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Article

Wellbeing Competence

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Abstract: This article presents and analyzes the basic features of wellbeing competence. Following a procedural approach to wellbeing, I propose wellbeing competence as a significant object of focus in the philosophical debate on wellbeing. Instead of being concerned one-sidedly with abstract ideals and explicit, theoretical knowledge about what constitutes wellbeing, wellbeing competence is the ability to handle the concrete process of living well and helping others live well in a generally qualified way. This article presents a theory that considers wellbeing competence a complex form of knowing how. Further, it outlines central aspects and components of wellbeing competence. I suggest four components to play central functional roles in wellbeing competence when supplementing each other: empathy, emotional awareness, flexible perspective, and metacognition.

Keywords: wellbeing competence; wellbeing theory; knowing how; procedural approach to wellbeing; empathy; emotional awareness; flexible perspective; metacognition

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1. The Notion of Wellbeing Competence in the Current Wellbeing Debate

Wellbeing has long been a fundamental concept in practical philosophy, both as a notion of an individual's non-instrumental value [1] and as a reason-giving factor significant in ethics [2,3]. Typically, the philosophical debate on wellbeing focuses on analyzing what constitutes wellbeing as an end-goal for our actions. The debate centers on whether one can account for wellbeing in terms of subjective states, e.g., hedonic or other kinds of experiential states [4–6] or the satisfaction of an individual's (informed) desires [7,8], or whether wellbeing is constituted by a list of objective goods such as knowledge, virtues, or certain capabilities [9,10], or perhaps a hybrid of subjective and objective properties [11,12]. One can apply such wellbeing theories to practice by identifying the determinants that constitute wellbeing in a given practical context, e.g., in a healthcare context, and then provide an account of which empirical conditions create, sustain, or stand in the way of these wellbeing-constitutive factors. However, focusing on the optimal goal of wellbeing promotion leaves many stones unturned in the philosophy of wellbeing. This article introduces wellbeing competence as an alternative analytical object of focus to the traditional goal-oriented approaches to the philosophy of wellbeing. One motivating reason for this shift in perspective is that it can be difficult for practitioners to apply theories that do not always take the messy real-world conditions into account but rather outline very abstract, perhaps even perfectionist, theories of what one ought to strive for in idealized circumstances abstracted from typical contingent conditions. Applying philosophical wellbeing theory, one may stipulate a substantive definition of wellbeing and leave the more practical concerns to empirical work. However, this does not solve the application problem but rather begs the question of why one should apply a given substantial definition. Moreover, this approach neglects a range of philosophical questions concerning what it takes to bring about wellbeing, e.g., the question that I want to address in the following: what are the fundamental epistemic and functional elements of the real-world process of promoting wellbeing, considering the first-personal perspectives of the participants involved?

Another concern about the traditional approach in the philosophy of wellbeing is that it is questionable whether wellbeing is reducible to accumulated elements of some abstract good(s). Holistic theories of wellbeing emphasize that wellbeing cannot be understood

"additively", meaning that the prudential, wellbeing-constitutive, value of "momentary" states or goods, whichever way we substantially understand wellbeing, depends for a person on the broader temporal context in which they are embedded, what Velleman calls the "narrative" or "dramatic" structure of events [13,14]. An event or a lifespan that ends well, for example, can be argued to be better than an event or lifespan that ends badly, even if the accumulation of wellbeing-constitutive elements is the same [13,15]. Recently, proceduralist approaches to wellbeing have also gained ground in the philosophy of wellbeing [3,16], emphasizing that instead of only focusing on what to promote, we need to analyze the process of promoting wellbeing itself. Klausen [3] (p. 2) stresses the need for procedural knowledge of how wellbeing is promoted, taking such knowledge to include an "awareness of how the actions might affect the wellbeing of others" and further emphasizes the need for "more than general knowledge of the nature and constituents of wellbeing" It can be argued that there is a tight connection between holism and proceduralism about wellbeing. If one takes temporal structural contexts to be co-constitutive of persons' wellbeing, it follows that we must take the temporal process into account to understand and to promote their wellbeing. However, conversely, a proceduralist approach to wellbeing does not in itself necessitate that wellbeing holism must be true. Tiberius exemplifies a proceduralist approach that does not seem to commit itself to holism about wellbeing [16]. In this article, I follow proceduralism in sidelining the issue of what precisely constitutes wellbeing as an abstract goal and making the process of handling wellbeing the central object of analysis. This article outlines a sketch of a proceduralist theory of wellbeing competence. It is relevant to practical philosophy in its own right to analyze, as I do here, the basic aspects of what it means and takes to promote others' wellbeing in various real-life processes, where people's concrete interests must be prioritized and managed over time under changing circumstances. The article expands on the ideas put forward by Tiberius [16,17] and Klausen [3,18] of the significance of procedural knowledge about how wellbeing is handled and promoted in a qualified way in practical contexts by making explicit main epistemic features that constitute such competence. Tiberius [17] analyzes how to handle others' wellbeing in the context of being a good friend and bases the theory on her value-fulfillment theory of wellbeing. In contrast, I present a systematic account of the conditions for handling others' wellbeing in a qualified way per se, applicable to various social contexts, while of course acknowledging that there are always context-dependent and domain-specific factors further relevant to promoting wellbeing. Moreover, I present an account that does not presuppose a particular theory of wellbeing but is consistent with a range of wellbeing-constitutive factors. A theory of this kind cannot avoid making some minimal assumptions about wellbeing-constitutive features in given situations (see Section 2) but deliberately remains open to a plurality of such features. This approach to wellbeing research fits well with holism about wellbeing but remains as such agnostic about this question. Further, it is consistent with various hybrid theories of wellbeing and compatible with typical contemporary subjective and objectivist theories of wellbeing, a point to which I return.

