How Do Young Children Understand and Action their Own Well-Being? Positive Psychology, Student Voice, and Well-Being Literacy in Early Childhood

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Abstract

To help build early childhood mental health, an understanding of how young children comprehend and communicate about wellbeing (i.e., wellbeing literacy) is required; yet early childhood remains an understudied age group in positive psychology research. Grounded in the two fields of early childhood and positive psychology, this inductive qualitative study examined wellbeing literacy in five- and six-year-old children. Narrative analysis of children's drawings and explanations of wellbeing were analyzed using a sample of children in their first year of school across two schools in Australia ($n = 124$ drawings, 53% girls and 47% boys). Results showed young children understand wellbeing to be an accessible and learnable state fostered through intra- and inter-individual factors. Children identified the importance of their emotions, actions, relationships, and environments in shaping wellbeing. Using research methods that access the voice of young children yields important insights about wellbeing literacy that can be used to inform the design of early childhood positive psychology interventions.

1 Introduction

Experiences in one's early childhood shape the physical, social, emotional, and psychological trajectories a child takes into adolescence (Reynolds et al., 2007) and adulthood (Hertzman & Wiens, 1996). In part, this is because of the marked neuroplasticity and growth of the brain in the first six years of life (Department of

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Education and Training, 2016; Mundkur, 2005). Indeed, by the age of six, a child's brain is 95% of the size of an adult brain (Giedd, 2008; Giedd et al., 1999). This phase of intense neuroplasticity makes young children vulnerable to the long-term effects of harm, neglect, abuse, and dysfunction. Conversely, neuroplasticity in the early years also makes young children especially receptive to the benefits of positive environments (Blakemore, 2005; Council of Australian Governments, 2009; National Scientific Council on the Developing Child, 2008/2012; Shonkoff & Phillips, 2000). As such, recent studies in the field of early childhood have called for a need to complement deficit-oriented research focusing on risk factors and vulnerability, with promotion-oriented science focusing on how to increase resilience and wellbeing in young children (Baker, Green, & Falecki, 2017; VanderVen, 2008). These calls align with the field of positive psychology (PP) (Gable & Haidt, 2005; Seligman & Csikszentmihalyi, 2014), which extends the focus of psychology beyond the deterrence of disorder, delinquency, and psychopathology to that of enabling emotional, psychological, and social thriving (Rusk & Waters, 2013).

Despite the significant growth of positive psychology research with samples of older children, adolescents and adults (Rusk & Waters, 2013; Waters & Loton, 2019), there is a noticeable gap of positive psychology research in samples of children who are in the early childhood stage (i.e., 3–6 years) (Baker et al., 2017; Fattore et al., 2009). Armstrong, et al., (2009) argue that "the majority of assessment and interventions aimed at increasing wellness maintain an adult or older child focus" (p. 339). When it comes to research in the younger years, Peterson and Park (2003) emphasized that "[t]he prevailing perspective on early intervention programs focuses mainly on how to prevent or contain problems at an early age rather than how to promote positive youth development" (p. 144). As such, Fattore et al. (2009) assert that little is known about what young children identify as wellbeing.

Why is it that the early childhood years have not been adequately investigated in the field of positive psychology? First, we suggest that the quantitative paradigm predominant in positive psychology (Hefferon et al., 2017; Lomas, et al., 2020) has largely resulted in the assessment of youth wellbeing through self-report surveys (Marbina, et al., 2015); a research tool that younger children do not yet have the reading and writing skills to complete. Where wellbeing oriented research has been conducted, the common approach has been to use adults (e.g., teachers, parents, psychologists and early childhood experts) to gather data about the children. Indeed, Marbina et al.'s (2015) review of wellbeing research in the early childhood years identified that the main method of data collection was to have adults complete screening questionnaires, psychological surveys and observation tools about, or on behalf of, children. Marbina et al.,'s 2015 review speaks to a criticism made by Driessnack in 2006 that "children have been known primarily through adult observations, proxies, and accounts" (p. 1414). Shin et al. (2011), for example, studied positive affect expression in pre-schoolers (age range 36–60 months) via teacher observations. Similarly, Peterson and Park (2006) used adult proxies in their research on the relationship between character strengths and happiness of children (3–9 years old) by asking parents to complete the surveys. According to Lansdown (2004), research has too often "assessed children from an adult perspective and through an adult filtering process" (p. 5).

Hence, while there is long history of psychologists studying children in their early years, the topic of how young children understand wellbeing is still largely absent on

account of the three trends mentioned above: 1) deficit oriented research; 2) the use of measurement tools that are not able to be completed by young children; and relatedly, 3) researchers relying on adult proxies (Driessnack, 2006; Marbina et al.,'s 2015). Data provided from adults about children is not the same as data that is provided from the children about themselves. The three research trends outlined above have meant that a gap remains as to what young children understand about wellbeing (Mashford-Scott et al., 2012; Mason & Urquhart; 2001; Mayall, 2002; Morrow & Mayall, 2010; O'Higgins, Sixsmith, & Gabhainn, 2007; Woodman, 2003).

Clearly more PP research is needed to further knowledge and understanding of young children's' own views, thoughts, and perceptions of wellbeing. As such, we suggest that PP will benefit by embracing the growing call in several fields across psychology and social studies to utilize 'child-centric' methods that tap directly into perspectives from the children themselves (Punch, 2002; Qvortrup, 2009, 2014; Tisdall & Punch, 2012). Young children can have a voice on any number of topics but when we ask them to have a voice in the topic of wellbeing we are tapping into the relatively new construct put forward by Oades (2017) called "wellbeing literacy." Oades and Johnston (2017) define wellbeing as knowledge of and vocabulary about wellbeing. Oades, Ozturk, Hou and Slemp (2020) posit that the expression of wellbeing literacy can involve many communication modes (e.g., writing, speaking, listening). Oades (2017) also suggests that wellbeing literacy can be communicated via creative modes such as drawing, sculpting, and composing. This multi-domain view of how wellbeing literacy is communicated makes the concept usable for young children who may not yet have the full capabilities to write about wellbeing, nor answer surveys, but do have the capabilities to speak and draw about the concept.

There are multiple factors influencing how a student engages with and benefits from positive education interventions. Past research has considered factors such as who delivers the intervention (Waters et al., 2015), the classroom climate (Boorn et al., 2010), and various aspects of the intervention itself (Durlak et al., 2011). These are all factors that are external to the student and what has yet to be studied is how a student's own internal understanding of wellbeing influences their levels of engagement with the intervention. For example, young children who have an understanding of wellbeing closely tied to emotions may gain a lot from positive psychology interventions that target the cultivation of emotions (e.g., gratitude visits) but may take longer to engage with identity-based interventions (e.g., strength identification). Similarly, the students who view wellbeing as a private, internal experience may find much benefit in interventions that help to change an internal state (e.g., mindfulness) but may be less likely to see the benefit in participating in relational interventions (e.g., acts of kindness).

This is not to say that children won't benefit from participating in range of wellbeing classroom interventions - indeed being exposed to a many wellbeing practices should help to enlarge a child's wellbeing literacy. This is akin to being in a physical education class where students are expected to engage in all exercises but where the physical education teacher knows which exercise each student has an affinity for. Research into wellbeing literacy can provide educators with knowledge about students' foundational understanding of wellbeing and may help teachers know the wellbeing exercises a student will be more engaged in and which other exercise are needed to expand a student's understanding.

