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Wellbeing literacy: A language-use capability relevant to wellbeing outcomes of positive psychology intervention

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ABSTRACT

We introduce the concept of wellbeing literacy, a capability (*what we can be and do*), that involves *intentional language use about and for wellbeing*. Wellbeing literacy is a capability, rather than a positive psychology intervention (PPI) per se. Wellbeing literacy may provide novel ways to consider two key challenges to PPIs justified by randomised controlled trials: (1) the problem of generalizability of skills and knowledge claims across contexts; and (2) the problem that gains from interventions are not sustained. The five necessary conditions for wellbeing literacy are outlined to stimulate discussion of ways to operationalise and measure this construct to enable better PPI implementation and evaluation. In the context of PPIs, the empirical question remains: *Is wellbeing literacy a mediator or moderator of wellbeing outcomes*?

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Positive psychological interventions (PPIs) are evidence-based activities or practices that are intended to help individuals, groups and communities to thrive (Parks & Titova, 2016). PPIs are considered as sufficiently 'evidence-based' once they have been supported in randomised controlled trial experiments (Oades et al., 2019). They are then disseminated with the aim of improving wellbeing. Recently, the use of PPIs to cultivate wellbeing has been called into question with meta-analytic evidence suggesting relatively small-effect sizes for both enhancing wellbeing and relieving distress (White et al., 2019). We suggest a reason for this limited efficacy is that PPIs are not being applied to enhance people's capabilities (i.e., their repertoire of skills and options available to influence their wellbeing), but rather are designed to cultivate 'positive feelings, behaviors or cognitions' (Sin & Lyubomirsky, 2009, p. 468). Moreover, we assert that the pervasive role of language use and its interaction with context is being underutilised to service wellbeing gains.

Building capabilities (*what we can be and do;* Sen, 1993) is more compatible with a growth-based emphasis of positive psychology, than the concept of intervention. Paradoxically, the very concept of 'intervention' is heavily embedded in negative discourse, with its etymology of *opposing, hindering, standing in the way of something*. Thus, the very term 'intervention' may thus reinforce a negativity bias. We propose that *teaching (i.e. building capability)* is a better root metaphor than *treating* (i.e. intervening) for positive psychology. That is, we could consider framing the work of positive psychology as building capabilities, rather than intervening. Here, we propose one capability, wellbeing literacy, as key to broaden our understanding of PPIs.

The problem of generalizability of skills and knowledge claims across contexts

An ongoing challenge for wellbeing researchers and practitioners, including those using PPIs, is that wellbeing is a contested and capacious concept. People who have been studying wellbeing for decades are yet to come to an agreement about what wellbeing means (Huppert & So, 2013). Compared to phenomena in the natural sciences, wellbeing is broad and heavily influenced by personal values and social context (Alexandrova, 2017; Huppert & So, 2013).

Words and symbols have different meanings in different contexts, including the word 'wellbeing'. Alexandrova (2017) asserts that with the rise of wellbeing interventions, there can be rigid, top-down understandings of wellbeing where 'wellbeing experts' decide what constitutes wellbeing for the lives of others. Alexandrova (2017) states that consideration of context 'is the first step towards evaluating the appropriateness of constructs of wellbeing and for judging the practical relevance of particular scientific findings about it' (p. 25) (See Table 1).

The person-fit literature makes reference to an awareness of context (Lyubomirsky & Layous, 2013; Schueller,

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Table 1. Potential contribution of wellbeing literacy to key challenges of RCT based PPI's.

Challenge	Potential Contribution of Wellbeing Literacy
Generalizability across contexts	Assumes that the meaning of language changes across contexts and hence emphasizes the person's capability to adapt to various contexts.
Sustainability of gains	The communication capability (ie wellbeing literacy) can be used to sustain gains from intervention the intervention. Language is re-usable and communication can be used to garner social support to continue intervention gains.

2014) and reports investigations about how various contextual factors affect whether a given intervention will 'fit' a particular person (Lyubomirsky & Layous, 2013). If ideas about wellbeing are taught and learnt too rigidly, as is often required by randomised controlled trial protocols, which aim for and therefore assume all possible variables remain constant (i.e., all variables are held equal by being controlled), there is the risk of people not knowing what to do when contexts change. There is also a risk that they will apply information that is not useful in new contexts (Langer, 2016). Instead, in our view, PPI researchers will benefit from paying greater attention to the communications (e.g., reading, writing, speaking, listening, creating, viewing) that are taking place about wellbeing and the language that is being used both inside and outside of the PPI space. Rather than sidestep or ignore the challenges of contextualism, which many positivist epistemologies and derived methods appear to do, wellbeing literacy through its focus on language makes this issue central. Contextualism remains a key challenge for wellbeing science. Some of the most developed solutions of contextualism necessarily emphasise language (see Relational frame theory, Hayes et al., 2001). In our view, it is more fruitful to help people increase their repertoire of options – their language about wellbeing – and to teach them to select and adapt according to context – rather than impose universal concepts of wellbeing derived from a natural science paradigm (Alexandrova, 2017).

