Articles

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Individualisation and Commercialisation of Wellbeing and Health. A Social Constructionist Perspective

Wellbeing and health are becoming an increasingly popular topic in discourses initiated not only by medical doctors, but also by entrepreneurs, experts, and ordinary people. The analysis of the social context of wellbeing and health presented in the article draws attention to the cultural process of constructing these phenomena in an individualistic and commercial direction. With regard to health, social construction manifests itself in the following processes, among others: a change in the way health was understood in the 20th century (a shift from a negative to a positive definition), an emphasis on individual responsibility while reducing the importance of the socio-institutional context, and the commercialisation of health. This process can be interpreted in accordance with Foucault's concept of dispositif as a tendency to form autonomous individuals fully responsible for themselves. Similar trends can also be observed in the field of wellbeing. Their manifestations include the gradual displacement of the concept of happiness by the idea of wellbeing, the individualisation of wellbeing as a sphere dependent on individual activity, and the commercialisation of wellbeing, especially in the dimension of employee wellbeing. Furthermore, this paper proposes – as a polemical response to the individualisation of health and wellbeing – the concept of holistic wellbeing, which takes into account the impact of the social context in addition to the activity of the individual.

Keywords: health, individualisation, social constructionism, wellbeing

Introduction

In addition to biomedical aspects, the issue of health and wellbeing in the broadest sense also includes issues dealt with by the social sciences, including sociology, psychology, and economics (Puchalski 2017: 13). The human being is not only a biological organism, but is first and foremost a social being. Therefore, it is

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necessary to situate health, illness, or wellbeing in a broader social context (Piątkowski 2002; Skrzypek 2012: 156–166). It is worth noting that a healthy lifestyles or wellbeing constitute themes raised not only in scientific discourses, but also in narratives created by the media, popular culture, and ordinary people. Taking these considerations into account, it is possible to analyse the topic of wellbeing and health from a social constructionist perspective. This theoretical perspective examines the processes of collectively defining social phenomena and problems, including in the field of health and medicine (Brown 1995; Schneider 1985: 219–221). Mildred Blaxter describes it as follows:

> reality is constructed through human action and does not exist in isolation from it. This should not be understood that phenomena are not real and that they would not exist without our perception or attribution of meaning to them. But it is only through human activity that they become constituted as, for example, a manifestation of health or illness. The social body has an impact on the way we perceive the material body and how we experience it (2009: 38).

According to sociological and cultural analyses concerning health and medicine (Brown 1995; Foucault 1987, 1999; Vigarello 1997), the manners in which people understand illness, pathology, or normality change over time. Our definition of health-related situations is significantly influenced by the cultural sphere. The modes of understanding the determinants of health and wellbeing change over time because our living and working conditions, level of technological development, ways of doing business, scientific knowledge, etc. change.

The discussion concerning the cultural context of health, wellbeing, or stress does not refer only to academic issues, but also has significant practical implications. For example, an important element in defining normality, i.e. standards on the labour market, consists in the employers' expectations regarding the length of the working day, the availability of employees or their complete commitment. In some industries or companies, the expectation of overtime or continuous availability is a standard, which can mean that workers are straining at the limits of their physical and mental endurance and may have serious consequences for their health and wellbeing.

Even though the health and wellbeing of individuals depend on many factors – not only individual ones, but also socio-environmental, and economic factors (Wojtczak 2017: 76–81) – in the 21st century we tend to strongly individualise causality and responsibility for these phenomena. We believe that our health and wellbeing are in our own hands, but we tend to overlook the fact that "even the most motivated people cannot protect and maintain their health on their own without proper living conditions" (Wojtczak 2017: 81). The trend related to the individualisation and commercialisation of health and wellbeing while minimising

the significance of the socio-institutional context constitutes the main issue of this paper. In an age of individualism, emphasising the significance of individual health or resilience to stress seems natural, as it is an expression of a certain **cultural norm** that we do not subject to critical analysis. Contemporary views that proclaim that health and wellbeing is almost exclusively the result, merit, and area of responsibility of an individual, excluding social and systemic factors, are part of the discourse constructed by many actors, including experts, doctors, employers, or politicians. To a large extent, this is the result of current models of health, starting with Lalonde's concept of health fields, which attribute key importance to an individual "lifestyle" in the context of taking care of health (Piątkowski 2002: 23). However, it is also the result of a certain cultural way of thinking and a constellation of social institutions, discourses, and practices that form a network of power mechanisms that can be called, after Michel Foucault, a dispositif (Foucault 1980: 194; Nowicka 2011).

