RETHINKING WELL-BEING: GANDHI, ETHICS AND POLITICS OF EVERYDAY LIFE

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Abstract:

Dominant discussions around well-being have been captured by a market-driven logic, where everything is decided by it. Health is routinely framed as an individualized, consumable thing—a shift that completely sidelines its ethical, social and relational dimensions. This paper tries to confront that limitation directly. By reading current wellness paradigms through an interdisciplinary sociological lens, I return to Mahatma Gandhi's immersion in naturopathy and his foundational philosophy of swaraj (ethical self-governance). I argue that Gandhian well-being operates not as a commercial product, but as an embodied ethical practice built on deliberate restraint, self-discipline, and deep social responsibility, which the market logic has ignored completely. Gandhi's specific routines, which were done in a historical period cannot simply be copy-pasted into present-modern life. Yet, the philosophical framework he provided gives us an alternative perspective to anyone trying to understand health as something connected with social-cultural and ethical realms. Anyone, who is trying to understand and mitigate present day lifestyle crises, must learn to combine moral-ethical self-rule with an awareness of existing systematic complexities-relaties around us.

1. INTRODUCTION

Presently, well-being is not just a subject of visiting a doctor, having clinical reports, or getting medicine and feeling better afterwards. In the globalized world, the concept has gathered wide focus from public policy, corporate strategy, and everyday self-management routines. The focus and discussion are deeply influenced by neoliberal economical- market driven logic. This evolution of the idea of wellbeing resembled what Nikolas Rose (2007) coined a concept of "politics of life itself". Health is no longer understood as a mere absence of disease. Rather, it has transformed into an aggressive, 24/7 project of self-monitoring, discipline, and automation of measurement of health related data. As the wellness industry becomes more institutionalized and technology driven, it resembles the idea of 'biopower' by Michel Foucault (1978). It also pressured us to audit our own risks and maximize our biological capacities by buying into various wellness products like smart watches or smart rings every now and then.

We also need to focus on the hefty price caused by this massive expansion; it is systematically ignoring the moral-ethical and relational-social dimensions of human life. Under the influence of the neoliberal thinking paradigm proposed by Harvey (2005), health gets narrowed to a hyper-individualized duty, where a person needs to manage ownself. The modern individual is constantly told to focus entirely on personal resilience, self-care, and lifestyle choices. It conveniently pulls attention away from structural and socioeconomic

inequalities or a bigger picture. This view forces us to see and feel the experience of our health away from the messy realities of daily life where it is actually lived and negotiated. If we look through the theoretical frameworks ‘critique of everyday life’ provided by Lefebvre (1991) or ‘habitus’ by Bourdieu (1984), it becomes clear that well-being is deeply connected with cultural norms, social practices, and material conditions. The process of privatization of health ignores these structural realities, turning genuine human flourishing into just a market transaction.

In order to come out of this conceptual and theoretical trap, this paper tried to re-analyses Mahatma Gandhi's social philosophy. The paper focuses on his experiments using naturopathy and his concept of ‘swaraj’ - Self-ethical Rule (Gandhi, 1909/2011). Far from just a nostalgic practice to follow, Gandhian thought offers a radical critique that combines bodily discipline directly to collective social responsibility of everyone. I argue that this synthesis creates an "embodied ethic." From this perspective, well-being is not something you buy; it is something you practice through restraint, self-awareness, and accountability to others.

Ultimately, this paper maps out an alternative framework: ethical–relational well-being. By keeping Gandhian ideals of simplicity, self-discipline, and alignment with nature into the centre, we find a powerful alternative to contemporary models centered on consumption and endless self-optimization. Grounding health within this broader ethical horizon opens up entirely new space for navigating the structural restraints - anxieties of the twenty-first century.

