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Well-being in Thailand: A Culturally Driven Grounded Inquiry Exploration of a Complex Construct

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Abstract

Background Well-being has long been recognized as a key construct in human history. Quantitative studies have been limited in their ability to uncover contextual and cultural nuances that can be leveraged to inform the promotion of well-being. The present study employed a qualitative approach informed by narrative inquiry to understand how individuals in a rapidly developing Asian country experience what it means to be well and what contributes to or detracts from their well-being.

Methods A purposeful sample of 50 Thai adults living in Bangkok shared their personal stories of times when they experienced high and low levels of well-being. Data were inductively coded and analysed to identify key domains of participants' well-being and their inter-connections.

Results The results reflect three layers of well-being. Social relationships (i.e., family, friends and acquaintances, and relationships at work or education) are at the center of well-being in Thailand, connecting and supporting a second layer of eight constituent domains of well-being (experience of emotions, sense of self, finances, self-care, demands and responsibilities, thoughts and feelings about the future, personal health, spirituality). The third layer is composed of the societal and physical contexts that are formative for well-being.

Conclusions Our findings suggest both universal and culturally unique components of well-being among Thai adults. Implications for the promotion of well-being in Thailand are discussed.

Keywords Well-being · Thailand · Social relationships · Family · Qualitative methods

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Introduction

The phrase "health and well-being" is used extensively, both in the academic literature and in the popular media. For example, "good health and well-being" is one of the sustainable development goals put forth by the United Nations (United Nations, n.d.) and "promoting health and well-being" is the headline of a World Health Organization webpage (World Health Organization, 2020). However, there are many definitions of the phrase. This is particularly true because a number of academic disciplines (e.g., philosophy, economics, psychology, health sciences) have brought their own lenses and traditions to their understanding of the term "well-being". In addition, both the concepts of health (Badash et al., 2017) and well-being (Dodge et al., 2012) have morphed and developed over time, starting at least as early as the Ancient Greeks.

Rather than relying on frameworks developed by academic experts, this study explores the nature of well-being from the point of view of the people experiencing it. Coming from a constructivist paradigm and using a narrative approach, we ask participants to reflect on times in their lives when they experienced particularly high and particularly low levels of well-being. Such an approach assumes that the concept of well-being is inherently subjective (i.e., one cannot experience high well-being without perceiving it as such). It also generates not just a summative judgment of one's level of well-being at a certain time, but allows for a description of "the flow of life experiences and the activities that create those experiences" (Kahn & Juster, 2002) that result in our summative judgments. Such data may inspire innovative intervention approaches for promoting health and well-being. A better understanding of how individuals live fulfilling lives may provide new targets and messages for change.

A few other studies have used similar methodologies to study well-being (see e.g., Eklund Karlsson et al., 2013; Jongudomkarn & Camfield, 2006; Rodriguez Espinosa et al., 2020), but conducting this study in Bangkok, Thailand, allows for exploring well-being in an understudied Southeast Asian country in the context of rapid economic development. According to the World Bank (The World Bank, 2020), Thailand has moved from being "a low-income to an upper-income country in less than a generation. As such, Thailand has been a widely cited development success story, with sustained strong growth and impressive poverty reduction" (para. 1). As more basic needs are met, people have the opportunity to pursue other goals and conditions that promote the experience of a happy, productive and fulfilling life (Maslow, 1954; McGregor, 2008). At the same time, geographic and economic mobility may contribute to changes in social traditions and create new social challenges. We can explore the nature of well-being during a time of growing economic security and social change.

Methods

Overview. Qualitative methods offer a key opportunity to understand the lived experiences of individuals, particularly around complex, nuanced constructs such as well-being. Camfield, Crivello & Woodhead (2009) stated that qualitative methods are

well-suited for describing a holistic construct like well-being because they allow for an in-depth look at the social, cultural, and political aspects of people's lives. In particular, qualitative exploration can enhance our understanding of what it means to be well and what personal experiences or events are key for enhancing or detracting from well-being. Additionally, this method allows for a richer understanding of the role of culture and local context in the construction of well-being. Our methodology reflects the underlying philosophy that individuals construct their realities through cultural and linguistic lenses. With this in mind, individual in-depth semi-structured interviews were conducted face-to-face with a diverse sample of residents of Bangkok, Thailand, using a narrative inquiry approach (Kim, 2016). Narrative inquiry attends to people's lived experiences by eliciting their personal stories. These stories

Table 1 Participants' Socio-Demographic Characteristics

Socio-Demographic Characteristic	Total sample (N = 50)
Age in years (mean and range)	36.5 (22–59)
Gender (% female)	56%
Marital status (% married)	38%
Education	
• High school diploma or less	36%
• Bachelor's degree	40%
• Master or above	24%
Personal income/month	
• Less than 12,000 baht (Less than 395.58 USD)	22%
• 12,001–35,000 baht (395.61–1,153.76 USD)	56%
• Higher than 35,000 (Higher than 1,153.76 USD)	22%
Employment status	
• Full-time employee	62%
• Student	12%
• Self-employed	8%
• Homemaker	4%
• Other	14%
Homeowner	48%
Average time in Bangkok	
• 3–4 years	14%
• 5–6 years	17%
• More than 6 years	29%
• Bangkok native	40%
Religious belief	
• Buddhism	98%
• Islam	2%
Current well-being (mean and range)[a]	
• Current	67.98 (30–100)
• Ideal	85.16 (52–100)

[a]Self rating where 1 = lowest level and 100 = highest level of well-being

illuminate both internal processes (i.e., thoughts and feelings) and external factors (i.e., events, social and cultural contexts) that represent an integrated understanding of the phenomenon of interest (Clandinin & Huber, 2010). While important aspects of our research methods are described below, more details can be found in Rodriguez Espinosa et al. (2022).

