Commentary

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Context matters: Sociocultural considerations in the design and implementation of community-based positive psychology interventions in sub-Saharan Africa

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Abstract

Scholars conducting cross-cultural research in mental health often import intervention programs found to be efficacious in one social context (e.g., Western) and directly implement them in other contexts (e.g., African and Asian) without recourse to the sociocultural disparities between the target populations and the theoretical foundations of the constructs and principles underpinning the intervention programs. Such efforts mistakenly assume that positive psychology interventions (PPIs), most of which were developed from Western perspectives and assumed individualistic cultural orientation and value systems, operate equally across all contexts. Drawing on the extant literature and on insights from designing, implementing, and evaluating group-based (mental) health behavior change intervention programs across several communities in Ghana, we discuss some sociocultural, theoretical, and methodological issues that can significantly constrain the design, uptake, and effectiveness of PPIs in the rural, low literate, socioeconomically disadvantaged, highly collectivistic context of Ghana, and sub-Saharan Africa more generally. In all illustrations, we offer suggestions to guide the design and implementation processes to ensure culturally appropriate, highly acceptable, and potentially effective intervention programs. We argue that PPIs can be potentially fructuous in the sub-region

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when adapted to, or embedded in, the cultural values of the target population and tailored to the needs, capacities, and circumstances of participants.

Keywords
Culture and mental health, positive psychology interventions, intervention design and evaluation, sociocultural factors, African context, Ghana

Introduction

The quest to find solutions to the growing and complex public (mental) health problems has led to international, multidisciplinary, and multicultural collaborations among researchers (Cash-Gibson et al., 2015). Although there exists research in other settings that suggests that psychological-based interventions can have positive impacts on the mental health of individuals, such level of research—that translates theories and research findings into practicable strengths-based interventions—are lacking in Ghana, and sub-Saharan Africa more generally. Further, in spite of the growing number of positive psychology interventions (PPIs) designed to bolster mental health and buffer against psychopathology at the global level, only a few such interventions have been developed, adapted, or found to be effective in the sub-Saharan African region (Appiah et al., 2021a; Hendriks et al., 2018). One reason for this, we contend, is that a considerable number of mental health researchers often directly import behavior change and positive interventions underpinned by context-specific theoretical and methodological constructs applicable to a sociocultural context (e.g., Western) and implement them in another (e.g., African and Asian) without much consideration of the diverse sociocultural differences between Western (developed; more individualistic) and non-Western (developing; more collectivistic) societies (Appiah, 2021; Hendriks & Graafsma, 2019), thereby rendering them ineffective.

To examine this, first, we provide a brief review of the literature that suggests that principles and constructs from (positive) psychology can be translated into practicable sessional modules and strategies to promote positive mental health and functioning across populations and contexts. We then draw on a consilience of evidence from the literature to discuss how culture and cultural norms can directly impact on the design, implementation, and uptake of health behavior change intervention programs, referencing cross-cultural studies from Euro-America, Asia, and Africa. Further, we discuss some sub-Saharan African cultural values akin to the principles and concepts of positive psychology, which can essentially inform the design of context-appropriate positive interventions in the sub-region. Subsequently, we discuss some potential sociocultural and methodological issues that can significantly constrain the design, uptake, and effectiveness of four PPIs (i.e., gratitude, savoring, optimism, and meaning-oriented interventions) in the low-income, low literate, and highly collectivistic social settings of Ghana, and sub-Saharan Africa more broadly. Next, to overcome these potential limitations, we argued for collaborative

efforts to translate African-based psychological theories and research findings into practicable positive interventions that critically incorporate the cultural values and practices of the target population. We suggest strategies to engage participants to increase interest and participation, and argued for theoretical and methodological expansions to embrace the diverse conceptual and sociocultural orientations in order to appeal to individuals in non-Western contexts.

Positive psychology interventions

There is a growing body of evidence showing that PPIs can help individuals, groups, and institutions to buffer against mental illness, bolster mental health, and build positive processes and capacities to enhance their well-being, personal growth, and development (Carr et al., 2020; Ho et al., 2016; Montiel et al., 2021; Waters et al., 2021). Over the past two decades, there has been a dramatic increase in PPIs designed to promote positive mental health and optimize human functioning for various population groups and contexts. Presently, seven meta-analyses and systematic reviews have evaluated the effectiveness of a wide range of PPIs (Bolier et al., 2013; Carr et al., 2020; Chakhssi et al., 2018; Hendriks et al., 2020; Sin & Lyubomirsky, 2009; van Agteren et al., 2021; Weiss et al., 2016) and concluded that PPIs, largely, can promote subjective well-being and reduce negative affect, including levels of depression and anxiety in both clinical and non-clinical population groups. PPIs exist, for instance, that advance individual and group mental well-being through writing gratitude letters, replaying positive experiences, or practicing optimistic thinking (van Agteren et al., 2021; Weiss et al., 2016). There are also PPIs designed to help participants to identify and use their signature strengths (Schutte & Malouff, 2019), show kindness and self-compassion (Curry et al., 2018), foster forgiveness (Akhtar & Barlow, 2018), show gratitude (Davis et al., 2016; Dickens, 2017), increase individual and group optimism (Malouff & Schutte, 2017), enhance life review and introspection (Wang et al., 2017), improve social and emotional skills and academic performance (Shankland & Rosset, 2017), and to improve life satisfaction and overall mental health of non-clinical (Proyer et al., 2015) and clinical (Fava et al., 2005) population groups.

