

# Reading Health and the Reading Health Index

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**Abstract:** This paper introduces Reading Health as a concept to help chart the collective reading habits of the individuals that make up a society—at any aggregate level. Now that the digital medium is transforming reading practices, and particularly the position of paper books and longform reading in society, the authors suggest a thorough examination of prevalent assumptions about reading and a fresh formulation of explicit reading aims for the future. The concept of Reading Health (RH) is paired with a corresponding Reading Health Index (RHI), an instrument to benchmark and keep track of changes in a society's Reading Health over time.

**Keywords:** literacy; reading; cultural policy; digitisation; books

## 1. Introduction

Overall, we probably read more than ever before. Texts surround us in our leisure time, which is increasingly mediated, and in the workplace as an increasing share of the workforce in OECD countries is employed in the tertiary and quaternary (i.e., extended) sectors of the economy, which are more text-intensive compared to the primary and secondary sectors [1]. On average, 47.5% of 25–34-year-olds in OECD countries have completed tertiary education [2]. Given that all education is still mainly text-based, this suggests a relatively high level of reading achievement. We inhabit a bureaucratic society that requires reading at nearly every step: bills, contracts, signposts, instructions and product labels all communicate textually and thus call for unprecedented amounts of reading even among those who otherwise see no value in it and do not actively pursue it as an activity for its own sake. The illiteracy rate in Europe and Central Asia is at a historic low of approximately 1.5% [3]<sup>1</sup>. Despite its prevalence, the cultural and social role of reading is not always sufficiently recognised, as reading has become too self-evident and therefore almost 'invisible'. To the extent that it is acknowledged, we often remain focused on the functions of reading, while its true significance lies not only in its intended function (access to recorded and disseminated knowledge and information), but also, and perhaps even more so, in its unintended consequences. These include cognitive patience and better analytical, abstract, and critical thinking (see [4,5]). Thus, the spread of literacy has made education, scientific thought, law (all of which depend on our book culture), and finally democracy possible [6].

Mass reading is a relatively recent phenomenon, starting only in the second half of the 19th century, but there is no reason to expect a decline anytime soon. However, an important proviso is in place: reading is not a simple uptake of information but a term we use for a multitude of processes, each with their own nuances, purposes, and consequences. Therefore the sheer quantity of reading is not enough to paint an adequate picture of reading in society and to account for the changes in reading. We currently find ourselves at a particularly acute moment of qualitative change in reading behaviour, be it in leisure, education, or informational reading. While reading has been an essential cultural asset



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for over three millennia, over time the quantity of written information has ‘exploded’ and reading practices and the forms of texts have undergone substantial transformations.

The latest of these transformations, precipitated by the digital medium, is currently taking place. Disruptive innovations have been extensive and swift—the iPhone was only introduced in 2007—and have included a repositioning of medial modalities. The digital deluge has caused disruptions in the book industry, but has also had unanticipated consequences for individuals, education, culture, and society’s democratic potential.

Unlike earlier ‘new media’, which especially changed how we spend our free time, the digital medium is not simply one more alternative form of entertainment. Past media made little claim to the territory of printed text, and were dedicated to specific functions. Digital technology, in contrast, merges all conceivable modalities and functions into a single screen space. With text dominantly included in these modalities, for the first time the digital medium represents a true alternative to print. It can fulfil the existing functions of print as well as take on new ones. Now, much reading is therefore performed on the same device that will also let the user listen to music and podcasts, watch videos, play games, conduct phone calls, and engage in other forms of social interaction too extensive to list. The success of applications such as WeChat, which aim to mediate all aspects of an individual’s life, was only enabled by the advance of technology that fulfilled the vision of a truly ‘universal machine’, which was convenient to use and indeed accessible to nearly everyone. The digital environment thus competes more starkly than ever for readers’ attention and offers a wealth of technologies that are likely to affect the reading experience. The latest arrival on the scene has been the audiobook, the popularity of which is soaring<sup>2</sup>. Currently, half of all audiobooks are consumed by people under 35 [8], heralding yet another major shift in reading habits.

