A prototype analysis of New Zealand adolescents’ conceptualisations of wellbeing

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Plan

• This is a talk about a study of New Zealand adolescents’ conceptualisations of wellbeing:
  • Why we did it.
  • What we know.
  • What we did.
    – Study 1
    – Study 2
    – Study 3
  • What we found.
  • Implications and next steps.

Why we did it
Why we did it

Why

• The United Nations (1989) has declared that **wellbeing is a basic right for adolescents** and that their views must be obtained in all matters that affect them.

• Both national and international governments, as well as adolescent wellbeing scientists, have stressed the importance of **greater participation of adolescents in conceptualising wellbeing and considering adolescents’ conceptions in wellbeing models, programs, and policies.**

• Researchers conceptualise wellbeing in partly distinct ways, and in addition, **perceptions of adolescents are likely to differ to adults.**

• Although adolescents are willing and capable to contribute, existing wellbeing research has traditionally shown a **bias towards adults conceptualisations.**

• There are limited studies and an **inadequate understanding** of what constitutes and promotes wellbeing for adolescents.

• Differences in perspectives among **researchers, adults and adolescents** about wellbeing conceptualisations have **significant implications for assessment and intervention.**

• Presently there is **no global or agreed upon definition of wellbeing.**
Why we did it

• Whether adolescents’ components of wellbeing vary as a function of socioeconomic status is also yet to be investigated empirically (even for adults).

• In sum, understanding adolescents perspectives may enable us to develop more accurate components of our assessment measures and frameworks of our cross-sectional and longitudinal studies. It may also help to enhance the overall precision, acceptability, and effectiveness of wellbeing interventions targeting this population.
Why we did it

What we know

• There has been some emerging research efforts at obtaining adolescents’ views of wellbeing in developed countries.
  – Rees & Dinisman, 2015 - Algeria, Brazil, Chile, England, Israel, Romania, South Africa, South Korea, Spain, Uganda, and USA. (none in China that I’m aware of…)
• The scant empirical research in other countries is largely qualitative in nature.
• There are some models:
  – E.g., Renshaw et al. (2014) propose 12 positive psychology building blocks for adolescents, composed of four core components of belief-in-self, belief-in-others, emotional competence, and engaged living.
• And conceptualisations of wellbeing in older adolescents (17 to 21 year old’s):
  – Having resources, being independent, relating well with teachers, functioning effectively in assessment-related activities, and striving towards scoring credits were reported most important.
What we did
What we did

Overview

• Investigated the components of, and pathways to (things adolescents reported doing to promote their wellbeing), wellbeing as per the perceptions of New Zealand adolescents (aged 11 to 13) from low- and high-socioeconomic status populations utilising a mixed-method approach (prototype analysis).

• We were interested in:
  – Whether the concept of wellbeing is prototypically organized (that is, if not all instances of a concept share all of the features of a prototype) for adolescents.
  – Whether adolescents’ conceptualisations of wellbeing are consistent with academic models of wellbeing, or with adults conceptualisations.
  – Whether socioeconomic status influences adolescents’ conceptualisations.
  – The different ways New Zealand adolescents promote individual wellbeing (pathways).
Prototype analysis

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

- In a prototype approach, all components of a concept are not equally representative of that concept, contrary to a classical view where category membership is determined by necessary, sufficient, and fixed criteria (Rosch, 1975).

- A prototype approach helps in identifying a “fuzzy collection” of the central components of a concept (also called prototypes).

- In order for a construct to demonstrate a prototype structure, two conditions must be met (Rosch, 1975).
  - First, individuals must be able to list components relevant to the concept and then reliably rate (agree upon) the centrality of these components to that concept.
  - Second, the centrality rating of each component should influence how individuals think about the concept.
What we did

• Prototype analysis has been established as an effective method of analysis for natural language categories, such as:
  – Emotions – e.g., happiness and fear (Fehr & Russell, 1984).
  – Gratitude (Lambert, Graham, & Fincham, 2009).
  – Forgiveness (Kearns & Fincham, 2004),
  – Love (Fehr, 1988).
  – Adults ‘wellbeing’ – teachers, lawyers (Hone et al., 2015).
  – ‘Work wellbeing’ of nurses (Jarden, Sandham, Siegert, & Koziol-McLain, 2018).
What we did

Overview of studies

- Three studies were conducted:
  - Study 1 - participants listed the components and pathways regarding wellbeing in free-response format.
  - Study 2 - a different sample of participants rated the centrality (or importance) of the components generated in Study 1.
  - Study 3 - tested the hypothesis that central components of wellbeing were related more closely to perceptions of wellbeing than the peripheral components of a third sample of adolescents.
- The effect of socioeconomic differences was examined in all three studies.
What we did

Recruitment process for all studies.