2. REVIEW OF LITERATURE

The concept of well-being has long grown narrow, just a biomedical definition for most of the people in the world due to control of big companies on health discourse. Modern scholarship across psychology, development studies, and sociology now treats it as a complex matrix of subjective experiences, social realities, and human flourishing. As Ryff (1989) rightly pointed out that within psychology, the literature splits into two main camps: the hedonic tradition, which prioritizes pleasure and immediate life satisfaction, and the eudaimonic tradition, which centers on purpose, personal growth, and self-realization. This Discussion is taken forward by Amartya Sen (1999) with his argument to develop a capability. He tried to change the focus from internal psychology to the freedom of an individual to choose a life they value the most without interference of just economical/materialistic logic. Though these theoretical frameworks enhance our understanding of the potentiality of a human being, they are having a common limitation. They are mainly individualistic, focusing little on the ethical responsibilities and relational networks that are crucial to maintaining a person's life.

Sociological and critical theorists offer necessary corrective ideas by insisting that well-being is fundamentally a social product, decided by power dynamics, institutional architectures, and cultural expectations, where health is never just a personal state of being; it is a site of active governance and systemic inequality. To understand these dynamics, we must look at how biopower, neoliberal rationality, and daily social practices intersect with each other.

2.1 Biopower and the Governance of Life

Michel Foucault's (1978) concept of biopower provides the essential clarity for understanding how modern states regulate human bodies. Power in the modern era rarely relies on brutal military force. Instead, it functions through subtle, capillary mechanisms that convince individuals to internalize social norms regarding health, productivity, and bodily discipline like media, advertisements and academia. Under this structure, we become active participants in our own policing, molding our lifestyles to fit societal expectations, which are invisibly created by the market. Well-being, then, is not an escape from governance—it is one of its primary instruments to manage and direct citizens in a particular way.

Nikolas Rose (2007) extends this discussion by tracking how contemporary societies have become obsessed with managing "life itself". We are bombarded with expert advice telling us to constantly monitor, audit, and upgrade our biological and psychological conditions through various means. As a result, well-being turns into an endless, exhausting self-improvement project which has been enhanced by AI proliferation. This creates a profound paradox where the line between personal autonomy and state/market regulation completely blurs. We think we are choosing health freely and as per our wish, but we are actually following a rigidly prescribed script decided by market forces.

2.2 Neoliberal Rationality and the Individualization of Health

Such kind of obsession with self-optimization aligns perfectly with neoliberal governance. As David Harvey (2005) describes, neoliberalism is defined by the aggressive expansion of market logic into every corner of human existence. If we apply it to health, this logic takes collective structural problems and rebrands them as personal consumer choices. Well-being is reframed as a personal merit badge—the direct result of one's own lifestyle choices, diet, and willpower, instead of the result of social-economical-political dynamics happening around us.

This systematic shift drives what sociologists call the "individualization of health". By focusing entirely on a person, we conveniently ignore the structural violence of economic inequality, social exclusion, labor exploitation, political exploitation and environmental degradation. This process of "responsibilization" forces the individual to take the whole burden

of systemic failures on self. If you fall ill or experience burnout, it is treated as a personal failure of resilience or self-care, completely ignoring well-being from the socio-political context that produced the distress in the first place. It also means powerlessness of ordinary people in everyday life.

2.3 Habitus and the Structuring of Everyday Life

Pierre Bourdieu's (1984) idea of 'habitus' perfectly captures the process where these macroeconomic forces dictate and direct our daily routines. A person's health behaviors are rarely the product of unmediated, conscious choice. Instead, they are driven by deeply ingrained, internalized dispositions shaped by caste, class, race, education, and material resources. Our social position directly and constantly structures our relationship with your body without questioning the process.

Henri Lefebvre (1991) clarifies this concept firmly as the mundane spaces of daily survival. He argues that everyday life has been completely colonized by the logic of capitalist consumption. The modern wellness industry excels at fragmenting well-being into a series of highly commodified micro-practices like boutique or gym fitness memberships, strict dietary regimes, and wearable health technologies like smart watches. These products promise a quick fix for the anxieties of modern lifestyle while leaving the underlying social contradictions completely untouched and ignore it intentionally. They offer an illusion of wellness that is deeply stratified by who can afford to buy into it. This process is exclusive from a social perspective where the rich can get all the benefits and the poor always feel helpless and do not get access to quality healthcare.