2. Basic Characteristics of Wellbeing Competence

It is a neglected question in practical philosophy how individuals and groups can actually manage and promote wellbeing and not least help each other to do so, and the notion of wellbeing competence is philosophically under-developed. The other-regarding focus distinguishes the notion from individualized understandings of prudential rationality. It has been applied to a small degree in education theory in the context of promoting student wellbeing [19], and one can argue that it is affiliated with contemporary accounts of practical wisdom [20–22] as well as ethics of care [23] and theories of ethical sensitivity [24,25]. Handling the wellbeing of others is closely linked to ideas of practical reason and sensibility that include and relate to ethical competence and notions that include ethical competence. However, wellbeing competence should not be confused with notions such as ethical competence, ethical sensibility, or practical wisdom. Although these are arguably closely related

to wellbeing competence, there are several reasons why they need to be distinguished. Perhaps most fundamentally, it is highly questionable whether wellbeing competence always implies ethical competence and vice versa. Although promoting the wellbeing of others is often part of acting ethically [2,3,26], many ethicists, deontologists in particular, would argue that we cannot reduce ethical reasons to wellbeing-promotion. Moreover, even if we could, there is a difference between an abstract consequentialist ethical standard of optimizing wellbeing and the competent ability to help concrete other people live well. Ethics may require wellbeing competence, but it hardly does so by necessity in all contexts.

Another reason wellbeing competence is irreducible to acting according to ethical standards is that the ability to help concrete others live well may involve actions that would not usually be considered part of the ethical domain. Ethics is often understood, implicitly or explicitly, as demanding categorical or decisive reasons for action [27,28]. This feature of ethics cannot be said of wellbeing competence since one can be competent at helping others without being able to do it optimally and without acting according to moral reasons. This feature is parallel to various ordinary competencies: one can be competent at swimming, communicating, or teaching without necessarily being able to do these things optimally or perfectly. Thus, there seems to be an inherent non-perfectionism in the notion of wellbeing competence, since to be competent includes being able to do something to a sufficiently qualified degree, i.e., not necessarily perfectly, and not necessarily in accordance with what can be justified in an ethical perspective. The analysis of wellbeing competence thus also contrasts practical expertise approaches to ethics understood as analyses of how individuals' personal properties can approximate perfectionist goals [29–31].

An underexplored topic in wellbeing theory is the interaction between factors in concrete wellbeing-promoting practices. For instance, most theories point to various factors significant to wellbeing but treat them separately. One can perhaps recognize and account for the fact that factors such as self-determination, self-efficacy, and good physical health are vital for a person's wellbeing, but what does it take to actually promote wellbeing in a person who happily makes what seems to be an informed decision to live in a way detrimental to their health? What does it take to know how to prioritize between such normative factors in a real-world situation? Being able to actually deal with value conflicts and (apparent) dilemmas significant to wellbeing in a qualified way is part of wellbeing competence.

Furthermore, wellbeing competence also concerns being able to continuously monitor and adjust one's attitudes and actions in the face of changing circumstances and epistemic uncertainty. In handling the wellbeing of others, we are never ideally informed—about the actual experiences, desires, wants, and interests of others, the consequences of our actions, or other relevant circumstances. Moreover, the conditions for promoting wellbeing are constantly changing in real life. The competent handling of factors constitutive of wellbeing thus includes adeptly coping with the non-ideal conditions. This includes making compromises and (sometimes hard) prioritizations, dealing competently with tragedy and unforeseen consequences, and seizing new opportunities when they present themselves. Situations can change for the better or worse, and wellbeing competence is also about seeing and seizing opportunities when they arise and facing problems as they come. When we take the real-life process of promoting wellbeing seriously as a philosophical topic in its own right, we cannot ignore typical constraints and conditions in the concrete, socially and temporally structured world. We must analyze typical dynamics and means for promoting wellbeing in complicated real-life processes. The wellbeing-competent person pays continuous attention to conditions of wellbeing that must be continuously handled and orientations of action and attitudes that must be continuously adjusted in relation to this attention. A wellbeing-competent person is typically mindful and sensitive to, and able to appropriately handle the actualization, prevention, and preservation of, factors that constitute, cause, or prevent the wellbeing of other people in a given social context.