• We emailed schools in Auckland, New Zealand, and used convenience sampling for recruitment.

• In New Zealand, school decile is a key measure of the school students’ socioeconomic status. Decile 1 draws the highest proportion of students from low-socioeconomic backgrounds, whereas Decile 10 draws the highest proportion of students from high-socioeconomic backgrounds.

• Two state intermediate schools agreed to participate in the study: one Decile 1 and the other Decile 10.

• These schools were located in ethnically and socioeconomically diverse regions. The schools provided different classes for participant recruitment. From each class that was offered, we recruited only those students who assented to participate.

• There was no overlap in participants of the three studies, and the participants of all three studies were recruited from the same two schools.

• Total of three samples: N = 361, aged 11 to 13 years.
Study One
What we did

Study one participants

- The sample comprised 125 adolescents (65 boys and 60 girls) aged 11 (39%), 12 (55%) and 13 (6%) from Year 7 (46%) and Year 8 (54%) from two Auckland schools.

- Thirty-eight percent of participants were from a low-decile school (48 from Decile 1) and 62% from a high-decile school (77 from Decile 10).

- Approximately 53% of the sample was New Zealand European. The remaining participants were Māori (indigenous people, 11%), Pacific Islanders (18%), Asian (7%), and African/Middle Eastern (4%). Approximately 7% of participants indicated they were of mixed ethnicity.
What we did

Procedure

• They were given the following verbal, and then on-screen, instructions in their respective schools: This is a study on what young New Zealanders of your age think of when they think of the word wellbeing. For example, if you were asked to list the components of fear, you might write: possible danger occurs, heart beats wildly, eyes open wider, the person runs as fast as they can. Similarly, if you were asked to write the components of sadness, you might write: becoming quiet and lazy, crying. In the current study, we are not interested in fear or sadness, but in the characteristics of wellbeing. Imagine that you are explaining the concept wellbeing to someone who does not know about wellbeing and answer the following question: What, in your opinion, are the components of wellbeing? There is no time limit. List as many as you can.

• After the participants answered the above question, they answered an additional question on the same screen: What, in your opinion, enhances your wellbeing? Specifically, which factors in your life or particularly at your home, school, and society help in improving your wellbeing?
What we did

- The coding procedure produced 551 component linguistic units, which were reduced to 203 after deleting duplicates, yielding an average of 4.40 components per participant.
  - 4.60 for high-decile group and 4.00 for low-decile group.
- The 203 component linguistic units of wellbeing were further thematically reduced to 26 components of wellbeing.
- For pathways, 565 linguistic units were reduced to 188 with each participant generating an average of 4.52 linguistic units.
  - 4.54 for the low-decile group and 4.50 for high-decile group.
Study Two
What we did

Study two participants

• The sample comprised 122 adolescents (65 boys and 57 girls) aged 11 (32%), 12 (57%) and 13 (11%), from Year 7 (39%) and Year 8 (61%), from two schools in Auckland.

• Thirty-four percent of participants were from a low-decile school (42) and 66% (80) from a high-decile school.

• Approximately 56% were of European background, 13% were Māori, and 12% were Pacific Islanders. Some participants indicated that they were Asian (7%) or African (2%). About 10% of participants reported that they were of mixed ethnic background (including Māori European, Pacific Māori or Pacific European).
What we did

Procedure

• They were given the following verbal, and then on-screen, instructions in their respective schools:

In a previous study, we asked students of your school level to list the components of wellbeing that came to their mind when they thought of the word wellbeing. On the next page, you will read the responses of the students in our earlier study in alphabetical order. After reading each one, please rate how important or less important you think each component is to your understanding of wellbeing by clicking a number between 0 (an extremely poor component of wellbeing) to 10 (an extremely good component of wellbeing).
Study Three
Study three participants

- Participants were 114 adolescents (60 boys and 54 girls), the age of the participants was 11 (28%), 12 (58%), and 13 (14%) years, and 41% were from Year 7 and 59% from Year 8.
- Thirty-seven percent of participants were from a low-decile (37%, 42) and high-decile (63%, 72) schools.
- Participants were of different ethnic backgrounds including New Zealand European (55%), Pacific Islander (17%), Māori (12%), Asian (11%), and African/Middle Eastern (2%). The remaining identified themselves as of mixed ethnicities (3%).
- This sample had similar demographic characteristics to the previous samples.
What we did

Procedure

• To address the aim, adolescents were presented with descriptions of two imaginary persons depicting the central and peripheral components of wellbeing identified in study two.