To date, there are two studies in PP that have explored wellbeing literacy in children. Waters et al. (in press) used children's drawing to explore wellbeing literacy in elementary school students who were in the middle childhood stage (ages 6–10 years) and found five themes for how children conceptualized wellbeing: agency, emotions, mind, relationships, and positive identity. Interestingly, the results of this study found that age made a difference in the way wellbeing was understood. Students at the older end of the middle childhood stage (ages 9–10) expressed a more multidimensional and interconnected understanding of wellbeing than students at the younger end off middle childhood (ages 6–7) who tended to focus on simple emotions and activities, located in external activities.

Holder et al.'s. (2016) studied children and teen's descriptions of happiness (kindergarten through to junior high) by asking students to write single-sentence responses to describe what made them happy on "Walls of Wellbeing" (WOWs). Results from this study showed that students gained happiness from five main categories: activities, relationships, being other-oriented, personal feelings, and receiving. As with Waters et al. (in press), Holder et al. (2016) found age differences in wellbeing literacy. Younger students (a combined sample of the kindergarten and elementary students) were more likely to list relationships (e.g., friends, pets) and being other oriented (e.g., sharing, helping someone) as factors that made them happy while teenagers from the junior high school listed personal feelings (e.g., feeling proud, feeling inspired) and activities (e.g., reading, eating, gaming, music) as the top two factors.

Unfortunately, Holder et al. (2016) did not separately analyze answers of kindergarten children from elementary students, meaning that no conclusions could be drawn specifically about how children in the early childhood phase (i.e., kindergarten and first year of school) conceptualize wellbeing compared to those in the older year groups of elementary school. While Waters et al. (in press) found age differences in understanding and complexity of wellbeing between eight to nine years olds compared six and seven years, there has been no research that explores the potentially unique wellbeing literacy of five and six year olds. This is puzzling given that the five and six age bracket is the typical age for school entry (Eccles, 1999) where children are faced with new academic tasks and organizational demands, increasingly complex social relationships, and more time away from the home and can be a time of exacerbated stress (Collins et al., 2012; Shoshani & Aviv, 2012). Learning how children at this age conceptualize and support their wellbeing could prove helpful for designing social-emotional curriculums for children on their first year of school.

1.1 Summary

Mashford-Scott, et al., (2012) stress that knowledge of how young children subjectively experience wellbeing is a foundational step towards better supporting children's wellbeing in schools and early childhood settings. Yet, the early childhood years are an underrepresented age group in positive psychology research. Moreover, where wellbeing research has been conducted in the early childhood years, the research focus is often deficit oriented and relies on adult-centric deductive tools: closed-ended surveys using standardized adult definitions of wellbeing that are then completed by teachers and parents on behalf of children. This has resulted in very little inductive research on young children's own understanding and expression of wellbeing concepts.

The current study aims to address these gaps by examining wellbeing literacy in early childhood using methods that assess the children's own voice (Einarsdottir, Dockett & Perry, 2009).

This study aims to answer the following two research questions:

(1) What do five- and six-year-old children understand wellbeing to be?
(2) What do five- and six-year-old children do to take care of their wellbeing?

2 Method

2.1 Sample

The age range of five to six was specifically chosen for the purpose of this study for four key reasons. First, early childhood studies have been typically been deficit oriented focusing on how to reduce illbeing rather than promote wellbeing (Peterson & Park, 2003). Second, the early childhood phase is a time of heightened neuroplasticity meaning that the interventions that educators put in place can have a significant impact on developmental trajectories (Blakemore, 2005). Third, this is the age band where children start school and, thus, have more wellbeing challenges because of the academic tasks, organizational demands, and social complexity that are experienced at the start of a child's schooling journey (Collins et al., 2012). Fourth, it is only at the ages of five onwards that children generally develop representational and schematic drawing abilities meaning that they are able to draw pictures of their inner thoughts and understandings of a topic (Eddowes, 1995; Toomela, 2002). Furthermore, at the older years of early childhood (i.e., ages 5–6) drawings of people become more proportional and detailed, colours and objects become more realistic and stereotypical (e.g., sky is drawn as blue), thus allowing for more valid interpretation by researchers (Toomela, 2002). Children in the younger years of the early childhood phase draw in scribbles (18 months to 3 years) and pre-schematic ways (2–4) (Eddowes, 1995).

The sample of five and six year olds were drawn from of a larger positive education intervention conducted with two schools in Australia that was approved by the University of Melbourne Human Ethics Research Committee. The first school was a medium-sized, K-12 (kindergarten to 12th grade) school located in the capital city of Darwin, in the Northern Territory (student enrollments = 1230). The second school was a small, K-9 (kindergarten to 9th grade) school located in a commuter town approximately one hour away from the capital city of Melbourne, in Victoria (student enrollment = 113). Both schools fall above the median socio-economic index of advantage, into the 78th and 56th percentiles of educational advantage, respectively (Australian Bureau of Statistics, 2016).

Baseline data collected prior to an intervention was used for the current paper to investigate how young children understood wellbeing. The city school had three classes of Grade Prep (i.e., the first year of school in Australia) and the regional school had one class of Grade Prep. In total, 64 students (92%) from across the four classes across both schools participated in this study (47% male; ages 5–6 years).

In order to ensure that the sample size was adequate for the aims of this qualitative study, two established principles were drawn upon: 1) informational

comprehensiveness and 2) informational redundancy. The principle of informational comprehensiveness instructs that the sample size needed is influenced, in part, by the richness of information obtained from each participant. Rich data (e.g., in-depth interviews) requires a smaller sample to produce core themes compared to data that contains less detailed information (e.g., brief data such as sentence completion), (Malterud et al., 2016). The current data is on the higher end of informational comprehensiveness through the provision of detailed visual information that was analyzed through multilayered dimensions (subject, elements, and context) each of which had many sub-elements (see Data Analysis section). The students also provided verbal data with their written descriptions of the picture, thus adding to the richness of data.

The second criteria we used to determine sample size was the principle of "informational redundancy" (Lincoln & Guba, 1985), which is the point of analysis in which continued examination of cases extracts no new themes and renders the addition of more cases redundant.[1] Ritchie et al. (2003), along with Britten (2006), maintain that informational redundancy often occurs with sample size of around 50 participants. The current sample was 66 students each providing 2 pictures, hence 128 sets of data, a sample size that meets the needs of informational redundancy and allows for the main aim of qualitative research, that of confirmability. After the initial round of analysis was conducted, four pictures were removed because there was no written/ verbal narrative and the visual narrative was unintelligible (e.g., random scribble with no description). As such, the total sample was 124.

Regarding sampling, it is worth highlighting that qualitative studies are different from quantitative studies in that the aim is to unearth patterns rather than to quantify magnitudes. Qualitative research favors smaller sample sizes and aims to achieve confirmability (i.e., results are credible, defensible, and warranted) rather than generalizability (Miles & Huberman, 1994).

