

Running Head: PRESCHOOLERS' SUBJECTIVE WELL-BEING SCALE

**The Development and Validation of the
Preschoolers' Subjective Well-Being Scale**

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Abstract

Subjective well-being (subjective well-being) is a construct comprised of positive and negative affect, as well as a sense of satisfaction with one's life. Presently there is no scale designed to assess subjective well-being in preschool age children. The purpose of this thesis was to develop and validate the Preschoolers' Subjective Well-Being Scale. Research into positive areas of psychology within preschool age children is sparse. The development of such a scale as proposed in this research will help further develop our understanding of the factors that cultivate subjective well-being in children. Twenty-six children and their parents participated in this study. Children were administered the Preschoolers' Subjective Well-Being Scale and the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children. Parents completed the Positive Affect and Negative Affect Scale on behalf of their respective children. In order to validate the Preschoolers' Subjective Well-Being Scale, items were subjected to correlations with those on the other two scales, and analyses of internal reliability were run on the three composites of the Preschoolers' Subjective Well-Being Scale. Sex was found to be a significant factor, and the Preschoolers' Subjective Well-Being Scale proved to be moderately reliable. Results are discussed in terms of sex differences in self-concept, and limitations of the present study are explored.

Introduction

Researchers have frequently centred on how negative emotions and psychological experiences influence human behaviour (David & Kistner, 2000; Olson, 1992; Rubin & Mills, 1988). The move towards studying positive aspects of human psychology allows current researchers to examine factors that have yet to be studied as potential positive influences on people's lives. It is possible that such knowledge will lead to the development of programs that focus on enhancing personal coping strategies and developing a more positive attitude. Already, many schools across Canada and the United States are adopting an increasingly positive social program development curriculum. For example, rather than focusing on decreasing bullying, the focus is being placed on becoming a good citizen, through the teaching of basic values, such as honesty. Instead of working to stop a particular behaviour, schools and communities are working to foster healthy development.

Continuing research into the factors that lead to subjective well-being will provide parents and educators with the education necessary to further enhance relationships, sense of community and subjective well-being in young children. The goal of the current study is to develop and validate the Preschoolers' Subjective Well-Being Scale. Development of this scale will provide a novel advance in our knowledge and understanding regarding subjective well-being in children. Further, practical applications, such as providing a tool to help further research into the subjective well-being of very young children, will be an additional product of this research endeavour.

Children between the ages of four- and six-years have the ability to reflect on the emotional state of themselves and others (Bretherton, Fritz, Zahn-Waxler, & Ridgeway,

1986). Children's skill at judging the emotions being experienced by others is refined during this preschool stage. They begin to base their perceptions of others emotional expressions on salient features of relationships, rather than simply on momentary interactions (Bretherton et al., 1986). Research with preschool children by Hughes, Dunn, and White (1998) revealed that preschool children have a better understanding of broad and general emotions, such as happiness and sadness, than they do of more complex emotions, such as fear and anger. Verbal ability is also related to understanding of emotion (Hughes, Dunn, & White, 2004), in that children with stronger receptive vocabulary skills were better able to demonstrate an understanding of emotion. Intimately tied to the understanding of emotion is an understanding of our subjective well-being.

Subjective well-being

Subjective well-being is a construct predominantly studied in adults. The literature concerning the subjective well-being of adolescents is sparse, and there exists very few empirical studies of younger children's subjective well-being (Terry & Huebner, 1995). For this reason, adequate theories of subjective well-being specific to preschool age children have yet to be developed. However, theories of subjective well-being in adults, adolescents and older children may help to explain subjective well-being in young children. Lucas and Diener (2000) define subjective well-being as individuals' cognitive and affective evaluations of their lives.

We may, therefore, expect that the subjective well-being of preschool age children is also comprised of cognitive and affective dimensions. There exist three components of subjective well-being of children across late childhood through

adolescence, and into adulthood (Andrews & Withey, 1976, cited in Emmons & Diener, 1985; Huebner & Dew, 1996; Lucas & Diener, 2000; McCullough, Huebner, & Laughlin, 2000). The first component of subjective well-being, a cognitive perception of life satisfaction (Lucas & Diener, 2000) addresses the cognitive aspect of subjective well-being. For example, Johnson, Ironsmith, Snow, & Poteat (2000) concluded that children who had well-developed social skills and established friendships had higher expectations for success upon school entry. For preschool age children, life satisfaction is likely comprised of satisfaction with current friendships, the child's ability to make new friends, as well as a perception of success in academic domains, such as artwork, puzzles and early printing skills. The second and third components of subjective well-being, the experiences of positive and negative affect, give rise to the affective dimension of subjective well-being. Positive affect arises from emotions such as happiness and joy, whereas negative affect stems from feelings including sadness and fear (Emmons & Diener, 1985). An example of positive affect in preschool age children is enjoyment in playing with a friend, while negative affect may be experienced when a child is faced with an unfamiliar situation.

A complex interplay between personality, goals, and the availability of resources can be credited as a few of the sources for individual differences in subjective well-being (Elliott, Sheldon, & Church, 1997; Reis, Sheldon, Gable, Roscoe, & Ryan, 2000; Siegler & Brummett, 2000). Lucas and Diener (2000) explain that researchers who study subjective well-being are interested in all facets of psychological well-being, and that these constructs must be studied from the individual's perspective. As such, subjective well-being is often measured through self-report questionnaires, requiring reading ability

to be completed independently, which presents challenges when attempting to measure the subjective well-being of young children. For example, young children are unable to read at the level required to independently complete questionnaires. As such, the development of interview measures is required, and greater human resources are necessary to collect data than in studies of older children, where questionnaires can be distributed and simultaneously completed by large groups. In addition, many young children have limited expressive and receptive vocabulary skills and require more direction than older children to be able to communicate their emotions and experiences. Preschool-age children also require a more stimulating presentation format than older children and adults. For instance, Harter and Pike (1984) presented children with illustrations of each item on the Pictorial Scale for Perceived Competence and Social Acceptance in Young Children, and Roth, Dadds, and McAloon (2004) use two puppets to describe situations to children. Both of these measurement instruments also employ a forced-choice strategy, presenting children with contrasting situations and requiring them to choose one over the other.

