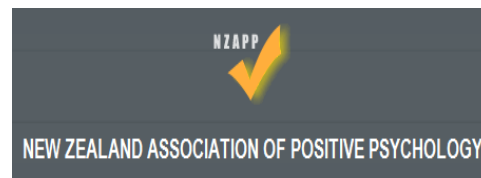




Individual well-being and its' relationship to personal values, psychopathology, and character strengths.

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Outline

- * Origins of this research.
- * Positive Psychology and well-being.
- * Shalom Schwartz's theory of values.
- * The Important Values Study (pilot).
- * The Values Study.
 - * Aims.
 - * Methods.
 - * Findings.
- * Main conclusions.
- * Future directions.



Origins of this research

- * Qualitative research on beliefs in cognitive therapy; how they were constructed and used in therapy.
- * People seem to talk about their values; values are important.
- * I was interested in the relationships between values and mood and psychopathology:
 - * If you believe that values are important, are you happier?
 - * If you know your values, are you happier?
 - * If you live in alignment with your values, are you happier?
 - * Are there differences between happy and sad people in the specific types of values they endorse?
 - * Are there differences between people high or low in psychopathology and the specific types of values they endorse?



Positive Psychology

- ✧ "Positive psychology is the scientific study of what enables individuals and communities to thrive" - International Positive Psychology Association: www.ippanetwork.org.
- ✧ "There are two complementary strategies for improving the human condition. One is to relieve what is negative in life; the other is to strengthen what is positive. Mainstream psychology focuses largely on the first strategy; Positive Psychology emphasizes the second" – Martin Seligman.



Positive Psychology

- * New Zealand Association of Positive Psychology:
www.positivepsychology.org.nz – free to join.
- * The best short book (110 pages) to learn more about Positive Psychology: Boniwell, I. (2006). *Positive Psychology in a nutshell*, from amazon.co.uk only.
- * Best short intro article: Gable, S., & Haidt, J. (2005). What (and why) is positive psychology? *Review of General Psychology*, 9(2), 103-110.



Well-being

- * Two main conceptualisations of well-being; SWB (subjective well-being) and PWB (psychological well-being).
 - * SWB (happiness) = Satisfaction with life + affect (high positive, low negative). In other words, SWB includes cognitive and affective explanations.
 - * We know a lot about SWB:
 - * related to: optimism, extraversion, social connections, being married, engaging work, religion/spiritual, leisure, objective health (sleep/exercise), social class, etc, etc.
 - * not related to: age, attractiveness, money, gender, education level, having children, climate, crime prevention, housing, etc, etc.
 - * PWB (Carol Ryff) = Achievement of one's true psychological potential.
- * Also, current debate about hedonic and eudemonic well-being.



Well-being Measures

- * The Satisfaction with Life Scale (SwLS; Diener, Emmons, Larson & Griffin, 1985).
 - * A short, five item measure that assesses global **cognitive** judgments of satisfaction with life as a whole.
 - * Participants rate five statements on a seven point scale, ranging from “strongly disagree” (1), to “neither agree nor disagree” (4), to “strongly agree” (7).
 1. “In most ways my life is close to my ideal”
 2. “the conditions of my life are excellent”
 3. “I am satisfied with my life”
 4. “so far I have gotten the important things I want in life”
 5. “If I could live my life over, I would change almost nothing”
 - * Scores range from 5 to 35.



Well-being Measures

- ✦ The Happiness Measures (HM: Fordyce, 1988).
 - ✦ Also known as the Fordyce Emotions Questionnaire.
 - ✦ A brief self-report measure of basic **emotional well-being**.
 - ✦ Consists of two questions on happiness; the first qualitative (measuring intensity) and the second quantitative (measuring frequency).
 1. The first item is a measure of happiness rated on an 11 point “happiness/unhappiness scale”. Respondents choose from 11 descriptive phrases at each point on the zero to ten scale. These descriptors range from “extremely unhappy” (0) to “neutral” (5), to “extremely happy” (10), and measure perceived quality of general happiness.
 2. The second item consists of three estimates of the percentages of time spent happy, unhappy, and neutral, and is a quantitative measure of happiness.



