought, and the ability to regulate behaviour from within rather than being driven by external pressures or approval. It connects to the concept of individuation in Jungian psychology and the fully functioning person in Rogerian therapy.

Environmental mastery. This involves the ability to manage one's surroundings effectively, to choose or create contexts that suit one's needs, and to take advantage of opportunities. It reflects practical competence in navigating the demands of everyday life.

Purpose in life. This dimension captures a sense of directedness, the feeling that life has meaning and that one is working toward goals. Ryff connected this to existential perspectives and to Erikson's later life stages of generativity and integrity.

Personal growth. Personal growth involves a sense of continued development, openness to new experiences, and the realisation of one's potential over time. It aligns closely with Maslow's concept of self-actualisation and with humanistic psychology's emphasis on becoming.

2.3 Measurement and Validation

Ryff developed the Scales of Psychological Well-Being (SPWB), originally as a set of 20-item scales for each dimension. Shorter versions of 14, 9, 7, and 3 items per dimension have since been developed and widely used. The scales have been translated into more than 30 languages and used in large-scale longitudinal studies including the MIDUS (Midlife in the United States) study, which has followed thousands of adults over decades (Ryff and Keyes, 1995).

Factor analytic studies have broadly confirmed the six-factor structure, though some researchers have questioned the discriminant validity of certain dimensions, particularly autonomy and environmental mastery. Springer and Hauser (2006) raised methodological concerns about shorter scale versions. Despite these critiques, the model remains one of the most widely cited frameworks in wellbeing research, with applications in clinical psychology, gerontology, health promotion, and organisational studies.

2.4 Key Contributions

Ryff's primary contribution was to establish that wellbeing is not simply the presence of positive feelings or the absence of distress. Functioning matters. A person can report high life satisfaction while lacking purpose, growth, or meaningful relationships. By identifying six distinct dimensions, Ryff provided a framework that captures the complexity of what it means to live well. Her work also demonstrated that different dimensions follow different trajectories across the lifespan. Purpose in life and personal growth, for example, tend to decline with age, while environmental mastery and autonomy tend to increase (Ryff, 1995).

3. Martin Seligman's PERMA Framework

3.1 Origins and Context

Martin Seligman introduced the PERMA model in his 2011 book Flourish, building on over a decade of work as a founding figure in the positive psychology movement. Earlier, Seligman had focused on "authentic happiness" as the central construct, organised around pleasure, engagement, and meaning. By 2011, he had concluded that this three-element model was too narrow. Wellbeing, he argued, could not be captured by a single measure. It required multiple elements, each independently measurable and each contributing to a full life (Seligman, 2011).

Seligman's shift from happiness to flourishing was significant. Happiness, as a term, carries strong hedonic associations. Flourishing, by contrast, implies a broader state of functioning well across multiple domains. This repositioning aligned positive psychology more closely with eudaimonic traditions and moved the field beyond its early association with "the science of happiness."

3.2 The Five Elements

Positive emotion (P). This element covers the hedonic dimension of wellbeing: joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe, and love. Seligman acknowledged that positive emotion matters but argued it is not the whole picture. Life satisfaction, as a subjective judgement, sits within this element.

Engagement (E). Engagement refers to the experience of being absorbed in an activity, often described as flow. Drawing on Csikszentmihalyi's work, Seligman argued that deep engagement in work, relationships, hobbies, or creative pursuits is a core component of flourishing, even when the experience itself is not consciously pleasurable in the moment (Csikszentmihalyi, 1990).

Relationships (R). Seligman identified positive relationships as a distinct element of wellbeing. Humans are social beings, and connection with others, through love, friendship, teamwork, and community, is fundamental to flourishing. He noted that very few acts of genuine wellbeing occur in isolation.

Meaning (M). Meaning involves belonging to and serving something larger than the self. This could take the form of religion, political causes, family, community organisations, or professional missions. Seligman linked this to the eudaimonic tradition and to research showing that a sense of purpose is a strong predictor of long-term wellbeing.

Accomplishment (A). This element captures the drive to achieve, to master challenges, and to pursue success for its own sake. Seligman argued that people pursue accomplishment even when it does not bring positive emotion or meaning. The desire to build competence and achieve goals is independently motivating.

3.3 Extensions and Measurement

Since the original publication, several researchers have proposed additions to the model. Butler and Kern (2016) developed the PERMA-Profiler, a validated 23-item measure that assesses each element along with physical health, negative emotion, and loneliness. Seligman himself later acknowledged that physical vitality and health may warrant explicit inclusion, leading some practitioners to refer to the expanded model as PERMA-V or PERMA-H (Seligman, 2018).

The PERMA framework has been applied widely in education, workplace wellbeing, military resilience programs, and national wellbeing policy. It has informed the Geelong Grammar School's Positive Education model, the US Army's Comprehensive Soldier Fitness program, and wellbeing measurement initiatives in several countries.

