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To Study an Intervention Timetable for Schoolchildren's SWB, Hope, Optimism, And Resilience

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Abstract

The current study is grounded in positive psychology. Schoolchildren served as the working domain because it was the researcher's area of interest. Working with students raises a variety of issues and opportunities. The goal of this study is to provide psychological treatments to improve schoolchildren's subjective wellbeing. The researcher has always been enthusiastic about working with the student population and was motivated to complete projects that would be practically useful in assisting the school as a whole in guiding kids toward academics, personal development, and improved SWB. The SWB metrics seem to be valid enough to support advancement in the field. In developed countries, subjective well-being is generally positive, while individual degrees of pleasant affect, unpleasant affect, and life satisfaction do vary. Temperament has been identified as a key factor in several proposed reasons of the individual variability in SWB. Goals, cognitive preferences, and activities of individuals are additional likely impacts of SWB. External factors frequently have less of an impact on SWB than is commonly thought, presumably because people may partially adapt to them. However, stark situational contrasts, such as those between the richest and poorest countries, do seem to have an impact on SWB. Values are associated to good SWB in that people are more likely to sense well-being when they are engaged in goal-oriented activities that they value highly.

Keywords: Psychology, External, Wellbeing, Children

1. Introduction

People go through a lot of developmental and emotional changes during adolescence. Additionally, in order to overcome both academic and personal obstacles, school-age teenagers in particular are expected to have a variety of positive attributes. Interest in learning the correlates of positive psychological functioning has grown since the advent of positive psychology. According to Seligman (2005) [1], positive notions are largely related to one another and have implications for both preventing mental illness and comprehending good human functioning. Furthermore, it may be seen that those with co-occurring positive talents are more likely to have favorable results. Diener (2009) [2] asserts that childhood lays the foundation for an adult's development of positivity. However, adolescence is when the mechanism to sustain and improve positive is established. Despite the widespread belief that adolescence is a time of good health, a number of social behavior and public health issues either begin or worsen during this time. When activated in an intermediate complex setting (family, peer group, school environment, and neighborhood), they are typically more emotionally and physically susceptible. This may jeopardize their health and well-being and has not been viewed as supportive. Up to 20% of teenagers are estimated to have one or more emotional issues, according to a 2001 World Health Organization (WHO) survey.

Behavioral and emotional issues affect between 13.7% and 50% of students in India (Remschmidt & Belfer, 2005; Mishra & Sharma, 2001) [3, 4]. High school students in particular may encounter a number of difficulties (difficulty in active classroom engagement, need for teachers, friends, and family support, etc.) in their daily school life, which could have an impact on their general well-being. In this sense, it may be argued that educational psychologists should think about making engaging disengaged students a central focus of their study. According to Cothran and Ennis (2000) [5], 65% of pupils are thought to be disengaged. Although prevention has traditionally taken a developmental approach, focusing on children and adolescents, in order to facilitate trajectories leading to positive outcomes, positive psychologists have recently established a positive psychological construct made up of 12 positive

psychological dispositions/self-schemas that map onto four core psychological mind sets that, when combined, promote student mental health (Center for Disease Control (CDC, 2009).

According to a 2009 CDC Health Information for International Travel report, 14–20% of children and adolescents experience behavioral, emotional, and mental disorders in a given year. According to the Centers for Disease Control and Prevention (2007) and Weissberg et al. (2003) [6], children and adolescents are particularly vulnerable to substance abuse, violence, and sexually transmitted infections, and they have limited access to high-quality health care. As a result, normal development may be hampered, resulting in significant costs to society and additional stress on families. A mental, emotional, or behavioral illness affects 14% to 20% of kids and teenagers in any given year (CDC, 2009). Furthermore, most young people who would benefit from mental health services do not receive them, according to national surveys. Early and targeted therapies can improve functioning and reduce the duration and intensity of symptoms (Cicchetti & Toth, 1992; Durlak et al., 2010) [7, 8]. The collaborative design and implementation of strengths-based health promotion and environmental improvement strategies is another aspect of prevention. Health promotion approaches give people coping competencies, including problem-solving skills, and life skills, which help them live more fully and endure stressful life events in the future. As a result, treating students' subjective well-being has an impact on social, educational, and individual health.