In spite of current evidence in other settings that chronicles the effectiveness of PPIs in enhancing well-being and positive functioning of individuals and groups, only a few PPIs have been developed and evaluated within the sub-Saharan African context (Appiah, Wilson-Fadiji, et al., 2020; Appiah et al., 2021a; Pretorius et al., 2008; Teodorczuk et al., 2019; Van Zyl & Rothmann, 2012), with the majority of these studies emanating from Southern Africa. The majority of PPIs in sub-Saharan Africa have been criticized for their methodological limitations, including small sample sizes, lack of diversity in target populations, lack of follow-ups, and lack of stringent designs (Appiah, Wilson-Fadiji, et al., 2020; Hendriks et al., 2018). In their study examining the efficacy of PPIs from non-Western countries in 2018 that involved 28 studies conducted using the randomized controlled trial (RCT) design, Hendriks and colleagues only retrieved one study from Africa that met the inclusion criteria (Hendriks et al., 2018). Yet, presently, there are well over 8000 basic and applied positive psychology studies and PPIs, with more than 419

RCTs involving over 54,000 participants drawn from the clinical and non-clinical settings across the globe (van Agteren et al., 2021). Generally, the vast majority of PPIs are WEIRD—that is, they were developed from Western perspectives and assumed individualistic cultural orientation and value systems, and targets mostly individuals from highly Educated, Industrialized, Rich, and Democratic contexts (Hendriks et al., 2018, 2019). A review of all positive psychology studies conducted from its inception as a discipline in 1998 through to 2010, found that approximately 94.5% of positive psychology research were conducted in Western countries, with about 74.5% of the authors affiliated with institutions in North America (Arnett, 2008; Schui & Krampen, 2010). Until recently, positive psychology has been criticized for its primacy on the individual and its stringent focus on empiricism and positivity. In response to these criticisms, scholars (Ivtzan et al., 2015; Lomas et al., 2021; Wissing, 2021; Wong, 2011) have argued for the expansion of the scope and priority of the discipline to include a consideration of the interplay between positive and negative life events as an integral part of human functioning and well-being, expand the context to include workplace, schools, families, and communities, appreciate the complex nature of biopsychosocial-ecological well-being, and embrace a wider range of methodologies.

Culture and positive interventions

Within the perspective of cross-cultural psychology, there is evidence that demonstrates that culture and cultural mores influence how people conceive, understand, interpret, and express social phenomena (Eaton & Louw, 2000; Kim & Sherman, 2007; Ng & Lim, 2019; Oatley et al., 2006; Oishi et al., 2013), including the degree to which individuals and groups participate in or benefit from strengths-based, health behavior change interventions. Previous scholars (Becker et al., 2012; Heinke & Louis, 2009) noted that Western cultures promote an individualistic viewpoint of well-being by emphasizing on individual autonomy and personal growth. Since cultural and social orientations have significant influence on people's conceptualization and interpretation of events, the distinction in these expressions (e.g., between people of Euro-America, which is considered more individualistic, and the more collectivistic African/Asian social orientation) have implications for the design, acceptance, and effectiveness of positive interventions and social science, more broadly (Wissing, 2013). In line with this argumentation, some scholars (Christopher & Hickinbottom, 2008; Craven et al., 2016; Wong, 2013) maintained that the concepts and principles of positive psychology are fundamentally rooted in the traditional Western ideology of positive individualism that generally seeks to challenge and motivate individuals to strive towards achieving their personal advancements and fulfillments. On the contrary, in the Ghanaian and most sub-Saharan African settings, people's conceptualization, understanding, and interpretation of a phenomena are widely influenced by their collectivistic sociocultural orientation (Gyekye, 2014). In the rural, socioeconomically disadvantaged, highly communal Ghanaian context, for instance, individuals conceptualize well-being in terms of social or communal well-being rather than as a personal attribute (Wilson Fadiji et al., 2021). Largely, the African communal culture emphasizes on interpersonal harmony and define individual happiness in terms of

the relationships with, and one's contributions to the advancement of, one's family and the larger community (Gyekye, 2014). The differences in viewpoints and conceptualizations of well-being between Western and African cultures engenders different routes to happiness and view of well-being (Van Zyl & Rothmann, 2019).

In the African cultural thought, people are more likely to experience and express contradictory thoughts and emotions concurrently (Semlak et al., 2008). In contrast, individuals from Western cultures often experience and/or express negative and positive thoughts and emotions in opposition. For instance, researchers found that non-Anglo American participants expressed a mixed of positive and negative affects after participating in a gratitude intervention, compared with Anglo American participants (Titova et al., 2017). Historically, most strengths-based and positive interventions are designed to build positive psychological resources and strengths of individuals by exploring and promoting positive behaviors, feelings, or cognitions (Ng & Lim, 2019). This methodological framework is reasonable, since the majority of PPIs were conceptualized and validated by researchers from the Western individualistic-oriented cultures, using samples from the same context. Although positive psychology researchers and practitioners have intended their positive psychology activities and efforts to be culture-free and descriptive, they often find mixed or contrasting results when implementing or replicating these PPIs in other non-Western contexts (Hendriks et al., 2018; van Agteren et al., 2021). Ng and Lim (2019) noted that cultural factors could account for the differences found between Anglo- and Asian-American students' engagement in, and reported benefits from, gratitude and optimism interventions. Because Africans, for the most part, are more collectivistically socially oriented, their views and interpretation of phenomena, such as psychological well-being, may differ from their Western counterparts, as they are more likely to lean towards social harmony or communal well-being (Gyekye, 2014; Ikuenobe, 2016). In the more collectivistic African context, people conceptualize well-being in terms of social relationships and harmony, believing that flourishing occurs in relations to others, particularly to one's family and community, rather than as an individual's private engagements and efforts towards their personal happiness (Gyekye, 1996; Wilson Fadiji et al., 2021). In the African communal contexts, although the individual is encouraged and supported to nurture their own goals, these goals do not become preponderant over those of the community. Further, most individuals in these settings define their well-being in terms of the energy that exists between people and the sustenance and strength they derive from the relationship they foster with others (Ikuenobe, 2020a). These differences in the conceptualization of well-being between Western (i.e., more individualistic) and African (more collectivistic) societies suggest that there may be different pathways to defining and nurturing happiness (Joshanloo, 2014). It is important to emphasize that the framework and principles underpinning the majority of existing PPIs fit into the individualistic social orientation of Western cultures, thus, making it possible for participants from the Western context to understand, accept, and participate in the interventional activities with little difficulties.