Film, radio and television have long presented competition, primarily for information and leisure reading, but there have also been attempts at harnessing these mediums and modalities for learning. Such attempts were fuelled by enthusiasm about the novel characteristics of these mediums/modalities and were hitching a ride on their popular appeal. Ultimately they met with marginal success at best. Though at the time of their introduction all of these new mediums were experienced as disruptive, we can see in retrospect that their actual effect was perhaps tempered precisely because they were not textual. The representation of knowledge has remained rooted in text and is thus chiefly associated with books. As a consequence, the position of reading in education has basically remained unchanged since the mid-nineteenth century. One may surmise, however, that if bookish knowledge had not remained the mainstay of education, requiring ongoing general literacy from an early age, the importance of long-form reading in society would have declined a great deal more than it actually has. Given the fast-growing use of video and audio in education today, and given that all informational resources—be they audio-visual or textual—now converge on the same digital screen, it is not unthinkable that digital media could for the first time seriously undermine the privileged position of books and even the very use of text.

However this may be, in the meantime an increasing amount of reading is already being performed online, with texts becoming shorter on average, thereby decreasing our exposure to long-form text [9,10]. Empirical research has suggested that, in principle, digital text offers excellent opportunities to tailor text presentation to an individual’s preferences and needs, to the benefit of readers’ comprehension and motivation [11]. However, it equally suggests that e-reading does not provide an ideal environment for metacognitive learning regulation, and that digital texts tend to be taken less seriously than their paper-based equivalents [12–15]. Our frequent usage of screen-based media hinders our ability to exercise long attentive reading [10,16]. Admittedly, new ways of engaging with digital texts have not yet been sufficiently explored empirically, and this is made even more challenging by the rapid pace of change. Further conceptual investigation is also warranted. Julio Corio [17], for example, warns against the risk of oversimplifying digital reading as a

singular entity analogous with reading text on a screen, and instead proposes a complex heuristic model.

The long-term ramifications are unclear, but we argue that in order to adequately grasp and be able to influence developments, there is a need to build a conceptual and theoretical framework that will allow us to discern the wholesale transformation in reading behaviour and its social and cultural impact. In this essay, we first make the case for the relevance of such a framework, and then present the concept for one, called 'Reading Health', along with an accompanying Reading Health Index to operationalise it.

## 2. Towards Reading Health: Formulating Expectations about Reading Practices

In view of the continued vital importance of reading in today's society and the disruptive transformations it is facing, one of the most urgent challenges that confront us will be to recalibrate our thinking about reading and reformulate our expectations. Assumptions about reading have not been properly examined since the Enlightenment which first gave rise to the aspiration of mass literacy. To some extent different societies and the various segments within any particular society will be affected by global challenges that we all share, but they inevitably also face distinct sets of issues in regard to reading. Moreover, attitudes to the digitisation of reading tend to polarise strongly (compare [18,19]). For these and other reasons, creating a universal validating reading matrix may be impossible. Still, if we take a step back to diagnose the situation in which we find ourselves we may observe notable changes in reading behaviour over time, across different segments of society and countries. As heirs of a historically bookish culture, we propose to focus initially on Europe. Economic, cultural, and educational cooperation in Europe is strong yet flexible enough to make a survey of reading habits and practices viable.

First and foremost, we need to uncover the expectations about reading practices we have tacitly adhered to, and consciously formulate these expectations for what we propose to term Reading Health (RH)<sup>3</sup>. To be able to conceptualise Reading Health we need to examine what our current aims are, and what desiderata for reading and literacy could or should be formulated. Such a hermeneutic self-examination is necessary to gain an awareness of what leads us to hold some reading modes and reading substrates in higher regard than others. With the development of near-universal literacy, reading has come to assume a complex role in society, concerning diverse groups of readers, and covering an infinite variety of contexts and purposes [20]. In this regard it is not unlike the historical trajectory of public health, and it may be helpful to bear this analogy in mind<sup>4</sup>. In parallel with public health, the concept of Reading Health proposed here is a social construct. Unlike in medicine or psychology, however, we lack an established advanced pathology which could help to define the healthy state in anything but basic, 'technical' literacy.