Wellbeing competence is highly relevant in any social context where caring for others is integral. Thus, the notion is significant in, e.g., healthcare philosophy, where it has

not been developed. The broader scope of the theory makes it relevant and applicable to professions that have the handling of others' wellbeing embedded in their professional work, such as education and healthcare. The significance to the care professional context is evident since, in healthcare, concern for others' wellbeing in concrete practical contexts is not just an "external" ethical requirement—caring for others is part of the professional duty itself, and professional care seems to presuppose a level of wellbeing competence.

My proposal is that wellbeing competence amounts to a form of knowing how [32,33]. This distinguishes wellbeing competence from theoretical and explicit knowledge. Wellbeing competence is the property of knowing how to promote wellbeing in a way that not only includes one's own wellbeing, but first and foremost the wellbeing of concrete others. The dynamics of focusing on one's own wellbeing or that of others is an important topic in its own right, since promoting others' wellbeing may often include or presuppose promoting one's own. However, this is beyond the scope of this article, where I keep the main focus on other-regarding wellbeing. It is worth emphasizing that one should not over-intellectualize the nature of wellbeing competence. To account for wellbeing competence in terms of it being a form of knowing how is meant to emphasize that wellbeing competence often comes in the form of "simpler" kinds of sensitivity and awareness. Even intellectualists about knowing how that consider knowing how to necessarily involve, or be a sub-species of, knowing that would typically recognize specific practical modes of representation [34,35], and the main point here is that wellbeing competence often comes in the form of such inexplicit and practical forms of knowing. The nurse taking care of a patient can be tacitly aware of cues that she spontaneously interprets as signs of something being wrong with the patient. She knows how to properly treat the patient based on such tacit awareness, not necessarily an explicit thought about something being wrong or an explicit standard she knows about which she applies to the situation. She sometimes merely has a reliable sense that the patient is in need [36,37]. The teacher can communicate with the children in pre-school in comforting and trustworthy ways, not because she necessarily has explicit deliberations or thoughts about it, but because she, more or less tacitly, knows how to do so from practical experience. This point does not depend on whether wellbeing competence or know-how as such involves some practically represented propositional knowledge or not. The main point is that having distinct and explicit knowledge about what promotes wellbeing can be an important part of wellbeing competence but is not necessary in all circumstances. It is possible to know how to promote wellbeing without expressing this ability in explicit thoughts or to put it into words, just like it is possible to know how to ride a bicycle without expressing that knowing in explicit thoughts and words. This point also implies that being aware of wellbeing factors can come in the form of correct judgments and reflective deliberations but need not do so. In this respect, wellbeing competence also differs from ethics as typically understood as making explicit correct judgments and reflecting on practice [38]. Ethics has often been one-sidedly focused on the ability to judge correctly and be reflective, but simpler modes of representation, e.g., pre-reflective and tacit forms of attention, can sometimes be enough to promote wellbeing [39,40]. Thus, given that a form of awareness to wellbeing-significant factors is part of wellbeing competence, it is worth highlighting that being aware of such factors can come in many modes of awareness.

Understanding wellbeing competence in terms of a form of knowing how also fits well with the idea that one can be wellbeing-competent without having explicit propositional knowledge about what wellbeing precisely is. The competent nurse, the teacher, and the parent can competently promote the wellbeing of the persons they care for without explicitly knowing how to properly understand wellbeing as an abstract goal. On this premise, the lack of consensus about wellbeing as an end-goal does not strike as a severe problem for a proceduralist theory of wellbeing competence. Instead, we need to be open about what wellbeing is and can be, and wellbeing competence is compatible with several substantive theories of wellbeing, as already mentioned in the previous section. I minimally assume that certain mental states are crucial to wellbeing, such as positive and negative experiences, feelings, emotions, and moods. These may be closely related to

individuals' (informed) desires and hedonic experiences, but we can leave it open whether they necessarily are. Even contemporary objectivist theories will often be consistent with such mental states being crucial to wellbeing-promotion [41,42]. I focus here on wellbeing competence consistent with these minimal assumptions, while recognizing that more investigations about the relationship between wellbeing competence and different notions of wellbeing are ultimately needed. Notably, both things that actually instantiate or promote such mental states and things that enhance or worsen such mental states are relevant to wellbeing competence. This point makes a range of goods (contingently, but typically) relevant, such as close relationships, physical and mental health, social recognition, and autonomy, all widely recognized as vital to wellbeing.