The problem that gains from interventions are not sustained

The effects of PPIs are small to begin with (White et al., 2019), and if like many health behavior interventions (Nilsen et al., 2010), can 'wear off' over time, which means that booster sessions are often required in practice. Further, it is difficult for humans to maintain practice of interventions on an ongoing basis (See Table 1).

It could be, for example, that PPIs are applied as short-term remedies to induce positive feelings, cognitions, or behaviors, whereas developing wellbeing literacy is a long-term process that requires deeper learning experiences, reflection, personal experimentation, and that takes time to acquire. Thus, even if PPIs are shown to be beneficial in the short term, a failure to produce meaningful changes in wellbeing literacy may mean that they are unlikely to be an effective strategy in producing sustained changes in wellbeing.

What is wellbeing literacy?

Wellbeing literacy is *mindful language use about and for wellbeing* (Oades, 2017; Oades & Johnston, 2017). 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 language-use 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. Brothers (2005) asserts that language is a tool we cannot put down and a tool that we need for all of the 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 PPIs.

Wellbeing literacy contains five necessary conditions (See Table 2). 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).

Second, people need to be able to comprehend wellbeing communication through reading, listening, and viewing (ACARA, 2017). This a real-world view of literacy, not solely school or educationally bound. Reading about and/or for wellbeing may include reading about strengths so you can spot strengths in other people at work. See Lomas (2019) for a more detailed exposition of positive semiotics.

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. Creating about and for wellbeing might include creating a sculpture that encapsulates a particular virtue.

Fourth, wellbeing literacy necessarily involves conceptual and literal attention to context. That is, the

meaning of language changes with context. Hence, a literate person is able to adapt language use to context. Therefore, a wellbeing literate person is also able to adapt to context, and alter their language accordingly. More broadly, what is considered wellbeing is also conceptually bound (Alexandrova, 2017).

Finally, the capability of wellbeing literacy requires intentionality (Malle & Knobe, 1997), involving 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 an ongoing habitual manner? Detailed discussion of intentionality, habits and ethics within this condition is beyond the scope of this paper.

Is wellbeing literacy a mediator or moderator between PPIs and wellbeing outcomes?

We argue that the majority of, if not all, PPIs are *language-use mediated*. That is, they require intentional language-use (reading, writing, listening, speaking, creating or viewing) with wellbeing as an intended outcome. There are at least 40 positive psychological interventions involving writing (Parks & Schueller, 2014). Thus, wellbeing literacy is likely to mediate the relationship between PPIs and wellbeing outcomes (Baron & Kenny, 1986). That is, the process whereby wellbeing literacy is the capability that is learned and developed through the intervention, which, in turn, improves wellbeing. If a PPI were to be examined within the traditional randomized controlled trial experiment, at post-intervention an increase in wellbeing literacy should be observed, and we suggest that this increase will then explain observed changes in wellbeing.

With reference to Figure 1, consider the example of a PPI such as a gratitude intervention, which includes comprehending the language about gratitude and writing a gratitude diary. We are not discussing literacy per se, which is often an inclusion criteria (explicitly or implicitly) for many psychological interventions. For example, in Figure 1, if a person cannot write they cannot keep a gratitude journal. That is not the key claim here, and is somewhat self-evident. Rather, the claim is that, wellbeing literacy, as defined with all of its five necessary conditions, is likely to be a mediating capability for many or most PPIs. The mediator (wellbeing literacy) could be the process through which the PPI (e.g. gratitude diary) is having the effect on wellbeing. Stated directly, wellbeing literacy could explain the relationship between the PPI and wellbeing. Referring to Figure 1, if a person is not able to intentionally use language to say 'thank you', does the effect of the intervention fall away? Does the sustained effect fall away? Such a question asks us to explore in more detail the effects of language use on different wellbeing outcomes. Specifically, we seek to examine those bound by knowledge and vocabulary about wellbeing, context of the language use and intentionality of that language use (see Table 2).

As per Figure 2, wellbeing literacy may also potentially be a moderator between a PPI and wellbeing outcomes. Taking the example of a gratitude intervention once again, a person may have a prior level of the expressive capability to say 'thank you' in multiple modalities which interacts with the PPI, which may differentially increase the effectiveness of the intervention in yielding wellbeing benefits. That is, some people may benefit more than others from that PPI, because of their wellbeing literacy and how it interacts with the

