**01:11:55 – 01:51:44**

**Aaron Jarden**

Hello, my name is Associate Professor Aaron Jarden. I work at the Centre for Positive Psychology, The University of Melbourne, with Professor Lindsay Oades. My main role is Coordinator of the Masters of Applied Positive Psychology Program at the Centre So I spend most of my time thinking about how to improve the Centre’s teaching program and how to enable the students with the right knowledge base and skills to go out and apply this science of positive psychology in the real world.

Secondary to that, I love doing research and I want to do more research. Now that the Masters is going really well, I will have more chance to do that. I just want to give you a flavor of some of the projects that I’m doing and if any of them are interesting to you, just stop me and I’ll tell you more about each one. So I will not go into great detail on any one of them, but I just want to give you an example of some of the variety of the projects that I’m involved in and leading and running.

I will also tell you a little bit about my background, so you know some context of why I think some of the research projects that we’re setting up seem to us so important. I started off my academic career as the philosopher, particularly interested in ethics and ethical theory, and then later on applied ethics. And then from there I moved into psychology and studied as a clinical psychologist. I got into that and then I’ve did a bit of work in IT and so i have backgrounds in philosophy, in clinical psychology, a little bit in IT, and a little bit on business as well, but that’s when I discovered positive psychology and i’ve been in this area of positive psychology for the last 15 years. Bringing together those broad kinds of backgrounds to think about how we can develop this field of positive psychology, that we can benefit from what’s already known in various disciplines, such as from clinical psychology for example.

And also have a little bit of background in health. So for example, my previous job before I came to the Centre for Positive Psychology, I was Head of Research at Wellbeing and Resilience Centre at the South Australian Health and Medical Research Institute. So our Research Centre was really interested in applying positive psychology across the community at large scale, so for example the whole of the department of corrections for example or the whole of a very large company, or a whole collection of school systems, so to very different people, such as the elderly or with really disengaged youth. Also the sectors of society which were interested in applying the skills that come out of positive psychology. So I have some experience and translation of the science and the application of it to the real world.

When do I get time to do some research? Well, one area of research I’m particularly fascinated by is around conceptualizing just what well-being is. I started off this area of research by looking at what teachers and lawyers thought of by the concept of well-being. We used a particular type of analysis called Prototype Analysis, which is a bit of a mixed methods approach where you ask a group of teachers, say for example, “when you think of the concept of well-being, what things come to mind you?” And then they free list the things that they think about when they think about the term ‘well-being’. They might say, “the relationships, physical health, feeling valued”, whatever they say, there’s no boundaries on what they can say. They list what they think about when they think about the term well-being.

So you first have a bunch of people listing what they think of when they think of well-being. Then you go to a different group of teachers and say, “we’ve previously asked people like you what they think about when they think about well-being”. What are some things that they associate with the wellbeing? Now, we ask the second group of people to quantify that. We say “Think about each one of these terms and think about how central or peripheral it is to your concept of well-being. We get some quantitative ratings then of how important say, for example, physical health is, which points to how teachers conceptualize well-being. Based on all of those ratings we can sort of rank concepts as being more or less central to well-being.

Then we do a third step, almost like a validation check, where we go to another group of teachers. We make case study scenarios based on the components that they previous reported as being very central. For example, if the teachers see essential to well-being elemts such as physical health, or feeling valued, or having a sense of meaning in life, we say, okay, we’ll create a case and say, John works at factory and really important for his well-being is feeling valued, getting good exercise, and having a sense of meaning in life. We write a bit of a case description of that, but we’ll also write a case description using the elements that were more peripheral, or not essential, to teachers’ conceptions ofwell-being.

So we would then have two case studies. One with essential components and one with more peripheral components, and we’ll ask that third group of people which of these cases is more representative to you of your concept of well-being when you read it and think about it. That’s a kind of a validation check. So we’ll be doing this kind research with different types of groups now with teachers, with lawyers, with adolescents, with nurses, and what we’re finding is different groups have vastly different conceptions of what well-being is, and particularly what is important and more essential to the component of well-being.