3. Four Central Components of Wellbeing Competence and Their Interplay

Wellbeing competence is a complex form of knowing how that differs from mere behavioral dispositions and instinctive reflexes. To further analyze wellbeing competence, I want to suggest four constitutive components: empathy, emotional awareness, flexible perspective, and metacognition. I do not assume that these components constitute an exhaustive account of wellbeing competence, but I do consider them central and typical in most social contexts. I suggest understanding the components as dispositional properties co-constitutive of wellbeing competence due to their functional roles. However, this does not imply that we must hold them all to be logically necessary to wellbeing competence all the time. One can perhaps imagine a person knowing how to help others without having, e.g., empathy, although it would be highly unusual. Put differently, we can leave it open whether wellbeing competence is multiple realizable and not logically presupposing all the four components in all contexts. Nevertheless, in most situations, other-regarding wellbeing-promotion requires being empathically disposed to seeing things from others' perspectives, and the same point goes for the other components. Even though I distinguish them here, they typically overlap in real-life competent wellbeing practice. For example, empathy can come in the form of emotional awareness, and metacognition can serve as a component in empathy. However, the constituents are distinguishable by their different functions (to which I soon return) in how they serve to promote wellbeing competently.

As such, the notions are ideal types, but they refer to aspects of wellbeing competence—elements only understood adequately as structural parts of a whole; they interplay, and the degree of their involvement in the exercise of wellbeing competence depends on each other and the situation. For example, the degree of flexibility required in one's perspective depends on some of the inclinations generated by, for example, one's empathy and emotional awareness. I return to this point in the following descriptions of the components and their functional roles. Wellbeing competence is thus constituted in and through the appropriate interaction between these functions, an appropriateness contingent upon the circumstances and how well they allow for the components to promote wellbeing sufficiently. No one factor of wellbeing competence is fundamental; in fact, the dominance of one constituent at the expense of the others can sometimes stand in the way of wellbeing competence rather than constituting it, e.g., by creating narrowmindedness or bias. The absence of such interaction can sometimes "destabilize" wellbeing competence. I make these claims intelligible below by reconstructing prototypical epistemic functions and processes connected with the components and their interplay and by exemplifying the points.

3.1. Empathy

I understand empathy as the fundamental capacity to understand others' experiences [43–45]. Empathy enables a person to experience other sentient beings as experiencing subjects in the world. Through empathy, one can experience another person's first-personal experience [43], although this can never amount to a completely adequate representation. For instance, in a care context, empathy can consist of being aware of how facial or other bodily expressions express inner states relevant to the other person's wellbeing. Empathy has the basic function in wellbeing competence that it enables one to

understand wellbeing-significant factors related to the other person's point of view. For a teacher to understand how best to help an older child or young adult who is distressed, it is not always straightforward whether the person needs, for example, comforting care or time alone. With well-developed empathy, possibly supported by a good knowledge of the person, it becomes possible to approach an understanding of what really matters to the person and what significance he or she attaches to, for example, comfort or alone time. Another example could be the nurse who, by putting herself in her patient's shoes, manages to become aware of changes in the patient's condition that can have a crucial impact on their wellbeing. In general, experiencing the mental states of others is crucial in most care contexts. Various empirical studies (e.g., on mentalization) verify that empathy is in this way essential to qualified care practice, a point also highlighted in ethics of care [26,46].

The examples above demonstrate the epistemic function of empathy in wellbeing competence doing its work. They exemplify the point about empathy that to the empathic person, the immediate interests and what is experienced to be significant by the ones with whom the person empathizes are apprehended. The empathic ability to understand others' specific mental states has the function of letting the empathic person understand the significance and determinate content of people's experiences. This point connects well with the idea that empathy can be a source of understanding of others' emotional life combined with the view that feelings, emotions, and moods can be constitutive of, or at least play central roles in causing and apprehending, wellbeing [41,47]. Even from an objectivist's point of view, one could argue that seeing things from others' perspectives is crucial, e.g., to establishing trust and close relationships or fostering significant capabilities.

Empathy can be required to become sufficiently aware of various interests, but also wellbeing-relevant actual or potential conflicts of interest. For instance, empathic experience can provide indications to a care worker of what is experienced as imperative to the other person in a way that transcends established norms, beliefs, testimonies, and procedures. Such empathic awareness occurs prototypically in face-to-face encounters with others. Empathy does not always amount to an emotional form of other-regarding awareness, but it can come in the emotional forms of empathy, e.g., compassion. For example, suppose the established consensus in a primary school is that 11-year-old Peter is a difficult and outgoing boy who can only be handled with a strict and disciplining pedagogical approach. However, the new teacher, Anne, empathizes with the boy and sees something different: his outgoing behavior is an irrational expression of a more profound need for attention that he does not seem to get in other contexts. Anne cares for Peter by giving him this attention based on the information her empathy provides, taking her empathy with him seriously as a source of information and more or less silencing the established consensus about the boy in the way she treats him.