Description of Sample: A purposeful sample (Palinkas et al., 2015) of 50 participants was drawn from 6 regions of Bangkok according to the Bangkok Public Administration Plan (Strategy and Evaluation Department, 2012) with the aim of maximizing variation in age, gender, socio-economic status, and average time of living in Bangkok. Participants were eligible if they met the following criteria: (1) lived in Bangkok for at least three years, (2) were between 18 and 65 years of age, and (3) were fluent in Thai. Recruitment occurred primarily via word of mouth, referrals (e.g., from contacts in the private sector and government agencies), and by directly approaching individuals in public spaces such as in a park, a temple, and a taxi station, etc. Demographic characteristics of the participants are shown in Table 1. Data collection occurred between March and July of 2019.

Procedures Participants were interviewed at community locations that were convenient to participants and that ensured confidentiality. The interview protocol was adapted from projects conducted by the Stanford Well for Life study (e.g., Rodriguez Espinosa et al., 2020). The protocol was translated into Thai, and pilot interviews were conducted to assess comprehensibility. To find the Thai term best representing the potentially complex construct of 'well-being', two different Thai terms that seemed like the most accurate translations were used in our pilot interviews. We wanted a Thai word that allowed participants to potentially think about a broad range of options and to choose to talk about the experiences that best matched the concept for them. "Happy Body, Content Heart" (สุขกายสบายใจ) was chosen as it generated the broadest set of responses from the pilot participants. The protocol was approved by the IRB prior to conducting interviews.

During the interviews, participants were asked to consider their lives from the age of 18 onwards and share their personal stories about when they experienced a particularly high level of well-being. Then they were asked to repeat the same process but in relation to experiencing a particularly low level of well-being. The interviewers did not define or explain what well-being meant, but let participants freely tell their personal narratives according to their own understandings of the term. When needed, interviewers might ask follow-up questions to further explore these experiences. For instance, they might ask "What was happening at that time?" or "How did that make you feel?" Interviews were audio recorded, with informed consent obtained prior to the interviews.

Participants were also asked to rate their current and ideal levels of well-being on a sliding scale (1 representing the lowest level of well-being and 100 the highest level of well-being). This was completed using Survey Monkey software. The means for these ratings are presented at the bottom of Table 1. After providing their ratings, participants were asked to explain why they chose those ratings. This concluded the qualitative portion of the interview, which took approximately 40 min.

After the qualitative interview, participants completed a brief survey. This survey included demographic information and was administered using tablets for online questionnaires or paper-based questionnaires according to an individual's preference. Interviewers needed to read the questions to some participants due to literacy issues. Participants received a tote bag in appreciation of their time.

Data analysis Interviews were transcribed verbatim. All transcriptions were translated into English by professional translation services and then checked by Thai researchers fluent in both Thai and English. The interviews were coded inductively both in Thai and English by a team of five coders–three Thai coders (first, fourth and fifth authors) and two American coders (sixth and seventh authors) using the qualitative analysis software NVivo 12. Having Thai and American researchers engaged in the coding and analysis process ensured that culturally specific meanings of the data were captured. First, each coder independently read and coded five transcriptions to develop an initial codebook containing potential codes, sub-codes, definitions, and examples. During this process, the Thai coders worked as a team to discuss their codes together and the American coders worked as another team to discuss their codes, using a process of constant comparison among coders and among data elements. Then, during weekly virtual meetings, the full research team which included interviewers, coders, and other researchers who were not part of the interviewing and coding processes met to discuss and contribute to the coding process, as well as to ensure agreement and transparency about our thinking. The coders then read and coded another five transcriptions and repeated the same process.

After we were confident in our consistency and understanding of the codebook, the 50 original Thai transcriptions were divided among the three Thai coders and the 50 translated English transcriptions were divided between the two American coders. During this coding process, we continued to meet weekly as a full research team. This was an opportunity for coders to raise questions and to continue refining the codebook. After the first pass of coding was completed, two teams were formed to refine and deepen the coding before finalizing this stage of the process. Each team was composed of two Thai coders and one American coder. At times, other Thai and American members of the research team who were not part of interviewing and coding processes also joined these team meetings for additional review and consultation to enhance the rigor and trustworthiness of the process. Each team reviewed all data elements (sections of text assigned to codes) in each domain to ensure that all data elements belonged to that domain. Each data element could be as short as a sentence or as long as a paragraph, capturing enough context to understand the meaning of participants' narratives (MacPhail et al., 2015). Accordingly, each data element could be assigned multiple codes. In addition to a content code, each data element was classified either as having a positive, negative, or neutral/mixed valence. Post-coding analyses explored interconnectedness among the domains (i.e., overlapped data elements between domains) and, using the valence codes, assessing the extent to which different domains contributed to or detracted from well-being.