• In using central and peripheral components of wellbeing in writing the scenarios, a procedure of median split was applied to divide the study two centrality ratings into central and peripheral categories consistent with other prototype analysis studies.
  – Centrality ratings higher than 7.98 (median of the 26 ratings) were considered central, and ratings lower than this value were considered peripheral.

• Participants were presented with a scenario describing central (Sam’s) and peripheral (Laura’s) components of wellbeing in a random manner. Mean centrality scores of central and peripheral components were 8.38 and 7.22 respectively.

• Participants were instructed to rate how closely each scenario matched with their concept of wellbeing by clicking a number on an 11-point scale (0 = extremely poor match to 10 = extremely good match).
What we did

Procedure

• Sam’s wellbeing:
  – Sam is happy and feels good. He is known for his kindness and helpful nature. When he is at school, he believes in his abilities to accomplish goals. When he is not at school, he engages in fun activities that he likes for the sake of his enjoyment. In general, he feels emotionally and physically safe at his school and at his home. What’s more, his school counsellor recently informed him that he has good mental health.

• Laura’s wellbeing:
  – Laura is energetic. She does not feel sad. Being expressive by nature, she likes interacting with her classmates during class discussions. She experiences a sense of satisfaction when she focuses on her school work. Although she is from a wealthy family and leads a comfortable life, she contentment and peace in life’s small blessings.
What we found
What we found

Study one

- Table on the next slide shows the 26 components of wellbeing, sorted by study two centrality ratings.
- The table displays the frequency of components (the number of times each component occurred in the text) and the participants’ listing percentage of the components. Note that how frequently each component occurred in the text was different compared to the percentage of participants that mentioned a component.
- The table also depicts the percentage of participants that listed each component from low- and high-decile schools.
What we found

Study one

- More than 70% of the sample listed being happy as a component of well-being, followed by being kind/helpful (35%), and good physical health (34%).
- Being focused (2.4%), contentment/peace (3.2%), and being grateful (3.2%), were the least listed components.
- Only 5.6% listed comfort/being wealthy as a component of well-being.
- Interesting:
  - they listed ‘feeling safe’ (not in models).
  - Good relationships 12%.