The experienced significance of the experiences of others through empathy can also arguably change one's self-relation in a way that is conducive to wellbeing competence. As phenomenologists have emphasized, empathic relations to others can "disturb", so to speak, one's bias of having primarily one's individual interests in mind [48]. As Sartre has phrased it, through encounters with others as experiencing subjects, one no longer experiences oneself as the center of the world [49]. Empathy thus makes a fundamental self-detachment possible: One can relate to oneself in a way that includes how one is seen from another person's point of view. Thereby, empathy also permits one's surroundings to be experienced as inherently social, which can explain why empathy and the crucial aim in much care practice of building trust as a social "glue" seem to go hand in hand [50].

From the point that empathy is central to wellbeing competence in many contexts does not follow that empathy is sufficient. The other components in the model must often supplement it. There are problems connected with one-sidedly focusing on empathy in handling others' wellbeing. Perhaps mainly in its more emotional forms, empathy tends to make one biased, and people are prone to be more empathic to beautiful persons, kind persons, persons they know, and with whom they identify [51,52]. Another problem is that empathy allows one to apprehend how another person feels but can sometimes be

an unreliable indicator of a person's overall wellbeing because there is a temporal life perspective to consider about which empathy alone cannot always inform. A person can be experiencing joy and happiness, yet in general be very anxious and prone to anger. An empathic relation to that person not supplemented by other relevant functions, notably metacognition of one's narrow perspectives or an expanded temporal horizon, may be prone to pick up on the happiness, but not that an anxious and angry person is not generally doing well. I further expand on this mutually complementary dynamic between the components of wellbeing competence in the following sections.

3.2. Emotional Awareness

The fact that emotions can come to dominate and distort our perspective and reasoning is widely acknowledged [53,54]. However, emotions can also serve the crucial function of becoming aware of wellbeing-significant value, as argued by various thinkers in philosophical ethics and value theory [55–57], in emotion theory [58,59], in phenomenology [40,60], and in appraisal theory in psychology [61]. The main point is this: for wellbeing competence, this function should not be neglected—when we have an intentional emotion, we are disposed to experience something to be either of positive value, negative value, or a complex of positive and negative value, and this experience can sometimes make us aware of what is significant to wellbeing. When a person feels happy about something, she experiences it as worthy of that happiness—she more or less tacitly evaluates it as being of positive value. When she feels indignation, in and through the emotion, she experiences something to be of negative value. In the emotion, a thing, a situation, an event, or action (etc.) is, more or less explicitly and distinctly (often implicitly and not very distinctly), represented as unfavorable in some sense, typically as wrong or unjust.

Indignation exemplifies that the care worker's emotions do not only have self-regarding values as part of their object; together with empathy, emotional awareness makes the experience of other-regarding wellbeing-significant values possible as well. Emotions such as guilt or pride are examples of mainly self-directed emotions that have negative and positive aspects of things as part of their object and for which the emotional person deems herself responsible. In contrast, indignation and compassion are typically other-regarding: they involve experiences of something negative occurring to another person or other persons. In this way, emotions can function as ways to become aware of things as significant and to matter to oneself or to others. This function makes emotions essential supplements to our intellectual and reflective forms of evaluating in real-life care practice. The more intellectual and reflective forms of awareness are relevant in many cases, but the conceptual distinctness and precision that comes with such ways of being aware of things can at times come at the expense of abstracting from essential contextual details [62], whereas emotional awareness can often provide a direct, non-inferential, and vivid experience of what wellbeing-significant factors are at play. Further, the higher-order forms of representation can be just as fallible as the simpler emotional forms: sometimes the latter correct the former or serve as vital prompts for second thoughts in reflective decision-making. Suppose that I take myself to be the kind of person that can keep calm and stay clear-headed in stressful situations. Nevertheless, I react very frustratedly and angrily when confronted with my friend's tragic life situation. He is being prevented from seeing his child because of a conflict with the mother, and I react by emotionally fixating on what I see as the mother's immoral behavior. My frustration and anger in this situation are potential sources of being aware of injustice, although they may also stand in the way of handling the situation appropriately. At the same time—and this is the main point here—they testify that my self-image may not be quite as correct as I have imagined. Our emotions can, in this way, be a source of correcting our beliefs about ourselves.

In addition to being modes of evaluation, many emotions further prompt the emotional person to pay extra attention to the object evaluated in the emotion [55]. In the case of positive emotions, this attentive function can be a source of appreciating the positive aspects of one's work. The educator, who feels joy about the children's joy as they play, experiences

how the play gives the children wellbeing. She becomes particularly aware of the wellbeing-promoting value of play for the children. At the same time, the educator's joy may also come to embody an awareness of the value of her own work as something that facilitates wellbeing. Thus, her delight in the children's joy becomes a means of experiencing her work as such as being valuable and meaningful.

