School–Specific Subjective Wellbeing and Emotional Problems among High School Adolescents

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Abstract

Wellbeing is a broad concept, and includes all manner of healthy and successful human functioning, and comprised of people's both private and public wellbeing experiences. The purpose present study is to investigate the predictive effect of students subjective wellbeing on several specific adolescents' emotional problems, including anxiety, depression, negative self–concept, somatization, and hostility. Participants of the study comprised of 541 high school students attending two public high schools in a small city of Turkey. They were 39.6% female and 60.4% male adolescents, ranging in age from 14 to 18 years (Mean = 16.19, SD = 1.11). Findings from Pearson product-moment correlation analysis indicated small–to–moderate associations between subjective wellbeing and anxiety, depression, negative self–concept, somatization, hostility, and overall emotional problems. Additionally, the path analyses demonstrated the predictive effect of school–specific subjective wellbeing on adolescents' emotional problems, and students with higher level of subjective wellbeing had lower level of anxiety, depression, negative self-concept, somatization, hostility, and overall emotional problems. The results were discussed in context of literature, and several suggestions were presented for research and practice.

Keywords.

Subjective wellbeing, emotional problems, wellbeing, positive psychology, adolescence.

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Wellbeing is a broad concept, and includes all manner of healthy and successful human functioning (Renshaw & Arslan, 2016). Traditionally, subjective wellbeing has been conceptualized as individual's private wellbeing indicators, including emotions (positive and negative) and life satisfaction (e.g. Diener, Oishi, & Lucas, 2003). However, considering the broad view of wellbeing, researchers has operationalized youth's subjective wellbeing using both public and private indicators of wellbeing (e.g. Furlong, You, Renshaw, Smith, & O'Malley, 2014; Kern, Waters, Adler, & White, 2015; Renshaw, Long, & Cook, 2015). According to PERMA model (Seligman, 2011), wellbeing comprised of people's both private and public wellbeing experiences, including five domains: positive emotions (P), engagement (E), relationships (R), meaning (M), and accomplishment (A). Several studies examined he relations among these wellbeing indicators as a covitality construct within a positive psychology context (e.g. Jones, You and Furlong, 2013; Renshaw et al., 2015), and they suggest that covitality enhances youth's positive development and mental health (Renshaw et al., 2014). Furlong et al. (2014) offer broader conceptualization of youth's subjective wellbeing–covitality–, and they have operationalized subjective wellbeing using both private behaviors and public wellbeing indicators (e.g. gratitude, zest, peer support, emotional regulation, and empathy). In this regard, Renshaw et al. (2015) has explained students subjective wellbeing as students' self-perceptions of healthy and successful functioning at school (e.g. joy of learning, educational purpose). Given this explanation, school–specific subjective wellbeing refers to youths' self-appraisals of desirable functioning exhibited within the school context (Renshaw & Chenier, 2016). Considering the theoretical framework, school–specific subjective wellbeing may have predictive effect of emotional problems, and promote youths' mental health.

Previous research indicated the significant predictive effect of subjective wellbeing on various youths' outcomes, such as personal adjustment (Jones, You, & Furlong, 2013), academic functioning (Renshaw & Arslan, 2016; Renshaw & Chenier, 2016), and emotional and behavioral problems (Arslan & Renshaw, 2017; Renshaw & Bolognino 2016). For example, You et al. (2014) reported the predictor role of youths' subjective wellbeing on emotional and behavioral problems (i.e. hyperactivity and attention problems, internalizing problems, and school problems). Arslan and Renshaw (2017) indicated that overall students subjective wellbeing was significant moderate–to–large predictor of youths' problem behaviors, including antisocial behaviors, alcohol use, tobacco use, suicidal tendency, nutrition habits, school dropout. Telef and Furlong (2016) found the significant association between youths' subjective wellbeing and resilience, internalizing problems, externalizing problems, and prosocial behaviors. Fullchange and Furlong (2016) investigated the relationship between victimization and social–emotional wellbeing–covitality–, and they reported that victimization status groups—none, some, or frequent victimization– significantly differed among dimensions of subjective wellbeing. Students with no victimization had higher levels of subjective wellbeing compared to other groups. Furthermore, students with higher level of subjective wellbeing was reported lower level of cumulative risks and cumulative assets (Renshaw, 2015). In particular, research demonstrated that subjective wellbeing is related to student's self–report academic achievement (Renshaw & Arslan, 2016; Renshaw & Bolognino, 2016; Renshaw et al. 2015; Furlong et al. 2014,). Taken together, these results suggest that subjective wellbeing is associated with a number of outcomes in adolescents.