Results

Participants shared a variety of stories when discussing their well-being. Many of the stories related to major life transitions (e.g., moving to Bangkok for work or study;

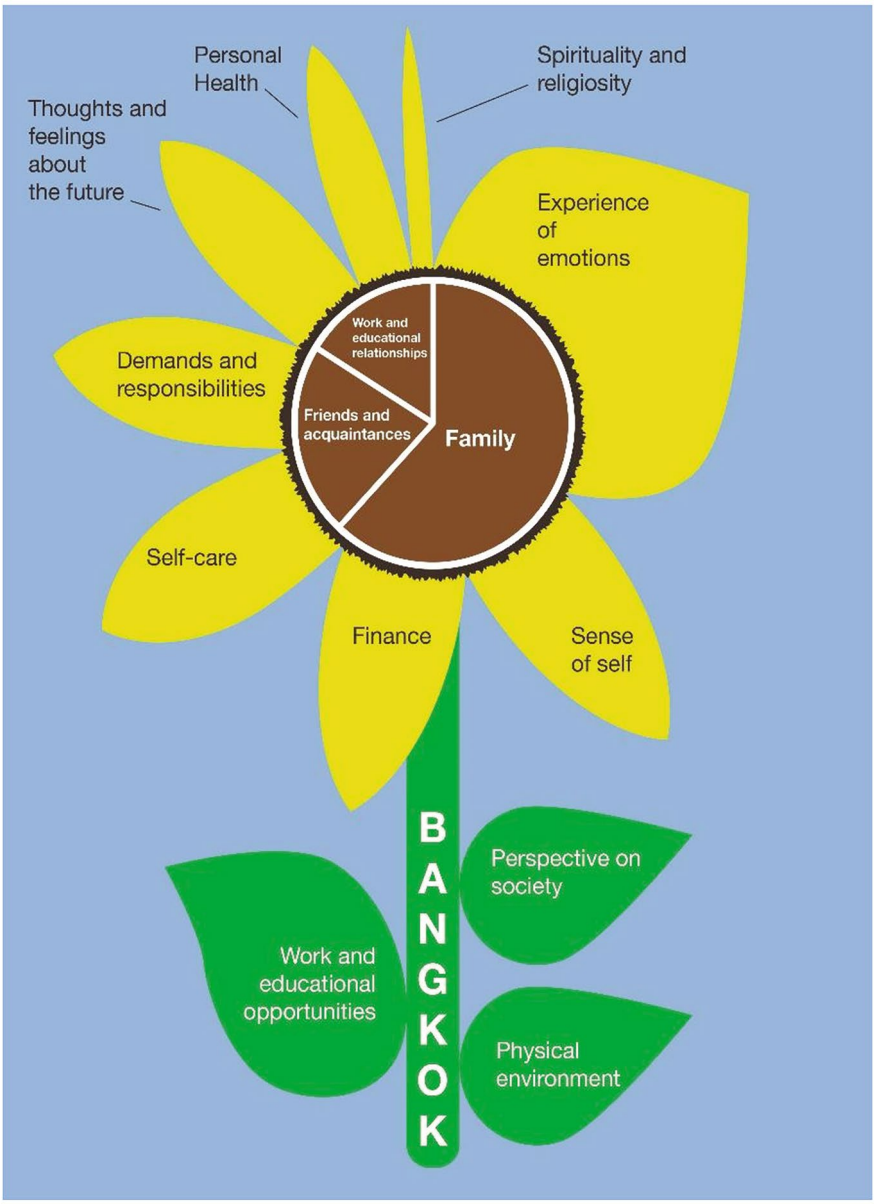

Fig. 1 Domains of well-being

losing or gaining a job) or specific phases of their lives (e.g., time spent at a university; having an illness; or trips taken with family or friends). These stories often included other important people in the participants' lives such as family members (specifically parents and children), but also friends and colleagues.

The stories highlighted the interconnectedness between social relationships (family, friends and acquaintances, and relationships at work or school) and all other constituent domains of well-being, as discussed by our participants. The central role of social connection is reflected in our graphical portrayal of our study results in the form of a sunflower (see Fig. 1). The sunflower is organized in three layers: (1) the center, which comprises various components of social relationships, (2) the petals, which represent key constituent domains of well-being, and (3) the stem and leaves, which illustrate the social and environmental factors influencing well-being. We further describe these major components below. In addition, a table with definitions and illustrative quotes for each of the major concepts in the sunflower is provided in the supplementary material (See Tab. s1). A sunflower was chosen to represent well-being in Bangkok because of its natural incorporation of these three layers, and because sunflowers tend to grow in fields together (Ljubotina & Cahill, 2019), sharing their resources in ways that capture collectivistic aspects of Thai culture (Niffenegger et al., 2006).

Social Relationships and Their Connections to Well-Being

As previously stated, the center of the flower represents social relationships, which were described by participants as being intrinsically linked to many of the other domains of well-being. Three types of social relationships emerged, in decreasing order of frequency: family; friends and acquaintances; and work and educational relationships (e.g., co-workers, supervisors, teachers, or students). Relationships within the family included parents, children, siblings, spouses, and other relatives, and were by far the most commonly mentioned by participants (47 participants, 615 data elements). In comparison, relationships with friends and acquaintances (39 participants, 222 data elements) and work and educational relationships (31 participants, 181 data elements) were mentioned by fewer participants and in fewer data elements.