2.4 The Ethical Gap in Contemporary Wellness

Despite theoretical expansion, current wellness literature has a serious issue of having an acute ethical gap. Psychological models chase subjective happiness and emotional equilibrium (Ryff, 1989), while development paradigms focus mainly on expanding freedoms and choices (Sen, 1999). Neither model pauses to ask tough questions about moral discipline, self-restraint, or the ethical curation of our desires. The paper tries to bridge the gap through ideas proposed by Gandhi.

Robert Crawford (2006) shed some light on this with his critique of 'healthism', showing how health should be elevated to a supreme moral duty. However, under healthism, this morality remains entirely self-absorbed like it judges individuals on how well they maintain their own bodies, without demanding any accountability toward the wider community and power structure in it.

When we look at this literature with an ethical perspective, it becomes clear that while we understand the economic and political machinery behind modern health, we lack a framework that connects personal well-being with collective moral responsibility. This is precisely where Mahatma Gandhi's philosophy becomes revolutionary. By pairing physical health with swaraj (self-rule), Gandhi offers a radical alternative. A model where well-being is fundamentally an ethical, relational practice grounded in restraint and absolute interconnectedness with society (Gandhi, 1909/2011, 1948).

3. OBJECTIVES

The primary objective of this study is to critically evaluate contemporary frameworks of well-being through a Gandhian sociological lens. Specifically, the study aims:

- To identify the limitations of individualized and market-driven wellness cultures in the twenty-first century.
- To explore the conceptual relationship between Gandhi's social philosophy of *swaraj* (self-rule) and his practices of physical and moral health.
- To analyze Gandhi's naturopathic experiments as forms of embodied ethics and as a critique of industrial modernity.
- To propose an ethical–relational framework of well-being that addresses contemporary lifestyle and health challenges.

4. HYPOTHESIS/RESEARCH QUESTIONS

Given the interpretive and theoretical nature of the study, the analysis is guided by the following research questions:

- How do contemporary forms of biopolitics and neoliberal rationality shape modern understandings of well-being?
- In what ways did Gandhi's naturopathic experiments function as practices of moral self-governance rather than merely therapeutic interventions?
- To what extent can a Gandhian ethical framework offer a meaningful alternative to the commodified wellness industry?

5. METHODOLOGY

This research uses a qualitative, interpretive methodology to analyze well-being as a socially and ethically constructed reality. Because this is a conceptual and theoretical investigation, the study does not gather primary empirical data. Instead, it centers on a critical re-examination of established texts, historical archives, and sociological frameworks.

The core analytical work relies on critical discourse analysis. The paper examines contemporary narratives regarding wellbeing, particularly within public health policies and corporate wellness frameworks. This is done in order to expose hidden assumptions in the narratives about bodily discipline, personal responsibility, and self-regulation. To counter these modern discourses, a close reading of Mahatma Gandhi's key writings, focusing heavily on Hind Swaraj (1909/2011) and Key to Health (1948) is applied. This textual analysis allows me to find out his foundational philosophical principles and map their points of separation from modern wellness trends.

Moreover, the paper tries to build a comparative theoretical dialogue by placing Gandhian thought with major sociological concepts. I especially use Michel Foucault's (1978) 'critique of biopower' and Pierre Bourdieu's (1984) formulation of 'habitus' to understand how macroeconomic power, structural discipline, and institutional norms influence everyday physical choices. To ground this theoretical comparison, I review archival materials from the Collected Works of Mahatma Gandhi, tracing his experiments with fasting, dietetics, and naturopathy. Instead of analysing these experiments as just alternative therapies, it interprets them as thoughtful ethical disciplines deeply embedded with his bigger socio-political commitments for the just - ethical society.

