

How to co-create wellbeing through transformative collaboration

Tom Chen

Professor of Marketing & MBA Director

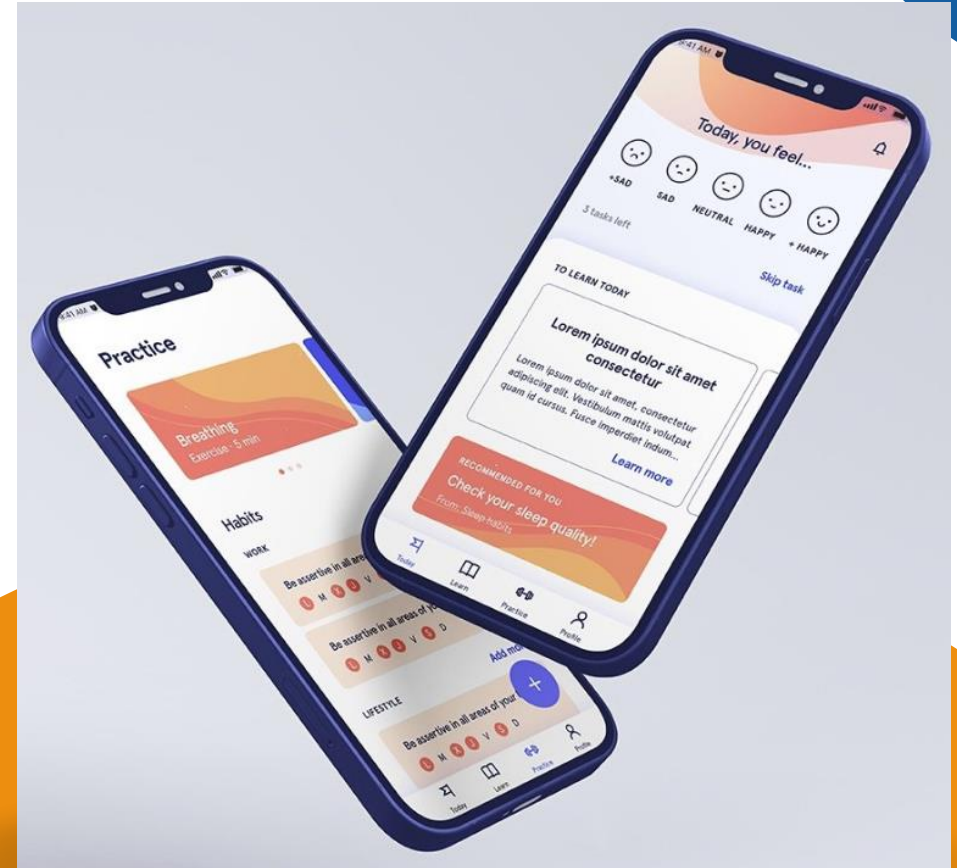
Stand for ambition
[Kent.ac.uk](https://kent.ac.uk)





The European Platform to promote wellbeing and health in the workplace

<https://empower-project.eu/>



The EMPOWER project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under Grant Agreement No. 848180.



Introduction

- Common mental health conditions account for 40% occupational diseases
- Huge costs associated, due to absenteeism and presenteeism
- Occupational eMental Interventions promising solution
- Lack of resources from SMEs and public agencies
- Need for low cost, easy to use, confidential, multimodal online solutions for preventing common mental health problems at work

EMPOWER-European Platform to promote wellbeing and health in the workplace



1

Design a multimodal eHealth platform to promote MH in the workplace

2

Implement the platform in SMEs and public agencies

3

Evaluate effectiveness, cost-effectiveness, usability and acceptability

4

Investigate barriers and facilitators for a successful implementation

EMPOWER consortium



SJD
Sant Joan de Déu
Fundació de Recerca

 **UNIVERSITY
OF LODZ**

Erasmus School of
Health Policy
& Management



 Fondazione I.R.C.C.S.
Istituto Neurologico Carlo Besta

Sistema Socio Sanitario
 Regione
Lombardia

 **Swiss
Paraplegic
Research**

 **UAM**
Universidad Autónoma
de Madrid

 **VUB**
VRIJE
UNIVERSITEIT
BRUSSEL

 **ADAPT 20**
www.adapt.it
fondata da Marco Biagi

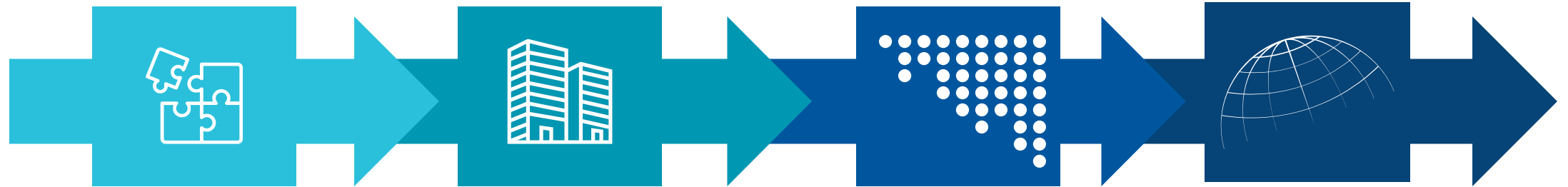
 **OMADA**

 **LÄNSIRANNIKON
TYÖTERVEYS**

 **UNIVERSITY
of York**



 **UNIVERSITY OF
CANBERRA**



DESIGN OF THE ONLINE INTERVENTION

- **Co-design**
- Cultural adaptation
- Pre-pilot

IMPLEMENTATION IN REAL WORLD SETTINGS

- Cluster RCT
- Qualitative interviews
- Usefulness questionnaire

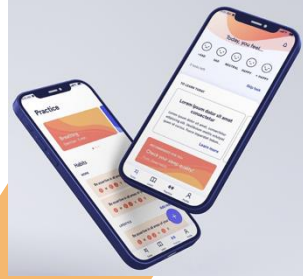
ANALYSIS PHASE

- Effectiveness
- Cost-effectiveness
- Cost-benefit
- Qualitative analysis
- **Impact analysis**

POLICY AND RECOMMENDATIONS

- Policy brief
- Scoping review
- EMPOWER checklist

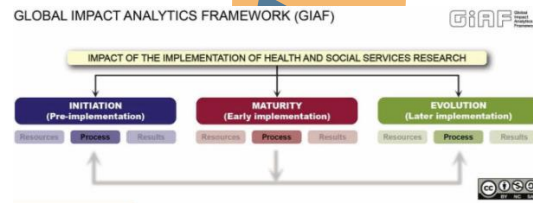
**Online
multimodal
eHealth
platform**



**EMPOWER
checklist**



**Impact
analyses**



**Qualitative data
about barriers
and facilitators**



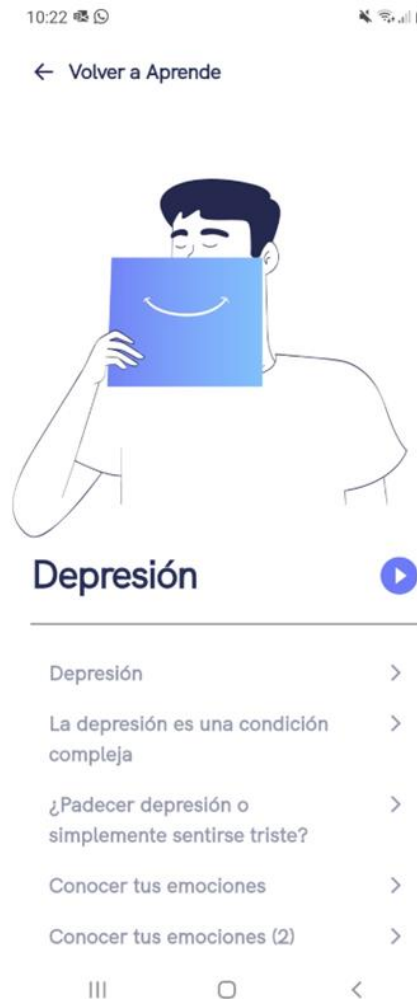
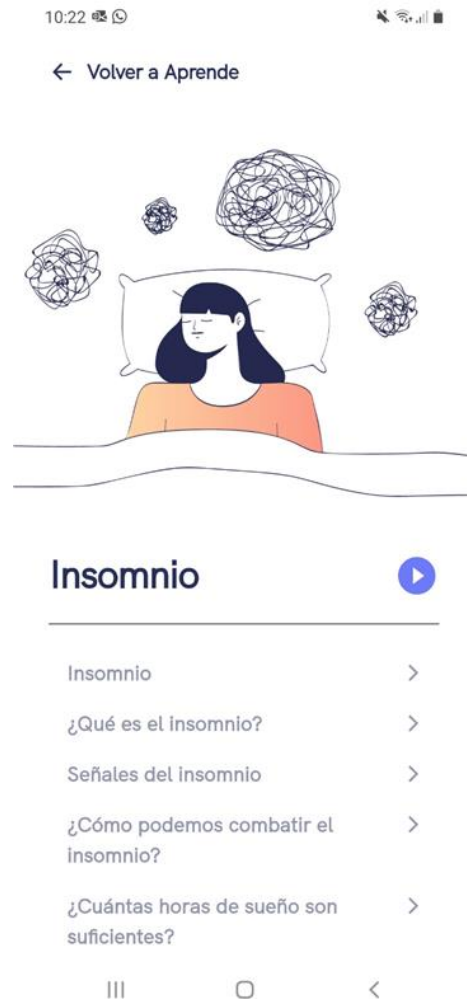
Policy brief



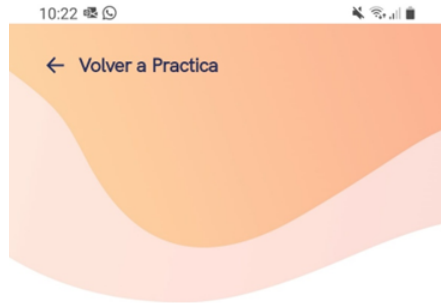
EMPOWER'S MAIN OUTCOMES

empower-project.eu

EMPOWER app



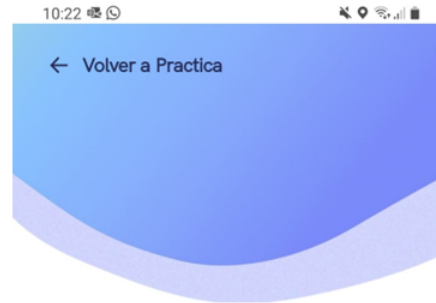
EMPOWER app



Respiración

Este ejercicio de respiración (respiración diafragmática/abdominal) implica tomar respiraciones suaves, lentas y regulares tomando como protagonista nuestro diafragma. Los bebés recién nacidos respiran naturalmente de esta manera y este es el patrón que deberíamos seguir usando en la adultez.