2.2 Data Collection Method

In 2006 Driessnack stated that when collecting data directly from children "traditional approaches to data collection, such as questionnaires, survey tools, and directed interviews, seem inappropriately adult centered, dominated, and biased." (p. 1414). A range of new child-centric research methods have been developed over the past two decades that utilize visual, tactile and/or performative activities as ways to tap into a child's thoughts and feelings (Coad et al., 2009) including drawing (Angell et al., 2015), collages (Vaughan, 2005), Lego™ (Gauntlett, 2007), photography (Darbyshire et al., 2005), acting and puppetry (Greene and Hill, 2005).

In the current study we utilized the child-centred, participatory research tool of children's drawings. The use of children's drawing as both a research tool and clinical tool has been present in psychology dating back to the 1920's (Goodenough, 1928)

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[1] Readers may see similarities here with the idea of saturation, which refers to the point where data collecting can be terminated because extra data "no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories" (Charmaz, 2006, p. 113). Saturation is used mainly in grounded theory analysis and focuses on the collection (or not) of new *data* whereas informational redundancy is used in a wider set of qualitative methods and refers to the point where no new analysis of the existing data set (as opposed to data collection) is required.

through to the present day (Sokić et al., 2019) and has a long tradition across other fields such as psychiatry, sociology, traumatology, forensics, family therapy, cross cultural studies and education (Burns, 1982; Hanney & Kozlowska, 2002; Ingman et al. 1999; Koppitz, 1984; Pipe et al., 2002; Rogers & Wright, 1971).

Drawings have been used by researchers to gain insights into children's experiences and perceptions of an extensive range of topics including fear, pain, anxiety, adoption, baby loss, abuse, hospitalization, chronic disease, war, living on the streets, nuclear power, violence and social aggression, the environment, sun safety, healthy lifestyles, exercise, school, leisure activities, ideal learning environments, group values and wellbeing (Barraza, 1999; Bland, 2012; Bannon et al., 2016; Brown et al.,1987; Capella et al., 2016; Clatworthy, et al., 1999; Dicarlo et al., 2000; Driessnack, 2006; Gabhainn & Kelleher, 2002; McLernon & Cairns, 2001; McWhirter et al., 2000; Mulvihill et al., 2000; Pelander, et al., 2007; Waters et al., in press; Wayne, 1966; Willer, 2012; Willer et al., 2018; Yuen, 2004).

Of relevance to the current study, drawings have been shown to be especially useful in research with children because they can utilize drawings as a tool to give outer expression to their inner thoughts and feelings in a way that they often cannot with words (Hortsman & Bradding, 2002). For example, research has shown that young children could better represent a story told to them via drawings than attempting to reproduce that story verbally (Hatano, 1934). In addition to words acting to constrain/limit children's descriptions, they can also misrepresent or distort information about what is happening within a child. In a study by Clatworthy (1978, reported in Clatworthy et al., 1999) of hospitalized children who were asked how they felt being in hospital, the majority of children verbally reported feeling "Fine" "OK," or "Alright". This was in stark contrast to drawings produced by these children where the pictures exhibited content and elements that depicted high levels of anxiety. According to Horstman and Bradding (2002) drawings evoke a 'natural clarity' in children who are familiar with expressing themselves through drawings but are often unfamiliar with completing surveys and other quantitatively-oriented tools.

The specific method used in the current study was that of 'Draw and Write' (Angell et al., 2015). The draw and write method involves a child drawing a picture in response to a question and then writing down (or having a teacher, or researcher write down) a brief verbal description of the picture (Altay et al., 2017). With the draw and write method, the drawing represents the first step in the protocol and the major source of data. The presence of words comes after the drawing and is used to add extra information in order to help the researcher understand the meaning a child has given to his/her image – it is a supplement to the visual materials (Capella et al., 2016; Esin & Squire, 2013). Angell at el.'s, (2015) review of the draw and write method involving 35 studies examining the topics of health and wellbeing in children concluded that this is valuable approach that allows children to authentically communicate complex, abstract thoughts, emotions and viewpoints.

As a child-centric research tool, the draw and write method lets children adapt a style of drawing that suits their personal preferences. It is the child who determines the content and ideas they wish to draw as well as choosing the words they wish to write down when describing the picture. In this way, Yeun (2004) posits that drawings represent the children's own perspectives rather than a child's answer 'being governed by adult authority' or shaped by researchers pre-determined categories. Given that

surveys and interview questions are based on the words that adults have chosen, children's experiences are necessarily 'shoehorned' into a pre-determined language that may limit them from expressing their own understandings. This limitation is overcome in the draw and write approach.

Driessnack (2006) argues that drawings are a valid tool for assessing social-emotional experiences of young children because drawings generate retrieval cues in the brain that are sensory and emotive (rather than primarily semantic cues generated by surveys). Additionally, Gauntlett (2006) argues that drawings enhance validity because this method offers children time to think about the topic, and communicate their ideas using multiple symbols, rather than having to provide an immediate, unidimensional, response.

Drawings have proven to be a research tool that demonstrates construct, convergent and discriminant validity. In a study testing the construct validity of drawings, Gadoua (1982) assessed anxiety in children who were living in a shelter for battered women via drawings plus the State Trait Anxiety Inventory for Children and found the anxiety levels depicted in the drawings were significantly correlated with scores on the State Trait Anxiety Inventory for Children ($r = .73$). TerLack et al., (2005) had three minimally trained judges assess children's responses on the 'draw-a-person' tool and concluded that counting details and determining developmental level of children can be validly assessed via drawings. Fury et al. (1997) found evidence of convergent validity with a significant correlation between researcher assessments of secure attachment in children's drawings and teachers ranking of each child's emotional health. In terms of discriminant validity, Fury et al., (1997) found that the researcher assessments of secure attachment in children's drawings were significantly, negatively correlated with students behavior problem scores as ranked by teachers. Catte and Cox (1999) found that emotionally disturbed children depicted statistically more indicators of distress in their drawings than a control group. Farquhar (1983) found that hospitalized children produced drawings with a significant higher number of content items representing anxiety than those in a control group. Also within a sample of hospitalized children, Clatworthy et al., (1999) found that the drawings of those who entered hospital for surgery contained a significantly higher number of content items representing anxiety than those who were in hospital for non-surgery reasons.

In addition to tests of validity, drawings have also proven to be a reliable research tool with Clatworthy (1981) reporting a good internal consistency of children's use of the range of content items that depict anxiety (alpha coefficient = .75). Harris (1983) reported that subjects showed consistency in their drawings over time and Strommen et al., (1987) found good internal consistency with the 'draw-a-person' test in a sample of hundred and fifty school children ages 5–8 years. In terms of inter-rater reliability, Clatworthy et al., (1999) had 6 researchers rate 50 drawings from hospitalized children and reported Pearson correlation coefficients from .80 to .90 amongst the 6 raters ($\alpha = .97$). Waters et al., (in press) used Lincoln and Guba's (1985) referential adequacy process for qualitative research to demonstrate strong inter-rater consistency across three researchers who assessed 86 drawings from children age 6 through to 9.

2.3 Procedure

All Grade Prep students in both schools were invited to participate via a letter and consent form sent to their parents. The draw and write exercise was done in class time, comprising four separate Grade Prep classes.