Table 1: Wellbeing Components Arranged by Study 2 Centrality Ratings

<table>
<thead>
<tr>
<th>Component</th>
<th>Study 1 Frequency</th>
<th>% low decile</th>
<th>% high decile</th>
<th>% total participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being happy</td>
<td>130</td>
<td>70.8</td>
<td>74.0</td>
<td>72.8</td>
</tr>
<tr>
<td>Enjoyment/having fun</td>
<td>19</td>
<td>20.8</td>
<td>7.79</td>
<td>12.8</td>
</tr>
<tr>
<td>Feeling good</td>
<td>22</td>
<td>14.7</td>
<td>19.5</td>
<td>17.6</td>
</tr>
<tr>
<td>Feeling safe</td>
<td>20</td>
<td>10.4</td>
<td>13.0</td>
<td>12.0</td>
</tr>
<tr>
<td>Good mental health</td>
<td>14</td>
<td>8.33</td>
<td>11.7</td>
<td>10.4</td>
</tr>
<tr>
<td>Being kind/helpful</td>
<td>54</td>
<td>56.4</td>
<td>22.1</td>
<td>35.2</td>
</tr>
<tr>
<td>Belief in your abilities</td>
<td>7</td>
<td>4.12</td>
<td>6.49</td>
<td>5.60</td>
</tr>
<tr>
<td>Being respectful</td>
<td>19</td>
<td>27.0</td>
<td>5.19</td>
<td>13.6</td>
</tr>
<tr>
<td>Being respected/encouraged</td>
<td>9</td>
<td>6.25</td>
<td>6.49</td>
<td>6.40</td>
</tr>
<tr>
<td>Positive attitude/optimism</td>
<td>11</td>
<td>2.08</td>
<td>11.7</td>
<td>8.00</td>
</tr>
<tr>
<td>Self-confidence</td>
<td>7</td>
<td>2.08</td>
<td>7.79</td>
<td>5.60</td>
</tr>
<tr>
<td>Good values</td>
<td>5</td>
<td>2.08</td>
<td>3.90</td>
<td>3.20</td>
</tr>
<tr>
<td>Being grateful</td>
<td>4</td>
<td>2.08</td>
<td>3.90</td>
<td>3.20</td>
</tr>
<tr>
<td>Good relationships</td>
<td>26</td>
<td>12.5</td>
<td>13.0</td>
<td>12.8</td>
</tr>
<tr>
<td>Excitement</td>
<td>18</td>
<td>12.5</td>
<td>15.6</td>
<td>14.4</td>
</tr>
<tr>
<td>Good physical health</td>
<td>50</td>
<td>22.9</td>
<td>40.3</td>
<td>33.6</td>
</tr>
<tr>
<td>Good</td>
<td>21</td>
<td>16.7</td>
<td>14.3</td>
<td>15.2</td>
</tr>
<tr>
<td>Success/achievements</td>
<td>7</td>
<td>4.12</td>
<td>6.49</td>
<td>5.60</td>
</tr>
<tr>
<td>Feeling calm and relaxed</td>
<td>9</td>
<td>6.25</td>
<td>6.49</td>
<td>6.40</td>
</tr>
<tr>
<td>Contentment/peace</td>
<td>1</td>
<td>0.00</td>
<td>5.19</td>
<td>3.20</td>
</tr>
<tr>
<td>Sense of satisfaction</td>
<td>9</td>
<td>2.08</td>
<td>9.09</td>
<td>6.40</td>
</tr>
<tr>
<td>Energetic</td>
<td>15</td>
<td>10.4</td>
<td>13.0</td>
<td>12.0</td>
</tr>
<tr>
<td>Being focused</td>
<td>3</td>
<td>0.00</td>
<td>3.90</td>
<td>2.40</td>
</tr>
<tr>
<td>Being expressive</td>
<td>6</td>
<td>4.12</td>
<td>5.19</td>
<td>4.90</td>
</tr>
<tr>
<td>Comfort/being wealthy</td>
<td>8</td>
<td>2.08</td>
<td>7.79</td>
<td>5.60</td>
</tr>
<tr>
<td>Absence of sadness</td>
<td>8</td>
<td>0.00</td>
<td>9.09</td>
<td>5.60</td>
</tr>
</tbody>
</table>

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What we found

Study one

- Both socioeconomic groups listed being happy as their most frequently reported component of wellbeing.

- While the low-decile school participants listed being kind/helpful second (56%), the component moved into third place for the high-decile school’s participants (22%).

- High-decile schools valued physical health more.

- Other differences =
What we found

Study one

- The figure on the next slide shows a word cloud that illustrates the 37 pathway categories of wellbeing.
  - The size of the text in the figure is based on the participants’ listing percentage.
What we found

Study one

• More than half of the adolescents thought that positive family relationships (60%) and positive friendships (55%) enhance their wellbeing.

• While 34% of the participants listed physical activity/sport, 30% listed hobbies/doing things that interest you as important pathways to wellbeing.

• Other important pathways were nature (17%), digital entertainment (16%), pet ownership and attachment (14%), being kind/helpful (14%), socializing, and being around positive people (13% each).

• Both socioeconomic groups frequently listed positive family relationships, positive friendships, and physical activity/sport as pathways to wellbeing.
What we found

Study two

• The objective of study two was to determine the centrality of study one components.
  “If a concept possesses a prototypical structure, the individuals should not only be able to list the components of a concept but also rate how central or peripheral each component is to their concept of wellbeing with substantial agreement on these ratings”.
What we found

Study two

• The table on the next slide shows the mean centrality ratings of the components in descending order.

• The correlation between centrality ratings in Study 2 and participants’ listing percentage in Study 1 was moderately positive ($r_s (\rho) = 0.522$, $p < .01$ one-tailed).

• Nearly half of the components were listed frequently and given high centrality ratings (e.g., being happy), whereas some components that were frequently mentioned in Study 1 received a relatively lower centrality rating in Study 2 (e.g., good physical health).
What we found

Study two

• Components considered central to ‘wellbeing’.
• Not so central.
• What the literature says drives wellbeing, and where is meaning/purpose?