On the one hand, models that place the active human individual at the centre of health and wellbeing issues must be acknowledged. A human being, as the subject of own life, takes responsibility for it, makes key decisions and must do so – this is both an observable fact and a moral postulate on which Western civilisation is based. However, on the other hand, an exaggerated version of individualism leads to the false belief that, regardless of life chances, background, and socio-economic context, an individual's health status is almost exclusively the result of their decisions and choices. This tendency can be called individual responsibilisation, i.e. assigning responsibility to an individual also for matters that do not depend on that person (family and primary socialisation, origin, and social class, genes, environment, or availability of health services, etc.). From a sociological point of view, the origins of this belief are to be found in two important megatrends characterising modernity: individualisation and capitalist neoliberalism. The phenomenon of late-modern individualisation has been considered by many authors (Bauman 2008; Beck 2002; Giddens 2001; Marody 2014; Olcoń-Kubicka 2009). For the purposes of this paper, I assume that individualisation concerns freeing an individual from the traditional "social forms of industrial society" (Beck 2002: 111–112) such as, for example, family, gender, class, or religion (Beck, Beck-Gernsheim 2002: 5). A free and individualised life, understood in this way, becomes a matter of decision and choice for the human individual. Moreover, individualisation is driven by marketing neoliberal strategies linked to pluralism of production, consumption, and communication. People have a much wider choice of life and market opportunities than ever before, they have access to multiple sources of information, they are more likely to express themselves and feel special or unique, even if they are *de facto* copying someone else's patterns. However, paradoxically, this individualisation at the same time constitutes a form of social coercion that we cannot avoid (Beck, Beck-Gernsheim 2002: 4). As Zygmunt Bauman notes:

> On the one hand, you are responsible for yourself, and on the other hand, you are "dependent on conditions going beyond your understanding" (and most often knowledge). […] Exonerating the institution from responsibility and blaming oneself for incompetence helps to either defuse potentially destructive anger or transform it into violent self-censorship and self-criticism (2008: 14).

Referring to Foucault, we can say that individualisation is a process of **subjugation**, i.e. creating a subject on which additional, subtler, and more sophisticated, cultural requirements and obligations are imposed (1998: 30–31).

Neoliberalism, on the other hand – for the purposes of this discussion – is understood as a political-economic concept that proclaims the necessity of applying market principles to other areas of social life as well (e.g. education, public health). Neoliberal discourses often postulate the maximisation of human wellbeing "through liberating individual entrepreneurial freedoms and skills" (Harvey 2005: 2). To put it in Foucault's language: "neoliberalism functions as an apparatus of power and knowledge: it constructs a particular social and political reality" (Oksala 2013: 54). An important consequence of neoliberalism consists in the economisation of social life (everything can be assigned a monetary value) and the belief that man is, in his essence, an investor and consumer who satisfies all his needs by functioning within the realities of the market.

Purpose of the study, methodological assumptions and research question

The aim of this paper is to critically analyse the ways in which health and wellbeing are defined from a constructionist perspective in a socio-business context, as health and wellbeing are becoming an increasingly popular topic in discourses initiated also by entrepreneurs and experts. In the 21st century, "staff health is becoming one of the goals of HR strategy, CSR, or corporate branding" (Puchalski 2017: 13). The text has the character of a theoretical analysis. It adopts a social constructionist approach, which allows to show (1) the changes in the ways in which concepts are defined over time, and (2) the impact of cultural and ideological factors in assigning the concepts of health and wellbeing an individualistic and commercial orientation. The main objective is to answer the following research question: how are the individualisation and commercialisation of health and wellbeing manifested in the socio-cultural ways of defining these phenomena?

Social constructionism

As already mentioned, the work is based on the assumptions of social constructionism. Researchers in this trend "are particularly interested in phenomena that depend on human culture and human decisions – depend on theories, texts, conventions, practices, and conceptual schemes of individuals and groups of people" (Mallon 2007: 94). This theoretical orientation assumes that subjective meanings and interpretations play a key role in social reality and that knowledge about the world does not constitute a veridical reflection of reality but is created by social actors (Wendland 2011: 33). One of the important factors, having impact on our understanding of the world and the processes in it, is power, including the expert power-knowledge, the importance of which was pointed out by Foucault (1998: 29).