Teachers across these four classes were given explicit and identical instructions by the research team. Teachers were provided with worksheets which contained a drawing exercise to hand out to their students. The first worksheet asked students to "Draw a picture showing your idea of wellbeing" (Q1) using a large open box provided on the page. Students were asked to write about their drawings and/or tell the teachers what to write on their picture. Once the picture for Q1 was drawn and explained by the students, they were given the second worksheet and asked to "Draw a picture of what you do to take care of wellbeing" (Q2) using the large open box provided on the page. Students were not given instructions about what to depict or how to create their illustrations and were told they could draw any image they liked. Teacher were asked not to intervene with students and to let students draw and write whatever they wished – this ensured that the students' own ideas were captured in the data. Ninety two percent of students participated in the drawing exercise (53% girls; age 5–6). Students who opted out were asked to use the time to draw a picture of a subject of their choice.

2.4 Analytical Process

Visual narrative analysis (VNA) was the analytical process used to assess the drawings and words provided by students. Narrative analysis allows for children to have the capacity to *construct and communicate their own meanings* and not impose a pre-existing theory but instead utilizes an inductive open-ended approach (Einarsdottir et al., 2009; Lawthom & Tindal, 2011).

Visual narrative analysis follows a two-step process: (1) central narrative analysis; and (2) sub-theme analysis. With regard to Step 1—analyzing the central narrative—the researchers began by observing the image as a whole, including use of people, use of objects, use of colors, use of spacing, background elements, and relative proportion of the main subjects of the picture, to determine what the picture was saying generally about the young children's idea of wellbeing (e.g., a smiling face and lots of yellow color suggested an understanding of wellbeing as a state of happiness) and what actions they take to look after their wellbeing (e.g., a picture of themselves hugging their mother suggested a narrative that they take care of their wellbeing by seeking affection from a loving relationship). Taking the whole narrative as an essential source of interpretation first, before breaking it down into sub-themes, is a core process used in narrative analysis that differentiates it from other forms of qualitative methods such as thematic analysis or discourse analysis that seek first to segment and codify the data to build an overarching theme (Bernasconi, 2011; Capella et al., 2016; Riessman, 2008).

Following the identification of a central narrative, Step 2 of the data analysis explored the sub-themes of young children's understanding of wellbeing. Step 2 involved recording and analyzing three broad dimensions of the drawings: (a) subject; (b) elements; and (c) context. With regard to dimension (a), subject, the researchers recorded whether the main subject in the picture was a person (or people), or a pet, a toy, and so on. If the main subject was a person/people, researchers recorded details of

facial expressions, direction of gaze, body language, details of clothing, and so on. With regard to analytical dimension (b), elements, researchers recorded details of a range of elements such as use of color, thickness or thinness of outlines in the drawing, use of movement in the picture, location of the main subject (e.g., in the center, to the right or left), proportion of the main subject to the other elements of the picture (e.g., was the child bigger than his/her friends?), and any objects included (e.g., food). With regard to analytical dimension (c), context, researchers made note of background elements in the drawing such as being in nature, a family home, a park/playground, a school, and so on. In other words, "where" was wellbeing experienced for the child? The coding items outlined above for the dimensions of subject, elements and context follow prior 'draw and write' analysis protocols (for example see page 7 of Bland, 2012: see page 3 of Clatworthy et al., 1999; see page 1157 of Fury et al., 1997; see also Milne & Greenway, 1999; Guillemin, 2004).

To demonstrate the credibility of the two steps of data analysis, the process of referential adequacy put forward by Lincoln and Guba (1985) was employed, whereby all three authors independently analyzing a sub-set of the same 14 images from the data set (i.e., just over 10% of the full sample) to individually generate key codes and come together as a team to conduct an inter-case analysis. This process enabled agreement on the initial codes for analysis. Once these initial codes were determined, the first two authors continued the referential adequacy process by independently analyzing the next 50 drawings and then coming together to refine the coding and add new codes (Thurmond, 2001). With the refinement of existing codes and addition of new codes at the halfway point, the researchers then independently analyzed the remaining pictures and met when the full sample was analyzed to decide upon the core themes.

3 Results

As outlined above, the results were analyzed in two main steps. The first analytical step involved combining the visual data across the 128 pictures to interpret the "central narrative" by observing the images as a whole together with the verbal data. The second step moved into an analysis of the specific sub-themes of the data.

3.1 Step 1: Central Narrative Analysis

Analysis revealed the overarching narrative for young children to be: "wellbeing is agentic, accessible, and learnable". Wellbeing is depicted as an achievable state that can be gained through fairly simple, doable actions such as hugging or playing—meaning that young children view wellbeing as something that is *accessible* to them. Young children drew and talked about being able to increase their own wellbeing and/or decrease their ill-being through their do-able actions (e.g., taking a nap, playing on the computer, exercising, helping someone else, sharing food).

Another aspect of the central narrative is that children understood wellbeing to be something that is *learnable.* This was evidenced by the fact that there were distinct sub-themes in the pictures and verbal descriptions for certain classes in the data set. For example, in one class, the majority of children highlighted prosocial behavior as a key aspect of wellbeing, while in another class the students focused instead on mindfulness

and on taking care of their body through actions such as breathing and being still. When the researchers' member-checked with the teachers of these two classes it was made known to us that the teachers had directly taught these aspects of wellbeing prior to the intervention study. In contrast, in the two classes where the teachers had not focused on wellbeing, there were no distinct "class-level wellbeing themes." This evidence suggests that wellbeing as a concept is teachable, and that students learn about wellbeing in part through the messages and teaching of their teachers.

3.2 Step 2: Sub-Theme Analysis

Moving on from the central narrative, the next phase of the analysis was to dive deeper into the detail of the pictures to analyze the sub-themes. When analyzing the visual and verbal data, it became apparent that the young children in this sample had a social-ecological understanding of what wellbeing is and, thus, of how they can take care of their wellbeing. Children saw that wellbeing came from themselves, their relationships, and their environment.

Children viewed wellbeing as a personal state that is experienced within the "self" through their emotions, their body, and their activities. In the sample, 76% of the children drew themselves in the picture. The second most prevalent theme was that of environment (59%). The children's drawings not only focused on the individual and social accounts of wellbeing, but also on the relevance of context. Children drew pictures of themselves in nature, their family home, and school. The third most prominent theme was relationships, with 57% of the drawings showing the child interacting with another person. In summary, the data suggest that children see wellbeing as a phenomenon that is within (i.e., self), between (i.e., relationships), and around (i.e., environment) them, as shown in Fig. 1.

3.3 Self

Children reported the "self-experience" of wellbeing in three different forms. First, they experienced wellbeing through their *emotions*, or more accurately, their positive and negative affect (e.g., happiness, calmness, anger, and sadness). Second, they experienced wellbeing in their *body* (e.g., breathing, being still, taking care of their physical health). Third, they experienced wellbeing as a result of the *activities* they undertook (e.g., playing and resting).

Emotion was the highest sub-theme in the "self" category, with 71% of drawings and verbal descriptions showing a type of affect. Positive affect was most commonly depicted (88%), including feelings of happiness, love, contentedness, and calmness. Verbal descriptions given by the children of their pictures included: "I'm feeling happy playing with my family"; "Happy cooking"; "Happy looking for animals"; or simply "Happy." This narrative can be seen in Fig. 2a, where the young girl is smiling and has positioned herself in the center of her own space, surrounded by an open, sunny environment.