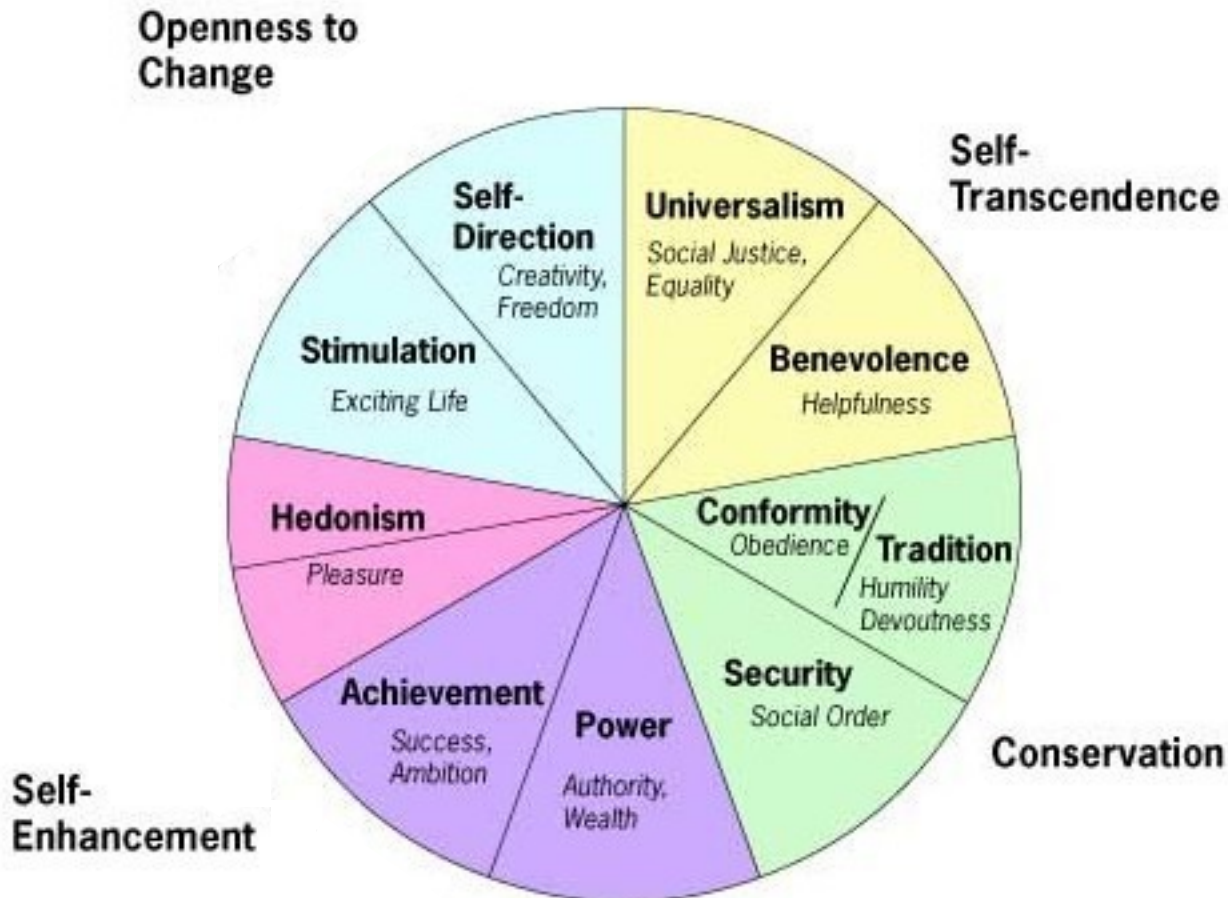
Schwartz's theory of values

- * Shalom Schwartz was the first to empirically validate a systematic theory regarding the organisation of an individuals' value system.
- * Others have also attempted this, e.g.: Hofstede (1980), Kluckhohn & Strodtbeck (1961), Parsons & Shils (1951), and of course Rokeach (1973).
- * Schwartz:
 - * searched for an underlying universality of the content and structure of values across cultures (1992, 1994).
 - * gained empirical support for theory from 70+ cultures.
 - * conceptualized an expanded model that classified many individual values into 10 universally distinct value types.
 - * each values content consists of the type of goal or motivational concern it expresses, and the model specifies the dynamics of conflict and congruence among the 10 individual value types.



Schwartz's theory of values

Theoretical model of relations among 10 motivational types of values.



The Important Values Study

- * 103 participants, 10 measures (e.g., BDI-II, SVS, BSI)
- * Looked at the relationship between:
 - * values and low mood.
 - * values and psychopathology.
 - * three different ways of measuring values (SVS, PVQ, SSVS).
- * Main findings:
 - * Age associated with positive affect (older more positive)
 - * Relationship status associated with life satisfaction (married & in partnership more life satisfaction).
 - * Previous psychiatric diagnosis associated with low mood (BDI-II↑ & Happiness Measures↓).
 - * Current medical issue associated with lower satisfaction with life (SwLS).
 - * The importance of values not associated with mood or psychopathology.
 - * Those without psychopathology value benevolence, self-direction, achievement and stimulation more.
 - * All three ways of measuring values highly correlated, but SVS difficult for participants.