Cross-cultural research, by its very nature, attempts to collate and compare data from individuals and groups from different cultures on their experiences of and/or perception of a phenomenon, performance on a task or assessment measure, or participants' report of

the impact of an intervention program (Ember, 2009). However, even within defined geographical groups, such as Africa, differences have been observed between people from different social structures and ethnicity in their conceptualization, interpretation, understanding, and expression of various psychological constructs (Wissing, 2013). For instance, in a study in Ghana that translated and validated the Twi version of the Mental Health Continuum-Short Form among a sample of rural adults, Appiah, Wissing et al. (2021) found that two items, *4* ("*That you had something important to contribute to society*") and *7* ("*That people are basically good*") failed to load on their target social well-being hypothesized factor, suggesting that participants perceived their contributions to society as a psychological and emotional dimensions that is a part of their overall well-being, rather than as a social dimension of well-being. In furtherance, none of the items specified to load on the psychological well-being (PWB) specific factor loaded significantly, also suggesting that, for this group, the PWB hypothesized items are essentially representative of a general positive mental health factor rather than a specific PWB factor. Similar patterns of responses to these items have been reported by other researchers among a sample of South Africans (Schutte & Wissing, 2017).

Positive psychology, until recently, has been criticized for its apparent ethnocentric and individualistic ideals that explicitly target the promotion of positive emotions, happiness, and capability at the individual level (Christopher & Hickinbottom, 2008; Wong, 2011). Traditionally, the constructs and principles that underpin positive psychology's conceptualization of, and activities to improve, mental health are individual-based and Western-centric, with a primacy on ensuring the well-being and optimal functioning of the individual. Arnett (2008) contended that the large majority of study participants in the initial positive psychology studies were drawn from undergraduate psychology classes in North American and European colleges whose social orientations and aspirations may differ from their counterparts in other parts of the world, such as Africa and Asia. Since the positive psychology movement fundamentally emerged from the Western-individualistic perspective, which emphasizes the individual's pursuit of happiness as one of the cardinal goals in life through the cultivation of individual strengths and virtues, it mostly ignores the roles of interconnections between the individual and other entities (i.e., other persons, the natural and sociocultural environment, and spiritual forces).

Although a primacy on the promotion of the individual's well-being and personal development is a universal human development agenda that is important and laudatory, there is a high tendency to assume that strengths-based interventions underpinned by the individualistic-orientation are applicable to all contexts. However, as argued by previous scholars (e.g., Christopher & Hickinbottom, 2008; Joshanloo, 2014; Snyder & Lopez, 2007), no form of psychology, or social science, more broadly, is free of cultural values or influence, and that it is incautious to ignore cultural influences, particularly when working in highly collectivistic contexts. For instance, in most close-knitted, low literate, socioeconomically disadvantaged, and highly collectivistic settings in sub-Saharan Africa, residents are considered as members of the society rather than as autonomous individuals (Appiah, 2020, 2021; Gyekye, 2013). While community members in these defined settings have their rights (which is also highly encouraged by family and community elders) to explore and pursue their personal goals and

aspirations, there are conscious efforts to contribute, through social discourses to generate solutions to communal and societal problems, making financial and non-material contributions, and participating in communal labor towards achieving communal goals and objectives. In the more rural, remote settings of Ghana, and sub-Saharan Africa more generally, communal aspirations wield a higher significance and could take precedence over the individual's aspirations and goals (Appiah, 2020; Gyekye, 1996; 2011), although, for the most part, the individual's personal goals also align with the community's.

African values and culture

The claim that values permeate scientific practice has been clearly articulated in the literature (Alexandrova, 2017; Prinzing, 2021; Schwartz, 2012). However, the question of what is valuable or what makes a *good life*, has long generated various answers from scholars across disciplines (Bauer et al., 2005; Forgas & Baumeister, 2018; Wong, 2011). While the majority of the so-called universal human values have emerged from, and informed by, Western-individualistic cultural orientation and values (Kostina et al., 2015; Schwartz, 2007), empirical research emanating from the more collectivistic, non-Western sociocultural perspectives (e.g., East Asian and Africa) have revealed different set of values and what individuals conceive as the *good life* (Kim et al., 2018; Uchida & Ogihara, 2012; Wilson et al., 2021). These emerging findings essentially suggest that a significant number of cognitive and epistemic values, previously considered as universal, are not necessarily valued in all contexts. Findings from cross-cultural research reveal that people do not necessarily share similar value systems and that scholarly efforts expended at designing and promoting a set of universal human values are inappropriately narrow (Kim et al., 2018; Kostina et al., 2015; Ng & Lim, 2019). In sharing his views on the then newly established sub-discipline of psychology, Martin Seligman, a founding father of positive psychology, iterated that the subject matter of positive psychology is to describe, rather than prescribe, what people do (Seligman, 2012).

Because sub-Saharan Africa, more generally, has unique rich values that already foster flourishing, positive traits and behaviors, and the *common good*, the region is potentially fructuous for positive psychology research and practice. Yet, a recent scoping review that examined the nature and aims of PPIs conducted in Africa between 2006 and 2019 shows that the majority of the studies merely replicated existing themes and intervention strategies designed and evaluated from Western perspectives and value systems (Guse, 2022). There are important theoretical and practical justifications for adapting behavioral and psychological measures and intervention protocols originating from one context before they are administered to any population group in other contexts (Appiah, Schutte, et al., 2020; Hendriks & Graafsma, 2019). Collaborative efforts that draw on research findings and African-based theories to design and evaluate context-appropriate interventions tailored to the needs, circumstances, and capacities of specific groups in sub-Saharan Africa are urgently needed (Appiah et al., 2021a). The African peoples, for the most part, share in the so-called universal values, such as cooperation, communication, love, patriotism, and kindness (Kostina et al., 2015), yet also conceive life and the human

experience as a tapestry of interconnections that are deeply embedded in collectivism and collaboration (Wissing et al., 2022). This synergy of interrelationship engenders harmony amongst the individual, other people, the natural or environmental, and the spiritual forces (Baloyi & Makobe-Rabothata, 2014). In the African thought and culture, people are guided by the fundamental belief that reality is one, that is, everything is interconnected in a web of relationships and neither health nor ill-health occurs randomly within populations, but are instead, rooted in social processes such as the pattern of social interactions between individuals or groups.