Twelve percent of the children also drew negative affect when drawing their ideas of what wellbeing is. Some of the children narrated experiences of frustration, sadness, and anger as their idea of wellbeing, presenting verbal narratives such as "When I'm sad my mum hugs me to cheer me up" and "When you feel sad. I'm hugging
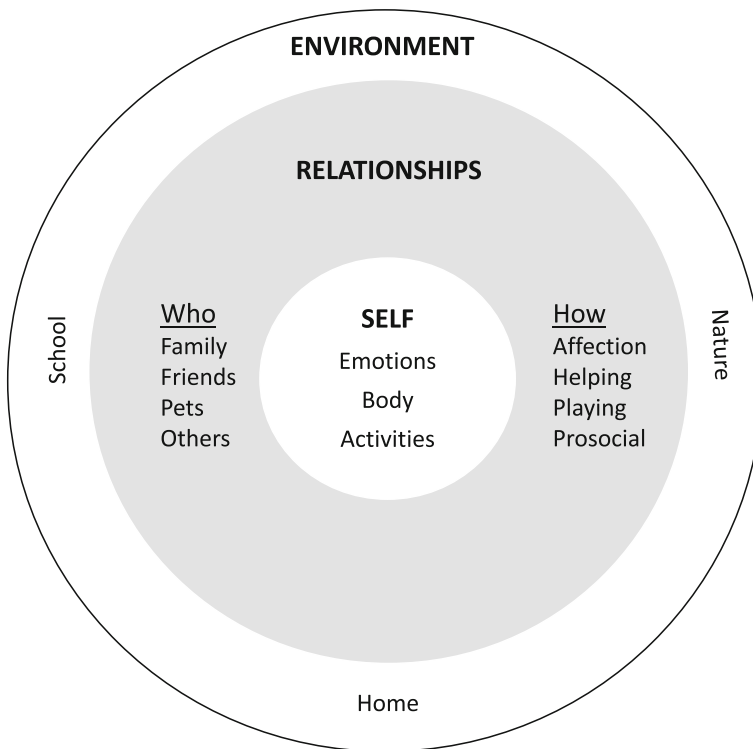
Fig. 1 Three main themes of well-being identified in the central narrative: self, environment, and relationships

somebody." Fig. 2b is illustrative of this point. This picture shows an angry face, looking down, and open arms, stating: "Angry so I kick a tree." Even though negative emotions constituted a small percentage of the sample, it does open up the understanding of wellbeing as not only a positive state, but also as an experience that can include a continuum of negative to positive affect. These cases support the choice of our open-ended research tool that did not predicate only responses depicting positive aspects of wellbeing.


Fig. 2 Sub-themes of self: 2a: positive affect; 2b: negative affect

Physical body was also a noticeable sub-theme in the "self" category, with 37% of drawings and descriptions showing taking care of one's body under the definition of wellbeing. This included eating fruits and vegetables, having enough hours of sleep, drinking water, or brushing their teeth. These aspects of wellbeing may be related to the developmental stage of the children in this sample, as looking after their body could be considered a concrete form of caring for their individual wellbeing and these activities are common in the daily routine of a child. Figure 3a illustrates this idea, by showing four different ways in which the young child takes care of her wellbeing, three of which are to do with the body. The artist has framed each element in relatively similar-sized frames, raising the distinction and importance that each of these activities has for her. Sleeping is the most colored element of the drawing, which may emphasize the relevance that it has over the other present actions. Similarly, Fig. 3b depicts two forms in which the child takes care of his wellbeing by focusing on his body health: drinking water and sleeping.

Activities was the third sub-theme in the "self" category with 46%. The activities that children mentioned fell into two categories: active and passive. Active-based activities included playing ball (shown in Fig. 4a), cooking, fishing, skipping, hugging, and patting pets. Passive-based activities done intentionally to boost wellbeing included taking deep breaths, having a rest, watching TV (Fig. 4b), or listening to music. We can also find examples of the activity sub-theme in Figs. 5a (walking one's pet), 5b (kicking the ball), and 6b (playing with friends). The strong presence of these narratives illustrates the role that the freedom of doing a preferred activity plays on their experience as a way of maintaining wellbeing.
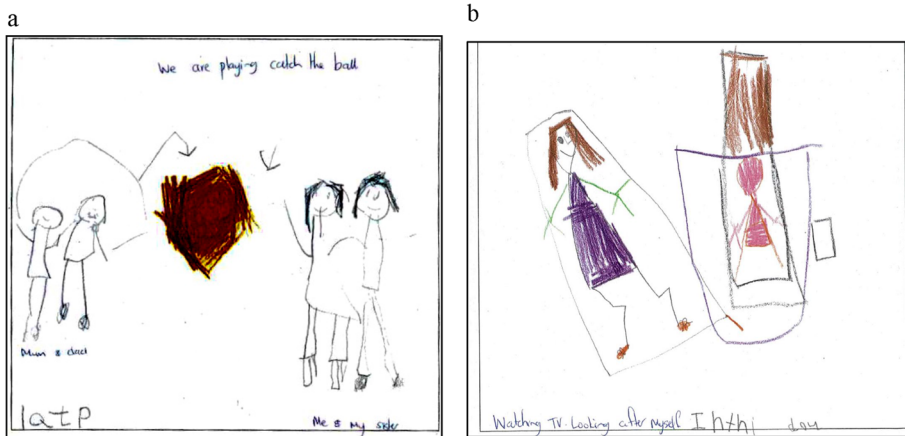
3.4 Environment

Environment was the second theme that emerged and the data showed children placing wellbeing in contexts such as nature, school, and family-related situations. Although not all children depicted a specific environment, in pictures where a context was drawn, open, green, and "natural" environments such as a beach, park, and playground spaces were the most frequent environment, present in 57% of relevant images. This can be

a   b
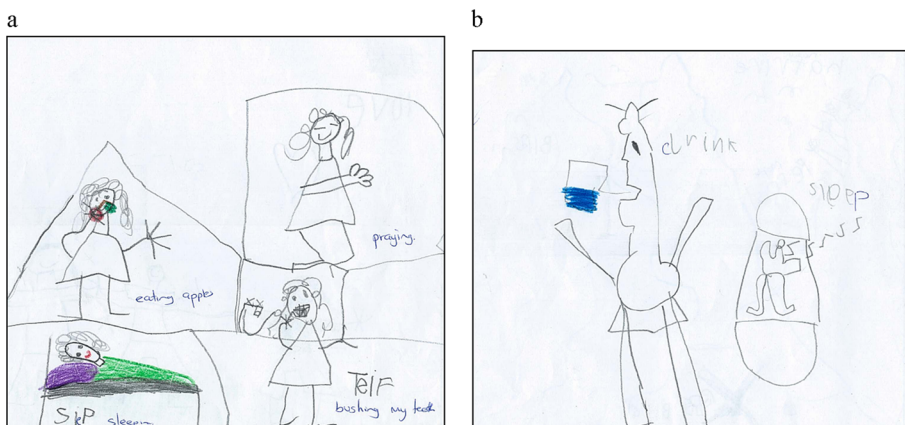
Fig. 3 Sub-theme of self—the body: 3a: eating fruit, sleeping, praying and brushing teeth; 3b: drinking water and sleeping

Fig. 4 Sub-themes of activities: 4a: active (playing ball); 4b: passive (watching TV)

seen in Fig. 5a, where the child drew himself, his mother, and his puppy enjoying time in an open and sunny environment. Family-related environments were also popular, as illustrated in Fig. 5b, of a girl playing ball outside the family house. Family homes were the second most common element within this theme, representing 25% of drawings. The school context was the least mentioned, with only 5% of drawings depicting this environment.