Just to give you some examples, for nurses, feeling valued is really important and the social aspects of well-being. For lawyers, not so much at all. They’re more about individualistic notions as you’d imagine, about control and autonomy and things like that. For adolescents, their conception of well-being is very different to adult conceptions of well-being. Say for example, having a pet is really important to adolescents.

We’re also finding that there’s differences across socioeconomic groups as well. In our study on adolescents we found that kids that go to schools of low socioeconomic status, such as in poor neighborhoods versus kids going to higher neighborhoods, had different conceptions of well-being in the sense that the things that were more essential were very different. That sort of tells us that this idea that you need to have your basic needs meet is somewhat true, but it also gives us quite an insight into when we’re developing or implementing well-being in schools - you probably want to tailor that and contextualize it depending on the type of school you’re going to.

This whole idea or area of actually figuring out what people mean by ‘well-being’ to start with, how they define it, and how that leads into the model of well-being and alignment with their definitions of wellbeing, that then you can use in an assessment tool, an alignment with both that model of well-being and that definition of well-being, as a basis to collect data to evaluate programs in a school for example. Just sort of the whole idea of conceptualizations of well-being is the starting point of that journey of increasing well-being.

That’s one area that I’m really keen to do more research on and to collect more samples of different types of people and in different age groups and in different cultures as well.

Another area that I’m really interested in is ethics. As I said, I have a bit of a background in philosophy and applied ethics and ethical theory, and you may or may not know that we’ve recently published the first ethical guidelines for practice in the field of positive psychology. I would love for this to be translated into Japanese; I don’t think we have anyone to do this at present.

That was a very interesting, and more challenging, project than we initially thought. It took us a total of close to 3 years to do, because we went through quite some effort to collaborate across the field with all the key stakeholders in positive psychology to get their views about what kinds of ethical guidelines would be useful for practitioners. Both at the moment, but also for building the field into more of a professional stance. Thinking forward about credentialing and maybe a possibility for positive psychology in the future, but you can’t register credentials as a psychologist if you don’t have a set ethical guidelines as a basis to practice from. It’s one small step in a pathway of how positive psychology is professionalizing, developing these guidelines which is why we thought it was a worthwhile effort to do.

So that’s another area of interest. Another one that I’m really interested in is and this whole idea of well-being and public policy. A colleague of mine, Dan Weijers, and I started the conference series called ‘Well-being and Public Policy’ quite a few years ago and we’ve had three of these conferences so far, specifically looking at how well-being science more broadly, and how views into public policy and practice, and some of the debates around the extent to which positive psychology and psychology itself can play a role in actual development of public policy beyond economics. The fourth conference in that series will be held next year, 2020, in Melbourne on the 4th and 5th of December and we’re lucky enough to host it. We’re really thinking about how we can meet the notions of social change that are forefront of people’s minds and also well-being science, how we can take on these really big challenges of our day that are really forefront of society, aand what can well-being science say about those and how to connect these things and then feed that into social policy.

We’re kind of looking at the mix of poeple and trying to bring the right people together to talk about that. They can learn from examples of what other countries have been doing about infusing well-being into public policy, and I guess myself being a New Zealander originally we have quite a good story to tell about New Zealand developing the world’s first well-being budget and how that came about through many years of debate around how the economic models could include livability and aspects of well-being and how the government agencies could assist well-being at national level and things like that. So this is the area well-being and public policy.

The other area that I’m really interested in is that as this field of Positive psychology is growing, is developing tools which practitioners can use. I’ll just talk about a few of these, but we’re really interested in making an impact on a scalable level. The one that I’m currently working on, we’re calling “My Well-being Planner”. It used to be called Personalized Well-being and Performance Planning, but it’s an idea of how can you introduce this concept of well-being literacy to somebody who doesn’t know anything about it just yet, and get them to think about what well-being means to them, so their conceptualizing well-being, but from a stance of personalization, as well as what well-being means to them, and then on the basis of that, can we teach them some well-being skills. They can align with their conception of well-being to then fit into a planning and goal setting process. With a coach or a mentor they can work at actually building their well-being. This product we’re developing at present we are using with university students. These are international students that are coming to the University of Melbourne and so we’re also interested in aligning it with their academic performance planning.