Más información Empezar

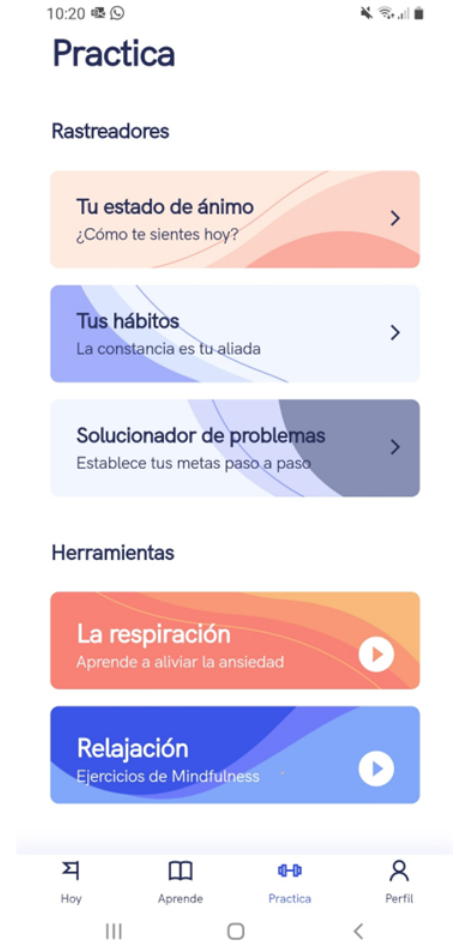


Relajación

Si estás ansioso/a, bajo presión o estresado/a, sientes un estado de alta tensión muscular. Con la técnica de relajación progresiva de Jacobson, adquirirás autocontrol y lograrás un alto nivel de relajación.

1 MIN 13 MIN

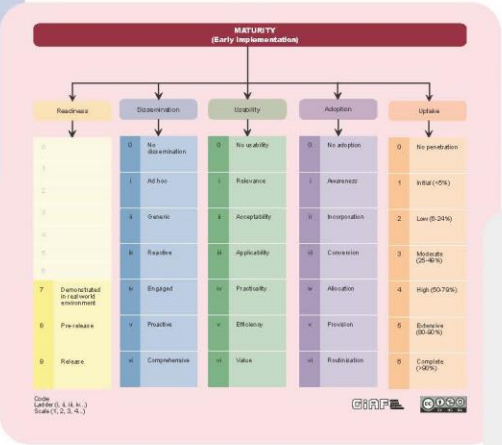
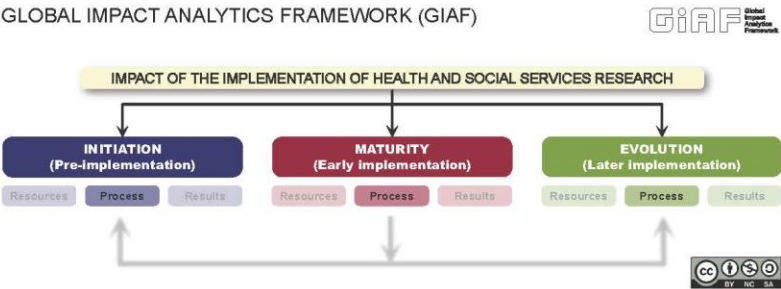
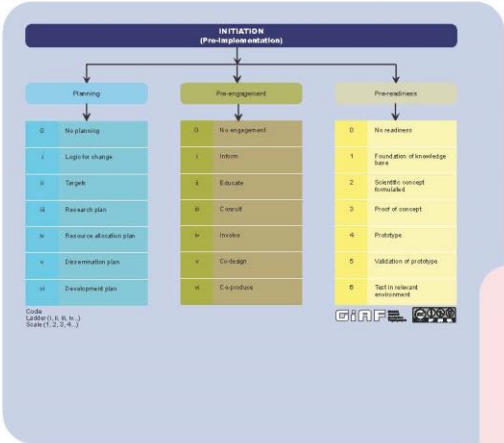
Más información Empezar



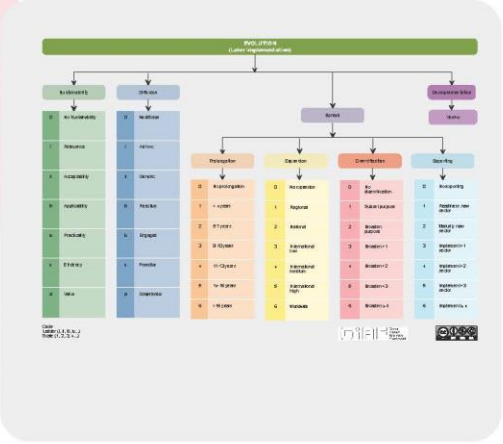
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Taxonomy Trees



15 Domains and 82 Subdomains



EMPOWER checklist

The EMPOWER Occupational e-Mental Health Intervention Implementation Checklist to Foster e-Mental Health Interventions in the Workplace: Development Study

J Med Internet Res. 2024, Mar 15 doi: 10.2196/48504

Raggi A, Bernard RM, Toppo C, Sabariego C, Salvador Carulla L, Lukersmith S, Hakkaart-van Roijen L, Merecz-Kot D, Olaya B, Antunes Lima R, Gutiérrez-Marín D, Vorstenbosch E, Curatoli C, Cacciatore M.

J Med Internet Res. 2024, Mar 15; 26:e48504. PMID: 38488846. doi: 10.2196/48504

e-Intervention Enhancing Mental Health in Adolescents





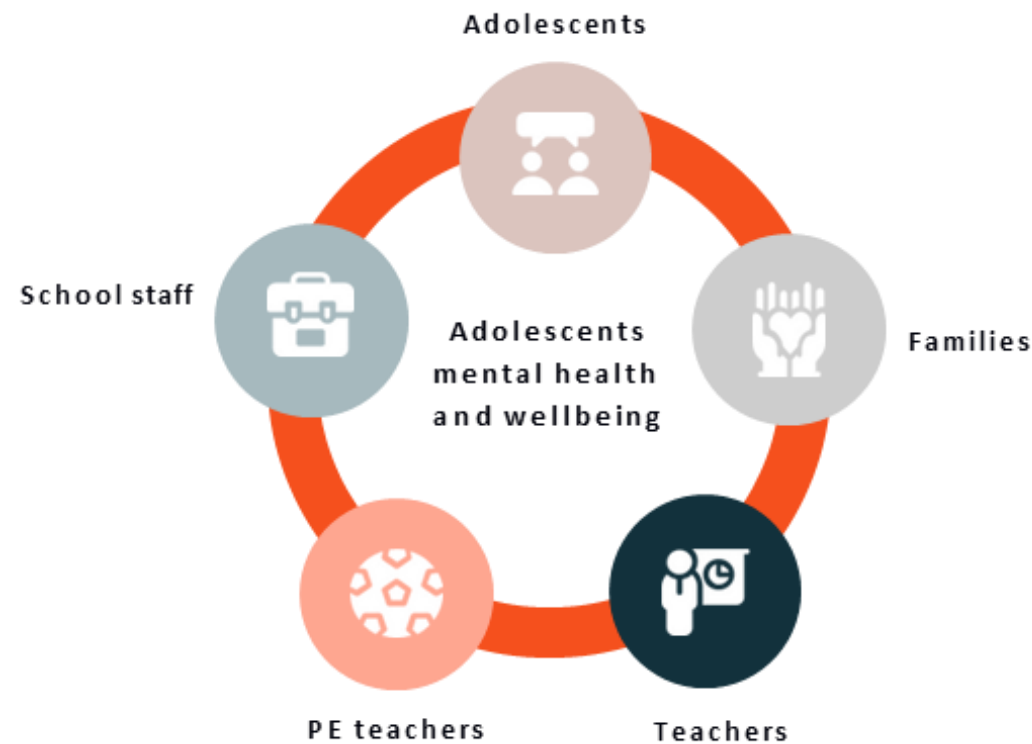
Objectives

- 1 Improve adolescent mental health and well-being
- 2 Early detect mental health problems
- 3 Prevent common mental health problems

IMPROVA: A comprehensive health program integrated into the educational system

- Program grounded in the principles of Social and Emotional Learning interventions
- Integrates cognitive-behavioural strategies into its content

Focus on skill/competence trainings rather than addressing only mental problems



Digital intervention platform



eSano platform



Tutoring
Sessions

20 modules on mental
health related topics
adapted to adolescents
needs

9 interactive modules
for teachers +
8 Tutoring sessions

@ students
@ teachers

Digital information platform



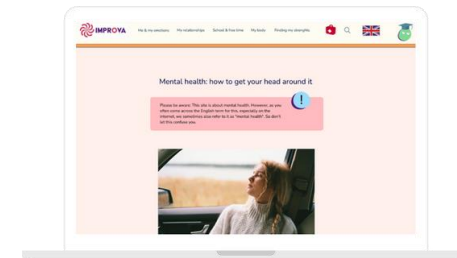
Information
platform

Website with information about module's topics.
Versions adapted for each user's group.

Seeking help section with resources,
services and contact numbers



@ students
@ teachers
@ families



My emotions

Mental health awareness, stress, emotions I and II and identity



My body

Physical activity and exercise, sleep, substance use



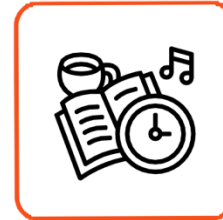
My strengths

Resources, self-esteem and problem solving



My relationships

Social skills I and II, romantic and sexual relationships, heartbreak, meeting new people.



School and free time

Bullying, exam anxiety, school pressure and social media



eSano platform



Information platform



Tutoring
Sessions



eSano platform



Information
platform

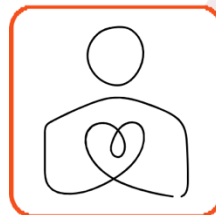
Mental health content

Adolescence and development, mental health awareness, first warning signs, what to do and how to promote mental health in the classroom...



Contents for the well-being of teachers

Resources for your own mental health, self-care and for managing stress and other problems

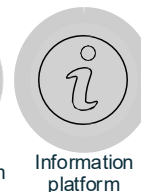


Pedagogical contents

Social and emotional education, growth mindset, communication tools, components for physical education classes, and planned tutoring sessions

8

Tutoring sessions



Building healthy relationships

Teacher Lesson Plan 1



This document is intended to help teachers and other school staff lead a discussion and reflection session on the topic of "building healthy relationships" with students. You can find student worksheets at the end of this document, which can be printed out or shown on the screen during the session. For additional material, utilize the resources available on the IMPROVA intervention platform. You can also adapt the activities as you see them fit - you are the teachers and the one who know what it is best for your students!

Overall Instructions for Teachers:

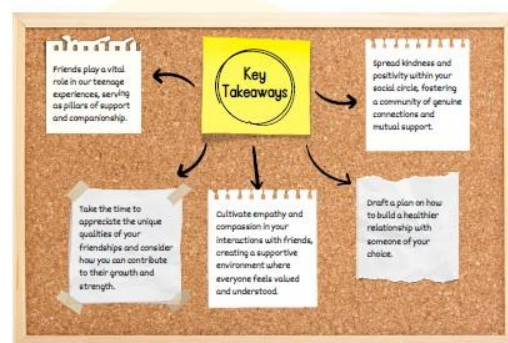
- Provide guidance and support as needed but encourage students to lead the discussion themselves.
- Ensure that all students have an opportunity to contribute and express their thoughts.
- Foster a supportive and inclusive environment where students feel comfortable sharing their ideas and emotions.
- Emphasize the importance of active listening and respectful communication during the discussion.

Materials needed

- Whiteboard or flip chart for recording students' responses.
- Markers or chalk for writing.



Teacher Lesson Plan 4



Additionally, remember that the IMPROVA platform contains modules that offer tools and techniques to assist you further. Explore these resources to further support your personal growth journey!



Building Healthy Relationships: Worksheet 1



Welcome, everyone!
Today's session is dedicated to exploring the art of building healthy relationships. Relationships play a crucial role in our lives, contributing to our overall well-being and happiness. By cultivating healthy connections with others, we can create a supportive network that enhances our quality of life. Throughout this session, we'll delve into essential relationship skills and social awareness to help us foster positive connections and provide support to those around us. We know that as teens, your friendships and connections are super important, so let's learn how to make them even stronger!