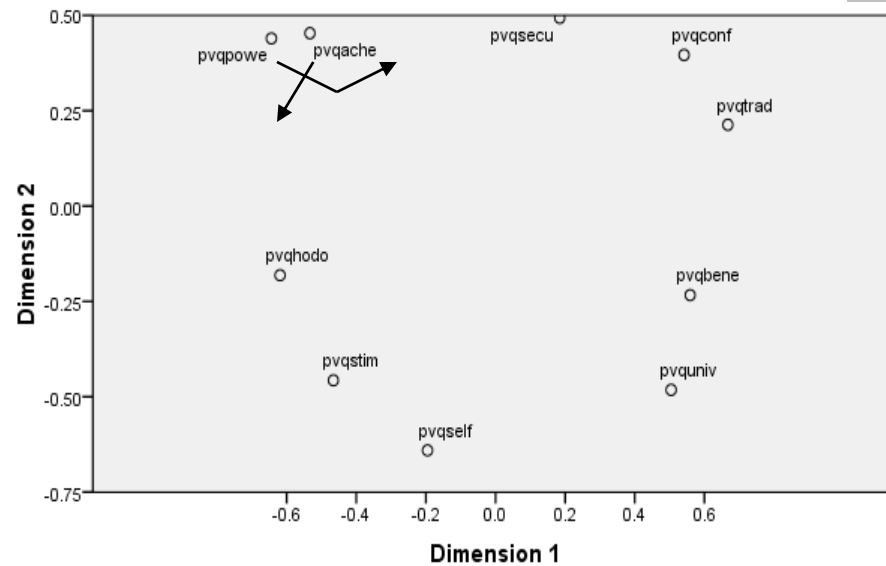
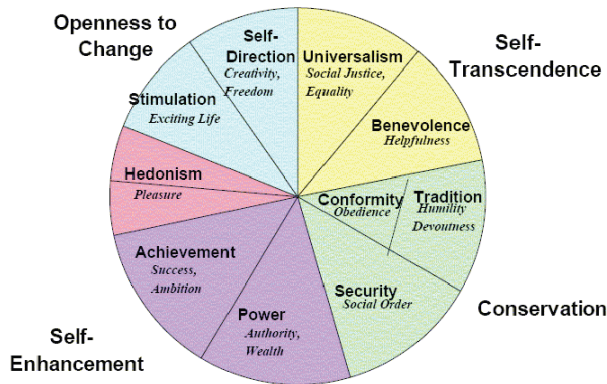
The Values Study

- * Looked at the relationships between:
 - * values and low mood.
 - * values and psychopathology.
 - * values and personality, dysfunctional beliefs, well-being and character strengths.
- * Design:
 - * Built on a previous study (pilot).
 - * Web-based.
 - * Used common and brief psychometric scales (11 measures).
 - * 3 values (e.g., Qual Q's, SSVS, PVQ).
 - * 2 mood (CES-D, BSI-DEP).
 - * 2 Psychopathology (BSI, DAS).
 - * 4 others: TIPI, SwLS, HM, VIASC-R.
 - * Participants recruited via e-mail list, website postings, newsletters, etc.
 - * Ran for 49 days, starting on 18/DEC/07 and ending on 04/FEB/08.



The Values Study

- * Participants:
 - * N=492 (5% data cleaned – extreme & erratic responding).
 - * 71% Female.
 - * 18-75 years, mean age 33.
 - * 56% NZ, 22% UK, 10% Canada, 6% USA, 6% Australia.
- * Main findings:
 - * Schwartz model confirmed in data by multidimensional scaling.



The Values Study

- * Demographic findings:
- * Females higher in importance of values, knowledge of values, and more low mood.
- * Age positively correlated with knowledge of values, importance of values, and living in alignment with values, and negatively correlated with low mood, psychopathology, and strengths.
- * NZ and USA both greater importance of values than UK.
- * Those that had received a psychiatric diagnosis and those currently taking medications all reported more depressed mood, less satisfaction with life, less emotional well-being on the HM, reported being happy less of the time, reported being unhappy more of the time, and more psychopathology.
- * Three ways of looking at the data:
 - * Focusing on depressed mood.
 - * Focusing on psychopathology.
 - * Focusing on well-being.