The same kinds of skills about planning for academic performance and we think are relevant planning for your personal well-being as well, and as we develop this product that we’ve been iterating and testing over time, and now we’re rolling it out and improving it. This is just one example of a product that we can offer to practitioners about how to increase the well-being of international students for example, but it’s also a product that’s not just relevant to international students. It could be relevant to all sorts of markets, this idea of thinking about what well-being is and personalizing it to yourself and learning skills about actually planning for and monitoring it, increasing your well-being over time.

Another product that I’m really keen to work more on is about how we assess well-being. At the moment the majority of our assessments are surveys and the majority of them also are very cognitive. They ask you about your evaluations of your well-being; your life satisfaction. To a lesser extent they also ask about emotions, but very few of them, a very low percentage ask about your behaviors, what you actually do. We know very little about what happy people actually do and almost none of the assessment use physiology either, although there is an increasing trend to, but at a practical level not many assessments do that.

Most of our assessment base is really survey based in a cognitive format, but when you talk to large organizations and schools they find they’re very impractical, because they’ve got to take the students out of class and to have time for assessments, and the students find it a little bit boring. There’s all these impediments to assessing well-being in that way. My kind of challenge is really ‘how can we assess a students well-being without having to ask them to do a survey. We’re working with another team at the University of Melbourne in the computer science area about how we can ask kids to tell us a story about what they want in their life and actually assess their facial recognition, assess their intonation and voice, actually look at the terms they use in their language and put all these variables together, which is a huge challenge to create a well-being assessment. It’s a very lofty goal to investigate and that’s going to take a long time, but that’s where I’d love to see assessment go, that non-intrusive kind of assessment where we could monitor and track somebody’s well-being, but also protect proactively dips in well-being in school kids, so when they become depressed or suicidal, we’d be able to capture that change just from facial recognition and other things – their voice intonation.

And another project I’m really interested in. There are a couple of books I’m started to write at the moment as well. So ones on a positive university, and we are in collaboration with some friends at George Mason University in America. We want to put together the first textbook on what we know about a positive university today. So some good case examples of other universities around the world that have done really well and rolling out and implementing well-being science in the university at different scales. Whole of university scale, such as that TecMilenio in Mexico or George Mason in the USA, even here in Australia, we do some parts of well-being across the whole university, like a strengths assessment, for example, but there’s also a lot of really good examples of things that are more compartmentalize at a faculty level or at a department level or at a discipline level.

This book will be a sort of a book on case studies of what people have done that’s really worked, but also providing some good tools and frameworks and structures for universities who want to move into this space. So there’s a growing demand, but there’s little knowledge about how to proceed in this area. That’s one book. Another book that I’m working on is about more novel and unusual ways to improve your well-being. As positive psychology is developed there’s some pretty central and commonly known positive psychological interventions or positive psychology interventions, such as three good things and use your strengths and so forth, but there’s a whole bunch of other ways to improve your well-being that are less well-known and they can be useful.

Just to give you one example. I think discomfort can be a pathway to well-being and so rather than living in a society where we use technology to avoid discomfort, I think discomfort can actually build part of your capability to experience well-being. This book will be around about 12 or 13 different ideas about how to improve your well-being that are not so well recognized, but there is actually an evidence based scientific literature around, however it’s unknown largely to the positive psychology in well-being science community.

01:30:14 – 01:31:55

(英語)

Ａ－　今、お話しになった中で、二つだけ説明したいんですけれど、一つ目はそこにいらっしゃる(＊＊＊マツクマ＠01:30:23)さんの尽力もあって、ラシッド先生から提案があって、日本のpositive psychologyの医学界が、今、Aaron先生、Jarden先生がお話しになった倫理的なガイドラインの国際的な文書ですね。それにわれわれが署名をしたものが(＊＊＊＊カンゴウ＠01:30:44)されてるんですよね。そのときには気が付いてなかったんですけれども、実はJarden先生が第一著者、オーサーで、初めのドラフトは彼が書いたっていうことなんですよね。私もあのガイドラインを見て、非常に思想的に哲学的にしっかりしてるなあと思ったところ、哲学的なバックグラウンドがあるっていうことで、それもとても(＃＃＃＃＠01:31:04)だったので、その件も話していただきたいなあっていうことで、きょうお願いしたわけ。これからまた、それを聞いてみたいと思います。