Constructionists are often concerned with issues of social problems and the everyday world based on common knowledge and discourses created by collective actors, ordinary people and the media (Berger, Luckmann 1983: 49; Miś 2007: 14). Referring to health and wellbeing, it can be stated that this issue is constructed on several levels. The main actors consist in doctors, scientists, and experts who present their findings, models and recommendations concerning healthy lifestyles and wellbeing within the framework of the research tools and system of scientific concepts available today. This knowledge penetrates into the media and business. Moreover, it also seeps into the everyday world of ordinary people, who themselves become actors in discourses concerning health and wellbeing and construct their own messages about it. In this way, both top-down (authorities, science, experts, mainstream media) and bottom-up (ordinary people, employees, youtubers, social network users, etc.) wellbeing discourses are created that operate in various communication channels and produce different forms of knowledge. In this context, it is possible to speak of Anthony Giddens' modern reflexivity, which consists of changes in consciousness and everyday practice under the influence of new knowledge (2001: 29). Our reality is shaped by many processes, including interaction, communication, interpretation, and conflict. In the light of constructionist assumptions, many phenomena considered as medical problems (e.g. health, normality, mental illness, drug addiction, COVID-19 pandemic) can be interpreted as the result of historical processes of social definition (see, for example, Brown 1995; Foucault 1983; Frieske, Sobiech 1987; Kępski 2022; Vigarello 1997).

Historical evolution of the concept of health – from a negative to a positive conception

Let us begin the analysis with the concept of health, in order to move on to the closely related idea of wellbeing. From a sociological point of view, health is a very complex phenomenon. These are examples of ways of understanding health: (1) the absence of disease or ailment (negative definition); (2) conformity with a norm or average value in the population; (3) a state of the body's equilibrium; (4) the ability of a healthy person to perform various social roles (health as a function); (5) an element of social status (health as "capital" that distinguishes certain individuals or groups) (Blaxter 2009: 12–17). The multiplicity of possible ways of defining health shows that we are dealing with a phenomenon that does not depend only on objective biomedical indicators but is also subject to a process of social construction.

The traditional concept of health grows out of the biomedical paradigm. In accordance with this view, health meant the **absence of disease**. In fact, this is a negative definition (Słońska 2009: 287). It constitutes a base for the restorative medicine model, which assumes that treatment concerns repairing what has deteriorated in health. Paradoxically, from the point of view of the biomedical paradigm, health is a secondary phenomenon. A key role is played by the disease, discovering its mechanisms, causes, and treatments. However, since the mid-20th century, "health systems have faced dramatically increasing prevalence and premature mortality from chronic diseases" (Słońska 2009: 283). Changed living conditions and new challenges have resulted in changing the definition of health. The new approach is referred to as a socio-ecological, social, or holistic paradigm (Blaxter 2009: 24–28; Słońska 2009: 287–289). The name itself indicates that health and illness in this new contemporary model relate more to social, cultural, and environmental conditions. The new definition is positive, i.e. it assumes that health is not just the absence of disease but is also an important resource and a state of positive wholeness. This new approach to health was first expressed in the WHO Constitution: "Health is a state of complete physical, mental, and social *wellbeing* and not merely the absence of disease or infirmity" (WHO 1946: 1232). Despite some criticisms regarding insufficient precision, the restriction of health to a condition, or excessive idealisation, this definition is currently generally accepted (Cierpiałkowska, Sęk 2020: 54). It is also sometimes supplemented by a functional definition, also developed by the WHO, according to which health is not only a state of the body or psyche, but also the ability to satisfy important needs and cope with the demands of the environment (Uramowska-Żyto 2009: 69). In this view, health is more than the absence of disease; it is a state, and at the same time a dynamic process, that enables a person to realise his or her potential and fulfil social roles, adapt to the

environment, and be able to maintain life balance (Synowiec-Piłat, Mianowski 2021: 5). Furthermore, the socio-ecological paradigm assumes that in order to be healthy, each of us requires certain living conditions that allow us to function with dignity and optimally in physical, mental, and social terms. Hence, for example, poverty, which is not in itself a disease phenomenon, constitutes a risk factor and a threat to the ability to develop and meet the needs. Therefore, the socio-ecological model combines the individual dimension of health with the social dimension.