Activity 1: Group Discussion

Take a moment to reflect on your friendships and what makes them unique. Discuss with your peers, considering the following questions:



Building Healthy Relationships: Worksheet 2



Whole class discussion
Share your reflections!

Discuss common themes and insights from your discussions in the small groups.

Explore strategies for enhancing relationship skills and fostering positive connections with others.



Activity 2: Empathy Boost Challenge

Get ready to practice empathy and understanding through a fun role-play:

- Partner up and decide who'll be the "Listener" and who'll be the "Storyteller".
- The Storyteller shares a personal challenge or experience with the Listener.
- The Listener actively listens and shows support, offering comforting words and understanding nods.
- After five minutes, switch roles and let the other partner share.

Conclusion

Reflecting on today's session, let's acknowledge the significance of nurturing strong friendships and connections during our teenage years.

- Embrace the power of meaningful friendships as they shape our journey through adolescence.
- Take a moment to recognize your strengths in fostering friendships and identify areas where you can further develop.
- Practice empathy and understanding to provide support and encouragement to your friends during both good times and challenges.
- Let's commit to cultivating and maintaining awesome friendships that enrich our lives with joy and support!





Information
platform



Positive relationships



Emotional and social skills



Positive behavior



Life skills and attitudes to promote
well-being



School-family collaboration to prevent,
recognize and address mental health
problems



Focus groups and Users' Local Groups: France, Germany, Romania and Spain

Adolescents

6 focus groups
56 adolescents
12-18 years old
40 females (71%)

School staff

5 sessions
35 school staff
51.4% female

Families

2 sessions
10 parents
80% female

1 Acceptability

Visual content: "With the videos, images, drawings, (...) it helps you understand it more"

2 Appropriateness

"Maybe we search on google or TikTok and they are not reliable sources and IMPROVA guess it is a reliable source"

3 Feasibility

"In a moment of stress, I can't see myself watching IMPROVA. But if it's a deeper issue, than these weeks I've been worried about the issue, I would enter IMPROVA"

Sharing Smart Cities

For the Betterment of Well-being of Citizens and Sustainability of Cities

Human Centric Smart Cities

“... leveraging technologies – digital technologies in particular -- to boost **citizen well-being** and deliver more efficient, **sustainable**, and inclusive environments as part of a **collaborative, multi-stakeholder process**.”

(OECD, Report for G20 Digital Economy Task Force; International Transport Forum 2020, P.9)



UN Habitat

Human Centric Smart Cities

<https://unhabitat.org/programme/people-centered-smart-cities>

UN HABITAT
FOR A BETTER URBAN FUTURE



FLAGSHIP PROGRAM

People centered smart city initiatives and solutions compendium

CALL FOR CASE STUDIES

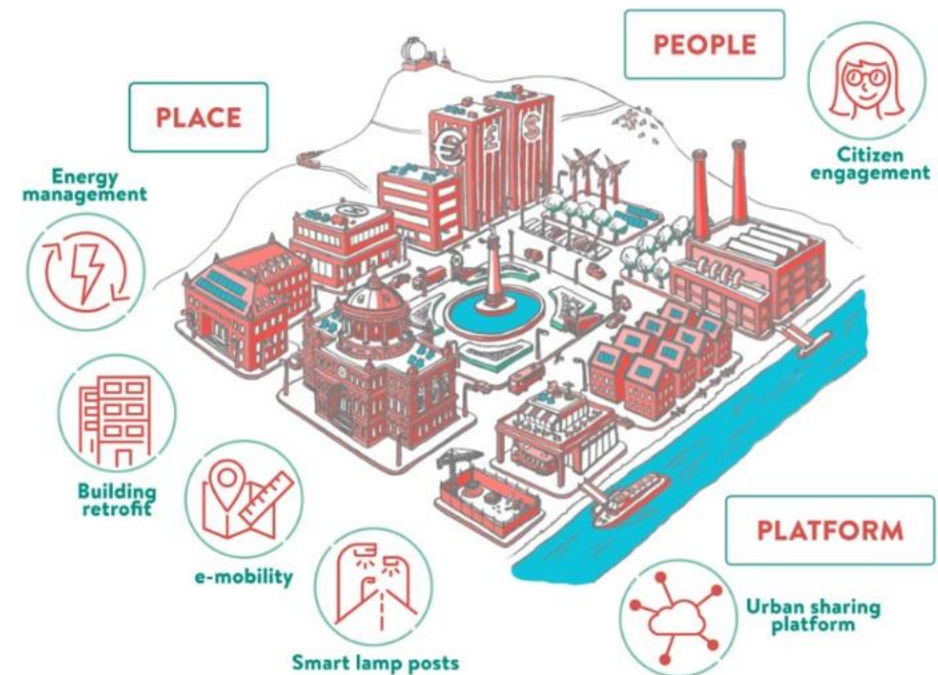


Sharing Cities Human Centric Smart Cities

<https://sharingcities.eu/>



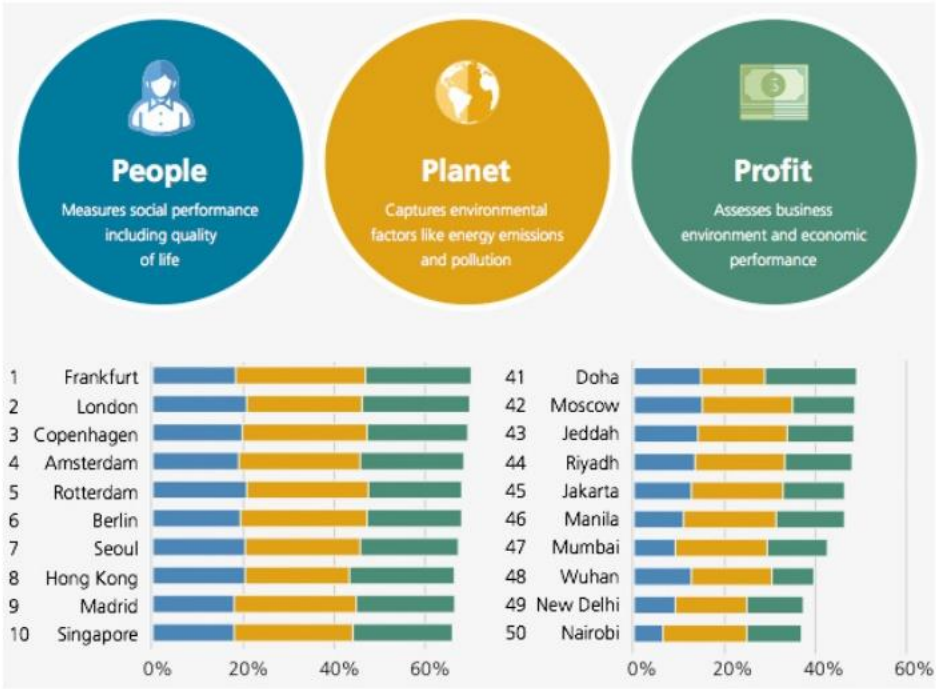
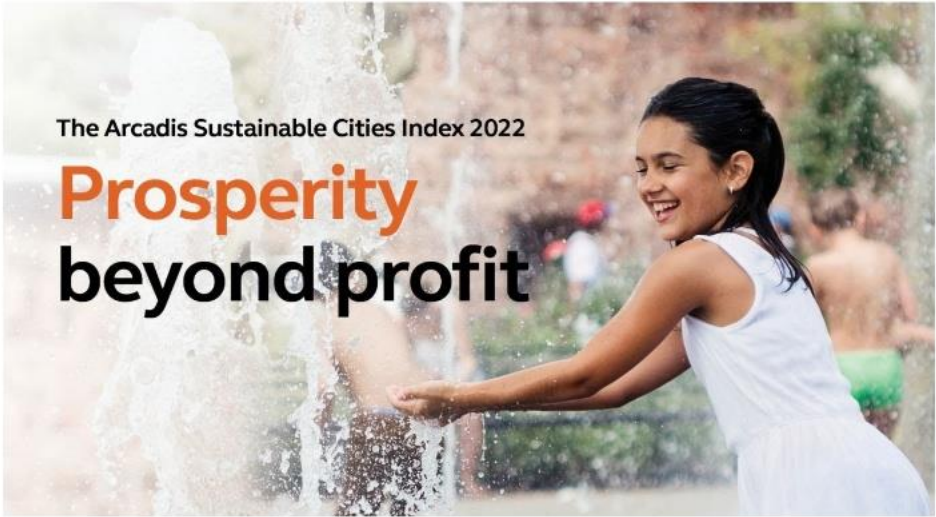
© 2021, Sharing Cities programme website



Sustainable Cities Index

Human Centric Smart Cities

<https://www.arcadis.com/en-au/knowledge-hub/perspectives/global/sustainable-cities-index>



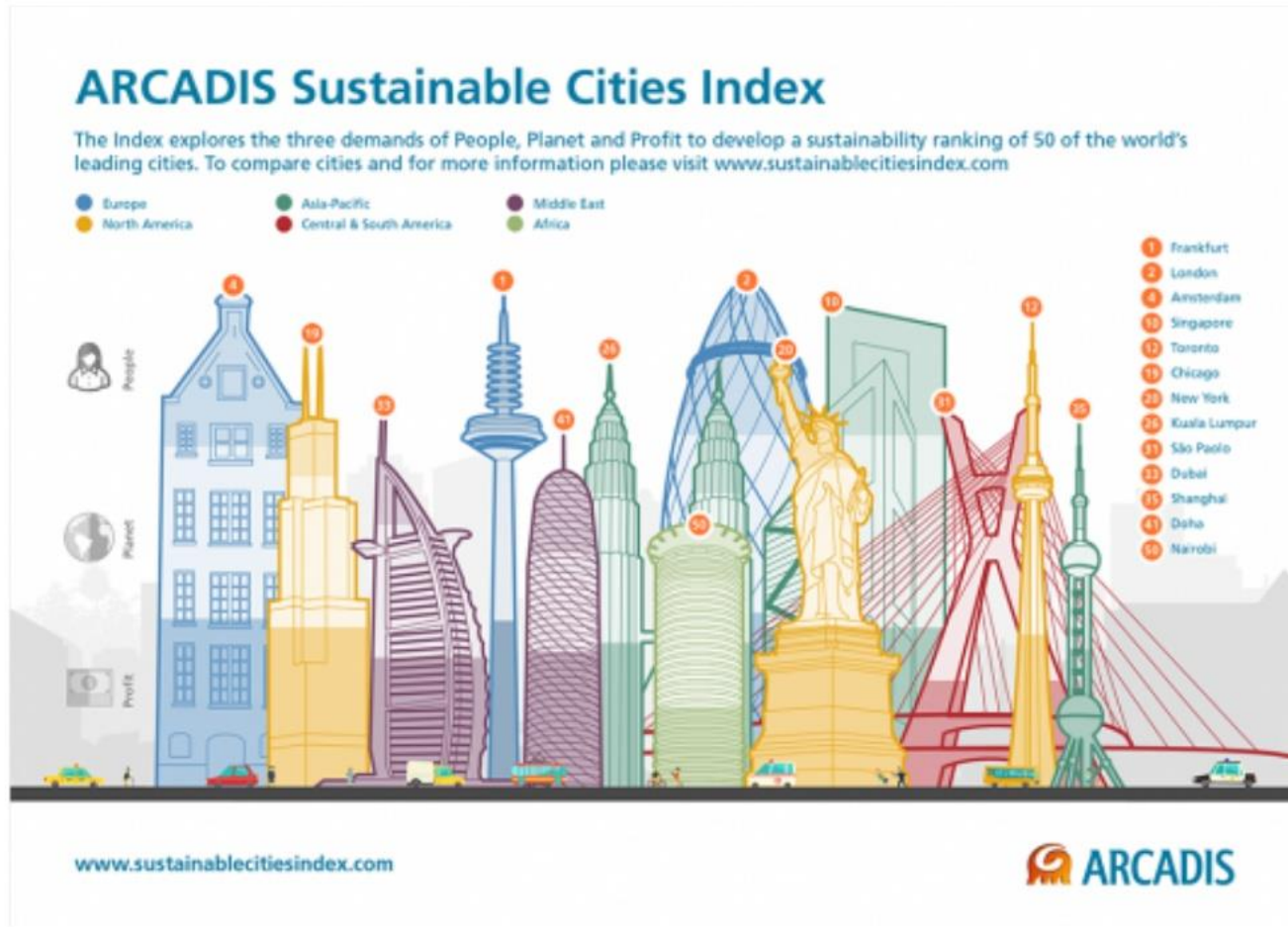
Who cares about Smart Cities



Government

Countries, International organisations (e.g. OECD, World Bank), local councils, etc.