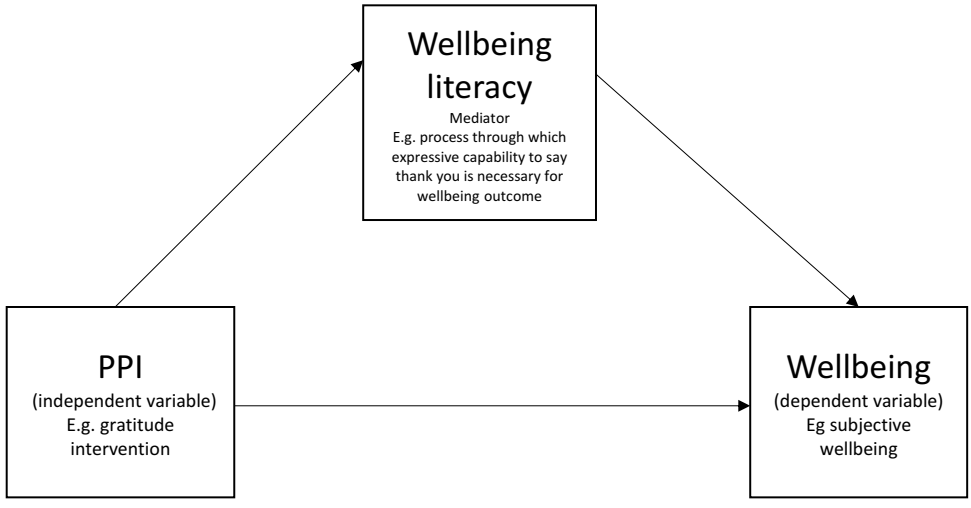

Figure 1. Wellbeing literacy as a mediator of PPI wellbeing outcomes.

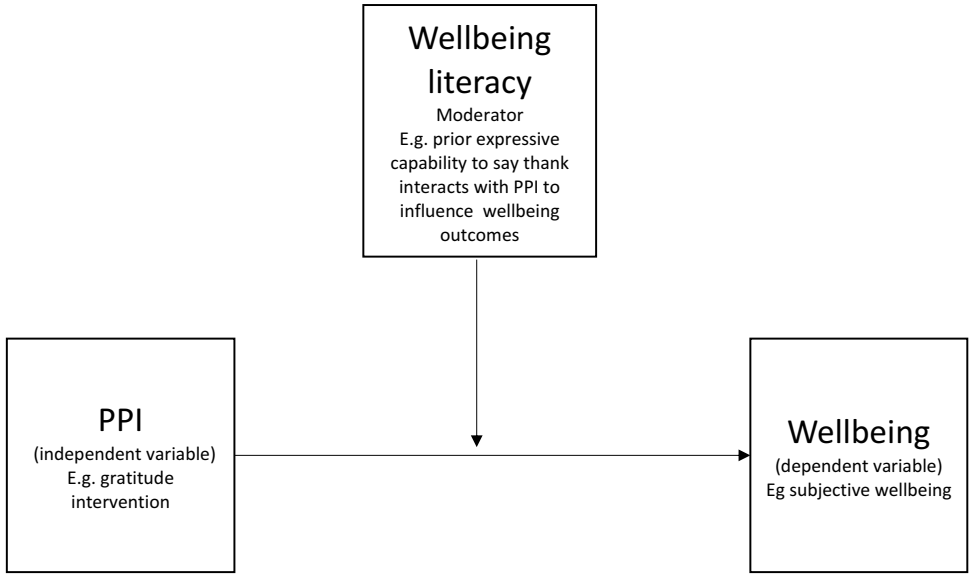

Figure 2. Wellbeing literacy as a moderator of PPI wellbeing outcomes.

intervention ie wellbeing literacy may amplify or weaken the effect of the PPI. Stated directly, wellbeing literacy may influence the strength of the relationship between PPIs and wellbeing outcomes.

Within the context of evaluating PPIs in randomised control trials, there are a range of questions that arise including whether wellbeing literacy is best considered to be: (a) a mediator (b) a moderator (c) a mediating moderator (d) a covariate or (e) as a proximal outcome of PPIs whereas sustained wellbeing gains is a distal outcome.

These empirical questions obviously require appropriate operationalisation of wellbeing literacy itself, which is an ongoing research program of the authors. Currently, a six-item self-report measure of wellbeing literacy is being trialled with both adults and adolescents, with items drawn directly from the necessary components described in Table 2. Capabilities are often seen as interactions between personal skills and contexts, meaning that multiple forms of measurements may be required to deal with context (Alexandrova, 2017). Performance measures are relevant in addition to self-report measurement.

Table 2. Necessary conditions of wellbeing literacy.

	Component	Description
What?	Vocabulary and Knowledge	Words and knowledge *about* wellbeing
How?	Capability to *Comprehend* Multimodal Text	Reading, listening, viewing
	Capability to *Compose* Multimodal Text	Writing, speaking, creating
Where? Who? When?	Context-Specific	Awareness of differences across contexts and adapt use of language to fit the relevant context.
Why?	Intentionality 'habit of intention'	"Ongoing ('habit of intention') capability of intentionality ie belief, desire, awareness and intention to use language to maintain or improve wellbeing *for* the self and others.

Conclusion

The purpose here is to introduce wellbeing literacy as a fertile concept for PPIs – as it is likely to have implications for PPIs in explicitly highlighting the important role of intentional language use of those delivering and receiving PPIs. Wellbeing literacy makes us reflect on the multiple language use capabilities of those receiving interventions, the contexts in which the language is used and the intentional habits of the language users. This has significant implications for understanding the wellbeing outcomes of PPIs and the question of whether and in what cases wellbeing literacy may be conceived as a mediator or moderator to such outcomes.

Disclosure statement

No potential conflict of interest was reported by the authors.

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