A positive definition of health also implies other related medical-psychological concepts such as wellbeing, quality of life, or happiness. However, as Lidia Cierpiałkowska and Helena Sęk note: "This issue is saturated with ambiguities" (2020: 51). Ambiguity is an inherent feature of natural language and involves a struggle for dominance and assigning meaning in discourse. In accordance with the adopted assumption, one of the key ideological trends that dominate contemporary discourses consists in capitalist neoliberalism. Through experts, politicians, the media, businessmen, and employers, it has an impact on our understanding of health and wellbeing through strategies of responsibilisation, privatisation, and individualisation of health and wellbeing, among others.

Health in a neoliberal society – individualisation and commercialisation

The socio-ecological model of health pointed to the community, i.e. supra-individual determinants of health, but also very strongly emphasised the individual responsibility of each person for his or her health and wellbeing, as it drew attention to the relationship between lifestyle and health. According to modern concepts, our health depends in approx. 50% on lifestyle, 20% on genetic factors, 20% on community-based determinants and 10% on the medical care system (Wojtczak 2017: 78). Therefore, the individual's impact on health or loss of health is dominant – we contribute to illness through certain lifestyles, poor nutrition, lack of physical activity, chronic stress, work overload, and so on. However, from a sociological point of view, it can be stated that a person chooses own lifestyle to the same extent that a particular lifestyle "chooses" that person. The progressive individualisation of health is a manifestation of contemporary neoliberal society, in which global or social risks are presented in terms of the individual's influence and responsibility, with institutional determinants minimised. Meanwhile, a person, his or her health and wellbeing, is a part of a certain ecosystem, including the family, social group, or organisation in which that person works. Because we are part of a larger whole, in order "to change lifestyles, one must not only appeal to

individuals, but also change the environment in which they live in such a way that it stimulates and supports individual aspirations towards health" (Słońska 2009: 300).

Living under a system of neoliberal capitalism, we operate in a reality filled with paradoxes and contradictions. On the one hand, health is presented in all influential discourses as a superior value and is also valued as such by ordinary people (CBOS 2020). On the other hand, the socio-economic system, in the pursuit of profit, generates many legal products and services that pose serious health risks. In this context it is possible to list such phenomena as the mass production and advertising of sweets, sweetened and energy drinks, processed food and fast food, legal gambling, the production of alcohol, cigarettes and tobacco products, etc. Very often, these are products offered by powerful corporations with little control from governments, moreover, they constitute influential pressure groups. These organisations are interested in the increasing commercialisation of many spheres of life, including health, in modern society.

From an early age, people are exposed to various forms of advertising and persuasion, as well as group pressure oriented towards buying products that simply harm them, they learn certain behaviours from celebrities, youtubers, family members, and peers. Living in a particular social class and environment, they gradually acquire habits which, to refer to Bourdieu's terminology, become their habitus, their second nature. And under these conditions they are told that they are free, they can freely choose their lifestyle, and that they have their health in their own hands. Contemporary sociology draws attention to another significant problem, that of health inequalities, often linked to ethnicity or class, which is largely the result of birth rather than choice (Blaxter 2009: 135; Laskowska 2012). Therefore, health turns out to be the resultant of many factors, both individual and originating in socialisation, social class, living and material conditions, and the health care system (Wojtczak 2017: 76).

It is difficult to change the social system as a whole and, moreover, deep systemic change carries the risk of revolution, destabilisation, and loss of influence from economic and political elites. Moreover, the public health system is more and more often unable to cope, also in financial terms, with the volatility of the modern world, rising treatment costs and the problem of ageing populations. Also, many companies view efforts to address employee health and wellbeing as an excessive cost that weighs on their balance sheet. Therefore, it is much easier to promote responsibility for health and wellbeing on an individual basis. Viewed from this perspective, it is possible to perceive the neoliberal strategy of individualisation and privatisation of health as a way of managing populations and individuals. In the language of Foucault, it is a dispositif or strategy of power to arrange life in such a way as to format people as individuals responsible for themselves and treating life in terms of their own self-creation, including the domain of health. According to this

narrative, if individuals are successful, healthy and happy – they owe this solely to themselves, and if they suffer or decline in health – the responsibility also lies solely with them.