Adolescence, according to Hall (1904), is defined as the years 12 to 23 and is marked by significant upheaval (a time of stress and storm). This suggests that adolescence is a time of conflict and mood swings. Hall is frequently cited as the founder of the field of adolescent science. He firmly believed that the interplay between environmental factors and genetics determines an adolescent's growth.

Adolescence is defined by Garrison and Garrison (1975) as "an in-between period." There is a fairly clear period of time when a person cannot be treated like a child and even dislikes it, yet they are still not completely grown up and cannot be considered an adult. Therefore, the subject is called an adolescent during this period of transition from infancy to maturity (as cited in Harsen pg.6).

Adolescence, according to Mohan (2002) [9], is a time of transition from dependence to independence, skill development, peer group changes, and other changes. The primary concerns in their self-development are their sense of security and self-awareness. They are also taught to question their early beliefs throughout this time. The main psychological developmental tasks for this particular group are establishing a sense of identity, evaluating oneself, and forming new relationships with friends and others. It is a phase of self-discovery and external exploration. Additionally, it is a time when they could develop their abilities to be more self-reliant and to find practical solutions to issues.

They pick up both good and bad traits from their parents and surroundings during adolescence. The decisions individuals make at this stage are heavily influenced by their background, expectations from peers, family, society, and—above all-their own "self." The process of discovering oneself starts early in life. However, significant elements in the family and school social systems would have an impact on this self-discovery process. Teenagers should therefore be seen as having the chance to develop a stable, realistic, socially acceptable, and personally fulfilling self-concept. They must be aware of their progress and be proud of the rise in their knowledge, social standing, interpersonal relationships, and specialized abilities.

Social relationships are crucial during adolescence, when a lot of new adaptations are being made. The school's contribution to quickening the adjustment process is always significant. High academic achievement is not the sole factor that determines a person's success in later life. In order to be successful in their future lives, students must also become self-sufficient and well-adjusted, which begins in school. In this sense, developing good self-molding during their time in school becomes a crucial field of research.

2. Statement of Problem

By comprehending the notion of schoolchildren's SWB and creating psychological interventions for increasing the SWB, this action research program aims to examine SWB in the positive psychology spectrum.

The study examines the idea from the standpoint of an efficiency view model, and in addition to SWB, the researcher also considered factors for hope, optimism, and resilience. A person who is optimistic and hopeful has greater copying skills, which results in better subjective well-being, according to various studies conducted in the field of SWB.

Additionally, studies have shown that optimists are better equipped to manage life's challenges and recover quickly from catastrophes. Therefore, if the dots are linked, it can be claimed that increasing hope and optimism at the individual level can contribute in improving an individual's overall SWB.

3. Objectives of the study

To create an intervention timetable for schoolchildren's SWB, hope, optimism, and resilience.

4. Review of Literature

Full change (2017) investigated how well HEROES (Harnessing Empathy Results in Opportunities for Everyday Solutions), a unique empathy-based intervention, worked with kids who were at risk of developing anger or aggression disorders. It was a contribution to the study and use of social-emotional treatments for young people and positive psychology. Participants came from two counties and six high schools in Southern California's central coast region. The HEROES Project involved 26 students, 15 of whom were randomly allocated to the experimental condition and 11 to the wait-list control condition. Four adolescents from the alternative school environment and eleven from foster care made up the experimental group. Three pupils from the community school made up the control group, while eight students were in foster care. There were six ninth-graders, seven tenth-graders, seven eleventh-graders, and five twelfth-graders; one student chose not to disclose. Hispanic/Latino students made up 65 percent of the student body, followed by White students (15