Such measurement issues are likely the primary reason that subjective well-being has rarely been researched in preschool age children. The current study will make use of five circles, graduated in size and intensity of colour, to facilitate the responses of young children in rating their responses on a five-point scale, and will ask parents to provide reports in validating children's self-reports. Piaget suggested that children develop the ability to symbolize at the age of 2- to 4-years, during the Preconceptual Period (Shaffer, 1996a). It is at this time that children's ability to form representations of one concept based on another. Given that previous research has employed the use of graduated circles

in helping children express the degree to which they experience a particular feeling (Coplan, Findlay, & Nelson, 2004), it was assumed that using five circles graduated in colour would help children parallel their emotional experience to a concrete image. Also, allowing children to point to one of five circles reduces the need for verbal expression, allowing children who may be limited in expressive vocabulary or those who may be anxious or shy, to communicate their experience. Coplan employed a similar strategy in assessing loneliness in 3- to 5-year old children using an adapted version of the Loneliness and Social Dissatisfaction Questionnaire (Cassidy & Asher, 1992) and three circles, graduated in size, but uniform in colour (Coplan, Findlay, & Nelson, 2004).

Subjective well-being, Temperament, and Affect

Across the life span, desires and goals are continually evolving. As people age, the focus of important life goals changes from such things as completing school, to finding a career, to raising a family and so on. The resources available to individuals also change throughout their lives (Lucas & Diener, 2000). For example, friendship networks evolve and change as people move, and the availability of financial resources changes at various times in the life span (e.g. retirement). In spite of such changes, subjective well-being has been found to be relatively stable (Lucas & Diener, 2000) and this stability may be in part attributable to temperament.

Rothbart and Ahadi (1994) demonstrated that similarities do exist between temperament and adult personality. According to Schaffer (1996a), one aspect of temperament is reactivity to emotional stimuli. Lucas and Diener (2000) argue that it is this biologically based emotional reactivity that accounts for individual differences in subjective well-being. The emotional style, or how emotions are experienced, of people

who score high on extraversion tends to be one of high affect intensity (Diener, Larsen, Levine, & Emmons, 1985). In other words, extraverts tend to experience strong positive and negative emotions, be emotionally reactive, and have variable emotions. In other words, temperament appears to contribute to individual differences in affective experience, and thus, subjective well-being. Given that temperament is evident in early childhood it could be expected that individual differences in affective experiences and subjective well-being exist in young children.

Hotard, McFatter, and McWhirter (1989) studied the impacts of extraversion, neuroticism and social relationships on subjective well-being. They concluded that extraversion was weakly related to global subjective well-being in the absence of neuroticism and social skill deficits. In a meta-analysis, researchers (DeNeve & Cooper, 1998) examined the link between enduring personality traits and subjective well-being. It was found that people who score high on extraversion and agreeableness tend to experience higher levels of positive affect. However, little is known of the influence of extraversion on the subjective well-being of children.

A child's temperament not only influences the ways the child reacts to his/her environment, but also impacts and modifies that environment (Schaffer, 1996b). More specifically, a child's temperament has an effect on the primary caregiver's responses to the child (Shaffer, 1996a). For example, a responsive mother may, over time, become less responsive to a child with an aloof temperament. Parent-child relationships have been found to impact the subjective well-being of children (Terry & Huebner, 1995). Specifically, Terry and Huebner (1995) found that children's positive perceptions of relationships with parents accounted for the largest proportion of variance in their life

satisfaction. It might be more difficult to develop a close parent-child relationship if there is not Goodness-of-Fit between the primary caregiver and the child (Schaffer, 1996a). This, in turn, may have a negative impact on the child's subjective well-being. In summary, temperament and personality are statistically significantly linked with subjective well-being ($r=.19$, DeNeve & Cooper, 1997), but social experiences are also important. The intensity with which individuals experience positive and negative affect is partly determined by biologically based temperament.

Subjective Well-Being and Self-Concept

In a review of the literature, McCullough et al. (2000, p.281) reported that contextual “variables (e.g., age, sex, socioeconomic status) and intrapersonal characteristics (e.g., self-concept, extraversion, internal locus of control)” are related to subjective well-being of children and youth. In addition, researchers have found a relation between global self-concept and global life satisfaction, a component of subjective well-being in children (Terry & Huebner, 1995). As in adults, self-concept is a multidimensional construct in children, tapping into both self-perceptions and others' perceptions (Terry & Huebner, 1995). Researchers (e.g., Harter, 1982) have established multiple facets of self-concept, including physical competence, peer acceptance, and academic domains. Some facets of self-concept exert more influence on subjective well-being than others. In particular, interpersonal relationships, such as parent-child relationships, seem to be more closely linked to subjective well-being than school experiences and self-perceptions of physical competence (DeNeve & Cooper, 1997; Terry & Huebner, 1995).

Having the ability to measure self-concept as a multidimensional construct in elementary school-age children can provide us with insights into the subjective well-being of these children (Terry & Huebner, 1995). It can be speculated that those factors known to affect self-concept will also influence subjective well-being, shedding more light on the correlates of children's subjective well-being. It is important to note, however, that although self-concept and global life satisfaction are related, they remain distinct constructs (Terry & Huebner, 1995).

In addition to being related to global life satisfaction, self-concept was found to be related to positive affect in adolescents (McCullough et al., 2000). Life satisfaction reports were influenced most by the occurrence of positive daily events. Negative daily events were correlated most strongly with decreased positive and increased negative affect (McCullough et al., 2000). The researchers highlighted the importance of examining not only major life events, but also the everyday events in adolescents' lives when discussing subjective well-being. This study found that environmental variables and intrapersonal variables both play central roles in the subjective well-being of adolescents, pointing to the need for the development of interactional models to explicate well-being in adolescents (McCullough et al., 2000).

The Current Study

The development of a measure to assess the subjective well-being of young children will be helpful in furthering our understanding of their experiences and improve the quality of their lives. The study of subjective well-being in children is limited by the fact that, at the present time, a scale does not exist to measure the subjective well-being of children under the age of 8 years (Huebner & Dew, 1996). The cognitive abilities of

younger children require that evaluation tools include different components (e.g., pictures to aid comprehension, verbal administration for children unable to read) in order for the child to be able to understand what he or she is being asked, and to be able to communicate his or her responses. Uncovering the correlates of subjective well-being in young children paired with being able to evaluate subjective well-being through childhood will be a valuable contribution to the practice of school psychology and to the psychology literature in general. The ability to measure the subjective well-being of children of all ages will provide valuable insights into what children require from their environments in order to experience positive well-being. Through consultation with school psychologists, and other professionals, preschool teachers can further develop strategies for effective social skills programming, an essential component of preschool experiences leading to expectations for future success (Johnson et al., 2000).