Another aspect that demonstrates the social impact of neoliberal ideology consists in the increasing commercialisation of health and healthcare. This process is occurring due to the rising costs of health services and the notorious underfunding of the health sector in Poland. Due to the lack of access to many specialised services and inadequate financial limits for their reimbursement, people are forced to individually take advantage of private health services (or through their employers). This process is progressing and leads to the individual having an impact on his or her health status not only through individual lifestyles, but also through the need for private healthcare. This is the reality in a neoliberal society. This situation is treated by Poles as a certain norm, hardly surprising anyone anymore, and the demand for health insurance and private medical care is a standard expectation of Polish employees (Sedlak & Sedlak 2021; Enter The Code 2022). A task that has traditionally been the responsibility of the state or the social security system in continental Europe is more and more often becoming a field of action for the individual. Politicians – irrespective of party affiliation – are tacitly transferring this task to the citizens, and the private health market is taking advantage of the opportunities opening up. An element of the commercialisation of health also consists in the assumption of control over health by business and advertising discourses that generate demand for various services, supplements, and pharmaceuticals presented as a panacea for all health ailments. A person taking care of his or her health no longer becomes just a patient or someone taking care of themselves, but also a consumer of commercial medical, aesthetic, pharmaceutical, insurance services and products, etc.

From happiness to wellbeing – the process of social construction of wellbeing

As the idea of wellbeing – as sense of feeling fine, being able to fulfil one's potential and experiencing a full life – is linked to a positive definition of health, it is included in this analysis concerning the social aspects of health and wellbeing. The concept of wellbeing is essentially derived from positive psychology, which emerged at the end of the 20th century in the USA (Seligman, Csíkszentmihályi 2000). However, wellbeing is not a new phenomenon in psychology. This concept originates also from the psychology of happiness, which researchers have been studying since the 1960s (Argyle 2011: 6; Czapiński 1992, 2004). Michael Argyle assumes that happiness is a state associated with positive emotions and life satisfaction, which can also be referred to as subjective wellbeing (2011: 8). According to Argyle, the sense of

happiness consist of two main factors: affective (positive emotions) and cognitive (life satisfaction) (2011: 10). However, there are many ways of understanding happiness and wellbeing (Czapiński 2004: 51–102; Diener 1984; Ilska, Kołodziej-Zaleska 2018: 157–161; Ryff 1989; Seligman 2011). The sheer multiplicity of definitions concerning wellbeing shows that the phenomenon is subject to the process of social construction. Depending on the adopted assumptions, we arrive at different conceptualisations of wellbeing. Moreover, there is an increasing number of business-oriented models in recent years, resulting in that economic discourses strongly impact our understanding of wellbeing.

It is worth noting that, in the 21st century, the original and more colloquial concept of happiness is increasingly being replaced by the scientific and business concept of wellbeing. Why is it so? I believe that the main reason is the process of socially defining fuelled by the dominance of neoliberal, business and individualist discourses. Happiness as a "traditional" concept includes connotations related to randomness, a sphere beyond human control. It is no coincidence that in colloquial language we say "I was lucky"[2] when we owe something to a confluence of advantageous circumstances. Władysław Tatarkiewicz distinguishes four meanings of the concept of "szczęście". Two of them occur in colloquial usage: "szczęście" as a favourable fate[3] possibly as a moment of experiencing intense joy; and two function in philosophical language: as eudaimonia (an ethical virtue associated with rational living and sensible decisions) or as lasting satisfaction with life as a whole[4] (Tatarkiewicz 1962: 15–29). In colloquial terms, happiness is something that happens to us and does not necessarily depend on our efforts. In the late-modernity of the 21st century, in an age where the individual is perceived to be entirely responsible for own fate, the understanding of happiness has been gradually being modified. According to the dominant cultural imperative, people should be able to manage their lives, including managing their sense of happiness. This is why the emergence of positive psychology and the concept of wellbeing fell on fertile ground. It is no coincidence that positive psychology was initiated in the USA, a highly individualised society. Happiness is more difficult to manage, while wellbeing is much more dependent on individual efforts, skills, and actions. People want to take their lives, destiny, and happiness into their own hands. There is nothing strange or wrong with this. However, a side effect of the modern manner of defining happiness-wellbeing consists in a very strong shift of the emphasis towards individual merit and responsibility. The typical assumption for individualistic culture applies – if you cannot achieve wellbeing, it is solely your personal problem and your "fault". Sonja Lyubomirsky, citing the results of

[2] Luck and happiness are the same word in Polish (transl. note).
[3] Luck (transl. note).
[4] Happiness (transl. note).

a number of studies, claimes that the human sense of happiness is genetically determined in approx. 50%, depends on life circumstances in approx. 10%, and is the result of our deliberate actions in approx. 40% (2011: 32). So, contrary to the strongly individualistic narratives concerning wellbeing, the influence of the individual on the possibility of achieving happiness is nevertheless limited. Individual efforts are very important, but genetic factors, social factors and external circumstances also come into play. However, in contemporary conceptions of wellbeing, this message is fading.