3.4 Critiques

PERMA has attracted thoughtful criticism. Goodman and colleagues (2018) argued that the model's elements are not clearly independent and that the selection criteria for what counts as an element are not transparent. Wong (2011) questioned whether PERMA adequately addresses suffering, arguing that a mature account of flourishing must integrate the management of negative experiences, not only the cultivation of positive ones. Some critics have noted that PERMA reflects Western, individualist assumptions about what constitutes a good life and may not transfer well to collectivist cultures.

Despite these critiques, PERMA's influence has been substantial. Its strength lies in its accessibility, its clear structure, and its practical applicability across diverse settings.

4. The World Health Organization's Definitions of Health

4.1 The 1948 Constitution

The World Health Organization's definition of health, enshrined in its 1948 Constitution, is one of the most cited statements in public health. It defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). This definition was radical for its time. It moved health beyond the biomedical model, which framed health as the absence of pathology, and positioned it as a positive, multidimensional state.

The definition was drafted in the aftermath of the Second World War by an international committee that drew on diverse medical, philosophical, and cultural perspectives. It reflected a deliberate aspiration: that health systems should concern themselves not only with treating illness but with promoting the full spectrum of human functioning.

4.2 Evolution of the Definition

The 1948 definition has been both influential and contested. The Ottawa Charter for Health Promotion (1986) extended the framing by describing health as a resource for everyday life rather than an objective of living. It emphasised that health is created in the settings where people live, learn, work, and play, and that it requires social, economic, and environmental conditions that support wellbeing (WHO, 1986).

The Jakarta Declaration on Leading Health Promotion into the 21st Century (1997) further expanded the scope by identifying prerequisites for health, including peace, shelter, education, social security, social relations, food, income, empowerment of women, a stable ecosystem, sustainable resource use, social justice, respect for human rights, and equity. This framing embedded health within social determinants and structural conditions.

More recently, Huber and colleagues (2011) proposed redefining health as the ability to adapt and self-manage in the face of social, physical, and emotional challenges. This proposal responded to concerns that the 1948 definition sets an unattainable standard and medicalises normal variation. Their formulation shifts the focus from a fixed state of complete wellbeing to a dynamic capacity for adaptation, a framing that resonates strongly with the Dynamic Balance Framework's emphasis on navigating tension.

4.3 Mental Health and Wellbeing

The WHO has progressively developed its definitions of mental health and wellbeing as distinct constructs. Its 2004 report defined mental health as a state of wellbeing in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively, and can contribute to their community (WHO, 2004). The 2022 World Mental Health Report reinforced that mental health is more than the absence of mental disorders and is shaped by social, economic, and environmental factors (WHO, 2022).

These evolving definitions have had a direct impact on national health policies, accreditation standards, and funding frameworks globally. In Australia, they have influenced the National Safety and Quality Health Service Standards, mental health reform strategies, and the way health services conceptualise consumer and carer involvement.

4.4 Key Contributions

The WHO's primary contribution to wellbeing theory is its insistence that health is multidimensional, that it encompasses physical, mental, and social components, and that it cannot be reduced to the absence of disease. Its evolving definitions have also established that health is shaped by structural conditions, not only individual behaviour. This population-level, systems-oriented perspective complements the individual-level focus of Ryff's and Seligman's models.

5. Convergence Across the Three Frameworks

5.1 Shared Foundational Principles

Despite emerging from different disciplines and serving different purposes, the three frameworks converge on several foundational principles. First, all three reject reductionism. Ryff rejected the reduction of wellbeing to hedonic satisfaction. Seligman rejected the reduction of positive psychology to happiness. The WHO rejected the reduction of health to the absence of disease. Each framework insists that a single measure or dimension is insufficient to capture the full picture of a well-lived life.

Second, all three identify multiple, distinct domains that interact to produce overall wellbeing. Whether the number is five, six, or three broad categories, the structural insight is the same. Wellbeing is not one thing. It is a composite of interdependent areas of functioning. Weakness in one domain can undermine strength in others. Balance across domains matters.

Third, all three draw, directly or indirectly, on the eudaimonic tradition. Ryff's model is explicitly Aristotelian. Seligman's inclusion of meaning and accomplishment alongside positive emotion reflects a eudaimonic correction to hedonic psychology. The WHO's framing of health as the capacity to function and contribute echoes eudaimonic themes of purpose, capability, and participation.

5.2 Comparative Mapping

Domain Area	Ryff	Seligman (PERMA)	WHO
Physical health	—	PERMA-V extension	Physical wellbeing
Emotional life	Self-acceptance	Positive emotion	Mental wellbeing
Cognitive growth	Personal growth	Engagement	—
Purpose/meaning	Purpose in life	Meaning	Productive contribution
Social connection	Positive relations	Relationships	Social wellbeing
Material conditions	Environmental mastery	—	Social determinants
Productivity/work	—	Accomplishment	Productive contribution
Autonomy/freedom	Autonomy	—	—

Table 1. Comparative mapping of domain coverage across the three frameworks.