Given the context sketched above, the present study aimed to investigate the predictive effect of students subjective wellbeing on several specific adolescents' emotional problems (anxiety, depression, negative self-concept, hostility, and somatization). Considering the outcomes indicating the association between subjective wellbeing and various youths' outcomes, it was hypnotized school–specific subjective wellbeing–covitality– would be predictor of youth's emotional problems. Therefore, findings from this study would provide important implications for research and practice in term of mental health services within

school context. This study may contribute to positive education practices to promote youths' mental health, and help to understand the importance of students subjective wellbeing– covitality– on mental health outcomes within school context.

Method

Participants

Sample of this study included 541 high school students attending two public high schools in a small city of Turkey. They consisted of 39.6% female and 60.4% male adolescents, ranging in age from 14 to 18 years (Mean = 16.19, SD = 1.11). After the necessary permissions are obtained from the Ministry of National Education, a paper–pencil survey that included data collections measures and demographic items was distributed to students who accepted to participate in the study. All students completed the survey approximately in 40 minutes at school hours.

Measures

Students Subjective Wellbeing Questionnaire (SSWQ). The SSWQ is a 16 item self–report instrument developed to measure youths' positive functioning at school context, and consists of four dimensions: school connectedness, joy of learning, academic efficacy, and educational purpose (e.g. "I feel like I belong at this school", "I get excited about learning new things in class", "I feel like the things I do at school are important, and "I do good work at school"). All items are responded using 4–point Likert scale (1 = almost never to 4 = almost always), and total scores represents overall school–specific subjective wellbeing–covitality (Renshaw et al., 2015). Previous research demonstrated that the SSWQ provided good data–model fit, strong internal consistency coefficients (α range = .75 to .92), latent construct reliability (H range = .77 to .92), and convergent validity with criterion variables for Turkish adolescents (Arslan & Renshaw, 2017; Renshaw & Arslan, 2016). Descriptive statistics with present sample are presented in Table 1.

Brief Symptom Inventory (BSI). The BSI is a 53 item brief self-report instrument developed to measure psychological symptoms (Derogatis, 1993). Adolescents were scored all items using 5–point Likert scale, ranging from 0 =not at all to 4 = extremely (e.g. "Feeling week in parts of your body", "Feeling no interest in things", "Having urges to beat, injure, or harm someone", and "Feeling tired"). Şahin, Durak-Batıgün, and Uğurtaş (2002) investigated the factor structure of the scale for Turkish adolescents, and they reported that the BSI consists of four subscales including depression, anxiety, somatization, negative self-concept, and hostility. In addition, findings from this study indicated that the scale had adequate internal consistency coefficients for overall scale and its subscales ($\alpha \geq .70$), and convergent validity indicating small–to–large associations between the scales and criterion variables. Descriptive statistics with present sample are presented in Table 1.

Data Analyses

Path analysis with latent variables was used to examine the predictive effect of students subjective wellbeing on youths' emotional problems. Before conducting these analyses, descriptive statistics (e.g. mean, standard deviation), normality assumption, and outliers were investigated. Skewness and kurtosis were used to examine the normality assumption, and the outliers were detected using Mahalanobis' distance. Furthermore, correlation analysis was conducted to examine the associations between variables, using Pearson product-moment correlation analysis. Following, the paths models were assessed using data–model fit indices

and their cut–off scores, including the CFI (comparative fit index), TLI (Tucker Lewis index), RMSEA (root mean square error of approximation with an accompanying 90% confidence interval), and SRMR (standardized root mean square residual). The CFI and TLI scores between .90 and .95 were considered as adequate data–model fit, while values > .95 were emulated a good data–model fit. The RMSEA and SRMR sores between .05 and .08 were considered to adequate data–model fit, whereas values < .05 were considered a good data–model fit (Kline, 2010). SPSS and AMOS version 22 were used to conduct all data analyses.