As already mentioned, wellbeing is understood differently by different authors. Apart from relatively simple hedonistic ideas that focus on experiencing positive emotions and a positive assessment of one's own life (Ilska, Kołodziej-Zaleska 2018: 157–158), there are also more complex models that take into account more dimensions of wellbeing, including the meaning of life or good interpersonal relationships (Ryff 1989; Seligman 2011). An overview of selected concepts can be found in the Polish literature concerning positive psychology or happiness psychology (Czapiński 2004; Czerw 2017; Ilska, Kołodziej-Zaleska 2018). When attempting to categorise various accounts of wellbeing, researchers usually divide them into hedonistic or eudaimonistic concepts. Hedonistic wellbeing means experiencing positive emotions that outweigh the negative ones as well as a positive outlook on life. Whereas eudaimonic wellbeing refers to experiencing one's life as meaningful or valuable (Czerw 2017: 20).

It is also worth noting that some psychological concepts consider the social factor of wellbeing, which consists in positive relationships with close people (family, friends, life partner). This vision is presented by Carol Ryff (1989) when talking about psychological wellbeing. Ryff lists six dimensions of wellbeing: self-acceptance, positive relationships with others, autonomy, life purpose, and mastery of the environment. Also, Martin Seligman (2011), in his five-factor model of wellbeing known by the acronym PERMA, points out that positive relationships are one of the five dimensions of wellbeing, along with positive emotions, engagement, sense of purpose, and achievement. David Myers or Barbara Fredrickson also point to the particular significance of positive relationships and social support in the context of positive psychology and wellbeing. Myers (2004: 205–206) believes that social ties in the evolutionary process increased the chances of human survival, developing them was adaptive and, furthermore, the need to belong to a group provides us with a sense of meaning. Whereas, Fredrickson (2001: 224), in her Broaden-and-Build Theory, argues that positive emotions work in favour of broadening one's repertoire of thinking and acting, resulting in a drive for individual development and acquiring social connections, through which in turn support and a better quality of life can be obtained.

However, despite the above examples, the socio-systemic dimension and context of wellbeing tends to be marginalised in psychological concepts, especially in colloquial and business narratives. As already mentioned, individualist and neoliberal discourses have a strong influence on the definition of wellbeing. They present wellbeing as a sphere of activity and responsibility for an individual, who is interpreted as a completely autonomous subject, independent of the social-institutional context.

Another manifestation of the individualisation and commercialisation of wellbeing consists in a trend I call the commercialisation of wellbeing. It is often the case in business discourses that put forward so-called financial wellbeing (Cox et al. 2009; Deloitte 2021: 3; Ilków 2019: 42). On the one hand, it is impossible to deny the role of money in our lives, which not only facilitates daily life, but also provides an important sense of security, prestige, and self-esteem. However, talking about **financial wellbeing** brings the concept closer to the idea of welfare. Nevertheless, many studies show that the relationship between money and a sense of happiness is relatively strong for people with low incomes (Diener, Seligman 2004: 5). After achieving a certain income, the sense of wellbeing stabilises. As shown by analyses carried out by Ed Diener and Martin Seligman (2004: 3), despite a threefold increase in the value of GDP per person in the US and other developed countries during the 20th century, life satisfaction has remained constant. Moreover, some indicators, related to mental health, have deteriorated significantly. Seligman (2004: 23) even speaks of an "epidemic of depression". Therefore, emphasising the so-called financial wellbeing as a separate determinant of happiness is simplistic.

Moreover, it is worth noting another important aspect of the social shaping of the concept of wellbeing. In some HR industry discourses and reports, wellbeing is beginning to be largely equated with employee benefits (Activy 2020; Enter The Code 2022). This way an impression that wellbeing in organisations concerns primarily offering employees a wide range of attractive benefits or **corporate wellness** services, is created. This is another economic oversimplification that identifies employee wellbeing with the bidding of employer-provided benefits. This ignores the impact on wellbeing and employee motivation of non-economic factors such as work content, autonomy, intrinsic motivation, management style, or interpersonal relationships (see e.g. self-determination theory – Ryan, Deci 2000).

