

The Institutional Promotion of Happiness: Proposals, Perspectives, Problems

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Abstract

The article analyses some institutional actions for the promotion of happiness and wellbeing, starting from the well-established Gross Happiness Index of Bhutan. Typically, in philosophy and in psychology, there are two different conceptions of happiness: one connected to emotions and the other related to the appraisal of one's life (this one can also be split in two parts). An institutional policy would be more effective whether this distinction is clear. In the last decades, a specific notion of happiness has become dominant, the one called "Positive Psychology". For this cultural orientation, happiness is largely related to individual performance and to cognitive and behavioral mechanisms – in line with the features of neoliberalism. This perspective is far away from happiness as a consequence of social justice. Moreover, different cultures emphasize dimensions of happiness not always consistent with institutional interventions.

Keywords: happiness, wellbeing, positive psychology, psychopharmacology, Bhutan, medicalization

Riassunto. La promozione istituzionale della felicità: proposte, prospettive, problemi

L'articolo prende in esame alcuni esempi di interventi istituzionali a favore del benessere e della felicità per mostrarne punti deboli e punti di forza, a cominciare dalla famosa elaborazione del Gross Happiness Index del Bhutan. Inoltre, viene mostrato come, in psicologia e in filosofia, vi siano almeno due accezioni di felicità, intrecciate tra loro: una legata all'emozione e una legata alla soddisfazione per la propria vita (quest'ultima a sua volta viene distinta in due dimensioni). Di conseguenza, è importante che vi sia una certa consapevolezza istituzionale rispetto a quale tipo di felicità indirizzare i propri interventi. In questo contesto, va preso in considerazione che il paradigma dominante di felicità che è emerso negli ultimi decenni è quello della psicologia positiva. Per questo orientamento culturale, la felicità è per lo più legata alla performance individuale e a meccanismi di tipo cognitivo-comportamentale, in linea con le richieste del neoliberismo e paradossalmente distanti da un'idea di felicità legata alla giustizia sociale. Nel testo, inoltre, viene mostrato come differenti culture enfatizzano differenti approcci alla ricerca della felicità, non sempre in linea con la possibilità di interventi istituzionali.

Parole chiave: felicità, benessere, psicologia positiva, psicofarmacologia, Bhutan, medicalizzazione

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1. Introduction

Should political institutions promote the happiness of people? If the answer is yes, what steps should be taken? Or is happiness today a too ambitious goal? Or worse, could it be considered merely "political cosmetics"? This text attempts to answer these questions by revisiting the established and authoritative discussion on happiness that dates back to the

¹ This article is the result of the combined work by the two authors. However, Antonio Maturo wrote the *Introduction* and the section *Happiness and Cosmetic Psychopharmacology*, while Francesca Setiffi wrote all the rest.

philosophers of ancient Greece. According to this perspective, there are primarily two notions of happiness: an emotional one, linked to transient enjoyment, and an evaluative one, linked to the practice of a virtuous life. This dichotomy has perpetuated itself in various forms up to the present day, with a predominance, probably, of the immediate aspect of gratification. Indeed, it may not be a coincidence that since the late 1990s, the positive psychology movement – or the Science of Happiness – has grown. This trend, now mainstream, teaches us to live optimistically and to learn to appreciate what we have, enjoying the present – trivializing it. Additionally, there is a certain historical-cultural consistency in the shift that began in the 1980s in psychiatry. Since then, psychiatry has become much more attentive to symptoms and behaviors rather than the deep causes of discomfort. It is also no coincidence that numerous pharmacological solutions to medicalize sadness have emerged. In short, positive psychology and medicalization are coherent drives and phenomena in the performance-driven neoliberal society. Nevertheless, there have been very serious attempts to institutionalize the promotion of happiness, of which probably the effort by the state of Bhutan, with its Gross Domestic Happiness instead of Gross Domestic Product (GDP), is the most famous example. Following this lead, we propose to continue integrating the promotion of happiness into policies, although updated, since today the politics of happiness must deal with three “epochal” shifts: the demographic-epidemiological change, the need for sustainability, and the digital era.