The literature is replete with case reports across Africa that describe and examine what the African people consider as valuable—which, fundamentally, should form the basis for strengths-based and positive interventions (Renner et al., 2003; Wilson et al., 2021; Wilson Fadiji et al., 2021; Wissing, 2013). Citing proverbs and maxims, Gyekye discusses several shared values amongst the Akan people of Ghana, most of which are also observed across many countries in sub-Saharan Africa: peace, happiness or satisfaction (human flourishing), justice, dignity, respect, equality, freedom, and security (Gyekye, 1996; 2011). Gyekye contends that in the African thought, these values, understood as basic (or common) good, do not threaten individual liberty (as often argued by Western liberalists), since they are inherently aligned with the personal goals and aspirations of the individual. Across the African cultures, values and social ethics are manifested through proverbial expressions that highlight a set of highly cherished values such as helpfulness, collective responsibility, cooperation, interdependence, and reciprocal obligations (Appiah et al., 2007; Falade et al., 2009; Gyekye, 1996). The Yuroba people of Nigeria, for instance, value respect and honor for elders, cherish forgiveness, harmony, and peaceful co-existence, and uphold unity and cooperation—which are respectively expressed in maxims as "*Failure to show respect to others is the fundamental cause of societal abnormality," "Unless we overlook the past misdeeds, we will not be able to relate,"* and *"One hand cannot lift a heavy load to the head"* (Falade et al., 2009). Amongst the Akans of Ghana, values such as community, morality, and virtues are strongly upheld and, respectively, expressed in proverbs as, "*The reason two deer walk together is that one has to take the mote from the other's eye,"* "*Life is mutual aid,"* and "*Good character is a person's guards"* (Appiah et al., 2007; Gyekye, 1996; 2011).

Given that human values are largely culturally-specific and yet become the foundation for the design of most strengths-based positive interventions, we agree with Nwoye (2018) that neither Western nor African perspectives on science is complete, and that a complementary of these (cf. Madiban) is necessary to explore and understand the human experience and functioning in completion. There is currently a trajectory towards embracing diverse perspectives and values, with vociferous calls for the redefinition of the goals of science. Prinzing argued that science should be concerned with describing how things are—rather than prescribing what is good or what people ought to do, or proscribing what is bad (Prinzing, 2021). Going forward, we suggest that African-based positive psychology researchers and practitioners should, within a collaborative effort, explore the nature, dynamics, and complexity of shared values of the African peoples. Such nexuses and research outputs could invariably inform the design of strengths-based, context-appropriate PPIs.

Potential sociocultural influences on positive psychology interventions in sub-Saharan Africa: Four examples

We posit that although a significant number of PPI activities (e.g., acts of kindness, empathy-based interventions) may have universal applicability, it is possible that some others (e.g., self-evaluation interventions, self-appreciation strategies, self-enhancement and autonomy strategies) that seek to specifically advance well-being and positive functioning of an individual by tasking them to reflect on their successes and achievements, or to hold themselves as sole authors of their achievements, or to take advantage of limited communal resources that preemptively give them an undue advantage over other community members, may be less effective in highly collective populations in sub-Saharan Africa. In these settings, participants may inadvertently misconstrue such activity to mean that they ought to evaluate their progress and well-being in relation to others'—which sharply contrasts with their cultural norms and values (Gyekye, 1996; Ikuenobe, 2020b). Such an engagement could also incite intra-psychic conflicts, given the notions of communalism and *being* and the African's understanding that a person's progress is intrinsically tied to the progress and well-being of others (Gyekye, 1996; 2014; Ikuenobe, 2020b). This aligns with the African ontology and the ubuntu philosophy of "*I am we: I am because we are and, since we are, therefore I am*" (Mbiti, 1990). Nonetheless, an emerging trend in PPIs is to draw on several principles and techniques from psychology to design session activities that provide multiple avenues and serve as complementary strategies to optimize the advancement of well-being. Since such a multicomponent approach draws on different frameworks and principles, the approach could allow researchers to design program activities that align with the cultural practices, needs, and capacities of the target group. For instance, in recounting their experiences and impressions of the community-based multicomponent positive psychology intervention program (Appiah et al., 2021), participants suggested the inclusion of other health-related topics (e.g., healthy eating, physical exercise/relaxation, and social activities) for discussion in the program. Although this recommendation may be unique to the needs of the target group (e.g., as a strategy to relieve stress accumulated from their non-mechanized farming activities), it underscores a consideration for a more comprehensive, culturally sensitive, biopsychosocial approach to promoting health and well-being, and particularly of those dwelling in rural, low-income settings in sub-Saharan Africa. The following paragraphs explore potential theoretical, methodological, and sociocultural factors that could impact on the design, acceptance and participation, and effectiveness of four widely used PPIs (i.e., gratitude, savoring, optimism, and meaning-oriented interventions) when implemented in the rural, low literate, socioeconomically disadvantaged, highly collectivistic context of Ghana, and sub-Saharan Africa more generally. In all illustrations, we offer suggestions to researchers and practitioners to envision and manage these probable challenges by exploring and incorporating the cultural values and practices of the target population in their design, implementation, and evaluation of positive interventions.

Gratitude interventions. The gratitude intervention, a highly prized PPI set of gratitude activities (e.g., gratitude listing, behavioral expressions, and grateful contemplation), is designed to teach people to show appreciation for what is valuable and meaningful to oneself, through their expression of feelings of thankfulness and gratefulness towards a

person, thing, or event (Davis et al., 2016; Dickens, 2017). We postulate that a number of cultural factors may differentiate how individuals in the rural, more collectivistic settings of Ghana, and sub-Saharan African to a large extent, may perceive and express gratitude as compared to individuals from Euro-American cultures. This has potential implications for the acceptance, level of engagement, and effectiveness of gratitude interventions in the defined context. First, although the majority of Africans (particularly those residing in peri-urban and rural settings) are more collectivistically socially oriented (Appiah, 2020; Gyekye, 2014; Ikuenobe, 2020b), some individuals may be reluctant to request for socioeconomic support from family or close others, presuming that such demands may place undue burden on family and friends, or may indicate a sign of weakness on their part or a failure to live a meaningful or productive life (Appiah et al., 2007). Although the traditional PPIs that underscore the advancement of social support and/or social networking may work well among people dwelling in highly communal contexts of Ghana (Appiah, Wilson-Fadiji, et al., 2020; Appiah et al., 2021a), we hypothesize that such interventions may be less effective in settings where members are reluctant to seek for social support from relatives or close others for the same reasons as discussed above. Moreover, as is often the case in highly communitarian social traditions, an expression of gratitude to others for their kindness or support could, fundamentally, be construed to mean that the individual is indebted to the provider, thus, placing an undue burden on the person to reciprocate or to offer similar support to other people in the community. Third, because of the level of interconnectivity, synergism, and social relatedness in most collective African settings, such as Ghana (Appiah, 2020; Gyekye, 1996), a showing of appreciation to family or close others for their good deeds could also be interpreted by the recipients as an indication that the individual requests for their independence or wishes to sear the existing relationship, since practicing kindness and generosity are considered as an inherent part of the communal living. A young man who invites or writes to members of his family to express his gratitude for their support may be asked to clarify if he intends to ostracize himself from the family. One probable Akan proverb that could be told to the young man to emphasize that it is needless to show gratitude or appreciation could be "*Between the anthill and Griffonia simplicifolia, there is no need of thanks,*" which literally translates as people who are intimate do not need to thank each other (Appiah et al., 2007).