　それから、2点目なんですけど、後でまた質問なんかでぜひ(＃＃＃＃＠01:31:15)この『Wellbeing, Recovery and Mental Health』っていう、Oades先生、Jarden先生が編者だっていう、この本の中にお二人とも3、4本、論文書いてらっしゃってですね。その中には、もちろんメンタルヘルスの問題も入ってるんですけれども、同時にJarden先生の場合はポリシーの問題。それも、一般的なwell-beingとポリシーの関係の論文とか。あと、オーストラリアとかニュージーランドのポリシーに、どういうふうにpositive psychologyやwell-being関わってるかっていうことについての、まとめみたいなこともやってらっしゃって。この間の(＊＊＊＊ニッパ＠01:31:49)でちょうど報告されてたんですよね。きょう、今もざっとその(＃＃＃＃＠01:31:52)のお話しだったんで、2点絞って聞いてみたいと思います。

**Male Speaker**

My first question that you are talking about ethics guidelines. I was very impressed to read the ethics guideline, because it is based on some philosophical ground rather than the practical matters. Could you just explain a bit about philosophical ideas or theoretical ideas behind the ethical guideline? That’s my first question.

**Aaron Jarden**

I have to get it in my mind myself– can you remember what was those ideas were and then I can comment better? Can you remind me of that?

**Male Speaker**

Sorry, I don’t have paper at the moment.

**Aaron Jarden**

I remember the development of those guidelines though. This is a project which took almost three years in collaboration with collogues from the University of East London, Canada, New Zealand, but I think we started off with philosophical discussions.

**Male Speaker**

Okay. Let me ask the next question. You introduced your views on policy, for policy on New Zealand and Australia. Please explain to us a bit of what has been happening regarding well-being with public policy in Australia and New Zealand?

**Aaron Jarden**

Yes. We wrote a book chapter on the policies of wellbeing in Australia and New Zealand. Firstly, we looked to see what of all the public policy, what was actually well-being oriented, what’s the policy that New Zealand and Australia developed and were implementing, what relations did it have with well-being and we found that the two countries have slightly different importance’s placed on well-being. Ｗe looked at how the term well-being was used in policy, but it’s really interesting to see the trajectory of New Zealand in particular, it was probably about 8 years ago or 9 years ago now where we convinced Statistics New Zealand to really focus on measuring well-being at an international level. They included more items specifically around psychological well-being, and from that, because they’re in such close collaboration with the Department of Treasury, it started conversations around their Living Standards Framework (a kind of wellbeing framework) and how they’re related to the same in Australia who was also updating their well-being framework.

We still got the ideas going. Then we’ve got them talking to the treasury people. Then we got them interested in the idea of well-being and thinking more about it and then they put out a little bit in this framework with an example of well-being in it and at that point in the story, it sort of it takes a little bit of a left turn, because the economists hijacked a little bit and brought it back to what they thought was more important, which was less of the psychological well-being aspect, but nonetheless that sort of carried on for a few years and then they kind of realized the advice we originally gave them about doing that wouldn’t be that helpful and recently they’ve gone back to more of a psychological well-being understanding, which is kind of good to see. But in New Zealand, that all lead the basis for when a Labor Government got elected to really focus on well-being.

They’ve delivered the world’s first well-being budget where all the ministers and government departments have to justify what they want to spend money on in relation to how it impacts psychological well-being, which is a bit of a world first which also made the ministers and the different silos of government collaborate, all with the view of intergenerational well-being in mind. How are the things that that section of government want to do, how do they impact somebody’s well-being, and so all of that can sort of be traced back and getting those early policy people interested in thinking about and measuring, and actually how do they make some of this work in practice. In that regard the treasury really had an essential role to play and actually pushing a lot of us alone, which was really good to see, but yeah that book chapter was more about surveying what was happening and sort of seeding new ideas for ‘why can’t we do more of this?’.

**Male Speaker**

Thank you.