2. Cultural dimensions and factors of happiness

According to Argyle (2001), happiness consists of three dimensions: subjective well-being, life satisfaction, and the absence of depression or anxiety. Subjective well-being coincides with the emotional aspect, or the sense of joy. Life satisfaction concerns the ability to enjoy or not certain socio-economic aspects that are, in theory, the basis of subjective well-being: socioeconomic status, family and social relationships, employment, and personal fulfillment. The absence of depression or anxiety is seen by Argyle as a

prerequisite for happiness. It might seem like a health condition we should take for granted; however, it is also true that today we live in a society of acceleration (Rosa, 2015) characterized by performance (Chicchi and Simone, 2017) where there seems to be almost a necessity to live in a perpetual state of anxiety and alertness (eu-stress). To optimize performance, we cannot have a Zen mindset. The performance society requires a certain level of anxiety and even some degree of guilt for not having done more. To synthesize the various dimensions of well-being and happiness, Steptoe (2015) proposes the following table:

Type	Description
Affective well-being (hedonism)	Experience of positive feelings such as happiness, joy, elation, vitality, pleasure, cheerfulness
Eudaimonic well-being	Evaluation of meaning and purpose in life, including flourishing, sense of autonomy, personal growth, environmental mastery, positive relations with others, and self-acceptance
Evaluative well-being	Appraisals of how satisfied people are with the quality of their life

Tab. 1 – Dimensions of Well-being and Happiness by Steptoe (2015, p. 341).

The distinction between hedonism and eudaimonia dates back to Aristotle's *Nicomachean Ethics*. Briefly, hedonism aligns with pleasure and immediate gratification, whereas eudaimonism pertains to life's purpose and thus deeper dimensions such as the development of personal virtues, a sense of autonomy, personal growth, and similar aspects. There is also the dimension of life satisfaction, which is obviously very subjective. However, another factor must be associated with these components: culture, or rather, cultures.

A now-classical study explored the foundations of subjective well-being in Western and Eastern cultures (Uchida, Norasakkunkit and Kitayama, 2004). According to the authors, depending on the culture, there are different meanings of happiness and thus different ways

to pursue happiness. For example, in American culture, the success and autonomy of individuals are seen as clear signs of success. Individual autonomy is central to American society; one might say, perhaps crudely, that happiness is thus seen as personal self-actualization. This worldview is perfectly consistent with the Protestant ethic that characterizes the birth of capitalism, in a Weberian sense. On the other hand, Uchida, Norasakkunkit and Kitayama (2004) always maintain that at the center of Eastern thought is the idea of interdependence. The importance of the individual stems from relationships with others. Thus, adhering to certain roles, social bonds, and fulfilling all the social expectations that realize interdependence become a priority. The social comes before the individual. For this reason, in the East, happiness «depends crucially on the realization of positive social relationships of which the self is part» and indeed «Personal happiness often damages social relationships» (Uchida, Norasakkunkit and Kitayama, 2004, p. 226). Clearly, these are simplifications bordering on the crude. Moreover, in the early 2000s, the process of globalization was not yet so advanced, and the hybridization of cultures was less evident. Nonetheless, research like this provides us with important insights into the cultural aspects of happiness.

The social factors connected to happiness are numerous, however, there is one area on which the outcomes of almost all research on the subject converge: happiness is linked to sociability. Loneliness is at the root of many mental disorders, such as depression and addictions like alcoholism. It is also linked to numerous chronic diseases, such as cardiovascular diseases. All conditions that reduce mental well-being. Other factors linked to happiness are being employed and the type of work performed, having a romantic relationship, and health (Leung *et al.*, 2011).