Who cares about Smart Cities



Consulting Firms

Deloitte, KPMG, PWC, EY, Accenture, McKinsey, ARCADIS, etc.

Who cares about Smart Cities

Report
**AN OVERVIEW OF
PUBLIC POLICIES
OF THE SHARING
ECONOMY BY CITIES**

July 2019

**SHARING
CITIES ACTION**

**CITIES ACTION ON CHALLENGES AND
OPPORTUNITIES OF PLATFORM ECONOMY**

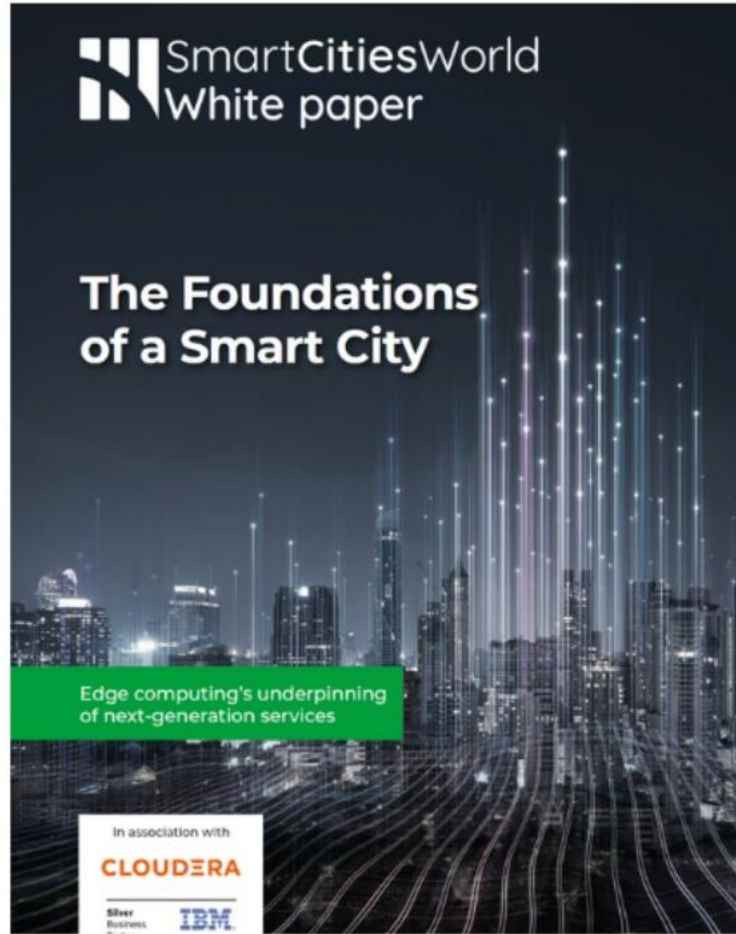


Academics

Sciences and Social Sciences

e.g., ETH Future Cities Laboratory

Who cares about Smart Cities



Industries

Forbes Technology Council (2020) Clean energy, Healthcare, Public Safety, Property management, Infrastructure maintenance, Marketing & advertising, Water treatment, Urban planning, Transportation, Commercial real estate.

e.g., IBM, Cisco, Banks, The Thales, etc.

Who cares about Smart Cities



NGOs & Communities

Smart Cities Council

Introducing Sharing Smart Cities

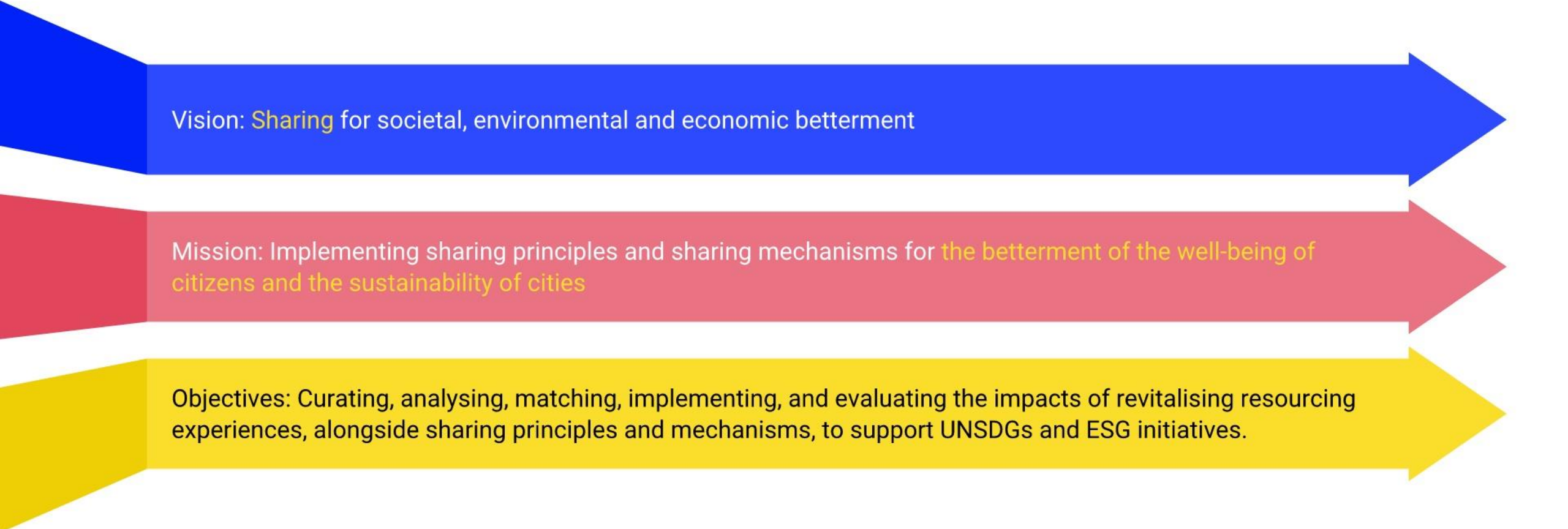
“A Sharing Smart City is an **intelligent system that takes an integrated human-centric and **glocal** approach to ensure **resilience**, ecological, social and economic **sustainability**”**

SHARING SMART CITIES CONSORTIUM 2020



Prof Dr Dominik Georgi
SSC Co-founder

Vision, Mission and Objectives



Vision: **Sharing** for societal, environmental and economic betterment

Mission: Implementing sharing principles and sharing mechanisms for **the betterment of the well-being of citizens and the sustainability of cities**

Objectives: Curating, analysing, matching, implementing, and evaluating the impacts of revitalising resourcing experiences, alongside sharing principles and mechanisms, to support UNSDGs and ESG initiatives.

Resource – Scarcity

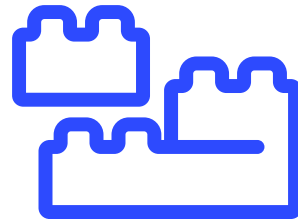
“Economics as the science which studies human behaviour as a relationship between ends and scarce means which have alternative uses.”



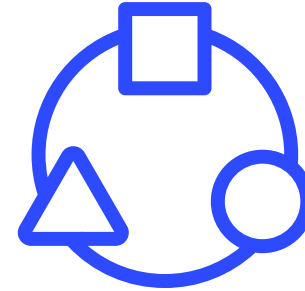
Lionel Robbins

Sharing Mechanisms Revitalisation

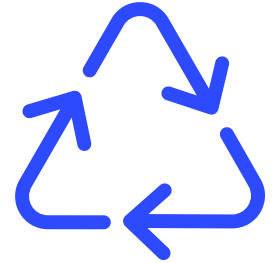
“The Sharing Smart Cities framework embraces abundance, focusing on the potential and opportunities that can be unlocked through effective sharing and revitalisation of resourcing experience.”



Rebundle



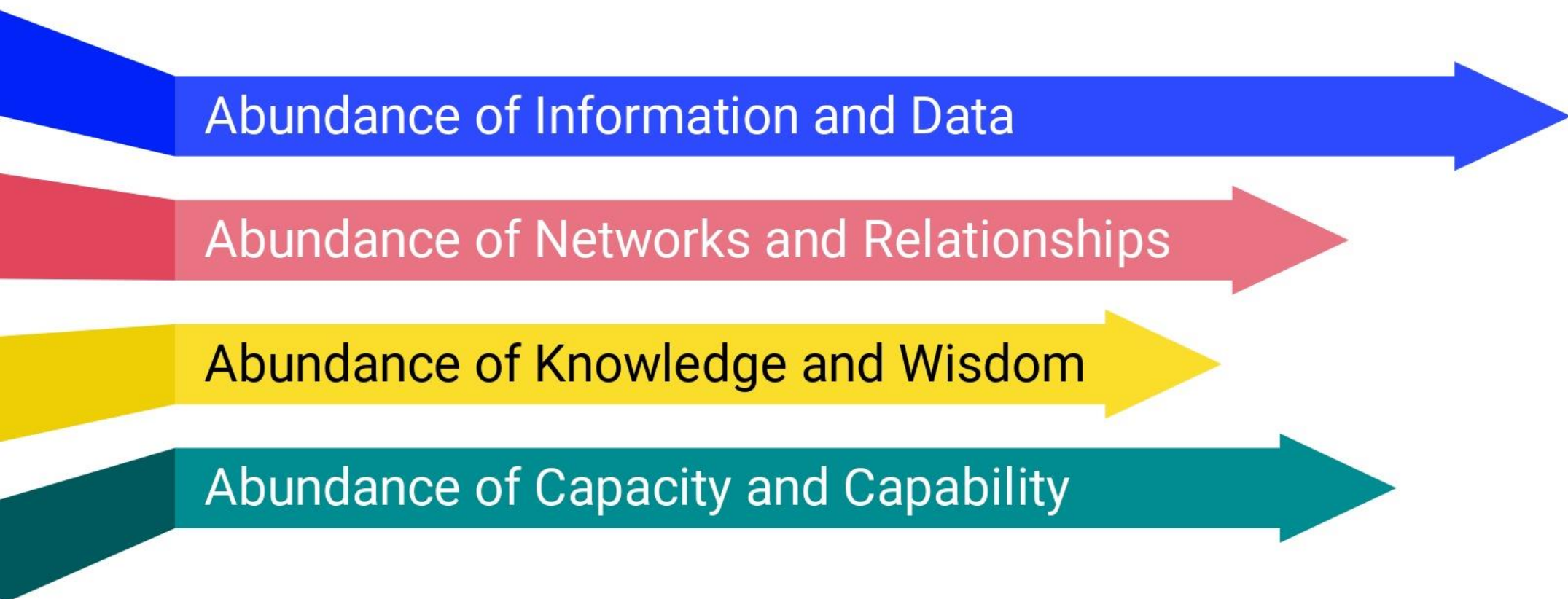
Repurpose



Reuse

Resourcing Experience

Experiences emerged from revitalising idle resources through resourcing processes such as reuse, repurposing, and rebundling.