Often, participants would strongly state the importance of their families in influencing their personal well-being. They shared memories of time spent with their families, explained how their hopes and dreams centered around family, and described how they could be their authentic selves and experience joy when at home with their families. For example, a 57-year-old female participant described what well-being meant to her: "I think of my family. [Having] a good family means 'Happy body, content heart' [well-being]." Family members were described as providers of love, encouragement, companionship and support. To further illustrate the ubiquitous role of the family, a 50-year-old male participant recalled a vacation with three generations of family present:

> There was a moment that my parents got to relax and watch my kids playing around in the sea, and I had a chat with my parents. It was so relaxing, there

> were no worries about the future or the past. And it was the time when I could let go of many things.

Although less prevalent, participants also described ways that their families acted as negative influences on their well-being. Close familial relationships were sometimes experienced as burdensome, filled with responsibilities and pressure to meet family expectations. A 29-year-old female participant complained: "My mother has pressured me and asked when I will meet someone. My mother wants my life to be step by step: to have a car, to have a house, to have children and to live on."

Participants also discussed how the poor health of a family member impacted their own well-being. A college student talked about the sickness of her grandfather, "Yes, it was until he lost his strength, because he was already skinny and sick and he had a lot of health conditions. It made my heart so heavy."

Non-kin relationships (presented as friends and acquaintances, and work and educational relationships) were also discussed in both positive and negative ways. For example, a taxi driver talked about the small kindnesses that uplifted his work-related experiences:

> I know many people from work. I have done good deeds for many passengers. Some elderly passengers greeted me. I replied 'hello'. They were happy. Sometimes there were customers who got some snacks after they finished work and they gave a snack to me. That's my happiness.

However, a college student describes how a work relationship can diminish well-being:

> I am also tense because of my supervisor, she's very strict and wants everything to be perfect. I have to prepare everything for her on top of my responsibilities at school–it's a lot of work. It doesn't make me happy.

While participants talked about non-kin relationships when thinking about their personal well-being, the influence of these relationships was not given the same importance as that of family; the effects were described as more temporary and circumscribed.

Major Domains of Well-Being

The petals of the flower represent eight additional major domains of participants' well-being. Again, the size of the petals represents the proportion of data elements coded into each domain. These domains of well-being are: Experience of Emotions (mentioned by 50 participants, 760 data elements); Sense of Self (46 participants, 319 data elements); Finance (38 participants, 317 data elements); Self-Care (46 participants, 268 data elements); Demands and Responsibilities from Work and Education (40 participants, 246 data elements); Thoughts and Feelings about the Future (44 participants, 205 data elements); Personal Health (33 participants, 135 data elements);

and Spirituality and Religiosity (15 participants, 47 data elements). The four largest domains (i.e., those with the most data elements) are discussed in detail below.

Experience of Emotions. This domain represents the discussion of feelings associated with memories or experiences elicited through the interview protocol. Every participant discussed their emotions when they told their narratives about well-being. Positive emotions included, for example, happiness, comfort, pride, and contentment. Some participants suggested that happiness was the core aspect of well-being. For example, a 43-year-old female participant said: "Happy Body, Content Heart means happiness, something about happiness." Negative emotions included worry, unhappiness, stress, fear, and frustration. For example, a 50-year-old male participant said: "It is that I felt frustrated that I still couldn't manage time." Neutral/uncategorizable emotions captured equivocal, ambiguous, or complex emotions. As an example of this latter category, a 39-year-old male participant struggling with financial issues said: "I felt okay that I went through it. It was like I fell in a waste pit, and later I got to have a shower. It feels just like that."

The experience of emotions domain is unusual, not just because of its size, but because very few of the data elements (9.4%) were single coded (i.e., were not also coded into one of the other petals of the flower). This is because, as mentioned above, most of the time participants spoke of emotions in the context of the experiences that elicited them. The single coded data elements tended to focus solely on the intensity of the emotion being described. For example, a 22-year-old LGBT participant evaluated their everyday life: "But my everyday life is great, I'm happiest." A figure in the supplementary material (See Fig. s1) illustrates the extent to which experience of emotions is double-coded with the other domains of well-being. In addition, patterns emerged as to which emotions were described in certain narratives. For example, worry was the emotion found most commonly in relation to family. A female participant, aged 34, expressed her worry about her mother's illness: "So what I'm worried about is my mother, that's why I am not completely happy." Whereas, stress was commonly related to work and education. A 39-year-old male occupational therapy director discussed the stress from his profession: "It was stressful but not too bad. It was the stress that people in this profession would usually have."

Sense of Self. This domain includes participants' understanding of themselves and their achievements in life: their self-perceived personality characteristics, self-esteem, self-confidence, a sense of autonomy or freedom, and pride in themselves. Sense of self was not static, but rather participants viewed themselves as changing throughout their lives. A 30-year-old female participant reflected on the change of her perspective about herself:

> But now that I have my perspective changed and have my life pattern changed, I think I am happier, compared to before when I carried heavy thoughts, I was uptight. But now I have this perspective that if I cannot change other people, I will change myself. My life has been much happier.

