Towards a wellbeing literate society

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Abstract

The growth of wellbeing science in general, and positive psychology, in particular have major relevance to applied psychological practice. Contemporary views of wellbeing emphasise the presence of positive attributes (e.g. positive emotions, meaning, positive relationships) which is more than the absence of illness or deficit. Wellbeing as a higher-level concept affords an opportunity to conceptually unify applied psychology and link it further to population health. The wellbeing of the population cannot and should not be the sole responsibility of trained practitioners, applied psychology or otherwise. Wellbeing is everyone's business, and it is argued that language is a key lever in such a population health endeavour. Practitioners however have the responsibility of contributing to this broader wellbeing literate society- a society that communicate about and for wellbeing in a manner consistent with contemporary views of wellbeing. After defining wellbeing literacy, its five necessary conditions are summarised to provide applied psychology practitioners with a contemporary literacy model to situate their practice and examine their role in wellbeing communication.

What is Wellbeing?

The question of the definition of wellbeing has been dominant in religion and philosophy for centuries, and more recently the province of economics and psychology. A comprehensive answer to defining wellbeing is beyond the scope of this chapter. Key issues in arriving at an answer includes key considerations as to whether (a) one views wellbeing as an experience (eg happiness) or as an evaluation (eg life satisfaction) (b) one views wellbeing as subjectively defined (eg subjective wellbeing) or objectively defined (eg quality of life) (Huppert & So, 2013). A key debate in the philosophy of wellbeing is whether one takes a view of wellbeing as hedonic (ie more pleasure than pain) and often referred to as happiness or eudaimonic (ie based on Aristotelean philosophy meaning flourishing, living a virtuous life). Influences by a negativity bias, many may view wellbeing as wellness or the absence of illness- or use it interchangeably with health. For wellbeing scientists, these are inadequate or simplistic approaches. Contemporary views of wellbeing emphasise the presence of positive attributes (e.g. positive emotions, meaning, positive relationships) which is more than the absence of illness or deficit (Mental Health Commission of NSW, 2017). Language and concepts are closely related, hence the focus on wellbeing literacy.

What is Wellbeing Literacy?

Wellbeing literacy is the *capability of mindful language use about and for wellbeing* (Oades, 2017; Oades & Johnston, 2017). This means that one can communicate intentionally about wellbeing with the intent of improving their own wellbeing or the wellbeing of those receiving the communication. It is important to note that communication is multimodal; that is may involve speaking and listening, or reading and writing, or creating and viewing. When people have high wellbeing literacy, they have high language *capability* for wellbeing

(Nussbaum, 2011, Sen, 1993,). In short, this means that wellbeing literacy helps people have increased choices (what one can be and do) for their own wellbeing or that of others.

The study of wellbeing literacy is concerned with how and why people use language in their everyday lives and how this awareness can be leveraged to empower wellbeing for the self and others. Language is a key lever for influencing wellbeing because language is natural, ubiquitous and constant – communication takes place in face-to-face conversations, books, social media, emails and a range of other possible media. From this perspective, experiences and mindsets are often created and co-created in language (Burr, 2003; Raskin, 2012). Brothers (2025) asserts that language is a tool we cannot put down and a tool that is required for all other tools. Related to wellbeing literacy, this tool has a user, with intentions, in a context. Wellbeing literacy is a tool we need for other tools gained in applied psychological interventions. Importantly, literacy is conceptualised here as multimodal, that is, broader than just reading and writing. Moreover, it involves language use, by users, in context. It is not a static view of language that is assumed to be autonomous. Language is viewed here as an instrument with a user with intentions within a context. Wellbeing literacy contains five necessary conditions (See Table 1).

First, wellbeing literacy requires vocabulary and knowledge. People need some proficiency in wellbeing vocabulary (e.g. being able to articulate the things that they value) and wellbeing knowledge (declarative knowledge about wellbeing that is relevant to what they value). People may confuse the broader term wellbeing literacy with emotional literacy (Steiner, 2003). However, emotional literacy is conceptually more specific than wellbeing literacy, as emotions are one of several domains of wellbeing. Wellbeing literacy is also conceptually different from health literacy and mental health literacy.

Second, people need to be able to comprehend wellbeing communication through reading, listening, and viewing (ACARA, 2017). This is a real-world view of literacy, not solely school-based. Human language happens between people, a socio-cultural phenomenon, rather than a cognition inside the body boundary. Language, by definition, is central to our relationships, which are in turn central to our wellbeing. Wellbeing literacy is communicating about and for wellbeing. In this case, comprehending about and for wellbeing. Reading about and/or for wellbeing may include reading about optimism so you can review how you attribute positive events. Listening about and for wellbeing may include intentionally listening to dance music to boost one's mood. Viewing about and for wellbeing might entail viewing a piece of street art, which then engenders positive feelings and a sense of social justice.

Third, people need to be able to compose texts relevant to wellbeing in multiple modalities, including writing, creating, and speaking (ACARA, 2017). Similar to comprehension, people might compose their wellbeing experiences via multiple modalities in a way that is consistent with their values and social context. Writing about and for wellbeing might be writing a note to your friend to say "*Thankyou for being you*". Creating about and for wellbeing might include creating a piece of pottery that communicates health. The relationship between creativity and wellbeing is of major relevance to wellbeing literacy. Speaking about and for wellbeing may be as simple as saying "*How are you today?*", or as complex as speaking technically about a friends medical condition.

Fourth, wellbeing literacy necessarily involves both the conception of context and literally paying attention to the situation one is actually in. That is, the meaning of language changes with context. Hence, a wellbeing literate person is able to adapt language use to context. Therefore, a wellbeing literate person is also able to adapt to context and compose and comprehend language accordingly. More broadly, what is considered wellbeing is also conceptually bound (Alexandrova, 2017).

