



POSITIVE PSYCHOLOGY'S BIGGEST MISTAKE

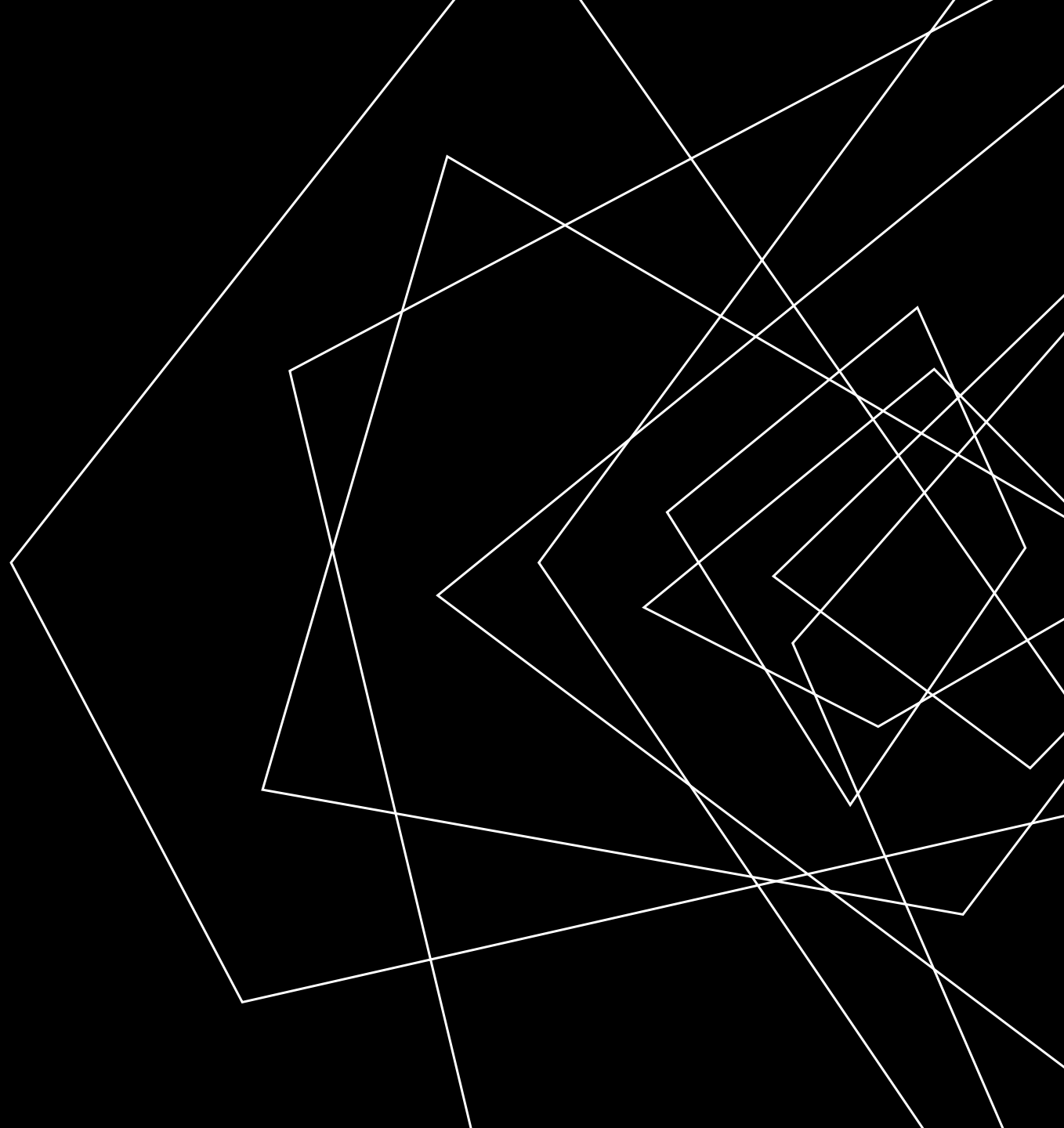
Podium Presentation, IPPA World Congress on Positive Psychology, Vancouver, Canada, 20-23 July 2023.