Some existing research may prove helpful in formulating such a pathology. Maryanne Wolf [10], for example, talks at length about changes in the reading brain in the screen age. She does not focus on a general lack of reading, but highlights how certain types of reading, such as the deep reading necessary for critical thinking, are affected. Kovač and van der Weel [9] point out shifts from textual to visual media and, with the advent of digital screens, also from long-form to short-form texts, resulting in less deep reading and more skimming. In a recent paper, Van der Weel and Mangen [21] discuss downward trends in long-form reading, referring to international statistics that show a decline in book reading. The article points out that reading motivation in the Netherlands is at an all-time low, that one-third of the adult population in Germany reads a book less than once a month, and that as many as one-quarter of Americans read no books at all. The *via negativa* of thinking about health focuses on a nominal threshold which needs to be achieved so that an individual can be considered healthy. Biological abnormalities signify a departure from the state of 'proper functioning'<sup>5</sup>. A different way of looking at health (*via positiva*) insists that we should not just aim for the absence of disease but for a positive state (health is more than the absence of not-health). This is usually called the holistic approach. In fact, this is also what the World Health Organization does when it defines health in the latter sense, viz. as 'a state of

complete physical, mental and social well-being and not merely the absence of disease or infirmity' [23].

Reading Health, too, would set a low bar for itself if it only aimed at the ability to decode text without noticeable issues. The technical ability to read is shared by very skilled readers and those who have just learned to decipher a simple sentence. We consider Reading Health in the second sense, i.e., a capacity over and above the absence of illiteracy (the minimal reading skill necessary to function in a modern bureaucratic society), contributing in varying degrees to well-being. Generally, but not exclusively, longer and more complex texts tend to be better at developing detailed argumentation or multi-faceted narratives than shorter and less demanding texts. A light romantic novel is expected to require less cognitive effort and less critical thinking and is less likely to convey new knowledge or facilitate meaningful experience compared to a subtle philosophical treatise, yet it is still beneficial by adding to the necessary reading miles.

In these times of near-universal basic technical literacy, low literacy remains a serious issue and the aim is to enable the largest number of individuals to rise as far as possible above the minimal threshold. In parallel with Maslow's hierarchy of needs [24], we imagine reading as a pyramid with progressive levels of Reading Health which can only be reached after the previous level has been achieved. Once fundamental comprehension is mastered, readers engage in diverse advanced reading practices which can be jointly termed as higher-level reading [20]. This includes practices that go beyond the mere extraction of information, such as testing different interpretative patterns, finding unusual language use in the text, detecting bias and ideology or connecting the text with other texts or cultural backgrounds. Instead of producing a 'result' in the sense of quantities of information extracted, higher-level reading keeps readers permanently open to the text, its meanings and position in society. Higher-level reading skills are an important capability that enables critical and creative thinking as well as empathy and cognitive perspective taking<sup>6</sup>. Training in the functional reading of brief informational fragments may be needed in cases of low literacy but, unlike more demanding forms of reading, there is not generally a need to advocate for this. It is also important to distinguish roughly between consciously pursued explicit reading aims, as evidenced in pedagogical aims, curriculum descriptions and reading promotion objectives, and implicit effects. Consciously pursued reading aims tend to have corresponding consciously experienced effects, such as knowing something one did not know before or feeling comforted by a particular narrative. Implicit effects, in contrast, are often effects of which we may be largely unaware. These include physical and mental well-being, increased empathy and critical thinking (especially analytical skills).

Determining Reading Health, and examining to what degree the desired levels of reading practice are met and by whom, would identify shortcomings in social, cultural, and educational policy. Furthermore, it would inform the efficacious policy needed to pursue concrete changes in all domains that have a bearing on Reading Health. There are several (external) factors pertaining to access to content (matters of production and distribution) on the one side and consumption on the other. Matters of access include, for example, publishing, bookselling and library infrastructure, and diversity (e.g., title production; number of booksellers; translations), etc. On the demand side (consumption) there are factors such as the symbolic capital that books, knowledge, culture, and reading represent in society; technological affordances of media that influence consumption; socio-economic status of potential readers (if they can afford to also be buyers or if they need libraries, and if they have spare time); curricula in compulsory education and in higher education; socio-economic strategy of a country and the nature of work at large, et cetera. Empirical research can guide us in determining the best means to reach desired levels of reading practice. To be able to follow how these desiderata are being met, we propose to create a complementary index and a narrative report to benchmark how actual reading practices measure up to Reading Health expectations.