5.3 Gaps and Complementarity

Table 1 illustrates that no single framework covers all areas. Ryff's model is strongest on internal psychological functioning but does not explicitly address physical health, work, or material conditions beyond environmental mastery. Seligman's model addresses hedonic and eudaimonic experience but originally omitted physical health and says little about autonomy or material conditions. The WHO's definitions address physical, mental, and social

dimensions at a population level but do not provide the granular, individual-level structure that Ryff and Seligman offer.

The three frameworks are therefore complementary. Together, they provide more comprehensive coverage than any one alone. The Dynamic Balance Framework draws on this complementarity by using all three as theoretical anchors for its ten domains.

5.4 Evidence Base

All three frameworks are supported by substantial empirical research. Ryff's dimensions have been validated in longitudinal studies linking psychological wellbeing to immune function, cortisol regulation, cardiovascular health, and mortality risk (Ryff, Singer, and Love, 2004). Seligman's PERMA elements have been tested across cultural contexts and are associated with life satisfaction, work engagement, and educational outcomes (Butler and Kern, 2016). The WHO's social determinants framework is supported by extensive epidemiological evidence, including the landmark work of Marmot and colleagues on health inequalities (Marmot, 2005).

6. Application in the Dynamic Balance Framework

6.1 From Theory to Structure

The Dynamic Balance Framework takes the shared conclusion of these three traditions, that wellbeing is multidimensional, and uses it as the structural basis for its ten domains. The domains are not a replication of any single model. They represent a synthesis that draws on the strengths of each.

Physical Vitality draws on the WHO's insistence that physical health is foundational and on the PERMA-V extension that recognises vitality as a distinct element of flourishing. Emotional Mastery reflects Ryff's self-acceptance dimension and Seligman's positive emotion element, while also addressing the capacity to regulate and navigate difficult emotional states. Intellectual Growth extends Ryff's personal growth dimension and Seligman's engagement element into the cognitive domain.

Purpose and Meaning maps directly onto Ryff's purpose in life dimension and Seligman's meaning element. Relationships and Connection reflects Ryff's positive relations dimension, Seligman's relationships element, and the WHO's social wellbeing component. Material and Environmental builds on Ryff's environmental mastery and the WHO's social determinants framework.

Work and Productivity draws on Seligman's accomplishment element and the WHO's concept of productive contribution. Spirituality and Transcendence extends beyond all three frameworks to address the spiritual dimension that wellbeing research has increasingly recognised as important. Personal Freedom builds on Ryff's autonomy dimension. Character and Virtue grounds the framework in the ethical dimension that Aristotelian eudaimonia originally emphasised but that modern wellbeing models often understate.

6.2 What the Framework Adds

The Dynamic Balance Framework does not simply combine these theories. It adds a structural innovation by introducing dichotomies within each domain. This moves beyond the question "what are the domains of wellbeing?" to ask "what are the tensions within each domain, and what happens when you learn to hold them?" That second question draws on a different set of theories, but it relies on the domain structure that Ryff, Seligman, and the WHO collectively support.

The framework also addresses two gaps in the existing models. First, it provides explicit coverage of domains that are underrepresented or absent in the source theories, including spirituality, personal freedom, and character. Second, it treats the domains as dynamic rather than static. Wellbeing is not a fixed state to be achieved. It is an ongoing negotiation between competing truths within each area of life. This dynamic framing is consistent with Huber and colleagues' proposal to redefine health as the capacity to adapt and self-manage.

6.3 Implications for Practice

Understanding the theoretical foundations of the ten domains has practical implications. For individuals using the framework for personal development, it provides confidence that the domains are not arbitrary. They reflect the best available evidence on what constitutes a whole life.

For practitioners in health, education, social services, or organisational development, the theoretical grounding supports the use of the framework as a structured assessment and reflection tool. The domains align with established constructs that have validated measurement instruments. This means that progress within domains can, in principle, be measured using existing tools such as Ryff's SPWB, the PERMA-Profiler, or WHO wellbeing indices.

For researchers, the theoretical mapping presented in this report provides a foundation for empirical testing of the Dynamic Balance Framework itself, including its domain structure, its dichotomies, and the hypothesis that integration of opposing poles within each domain contributes to overall wellbeing.

7. Conclusion

The ten domains of the Dynamic Balance Framework rest on a solid theoretical foundation. Carol Ryff's dimensions of psychological wellbeing established that functioning across multiple areas, not merely subjective happiness, defines what it means to be well. Martin Seligman's PERMA framework provided an accessible, empirically grounded structure that encompasses both hedonic and eudaimonic elements of flourishing. The World Health Organization's evolving definitions of health anchored wellbeing in physical, mental, and social dimensions and connected individual functioning to the structural conditions that enable or constrain it.

These three traditions converge on a shared insight: wellbeing is multidimensional. It cannot be captured by a single score, a single feeling, or a single domain of life. Each tradition contributes something the others lack. Together, they provide comprehensive theoretical coverage for the ten domains.

The Dynamic Balance Framework honours this foundation while extending it. By introducing dichotomies within each domain, it moves from a descriptive model of wellbeing to a practical framework for navigating the tensions that sit at the centre of every important area of life. The theoretical grounding described in this report gives that practical work its evidential base.

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