Results

Findings from descriptive statistics demonstrated that all variables had relatively normal distribution (skewness and kurtosis < |1|), and the skewness and kurtosis scores were between −.851 and .758. Then, Pearson product-moment correlation analysis was conducted, and the results indicated small–to–moderate associations between subjective wellbeing and emotional problems. Students subjective wellbeing significantly and negatively correlated with anxiety (r = −.29, p< .001), depression (r = −.27, p< .001), negative self–concept (r = −.25, p< .001), somatization (r = −.27, p< .001), hostility (r = −.24, p< .001), and overall emotional problems (r = −.31, p< .001). Descriptive statistics and correlational analysis results are presented in Table 1.

Table 1. Descriptive statistics and correlation results

Variables	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. SC	1	.32**	.33**	.43**	.67**	-.18**	-.15**	-.19**	-.18**	-.08*	-.18**
2. JL	.32**	1	.61**	.51**	.81**	-.20**	-.24**	-.16**	-.19**	-.20**	-.23**
3. EP	.33**	.61**	1	.47**	.80**	-.20**	-.19**	-.16**	-.20**	-.23**	-.22**
4. AE	.43**	.51**	.47**	1	.78**	-.30**	-.26**	-.26**	-.26**	-.23**	-.30**
5. OSW	.67**	.81**	.80**	.78**	1	-.29**	-.28**	-.25**	-.27**	-.24**	-.31**
6. AS	-.18**	-.21**	-.20**	-.30**	-.29**	1	.79**	.80**	.67**	.65**	.92**
7. DS	-.15**	-.24**	-.19**	-.26**	-.28**	.79**	1	.81**	.65**	.62**	.92**
8. NSS	-.19**	-.16**	-.16**	-.26**	-.25**	.80**	.81**	1	.61**	.61**	.91**
9. SS	-.18**	-.19**	-.20**	-.26**	-.27**	.67**	.65**	.61**	1	.51**	.77**
10. HS	-.08**	-.20**	-.23**	-.23**	-.24**	.65**	.62**	.61**	.51**	1	.76**
11. OEP	-.18**	-.23**	-.22**	-.30**	-.31**	.92**	.92**	.91**	.77**	.76**	1
Mean	11.75	10.86	12.52	12.16	47.31	13.83	17.35	14.10	8.28	10.67	64.25
SD	2.84	3.02	3.05	2.70	8.87	9.22	11.02	9.63	5.99	5.82	36.63
Skew.	-.43	-.31	-.85	-.68	-.57	.61	.44	.61	.75	.31	.38
Kurt.	-.26	-.54	.19	.38	.45	-.22	-.53	-.20	.33	-.56	-.58

Note. $^{*}p$< .05, $^{*}p$< .001; JL = joy of learning, SC = school connectedness, EP = educational purpose, AE = academic efficacy, SSW = student subjective wellbeing; AS = anxiety, DS = depression, NSS = negative self–concept, SS = somatization, HS = hostility, and OEP = overall emotional problems.

Following, path analysis with latent variables was conducted to investigate the predictive effect of subjective wellbeing on youths' emotional outcomes. Findings from a series path analyses indicated that all models yielded good data–model fit statistics (see Table 2). Moreover, results demonstrated that students subjective wellbeing was a significant predictor of anxiety (β = −.30, p< .001; R^2 = .09), depression (β = −.30, p< .001; R^2 = .09), negative self–concept (β = −.25, p< .001; R^2 = .06), somatization (β = −.28, p< .001; R^2 = .08), hostility (β = −.28, p< .001; R^2 = .08), and overall emotional problems (β = −.33, p< .001; R^2 = .11), ranging from small to moderate effect size, see Table 2. Taken together, findings from present study demonstrate the predictive effect of students subjective wellbeing on adolescents' emotional problems, and

students with higher level of subjective wellbeing have lower level of anxiety, depression, negative self-concept, somatization, hostility, and overall emotional problems.

Table 2. Results of predictive effect of subjective wellbeing on youths' emotional problems

Outcome	χ^2	CFI	TLI	SRMR	RMSEA [90% CI]	β	R^2
Anxiety	15.901[**]	.981	.951	.032	.074 [.03-.11]	−.30[**]	.09
Depression	7.731[*]	.994	.985	.022	.042 [.00-.08]	−.30[**]	.09
Self–concept	16.747[**]	.979	.947	.036	.077 [.041-.11]	−.25[**]	.06
Somatization	9.908[**]	.990	.975	.027	.052 [.01-.09]	−.28[**]	.08
Hostility	6.226[*]	.996	.991	.017	.032 [.00-.078]	−.28[**]	.08
Overall problems	12.841[**]	.986	.964	.029	.064 [.027-.105]	−.33[**]	.11

Note. $df = 4$, [*]p = non-significant, [**] $p < .001$.