Empathy and emotional awareness together contribute to vital information about wellbeing-promotion concerning what is significant to oneself and others. At the same time, they tend to narrow one's perspective. Sometimes, an affective response can narrow one's focus at the expense of other required perspectives, e.g., seeing things in a broader temporal perspective. The attention-shaping function of emotions can explain some of the fundamental problems sometimes connected with letting emotions dominate one's perspective, such as letting one's anger cloud one's judgment. This point is the main reason why a flexible perspective and metacognition need to supplement emotional awareness, a point to which I soon return (Section 3.3). Notably, the tendency of emotions to narrow one's focus is not always a problem. On the contrary, sometimes, it can amount to much-needed focused attention. A narrowed emotionally charged perspective can be crucial to wellbeing competence since it conditions the realization of factors that cause and constitute wellbeing. Narrowing one's perspective can, in some situations, be a condition for being aware of and handling certain kinds of factors constitutive, promoting, or in the way of wellbeing. To exemplify, building a trusting, wellbeing-promoting relationship with patients is often essential in healthcare, and the ability to be mindfully present in a way that draws on emotional connection can be central to this endeavor [63,64]. Being wellbeing-competent in any relationship where basic trust, kindness, and personal acquaintance is vital, the ability to stay present in the moment can draw on the narrowing of one's attention that certain other-directed emotions can prompt. For example, promoting wellbeing in a person with dementia requires personal trust, which can require a feel for establishing an emotional connection. As seen from the care worker's point of view, such a relationship relates to having personal experiences with the older adult and staying focused and present in their interaction, a presence difficult to establish from a completely emotionally detached perspective. All this being said, as already mentioned, a narrowed perspective easily occurs at the expense of the broader perspective and can be emotionally exhausting if emotional detachment never occurs. A flexible perspective must supplement empathy and emotional awareness.

3.3. The Flexible Perspective

A flexible perspective's role in wellbeing competence is to counter tendencies to focus one-sidedly and bring various wellbeing-significant factors to attention and take the reasons for acting that these factors provide into account. A flexible perspective enables a person to appropriately change her outlook [16]. Sometimes, there is a need for focused attention, such as the one an emotional awareness can often provide (cf., Section 3.2); sometimes, there are good reasons to see things from a different and perhaps broader perspective. A flexible perspective can appropriately change one's focus. This function pertains to changing one's temporal and spatial perspective appropriately in various ways in different contexts. Imprudently fixating on rigid principles, rules, regulations, perfectionist goals, and retaining stereotypical assumptions about what is good and right, can also be remedied by a flexible perspective. When appropriate, a flexible perspective enables a person to anticipate positive or negative consequences of various actions and likely scenarios and act reasonably upon this anticipation. It considers the broader temporal perspective, e.g., by prioritizing prudently and deciding what to do and how to use the given resources from the perspective of future needs and values. It considers various ideals and values and is ready to shift focus and prioritize given the practical circumstances—that are often changing. It pays attention to proximate goals and reflects on the ultimate goals when appropriate. It considers ideals and goals in light of the practical context of other values, given resources, and what is practically attainable, and is ready to continuously evaluate, change strategies,

and recontextualize situations and points of focus. If A, B, and C are all tasks to ideally accomplish in a workday, but time or other priorities make that goal practically impossible or irresponsible, the flexible perspective does not fixate upon the ideal, nor forgets it [65]. It is ready to look beyond the optimal and prioritize, maybe focus on getting A and B done, or perhaps reschedule and see things in a completely new way.

Suppose Mary helps her grandmother, Olivia, live well. Olivia has mild dementia. This implies that she can still express certain desires about how she would like to live, but her wishes are not always realistic and well-informed. It is not wellbeing-promoting simply to help Olivia realize all her desires and wants. On the other hand, it is hardly good for Olivia if Mary paternalistically takes control of her interests without attending to her expressed wishes at all. Instead, Mary must maintain some flexibility in her perspective as she helps her grandmother. She takes the time to have conversations with Olivia about what is good for her—and she is very intentional about helping Olivia see things from more angles than she is inclined to. Mary gently guides her grandmother without trumping her will. For example, Mary knows of Olivia that she will benefit greatly from participating in elderly activities, such as walks together in nature. However, ever since Olivia has had dementia, she has declined to participate in such events. On the surface, it might seem the most respectful thing to do is to take no for an answer, but Mary cannot ignore that Olivia has always taken great pleasure in being in nature and being social. However, because of her dementia, she has become overcautious when it comes to doing new things, and she has tended to get lonely. Mary thus looks beyond the immediate rule of thumb that respecting self-determination is solely a matter of tending to people's immediate wishes. Insisting on asking Olivia what she wants and complying with the answer could potentially go directly against what provides her with wellbeing. The alternative, however, is not pure paternalism. Mary helps Olivia see that it is in her best interests to go on the trip through a lengthy conversation. She helps Olivia widen her perspective. On the other hand, through their dialogue, Mary empathizes with Olivia and stays flexible in her perspective. She comes to see that part of Olivia's reluctance to participate is that she feels insecure in the company of strangers and that she is not sure that she has the physical strength for such an outing. Therefore, Mary makes sure that the trip feels safe for Olivia, for example, by walking with her and making sure that the trip is not too physically exhausting.