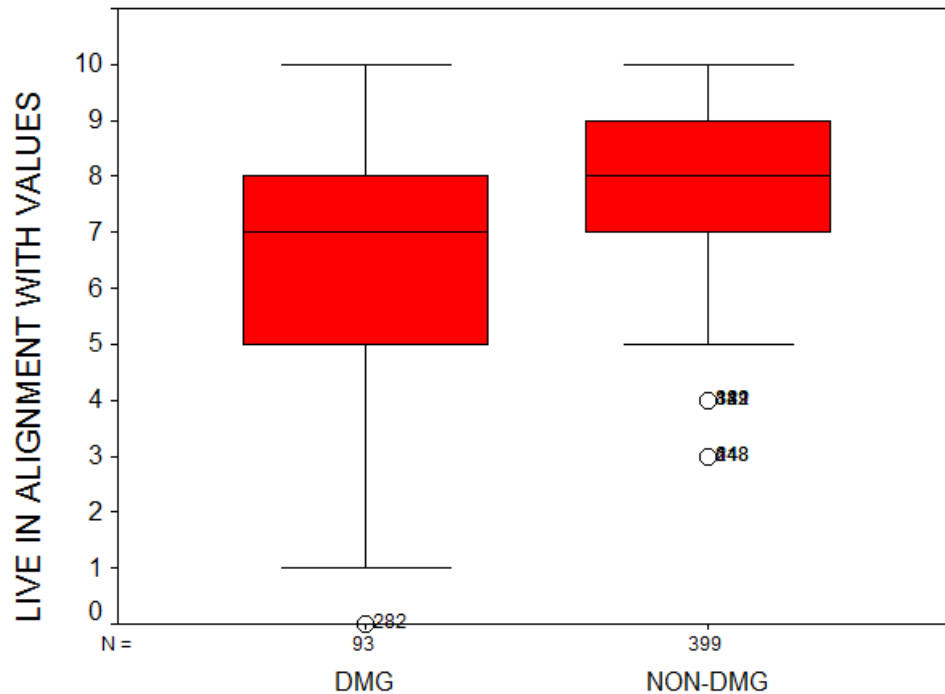


The Values Study

- * DMG (Depressed Mood Group):
 - * DMG = 93 of the 492 participants having both a CES-D score of 16 or greater, and a BSI depression subscale T-score of 60 or greater (clinical cut offs). Non-DMG = 399.
 - * The DMG were: more female, younger, a greater proportion were foreign, and were higher in rates of previous psychiatric diagnosis and current medication use.
 - * Confirmation check: The DMG were less satisfied with life, reported a greater amount of time unhappy, a less amount of time happy, and rated a lower perceived quality of general happiness.
- * The importance of values not associated with mood.
- * The values of stimulation, self-direction and hedonism were considered more important for those without low mood (Non-DMG).
- * Self-enhancement/self-transcendence. Neither associated with mood group (i.e., DMG or Non-DMG).
- * Openness-to-change/conservation. Non-DMG more open-to-change.

The Values Study

- * Non-DMG know values more and live in alignment with their values more than DMG.
 - * Example, live in alignment with values:

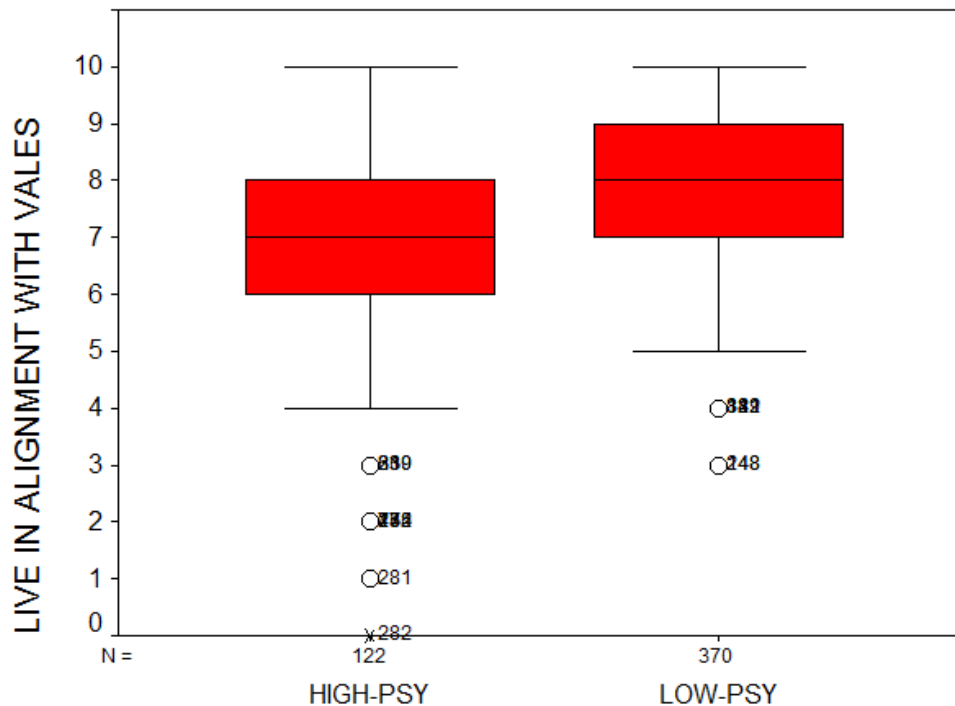


The Values Study

- * HIGH-PSY (High Psychopathology Group):
 - * HIGH-PSY = 122 of the 492 participants having a BSI GSI T-value of 60 or over. LOW-PSY = 370.
 - * The HIGH-PSY group were younger, a greater proportion were foreign, and were higher in rates of previous psychiatric diagnosis and current medication use.
 - * Confirmation check: The HIGH-PSY group reported a greater number of dysfunctional beliefs.
- * The importance of values not associated with psychopathology.
- * The values of benevolence and conformity were considered more important for those with psychopathology (HIGH-PSY).