That cultural differences may account for the variations in participants' conceptualization and expression of gratitude has also been highlighted in studies from non-African contexts (Oishi et al., 2013). In one study researchers found that, compared with their South Korean counterparts, participants from the United States demonstrated higher interest in practicing the gratitude activities and reported greater benefits, overall. In explaining their findings, Oishi and colleagues surmised that participants from the United States, a more individualistic society, probably conceived happiness as a personal endeavor and viewed the activities as an opportunity to boost their personal happiness and well-being. This is in stark contrast with the South Korean participants (from a more collectivistic cultural setting) who viewed happiness as a function of, and exponent to, communal or collective well-being. In their study that reviews the efficacy of PPIs in non-Western contexts, Hendriks et al. (2018) also noted that PPIs that are centered on boosting

personal experiences and pleasure, such as practicing mindfulness, imagining one's best possible self, or engaging in physical activities were typically used in Western countries, while those that incorporate spiritual activities or require participants to recollect the positive events in their lives were commonly implemented in non-Western countries.

Savoring interventions. Savoring—a person's capability to notice and appreciate positive experience has been associated with higher levels of positive affect/happiness, life satisfaction, and perceived control in students and adults (Jose et al., 2012), decreased depressive symptoms (Raes et al., 2012), and led to increases in overall well-being and meaning in life (Weiss et al., 2016). Typically, interventions designed to enhance people's ability to enjoy positive experiences have required them to reflect and think about past positive events (Lyubomirsky et al., 2006), reflect and invoke positive mental images associated with that positive experience (Bryant et al., 2005), and to become conscious of their personal achievements and their acts of kindness (Otake et al., 2006). A number of individual- and environmental-level factors have been found to enhance the savoring process, including the individual's level of concentration on the experience, performing the savoring activity in the presence of others, weaving in some humor during the savoring process, acknowledging the impermanence of the activity, and reflecting and writing about the experience (Bryant & Veroff, 2007; Fritz & Taylor, 2022). Although the savoring process in itself appears to be a culture-free activity, a few cultural and methodological issues may arise when implemented amongst individuals in rural, more collective social setting. First, Afrocentric culture is less hedonistic (Veenhoven, 2003) and although people do seek for, and enjoy positive experiences, they are unlikely to habitually seek for instant gratification and physical pleasure. Generally, the traditional African norms condemn the hedonistic perspective that the greatest happiness comes from realization of physical pleasures (Ozor, 2009). Second, scholars emphasized that reflecting and writing about the experience are important dimensions of the savoring process, yet in most rural, socioeconomically disadvantaged sub-Saharan African settings where low literacy is prevalent, and where a greater proportion of the population resides, a possible methodological challenge will be that only a limited number of participants may be able to write down these experiences. Because the art of writing engenders a reflection of the experience, it is possible that its absence could potentially weaken the savoring process, and the benefits therein.

To the extent that a greater number of PPIs are designed to bolster mental health and build resilience at the individual level, there may be potential challenges when implemented in other settings, such as Ghana, where social structures are more collectivistic. For instance, two of the four *savoring* processes (i.e., a person's capability to notice and appreciate positive experience) proposed by Bryant and Veroff (2007) may be difficult, if not problematic, to apply in the rural, highly collectivistic Ghanaian setting. The technique postulates that individuals can explore and increase their appreciation of positive experiences through *basking*—that is, taking great pleasure or satisfaction in one's accomplishments, good fortune, and blessings (Bryant & Veroff, 2017). Yet, in the defined context, cultural norms forbid individuals from discussing about their personal achievements or material resources in the public space, often construing such disclosures

as a display of pride or boastfulness (Appiah et al., 2007; Appiah, 2020; Gyekye, 2014). Generally, program activities that task participants to self-evaluate (or to identify their strengths) could also instigate intra-psychic conflicts (Appiah, 2020), particularly in individuals from highly cultural-adherent communal settings. One Ghanaian proverb that succinctly teaches about reticence says, "*Showing off made the hyrax lose its tail"* (Appiah et al., 2007). Another savoring process, *luxuriating*, also tasks participants to take pleasure in, and enjoy, physical comforts and sensations. Again, unlike the Western culture, most African and Asian cultural norms frown on the overindulgence in pleasurable or mundane sensual stimulations—both on cultural and religious grounds (Appiah et al., 2007; Ng & Lim, 2019). Asking session participants to imagine or engage in sensationally pleasurable activities could conflict with the cultural mores that they are accustomed with. A common proverb amongst the Akans of Ghana reads, "*If you allow yourself to be distracted by praise or pleasure, you lose sight of essentials"* (Appiah et al., 2007).

Additionally, although the 10 strategies suggested by Bryant and Veroff (2007) to savor have been successfully applied in other settings, we surmise that a few of the strategies may be difficult to implement in the Ghanaian context, particularly among rural, low literate, and highly collective population groups. For instance, the *comparing* strategy requires that participants engage in downward social comparison—and to appreciate their fortunes. First, people have a higher tendency to fixate on their weaknesses than their successes, hence may be uncomfortable comparing themselves to people below their standards. Second, in highly communal settings, people may find it inappropriate to compare themselves to other community members who have less resources than them, since communal norms and cultural practices rather encourage (social) support for each other. In this regard, it is possible for participants to choose to engage in upward social comparison (even when they choose to compare), which potentially render the activities less effective or counterproductive. Similar to *basking*, the self-congratulatory and counting blessings strategies engender individuals to identify and celebrate their accomplishments. However, in rural, low-income, and more communal settings where people collaborate with and rely on the support of each other, the individual may be unable to discount the support of others in their accomplishments. In such settings, cultural norms rather demand that people acknowledge the contributions of other people in their accomplishments (Appiah, 2020; Appiah et al., 2021b).