**Aaron Jarden**

I just have another couple of projects which may be interesting, but one that I’m particularly interested in which relates to the positive university space is about Ph.D. students, in particular and helping them complete their Ph.D. journey. The statistics around Ph.D. completions are very poor and a very small percentage of people that start actually complete, and lot of reason is that they could benefit from some increased resilience and we can teach resilience skills, but they could also benefit from increased well-being. Actually helping them enjoy the process and pathway of their studies. We can then capitalize on the knowledge that they learn more after their Ph.D. Rather than finish the Ph.D. experience with not wanting anything to do with it, but actually they enjoy the experience a lot more then that knowledge translates better to society. They’ll want to stay working in the field and use that knowledge and translate it. We’ve developed a specific program to increase the resilience skills and the well-being skills, particularly around the relational skills with supervisors and so forth, so that we can increase the completion rates, but also enjoy the experience more for better knowledge translation benefit at the end of the day. We’re just at the end of making that particular product as well – just another example.

**Male Speaker**

Can you tell use about your research on adolescents?

**Aaron Jarden**

I think if you take a lifespan development perspective, young kids, so these are adolescents around the age of 11, 12. They haven’t had the life experiences and they haven’t built a lot of the capabilities just yet. A lot of what they experience as well-being is really from their own perspective and from their peer group and this sort of marries with other psychology literatures, like values would be a really good example. The values lifespan literature shows young people start off with ‘hedonistic’ values and as they go through life they end up with more ‘security’, ‘tradition’ kind of values. They value things like tradition much more at the end of life they do with the start of their life.

I think what we saw with how adolescent’s conceptualized well-being was things that would promote positive emotions or the feedback loops, and also talking about the importance of social relationships and the importance of sense the purpose and meaning, now kids don’t say that at all . They are more interested in things like having a pet , because that sort of provides them with an instant positive emotions kind of experience. I think it’s a combination of they just haven’t had the life experiences yet to develop a broad conception of what builds their well-being and they just haven’t had the time to do so. That’s my guess. I mean it’s an empirical question, so it’s certainly worth testing, but that’s my kind of guess.

And the other part of this is if you look at the well-being literature, it never asks young people about well-being. It really imposes emotional well-being on them. We see big bodies like the UN and the OECD saying, they’re calling for better recognition of young people, yet I think they are sophisticated enough to define and conceptualize well-being themselves, so why are we pushing policies on them that involved ideas of well-being which are not their own?. It’s an area that needs a lot more effort and work.

**Male Speaker**

I’m very interested. I’m involved in youth development and sometimes I feel like I’m also teachings to the youth adolescents and senior high school students, mainly and sometimes I feel like, because of some hardship or like a hardship, is very important for them for psychological development to become more mature. If we teach like a resilience skill, before they experience the hardship so that once they learn like a resilience skill they can prevent, they can avoid this kind of hardship, and sometime I hesitate because sometime they need hardship to grow, because of psychological growth or even more spiritual growth for example.

**Aaron Jarden**

Yeah. It’s a great question. I can add two examples to that. One is, at a previous Centre that I was involved with, they did a really good study on what was called ‘free range play and kids’. They went into a primary school and they just took away all the rules in the school. The kids could then run as fast as they like. They could climb trees as high as they like. They could use weapons and fight and really the emphasis was about taking away rather than imposing new rules and regulations around safety, and then they measured everything quite specifically and what they found was that the kids had less injuries, they were happier, they focused better at school, and had a huge impact on their physical health, because they were much more active. This was over a whole year.

This pilot program was hugely successful, making these kids play on their own terms in an autonomous way that they wanted to play. They also put things into the school that helped them, kind of like design thinking. Rather than static play structures, they took those away and just put loose tires and the bunches of trees and now just let the kids be creative in a kind of free-range way and so this was hugely successful. It was very hard to convince the parents though. It’s a bit like some of the literature on playgrounds. As soon as you put a safety net under the playground it will have twice the rate of injuries. Kids are kind of really actually good at estimating the risk, and part of learning is actually following it and so forth, but the whole idea of this project was that it’s better to let kids estimate and risk for those things early in life and build that resilience and those capabilities early, rather than a little bit later when they’re in high school and they’re risking around sexual health or drink driving, and more dangerous things in life.