percent) and mixed or multiracial students (15 percent) (one student chose not to disclose). Of the participants, fifty-eight percent were men and 42 percent were women. 21 items from three subscales of the Interpersonal Reactivity Index (IRI; Davis, 1983) [10] Empathic Concern (affective empathy), Perspective-Taking (cognitive empathy), and Personal Distress-were used to measure empathy through self-report. The Student Subjective Well-Being Questionnaire (SSWQ), a 16-item self-report survey with sufficient internal consistency and reliability (Cronbach's alpha above. 70; Renshaw, Long, & Cook, 2015), was used to gauge students' perceptions of pleasant school experiences. Students from the same school were randomly assigned, to the best of their abilities, to either an intervention or wait-list control condition using an experimental pretest-posttest design. Group agreements, goal-setting, check-ins, problem-solving, and closing were all employed in the HEROES Project, an evidence-based intervention based on research in group counseling (Smead, 1995) [11]. After adjusting for baseline levels of each construct, an ANCOVA was used to assess the impact of HEROES on intervention versus control groups on the dependent variables of affective empathy and cognitive empathy. The intervention group's cognitive empathy levels increased as a result of HEROES' significant impact on them, while the control group's levels seemed to decline. Pupils reported feeling more conscious of both their externalizing activities and their anger related feelings. According to CASEL (2003), self-awareness is a crucial part of young people's social-emotional well-being. These results also confirmed that HEROES had a positive rather than a negative effect. When comparing the experimental group to the control group, a modest effect size was observed for the improvement in students' good school experiences. The literature on school engagement and its correlation with other favorable academic and social-emotional outcomes was given significant attention, particularly for at-risk kids.

Nair et al. (2017) [12] examined the disparities between Gujarat's urban and rural schools and evaluated the incidence of mental health issues and its correlations in students between the ages of 13 and 17. A study using a cross-sectional questionnaire was carried out from June to November of 2015. Three of the five schools that were part of the study were coeducational, while the other two were single-gender (one for girls and one for boys). Based on practicality, the schools were selected within a 15-kilometer radius. Permission was requested from the respective class teachers of the chosen schools as well as the heads of the institutions. All students in grades 9–12 (ages 13–17) who were present on the study day were included. Less than 5% of the overall population was seen to be absent. The study involved the recruitment of 693 students in total. Students' mental health status was evaluated using the Strengths and problems Questionnaire (SDQ), and participants were categorized into normal (0–15), high (borderline (16–19), and abnormal (20–40) based on their total problems score. To evaluate related medical and psychological aspects, sociodemographic information and the Teenage Screening Questionnaire-Trivandrum (TSQ) were utilized. The study was carried out after receiving approval from the institutional ethical committee. According to their study's findings, 15% of individuals scored highly on the SDQ. The other mental health issues were more common in boys, but emotional issues were more common in girls. It was shown that youngsters in rural areas had more mental health problems. High SDQ scores were linked to eye problems, failing exams, achieving less than 50% on previous yearly exams, having trouble studying at home, and having relationship problems. Physical exercise and after-school activities like watching movies and hanging out with friends were proven to have a positive impact on mental health. Having friends and staying physically fit were linked to normal SDQ scores. Age, getting more schoolwork, and having trouble talking to parents about friends all raised the likelihood of having a high SDQ score, according to a logistic regression model, whereas having friends and engaging in after-school activities like watching movies decreased the likelihood. According to their study, at least one in eight teenagers were at risk for mental health issues. The TSQ survey and SDQ self-report questionnaire can be used as screening tools to find kids who are at risk. Students' mental health is negatively impacted by schools, however participation in extracurricular activities, having more friends, and spending time with them were protective factors.

5. Research Methodology

This study employed a quasi-experimental research design. Correlational research was employed in Phase I of the study, and a survey was conducted to gather information on the study's variables-co-vitality, student involvement, and student subjective well-being. In order to determine the association between co-vitality, student engagement, and student subjective well-being, a correlational research design utilizing the survey method was employed. Gender, parents' educational attainment, monthly income, birth order, sedentary use of electronic devices, and the benefits and drawbacks of smartphone use were the study's demographic and other personal characteristics.