### 3. The Reading Health Index

To bridge the gap between conceptualisation (RH) and operationalisation (RHI), we can draw inspiration from other indices of desirable domains of achievement, such as happiness or well-being. Notably, the Gross National Happiness (GNH) Index has been applied to real-life contexts. There were two conditions that led to the conception of GNH. When Bhutan enshrined the concept in their constitution in 2008 they recognised the likely prospect (and in part existing reality) of an increasing use of Western products and technologies. Global South countries often pay a high price for integrating with Global North economies: the many improvements in areas including technology, medicine and the provision of goods and services also tend to bring pollution, use of anti-depressants and social distress, thus possibly hindering the core values and social assets of a traditional society [25]. This acknowledgement is significant in its own right. However, the desired social reality cannot be promoted without formulating which particular societal assets are characteristic of it, and establishing whether they are truly being hindered by new developments and, ultimately, what balance can benefit the society at large.

Another useful comparison can be made with the OECD's attempt at finding the best ways to define, measure and consequently promote, social well-being. Although the OECD admittedly deals with economic development, their mission is 'to promote policies that will improve the economic and social well-being of people around the world' [26]. We would argue that this can only be achieved through including, and indeed stressing, the importance of all aspects of social well-being, including those that tend to be overlooked. Such oversight may occur partly because, being taken for granted, they have become 'invisible', and partly because they cannot be measured straightforwardly like Gross Domestic Product (GDP). A similar and well-known composite indicator of human well-being is the UN's Human Development Index (HDI), which expands the monetary dimension of GDP with average life expectancy and education levels.

That such—and other—aggregative scores may be used as inspiration in developing the concept of Reading Health and an accompanying Reading Health Index is not to say that they can be followed uncritically. Practically, methodology should roughly follow the principles laid out by Prescott-Allen [27], according to whom an ideal indicator is representative (covering the most important aspects of the element concerned and showing trends over time and differences between places and groups of people), reliable (well-founded and measured in a standardised way), and feasible (depending on data that are readily available or can be obtained at a reasonable cost). There are conceptual issues, such as what weight should be given to which dimension/indicator and how these correlate [28] or—a more fundamental dilemma—if utilitarian goals of striving for the best aggregate outcomes should indeed be the objectives of the state [29]. These conceptual considerations do not apply to reading habits in the same manner as they apply to happiness for the simple reason that reading is an activity with demonstrable positive consequences for the individual as well as for society, while happiness is not just a complex subjective notion but also a final motive in its own right. All conceptual distinctions should be finetuned, with stakeholder interests that affect reading habits in a society being carefully integrated.

Even if we have to start out from a base which has gaps in it, we concur—*mutatis mutandis*—with Bates [29] that it is 'difficult to escape the conclusion that the best approach is to gather a range of imperfect indicators rather than rely exclusively on imperfect measures of subjective well-being'. The reason is pragmatic: by putting forth innovative and transparent models of measuring well-being, the relevant indicators will become legitimate factors in political discourse. In blunter words: it can be very tough and even politically self-defeating to actively promote societal values the economic impact of which is not explicitly apparent.

There already is a plethora of book and reading statistics. Why, then, the need for a Reading Health Index? The research related to both qualitative and quantitative aspects of reading in recent years has not been conducted with the explicit purpose of gaining an integrated perspective. The most evident shortcoming of national book industry statistics

(for example, publishers' turnover or title production) and reading surveys (Stichting Lezen in The Netherlands, for instance, and Les Français et la lecture in France) lies in the fact that they are not standardised and so cannot be compared to each other. Reading Health (and consequently the index) proposes to solve this issue by introducing an international standard and fixed definitions. Literacy tests such as PISA and PIAAC are remarkable in having achieved an international standardised assessment of literacy and are put it in regular practice. PISA has expanded its definition of reading literacy to include 'understanding, using, evaluating, reflecting on and engaging with texts in order to achieve one's goals, to develop one's knowledge and potential and to participate in society' [30]. Despite their timely adaptation to new reading contexts and political impact—both of which are motives of the Reading Health Index—PISA and PIAAC are fundamentally restricted in that they focus on the reproduction of factual information as a sign of text comprehension whereas reading skills, in our opinion, go much further as they include other types of higher-level reading. Another issue with PISA and PIAAC is that they focus on specific demographic groups; the former on school children, the latter on adults.