Optimism interventions. Another widely utilized positive psychology activity, the optimism intervention (Malouff & Schutte, 2017), has proven successful in helping individuals with low dispositional optimism to create positive outcomes by setting realistic expectations and boosting the individual's interest to act. Generally, optimism interventions incentivize people to develop and nurture sets of beliefs and traits that could help them to reflect on the positive aspects of life, rather than the negatives. One popular optimistic PPI strategy is the *"Imagine Yourself"* (Meevissen et al., 2011; Peters et al., 2010), which requires participants to reflect, take accounts of their lives, and imagine themselves in the future where they wish to be—in terms of growth and development and take notes of the reflection. Another strategy, the "*Life Summary,"*

tasks participants to reflect on their strengths, achievements, and what is going on well with their lives (Malouff & Schutte, 2017). This is followed by a review of what is not going so well in the individual's life and strategies to adopt to pursue a purposeful, meaningful life (Seligman et al., 2006). The overarching goal is to guide the individual to write a summary of their life, to which they periodically refer to guide their life goals and personal development. Although optimistic PPIs, similar to savoring interventions, could work reasonably well in the sub-Saharan African context, its effectiveness essentially depends on the participant's ability to reflect and write down their experience of the activity, which serve to facilitate the change process and reinforce the gains for future reference. We offer similar reasons as proffered for the savoring interventions above (i.e., cultural and methodological issues) to argue the potential limitations of the implementation and efficacy of optimistic interventions in the defined context.

Meaning-oriented interventions. Meaning-oriented PPIs are popular for a reason: they guide and motivate people to understand and explore what is meaningful to them in life and what they can do to achieve what matter to them in life (Reker & Wong, 2013). Because the activities of most meaning-oriented PPIs essentially set out to motivate individuals to explore and pursue meaningful and purposeful endeavors, participants are often guided to set realistic goals and define mechanisms to achieve them, reflect on their thoughts and emotions, or write about the positive events that emerged from a negative event (Shin & Steger, 2014; Vos, 2016). In addition to the potential difficulties with writing down the outcomes of the reflection and positive experiences due to low literacy, the majority of meaning-centered activities are individual-focused and require participants to introspect and think about what matters to them. We surmise that an enforced act of self-introspection that primarily focuses on what concerns the individual as an entity can be counterproductive, particularly in more collectivistic social settings where the well-being of group members (e.g., family and community) are held in high esteem, often above an individual's personal endeavors. Our submission, nonetheless, does not seek to suggest that individuals and groups in these defined settings are incapable of setting their personal life goals that are distinct from communal ambitions and/or employ effective means to achieve them.

Way forward: Generation, engagements, and theoretical and methodological expansions

Need for context-appropriate positive interventions. There is growing interest and efforts to contextualize positive interventions and psychology, more broadly, in the African region (Appiah, 2022; Appiah et al., 2021a; Oppong, 2020; Ratele, 2018). These efforts emphasize the need for researchers and practitioners to explore, generate, and evaluate context-appropriate positive interventions for both clinical and non-clinical population groups, particularly for people living in rural, low-income settings in sub-Saharan Africa (Appiah et al., 2021b). Collaborative efforts from the sub-region, particularly Kenya (Baranov et al., 2020), Nigeria (Khan et al., 2020), and South Africa (Bonthuys et al.,

2011; Teodorczuk et al., 2019; Van Zyl & Rothmann, 2012) are noteworthy. In a recent effort, researchers in Ghana developed a 10-session, once-weekly, two-hourly multi-component PPI, the *Inspired Life Program*, aimed at promoting positive mental health, building resilience, and increasing vocational productivity among rural poor adults in Ghana (Appiah et al., 2021a). The seven-step development process, which was based on the Medical Research Council's framework for developing and evaluating complex interventions, allowed community members from the target population to appraise and contribute to the content, the structure of the sessions, and the intended delivery approach. In their study examining the effect of the program, the researchers partly attributed the community-based participatory approach adopted in the design process for the high level of acceptance, participation, and efficacy of the program (Appiah, Wilson-Fadiji, et al., 2020). Additionally, to ensure that the measures used in the study were reliable and valid, the researchers translated and validated the six mental health and well-being measures in Twi, the most spoken Ghanaian dialect before they were administered (Appiah, Schutte, et al., 2020). Participants' views and experience of the program were also solicited to further improve the program (Appiah et al., 2021b). Such collaborative, community-based, and bottom-up approach that also strictly follows well-tested models and frameworks are required in the design and evaluation processes to ensure that strengths-based positive interventions are well tailored to the context.

Because collectivistic sociocultural orientations are largely inherently prosocial, researchers and practitioners can leverage on, and draw insights from community-based social engagements to promote well-being and positive functioning at the individual and group levels. For instance, the "*lenlɛ,"* a traditional cultural practice amongst the Kassena-Nankana people of the Upper East region of Ghana, involves the gathering of young people, especially girls, who sing and dance under the full bright moon. The overarching goal of the *lenlɛ* group interactivity is to create a forum to help participants to build their self-confidence, assertiveness, positive relationships, social networks, and other social skills as they sing and dance in pairs in the public space in the evenings—surrounded by parents and community members who attend to cheer the dancers on and to encourage their wards to participate. A similar social forum is also noted amongst the Akans of Ghana, where children and adolescents are gathered and told "*Anansesem*" (i.e., social stories that express specific character strengths including creativity, curiosity, bravery, honesty, forgiveness, perseverance, leadership, and wisdom with the spider or another entity as the main character). The story is told by a grandparent, parent, or an elderly community or household member, after which the audience is asked to discuss the good and bad attributes exhibited by the various characters in the story. Insights from these sociocultural stories and social activities can be drawn to design context-appropriate activity- or story-based positive intervention activities based on cogent psychological science that specifically target the development and mastery of positive behavior, or the reduction of unhelpful, negative behavior.