Phase II of the study used a quasi-experimental approach to determine the impact of psychological intervention on high school students' academic achievement, co-vitality, student engagement, and subjective well-being. In this sense, the Intervention program used a within-subject (pretest, posttest, followup) design. The independent variable was psychological intervention; the dependent variables were academic achievement, student engagement (Behavioral-Emotional-Cognitive), student subjective well-being, and co-vitality constructs (confidence in self, believe in others, emotional competency, and engaged living). Three separate measurements of the outcome variables were made: one before the intervention (T1-pretest), one week after the intervention (T2-post-test), and one month after the intervention program (T3-follow up).

6. Results and Data Interpretation

Table 1: Relationship between Co-vitality and its dimensions with Overall Student Engagement of high school students

Variables	Overall Student Engagement r	'p' Value
Belief in Self	0.10**	0.00
Belief in Others	0.10**	0.00
Emotional Competency	0.12**	0.00
Engaged living	0.07**	0.00
Total Co-vitality	0.13**	0.00

Note: N = 1819 $^{**}p<0.01$

Table 1 demonstrates that overall high school student involvement was positively correlated with covitality and its characteristics, which include believe in oneself, belief in others, emotional competency, and engaged living. As a result, the first hypothesis-that Covitality and its components-belief in oneself, belief in others, emotional competency, and engaged living-would have a positive relationship with high school students' overall level of engagement-was accepted.

Table 2: Relationship between Co-vitality and its dimensions with Student Subjective Well- being of high school students

Variables	Student Subjective Well-being r	'p' Value
Belief in Self	0.12**	0.00
Belief in Others	0.15**	0.00
Emotional Competency	0.16**	0.00
Engaged living	0.11**	0.00
Total Co-vitality	0.18**	0.00

Note: N = 1819 $^{*}p<0.01$

Table 2 demonstrates the positive relationship between high school students' subjective well-being and covitality and its dimensions-confidence in oneself, belief in others' emotional competency, and engaged living. As a result, the subhypotheses 2.1, 2.2, 2.3, and 2.4 were accepted, and the primary hypothesis 2 was that Co-vitality and its dimensions would be positively associated to high school students' subjective well-being.

Table 3: Relationship between Student Engagement and its dimensions with Student Subjective well-being of high school students

Variables	Student Subjective Well-being r	'p' Value
Behavioral Engagement	0.18**	0.00
Emotional Engagement	0.13**	0.00
Cognitive Engagement	0.13**	0.00
Overall Student Engagement	0.20**	0.00

Note: N = 1819. $^{**}p<0.01$

According to Table 3, high school students' subjective well-being was favorably correlated with both total student involvement and its components, namely behavioral, emotional, and cognitive engagement. Thus, the subhypotheses 3.1, 3.2, and 3.3 were accepted, and the main hypothesis 3-that is, that overall student engagement would be positively correlated with students' subjective well-being-was accepted.

7. Conclusion

The current study clearly demonstrates that there was a substantial positive correlation between the variables under investigation, indicating that as Covitality rises, so do student involvement (behavioral, emotional, and cognitive) and subjective well-being. With the exception of believing in others, where male and female adolescents were found to be equivalent, female students were shown to have greater positive strengths than male students in covitality, student involvement, and subjective well-being. Furthermore, among adolescents studying in the eighth and ninth grades, psychological interventions were found to be successful in improving high school students' positive skills, such as self-efficacy, persistence, positive relationships, and a sense of trust in others, as well as emotional regulation and active engagement in daily life. Additionally, based on students' self-reports on the intervention program, it was discovered that behavioral, emotional, and cognitive learning had a favorable impact on their academic progress, subjective well-being, active participation in school, and personal lives.

The current study contributes to the body of knowledge in two areas: school psychology and the adolescent intervention manual for parents, teachers, and facilitators, all of which have been converted into English. As a result, this psychological program helped the high school students learn, comprehend, and value the importance of improving their psychosocial health, being actively involved in their education, and improving their general well-being and academic performance.

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