A sense of accomplishment and having purpose in life, which contributed to self-worth and self-fulfilment, were mentioned frequently. For example, a 36-year-old female participant illustrated that she was happy with the results of her perseverance

at education and work, as she has achieved what she aimed for: "So, when my purpose was to graduate…then, when I graduated and got a job, I felt that I accomplished what I set my mind to. The tiredness that I felt became happiness that happened after that tiresome moment." Accomplishments were not only experienced at work or school, but were also experienced through family interactions. A 50-year-old male participant said:

> I wouldn't feel regret if one day my parents pass away, since I have had the opportunity to take care of them. Many people say that, after they lost their parents, they wish they had taken better care of their parents. I feel that what I do, which is a small achievement that I continue doing, makes me happy.

Although sense of self seems to emphasize individualistic aspects of participants, these aspects were often brought to light through engaging with people in their social relationships.

Finance. Participants described their financial statuses, particularly with reference to debt or financial security, and actions taken during times of wealth or poverty. Finance was not only about available income, but was also about the importance of security (like that which could be experienced with a safety net such as a welfare system). For example, a 26-year-old female teacher described a reason for her chosen career:

> My parents expected that I would be a government employee which means having benefits that would cover them too. They would be comfortable. I felt okay about that too, I was happy that it pleased them. The security means that after I'm retired, there would be benefits and a pension that would take care of me. So I'm happy about that fact.

Debt was a financial struggle many participants mentioned when thinking about their low levels of well-being. A male participant aged 36 who was the main breadwinner in the family described his low period of well-being when he could not earn money fast enough to meet his payments:

> When my cash flow was not good, and I had a lot of debt. Sometimes, I am the only one who makes money, not fast enough, I'm not able to make it fast enough. Then I was worried. Then I was unhappy and such.

Furthermore, because debt was a struggle for many participants, being able to pay it off brought a sense of pride and achievement. A female participant aged 34 discussed:

> …I got to buy a house after I paid my car off. My house is not big, around 2 million Baht, but I am proud. I'm really proud because it's the fruit from my hard work. I got a loan to buy the house, and when I worked here, I almost paid it all within less than two years. I still have only 800,000 Baht left. So, I felt that I was content with my life at that time.

Participants often discussed finance in association with work, given that work is an important source of income, and often expressed concerns about financial security for both themselves and their extended family. For example, when asked to think about an experience of having a low level of well-being, a 52-year-old female participant responded that it was when she could not find a job that paid highly enough to help support her parents: "Work could be very hard to find, sometimes the salary was little…not enough to give to my parents." And a male participant aged 55 described that his purpose in working for money was to pay for his children:

> To have enough money for my children to go to school, school tuition fees and any other expenses. Now I have to work for money every day. As for reaching that point [to have enough money to support his children's education], if I could have money, I would be content.

Self-Care. This domain includes the ways in which participants do or do not take care of their health and well-being. Participants shared the ways that they engaged in their everyday lives in order to have good physical health, manage stress, and maintain a positive mindset. These strategies include behaviors to reduce health and safety risks, as well as activities or mental perspective-taking to maintain psychological well-being. For example, a female participant aged 36 started to prioritise her physical health after finishing her thesis: "But after all that [her thesis] was done then I started to focus on my body. I tried to take better care of myself. During the time when I had to study, I had to make my body a lower priority". A 39-year-old male participant during his time of ordination as a monk mentioned the ways that walking meditation allowed him to take care of both his physical and mental well-being: "By the concept of walking meditation, it was meant to help with food digestion. Having awareness sets us free from worries. Praying also helped with lung function, something like that. The duties of monks were mostly low-impact exercises."

Having time to relax and spending time with their loved ones were also described by participants as ways in which they took care of their mental well-being. For example, an LGBT participant aged 29 described how they relaxed after working hard:

> Recently, I drove to the area around the Phuttha Yodfa Bridge. I drove there, parked the car, and then, I took a walk to indulge in the atmosphere. After that, I just went to chill out somewhere, went to see a movie, and then went home. Sometimes I just met up with my friends at night, so I got to do everything, and I was full, complete, something like that.

Societal Foundations for Well-Being

Participants discussed physical and social aspects of life in Bangkok that influence their well-being. These are represented as the leaves on the stem of the flower: physical environment (38 participants, 189 data elements); perspectives on society (39 participants, 175 data elements); and work and educational opportunities (31 participants, 79 data elements). Many participants moved to Bangkok in search of opportu-

nities for work or education. These participants contrasted life in Bangkok with their previous life experiences in the provinces, and shared experiences of personal growth from living in the capital city. For example, a 22-year-old female participant shared:

> Speaking of 'Happy body, content heart'? Bangkok gives me a lot of experiences. I used to live in the countryside, and I didn't know a lot of things, but once I moved to live in Bangkok, it's like this incident has taught me a lot in itself. I learned to live by myself.