Discussion

The purpose of the present study is to investigate the relation between students subjective wellbeing, as covitality, and emotional problems–anxiety, depression, negative self–concept, somatization, and hostility– in high school adolescents. First, results from correlation analysis indicated small–to–moderate associations between overall students subjective wellbeing and youths' emotional problems. Following, a series path analyses were conducted to examine the predictor role of subjective wellbeing on these emotional outcomes. Findings from these analyses showed that subjective wellbeing was a significant and negative predictor of youths' emotional problems, ranging from small to moderate effect size. Consequently, these outcomes confirmed the research hypothesis, supporting the significant predictive effects of school-specific subjective wellbeing on several specific adolescents' emotional problems.

Results from this study confirmed the hypothesis, representing that school–specific subjective wellbeing–covitality– would be significant predictor of youth's emotional problems–anxiety, depression, negative self–concept, somatization, and hostility. That is, it supports that students with higher level of subjective wellbeing have lover level of emotional symptomology. Considering the conceptualization of wellbeing (e.g. Furlong et al., 2014; Renshaw et al., 2015; Seligman, 2011), school–specific subjective wellbeing, as a covitality construct, promotes youths' positive development and mental health outcomes (Renshaw et al., 2014). The theoretical framework suggests that the covitality refers to "the synergistic effect of positive mental health resulting from the interplay among multiple positive- psychological building blocks" (Furlong et al., 2014; p.1013). Many studies indicated that subjective wellbeing was related to favorable developmental and quality-of-life outcomes (Jones et al., 2013; Furlong et al., 2014). For example, Keyfitz, Lumley, Hennig, and Dozois (2013) reported that the covitality was negatively related to depression and anxiety, whereas positively associated with youths' resilience. In a study by Arslan and Renshaw (2017) found the significant and negative predictor effect of subjective wellbeing on problem behaviors in adolescents. You et al. (2014) reported the predictor role of youths' subjective wellbeing on emotional and behavioral problems (i.e. hyperactivity and attention problems, internalizing problems, and school problems). In addition, Fullchange and Furlong (2016) investigated the relationship between victimization and social–emotional wellbeing–covitality–, and they reported that victimization status groups— none, some, or frequent victimization– significantly differed among dimensions of subjective wellbeing. Students with no victimization had higher levels of subjective wellbeing compared to other groups. Furthermore, students with higher level of subjective wellbeing was reported lower level of cumulative risks and cumulative assets (Renshaw 2015). Taken together, findings from present study support previous outcomes, indicating subjective wellbeing was significant and negative predictor of a number of emotional outcomes in adolescents.

The primary purpose of this study was to explore the predictive effect of students subjective wellbeing on several specific adolescents' emotional problems. Therefore, the study results provide many significant implications for future research and practice in term of positive education within school context. Findings from the study support that subjective wellbeing is associated with lower levels of emotional problems in adolescents. Considering these outcomes, preventions and interventions services that aims to enhance youths' positive psychological functioning or characteristics could be provided, and particularly school counselors could use the covitality to promote students' mental health. For example, psychoeducational trainings may be organized for adolescents who have high level of emotional problems to support their positive functioning.

Despite these significant contributions of the study, the results should be considered in light of several methodological limitations. First, data was collected using self–report instruments and analyses was conducted based on cross-sectional analytic approach. Considering this limitation, future research should be examined the predictive effect of school–specific subjective wellbeing on emotional outcomes using different analytic approaches (e.g. longitudinal study or mix method). Following, the study sample consisted of high school adolescents; therefore, this considered as a limitation. These results may be replicated in future research using large and diverse samples (e.g. university students, early adolescents). Final, students subjective wellbeing, as a covitality construct, was measured using Students Subjective Wellbeing Questionnaire (SSWQ); thus, given the multidimensional structure of covitality, future research may be investigated the predictive association between subjective wellbeing and various emotional problems in adolescents using different and more comprehensive measures (e.g. Social and Emotional Health Survey; Furlong et al., 2014).

Declaration of Conflicting Interests

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Notes

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