Another criticism levelled against aggregate scores is that no amount of quantitative measuring can do justice to qualitative concerns. Indeed, the complex state of reading in a society cannot be expressed merely by a numerical score. A crucial deficiency of reading surveys may be that they tend to deal chiefly with what is quantifiable, while what avoids quantification is left to speculation. Here inspiration may be derived from the way in which the structure of the OECD's well-being index or the GNH Index is conceived. The structure recognises that merely providing numerical scores can convey a false impression of objective neutrality, when a narrative report is better able to integrate its own premises within itself and admit to its shortcomings. The structure of the GNH Index makes an attempt to observe infinitely complex notions that were traditionally left out of discussions in the public/political domain as they concerned too many factors, not all of which could be quantified. Presenting the findings in a report that highlights notable findings aims to prevent the RHI from becoming a misleading numerical comparison between countries or time periods. While the Reading Health Index makes use of empirical data, the conception and interpretation of the index remain heuristic.

Despite their flaws, the initiatives for measuring well-being are exemplary in at least two respects. Firstly, the reasons that spurred the creation of the GNH Index in Bhutan reflect the essential need to monitor fast-paced change in society and to identify the significant factors in that change. In Bhutan, increasing use of technology was thought to be fundamentally changing traditional Bhutanese society, and the outcomes seemed uncertain. Similarly, changes in reading practices were slow until the education revolution of the nineteenth century, but they have speeded up tremendously since, most recently with the advent of digital media. Since it is safe to assume that society will continue to depend on reading, its development should not be just left up to fate or, worse, to the commercial interests behind technological innovation.

Secondly, the GNH Index manages to combine the complexity of the data it collects with effective communication, which we pose as also being the joint criteria for the operationalisation of the Reading Health Index. The Centre for Bhutan Studies constructed the GNH Index using the robust multidimensional methodology known as the Alkire–Foster (AF) method, developed Sabine Alkire and James Foster at Oxford University to measure poverty and well-being [31]. One of the benefits of employing a similar methodology to that used in the GNH Index is that measures based on the Alkire–Foster method can be disaggregated: they can be broken down by region, social groups, and other dimensions to provide relevant information to policymakers. Such analyses are essential to accomplishing sustainable reading health across an entire society. In short, Reading Health is a complex notion—a proxy just like 'health' or 'happiness', at least when observed socially—but it is based on cumulative subcomponents (indicators of Reading Health) that are more straightforward. For the Reading Health Index to be useful in practice, it would need to meet two main criteria: it should be as complex as needed to be able to take into ac-

count and integrate a wide variety of relevant statistical data related to reading from all sectors of society, and it should be simultaneously capable of a qualitative translation that is eloquent enough to convey the main findings, relevant factors and shifts in trends to non-specialists, that is policymakers and others professionally involved with reading who are in a position to encourage change. It should assume an open structure that would account for different forces that affect reading outcomes in the observed population (such as, for example, that of the European Union or any of its member states), which would enable comparison between different countries and segments of the population in regard to each subcomponent. Achieving this, it would not replace the reading analyses performed by individual countries, but rather it would provide them with a context and a stable instrument for comparison.

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## Notes

- <sup>1</sup> Sadly, the picture is very different some other parts of the world. While highly developed countries might enjoy the privilege of acting on the fine points of media consumption, Sub-Saharan Africa, for instance, still has illiteracy levels of well above 30% (even though literacy levels have risen from 49.05% in 1985 to 65.47% in 2022 [3]). On the whole, the world has achieved a basic literacy level of 86.48%.
- <sup>2</sup> Especially audiobooks for children and young adults have a prominent share in the segment [7].
- <sup>3</sup> The terminology may be borrowed from the medical register, but it is meant figuratively. In this sense, it is similar to expressions such as 'a healthy economy'.
- <sup>4</sup> The term, as we use it, applies primarily to social aggregates.
- <sup>5</sup> Which also means that everything other than healthy is unhealthy. Overabundance of health is considered in terms of well-being or fitness rather than degrees of healthiness. See Ref. [22].
- <sup>6</sup> Some higher-level practices include: critical reading, conscious reading, deep reading, literary reading, long-form reading, slow reading.

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