Abundance of Information and Data

Abundance of Networks and Relationships

Abundance of Knowledge and Wisdom

Abundance of Capacity and Capability

Collaborative Betterment



Viable



Illuminative



Vibrant

Viability – "The recognition of value or relevance that motivates individuals to engage from the outset."

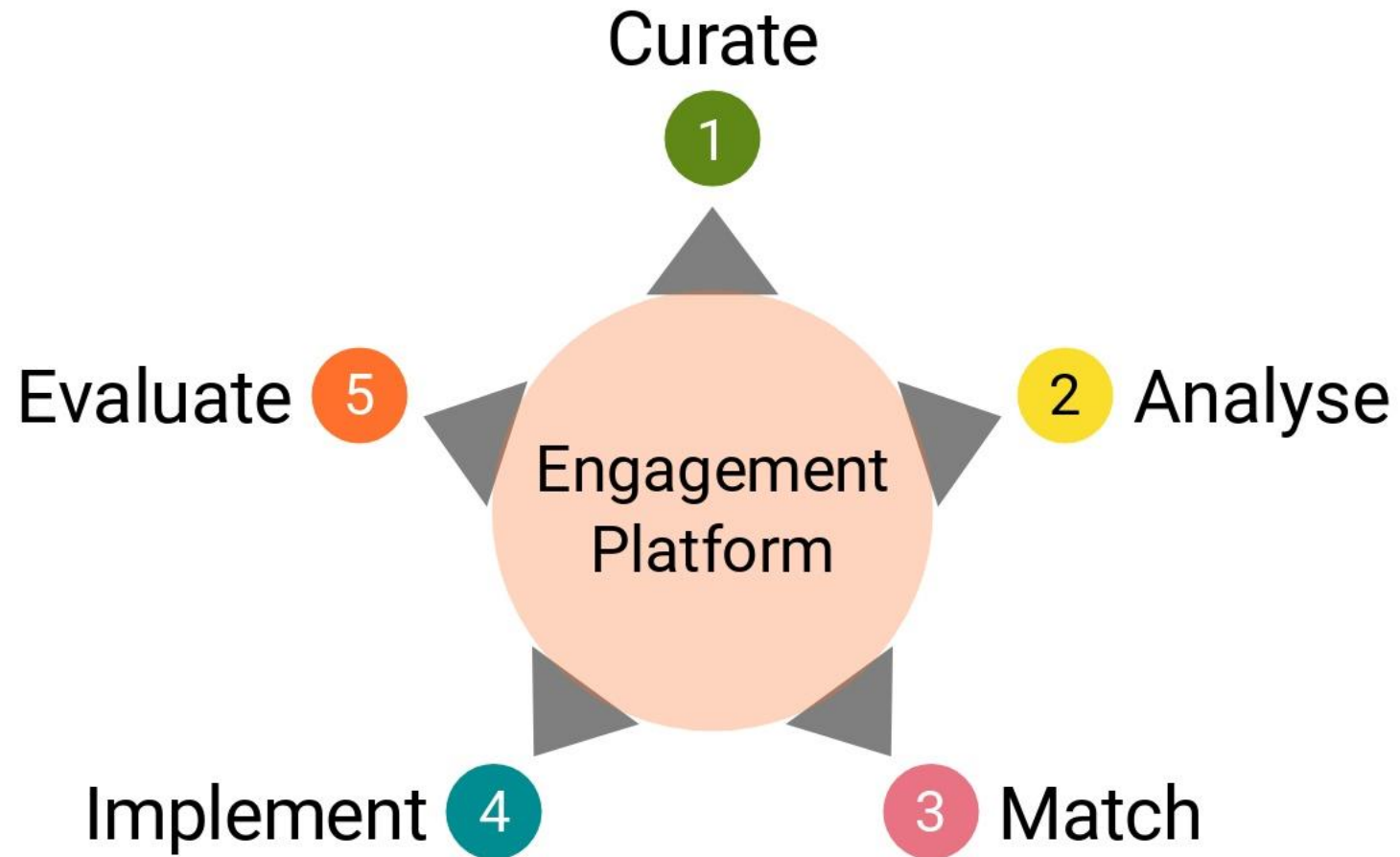
Illumination – "The process through which individuals discover pathways for co-creation and shared meaning."

Vibrancy – "The dynamic potential for diverse and evolving outcomes, enabling multiple future applications and directions."

Sharing Smart Cities

“The SSC framework champions the transformative potential of revitalising and sharing resourcing experiences. By leveraging the inherent abundance in information/data, networks/relationships, knowledge/wisdom, and capacity/capability, SSC promotes the wellbeing and sustainability of citizens and cities.,,

Digital Engagement platform



Digital Engagement Platform

Identify and document relevant past projects and initiatives to build a comprehensive database of successful and failed practices.



Curation

**Curate Practices of
Revitalising Resourcing
Experience**



Analysis

**Analyse and Extract
Principles and
Mechanisms of Sharing
Resourcing Experience**

How to co-create wellbeing through transformative collaboration

Tom Chen

Professor of Marketing & MBA Director



Welfare Reform & Community Care

- **Welfare Bill passed on 1st July 2025**
- **Post-2020 Evidence of Savings in Community Care**

Greater investment in community care is associated with lower acute hospital activity and potential cost savings

- **NHS England** - Community health services provide care in people's homes or close to where they live... supporting people to live independently, manage long-term conditions, avoid unnecessary hospital admissions, and facilitate early discharge from hospital.
- **UK Department of Health** - People in need to live as full and independent lives as possible... in their own homes or in a homely environment in the community.
- **Care Act 2014 (England)** - Emphasises duties on local authorities to promote wellbeing by preventing needs for care and support, helping people remain living independently at home and in the community as long as possible.
- **NHS Confederation & King's Fund reports** - Highlight the principle of moving care "closer to home," reducing reliance on acute hospitals, and organising services around what matters to individuals in their communities.

Personal Independence Payment (PIP)

- Daily living part

You might get the daily living part of PIP if you need help with:

- preparing food
- eating and drinking
- managing your medicines or treatments
- washing and bathing
- using the toilet
- dressing and undressing
- reading
- managing your money
- socialising and being around other people
- talking, listening and understanding

- Mobility part

You might get the mobility part of PIP if you need help with:

- working out a route and following it
- physically moving around
- leaving your home

<https://www.gov.uk/pip>

Wellbeing

Subjective Well-being (SWB) refers to “people’s evaluations of their lives, the degree to which their thoughtful appraisals and affective reactions indicate that their lives are desirable and proceeding well” (Diener et al., 2015, p. 234).

Balance point wellbeing refers to “the balance point between an individual’s resource pool and the challenges faced” as the locus of wellbeing (Dodge et al, 2012)

Exercise 1

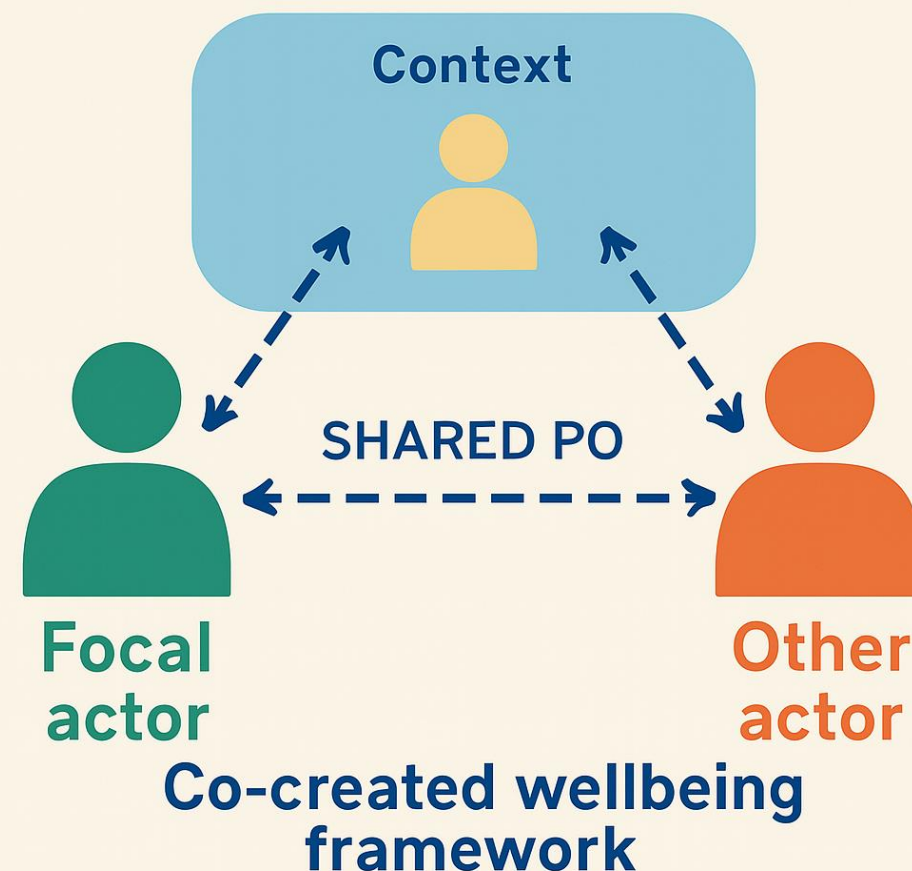
Complete the following survey

1 Life Satisfaction “Overall, how satisfied are you with your life nowadays?” (0 = not at all satisfied, 10 = completely satisfied)

2 Sense of Worthwhile “Overall, to what extent do you feel the things you do in your life are worthwhile?” (0 = not at all worthwhile, 10 = completely worthwhile)