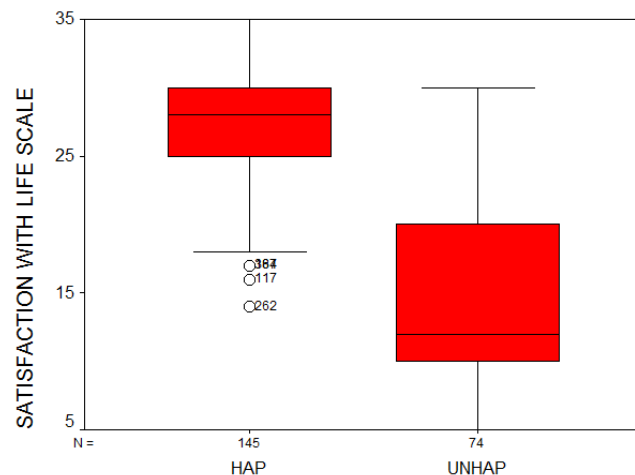
The Values Study

- * LOW-PSY know values more and live in alignment with their value more than HIGH-PSY.
 - * Example, live in alignment with values:



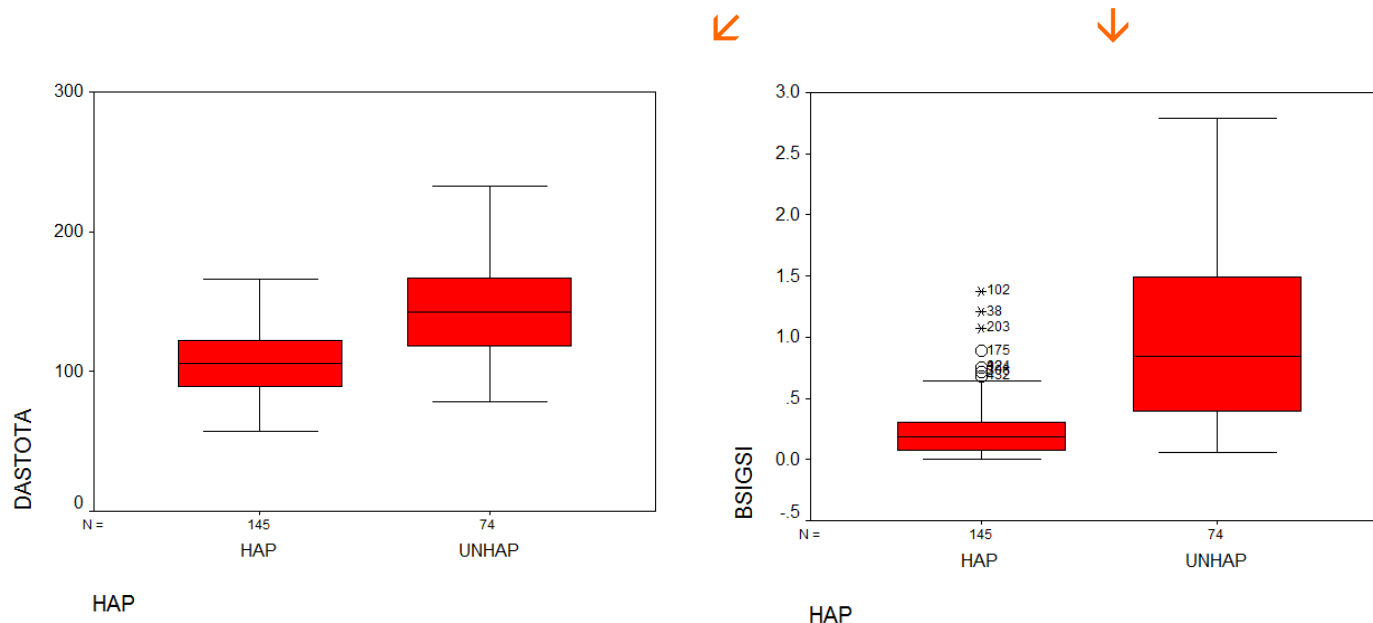
The Values Study

- * HAP (Happy Group):
 - * HAP - 145 of the 492 participants having 8 or above HM scale (pretty/very/extremely happy) and 75% or more “time happy”. UNHAP - 74 of the 492 participants having 1 to 5 (extremely unhappy to neutral) and 40% or less “time happy”.
 - * 273 determined somewhat average.
 - * The HAP group were more male, and were lower in rates of previous psychiatric diagnosis and current medication use.
 - * Confirmation check: The HAP group reported a greater satisfaction with life.