Consequently, an interdisciplinary framework is being tried to be developed by bridging sociology, philosophy, and critical health studies together. This multi-disciplinary integration provides the understanding that well-being can not be narrowed or minimized to just biological or psychological outcome. It must treat health as a dynamic trajectory shaped by ethical choices, relational/social structures, and political contexts. Ultimately, this theoretical approach provides a critical, ethically urgent framework for reimagining what human flourishing should mean today.

6. RESULTS AND DISCUSSION

Analyzing above mentioned frameworks reveals that redefining well-being requires a fundamental shift from how we must stop viewing health as a consumable product and start treating it as an active ethical engagement which is interconnected with other realities around us. The following thematic analysis proposes to contrast the mechanics of dominant, market-driven wellness paradigms against the radical alternative offered by Gandhian philosophy.

6.1 Individualization and the Governance of Well-Being

The core finding of this analysis is that existing well-being models operate on an individualized, outcome-driven logic heavily shaped by the market. Through conceptualizing

well-being as a personal achievement rooted in resilience and constant self-optimization, these models reshape health into a personal duty rather than a socially embedded reality.

From a sociological perspective, this dynamic is being seen as an exercise that has been found in the modern governance system. The concept of 'biopower' by Michel Foucault (1978) explains exactly how this works. His argument is that modern power structures convince individuals to regulate their own bodies to meet systemic norms of health/wellbeing and economic productivity. It is similarly explained by Nikolas Rose (2007) that contemporary governance thrives by shaping individual choices under the banner of personal freedom, through which people can be controlled. He also argues that well-being is being weaponized as a moral imperative. We are constantly expected to audit, track, shape and share our physical and mental states through data. This extreme focus on individual self-regulation is serving as a convenient political distraction, from the structural inequalities, exhausting labor conditions, social exclusion and environmental degradation that actually cause ill health to numerous people around the world.

6.2 Commodification and the Wellness Industry

This paper also demonstrates how well-being has been absorbed completely into capitalist consumption patterns through various tools and means to lure people to believe that health is an individualistic activity and responsibility. Everyday practices, whether fitness routines, strict dietary plans, mindfulness apps, yoga or alternative therapies, are repackaged and rebranded as saleable commodities to increase profit. This commercial expansion thoughtfully illustrated by David Harvey (2005) in his 'critique of neoliberal economic logic' which invades the intimate spaces of physical health.

As a result, availability and access to wellness tools/means is highly stratified, divided along with hierarchy of socio-economic status and cultural capital people have. On the one hand, the idea of 'habitus' by Pierre Bourdieu (1984) helps to explain how these commercialized-marketised choices are internalized and performed as lifestyle preferences, on the other hand, Henri Lefebvre (1991) points out how everyday life is systematically structured by consumption cycles. Modern wellbeing trends offer temporary, superficial remedies for deep structural anxieties and they provide individual escape routes while leaving or ignoring systemic social isolation and inequality totally unchallenged. Well-being, in this state, is both highly commercialized and deeply unequal.

6.3 Gandhian Well-Being as an Ethical–Community/Relational Practice

Gandhian thought stands in opposition to these marketized models. As per the Gandhian paradigm, well-being is never a final commodity to be acquired, but it is an ongoing, active

ethical process grounded in self-discipline, restraint, and mutual social responsibility (Gandhi, 1909/2011, 1948).

This idea connected with the concept of 'swaraj', in which Gandhi expanded from just political independence to encompass moral self-regulation by simplicity, the deliberate limitation of desires, and mindful living. Gandhi directly confronts the capitalist assumption that more consumption is equivalent to a better life. For Gandhi, true health emerges from an ethical alignment with self, the community, and the natural world. This perspective completely repositions health as an interrelational practice woven into the fabric of everyday ethical life.

6.4 Naturopathy as Embodied Ethical practice

Gandhi's focus and advocacy to naturopathy is the implementational expression of this philosophy of realisation of being part of nature. His experiments with fasting, particular dietary control, and nature-based healing were not to be understood as just therapeutic interventions or alternative medicine but they were well thought ideas meant for moral self-reflection and ethical character development.