The goal of the current research was to develop and validate the Preschoolers' Subjective Well-Being Scale. There are two hypotheses with respect to the relation between parent and child ratings of subjective well-being: (1) it is hypothesized that children's self-ratings of positive and negative affect on the Preschoolers' Subjective Well-Being Scale items will be positively correlated with these same dimensions on parent ratings using the Positive and Negative Affect Scale; and (2) it is expected that children's self-ratings of global self-competence will be positively related to their self-ratings of life satisfaction.

The first hypothesis is somewhat exploratory, as previous research has not established a strong link between parents' and young children's reports of affect. Given that temperament is related to affect intensity, and is a predictor of subjective well-being

in older children and adults, it was predicted that parents, having spent much time with their young children, would be the best raters of their children's emotional experiences.

It is expected that the findings with regard to the second hypothesis will support those of the research conducted by Terry and Huebner (1995). They concluded that information about children's multidimensional self-concepts leads to a greater understanding of their life satisfaction. In other words, knowing how a child perceives himself or herself across domains, such as physical competence, interpersonal relationships (parental and peer) and academic domains, leads to a greater understanding of his or her satisfaction with their current life. However, Terry and Huebner (1995) noted that a child might perceive him- or herself as competent, but not be content with his or her current life circumstances. For this reason, it is important to ask questions directly tapping life satisfaction. As such, the questions addressing life satisfaction in the Preschoolers' Subjective Well-Being Scale have been derived from the Students' Life Satisfaction Scale (Huebner, 1991).

Method

Subjects

The sample included 26 children (17 female and 9 male) ranging in age from 48 to 71 months (M age = 62.7 months; SD = 5.73 months) and their mothers. Fathers were not excluded from participation, but only mothers responded to the request for participation. Directors of preschools and child-care centres in Winnipeg were contacted to determine their interest in participating in the study (See Appendix A). Invitations to participate were sent to directors of 15 local childcare centres in Winnipeg in November 2004, and another 20 centres in January 2005. From the first distribution, two centres

indicated an interest in participation. Information letters, consent forms, and questionnaires (See Appendices B, C, D, E, & F) were sent home to parents in early December. Of the 70 packages distributed, three were returned, all declined participation. As such, 20 new centres were contacted in late January, and reminder notices were sent to parents who had been contacted in December. Three centres responded and indicated interest in participation. Of the 60 packages distributed to parents in January, 18 were returned. Mothers of fourteen children consented to participate, and four declined. Two children with consent to participate were withdrawn from the centre before interviewing took place. The remaining 14 participants and their mothers were recruited through a network of childcare providers with children.

Procedure/Measures

Mothers. After providing consent, mothers were asked to assess their child on a modified version of the Positive and Negative Affect Scale (Positive Affect and Negative Affect Scale; Watson, Clark, & Tellegen, 1988; see Appendix E). This scale provides a five-point rating across the dimensions of positive and negative affect. Watson et al. (1988) demonstrated that the Positive Affect and Negative Affect Scale is a reliable and valid measure of positive and negative affect. Reliability coefficients were .90 for positive affect and .87 for negative affect. In validating the Positive Affect and Negative Affect Scale, correlations were run with participants' scores on the Beck Depression Inventory (BDI) and the State Anxiety Scale (SAS). As expected, the negative affect subscale of the Positive Affect and Negative Affect Scale was positively correlated with both measures ($r=.58$ – BDI, and $r=.51$ – SAS), and the positive affect subscale was negatively correlated with both measures ($r=-.36$ – BDI, and $r=-.35$ – SAS).

The original version of the Positive Affect and Negative Affect Scale was intended for completion by adults about their general experiences with given emotions. In order to have mothers rate their children using this instrument, directions were altered to reflect that the information being gathered was about the child. This has been an accepted method of use for the Positive Affect and Negative Affect Scale (Lagace-Seguin & Coplan, 2001). It is from the Positive Affect and Negative Affect Scale that the affective dimensions of the Preschoolers' Subjective Well-Being Scale were derived.

Child Interviews. Children were interviewed in a quiet corner of the classroom for approximately twenty minutes by the lead researcher. They were invited to participate in the interview by either the preschool teacher or the lead researcher. If they refused, the researcher spent a few minutes playing with them to build rapport, and asked them to participate one more time. Only one child was hesitant to participate, but after becoming more familiar with the researcher, she agreed to participate.

The lead researcher administered the newly developed scale entitled The Preschoolers' Subjective Well-Being Scale to students as they returned their consent forms. This 28-item questionnaire took approximately five to ten minutes to administer (See Appendix F). As mentioned earlier, the questions on the Preschoolers' Subjective Well-Being Scale were primarily derived from the Positive Affect and Negative Affect Scale. All items from the Positive Affect and Negative Affect Scale were included. However, rather than being presented in one word items to be rated on a five point likert-type scale, the items were developed into questions appropriate for typically developing children between the ages of three to five years, and read aloud. The life satisfaction items of the Preschoolers' Subjective Well-Being Scale were designed based on the

Students' Life Satisfaction Scale (SLSS; Huebner, 1991). The statements provided in the SLSS were formulated into questions that were could be more easily understood by preschool age children. In order to facilitate children's responses, they were provided with five circles, ranging from smallest to largest and with graduated colours (see Appendix G) to indicate their responses. Children were asked to point to the circle corresponding with their response on each item. Prior to administering the 28 core items of the Preschoolers' Subjective Well-Being Scale, two teaching items were provided to allow children to become familiar with using the five circles to express themselves (see Appendix F).

It was realized in testing the first three children that many of the questions on the Preschoolers' Subjective Well-Being Scale were worded so that they were easily answered with 'yes' or 'no', rather than being rated on a five-point scale. As such, the first three children tested responded using only the smallest and largest circles. To compensate, the instructions were adapted in the administrations to the remaining 23 children to prompt them similarly to the method employed by Harter and Pike (1984). After being provided verbally with the question from the Preschoolers' Subjective Well-Being Scale, children were further prompted to indicate whether they "really" felt that way, or "sometimes" felt that way, and guided to use the appropriate circle to indicate the degree to which they experience that feeling.

In addition, the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (Harter & Pike, 1984; see Appendix H), a 24-item pictorial questionnaire designed to assess domain specific judgements of competence and acceptance was administered. It consists of two domains, each containing twelve items

within two subtests: perceived competence (cognitive competence, physical competence) and perceived acceptance (peer acceptance, maternal acceptance). Children were presented with a picture plate accompanied by a statement of the two children depicted in the picture. The child was then asked to identify with the child he/she is most like. Next they were asked if they are a little bit like that child, or a lot like that child. It took approximately ten minutes to complete the administration of this scale. The Pictorial Scale of Perceived Competence and Social Acceptance for Young Children has been established as a reliable and valid measure (Harter & Pike, 1984). Reliability for the overall scale was reported to be above .80.