<table>
<thead>
<tr>
<th>Component</th>
<th>Study 1 Frequency</th>
<th>% low decile</th>
<th>% high decile</th>
<th>% total participants</th>
<th>Study 2 Centrality rating</th>
<th>SD ($)</th>
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</thead>
<tbody>
<tr>
<td>Being happy</td>
<td>130</td>
<td>70.8</td>
<td>74.0</td>
<td>72.8</td>
<td>9.03</td>
<td>1.51</td>
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<tr>
<td>Enjoyment/having fun</td>
<td>19</td>
<td>20.8</td>
<td>7.99</td>
<td>12.8</td>
<td>8.80</td>
<td>1.53</td>
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<td>Feeling good</td>
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<td>19.5</td>
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<td>1.48</td>
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<td>12.0</td>
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<td>1.76</td>
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<td>14</td>
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<td>1.73</td>
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<td>1.96</td>
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<td>15.2</td>
<td>7.77</td>
<td>2.00</td>
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<td>Feeling calm and relaxed</td>
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<td>6.40</td>
<td>7.74</td>
<td>1.90</td>
</tr>
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<td>Contentment/peace</td>
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<td>9.09</td>
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<td>2.08</td>
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<td>2.40</td>
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<td>Being expressive</td>
<td>6</td>
<td>4.12</td>
<td>5.19</td>
<td>4.80</td>
<td>6.57</td>
<td>2.34</td>
</tr>
<tr>
<td>Comfort/being wealthy</td>
<td>8</td>
<td>2.08</td>
<td>7.79</td>
<td>5.60</td>
<td>6.11</td>
<td>2.99</td>
</tr>
<tr>
<td>Absence of sadness</td>
<td>8</td>
<td>0.00</td>
<td>9.09</td>
<td>5.60</td>
<td>5.58</td>
<td>2.98</td>
</tr>
</tbody>
</table>
What we found

Study two

• Figure shows a scatterplot graph illustrating the relationship between Study 1 and Study 2 component rankings.

• For example, feeling good was ranked third in Study 2 but fourth in Study 1.

<table>
<thead>
<tr>
<th>Component</th>
<th>Study 1 Frequency</th>
<th>% low decline</th>
<th>% high decline</th>
<th>% total participants</th>
<th>% total centrality rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being happy</td>
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<td>70.8</td>
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<td>9.03</td>
</tr>
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<td>20.8</td>
<td>7.79</td>
<td>12.8</td>
<td>8.80</td>
</tr>
<tr>
<td>Feeling good</td>
<td>22</td>
<td>14.7</td>
<td>19.5</td>
<td>17.6</td>
<td>8.63</td>
</tr>
<tr>
<td>Feeling sad</td>
<td>20</td>
<td>10.4</td>
<td>13.0</td>
<td>12.0</td>
<td>8.63</td>
</tr>
<tr>
<td>Good mental health</td>
<td>14</td>
<td>8.33</td>
<td>11.7</td>
<td>10.4</td>
<td>8.47</td>
</tr>
</tbody>
</table>
What we found

Study two

• Significant differences exist in mean centrality ratings of five components as a function of school decile.

• Specifically, individuals in the low-socioeconomic group considered the following components as more central for wellbeing than the high-socioeconomic group:
  – being focused.
  – comfort/wealthy.
  – good physical health.
  – good values.
  – success/achievements.

• The high-socioeconomic group did not consider any component more central than the low-socioeconomic group.
What we found

Study two

• So adolescents perceive some wellbeing components as more central than others, thereby fulfilling the first condition for ascertaining a concept’s prototypical structure.
  – For example, feeling safe, enjoyment/having fun, and being kind/helpful received higher ratings than the components comfort/being wealthy and sense of satisfaction, which are less prototypical of wellbeing.
What we found

Study three

• The first two studies fulfilled the first condition of prototype analysis procedure. Study three was a validation study conducted to test the question: Does components’ centrality have an impact on participants’ perceptions of wellbeing?

• The central scenario (Sam’s mean = 8.00) was rated higher than the peripheral scenario (Laura’s mean = 7.26). The association between centrality and scenario selection was statistically significant (0.737; CI 0.324, 1.150; \( p = 0.001 \)).