3.5 Relationships

Relationships featured as the third major theme in the data. Two sub-themes emerged when it came to relationships: the "who" of relationships and the "how" of relationships. Under the sub-theme of *who*, drawings and descriptions narrated the importance of the presence of others for wellbeing. Children represented different figures that played an essential role in their care for wellbeing, including parents, siblings, friends, and pets. Most of the drawings involved the participation of a close figure, which
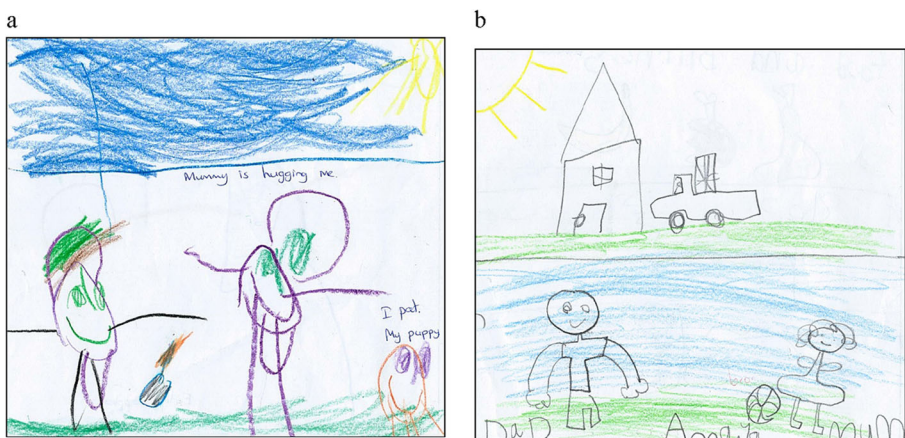
Fig. 5 Sub-themes of environment: 5a: nature; 5b: family-related environment

suggests that caring for their wellbeing is not only related to a certain action to be taken, but also with whom that action is undertaken. Relationship with mother (mum in Australian vernacular) was a common sub-theme in relationships, depicting the mother as playing a central role in helping the child care for their own wellbeing. Figure 6a is an example of this point. In the verbal narrative ("Sad, because I hurt myself. Mum gives me flowers. It makes me happy") the mother plays a key role in turning feelings of sadness into happiness. In the drawing, the mother is standing at the back of the girl, holding flowers as a treat for her, smiling and elevated from the ground, as opposed to the child, who is grounded and sad, with no surrounding subjects or context.

In terms of the sub-theme of "how" children saw relationships impacting their wellbeing, this was revealed as playing, hugging, being hugged, eating with others, talking with others, and being prosocial. The most mentioned "how" aspect of relational wellbeing was playing (with friends, family, and pets) and this is exemplified in Fig. 6b, where the child pictured herself and her friends in their school uniform, smiling and connected by their arms, with the verbal narrative "I like playing with my friends."

4 Discussion

Knowledge of how young children subjectively experience and support their own wellbeing is a foundational step towards protecting and building children's wellbeing, yet positive psychology has not adequately researched this topic in the early childhood years (Fattore et al., 2009). Instead, research with children in this life stage has typically focused more on deficits than wellbeing (Baker et al., 2017; Peterson & Park, 2003; Shin et al., 2011), has used pre-determined definitions of wellbeing designed by researchers (Horstman & Bradding, 2002; Marbina et al.,'s 2015) and has relied on the use of adult proxies (Driessnack, 2006; Marbina et al.,'s 2015) rather then find out from the children themselves what they understand wellbeing to be.

To date, there has been no research that explores the distinct wellbeing literacy of five and six year old's despite the fact that this age group who go through the major life transition of starting school and experience heightened stress, greater demands, and

a   b
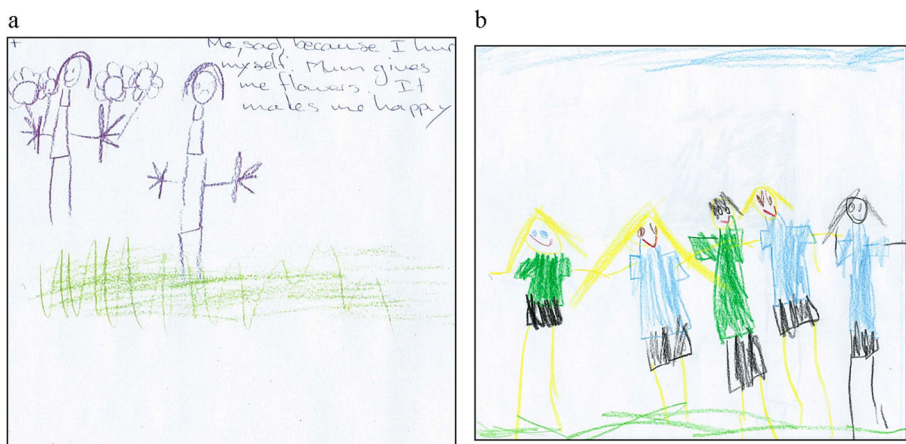
Fig. 6 Sub-themes of relationships: 6a: "who" (mother); 6b: "how" (playing with friends)

more complexity than children in the earlier years of the early childhood phase (Collins et al., 2012; Shoshani & Aviv, 2012).

Using the age-appropriate, child-centric tool of 'draw and write', we aimed to tap into the conceptions of five and six old children and explore how these children understood wellbeing and what they did to take care of it. An analysis of the central narrative found that young children in this study think that wellbeing is *accessible and learnable*. Wellbeing was not spoken about as a complex, or hard to attain state—rather, the children in this study identified a large range of simple, accessible activities they used to diminish ill-being (e.g., listening to music, getting a hug) and to enhance wellbeing (e.g., eating a lollipop, playing). The narratives provided showed children actively organizing and arranging experiences and relationships that shaped their wellbeing. In this way, they were contributors to their wellbeing and not just products of their wellbeing (Bandura, 1993).

It was evident in the data that, in addition to children forming their own understanding of wellbeing, some had adopted specific concepts of wellbeing being taught by their teachers. This came through especially in two of the four classes where children drew pictures of wellbeing themes that teachers had explicitly taught such as mindfulness and breathing ("I take a deep breath"; "I sit quietly in the car") as well as pro-social actions and strengths ("My strength is caring. I help my friends"; "I use kind words"; "I say sorry"; "I feel good when I help others"). The current findings align with those of MacPhail and Kinchin (2004) who used drawings to analyse children's knowledge of sports education and found that the themes from students were influenced by the teacher such that students in one class more frequently drew the theme of team while students from another class more frequently drew the theme of competition.