Another example, I just say is kind of related to your question, is another project that I was involved with disengaged youth was called ‘resilient futures’. So this was Adelaide, South Australia, where they had a really big grant to identify the 850 most disengaged youth in society. So these are all kids that have had a really hard time. They’ve got no family. They’ve been in jail. They’re completely disconnected from the education system. The economists worked out that each one of those kids, if there was no intervention, would cost the society one million dollars each over the course of the lifespan, so a $850 million problem. The task of this project was to identify them and teach them well-being and resilience skills.

So given their context they needed to be more resilient because these are kids that are kind of sleeping under bridges, don’t have any family, don’t have any money, are focused on getting more drugs and so forth. No matter how they work their way out of the situation, they could benefit from being more resilient, but also they could benefit from more well-being skills as well.

The task was ‘how do you teach such a person in such a context these skills?’ and we worked out that actually you had to go through a support agency and teach the people delivering the care, whether it would be healthcare or financial aid or whatever it was, these kids always had at least one connection to somebody. It was teaching that person how to teach the well-being and resilience skills, because these kids won’t come to a seminar . So it was how do we teach the providers to teach the skills and in the context of the work that they’re already doing with them, how could you infuse the skill building into these conversations.

There’s a really kind of tricky thing to do, but what we found was that the preliminary results from that was that about 56% of them had re-engaged with education at the end of the project, which is huge, because when you can get somebody back into education whose not been in education before, then they can have less time to get into trouble. So, it was a hugely successful project. They actually won a Good Design Award, which is a big award in Australia for its methodology around implementation science. So if you want those papers just email me.

**Female Speaker**

I’m interested in the resilience program for university students, because I am working at the medical school. In Japan, medical school students enter the medical school just after finishing their high school and it is a six years program, and the curriculum is very cramped and the learning environment is severe, and some students have mental problems, and drop out, and so we have just started our resilience training, including a program. I want know much more detail about your program.

**Aaron Jarden**

I guess it sort of a two-edged sword in the sense of when you put people in a system which is really stressful and you try and change the person in the system, you can only do so much without actually changing the system which is reinforcing. It’s really two answers to the question of ‘how can you change the system and then how can you help the individual?’ in their system. At the University of Melbourne for example, and the medical faculty, they decided that the system was too stressful. They stopped giving students results in their first year. They didn’t feel that that competitive stress was useful. This is a system’s change which had, what I understand was, a pretty positive effect, but on an individual level you can also teach skills around things like you’re saying, compassion and kindness and empathy, but actually their understanding of systems and to the extent to which they can function, what it is, is also a really good first step, especially since medical students in particularly, they have really high expectations.

We backtrack from our ‘theory of change’ perspective, the particular skills based on the literature that would be helpful and create a protocol around that first. We really identify which particular skills will help them through this process, but your points also are pertinent in the sense of every academic discipline is slightly different. For example, Medicine is very hierarchical, very competitive, if we’re talking about creative arts we’re talking about a different discipline and so some careers beyond academia are really known to have different stresses. Veterinary science for example, they don’t talk to lot to people, they talk to animals, dentists are around anxiety all the time. We have some reasonably good insights to different professions, the have and build well-being for different reasons. So that has to be part of when you’re teaching somebody, who is doing Ph.D. on particular discipline, feeding some of this knowledge into it, because they’re going to go beyond these studies through a discipline or an area where we know where we can intervene, be there for their well-being by doing some things rather than others.

**Male Speaker**

Im involved in some of the resilience training for the medical school students at University of Noah and that concept resilience actually calls great deal by in the medical fraternity around Melbourne and partly because it implied in it some people view us as blaming individuals. The debates around resilience training are similar to the political rights debates about responsibility of the individual versus changing a system – overall politics of well-being if you like. It’s very interesting how a seemingly psychological concept and training that may follow can sit within a broader responsibilities debate about who is responsible, which is relevant for healthcare in general, sociology and medicine type stuff, but that’s an interesting one because resilience, the debates around resilience kind of link to some of the discussions we’ve been having about health and politics of well-being etcetera that kind of connect.

**Aaron Jarden**

The other part of this is that you cannot ignore either, because the empirical literature just shows resilience and well-being broadly defined and correlates to point five (0.5). It’s really hard to have high well-being without some resilience, or to be very resilient without also having high wellbeing. So that’s the importance of teaching both and not just one.