Statistics

In order to validate the Preschoolers' Subjective Well-Being Scale, children's responses were correlated with their parents' responses on the Positive Affect and Negative Affect Scale and Pictorial Scale for Perceived Competence and Social Acceptance in Young Children. It was expected that children's self-ratings of positive and negative affect would be positively correlated with parental ratings regarding their children on the same affective dimensions. Also, it was predicted that children's ratings of life satisfaction on the Preschoolers' Subjective Well-Being Scale would be positively correlated with children's self-ratings on the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children.

Results

Preliminary Analyses

Preliminary analyses were conducted to establish whether children's sex impacted significantly their responses on the Pictorial Scale of Perceived Competence and Social

Acceptance for Young Children and Preschoolers' Subjective Well-Being Scale or their parents' responses on the Positive Affect and Negative Affect Scale. There were significant sex differences found in paired samples tests on all subscales of the Positive Affect and Negative Affect Scale, Preschoolers' Subjective Well-Being Scale and Pictorial Scale of Perceived Competence and Social Acceptance for Young Children, with the exception of the Preschoolers' Subjective Well-Being Scale Negative Affect composite and the Negative Affect composite of the Positive Affect and Negative Affect Scale. For each composite, means by sex, standard deviations and *T*-scores are provided in Table 1. As sex was significant in all but Negative Affect composites, this variable was controlled for statistically in subsequent paired samples tests.

Age was positively correlated with parent ratings of children's negative affect on the PANAS. Moderate correlations were obtained between age and various composite scores (see Table 2). Cognitive and physical competence scores on the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children were not correlated with age.

Validity of the Preschoolers' Subjective Well-Being Scale

The major goal of the current study was to develop and validate the Preschoolers' Subjective Well-Being Scale. It was hypothesized that Positive Affect scores on the Positive Affect and Negative Affect Scale would be positively correlated with scores on the Positive Affect composite of the Preschoolers' Subjective Well-Being Scale, the Negative Affect composite of the Preschoolers' Subjective Well-Being Scale would be positively correlated with parental ratings of Negative Affect on the Positive Affect and Negative Affect Scale, and that the Life Satisfaction composite of the Preschoolers'

Subjective Well-Being Scale would be positively correlated with global self-competence scores on the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children. Results were found to be statistically non-significant, but correlations were found to be moderate.

The Positive Affect composites of the Positive Affect and Negative Affect Scale and Preschoolers' Subjective Well-Being Scale were moderately, albeit non-significantly correlated ($r=.25, p=.22$) as were the Negative Affect composites of these scales ($r=.20, p=.32$). With respect to the Life Satisfaction composite of the Preschoolers' Subjective Well-Being Scale, moderate non-significant correlations were obtained with the following domains of the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children: Peer Acceptance ($r=.21, p=.31$), Physical Competence ($r=.20, p=.34$) and overall Self-Concept ($r=.17, p=.43$). Overall, and within each subscale, the Preschoolers' Subjective Well-Being Scale proved to be moderately internally reliable (see Table 3).

Table 1
Paired Samples *T*-Tests – Sex Differences

Subtest or Composite	Mean for Boys	Standard Dev.	Mean for Girls	Standard Dev.	<i>T</i>	Sig.
PSPCSAYC ¹ – Maternal Acceptance	3.80	.20	3.67	.26	-24.85	<i>p</i> <.001
PSPCSAYC – Peer Acceptance	3.78	.28	3.49	.43	-22.41	<i>p</i> <.001
PSPCSAYC – Social Acceptance Composite	3.79	.21	3.58	.31	26.81	<i>p</i> <.001
PSPCSAYC – Cognitive Competence	3.89	.18	3.79	.22	26.15	<i>p</i> <.001
PSPCSAYC – Physical Competence	3.81	.18	3.70	.21	-26.00	<i>p</i> <.001
PSPCSAYC – Competence Composite	3.85	.17	3.75	.17	24.93	<i>p</i> <.001
PSPCSAYC – Global Self-Competence	3.82	.16	3.66	.17	-27.38	<i>p</i> <.001
PANAS ² – Positive Affect Composite	4.88	.18	4.79	.24	-35.76	<i>p</i> <.001

1 PSPCSAYC – Pictorial Scale of Perceived Competence and Social Acceptance for Young Children

2 PANAS – Positive Affect and Negative Affect Scale

Subtest or Composite	Mean for Boys	Standard Dev.	Mean for Girls	Standard Dev.	<i>T</i>	Sig.
PANAS ² – Negative Affect Composite	1.57	.24	1.48	.31	-1.64	<i>p</i> =.11
PSWBS ³ – Positive Affect Composite	4.38	.29	4.36	.41	-25.49	<i>p</i> <.001
PSWBS – Negative Affect Composite	1.38	.37	1.44	.47	-.56	<i>p</i> =.58
PSWBS – Life Satisfaction Composite	4.01	.54	4.21	.53	-18.21	<i>p</i> <.001

2 PANAS – Positive Affect and Negative Affect Scale

3 PSWBS – Preschoolers' Subjective Well-Being Scale

Table 2
Paired Samples Correlations - Age Differences

Subtest or Composite	Correlation	Sig.
PSPCSAYC ¹ – Maternal Acceptance	-.25	<i>p</i> =.23
PSPCSAYC – Peer Acceptance	-.26	<i>p</i> =.21
PSPCSAYC – Social Acceptance Composite	-.28	<i>p</i> =.17
PSPCSAYC – Cognitive Competence	-.04	<i>p</i> =.87
PSPCSAYC – Physical Competence	.04	<i>p</i> =.85
PSPCSAYC – Competence Composite	.00	<i>p</i> =.99
PSPCSAYC – Global Self-Competence	-.22	<i>p</i> =.28
PANAS ² – Positive Affect Composite	-.17	<i>p</i> =.40

1 PSPCSAYC – Pictorial Scale of Perceived Competence and Social Acceptance for Young Children

2 PANAS – Positive Affect and Negative Affect Scale

Subtest or Composite	Correlation	Sig.
PANAS ² – Negative Affect Composite	.41	<i>p</i> =.04
PSWBS ³ – Positive Affect Composite	-.28	<i>p</i> =.17
PSWBS – Negative Affect Composite	.17	<i>p</i> =.41
PSWBS – Life Satisfaction Composite	-.32	<i>p</i> =.11

2 PANAS – Positive Affect and Negative Affect Scale
3 PSWBS – Preschoolers' Subjective Well-Being Scale

Table 3

Reliability of the Preschoolers' Subjective Well-Being Scale

	Alpha
Overall	.58
Positive Affect	.51
Negative Affect	.54
Life Satisfaction	.56

Qualitative Observations

With one exception, all children agreed to participate upon the first request, and two requests were necessary for one child. The teaching items of the Preschoolers' Subjective Well-Being Scale proved useful in helping children learn how to use the five circles. However, the majority of the questions on the Preschoolers' Subjective Well-Being Scale were answerable with a yes or no response. This was realized during testing of the first participant. Indeed, the first three children tested responded using only the smallest and largest circles. To compensate, the instructions were adapted to prompt children similarly to the method employed by Harter and Pike (1984). After being provided the initial instructions, children were further prompted throughout the administration to indicate whether they "really" felt that way, or "sometimes" felt that way.