Finally, wellbeing literacy requires intentionality (Malle, & Knobe, 1997). The definition of intentionality used here is based on Malle and Knobe (1997) and involves belief, desire, intention and awareness. This relates to the "for" component of wellbeing literacy: about and *for* wellbeing. Does the sender or receiver of communication aim for wellbeing outcomes? In common language, the terms 'skillful' or 'mindful' language use are relevant to the awareness dimension and intentionality. Table 1 illustrates the necessary features of wellbeing literacy. That is, they are conceptually necessary conditions to meet the definition of wellbeing literacy.

Table 1 Necessary Features of Wellbeing Literacy

Feature	Explanation
(1) Vocabulary and Knowledge *about* wellbeing	Words and basic facts about wellbeing (ie content that is signified).
(2) Capability to Comprehend Multimodal Text Related to Wellbeing	Reading, listening, viewing about and for wellbeing
(3) Capability to Compose Multimodal Text Related to Wellbeing	Writing, speaking, creating about and for wellbeing
(4) Context Awareness and Adaptability	Awareness of differences across contexts and adapt use of language to fit the relevant context.
(5) Intentionality *for* wellbeing	Habit of intentionally using language to maintain or improve wellbeing of self or others.

Practitioners assisting us to move towards a wellbeing literate society.

To achieve sustainable improvements in wellbeing, it is important to go beyond thinking solely at the level of the individual to how wellbeing literacy can be addressed on a population level. Population health aims to improve the health of populations that "considers the distribution of health outcomes within a population, the health determinants that influence distribution of care, and the policies and interventions that impact and are impacted by the determinants" (Kindig & Stoddart, 2003, p. 380). These initiatives target a range of health-related issues including management of common physical diseases, reduction of habits deemed to be unhealthy, and mental health promotion (DeVries, 2014; Nash, Reifsnyder, Fabius, & Pracilio, 2011; Tudor, 1996).

Practitioners are encouraged here to think about what it will take to created wellbeing enhancing actions across the population. This is similar to standard health promotion endeavours but at a more fundamental level. That is, thinking at the level of language use ie

wellbeing literacy. Many health practitioners are illness literate- with elaborate vocabularies of illness, deficit and disease. Whilst this is not wrong, and certainly assists with cure, treatment, rehabilitation and prevention of illness, it is not however the broader, systemic and more positive view of wellbeing. For this a different set of communication is required. With the rise of wellbeing science, there is the opportunity for interplay between lay views of wellbeing and a scientific view of wellbeing.

Conclusion

Wellbeing literacy has been described as a language capability about and for wellbeing. The multimodal capability is relevant across the many contexts in which applied psychologists operate. Moreover, if the general population is encouraged to take a greater role and responsibility for their wellbeing enhancing actions, greater attention to language and language use of wellbeing will be required- as opposed to illness language and discourse.

References

ACARA. (2017). Literacy. Retrieved from https://www.australiancurriculum.edu.au/f-10-curriculum/general-capabilities/literacy/

Alexandrova, A. (2017). A philosophy for the science of well-being. New York; Oxford University Press.

Brothers, C. (2005). *Language and the pursuit of happiness.* Naples, FL: New Possibilities Press.

Burr, V. (2003). *Social constructionism* (2nd ed.). London, UK: Routledge.

DeVries, M. W. (2014). Retooling for wellbeing: Media and the public's mental health. In F. A. Huppert & C. L. Cooper (Eds.) *Interventions and policies to enhance wellbeing: Wellbeing, a complete Reference Guide*, Volume VI (pp. 511-540). Chichester, West Sussex: John Wiley & Sons.

Huppert, F. A., & So, T. T. C. (2013). Flourishing across Europe: Applications of a new conceptual framework for defining wellbeing. Social Indicators Research, 110(3), 837-861.

Kindig, D., & Stoddart, G. (2003). What is population health? *American Journal of Public Health, 93*(3), 380-383.

Mental Health Commission of NSW (2017). Wellbeing language and definitions guide 2017. Sydney, Mental Health Commission of NSW

Malle, B.F. & Knobe, J. (1997). The folk concept of intentionality. Journal of Experimental and Social Psychology, 33, 101-121.

Nash, D. B., Reifsnyder, J., Fabius, R. J., & Pracilio, V. P. (2011) (Eds.) *Population health: Creating a culture of wellness*. Sudbury, MA: Jones & Bartlett Learning.

Nussbaum, M. C. (2011). *Creating capabilites: The human development approach.* Cambridge, MA: Harvard University Press.

Oades, L. G. (2017). Wellbeing Literacy: The Missing Link in Positive Education. In *Future Directions in Well-Being* (pp. 169-173): Springer.

Oades, L. G., & Johnston, A.L. (2017). Wellbeing literacy: The necessary ingredient in positive education. *Psychology Behavioural Science International Journal; 3*(5), 1-3.

Raskin, J. D. (2012). Evolutionary constructivism and humanistic psychology. *Journal of Theoretical and Philosophical Psychology, 32*(2), 119.

Sen, A. K. (1993). Capability and wellbeing. In M. C. Nussbaum and A. K. Sen (Eds.), *The quality of life* (pp. 30-53). Oxford, England: Clarendon Press.

Steiner, C. (2003) *Emotional Literacy; Intelligence With a Heart.* Personhood Press. Fawnskin, California.

Tudor, K. (1996). *Mental health promotion: Paradigms and practices*. London, UK: Routledge.