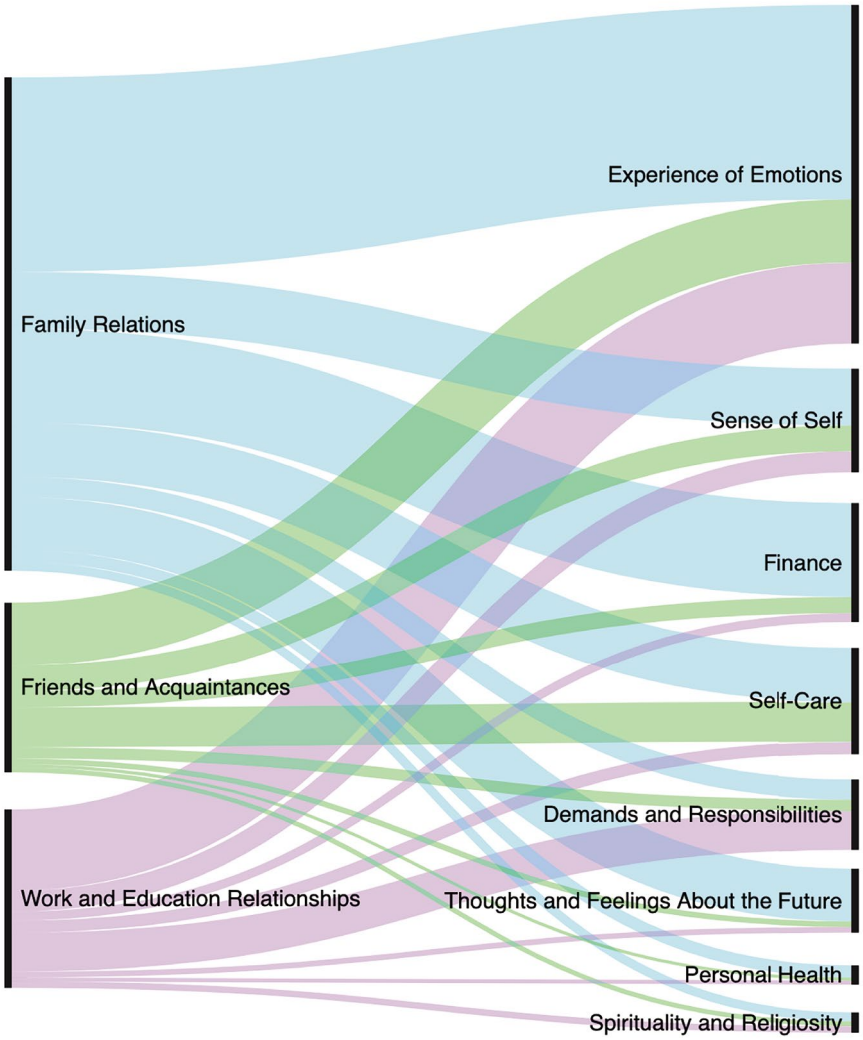

Fig. 2 Connections between social relationships and major domains of well-being

Participants' well-being was also affected by their living environments. A 40-year-old female whose house was going to be expropriated by the government described her low level of well-being as being associated with her (and her family's) current housing instability:

> Currently, at this moment, the house that we are staying [in] is about [to] be demolished. So, I'm not feeling happy body content heart. Because we do not have a new accommodation of our own. Now we would have to find a rental place.

Interconnectedness between Social Relationships and Major Domains of Well-Being

We have described the nature of the interconnections between social relationships and other domains of well-being. Post-coding analysis allowed us to quantify these connections. The Sankey diagram (Otten et al., 2015) shown in Fig. 2 illustrates the extent to which the social relationship domains overlapped with the other major domains of well-being. The curved lines connecting two domains reflect the data elements that were coded for both domains. The thickness of the lines reflects the number of data elements that the line represents, with thicker lines representing a greater number of data elements. This diagram shows that, at some point in our participants' narratives, each of the types of social relationships at the center of the flower was connected to each of the petals in the flower.

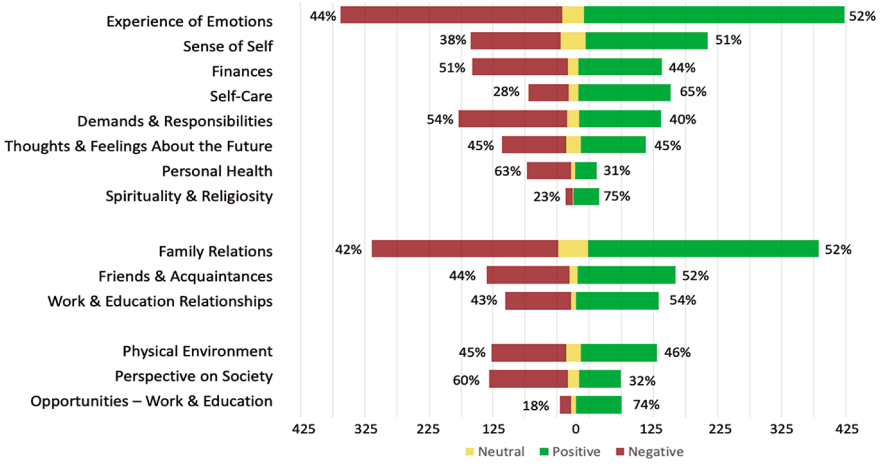

Fig. 3 Valence data for each well-being domain. (Note: Each row shows the percentage of each domain that was coded as having a negative, neutral, or positive valence for participant well-being)

Positive, Negative, and Neutral Valence Across Well-Being domains

Our analysis of the valence assigned to each data element showed differences across domains in the proportion of data elements classified as positive (contributing to well-being), negative (detracting from well-being), and neutral (see Fig. 3). The data elements in all three types of social relationships were more likely to have a positive valence than a negative valence, although the differences were not very large. The data elements in the self-care and spirituality and religiosity domains were much more likely to have positive rather than negative valences. Most domains had more positive data elements than the negative ones. However, demands and responsibilities, personal health, and perspectives on society included more negatively-valenced data elements than the positive ones.