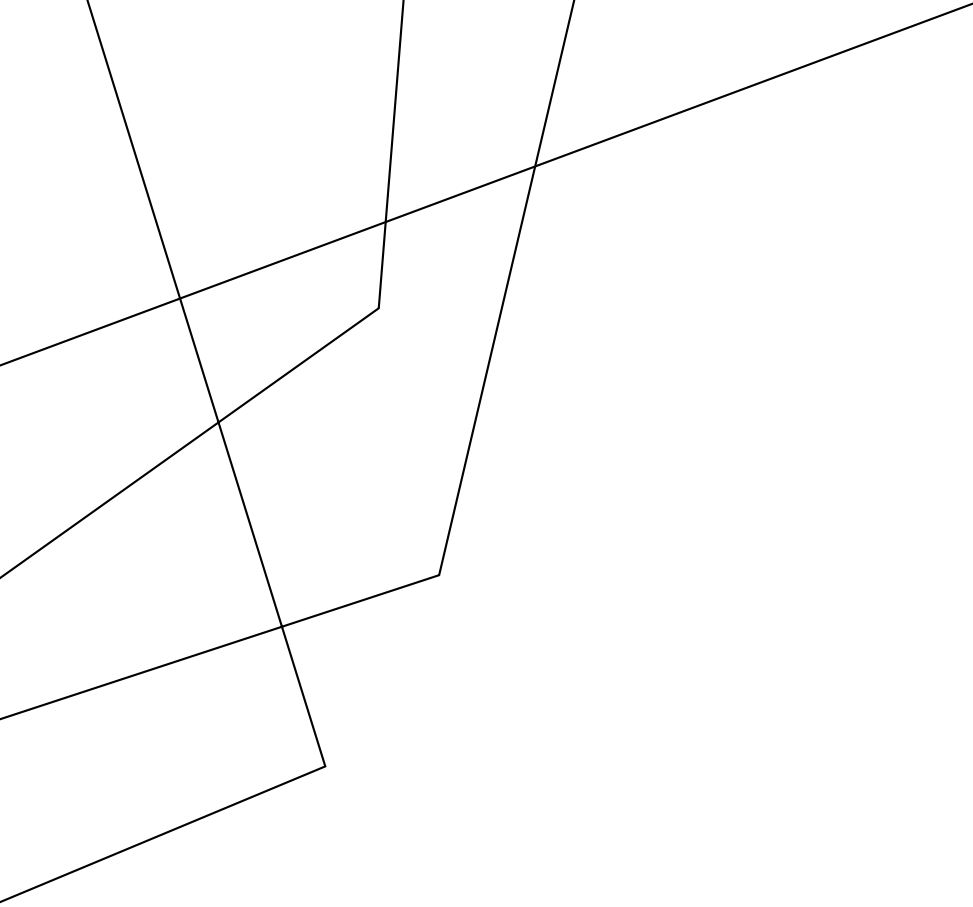
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WHAT IS
WELLBEING?





MY ARGUMENT

I argue that the majority of the literature base of positive psychology rests on understanding ‘wellbeing’, and that accurately defining and conceptualising ‘wellbeing’ is an essential first step, yet almost always completely overlooked or done poorly, in the successful development of any wellbeing theory, research, policy, or intervention.

It is this lack of clear and agreed upon definition of ‘wellbeing’, or link back to cited literature, or lay perspectives, that is one of positive psychology’s biggest mistakes.

The aim of this talk is to synthesize some findings to date, looking across different population groups, to provide insight into what ‘wellbeing’ is and means.



WHAT IS WELLBEING?

Common definitions

“Wellbeing can be understood as how people feel and how they function both on a personal and social level, and how they evaluate their lives as a whole.” - Michaelson, J., Mahony, S., & Schifferes, J. (2012).

“How well someone’s life is going for them.” - Crisp, R. (2014).

n. *“a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life” – APA Dictionary.*



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WHAT IS WELLBEING?

Similar terms

Wellness.

Flourishing.

Thriving.

Life satisfaction.

Happiness.

Quality of life.

Mental health.

Subjective wellbeing.

The list goes on...

Disciplinary interest

Philosophy.

Economics.

Literature.

Religious studies.

Health sciences.

Developmental studies.

Psychology: Positive psychology,
Clinical Psychology, Counselling
Psychology, Coaching Psychology,
Humanistic Psychology...

STATE OF PLAY AS I SEE IT

1. Different disciplines define wellbeing differently.
2. Wellbeing is not well defined within disciplines (or at all) or in public discourse (e.g., media).
3. Wellbeing is a multi-dimensional concept.
4. Wellbeing is an increasing popular term and topic.

This all leads to lack of clear definition and conceptualisation of wellbeing being hugely problematic because:

1. Almost our complete literature base in positive psychology rests on what we mean by “wellbeing.”
2. It makes talking to, and working with, different disciplines challenging.
3. It’s a conundrum for practitioners (i.e., model selection, test selection).

I think accurately conceptualising wellbeing is an essential first step in the successful development or implementation of any:

- Wellbeing theory.
 - Policy.
 - Intervention.
 - Assessment.
 - Debate.
- Or any activity really...



WHAT DO WE KNOW ABOUT WHAT WELLBEING IS?

WITTGENSTEIN

“the meaning of a word is its use in the language”

(Wittgenstein, 1958, S43).