An interview with the United States Surgeon General, Vivek Murthy, had a global echo, in which he declared: «Loneliness is worse for health than smoking 15 cigarettes a day» – echoing a well-known study. Conversely, people with an intense social life and at least five close friends, psychologists say, are 50% more likely to declare themselves “very happy” (Murthy, 2023) compared to those who are more socially isolated (Gilbert, 2006). In the field of psychology, optimism, self-esteem, and a sense of control over one’s life are also

mentioned as correlates of happiness (Myers and Diener, 1995). In a more sociological context, many studies have highlighted how happiness is connected to social relationships and social capital. Following Coleman's (1988) perspective on social capital, numerous studies have demonstrated that at the individual level there is a direct relationship between social trust and happiness; social relationships and happiness; a sense of belonging to a community and happiness (Leung *et al.*, 2011).

Other factors that condition the well-being and happiness of a person include socio-economic status, educational level, the presence of a stable emotional bond, exposure to stress, and also personality type and genetics (Steptoe, 2019). These are factors that in some cases are interdependent and overlapping, whose contribution varies enormously depending on social contexts and historical periods.

Happiness, however, does not appear to be directly proportional to wealth. Rather, as income increases, the happiness of the "newly rich" grows but only for a certain period of time. Then it stabilizes and even, over time, decreases. This is the so-called "Easterlin paradox", named after the economist who proposed it in 1974 (Easterlin, 1974). The reason that "money does not bring happiness" is related to social comparison. Put simply, after a while of being rich, one gets used to the situation. New standards become the norm. Moreover, one compares oneself to similar or even richer people, and this can lead to frustration if one is unable to compete socially with the new reference groups. This is the famous saying «Keeping up with the Joneses», which indicates keeping pace with what neighbors do (and buy). The Easterlin paradox does not only apply only to individuals but also to states and concerns the fact that in richer states it is not certain that people are happier than those living in poorer states.

3. Positive Psychology

The birth of positive psychology is attributed to Martin Seligman (1999). In 1998, Seligman launched his presidency of the American Psychological Association with a

“revolutionary” speech. Seligman noted that psychology, especially with the advent of the Veterans Administration and the National Institute of Mental Health, both established after World War II, had developed only in a curative sense. At the heart of psychology were the “disease model” and “illness ideology” (Seligman, 1999). It was time for psychology to reclaim the other two functions that had characterized it from its inception. Alongside healing, methods needed to be found to help people live more productive and satisfying lives and to conceive an approach to “nurture” this existential orientation. In short, there was a need for positive psychology. The full theorization of positive psychology is credited to Seligman and Csikszentmihalyi (2000). Seligman and Csikszentmihalyi (2000) provide a rather elaborate definition of positive psychology:

The field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic (Seligman and Csikszentmihalyi, 2000, p. 5).

Gable and Haidt further synthesize: «Positive psychology is the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions» (Gable and Haidt, 2005, p. 104). However, there are other definitions, as reported by Burr and Dick (2022, p. 151), which speak of positive psychology as synonymous with “resilience”, “self-actualization”, or even “what makes life worth living”. Thus, it becomes clear that: «The aim of positive psychology is to begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities» (Seligman and Csikszentmihalyi, 2000, p. 5). Indeed, positive psychology was soon also defined as «the new science of happiness» (Miller, 2009).

From a more pragmatic and concrete standpoint, positive psychology underpins all those

approaches characterized by the pursuit of individual well-being such as self-building, some counseling activities, mindfulness, and even a certain approach to wellness (Maturò and Setiffi, 2022). These are therefore methodologies, often derived from cognitive-behavioral approaches, aimed at changing habits and patterns of thought with the central idea that the individual can radically change their life and strive towards personal success and happiness (Linley *et al.*, 2006).