With respect to life satisfaction, the children participating in this study reported a wide variety of changes they would make to their current lives. Children indicated their life satisfaction would increase if they had such things as a new bathing suit or new dress, or spending more time with their father. Examination of the raw data revealed that children chose only the smallest or largest circle on the majority of life satisfaction questions (see Table 4).

Table 4

Raw Count of Responses on Preschoolers' Subjective Well-Being Scale Questions 16
and 20

	Five-point score				
	1	2	3	4	5
PSWBS #16*	17	0	0	2	7
PSWBS #20**	15	2	1	0	8

*Preschoolers' Subjective Well-Being Scale #16 – Would you like to have a different life? If yes, how would you change it?

**Preschoolers' Subjective Well-Being Scale #20 – Do you think about changing things in your life? If yes, what would you change?

Discussion

The goal of the current research was to develop and validate the Preschoolers' Subjective Well-Being Scale. It was hypothesized that: (1) children's self-ratings of positive and negative affect on the Preschoolers' Subjective Well-Being Scale items would be positively correlated with these same dimensions on parental ratings using the Positive Affect and Negative Affect Scale; and (2) children's self-ratings of global self-competence would be positively related to their self-ratings of life satisfaction. Statistically, each of these hypotheses was not supported. There may be various reasons for these non-significant findings.

It may be that there are differences between preschoolers' and mothers' reports about the same constructs. The current study invited parents to participate, and did not specify that forms should be completed by either mothers or fathers. Only mothers chose to participate in this study. In a study designed to examine the correspondence between preschooler ratings and those of observers and mothers, Sessa, Avenevoli, Steinberg, and Morris (2001) reported that there exist significant differences between mothers' and children's perspectives. Their results indicated that preschoolers' reports of parenting were more consistent with that of observers than with their mothers' self-reports of parenting. They noted that more overt affective behaviours were the basis for preschoolers' and observers' reports, and mothers apparently did not identify these as central in their descriptions of parenting. Previous research has established that parental reports of children's behaviour problems and personality characteristics are not affected by the child's sex (De Fruyt & Vollarth, 2003; Konold, Walthall, & Pianta, 2004).

Roth, Dadds, and McAloon (2004) evaluated the effectiveness of a puppet interview designed to have children self-report about temperament. Their results revealed little convergence between children's reports and those of parents and teachers, but they did find parent and teacher reports to be consistent with each other. It may be that these established differences in preschoolers' and mothers' reports are a factor in the non-significant relations between children's reports on the Preschoolers' Subjective Well-Being Scale and mothers' reports on the Positive Affect and Negative Affect Scale.

It was expected that the dimensions of subjective well-being established in older children and adolescents, namely positive affect, negative affect and life satisfaction, could be used as guidelines for the study of preschoolers' well-being. It may be that, as the current results show, well-being is not comprised of these same dimensions in early childhood.

Sex Differences

Sex was found to be a significant factor in scores on all but the negative affect composites. Results of the current study revealed that boys as well as their parents tended to rate them higher on measures of positive affect, perceived competence and social acceptance. However, girls rated themselves slightly higher on the measure of life satisfaction. The small difference obtained on measures of overall self-concept and physical competence favouring boys is consistent with previous research (Marsh & Ayotte, 2003; Kling, Hyde, Showers, & Buswell, 1999). Studying a sample of 7- to 11-year old children, Marsh and Ayotte (2003) reported finding self-esteem becomes a more multidimensional construct with age. The measure they used to tap self-esteem (Self Description Questionnaire – Self-Concept Instrument, SDQ-I, Marsh, 1989) provided

ratings across eleven dimensions, including physical abilities, physical appearance, peer and parent relationships, and reading, math and school competence and affect. In contrast to the current study, Marsh and Ayotte (2003) did not find a significant sex difference on ratings of perceived school competence or parental acceptance.

Interestingly, the current study did not reveal sex differences on parental or self-ratings of negative affect. It has been well established in psychological research that there exist sex differences in the manifestations of internalizing and externalizing behaviours in children in Western society (e.g. Gaylord, Kitzmann, & Lockwood, 2003; Levy, Hay, Bennett, & McStephen, 2005). Specifically, girls tend to employ internalizing strategies in the face of difficult situations, including anxiety and depression, whereas boys more typically resort to externalizing behaviours, such as aggression and oppositional behaviour. In their review of the literature, Austin and Chorpita (2004) reported a general research finding that girls tend to report higher levels of anxiety and depression. They also noted that this sex difference in levels of internalizing disorders has proven stable across a variety of self-report measures in school-age children and adolescents.

Brannon (1996) suggested that women experience both positive and negative affect more often and with greater intensity than men. Fujita, Diener, and Sandvik (1991, cited in Brannon, 1996) found that men and women reported equal levels of happiness. Gutiérrez, Jiménez, Hernández, and Puente (2005) conducted a study with adults in their early to mid-thirties examining correlations between the Big Five and subjective well-being. They reported sex differences in negative affect, with women reporting more negative affect than men, and obtaining higher scores of neuroticism. As established by

Hotard et al. (1989) a weak link exists between extraversion and subjective well-being. Gutiérrez et al. (2005) reported a decline in extraversion in women with increasing age. However, they did not specify the age range of participants, but provided only mean ages for men and women. Thomsen, Mehlsen, Viidik, Sommerlund, and Zachariae (2005) studied age and gender differences in self-reports of negative affect. They found elderly people to score lower on measures of negative affect than younger people, but that this relation was mediated by the use of defensive coping strategies and life events. The authors suggested that the context within which the elderly participants were raised was more discouraging of the expression of negative affect than that of the younger group. Their results also pointed toward gender differences in reports of negative affect, with younger women reporting the greatest degree of Negative Affect when compared to a group of men similar in age, and elderly men and women. They indicated this difference was attributable to younger women being more prone to rumination, and perceiving having less control over their emotions and negative life events.