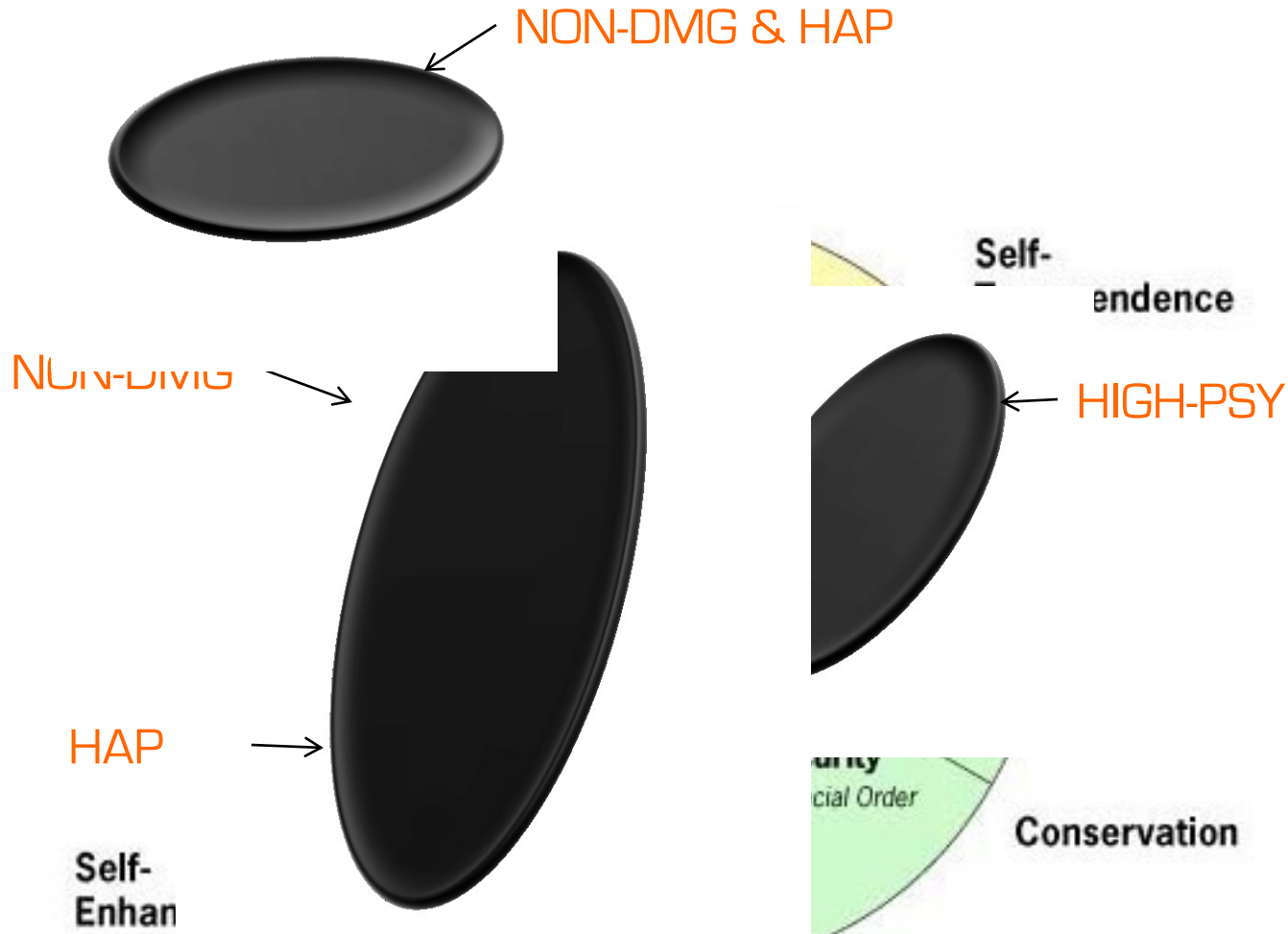


The Values Study

- * The importance of values not associated with happiness, however HAP know their values more and live in alignment with their values more than UNHAP.
- * The values of self-direction, stimulation, hedonism, achievement, were considered more important for those happy (HAP).
- * Openness-to-change/conservation. HAP more open-to-change.
- * HAP much less dysfunctional beliefs and psychopathology.