The point is that Mary stays flexible in her perspective of how to help Olivia: She respects her grandmother's self-determination and protects her sense of self-efficacy; however, she does not fixate on the value of autonomy at the expense of all other perspectives on factors that may promote wellbeing. Instead, through their dialogue, Mary facilitates a situation where she and Olivia work together to realize what is reasonably in Olivia's interest to do under the circumstances, which includes widening the perspective of possibilities and possible wellbeing-promoting factors in Olivia's life. Sometimes, such flexible perspective-taking, together with empathy and other components of wellbeing competence, may clash with a person's immediate wishes at a point in time. Helping others must be done with a flexible perspective, always ready to facilitate new possible factors that may influence persons' wellbeing. Additionally, it may require the wellbeing-competent person to change her own inclinations given new perspectives on the table. This requires metacognition.

3.4. Metacognition

As previously emphasized, helping others live well often involves the complex understanding of the other's mental state, which may come about through emotional awareness, empathy, and a flexible perspective. These components typically work in tandem with the metacognitive awareness of the wellbeing-competent person's own tendencies and ability to self-regulate accordingly. Metacognition is the capacity to monitor and regulate one's cognitions, understood in a broad sense of "cognition" [65]. The objects of metacognition can be one's thoughts or knowledge and feelings, behavioral and emotional tendencies, abilities, strengths, weaknesses, sense of agency, and personal identity, all factors often vital to promote wellbeing in concrete situations. The way one can be metacognitively aware

can also vary. Explicit forms of self-reflection and improvements of self-knowledge can be relevant in this connection, but inexplicit forms of monitoring can as well. The awareness can come in the form of detailed thoughts and nuanced, critical self-reflection, but also more simple forms of awareness, such as having a non-distinct but reliable sense of one's competencies or dispositions and what one can do given one's practical conditions. The self-regulation can come in the form of tacitly or deliberately changing perspectives, but also behavioral dispositions that establish or elicit self-regulation. Metacognition enables a person to be aware of different self-related properties likely to promote or stand in the way of realizing wellbeing. Metacognition supplements empathy and emotional awareness since, through metacognition, one can monitor one's tendencies to be narrowminded inherent in these capacities and one can regulate cognitions correspondingly. In this way, metacognition overlaps with and supports the flexible perspective: for one's perspective to be flexible, one needs to be able to monitor and regulate the mental states that facilitate these perspectives.

Emotion regulation is a good case in point. Many wellbeing-relevant forms of metacognition seem to be variants of emotion regulation. Suppose a social worker works with younger adults with social problems who are generally prone to anti-social behavior. Not unrealistically, the social worker may sometimes find it challenging to apprehend and accept the need for compassionate care when it pertains to adults who (perhaps because of socio-psychological issues) are very unhygienic, angry, insulting, hostile, or otherwise unpleasant. It may come most natural to us to prioritize compassionate care to those most pleasant to be around and sometimes react with inappropriate negative emotional responses when confronted with unpleasant persons. When met with a disagreeable person, a typical tendency may be to get disgusted, or, if the person is aggressive, to get angry or defensive, while what the person may in fact need is compassion and understanding. To be wellbeing-competent, the social worker must be in touch with her emotions in such a case. To react appropriately requires monitoring the social worker's own emotional responses and downregulating inappropriate negative emotions.

Emotion regulation should not be confused with the suppression of emotions. Instead, it is the active changing of the emotions appropriately, which requires awareness and acceptance of the emotions' existence or likelihood to be formed, not repression. It can amount to an up- and a down-regulation of the emotion's intensity. It can be the maintenance of an emotional response or a qualitative change of emotion [66] (p. 147). One strategy of emotional regulation is to focus on, or detach or abstract from, what triggers the emotional responses in the situation, something that one may actualize through reflection, but also simpler forms of awareness. Another typical form of detachment strategy is simply expressing one's feelings to other persons such as colleagues or friends, e.g., in cases of being frustrated about not knowing exactly how to help another person. Expressing emotions can elicit a sense of relief from the burden of experiencing negative emotions as something with which one is alone [67] and thereby downregulate them. The social worker monitors her negative reactions and emotional responses to her own expressive negative behavior when confronted by an unpleasant person with anti-social behavior. She focuses on what may be most appropriate, and even though she may acknowledge that an aggressive tone can sometimes be a fitting response to aggressive behavior, she mainly focuses on staying calm, and thereby likely to stay in control of her feelings in such situations. Another strategy is the metacognitive strategy of recontextualizing and reappraising the situation [61]. To regulate oneself appropriately when confronting a disagreeable person, one can try to look beyond the disagreeable and the potential conflict in the situation and "excuse" the person's behavior by acknowledging her irrationality and be very explicit about actively recognizing her as a respectable citizen in need of help. Thereby, she draws attention to the broader context and other aspects of the situation than those which prompt the inappropriate emotional response. Seeing things from a new perspective can prevent one from being caught up in the emotion, prompting one to re-evaluate the situation and thereby