Holistic wellbeing

This paper does not seek to question the intrinsic sources of a sense of wellbeing or to diminish the role of the individual in helping oneself to be happy.

Individual efforts, optimism, a positive attitude, skills, and activity play a key role. These can be described as conditions necessary for health and wellbeing, but in many situations these are not sufficient conditions for achieving ambitious goals, as our lives and wellbeing also depend on external and social factors. Wellbeing is a process conditioned strongly in social terms and not just individually. As noted by Diener and Seligman (2004: 4–5), analysing statistical data from a number of countries, the sense of happiness in a developed society that has reached some satisfactory level of GDP *per capita* depends to a large extent on the quality of governance, stable and well-functioning political and social institutions, public trust and low corruption. Viewed from a sociological perspective, it is therefore impossible to say that an individual – acting, for example, as an employee – is solely responsible for his or her wellbeing, because health and wellbeing are a "private business" of that person. An individual-worker, individual-patient, individual-citizen, individual-family member constitutes part of a broader social context that also affects their wellbeing. Due to the limited volume of this paper, this issue will only be outlined, but at a time when the notion of wellbeing is gaining ground in psychological and business discourses, it is important to contrast extreme individualistic and commercial narratives with sociological and institutional concepts of holistic wellbeing. In saying so, I am referring to models that go beyond the notion of subjective wellbeing and present holistic wellbeing as the result of human interaction with the environment. In such a systemic approach, the holistic wellbeing of an individual depends not only on individual efforts, but also on the influence of the environment in which that person lives. The case is similar in terms of employee wellbeing, which is the result – not only of the employee's individual efforts, but also of the organisation's efforts to shape the organisational context accordingly, including the organisational culture, atmosphere, management style, work organisation, and remuneration system. The model of holistic wellbeing is shown in Figure 1. The notion of context can be understood broadly as a setting shaped by social, organisational, situational or family factors. The key element in this model is to acknowledge that the context is largely independent from individuals and their activities. Thus, a destructive and toxic social or organisational context can lead to a great loss in individual holistic wellbeing, irrespective of individual efforts.

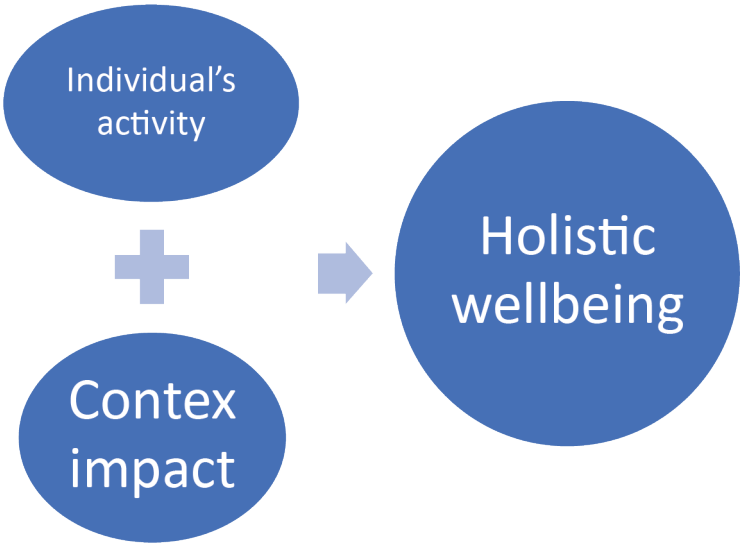

Figure 1. Holistic wellbeing as a result of the individual's activity and the impact of the situational or organisational context

Source: own elaboration.

The above comments relate not only to wellbeing, but also to the issue of health. Also in this case we can talk about the impact of environment and social context on human health. From a sociological perspective, concepts such as social support or social capital point to the important role of other people in human functioning and maintaining health (see e.g. Nowakowski 2004; Erenkfeit 2010). However, the impact of the social context is much broader, as it also involves institutional arrangements. In the area of health, this will include, for example, the healthcare system, the quality of public services, the legal system, etc. Whereas, in the context of work and employee wellbeing the institutional dimension will include, *inter alia*, compliance with health and safety principles, organisational culture, management and employee motivation systems, as well as work organisation and working time.