Simpson and Stroh (2004) discussed sex differences in emotional expression. They measured suppression and false displays of negative and positive affect in university educated adults. Their results revealed that, within the context of the work environment, women were more likely to suppress negative emotions and less likely to falsely display negative affect than men. Sex roles assumed by individuals develop throughout the lifespan, beginning in childhood. It is likely that differences were not observed in the negative affect reported by preschoolers in the current study because this sex role learning is in early stages of development.

The studies reported above focus primarily on children's experiences of negative affects. Literature examining young children's subjective experiences of positive affect is lacking. A search of existing literature revealed the focus of research to be on such things as children's responses to stress, the impact of anger on functioning, and internalizing disorders (e.g. depression and anxiety).

Age

Parental ratings of children's negative affect were positively correlated with age. Specifically, parents rated older children as experiencing significantly more negative affect than younger children. Previous research has established that younger children tend to overestimate their competence (Mantzicopoulos, 2004). The moderate and negative relation between age and peer and maternal acceptance scores obtained in the current study is in line with similarly moderate parent and child self-reports of higher positive affect in younger children than older children. Mantzicopoulos (2004) reported that with age, children develop a more realistic representation of their skills and abilities and are less likely to overestimate competence. Interestingly, physical and cognitive competence scores on the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children were not related to age in the current study. Mantzicopoulos (2004) obtained a similar finding using the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children, and suggested that the higher cognitive and physical competence scores reported by older children might be a factor of older children having already achieved mastery over the competency items presented in that scale.

Administration of the Preschoolers' Subjective Well-Being Scale

As mentioned previously, children reported a wide variety of changes they would make to their current lives, including such things as having a new bathing suit, a new dress, and spending more time with their father. Qualitatively, it appears that the changes reported by children are quite different from each other. However, as current research into the life satisfaction of young children is lacking, it is not discernable whether these factors are each significant in the life satisfaction of preschoolers. Of most interest in the current study is the subjective experience of the child. A child feeling dissatisfied without a new bathing suit, for example, may be accurately expressing her level of life satisfaction. Examination of the raw data revealed that children chose only the smallest or largest circle on the majority of life satisfaction questions.

In the same vein as life satisfaction, having a new bathing suit may provide instant gratification for a preschool child, but it is likely to be short-lived. It could be inferred that young children's life satisfaction is likely a transient experience, in that they lack the capacity to form accurate representations of the significance of events to their future selves, and to consider a variety of perspectives in forming decisions.

Lagatutta (2005) reported the results of a study examining the strategies employed by preschoolers, 7-year old children, and adults in resolving conflicting scenarios involving delaying gratification or breaking pre-established rules. She found significant differences between the reasoning strategies employed by five- and seven-year old children. Specifically, 5-year old children based their solutions on immediate goals, with little concern for rules and future consequences. Lagatutta (2005) concluded that 7-year old children have a much greater capacity to delay gratification in consideration of the

impact that breaking rules may have on the future self. As in studies of the development of executive functioning, children are better able to consider consequences and inhibit behaviour with age (Luciana & Nelson, 2002). Lagatutta (2005) pointed out that delay of gratification causes some negative affect for children and adults, even when they receive a reward in the future. Younger children have more difficulty understanding the brevity of this negative affect and overcoming the need for instant gratification by considering future rewards.

Limitations and Directions for Future Research

The primary limitation of the current study was the small sample size. The low initial response rate is likely attributable to the timing of distribution of packages to parents being just prior to the holiday season. Parents are often flooded with notices, newsletters and such at that time of year; the timing of distribution was poor. It may also be that childcare centres receive many requests throughout the year to participate in research studies from students and faculty of local universities. Prospective participants were aware that this study was Halifax-based. Preference for participation in local studies was a factor in declining to participate for at least two centres. It is hypothesized that a larger sample size would have yielded statistically significant correlations, as moderate correlations and reliability coefficients were reliably obtained with the small sample.

Secondly, many of the questions on the Preschoolers' Subjective Well-Being Scale could be answered with yes or no response. This was realized during testing of the first participant. Indeed, the first three children tested responded using only the smallest and largest circles. To compensate, the instructions were adapted to prompt children

similarly to the method employed by Harter and Pike (1984). After being provided the initial instructions, children were further prompted throughout the administration to indicate whether they “really” felt that way, or “sometimes” felt that way. It seems that children were overwhelmed with five circles used to indicate their responses, and perhaps using three circles would have been more effective. Rather than asking questions beginning with “do you”, beginning questions with “how much” may provide children with a more appropriate cue in using the circles.

Measelle, Ablow, Cowan, and Cowan (1998) highlighted the importance of continuously engaging young children in age-appropriate activities while asking them questions. The Pictorial Scale of Perceived Competence and Social Acceptance for Young Children provides children with picture plates to consider, engaging them in a stimulating activity that may facilitate open disclosure to questions. Use of a puppet-style interview, picture plates, or some other more interactive medium may help to improve the reliability of children’s self-reports. The current study provided children with five circles and verbally presented questions. Future studies using children’s self-reports should ensure children are adequately engaged and stimulated with the task.

As previously discussed, it has been well established in psychological research that there are sex differences in the manifestations of internalizing and externalizing behaviours in children. In particular, girls are more likely to employ internalizing coping strategies, whereas as boys tend to employ externalizing behaviours. Therefore, using external measures of well-being based on behaviours that can be directly observed may not be a reliable measure of young children’s well-being. Many children do not act out

when faced with difficult situations, but rather internalize negative emotions and develop maladaptive cognitions.

Understanding of emotion and acceptable forms of emotional expression begin to develop in early childhood (Martin & Green, 2005). Their review of the literature revealed that daughters converse more frequently with their parents about emotions than do sons (Martin & Green, 2005). In a longitudinal study, Brown and Dunn (1996) found a relation between children's understanding of others' emotions at the age of 6-years and their mothers' explanatory emotion talk at 40 months. When using self-report systems of emotion with very young children, it may be helpful to include a brief measure of parental emotion talk as criteria for selection for inclusion in the study.

Also, inter-rater differences have been reported by Clarke-Stewart, Allhusen, McDowell, Thelen, and Call (2003) between mothers' and psychiatrists' ratings of externalizing and internalizing behaviours in two- and five-year old children. Their results revealed that mothers were more likely to rate externalizing behaviours higher than psychiatrists, and were less likely to report their child's use of internalizing coping strategies.