Positive psychology does not only operate at the micro level; it also emphasizes the possibility that organizations, such as companies, can make the people who work there “flourish”. As Peterson writes: «Positive institutions facilitate the development and display of positive traits, which in turn facilitate positive subjective experiences» (Peterson, 2006, p. 20). It is no coincidence that research on the “positivity” of organizations seeks to capture the elements that can produce happiness during people’s (working) lives: «Positive organizational scholarship» which «puts emphasis on generative dynamics that make organizations, organizational units, and organizational members flourish and thrive» (Meyers *et al.*, 2013, p. 618). There is no doubt that today positive psychology is an established discipline. There are hundreds of volumes, including university textbooks. A scientific journal (*The Journal of Positive Psychology*), associations, and scientific societies, even international ones. There are university teachings, masters, and even dedicated degrees.

Van Zyl *et al.* (2024), based on a powerful and elaborate meta-analysis of the literature on positive psychology, identify six areas of weakness in this approach. Firstly, and it is the most recurring criticism, especially from a sociological perspective, positive psychology embodies a markedly neoliberal ideological orientation. Neoliberal anthropology conceives of the optimal functioning of the individual as an action freely and rationally chosen by the individual. Clearly, this “positive” (and positivistic) view denies any existence of socio-economic constraints and therefore does not take into account the social context or, even less, pay attention to the structural constraints to individual action.

Indeed, the second criticism is that positive psychology genuinely presents itself as a tool consistent with neoliberal anthropology, as it tends to “commercialize” positivity and to

stimulate individualism and consumerism. The third criticism is at an epistemological level. Positive psychology lacks a solid theory on which to base criteria that allow for approaching, examining, and conceptualizing positive psychological phenomena. The fourth criticism focuses on the methodological level. Positive psychology fails to operationalize its concepts adequately, which are moreover vaporous. The fifth criticism accuses positive psychology of being a “pseudo-science”, that is, of emphasizing the benefits it would bring and of overestimating its achievements. The sixth criticism charges positive psychology with making an artificial distinction between its vision of optimizing the individual and a supposed “negative” psychology.

As can be seen, psychology becomes the discipline most qualified to provide instructions on how to make oneself happy – paraphrasing a famous book by Paul Watzlawick – yet remains firmly anchored along an economically driven anthropological perspective. Put directly, positive psychology is perfectly functional to the social integration required by neoliberalism. Simultaneously, it should also be noted how other disciplines converge on this positive and productive vision of existence in which any potential dysfunctional ripple to the integration of the individual in the performance society must be neutralized. Unhappiness has come to be considered a disease.

4. Happiness and Cosmetic Psychopharmacology

At some point, sadness – or the flip side of happiness – became a disease. How did this happen? To answer this question, we must refer to the sociological theory of medicalization. Medicalization is the process through which aspects of life previously considered normal are seen as pathological, or “at risk”, or otherwise in need of medical intervention (Maturo, 2024). Alongside this definition, we can also speak of conceptual medicalization when biological or medical terms are used to describe a phenomenon previously framed through other paradigms. For example, advertising a food product for its health benefits. The two definitions, in any case, have numerous overlaps.

The medicalization of unhappiness began with the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the diagnostic manual of mental disorders curated by the American Psychiatric Association but used worldwide. The DSM indeed pushes for an increasingly broader pathologization of aspects of life previously considered normal. Moreover, the DSM makes a pharmacological solution more likely than psychotherapy: «There is no evidence that pharmaceutical companies played a role in the development of the diagnostic criteria of DSM-III, however, serendipitously, the new diagnostic model presented itself as ideally perfect for promoting the pharmacological treatment of the conditions outlined in it» (Horwitz and Wakefield, 2007, p. 182).