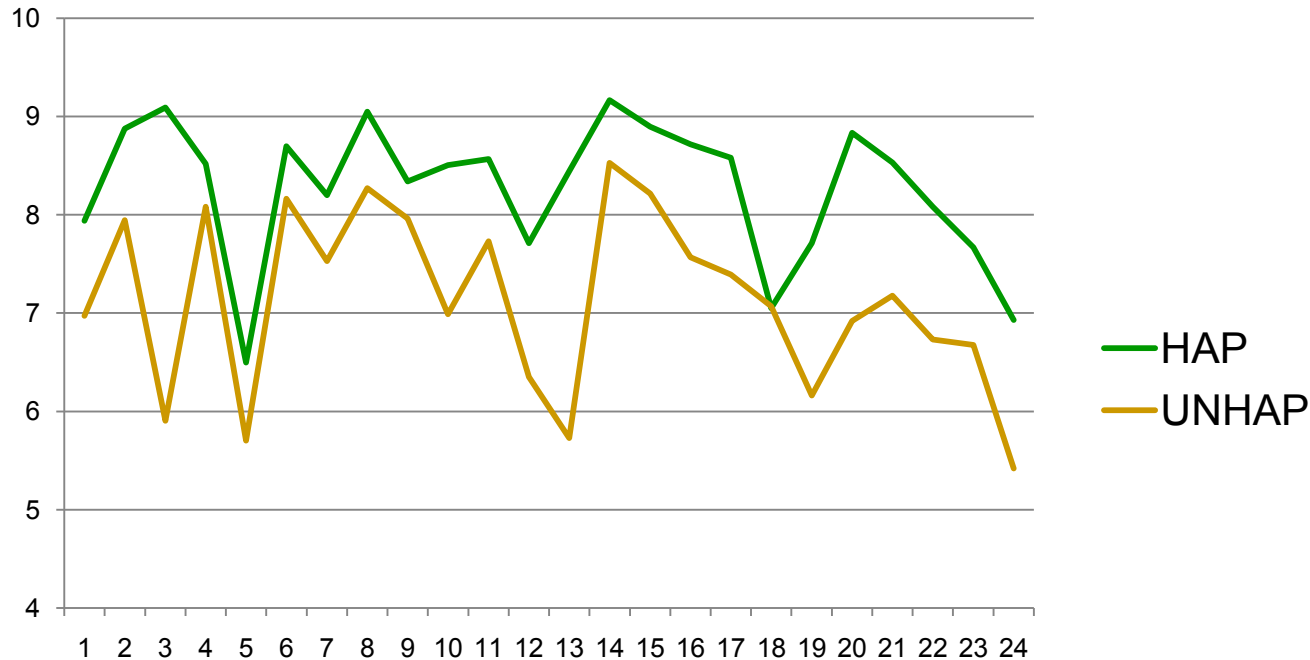
The Values Study



The Values Study

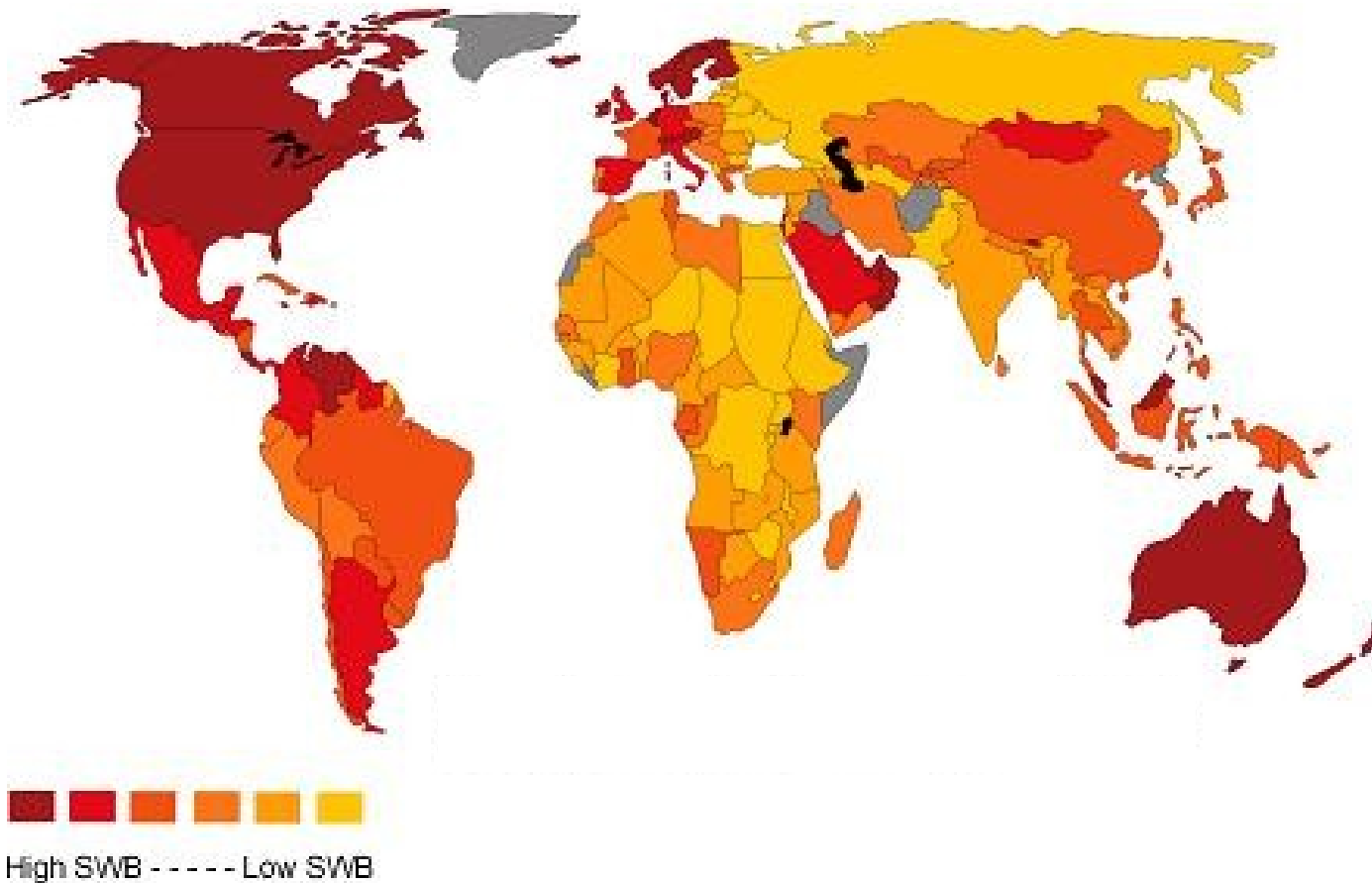
- * Well-being and strengths:

- * HAP report more strengths overall - Park, N., Peterson, C., & Seligman, M. (2004). Strengths of character and well-being. *Journal of Social & Clinical Psychology, 23*, 628-634
 - * (3) Hope, optimism, and future-mindedness (3.18 diff).
 - * (13) Zest, enthusiasm, and energy (2.71 diff).
 - * (20) Capacity to love and be loved (1.91 diff).
 - * (19) Leadership (1.54 diff).
 - * (10) Social intelligence (1.51 diff).



The Values Study

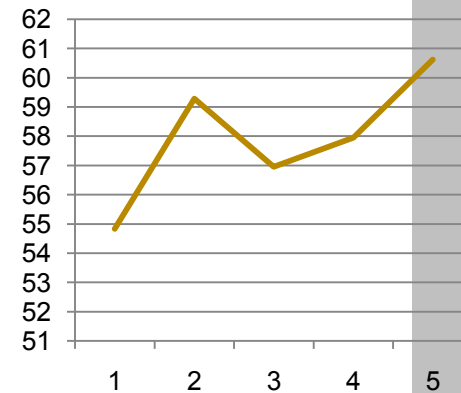
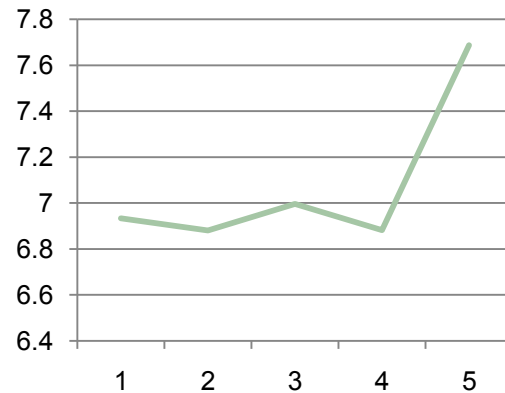
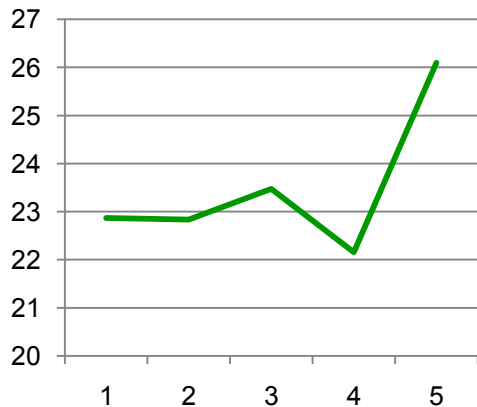
- * Well-being by Country:



The Values Study

* Well-being by Country:

	SwLS Total	HM	HM % Hap	
1) Aust	22.87	6.93	54.83	3rd
2) Cana	22.83	6.88	59.28	2nd=
3) NZ	23.47	6.99	56.95	2nd=
4) UK	22.15	6.88	57.95	4th
5) USA	26.09	7.68	60.62	1st
Average	23.48	7.07	57.93	
Literature Average	20.95	6.90	54.00	



Main conclusions

- * How important you think values are is largely unrelated to mood or psychopathology; what's important is whether you know your values and are living in alignment with them.
- * The value of stimulation (including those close) and being open-to-change seem related to good mood and mental health.
- * No real differences between self vs. others values in relation to good mood or mental health.
- * Seems strengths related to individual well-being.



Future Directions

- * A six month follow up study (time two) has just been completed - 173 participants (mood, values, strengths, well-being).
 - * Do values change over time?
 - * Do changes in values predict well-being (and perhaps low mood/psychopathology)?
 - * Do strengths change over time?
- * Randomized control trial: strengths and well-being.
 - * Current thinking: identify top five strengths and use them in new ways.
 - * My thinking: identify top five strengths and use them in alignment with your values. In other words, using what your good at (strengths) in alignment with what's important to you (values) may increase well-being more...





The New Zealand
Psychological Society

Thank You

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