Further evidence showing that younger children learn about wellbeing through their teachers is seen in a study of first-graders by Mishara and Ystgaard (2006) who found that the "Zippy's Friends"[2] health promotion program increased the coping strategies and social skills of six-year-olds as assessed by their teachers' reports and through interviews with the children. Additionally, Razza, Bergen-Cico, and Raymond (2015) found that the mindfulness yoga curriculum, YogaKids (Wenig 2003) implemented by the classroom teachers promoted self-regulation in a sample of three to five years old.

4.1 Wellbeing Literacy and Sub-Themes

A number of themes and sub-themes arose from the visual and verbal data which showed that the children understood wellbeing to be influenced by their own internal state and by factors external to them such as relationships and context, suggesting that even young children have a socio-ecological understanding of wellbeing (Allen, Vella-Brodrick, & Waters, 2016; Bronfenbrenner, 1979). The five- and six-year-olds in the present study understood the importance of context and 59% explicitly embedded their wellbeing in contexts, most commonly nature and family environments. With regard to the importance of nature, the findings align with Chawla (2015) that nature is a protective factor when it comes to child's psychological health and that "trees and natural areas are essential elements of healthy communities for children" (p. 433). Our

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[2] See Partnership for Children (n.d.), "Zippy's Friends for 5–7 year olds," at https://www.partnershipforchildren.org.uk/what-we-do/programmes-for-schools/zippys-friends.html.

results also support Kreutz's (2015) idea that being in nature is a "restorative experience" for young people and supporting Sobel's (2001) notion of 'affective geography'.

Interestingly, school did not feature as a prominent context in the drawings in the current sample. This result aligns with Holder et al.'s (2016) study in kindergarten-elementary and junior high students, who, when asked to record what makes them happy, did not place school within their top ten answers. Our finding is also similar to Sixsmith et al. (2007), where elementary children did not nominate school as a prominent theme in their wellbeing (in contrast, their parents and their teachers perceived school to have a strong influence on wellbeing). However, it must be remembered that the children in our study were in their first year of school and perhaps this is a reason why school was not a frequently mentioned context, given that their lives in the years leading up to school were centered more at home.

Zooming in from the broader environment, inter-personal relationships were consistently mentioned in the visual and verbal data in this study. Children in this study communicated the idea of wellbeing as a socially informed, relationship-based construct. Baumeister and Leary (1995) state that "the need to belong is a powerful, fundamental, and extremely pervasive motivation" (p. 497) and human beings are driven to form interpersonal relationships. The importance of relationships has also been identified as being especially necessary in the early years for every aspect of early child development, including the brain's evolving circuitry, being affected by/growing through relationships (Feldman, 2012; Lally & Mangione, 2017; Schore, 2000). As such, the data from the young children in this study telling us that their wellbeing is influenced by relationships is consistent with prior findings and validates decades of research.

With regard to their wellbeing-enhancing relationships, the children identified family (65%), followed by friends (24%), and then pets (7%). Family was by far the most frequently mentioned relationship and children in this study depicted wellbeing within their family homes with their siblings and their parents. The family home was a key setting for a young child's wellbeing. In the current study, children provided narratives such as "Being with my family makes me feel happy"; "Playing with my brothers"; "When my brother talks to me he feels happy too"; and "My sister is playing with me." The current findings support past research showing the importance of family in shaping the wellbeing of young children (Baumeister & Leary, 1995; Hale, Berger, LeBourgeois, & Brooks-Gunn, 2011; McMunn, Nazroo, Marmot, Boreham, & Goodman, 2001). Dunn (2006) describes how family interaction patterns shape the moral development of children from as young as two years old.

Mothers played an important role in fostering the wellbeing of the five- and six-year-olds in this study. Within the drawings that included a family member, mothers and fathers were depicted in a ratio of 7:1, respectively. Specifically, 15 drawings depicted mothers only, compared with seven depicting both parents together, and only one drawing depicting a sole father, with the verbal narrative "Daddy helps me to feel safe." This finding does suggest that mothers are more central to wellbeing than fathers in the present sample. This could be a function of the lifestyles, family structures, and economic roles of the families for children in the schools that formed our sample. Both schools in this study are in middle-class areas and it may be that mothers had more economic opportunity to work part-time or stay at home full-time, and hence why they featured so prominently in wellbeing contexts.

However, it has also been recognized with seven decades of research on attachment that the mother–child bond in infancy and the early years is a key factor in shaping a child's attachment patterns and, thus, their emotional, psychological, and social wellbeing (Berant, Mikulincer, & Shaver, 2007; Bowlby, 1995; Bretherton, 1992). In the current study, the children drew and talked about how mothers helped their wellbeing by hugging them, making them laugh, playing with them, cooking with them, putting them to bed, being silly and pulling funny faces, cheering them up, going to the beach, bringing them Band-Aids (sticking plasters) and so on. Overall, these findings suggest that wellbeing education in the early years of school may be more effective when parental figures are included and also when the teachers are able to suggest wellbeing activities to be enjoyed at home with families and siblings.

Zooming out from relationships and focusing on the self, our findings suggest that children understood they played a role in their own wellbeing, and identified three "self" elements: emotions, body, and activities. Denham, Bassett, Brown, Way, and Steed's (2015) research shows that in early learning settings, four- and five-year-olds had significantly better emotional knowledge than three-year-olds. Hence, it could be that the age bracket of our sample (five- and six-year-olds) is in a development stage where emotions become more understandable, and this may be why emotions featured as a dominant theme. These results also speak to the fact that it is highly important to consider positive psychology findings from a developmental psychology perspective.

The children in this sample showed knowledge about a broad array of emotions, including those that are positive and negative valenced and the those that are low and high arousal. Pictures drawn by the children in this study included high-arousal positive emotions (e.g., excitement) and high-arousal negative emotions (e.g., anger), as well as low-arousal positive emotions (e.g., calm) and low-arousal negative emotions (e.g., sadness). According to Denham et al. (2015), knowing the difference between various emotions at a young age helps in the following ways:

> When young children can identify their own and others' negative feelings and negatively valenced situations, they may enact more empathic actions; when they can accurately perceive positive emotion expressions and situations, they may join in the fun in the classroom more readily. (Denham et al., 2015, p. 253)

Thus, the wellbeing literacy of this sample is likely to be an asset for them in terms of their future social relationships and associated socio-ecological wellbeing.

A second dimension of wellbeing within the self was that of the body. Children at this age had a strong association between their body and their wellbeing in two ways: (1) taking care of their body to maintain high levels of wellbeing ("Making sure we have enough sleep"); and (2) experiencing the mind–body connection when it came to their wellbeing. Physical health was certainly identified as a major aspect of wellbeing for five- and six-year-olds ("Wellbeing means staying healthy by exercising"; "Wellbeing is making sure you are fit"; "Wellbeing is eating healthy"; "I feel strong when I eat good food") and many drew pictures that were oriented towards physical health. The second theme highlighted children's embodied sense of wellbeing, as shown in the drawings where children were enjoying the sensations they get from using their bodies to play, exercise, eat, rest, and breathe. As asserted by Wainwright

and Turner (2003) "bodies matter" (p. 4) because our experience of the body is the basis of our experience of self, our social life, and our society.