While corporate wellbeing culture prioritizes speed, efficiency, and quantifiable/codifying the data, Gandhian naturopathy requires moderation, enhanced awareness, and self-restraint/control to follow in everyday life. As per Gandhian philosophy, the human body should not be treated as a just machine to be managed for corporate productivity, but as a space/place/site for developing moral values which could be practiced in daily life. Importantly, these practices emphasize radical self-dependency. He argues to use easily available, natural remedies in order to reduce human dependence on commercial medical commodities. He is offering a vision of health that is both simple, social and participatory/democratic. With this idea and practical guidance Gandhi tried to bring true independent life into practice.

6.5 Limitations and Contextualisation of Gandhian ideas for wellbeing

A proper sociological analysis should also acknowledge the limitations of Gandhian framework of practices. Many of Gandhi's naturopathic methods/Medicines do not have empirical evidence, methodological and scientific validation and cannot simply be applied unequivocally across various cultural, social or clinical contexts. Apart from it, a high focus on personal self-discipline has a higher risk to avoid structural inequality existing in each society. In a highly unequal world, everyone does not have the material security, time, or resources required to adopt these demanding lifestyle rules and regulations proposed by Gandhi. Hence, Gandhian ideas have limited space for real practice but it has radical potential to alter present day over commercialised concepts of wellbeing and health.

Therefore, Gandhian thought should not be treated as a rigid, universal blueprint. Instead, its true value lies in its power as a critical diagnostic framework—one that shatters dominant wellness myths and carves out conceptual space for alternative, non-commercial ways of living.

6.6 Toward an Ethical–Relational Framework of Well-Being

The contrast between corporate wellness paradigms and Gandhian philosophy is clear and direct. Current models champion individual optimization, market consumption, and total personal accountability. Gandhi demands ethical self-regulation, community accountability, and conscious restraint, where social atmosphere plays a pivotal role.

This divide proves that we desperately need a broader framework that integrates personal ethics with a sharp critique of social structures. Combatting modern crises—such as chronic lifestyle diseases, widespread mental health struggles, and environmental breakdown—requires moving far beyond individualistic self-care. In this sense, Gandhian principles give us the necessary conceptual tools to rebuild a health framework that is genuinely holistic, socially responsible, and ecologically grounded.

7. CONCLUSION

As we can see, this paper has interrogated contemporary frameworks of well-being, highlighting their obsessive focus on individual responsibility and market-driven metrics. These dominant models successfully expanded the health conversation to include psychological states and lifestyle choices, but they remain structurally unequipped to address the ethical and relational dimensions of daily existence. Consequently, well-being is treated as an isolated personal duty—a framing that effectively masks the broader social inequalities and power dynamics that dictate health outcomes.

By revisiting Mahatma Gandhi's social philosophy, I have mapped out a necessary alternative built on ethical self-governance, deliberate restraint, and relational accountability. The concept of swaraj transforms how we conceptualize health like it shifts well-being from a stationary goal to be bought or achieved into an active, everyday ethical practice. Gandhi's reflections on simplicity, self-discipline, and natural alignment directly challenge the capitalist equation that matches well-being with endless consumption and personal optimization.

Furthermore, analyzing Gandhian naturopathy reveals how bodily management can serve as a canvas for ethical engagement, directly bridging personal health with broader social and ecological realities. Of course, these historical practices have contextual limitations we need to understand. Their real academic value lies not in blindly copy-pasting them into modern

medicine, but in their capacity to shatter prevailing assumptions about what constitutes a healthy life.

Eventually, this paper advocates for a restructuring of the well-being paradigm. We have to integrate personal ethical discipline with a systematic and analytical awareness of structural conditions, which are affecting our concept of well-being. This synthesized understanding is the need of the hour as we are confronting bigger twenty-first-century crises like chronic lifestyle diseases, mental health epidemics, and accelerating ecological collapses all over the world. By concentrating on the ethical and relational-community based anchors of health-wellbeing, Gandhian ideas are offering logical-ethical-methodological tools for building a more holistic, just and socially-culturally grounded framework of human flourishing.

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