Discussion

The present study used an inductive approach to identify important domains of well-being and understand their inter-connections among Thai adults living in Bangkok. Our results, depicted in the Thai well-being sunflower, showcased the key role of social relationships in providing the foundation for other constituent well-being domains. Our study supports a complex, multidimensional and context-based model of well-being.

Our data strongly support the importance of the family in the well-being of study participants. Not only was family referred to in a large proportion of data elements, but these data elements were double coded with all of the other major domains of well-being. The frequency and content of the data elements in the family domain emphasize the collectivistic nature of Thai culture (Niffenegger et al., 2006). For example, many participants expressed the need and the obligation to take care of their families, especially their aging parents. The obligation to take care of elderly parents has been embedded in Thai cultural and religious values for a long time (Limanonda, 1995; Knodel, Kespichayawattana, et al., 2013; Sringernyuang et al., 2020; Wongsawang et al., 2013). Taking care of elderly parents has been perceived as the duty of good children; it is repayment for when the parents had taken care of the children (Knodel & Chayovan, 2008). Although many adult children have moved to Bangkok and do not live near their aging parents, this cultural norm remains strong. Adult children provide frequent financial support and make frequent visits and phone calls to maintain their parents' well-being (Knodel, Prachuabmoh, et al., 2013). Our participants explained that their well-being was dependent on their ability to help maintain their parents' well-being. This reflects the cultural importance of the connection to extended, intergenerational families, even though many Thai adults have relocated away from their parents and extended family.

When asked to evaluate their levels of well-being, many participants expressed that they feel more content or less worried when their parents or their children are doing well and living happy, healthy and successful lives. This indicates that the participants' well-being is very strongly connected to the well-being of their parents or children. Participants were concerned about the well-being of their parents

and children not only in the present time, but also in the future. This contributed to thoughts and feelings about the future constituting a well-being domain. Most well-being frameworks, with only rare exceptions (e.g., Durayappah 2011; Rukumnuaykit, 2016), do not explicitly include time perspective. Our results suggest that, in a time of rapid economic and social change, uncertainty about the future is an important component of well-being.

It is not surprising that finance is a very strong component of well-being, especially in a developing country like Thailand where income and economic security have been increasing but are accompanied by a growing high cost of living (Rukumnuaykit, 2016). This study adds rich descriptions about the nature of financial concerns and successes. As noted above, participants' worries about their financial situations related to their concerns about taking care of their families now and in the future. Some participants decided to become civil servants in order to get the Civil Servant Medical Benefit Scheme (CSMBS), which covers the costs of health care for one's parents. According to the participants' experiences, although the Thai government's health care system for the elderly has been improving, existing health care access and other social benefits are not enough for many Thai citizens, especially in terms of long-term care for chronic illness.

However, even if there was a stronger societal safety net, there are still the strong social norms described above that place responsibility for parental care on the adult children (Kespichayawattana & Jitapunkul, 2008; Wongsawang et al., 2013). For example, there is a stigma associated with sending elderly parents to care homes (Tosangwarn et al., 2018). Thai elderly parents, especially in rural areas, expect their children to be their main carers and supports even if they do not share households (Rittirong et al., 2014). This is an example of a tension between more traditional social norms and changing societal roles and constraints.

The labels "sense of self" and "self-care" might easily be interpreted as denoting the importance of individualistic values, perhaps a surprising finding in a nation that has a reputation for being staunchly collectivistic. However, participants' narratives illustrated those social relationships, especially family relationships, strongly guided how they viewed themselves as individuals, as well as the ways that they took care of themselves. In terms of sense of self, the obligations and expectations from family could restrict participants' perceptions of their own autonomy and freedom. However, to be able to meet those expectations also gave some participants an intense sense of achievement and pride. In terms of self-care, spending time with loved ones and perceiving them to be content were explicitly described by participants as ways of protecting or improving their own well-being.

Comparison with Existing Frameworks of Well-being

The results of our research support several aspects of previous frameworks of well-being. For example, the experience of positive emotions strongly captures hedonic portrayals of well-being (Diener et al., 2010; Seligman, 2018) and our "sense of self" domain captures the eudemonic elements of purpose in life, self-acceptance, mastery and autonomy that are components of Ryff's classic framework (Ryff, 2014). The

importance of social relationships, particularly positive supportive relationships, is reflected in almost all well-being frameworks (Ryff, 2014; Seligman, 2018).