The third and final dimension under the theme of self is that of activities. A number of children mentioned different activities to depict both their idea of wellbeing and the actions taken to boost it. In general, these were present-moment activities, and were classified as active based and passive based (see Results section). In a sample of older students aged 16–20 who were asked to talk about their wellbeing, they also spoke about present-moment embodied experiences of wellbeing such as listening to music and eating junk food (Woodman, 2003). The value that younger children in this study give to present-moment activities might reflect the benefit that being in the moment has for children's wellbeing at this early developmental stage and has implications for the wellbeing activities that early childhood educators can implement.

4.2 Limitations and Strengths

The current study addressed several gaps in the existing literature (i.e., the deficit focus in early childhood studies and the lack of child voice) by inductively exploring the topic of wellbeing literacy in young children. As the topic of wellbeing literacy is new, the current study can be seen as a starting point to explore how it is that younger children understand and take care of their own wellbeing. However, the current study contained a number of limitations to its generalizability.

The sample was drawn from two middle-class schools which may have shaped some of the themes that emerged. For example, we cannot be sure if the dominant theme of mother in a young child's wellbeing would differ if the sample had come from more diverse socio-economic categories where mothers may be more likely to be working longer hours (e.g., working mothers with more limited caring roles) or if the sample had included more diverse family structures such as living in extended family situations, single parent families or families where fathers are the primary caregivers.

The geographical location of the two schools from which the current students were drawn is likely to have influenced the fact that nature was a strong theme in this study. The first school is located in Darwin, which is the capital city of Darwin Territory but is a relatively spread-out city that has much greenery and access to water and beaches. The second school is a commuter town close to the mountainside. Children from urban and inner-city schools who have less access to open spaces like parks, mountains, and beaches may not have drawn about and nominated nature as a factor in their wellbeing to the same degree as those in this study. However, past research does consistently show that nature, even for children who have little access to it, is an important factor in children's wellbeing (Chawla, 2015).

A final limitation is the cross-sectional design. While the children in this study demonstrated a clear and coherent understanding of what wellbeing is, the question still remains as to the stability of that understanding. Given that drawings were only collected at only one point in time there is no way of knowing if wellbeing literacy in children of this age range is stable or varies from day to day. This limitation points to a larger gap in the field of positive psychology that has been criticized for not adequately studying the way wellbeing knowledge and outcomes differ through each developmental stage (Froh et al., 2011; Waters et al., in press). Indeed Shin et al. (2011) assert that "[t]he absence of developmental studies in positive psychology is

unfortunate" (p. 356) and urge researchers to more fully integrate positive psychology with developmental psychology. Given the absence of developmental psychology perspectives in positive psychology, we cannot turn to past research to point to whether wellbeing literacy in children of this age range is stable or varies.

The limitations outlined above may restrict the generalizability of the results. However, it must be made clear that "generalizability" is not the core principal or goal to which qualitative research holds itself accountable (Given, 2008). Instead, external validity is assessed based upon the "confirmability" of the findings. Miles and Huberman (1994) argue that qualitative analysis is "confirmable" if it is credible, defensible, warranted, and able to withstand alternative explanations. Given the ways in which the findings from our data support and extend past research, the child-centric way in which we obtained student voice, and the fact that we have explored alternative explanations, we are confident that the study findings are credible, defensible, and warranted.

Notwithstanding this, we call for replication of the findings in comparable samples, collected and analyzed independently, using a variety of research designs and methods including deductive closed-ended response as well as other inductive open-ended methods in order to confirm and extend the understand of early childhood wellbeing literacy as well as assess its stability over time in young children.

The limitations of this paper can be balanced against the strengths. This study is one of only a handful of papers to tie together positive psychology and early childhood studies. Although the topic of wellbeing literacy has been explored with older children in the elementary years (Fattore et al., 2007, 2009; Sixsmith et al., 2007; Waters et al., in press) and teens (Holder et al., 2016; Woodman, 2003) 'voice research' with children aged six and under is rare when it comes to wellbeing. The constructivist approach is a strength of the current study, given that there is no prior theory that could be applied and when considering that the topic of wellbeing literacy is very recent and taking into account the philosophy of 'child agency' that underpins this paper. The data collection method (draw-and-write) was age appropriate and has been shown to be a valid and reliable tool (Angell at el., 2015; Driessnack, 2006). The analytic technique (visual narrative analysis) strongly matched the research questions of this paper. The use of Riessman's (2008) steps for narrative analysis and the use of referential adequacy (Lincoln & Guba, 1985) to ensure inter rater agreement are further strengths of the paper as is the use of informational comprehensiveness (Malterud et al., 2016) and informational redundancy (Lincoln & Guba, 1985) principles used to ensure adequate sample size for qualitative analysis.

4.3 Implications

Taking into account the need to be cautious from the finding of only one study, the results of this study may provide some useful insights for the development of approaches aimed at promoting wellbeing in the early childhood years. We suggest that including children in the design phase of wellbeing programs for this age group would provide valuable information about how wellbeing is understood and actioned, not to mention that including children would be an empowering process in and of itself that is likely to build student wellbeing (Mäkelä, Kankaanranta, & Gallagher, 2014). The call

for the use of participatory approaches that utilize students' perspectives for curriculum design is not new (Dipinto & Turner, 1997; O'Neill & McMahon, 2012) yet the degree to which this has been practiced in positive psychology is unclear. For example, the two early learning years wellbeing programs discussed above (Zippy's friends and YogaKids) make no mention of how the programs were designed or, more particularly, whether children were involved in the design of the programs (Education Endowment Foundation; Wenig, 2003). The same can be said of a review of 75 positive education school-based interventions for students aged 5–18 by Waters and Loton (2019) where no information was found as to whether children had been involved in the design of the interventions.

According to Holder et al., (2016) when it comes to positive education "Often interventions are developed using a top-down approach whereby the interventions are developed by researchers who then apply them to a selected group" (p. 103). The current study, by examining how five and six year old children understand wellbeing (as compared to researcher and adult ideas) provide a child-centred view of wellbeing and suggest that children have a robust enough understanding of the topic to be valid participants in the design of interventions.

The findings of this study align with guidelines by Government expert reports (e.g., Council of Australian Governments, 2009; Ginsburg, 2006; National Scientific Council on the Developing Child, 2008/2012) that early education wellbeing programs would be wise to be adopt play-based approaches. Educating children about their emotions and their body is an approach that can build on the understanding that children in the current study already have of wellbeing at that age. Additionally, children in this study had an understanding (i.e., a literacy) that activities which prompt wellbeing can be either passive or active and this suggests that programs can be designed around passive activities such as mindfulness, as well as more active instruction that involves physical movement and being outdoors. Notwithstanding the limitations of our study, the findings point to the benefits of positive education programs in the early childhood stage containing relational components with friends and family members.

5 Conclusion

Early experiences become building blocks for developmental trajectories in children's lives. As such, gaining a richer understanding of how young children construe and express wellbeing should an important aim for positive psychology research. Using narrative analysis methods, the current study has provided an understanding of how five- and six-year-olds perceive and act upon their own wellbeing. We hope that this study encourages a wider use of child-empowering research methods in the field of positive psychology to allow for a deeper understanding of how young people conceptualize and relate to wellbeing.

Declarations

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