Finally, it is worth noting one more phenomenon that puts the narrative of individualistic self-sufficiency of an individual in the sphere of health or wellbeing in a problematic light. Namely the increasingly widespread self-help counselling. This is signalled by, for example, Giddens who says that a doctor, counsellor, or therapist constitute an inseparable element of the "expert systems of modernity" (2001: 27). Currently, the system is moving towards de-formalisation and various kinds of "expert knowledge" of youtubers or five-minute "advisors" on TikTok. Millions of people derive their knowledge or apparent knowledge from this advice and shape their views and attitudes based on this, including in the sphere of health

or wellbeing. *De facto*, it appears that many people are dependent on this system of colloquial knowledge, not to mention the dependence on professional therapists. Therefore, paradoxically, it turns out that a seemingly autonomous individual – in order to achieve wellbeing or health – needs considerable external support in the form of coaching, counselling and knowledge provided by experts, therapists, nutritionists, specialised apps, etc. So, an independent individual is like Baron Münchhausen, who was supposed to get out of the swamp by pulling on his own braid. However, in practice, it turns out that Münchhausen needs substantial help to solve his problems and achieve wellbeing.

Summary: Health and wellbeing in a socio-organisational context

The presented analysis of factors determining health and wellbeing draws attention to the cultural process of constructing these phenomena in an individualistic and commercial direction. In accordance with the constructionist perspective, it was assumed that health and wellbeing constitute phenomena that are significantly influenced by the process of social interpretation. In addition to the objective biomedical aspect, the problem of health and wellbeing includes also an important socio-cultural dimension, including a discursive one. When we talk about health and wellbeing, we construct knowledge that, in line with Giddens' concept of reflexivity, has an impact on changing our views, attitudes, and behaviour. This process can also be explained by referring to Foucault's category of a dispositif. That is because, it is possible to state that modern neoliberal capitalism creates a system of discourses, practices, knowledge, and institutions that construct the subtle web of power in which modern people operate. This power takes advantage of, for example, strategies of individualisation, responsibilisation, and commercialisation in relation to various dimensions of life, including health and wellbeing. According to the cultural imperative created in the 21st century, an individual and his or her condition constitute solely the "product" of his or her own actions and is fully responsible for this. In this way, we are taught to take responsibility for ourselves, while institutions such as the state or organisations and corporations are largely absolved of this responsibility. Moreover, commercialisation allows the market and private companies to develop niches from which the state is withdrawing, including in the areas of healthcare, education, or wellbeing. This process is progressing and individuals more and more often have to rely on themselves to find their way in a changing reality. Thus, the strategies of commercialisation and individualisation are interlinked and furthermore mutually reinforcing. The process of individualisation and commercialisation of health and wellbeing in the modern world can be perceived as part of a neoliberal power strategy shaping

the human being as an autonomous individual with complete responsibility for his or her life, including aspects that the individual has not chosen (e.g. genes, family and social class, or environmental quality). This strategy includes strong motivational power when the individual is healthy, fit, and successful (I owe it all to myself as **a self-made man**). However, for people who, for a variety of reasons – not always self-inflicted – are struggling with health and existential problems, the individualisation strategy contributes to negative phenomena such as self-blame, depression, alienation, and loneliness.

Given these considerations, it is important to note that we need a more holistic approach to health and wellbeing that takes more account of the impact of socio-cultural and institutional factors. We should not look at these phenomena solely through the prism of an individual and its actions. A much more holistic approach to health and wellbeing, closer to the concept of the socio-ecological model of health, is required. A person can strive for health on his or her own, but in an unfavourable circumstances, in a degraded environment, facing an inefficient public health service, in a situation of working in a toxic organisation, the individual will not have the conditions contributing to health and wellbeing. Looking from a perspective beyond narrowly conceived individualisation and commercialisation, the phenomena of emphasising organisational and Corporate Social Responsibility (CSR), or responsibility within the framework of ESG (Environmental, Social Responsibility, Governance) activities should be regarded as highly beneficial. These initiatives can also include health or wellbeing activities. Organizations – whether large corporations or small companies, but also non-commercial institutions such as schools, universities, or government departments – share responsibility for the world we live in and creating conditions in favour of health and wellbeing.

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