That the data regarding the Preschoolers' Subjective Well-Being Scale was not statistically validated in this study provides support for the importance of continued research into young children's subjective experiences. As the literature on children who display aggressive behaviour has demonstrated (Webster-Stratton & Woolley Lindsay, 1999), children rated by parents and teachers as having conduct problems provided more positive self-ratings than would be expected given their externalizing behaviour.

Webster-Stratton and Woolley Lindsay (1999) found children rated as having conduct

problems and low social competence by parents and teachers self-reported slightly more positive self-perceptions than the control group. Denham et al. (2002) concluded that children who performed poorly on tasks of emotion knowledge at age three or four years exhibited more aggressive behaviour the following year. Taken together, the results of these studies apparently indicate that children who display more aggressive behaviour are likely to have quite positive self-perceptions.

Perhaps the use of a parental measure of child affect designed more specifically for ratings of children would have been useful. For example, Rydell, Berlin, and Bohlin (2003) designed a five-point Likert-type scale to assess anger, fear, sadness and positive emotionality in five- and six-year old children and found it to be reliable and valid. Unlike the Positive Affect and Negative Affect Scale, Rydell et al. (2003) had parents rate not only their child's experience of emotion, but also the intensity of that experience, how easily the child can self-soothe and be calmed by a parent. Their items also present parents with much more specific scenarios to consider. For example, "when playing a game that he/she enjoys very much, he/she reacts strongly and intensely" (Rydell et al., 2003, p. 45). In the present study, parents were presented with one-word labels of common emotions on the Positive Affect and Negative Affect Scale. Perhaps providing more specific, concrete examples, such as the SDQ-I provides, would have been useful. These could have been derived closely from items on the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children.

Future research examining any differences between mothers' and fathers' ratings of children's affect would also be interesting. Interestingly, only mothers chose to participate in the current study. Literature examining the effects of parent sex on ratings

of personality and behaviour problems in older children suggests that mothers, fathers and teachers rated boys and girls similarly (De Fruyt & Vollarth, 2003; Konold, Wlthall, & Pianta, 2004). Existing literature has examined the convergence of mothers' reports of child behaviours with preschool children's self-reports, teacher and psychiatrist reports. However, research investigating the convergence between mothers' and fathers' reports on preschoolers' behaviour and affect is lacking, and would likely provide an interesting insight into parents' perceptions.

Conclusion

This study has provided valuable information regarding children's subjective well-being, positive and negative affect, and life satisfaction. Further research into the subjective experience of well-being in preschoolers is necessary to unravel the complexities of this childhood construct and associations with related variables. However, the present study represents a productive springboard for future researchers to follow-up on the hypothesized relations proposed early on in the thesis. For one, the current study drew from research on life satisfaction in preschool-aged children. Research into the factors that comprise life satisfaction in preschoolers is an important and timely endeavour that still needs further clarification and exploration. Identifying these factors will allow researchers to pose more explicit questions to young children regarding their life satisfaction than was possible in the current study.

Appendix A

Letter to Child Care Centres

My name is Katherine Davidson and I am currently completing a Master of Arts degree in School Psychology at Mount Saint Vincent University. In fulfilling my thesis requirements, I am conducting a study to develop a scale to measure happiness in preschool children, under the supervision of Dr. Lagace-Seguin.

I am writing to ask for your assistance through participating in a study of children's happiness. This will involve sending an information letter and consent form home to parents. Those who wish to participate will receive two questionnaires. Children will be interviewed in a corner of the classroom for between five and ten minutes. Teachers will not be asked to complete any questionnaires.

The information collected throughout this study will be kept strictly confidential. Parents may withdraw their children from participation in this study at any time. If you should have any questions, please contact Dr. Lagace-Seguin at 457-6460.

Sincerely,

Katherine Davidson, BA
MA School Psychology Candidate
Mount Saint Vincent University

Daniel Lagace-Seguin, PhD
Assistant Professor
Mount Saint Vincent University
Department of Psychology

Appendix B

Dear Parent/Guardian,

My name is Katherine Davidson and I am currently completing a Master of Arts degree in School Psychology at Mount Saint Vincent University. In fulfilling my thesis requirements, I am conducting a study to develop a scale to measure happiness in preschool children, under the supervision of Dr. Lagace-Seguin.

I am writing to ask for your assistance through participating in a study of children's happiness. This will involve you completing one questionnaire (less than five minutes) and allowing your child to be interviewed by myself for between ten and fifteen minutes. Your child will be asked to consider a variety of statements concerning about how well he or she perceives him- or herself to be doing in a number of areas, such as physical and school-related activities, friendships, happiness and satisfaction with life. In order to obtain a rating on a five point scale, your child will be asked to point to one of five circles to indicate how much they feel the statement is true for him- or herself. At the time of the interview, if your child does not wish to participate, he or she will be permitted to decline and will not be asked more than two times. If you and your child are interested in participating, please complete the attached consent form and return it to your child's school at your earliest convenience.

The information collected throughout this study will be kept strictly confidential. Data obtained from this study will be analyzed at a group level. We will not be analyzing data for any one child independently. You may withdraw yourself and your child from participation in this study at any time.

If you consent to participate in this study and would like to receive a brief report at its conclusion, outlining the main findings, please complete the attached form, providing either your email or mailing address. Should have any questions about this study, please contact Dr. Lagace-Seguin at 457-6460, or Dr. Stephen Perrott at 457-6337, Chair of Mount Saint Vincent University Research Ethics Board.

Sincerely,

Katherine Davidson, BA
MA School Psychology Candidate
Mount Saint Vincent University

Daniel Lagace-Seguin, PhD
Assistant Professor
Mount Saint Vincent University
Department of Psychology

Appendix C
Consent Form

Child's Name: _____

School: _____

Parent(s)/Guardian(s): _____

- I give permission for my child and myself to participate in this study
- I do not wish to participate in this study

I, _____ grant permission to allow my child to participate in the study outlined above. I understand that Katherine Davidson, Graduate Student in School Psychology, will interview my child and that I will be asked to complete two questionnaires. I, _____ the legal parent/guardian of _____, am satisfied that I have all the information required to allow me to give my informed consent to participate in this study. I freely give this consent, and understand that I may withdraw my child and myself from this study at any time.

Parent/Guardian Signature

Date

Appendix D

Complete the following to receive a brief report about this study at its conclusion:

Name: _____

Email Address: _____

or

Mailing Address: _____

Appendix E

Positive Affect and Negative Affect Scale

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you perceive your child generally feels. Use the following scale to record your answers.