3 Happiness (Yesterday) “Overall, how happy did you feel yesterday?” (0 = not at all happy, 10 = completely happy)

4 Anxiety (Yesterday) “Overall, how anxious did you feel yesterday?” (0 = not at all anxious, 10 = completely anxious)



Value Co-creation

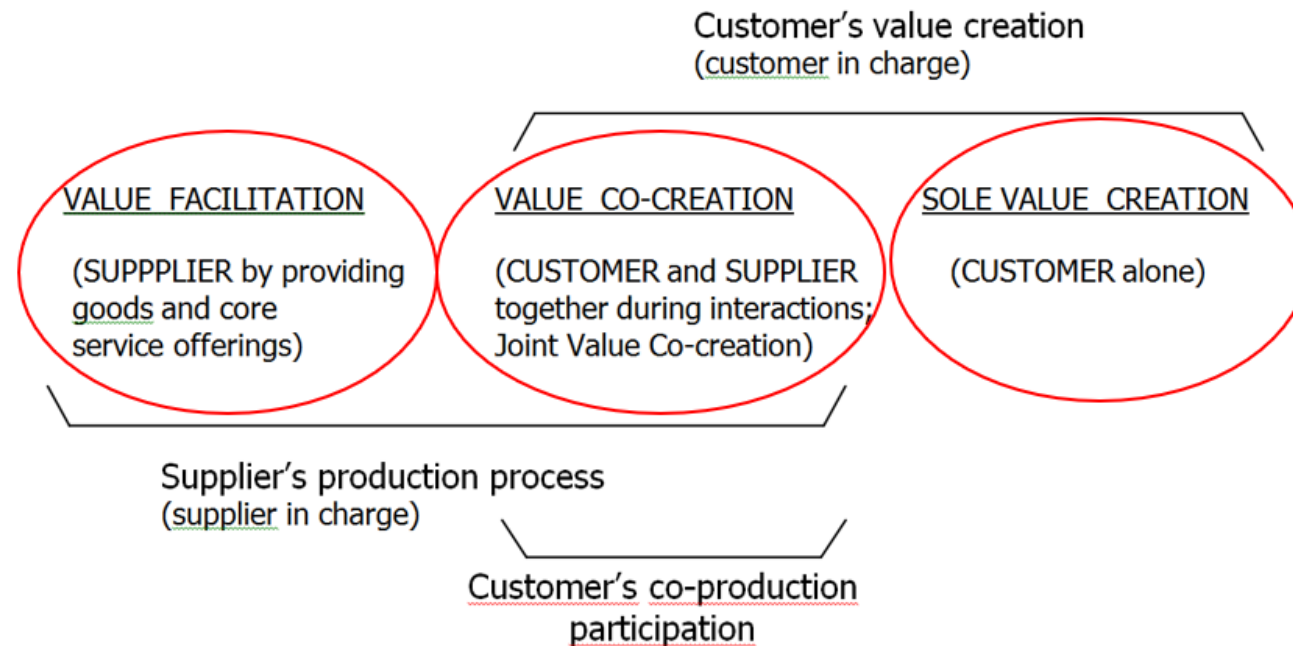
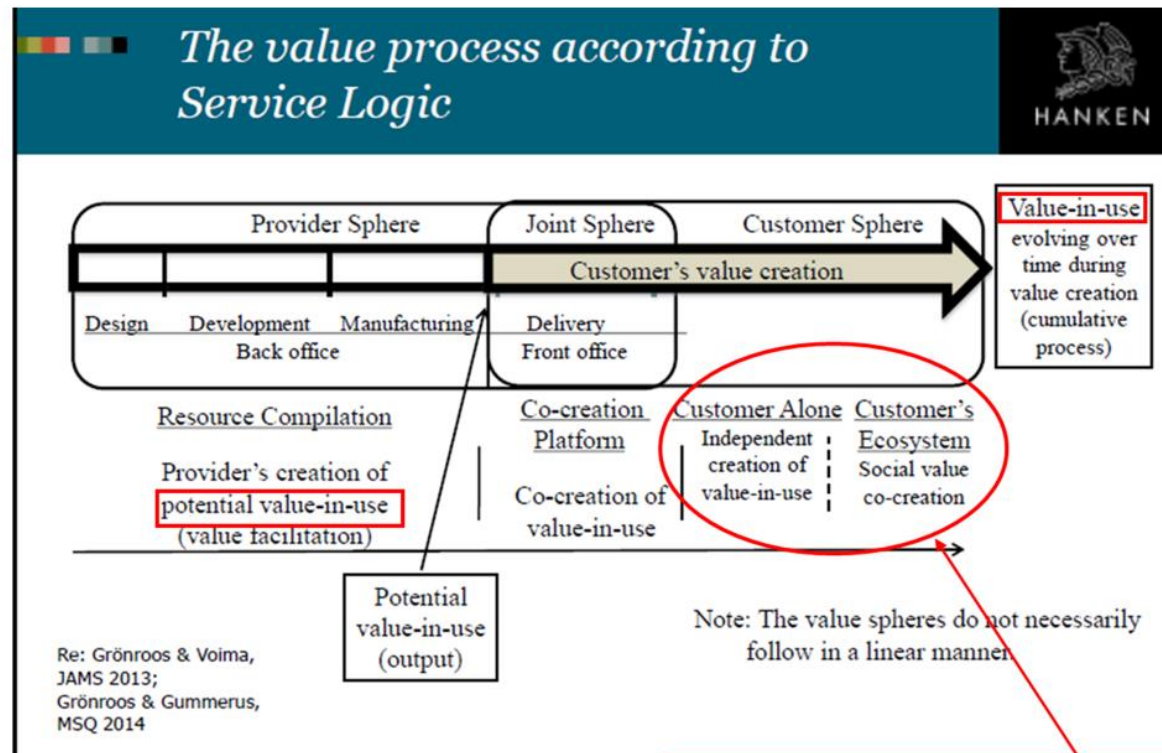


Figure 1. Value creation from a value-in-use perspective: value creation, value facilitation, and value co-creation as well as production and co-production

Source: Grönroos, 2009, p 356

Value Co-creation



Updated version of previous slide

Source: Grönroos & Gummerus, 2014, p 356

Co-creation of value with others outside the firm, eg via social networks; via transformative service research (eg reducing drug abuse); via sustainability actions to improve society (social and green marketing actions)

Value Co-creation

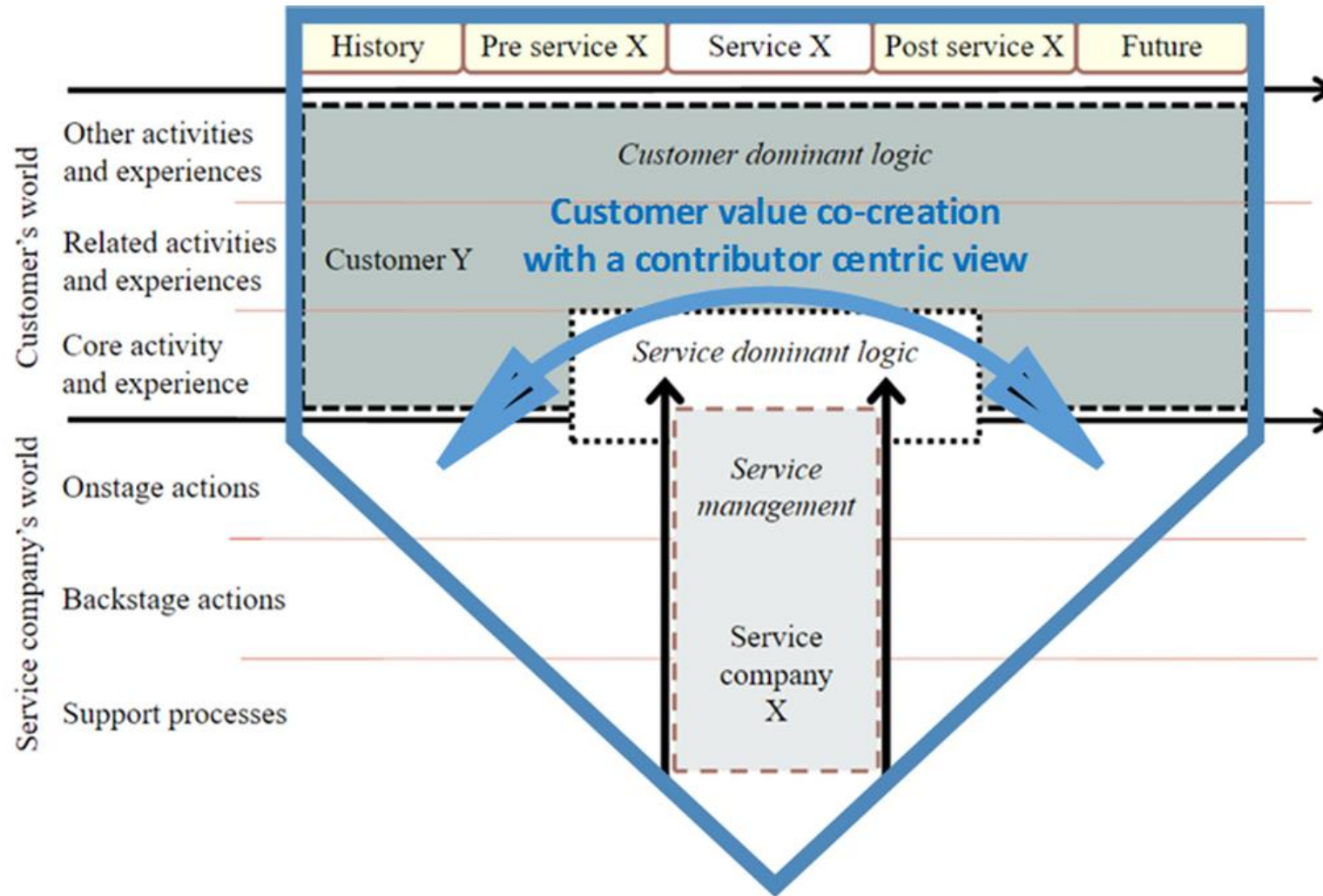
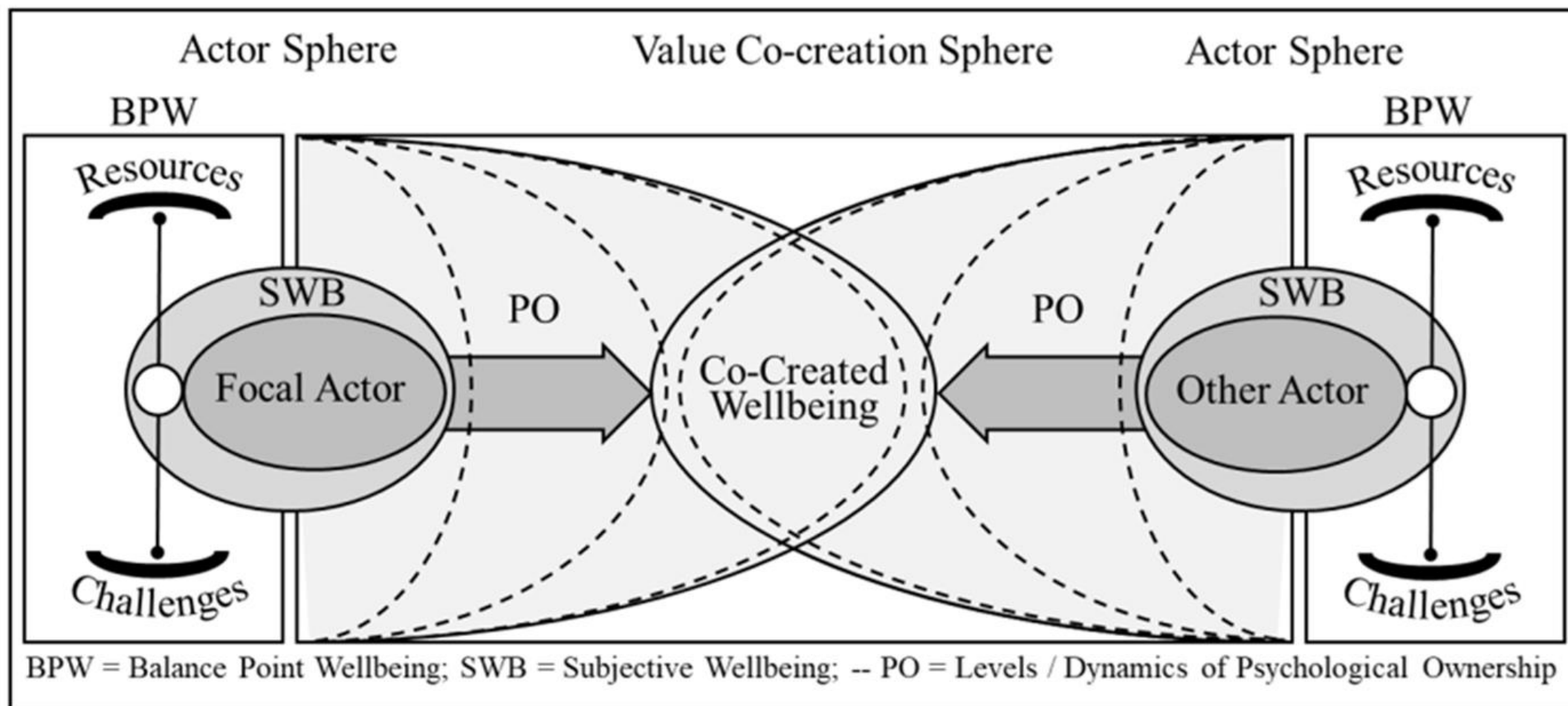


Figure 1.
Adapted model of
customer value
co-creation with a
contributor-centric
view

Dynamics of Co-created Wellbeing Framework



Wellbeing Co-creation

Co-created wellbeing is a multifaceted concept that acknowledges the dynamic interplay between an individual's personal resources, the challenges they face, and the influence of other individuals involved in their wellbeing journey.