Adaptation of existing positive psychology interventions. To the extent that there are various sociocultural practices and values across regions and countries that can affect the research process and outcome, it is insufficient and inappropriately narrow for researchers to

import health behavior change intervention programs that were developed and normed in one social orientation and directly implement them in another, and make direct comparison of their score differences without a careful consideration of the sociocultural contexts of both population groups. Theoretically, only intervention programs and assessment measures that have been adapted to the target population and that demonstrate satisfactory evidence of cultural sensitivity and compatibility should be administered before inter-cultural comparisons and claims are made (Hendriks et al., 2018). There is empirical evidence that suggests that culturally adapted intervention programs are more effective than programs that do not align with the cultural values and practices of the target group (Hendriks & Graafsma, 2019). Largely, interventions with high cultural sensitivity are unlikely to lead to intra-psychic conflicts among participants, are considered credible by participants, are more likely to align with the needs, capacity, and circumstances of participants, and could potentially lead to higher rate of acceptance and participation (Appiah et al., 2021a; Hendriks & Graafsma, 2019; Ng & Lim, 2019).

To our knowledge, presently, there is a paucity of research that systematically discusses the theoretical, methodological, and sociocultural factors that actuate health and behavior change intervention programs in Ghana (Appiah, in press), and sub-Saharan Africa more generally, in a level of detail sufficient to guide prospective researchers to design and implement context-appropriate intervention programs. As a complementary effort to the traditional clinical approach to treating mental disorders, population-based mental health interventions are needed that conform to the culture of the people, are feasible and sustainable, can be implemented by non-professionals in resource-limited contexts, and target the prevention of mental disorders and the promotion of positive mental health at the population-level. Yet, the theoretical and philosophical frameworks (e.g., the individualistic viewpoint of personhood and well-being) that underpin most PPIs may render them less effective in the more collective African context, as also observed in the Asian context (Ng & Lim, 2019). In their review of the efficacy of PPIs from non-Western contexts, Hendriks and colleagues opined that factors such as the relevance and relatability of the theoretical frameworks of the interventions to the cultural practices and philosophies in the non-Western context and the methodological limitations of the studies conducted in the non-Western settings could potentially limit their efficacy (Hendriks et al., 2018), and called on researchers to ensure that their interventions are culturally adapted to the context of the target population.

Sit and colleagues reviewed the adaptation processes outlined by scholars to adapt community-based health behavior interventions to specific contexts (Sit et al., 2020). Specific models often used in adapting individual- or group-based positive interventions in the low-income, low literate population contexts have been discussed in the literature (Hendriks & Graafsma, 2019; Podorefsky et al., 2001). Appiah and colleagues also offer a practical example of program adaption, where they followed the guidelines suggested by the Medical Research Council for developing and evaluating complex interventions (Craig et al., 2011) in their development of the *Inspired Life Program* for rural adults in Ghana (Appiah et al., 2021a). The researchers conducted focus group discussions with randomly selected community members and opinion leaders from the target population to appraise the program. Within group interactive sessions, participants evaluated the

proposed content of the intervention program, the structure of the sessions, and the strategies outlined to implement the sessions, rated the relevance and practicality of the lesson or skill embedded in each session as "clear" or "unclear," shared their view of what they thought the session was about, and offered revision for each theme or content rated as ambiguous, unacceptable, or offensive.

Participants engagement. Scholars (e.g., Proyer et al., 2015) have identified factors that effectuate PPIs across populations and contexts to include the program's alignment with the cultural values of the target group, continued practice of the activity, and the level of interest and effort put into practicing the activity. For most participants from more collectivistic cultures, the *imagined self-technique* that involves imagining one's ideal self and feeling the joy that the individual would have felt then (Sheldon & Lyubomirsky, 2006), may not align well with their cultural beliefs since the individual's self or personhood is inherently intertwined with the community's, and thus conflicts with engagements in activities that request a separation of the self from the community. Nonetheless, in order to spur interest, practitioners and researchers can spend a good amount of time in the initial phase to discuss the benefits of engaging in the activity, explore participants' concerns and ambiguity, and demonstrate in practical terms the steps required to engage in the activity. While, for instance, literate college students may not initially find it expedient to write a gratitude letter to people to show their gratitude (because writing a letter as an expression of thankfulness has not been a part of their social and cultural norm), the main difficulty may center on the initial efforts to inspire an understanding that writing a gratitude letter is a *therapeutic* alternative to expressing appreciation to another for their kindness. After this inertia is surpassed, it may be easier and more likely to have participants increase the frequency in activity engagement and thus gain proficiency over the activity with continuous practice (O'Connell et al., 2017). Although it may be possible to adopt specific strategies to boost interest and encourage participation, a potentially practicable approach would be to broaden the scope and diversify PPIs to fit the circumstances, needs, and capacities of participants from various contexts, thereby optimizing the person-activity fit (Schueller, 2014).

Methodological reconsiderations. The concerns that some PPIs may not work well in the more collectivistic settings of sub-Saharan Africa is not only due to the individualistic-orientation of the theories and principles that underpin these Western-originated interventions, but also as a result of distinct differences in structural organization of African societies. The close-knitted, highly collective social settings that typify the rural or peri-urban communities of most of sub-Saharan Africa could have important implications for the implementation and evaluation of community-based interventions (Appiah, 2020). Until recently (cf. third wave), much of the science and practice of positive psychology were heavily weighted on pure empiricism—in its worldviews, conceptualizations, (quantitative) methodological approach to research, and interpretation of phenomena (Appiah, 2022; Lomas et al., 2021; Seligman & Csikszentmihalyi, 2014). Although important and laudatory, empirical methods, with its metatheoretical assumptions, disregarded the potential role and influence of cultural contexts, ethics, and the dynamism of

humanity on human experiences and functioning. Nonetheless, over the past decade, scholars have vociferously called for expansion in the epistemological assumptions and approaches to positive psychology research (Lomas et al., 2021; Wissing et al., 2022). Presently, many positive psychology-oriented scholars (Lomas et al., 2021; Wissing, 2021) and philosophers (Nwoye, 2018) agree that a transdisciplinary, multi-method, action-oriented approaches are required to produce data and knowledge that are trustworthy. As previously argued by Jaki, human knowledge comes from two realms, quantities and non-quantities, and these two realms are irreducible to one another. It is imperative that scholars recognize the intrinsic relationship between the quantitative (material) and non-quantitative (non-material, spiritual) aspects of African's conceptualization of reality (Jaki, 2000).