downregulating the emotional response accordingly. Recontextualizing and reappraising thus also exemplify how the flexible perspective supports and overlaps with metacognition.

Metacognition's function in wellbeing competence is also to be aware of limitations and personal boundaries. The social worker may deal with what she experiences as insufficiencies in the social work that she is doing, e.g., not being able to help and being in proper contact with every adult she is supposed to help. Closely monitoring this tendency to be over-critical of herself, instead of beating herself up about it, she can focus on being patient in her work, reminding herself that the inadequacies need not be her fault and a flaw in her work and that today is just not the day to succeed. An awareness of one's personal boundaries, as well as one's natural limitations on what one can practically accomplish, can be crucial in wellbeing competence since the optimal solutions and ideal situations are rarely present.

A well-developed ability to monitor oneself has vital functions concerning self-regulation. It can also play a role in establishing a firm sense of agency and self-efficacy, which can be a vital part of establishing personal identity and wellbeing. A person with a weak ability to monitor herself can lack a sense of self-control and agency that works against promoting wellbeing. To formulate it in the first-person tense, when I have a sense of agency, I feel that what I am doing is something that *I* do as an acting subject. Of course, there is a sense in which even my completely arbitrary impulse behavior is "something I do," but a sense of agency is the feeling of being the intentional cause of what is being done can have existential meaning and relate to self-respect and a sense of accomplishment, exemplifying how upregulating emotions is also part of appropriate metacognitive emotion regulation. Having a sense of being the person who sets positive things in motion in daily work life can prompt positive emotions (e.g., of pride and identity) which motivate to keep going. For instance, this can come from actively appreciating one's good intentions and daily accomplishments, e.g., remembering to pay attention to the little things that one does to make a difference.

4. Conclusions

Philosophical theories of wellbeing tend to remain at a level of abstraction that can make them a challenge to apply in practice. Not only abstract points about idealized normative end-goals for our actions are relevant to practical philosophy, more low-level theories about processes and dynamics of managing and promoting wellbeing in concrete temporal processes are philosophically significant. In this article, I have argued for the relevance of wellbeing competence as an alternative proceduralist analytical focus in the philosophy of wellbeing. My suggestion is that we understand wellbeing competence as a complex form of knowing how, distinct from ethical competence. The wellbeing-competent agent knows how to promote the wellbeing of others in a qualified way in a real-world setting characterized by non-ideal circumstances.

We can highlight four key components that constitute wellbeing competence as they interact. The components are overlapping structural aspects of wellbeing competence that must be considered in their holistic interplay. However, we should be open to the idea of multiple realizability of wellbeing competence and that not all four components are necessary for wellbeing competence in all situations, and the components may not be exhaustive to account for all aspects of wellbeing competence. Empathy enables the wellbeing-competent person to understand and become aware of factors crucial to wellbeing that relate to the first-person perspectives of others. Emotional awareness also plays a crucial role in paying attention to what has value, and this applies to value that relates to a person's own wellbeing or that of others. A flexible perspective enables the wellbeing-competent person to shift temporal and spatial perspectives appropriately in different contexts. This avoids a fixation on rigid rules and ideals that can create stereotypical understandings of wellbeing-relevant factors. Instead, the horizon is broadened, and a range of factors relevant to wellbeing-promotion becomes possible to consider. Metacognition is the ability to monitor and regulate one's cognitions, understood in a broad sense of

the word, including thoughts, feelings, behavioral tendencies, strengths, and weaknesses. Metacognition complements the other components by monitoring a person's boundaries, limits, and abilities, and both up- and down-regulating emotions in ways that contribute to knowing how to promote wellbeing.

Even though I have mainly described wellbeing competence as a property of individual persons, an interesting further development of the theory could be to investigate whether it could be something also ascribable to groups [68]. The idea is that constituents of wellbeing competence can be distributed amongst members of a group, and if they interact appropriately, the group can be said to be wellbeing-competent. The ascription of wellbeing competence to groups can be argued to be possible given that wellbeing competence is a form of know-how, and we can analyze know-how (like knowledge in general) in terms of dispositional properties. If these function and interact appropriately due to dispositions possessed by different group members, wellbeing competence is likely to be ascribable to the group.

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