• The Decile \times\ Centrality (central or peripheral) interaction was also significant (1.204; CI 0.116, 2.293; \( p = 0.030 \)). In other words, the central scenario was more closely associated with the representation of wellbeing than the peripheral scenario.
What we found

Study three

• The association between the selection of the scenarios and component centrality was moderated by school decile.

• An impact of wellbeing literacy?

Table 2

*Descriptive Statistics for the Imaginary Wellbeing Scenarios as per School Decile*

<table>
<thead>
<tr>
<th>School decile</th>
<th>Scenario</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>Md</th>
<th>Interquartile range</th>
</tr>
</thead>
<tbody>
<tr>
<td>High decile</td>
<td>Sam (central)</td>
<td>72</td>
<td>8.25</td>
<td>1.42</td>
<td>8.00</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Laura (peripheral)</td>
<td>72</td>
<td>7.07</td>
<td>1.92</td>
<td>7.00</td>
<td>3</td>
</tr>
<tr>
<td>Low decile</td>
<td>Sam (central)</td>
<td>42</td>
<td>7.57</td>
<td>2.66</td>
<td>9.00</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Laura (peripheral)</td>
<td>42</td>
<td>7.60</td>
<td>2.27</td>
<td>7.50</td>
<td>4</td>
</tr>
</tbody>
</table>
Implications and next steps
Implications and next steps

• Contrary to lay adults’ conceptualisations and popular wellbeing models, adolescents consider enjoyment/having fun, feeling safe, and being kind/helpful as central components of wellbeing, and sense of satisfaction as a peripheral component of wellbeing.

• Furthermore, low socio-economic status adolescents consider comfort/being wealthy, being focused, good physical health, good values, and success/achievements as more central for wellbeing than high-socioeconomic status adolescents.

• Consistent with the current literature, positive family relationships, positive friendships, and physical activity/sport were the most frequently reported pathways to wellbeing among adolescents.
  – But are these pathways consistent with their prototypes of wellbeing? (i.e., what they deem central to wellbeing?).

• So:
  – Overall, researchers and practitioners should consider adolescents’ understanding of wellbeing in the development of wellbeing assessments and interventions.
Implications and next steps

Next steps are to:

- Obtain more diverse samples...
- Compare further against academic models.
  - E.g., “In contrast to current popular academic models, New Zealand workers viewed physical health, work-life balance, and feeling valued as central components of wellbeing”.
- Compare further against adults’ conceptualisations of wellbeing.
  - E.g., contrary to lay adults’ conceptualisations and popular wellbeing models, adolescents consider enjoyment/having fun, feeling safe, and being kind/helpful as central components of wellbeing, and sense of satisfaction as a peripheral component of wellbeing.

<table>
<thead>
<tr>
<th>Keyes</th>
<th>Huppert &amp; So</th>
<th>Diener et al.</th>
<th>Seligman et al.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Flourishing</strong></td>
<td><strong>Flourishing</strong></td>
<td><strong>Flourishing</strong></td>
<td><strong>Flourishing</strong></td>
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<tr>
<td>- Emotional Wellbeing</td>
<td>- Positive Appraisal</td>
<td>- Purpose and meaning</td>
<td>- Positive emotion</td>
</tr>
<tr>
<td>- Positive affect (happy)</td>
<td>- Positive emotion</td>
<td>- Engagement</td>
<td>- Engagement</td>
</tr>
<tr>
<td>- Positive affect (interested)</td>
<td>- Positive functioning</td>
<td>- Contribution</td>
<td>- Positive relationship</td>
</tr>
<tr>
<td>- Life satisfaction</td>
<td>- Competence</td>
<td>- Competence</td>
<td>- Optimism</td>
</tr>
<tr>
<td>- Social Wellbeing</td>
<td>- Meaning</td>
<td>- Self-acceptance</td>
<td>- Self-esteem</td>
</tr>
<tr>
<td>- Social contribution</td>
<td>- Positive relationship</td>
<td>- Environmental mastery</td>
<td>- Personal growth</td>
</tr>
<tr>
<td>- Social integration</td>
<td>- Positive characteristics</td>
<td>- Autonomy</td>
<td>- Purpose in life</td>
</tr>
<tr>
<td>- Social actualisation</td>
<td>- Emotional stability</td>
<td>- Resilience</td>
<td>- Self-esteem</td>
</tr>
<tr>
<td>- Social acceptance</td>
<td>- Vitality</td>
<td></td>
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</tr>
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</table>
Questions?
Thank you.

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