Incidentally, mental illness represents a very particular type of pathology at the nosological level. Most mental disorders, in fact, are diagnosed based on what the patient reports. There are no clinical tests that precisely indicate what mental illness a person might suffer from. To better describe this situation, a widely followed distinction in the sociology of health can be used: disease and illness. Both terms indicate pathology, but disease refers to the illness as defined by biomedicine, i.e., dysfunction or imbalance demonstrable through objective tests; illness refers to the suffering experienced by the patient due to the disease. In the case of mental illnesses, the disease is very often defined based on the story the person tells of their illness (or based on their observable behaviors). The diagnoses are therefore quite fluctuating. There is also a third type of expression to designate pathology. It's called sickness, or the illness for society (Maturo, 2024). Moreover, illness represents a very interesting case, as depending on the times and contexts, we can have different diseases. Consider homosexuality, which was only removed from the DSM in 1980. Or consider a certain degree of anxiety, which perhaps today in certain highly competitive work environments is seen as functional (eu-stress), as already mentioned (Maturo and Setiffi, 2022).

Horwitz and Wakefield (2007) demonstrate how the changes that occurred in the definition of depressive disorder in the DSM-III – as opposed to the previous edition, the DSM-II – constructed the scientific legitimacy of the shift from “normal” sadness to “pathological” sadness, or mild depression. The two authors conduct a thorough historical

excursus and describe how medical knowledge, since the times of Hippocrates, has distinguished sadness due to one or more causes and sadness without reason (melancholia). There are situations in which a certain amount of unhappiness is normal. Grief, periods of unemployment, separations are events that naturally cause unhappiness – it would be strange otherwise. Depressive disorder is spoken of when such a condition of unhappiness occurs without any apparent reason. The first type of condition has been defined as reactive depression, the second as endogenous depression (Horwitz and Wakefield, 2007). Crucially, for diagnosis, the connection with the person's life context, their social dynamics, and their occupational and family situation is essential. The diagnosis appears here deeply connected to the possible causes of depression, to its etiological aspects. With the DSM-III, the procedures through which the diagnosis is constructed change. Diagnoses are built through the quantification and duration of symptoms. This epistemological turn, which replaces etiology with symptomatology, has the effect of multiplying diagnoses. Equally important is the shift from a dichotomous idea of disease to a graded one, from a binary conception to an analog one. In other terms, we move from minimal sadness, basically normal, to maximum, pathological sadness. In between are various types of depression. In other words, we are no longer healthy or sick: the emphasis is placed on how sick we are. The DSM-V, subsequently, will also eliminate the last cause that “justified” the depressive state, namely grief. The assumption of this text, the DSM in its latest version, is that sadness should be fought regardless of the cause. We all have the right to pursue happiness (remember that the DSM originates within the American Psychiatric Association). Clearly, the most effective way to reduce symptoms is pharmacological treatment. Thus, it is assumed that the cause of sadness, or unhappiness, is primarily biological. There is no discussion of social determinants of health, loneliness, or unemployment, but of neurotransmitters and serotonin reuptake, of molecules and biochemical flows. Of neurohappiness, or, more often, of neuro-unhappiness.

5. Conclusions: Towards the Himalayas, but with Three Awarenesses

The Easterlin Paradox has cast doubt on some “dogmatic” assumptions of economics, such as the equivalence of GDP growth = increased well-being of people. Not coincidentally, this has led, more or less directly, to “institutional” research on people’s happiness. The most significant of these was the establishment of the prestigious Stiglitz-Sen-Fitoussi Commission, promoted by the French government in 2008. Two Nobel laureates in economics and a Legion of Honor recipient came together. In the report, GDP was not entirely disqualified, given the importance of combating inequalities to increase well-being. However, it was noted how much importance factors such as public health, education, and environmental balance have in increasing both social well-being and individual happiness.