PROTOTYPE ANALYSIS

Eleanor Rosch (1975). Prototype analysis involves ranking features (as either central or peripheral) rather than identifying critical features (deeming them necessary and sufficient).

STUDIES

Different prototype studies asked 1) Teachers and Lawyers, 2) Chinese Students, 3) Adolescents, and 4) Nurses about how they conceptualise wellbeing. So this research looks at how each of these populations conceptualise wellbeing. In other words, what are the key components of wellbeing from their perspective?

1. TEACHERS AND LAWYERS

- Central components of wellbeing = good relationships, physical health, work-life balance, and feeling valued.
- Less important components of wellbeing = mindfulness, achievement, engagement, and optimism.
- Insight = Being happy is not highly central, relationships and feeling valued is.

2. CHINESE STUDENTS

- Central components of wellbeing = self-strength, positivity and optimism, contentment, physical health, meaning and purpose, and security.
- Less important components of wellbeing = autonomy and freedom, and productivity.
- Insight = Meaning and purpose, positivity and optimism are important, autonomy and freedom not so important.



STUDIES

3. NURSES

- Central components of wellbeing = mental health, general health, physical health, work-life balance, love, enjoyment, and personal relationships.
- Less important components of wellbeing = mindfulness, accomplishment, society contribution, and peace.
- Insight = Importance of relationships, health, having balance.

4. ADOLESCENTS

- Central components of wellbeing = being happy, having fun, being kind, and feeling safe.
- Less important components of wellbeing = gratitude, peace, focused, and achievement.
- Insight = Being happy is central, a sense of meaning and purpose was completely missing.



STUDIES

5. ACADEMICS

The below all seem very different to what teachers and lawyers, Chinese students, nurses, and adolescents told us. There were different components in each conceptualisation, and different levels of importance of some components compared to others.

- Seligman's PERMA.
- Diener's tripartite model of subjective wellbeing.
- Ryff's six-factor model of psychological wellbeing.
- Keyes's flourishing.
- Five ways to wellbeing.
- Causal network model of wellbeing and illbeing.
- Biopsychosocial model of wellbeing.
- The list go on...

SYNTHESIZING FINDINGS TO DATE

- 1 Distinctly different groups, such as adolescents, lawyers and teachers, Chinese students, and nurses, conceptualise 'wellbeing' differently. When they think about the term wellbeing, they think about different things.
- 2 When these groups do think about wellbeing, and are presented with components related to wellbeing, they rate the centrality (importance) of various aspects quite differently to other groups.
- 3 Some components are more important for particular groups – e.g., For nurses wellbeing is relational, for adolescents it's hedonic, for Chinese students its optimism, for teachers and lawyers its feeling valued and having work-life balance.
- 4 Some components are less important for particular groups – e.g., meaning and purpose not important for adolescents, happiness not important for teachers and lawyers, spirituality not important for nurses...

A series of white, overlapping geometric lines and polygons on a black background, located on the left side of the slide. The lines are of varying lengths and orientations, creating a complex, abstract pattern.

IMPLICATIONS

- Understanding multiple perspectives may enable us to develop more accurate components of wellbeing in our assessment measures and frameworks, and for our cross-sectional and longitudinal studies.
- Understanding multiple perspectives may also help us to enhance the overall precision, acceptability, and effectiveness of wellbeing interventions targeting various populations.
- All lay conceptions of wellbeing differ dramatically from the academic definitions and subsequent models.



IMPLICATIONS

- We need to work towards a consensus definition of wellbeing – both for positive psychology and across the wellbeing sciences more broadly.
- In the meantime:

“We need to start asking people ‘what does wellbeing mean to you?’ and go from there – it seems a personalised notion...”

ACKNOWLEDGEMENT OF STUDIES

Lucy Hone: Teachers and Lawyers - Hone, L., Schofield, G., & **Jarden, A.** (2016). Conceptualizations of wellbeing: Insights from a prototype analysis on New Zealand workers. *New Zealand Journal of Human Resource Management*, 12 (2), 97-118.

Gazal Bharara: Adolescents - Gazal, B., Duncan, S., **Jarden, A.**, & Hinckson, E. (2019). A prototype analysis of New Zealand adolescents' conceptualizations of wellbeing. *International Journal of Wellbeing*, 9 (4), 1-25.
doi:10.5502/ijw.v9i4.975

Lanxi Huang: Chinese students -Huang, L., Kern, M. L., & Oades, L. G. (2022). Chinese international students' conceptualizations of wellbeing: A prototype analysis.

Rebecca Jarden: Nurses - Jarden, R. J., Sandham, M., Siegert, R. J., Koziol-McLain, J. (2021). General well-being of intensive care nurses: A prototype analysis. *Nursing Critical Care*. 1- 12. doi:10.1111/nicc.12706



QUESTIONS?



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