1	2	3	4	5
Very slightly or not at all	A little	Moderately	Quite a bit	Extremely

___ interested

___ irritable

___ excited

___ ashamed

___ upset

___ inspired

___ strong

___ nervous

___ guilty

___ determined

___ scared

___ attentive

___ hostile

___ jittery

___ enthusiastic

___ active

___ proud

___ afraid

Appendix F

Preschoolers' Subjective Well-Being Scale

Place the response sheet with the five circles on the table in front of the child. Provide the following directions:

I would like to know a little bit about how you usually feel. Look at these five circles. Which one is the biggest? Which one is the smallest? Which one is in the middle? I am going to ask you some questions and I would like you to point to a circle to tell me how much you usually feel that way.

Let's practice. Tell me a food you really like to eat. (Pause – no response, suggest ice cream, spaghetti, etc.) So if I ask, do you like _____, you would point to the really big circle, because it is something that you always like. Tell me a food you really don't like to eat. (pause – no response, suggest spinach or broccoli). If I ask, do you like to eat _____, you would point to the small circle, because you never like it. Now tell me a food you kind of like to eat. Do you not like to eat _____? You would use the middle circle, because you sometimes like _____. If it is somewhere in between kind of and always or never, use these other circles. Do you have any questions? Let's try some.

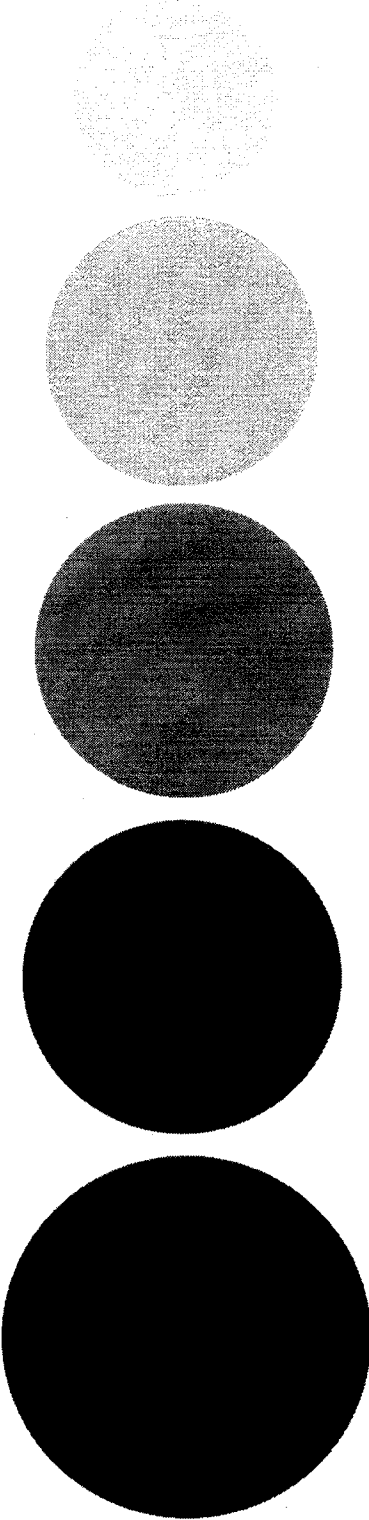
		Never	A little	Sometimes	A lot	Always
Ex.	Do you like to play? What are your					
#1:	favourite activities or games?					
1.		1	2	3	4	5
2.		1	2	3	4	5
3.		1	2	3	4	5
	Do you always like to play them or do you					
	just like to play them a lot? (pointing to					
	circles)					

		Never	A little	Sometimes	A lot	Always
	What games do you not like to play?	1	2	3	4	5
Ex.	1.	1	2	3	4	5
#2:	2.	1	2	3	4	5
	3.					
	Do you never like it, or do you like it a little? (pointing to circles)					
1.	Do you feel things are going well for you?	1	2	3	4	5
2.	Are you afraid of many things?	1	2	3	4	5
3.	Do you feel things in your life are just right?	1	2	3	4	5
4.	Do you get excited about your day?	1	2	3	4	5
5.	Do you worry about things?	1	2	3	4	5
6.	Do you find it easy to make friends?	1	2	3	4	5
7.	When bad things happen, do you feel it is your fault?	1	2	3	4	5
8.	Do you feel that your life is better than most kids'?	1	2	3	4	5
9.	Do you feel upset or sad?	1	2	3	4	5

	Never	A little	Sometimes	A lot	Always
10. Is it easy for you to calm yourself down when you feel upset?	1	2	3	4	5
11. Do other people or noises bug you?	1	2	3	4	5
12. Do you feel your life is going well?	1	2	3	4	5
13. Is it easy for you to pay attention to your teacher?	1	2	3	4	5
14. Do you find it hard to get along with the kids at school?	1	2	3	4	5
15. Do you feel proud of the work you do?	1	2	3	4	5
16. Would you like to have a different life? If yes, how would you change it?	1	2	3	4	5
17. Do you like coming to school?	1	2	3	4	5
18. Do you feel nervous?	1	2	3	4	5
19. Does your teacher have to remind you to listen?	1	2	3	4	5
20. Do you think about changing things in your life? If yes, what would you change?	1	2	3	4	5
21. Do you have lots of energy to play?	1	2	3	4	5

		Not at All	A little	Sometimes	A lot	Really A Lot
22.	Do you feel embarrassed about the ways you behave?	1	2	3	4	5
23.	Do you feel interested in the things you do?	1	2	3	4	5
24.	Do you feel scared?	1	2	3	4	5
25.	Do you come up with new ideas when you are playing?	1	2	3	4	5
26.	Do you feel jumpy, like you have to move around?	1	2	3	4	5
27.	Do you have everything that you want?	1	2	3	4	5
28.	Are you a happy person?	1	2	3	4	5

Appendix G



Appendix H

The Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (Harter & Pike, 1984) consists of an administration manual and two sets of picture plates, one for boys, and the other for girls. Statements on the four subscales address the following (Harter & Pike, 1984, p. 1972):

Cognitive Competence

Good at puzzles
 Gets stars on paper
 Knows names of colors
 Good at counting
 Knows alphabet
 Knows first letter of name

Physical Competence

Good at swinging
 Good at climbing
 Can tie shoes
 Good at skipping (girls)/jumping (boys)
 Good at running
 Good at hopping

Peer acceptance

Has lots of friends
 Stays overnights at friends'
 Has friends to play with
 Has friends on playground
 Gets asked to play with others
 Eats dinner at friends' houses

Maternal Acceptance

Mom smiles
 Mom takes you places you like
 Mom cooks favorite foods
 Mom reads to you
 Mom plays with you
 Mom talks to you

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