It recognises that wellbeing is not solely an individual responsibility but rather a collaborative process shaped by the interactions and contributions of various actors.

Chen et. al, 2021

Wellbeing Co-creation

Based on the co-created wellbeing framework, our own wellbeing is shaped both by how much we take psychological ownership (PO) over someone else's wellbeing, and by how much others take psychological ownership over ours. It works both ways.

PO becomes a powerful lens for understanding why we sometimes become a resource — offering care, time, knowledge, or emotional support — and why we might also become a challenge, adding stress, taking over too much, or even creating dependency.

For example, a doctor's wellbeing can be affected by how much a patient takes PO — not only over their own health, but also over the doctor's time and emotional energy. A thoughtful, cooperative patient might become a resource, while a patient who makes excessive demands could become a challenge.

- Likewise, a patient's wellbeing is shaped by how much the doctor takes PO over their health. A doctor who is caring and respectful becomes a resource, while a doctor who is dismissive or overly controlling may become a challenge.

The Co-Created Wellbeing Framework explained (1)

- Engaged actor

At the heart of co-created wellbeing are the engaged actors, who directly participate in co-creating (or sometimes undermining/ co-destructing) wellbeing through their interactions and resource integration.

- Focal actor

This is usually the person whose wellbeing is the primary focus, for example, a patient, an elderly family member, or someone living with chronic pain.

The focal actor may have their own psychological ownership (PO) over their wellbeing, feeling “this is mine to look after.”

Their wellbeing is influenced by how they integrate their own resources and how they engage with others.

The Co-Created Wellbeing Framework explained (2)

- Other actor(s)

These are people or groups directly involved in shaping the focal actor's wellbeing.

Examples include:

A spouse who coordinates care

A nurse who guides treatment

A friend who provides emotional support

The role of other actors is flexible and dynamic:
They can take on more or less psychological ownership of the focal actor's wellbeing over time.

- Context and tertiary actors

Tertiary actors are not directly managing wellbeing but still impact it by shaping the resource conditions and challenges.

Examples:

Charities like the Salvation Army providing nappies

Government policies that limit care access

Economic factors that constrain what a family can afford

These external influences shape the availability of resources and the scale of challenges, indirectly shaping subject and balance point wellbeing.

Exercise 2

List the actors:

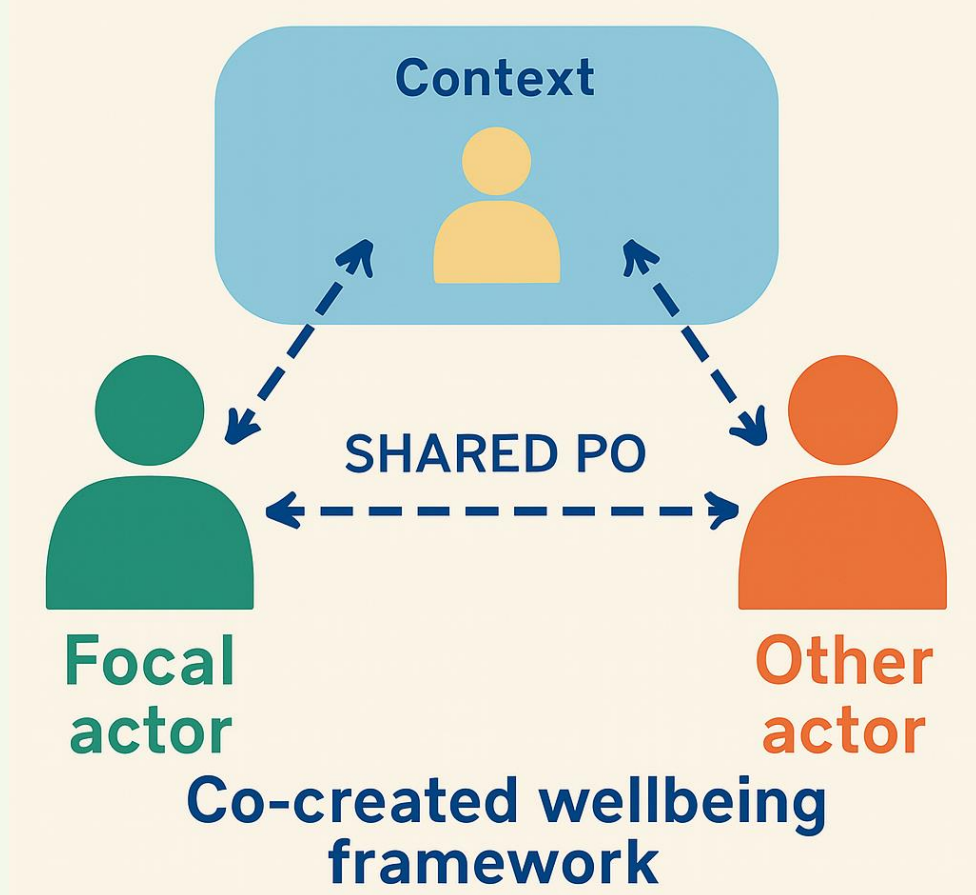
- Who is the **focal actor** (whose wellbeing is the main concern)?
- Who are the **other engaged actors** (family, friends, carers, professionals)?
- Who are the **context / tertiary actors** (organisations, policies, community structures)?

2. Explore ownership and contributions:

- How might each actor feel that **your wellbeing is theirs to care about, worry over, or protect?**
- How might you feel responsible for, or emotionally invested in, **their wellbeing?**

3. Evaluate your balance point wellbeing:

- Considering these relationships, what are the resources and challenges?
- Does this feel balanced, or does it tilt more toward strain or support?



Psychological Ownership (PO)

- “A personal sense of possession... (‘This is MINE!’)” (Pierce, et al., 2003; Jussila et al., 2015)

PO is defined as the feeling individuals have when they perceive that the subject of ownership or a portion of it belongs to them (i.e., “It is mine!”), emphasising its difference from legal ownership.

- Beyond legal ownership: psychological, subjective

Psychological ownership (PO) refers to a cognitive and affective state that is intrinsic to the human experience.

This state of psychological ownership, often described as a sense of “mine-ness” or “our-ness,” is complex and consists of both cognitive and emotional components.

Psychological ownership reflects a relationship between an individual and an object (material or immaterial in nature) in which the object is experienced as having a close connection with the self, becoming part of the “extended self”.

- Applies to tangible & intangible targets (objects, ideas, wellbeing)

Psychological ownership answers the question “What do I feel is mine?”

PO Routes and Roots

In psychological ownership theory:

- PO Roots are like the underlying psychological drivers, just as roots nourish and sustain a plant, these motivations sustain and grow the feeling of ownership.
- They explain why we feel ownership (the deep motivations), the routes explain how we get there — the actions or experiences that lead us to feel “this is mine.”
- PO routes refer to the pathways or mechanisms by which people develop psychological ownership.
- They are how people develop PO, while the roots are why they are motivated to do it.

Roots vs. Routes of Psychological Ownership

ROOTS

Efficacy & effectance

Self-identity

Having a place

Stimulation & arousal

ROUTES

Exercising control

Investing self

Intimate knowledge

Four Motivational Roots of PO

- Efficacy & effectance: need to feel competent, impactful

People have a deep-seated need to feel they can influence, impact, or control their environment. Ownership gives people a way to exercise agency and feel effective.

Example: A patient wants to choose treatments because it makes them feel they can actively shape their health.

Four Motivational Roots of PO

- Self-identity: integrating target into sense of self

Ownership helps people express who they are and integrate something into their self-concept. By taking ownership, it becomes part of “who I am.”

Example: Someone might see themselves as a responsible person by carefully managing their own health.

Four Motivational Roots of PO

- Having a place: belonging, territory

Humans seek belonging and territory. Psychological ownership satisfies this by providing a sense of “this is my space or my domain.”

Example: A patient feels that their health decisions are personal territory where they, not others, should lead.

Four Motivational Roots of PO

- Stimulation & arousal: seeking engagement, excitement

People also seek mental and emotional engagement. Taking ownership provides novelty, challenge, and interest that stimulates them.

Example: Learning about a health condition or exploring wellness options is mentally engaging and becomes part of ownership.

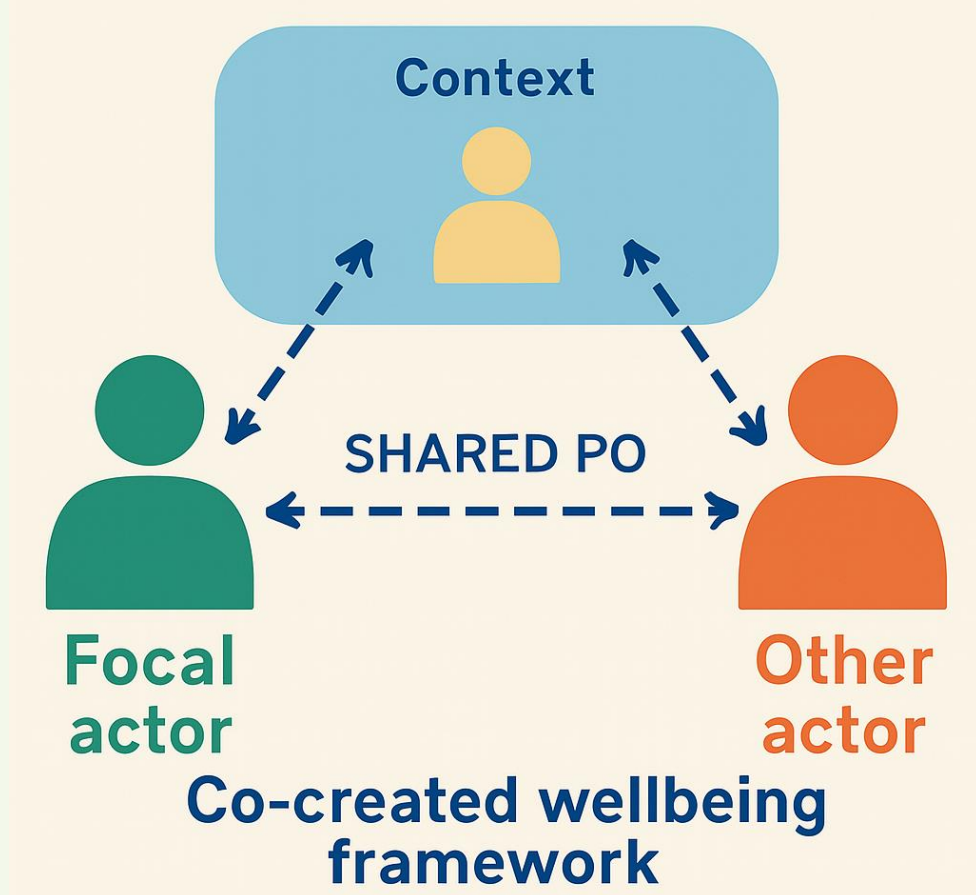
The Three Routes to PO

Routes are the specific pathways through which individuals actively engage with a target object to develop PO. They represent the actions and behaviours that transform underlying needs into a tangible sense of ownership. The sources outline three primary routes to PO:

- **Controlling the Ownership Target (Exercising Control):** Taking charge and influencing the target object.
- **Investing the Self Into the Target (Investing Self):** Devoting time, effort, and resources to the target.
- **Coming to Intimately Know the Target (Intimately knowing):** Cultivating a deep familiarity and understanding of the target.