However, our findings highlight some additional contributions to our understanding of well-being. Our inquiry was especially useful in discovering additional important aspects of well-being such as finance, self-care, thoughts and feeling about the future, and spirituality and religiosity. Psychological studies of well-being usually do not include physical health as a component of well-being. In this study, participants discussed health issues often enough for personal health to qualify as a petal on the well-being flower. Well-being appears to be an umbrella term that encompasses physical, psychological, economic, social and spiritual life experiences.

Our well-being flower also suggests that different components of well-being may be differently weighted in terms of their salience and importance. Interestingly, most existing well-being frameworks do not differentially weight components. An underlying assumption of our well-being flower is that the frequency of mentions of a concept is a good indicator of that concept's importance. Future research can further examine this assumption, along with the potential influence of culture and individual differences on the weights of well-being components.

Our well-being framework shares some commonalities with frameworks developed in western countries (as discussed above) and with the results of studies conducted in other regions of Thailand (Jongudomkarn & Camfield, 2006) and other Asian countries (Rodriguez Espinosa et al., 2020). Bangkok is the most metropolitan city in Thailand, where westernization exists alongside the traditional collectivistic Thai culture. People strive for autonomy, self-accomplishment, and financial growth and security but at the same time maintain a strong connection with family, traditional social norms, and religious values.

Implications

Our findings offer multiple implications for research and practice. First, the importance of family and social relations, and the intricate and complex role that these relations play in the life of participants, should be taken into consideration when developing programs and efforts to promote or improve the health and well-being of Thai individuals. For example, family interventions and programs exist that support individuals during major life transitions and in their caregiver roles, foster harmony and communication within the family, support families through severe physical and mental health conditions, and assist parents in navigating child rearing (Ingoldsby, 2010; Murthy, 2003). Whether these efforts are at the individual, family or community level, our findings support the notion that attempts to improve well-being should aim to include family and/or social networks and concentrate on this level of the biopsychosocial model (Borrell-Carrio, 2004) to enhance program outcomes. Similarly, in clinical settings, motivational interview approaches that directly integrate family and social systems into the dialogue could be used to increase motivation for targeted behavior change (e.g., improving nutrition, physical activity, program adherence), to promote help seeking behavior, if needed, and to motivate individuals to comply with clinical recommendations.

Second, our results indicated various forms of stress associated with finances (e.g., financial responsibilities for aging parents and young children) and with housing and educational opportunities in Bangkok, the latter being a particular stressor for temporary workers and students (Mare et al., 2015). Policies and safety net programs that assist vulnerable families, as well as temporary workers and students, may well be key to promoting well-being in Thailand. More research would be needed to evaluate such programs and their impact on well-being at various levels (individual, group, nationally).

Lastly and most importantly, our study highlights the complexity of Thai people's well-being, with different individuals endorsing different components of well-being as important. Thus, a variety of types of programs and policies are likely to be needed to promote the well-being of large swaths of the population. On the other hand, the interconnectedness of the various components of well-being suggests that a policy that addresses one domain is likely to also have effects on other domains. For example, given the central importance of family, programs that aim to improve family ties are also likely to influence participants' sense of self and ability to engage in self-care. As another example, policies that alleviate participants' financial concerns are likely to also influence their thoughts and feelings about the future.

Limitations and Strengths

Given the highly contextualized nature of well-being identified in this study, we must be particularly cautious in generalizing our findings. Although our sample is larger than the typical qualitative study sample (Vasileiou et al., 2018), and even though we recruited Thai adults from the six geographical regions in Bangkok and ensured variability in terms of the socio-demographics of the study participants, our sample is certainly not representative of the five million individuals living in Bangkok, nor the people living in other provinces of Thailand. The sample is also limited by the age range of the participants, with none over the age of 60. The results of this study generate hypotheses about the processes through which well-being is developed and experienced among residents of a country that is undergoing rapid economic development and social change. However, these hypotheses need to be tested in future studies.

The quality of the data garnered through the face-to-face interviews may have suffered from the impact of social desirability (Althubaiti, 2016) and/or an avoidance of discussing controversial or unlawful issues such as politics. However, the use of experienced and highly trained interviewers likely minimized these effects.

In any qualitative study, where the researchers themselves are the primary instruments of both data collection and analysis, the training, culture and previous life experiences of the researchers may influence the results of the study. Thus, our experienced research team was composed of individuals from different academic disciplines, both from Thailand and the USA. Continual dialogue among the team members helped to illuminate any potential biases and clarify meanings that might have otherwise been lost in translation. However, the credibility of our findings is

limited by our inability to have our study participants review our emerging model of well-being (Shek et al., 2005).

Conclusions

Studying well-being using our qualitative methods allowed us to explore the complexity of influences on well-being in a society undergoing rapid economic and social change. Enhancing our understanding of these influences may help identify particularly effective strategies for promoting well-being in such a context.

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Availability of Data and Material All data and materials support our claims and can be requested from the authors.

Code Availability The data in this research was coded using NVivo qualitative software.

Declarations

Conflicts of interest/Competing interests The funding bodies had no role in the study design, data collection, analysis, interpretation, and preparation of the manuscript.

Ethics Approval This study was approved by the Institutional Review Board (IRB) of Chulalongkorn University and Stanford University, School of Medicine, prior to conducting the interview.

Consent to Participate Informed consent was obtained from all participants prior to conducting the interview.

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