However, institutionally, Bhutan is the most cited example regarding happiness. Indeed, Bhutan, this state nestled in the Himalayas, has, since 1972, supplemented the measurement of Gross Domestic Product (GDP) with the measurement of Gross National Happiness (GNH). The happiness index is the synthesis of calculations based on 33 indicators and 124 variables that refer to nine areas of interest (called domains): psychological well-being, health, use of time, education, multiculturalism, good governance, social vitality, biodiversity protection, and quality of life. Over the decades, Bhutan has not only implemented and refined this innovative policy tool but has also effectively increased the happiness of its citizens. In 2022, the GNH Index was at 0.781, an increase of 3.3% compared to 2015 when it was 0.756. Its value in 2010 was even lower: 0.7743. No significant correlation was found between high incomes and high levels of happiness (Ophi News, 2023)². The focus on happiness and well-being appears to be an institutionally rewarding choice. Many states, international organizations, and institutions, to varying degrees, have taken inspiration from Bhutan. It’s worth mentioning that the attention to structures that produce well-being, which are the basis of the GNH indicators, in some ways inhibits the “hedonic” choice of immediate and/or pharmacological gratification to stimulate instead a vision of well-being more linked to the “eudaimonic” dimension, that is, to the

² We have taken up the summary proposed by the Multidimensional Poverty Peer Network (Ophi News, 2023).

sense and meaning one wants to give to one's life trajectory and, using an outdated term, to the practice of virtue. However, appreciation for the path opened by Bhutan, in our view, requires three small "corrections". Since the 1970s, some social changes have occurred that need to be considered in the theorization of social well-being, its operational transformation, and also, ambitiously, in the realization of concrete conditions to actively promote it. The three "breakthroughs" that today ask us to rethink well-being are: the demographic-epidemiological change; the sustainability turn; the digital revolution.

Regarding the first point, the issue can be directly addressed. We live and will increasingly live in a world dominated by care. Especially in Italy, the aging rate is inexorably rising, and obviously, with old age, we coexist for many years with chronic diseases. Therefore, it is necessary to ask how to increase the well-being of sick people and those who care for them at home. Illness can no longer be equated solely with suffering and loss, although these dimensions are priority. Happiness can no longer be associated only with people in full health.

Moving to the second point. Although it has been discussed for decades, sustainability has become an imminent necessity, especially due to climate change. There is no global strategy that has been conceived to combat pollution and climate change. Indeed, it is for this reason that "sustainability", or the idea of balanced development capable of satisfying the needs of the present generation without compromising the opportunities of future generations to meet theirs (definition by the United Nations), has come to the forefront. In short, we must behave now, in the present, in a way that does not compromise the lives of people who will live in the future. This is an approach of intergenerational justice. In Italy, we have always done the opposite, for example, by expanding public debt on the shoulders of the newborn. But we are in good company if we think of the environmental disasters that have occurred in Russia as in the United States. As Roberta Paltrinieri wrote already in 2012, the necessity to pursue responsible happiness is now strongly emphasized.

The third awareness, or challenge, that needs to be considered for a new discourse on happiness is the digital. The issue is obviously complex. The digital offers enormous possibilities to increase one's well-being. Let's take the first challenge as an example: the

senilization of society. The digital offers seniors unprecedented opportunities for social connection and integration into the community. Digital literacy allows, if not to overcome, at least to significantly alleviate physical disabilities. Thus, the digital has the potential to increase and intensify the social networks of people who cannot leave home. And virtual reality can help them (virtually) escape their physical constraints for a walk in the woods. However, the risk of the digital must also be emphasized. There is concern that many people are more connected, but also more alone (Turkle, 2011). We have synaptic connections with others but not meaningful relationships. There is also the danger of losing contact with reality and struggling to distinguish between real and virtual. It is not always possible, for everyone, to navigate this “diagonal” life between online and offline, aptly called OnLife (Floridi, 2015). Digital, therefore, is a new dimension that must be addressed if policies for people’s well-being are to be planned. A dimension, as mentioned, that opens up to unforeseen possibilities and unexpected risks. A dimension, however, that is indispensable.

Building conditions for people to increase their happiness is therefore an action that institutions should pursue. Policies, however, must recognize that there are different conceptions of happiness depending on cultures and social contexts. Moreover, it should be remembered that, compared to the initial formulations of institutional interventions for happiness, at least three “breakthroughs” have occurred that require revising some assumptions taken for granted.

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