Exercise 3

- Using PO as a lens, think about how your own motivations (roots) and the ways your PO arose (routes) have shaped the likelihood that *you* became a resource or a challenge for someone else's wellbeing.
- What was driving your sense of ownership (roots like wanting to be effective, it matching your identity, feeling it was your territory/place, or being stimulated by the situation)?
- How did your PO arise or grow (routes like taking control, investing time, gaining intimate knowledge)?
- As a result, did you tend to become more of a resource (offering care, support, stability) or more of a challenge (adding stress, taking over, perhaps even creating dependency)?



PO & Wellbeing Co-creation

- **A. Psychological Ownership of Wellbeing:** A focal actor's PO over their wellbeing is influenced by their perceived resource conditions and challenges, but also by the actions and PO of other engaged actors, emphasising the co-created nature of wellbeing.
- **B. Dynamics of Psychological Ownership:** The dynamic and evolving nature of PO over a focal actor's wellbeing, fluctuating over time and influenced by interactions among the focal actor and other engaged actors.
- **C. Psychological Ownership and Resource Integration:** The extent of evoked PO over the focal actor's wellbeing influences the level of resource integration. This integration is further influenced by the resource conditions and challenges perceived by all actors involved.
- **D. Psychological Ownership and Subjective Wellbeing:** Other engaged actors' PO over the focal actor's wellbeing influences their overall SWB, recognising the impact of resource integration on both individual and collective perceptions of wellbeing.

Case 1: Baby Karina

Rae had just given birth to baby Karina. She loved her little girl deeply, but things were hard. Rae's partner was too sick to work, money was tight, and Rae often felt alone.

That's when Nurse Jill stepped in. Jill could see how much Rae was struggling. She organised extra help — like getting nappies from the Salvation Army — and gave Rae friendly advice and support.

At first, Jill took on a big role, almost like it was her own responsibility. Over time, as Rae learned more and felt more confident, Jill slowly stepped back. Rae became stronger in caring for Karina on her own.

Karina, being a baby, couldn't take care of herself. So her wellbeing depended on Rae and Jill working together.

Case 1: The focal actor has no psychological ownership

- Focal actor: Newborn baby Karina
- Engaged actors: Mother Rae (primary), Nurse Jill (secondary), Salvation Army (tertiary)
- Situation: Karina is entirely reliant on others for her wellbeing. Rae has limited resources; Jill integrates resources, providing extra support such as organising nappies from the Salvation Army.
- PO dynamic: Karina has no PO; Rae and Jill both develop strong PO over Karina's wellbeing. Jill also holds high PO over Rae's wellbeing, recognising the link to Karina's health.
- Outcome: Co-created wellbeing is achieved through collective support and resource integration despite limited family resources.

Case 2: Fred and Dot

Fred was once lively and loved being with friends, but at 91, heart failure had changed him. He forgot things, couldn't get around much, and relied on his wife Dot for almost everything.

Dot, who was 71, managed it all, doctor's visits, medicines, and day-to-day care. She even prepared papers for the ambulance crews just in case. Dot took it all on herself, feeling it was her job to look after Fred.

But over time, Dot became exhausted. Their kids arranged for some professional carers to help out. It wasn't easy for Dot to let go, but it gave her a break and kept her healthy too.

Case 2: The focal actor develops low psychological ownership

- Focal actor: Fred (elderly man with cognitive decline)
- Engaged actors: Dot (wife and primary caregiver), adult children, respite carers, GP
- Situation: Fred lives at home under Dot's devoted care. She manages all daily needs, feeling his wellbeing is tightly bound to hers. Occasional short-stay respite care helps relieve Dot's intense load, allowing her brief rest.
- PO dynamic: Dot holds deep psychological ownership (PO) over Fred's wellbeing. She sees caring for him as part of her identity and life story. Dot's PO never fades.
- Outcome: This shared PO sustains Fred's balanced wellbeing at home. It also protects Dot from total burnout by letting others briefly share the load, though she remains the central engaged actor throughout.

Case 3: Margaret

Margaret was only 48, but constant pain in her neck and back made her life miserable. Her doctor suggested surgery, but Margaret wanted to see if there was another way.

She did her own research, talked to different people, and decided to try a chiropractor. Together, they made a plan. Margaret stuck with it, learned what helped her, and felt like she was in charge of her health again.

Slowly, her pain faded. More importantly, she felt like she had control over her own life again.

Case 3: Shared decision-making in chronic care

- Focal actor: Margaret, a 48-year-old woman experiencing chronic neck, shoulder, and back pain
- Engaged actors: healthcare practitioner, chiropractor
- Situation: Transition from traditional doctor-led model to shared decision-making (SDM). Patients articulate needs, negotiate options, and healthcare providers adjust to patient preferences.
- PO dynamic: Shared PO develops as both patient and practitioner become jointly invested in outcomes. Effective SDM depends on both parties recognising and respecting each other's PO.
- Outcome: When PO levels are high for both, resource integration and co-created wellbeing reach optimal levels, contrasting with traditional or purely self-managed approaches.

Case 4: Jane

Jane was 51 when she found out she had a serious cancer. At first, she was in shock and did whatever her doctor told her. The doctor took the lead, and Jane just followed.

After a while, Jane wanted to know more. She started reading about her illness and found ways to combine her chemotherapy with natural treatments. Her family and a local cancer centre called Dove House helped her through it.

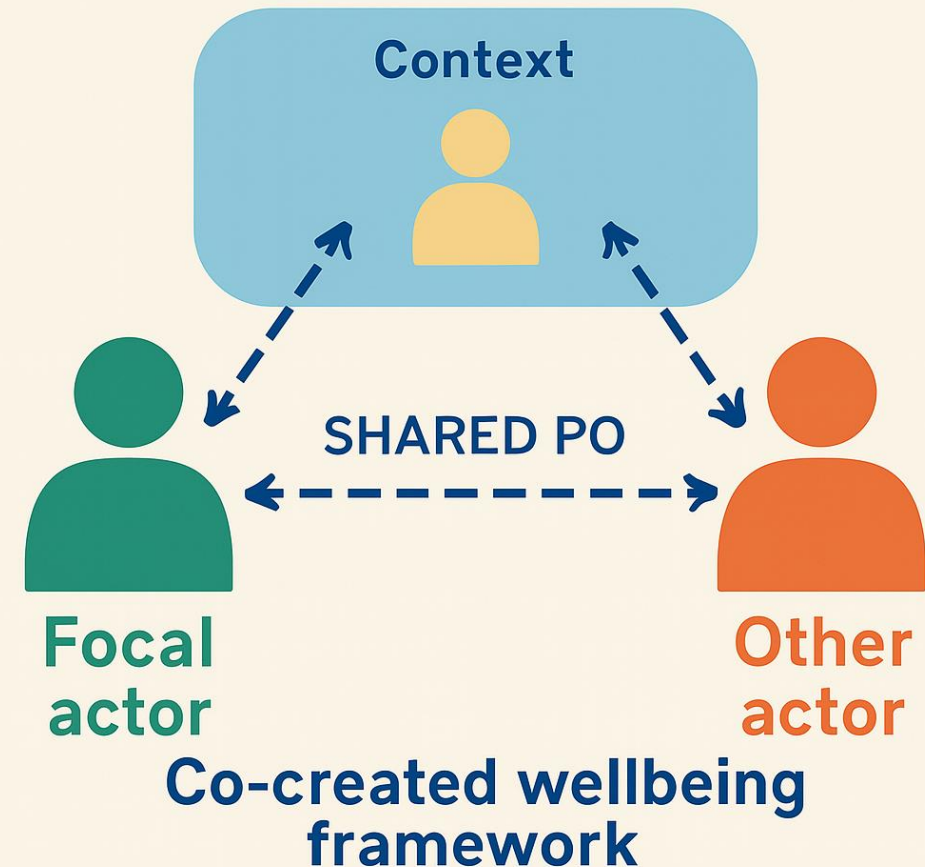
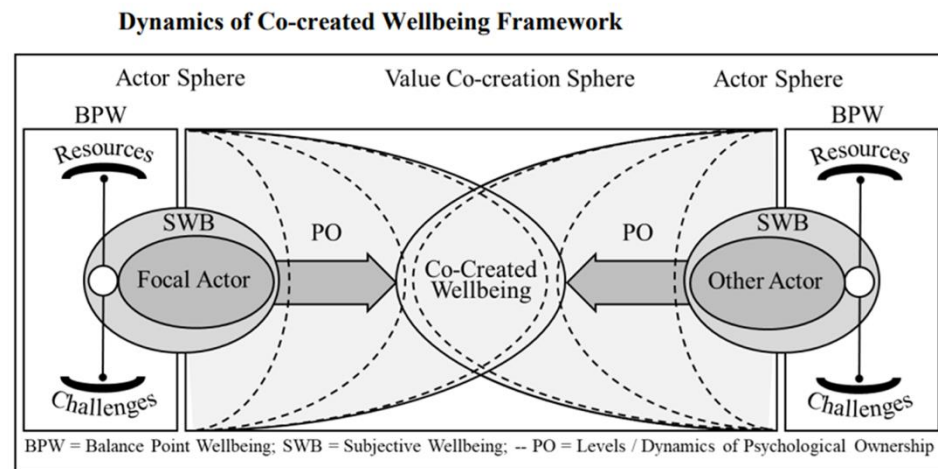
Some days, Jane felt strong and made all the decisions. Other days, she leaned on her sister or her doctors to take over. Two years later, Jane was still living well, longer than the doctors first thought.

Case 4: Developing psychological ownership through self-management

- Focal actor: Jane, recently diagnosed with cancer
- Engaged actors: Oncologist, natural health practitioner, family (especially sister-in-law), Dove House
- Situation: Jane faces enormous psychological stress. Initially shocked, she proactively seeks information, chooses an integrated treatment (chemo + natural therapy), and heavily involves her family.
- PO dynamic: Jane builds high PO by actively managing her care, with support from practitioners willing to work together. Her family, Dove House, and even inspirational books also develop PO roles.
- Outcome: Co-created wellbeing is robust; Jane credits this approach for living well 19 months post-diagnosis, despite moments of struggle.

Exercise 4

As a policy maker or community leader, how can the Co-Created Wellbeing framework help us understand the ways engaged actors influence the balance between resources and challenges, and thereby shape both subjective wellbeing and people's capacity to maintain balance point wellbeing?



Nuances of Take Aways

- **PO of someone else's or one's own wellbeing is not driven by responsibility.**
It is a felt sense of *"this is mine"* or *"this is ours,"* independent of formal roles or duties.
- **PO of someone else's or one's own wellbeing does not simply vanish.**
It becomes stronger, softer, moves into the background, or is shared.
- **PO of someone else's or one's own wellbeing is rarely experienced by just one party.**
It is often felt together, as *"this is ours to look after."*
- **The level and spread of PO over someone else's or one's own wellbeing shapes how both resources and challenges emerge.**
Time, energy, and money are drawn in or held back depending on how strongly and widely psychological ownership is felt."
- **PO over someone else's or one's own wellbeing impacts the subjective wellbeing of both the focal actor and other actors.**
It can support or strain how everyone involved feels about their own wellbeing, by shaping the positive or negative ways they engage with one another.

Reach out

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