Prinzing (2021) contends that whereas empirical exploration of cause and effect and hypothesis testing can shed light on how to achieve certain goals, they are insufficient to prescribe what is valuable and worth pursuing, across all contexts. Earlier scholars wrongly presumed that pure empirical reasoning is the gold standard to discovering new knowledge (Huemer, 2017). However, as Prinzing (2020) rightly articulated, philosophical/exploratory approaches are strengthened when empirically informed, and empirical approaches are better off when philosophically informed. It is evident within the psychology literature that not all patterns of phenomena or causal relationships can be examined through the positivist's value of control and prediction. For instance, in their study to evaluate the effectiveness of a 10-session, two-hourly, once-weekly multicomponent PPI, the *Inspired Life Program*, in promoting mental health and vocational productivity of rural poor adults in Ghana (Appiah, Wilson-Fadiji, et al., 2020), the researchers envisaged that adopting a pure randomized controlled trial design could lead to crossover effect, since participants who would be randomly selected into intervention or control conditions were residents of small, rural, highly collectivistic communities who share personal and collective goals and resources on daily basis. To avert potential contamination, the researchers adopted a quasi-randomized controlled trial approach and randomly selected and matched four rural poor communities, based on income levels, location (at least 10 km apart), the population of the community, and gender. One of each paired community was thereafter randomly assigned to the intervention condition. In their analysis of the data, the researchers applied a multilevel analysis to statistically account for the dependency within the data caused by nesting participants from two different sites in the intervention and control groups, and also due to the adoption of repeated measures approach to collate data, over time. By taking into account and instituting measures to manage a potential threat to the internal validity, the research team ensured methodological rigor of the study, which, inherently, also accommodated the sociocultural milieu that is distinct with this population group.

In addition to ensuring a methodologically sound research design, a practical strategy to ensuring long-term benefits of a positive intervention for participants from the defined contexts (who are often low literate) is to introduce booster sessions in order to crystalize the gains. Researchers have long applied booster sessions in their interventional studies with non-clinical population groups to maintain treatment gains (Ducharme et al., 2015). When working to promote health and behavior change in the defined contexts, it may be

essential to consider booster sessions for two reasons. First, the majority of program participants in rural, socioeconomically disadvantaged settings in sub-Saharan Africa may not have had the opportunity for formal education, and impliedly may be unable to make notes at sessions (Appiah, 2020; 2021; Appiah et al., 2021b). In this regard, although sessions may be held in the native dialects of participants, the utility and applicability of the lessons and skills rest entirely on their ability to recall, post-intervention. Second, follow-up meetings could be a forum for researchers to solicit first-hand information from participants regarding the cultural-related challenges that hinder the application of the lessons and skills they had acquired, and hence, deliberate more context-appropriate ways to enhance acceptability and participation in the intervention program.

Given the high level of collectivism, synergism, and adherence to cultural norms, as well as the low literacy levels in most rural, low-income communities in Ghana (Appiah et al., 2007; Gyekye, 1996), as is also the case in other parts of sub-Saharan Africa, it may be important to engage session facilitators who are native speakers of participants' dialects in which the intervention sessions are delivered. This ensures that facilitators have deep understanding of participants' cultural values and traditional practices. The structure and implementation strategies utilized in community-based intervention programs in rural, highly communal Ghanaian settings have been discussed elsewhere (Appiah, 2020; 2021; 2022).

Conclusions

Although the majority of positive interventions may work reasonably well in all contexts, researchers often do not recognize the extent to which the uptake and effectiveness of these interventions rest on the cultural values and practices of the target group. In the more rural, low literate, and highly collective social settings of sub-Saharan Africa, for instance, interventions that encourage prosocial behavior, such as communal-volunteerism or performing acts of kindness, may resonate well with participants and lead to high interest, engagement, and benefits, than interventional activities that prioritize or emphasize on enhancing self-advancement and autonomy. Considering that, presently, the majority of PPIs originate from the Western context, were developed from Western perspectives, standardized with predominantly Western samples, and assumed individualistic cultural orientation and value systems (Hendriks et al., 2018; Wissing, 2013), there is an urgent need to generate new context-appropriate PPIs and adapt existing strengths-based positive intervention programs that align with the cultural values, philosophies, and views shared by the African peoples, if they are to be as effective as found in other contexts. We postulate that because the majority of human values emic to the sub-Saharan African context also align with the principles and constructs of positive psychology, the region is potentially fertile for positive psychology research and practice, which is already evident in the literature.

Recently, scholars have made vociferous calls for expansions in the scope and theoretical base of positive psychology research and practice in the second and third waves of the discipline (Lomas & Ivtzan, 2016; Lomas et al., 2021; Wissing, 2021) in terms of the

target groups (e.g., to also include clinical population groups and people from non-Western contexts), to broaden the focus beyond the individual person to include groups and systems, to adopt a wider range of research and practice methodologies, and to be more considerate of the context and cultural backgrounds of target groups. This article is an attempt to further highlight the need for such expansion by exploring plausible sociocultural and methodological limitations with some positive psychology activities when administered in the more collectivistic and socioeconomically disadvantaged settings of sub-Saharan Africa. We urge researchers to critically consider and integrate the cultural values and practices of the target population in their design, adaptation, implementation, and evaluation of positive interventions in order to increase their acceptability and effectiveness in the defined context.

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Author Biography

Richard Appiah, Ph.D., leverages his training in clinical psychology and doctorate in health sciences with positive psychology as a faculty member in the College of Health Sciences, University of Ghana. His research focuses on generating and evaluating context-appropriate positive psychology interventions to promote mental health, build resilience, and increase vocational productivity among vulnerable groups in sub-Saharan Africa. He collaborates with government agencies, community groups, and traditional authorities in this endeavor. Dr Appiah is presently completing a postdoctoral research fellowship in the Center for African Studies at Harvard University, where he sets out to develop a diversified, context-appropriate informed consent (IC) framework to facilitate the IC process in the rural, low-income, highly collectivistic context of Ghana, by drawing on the principles of the universal ethical standards and the cultural values and traditional practices of local stakeholders. Such a framework could potentially minimize ethics dumping, promote trust between researchers and participants, and safeguard the integrity of the research process.