

FLOURISH RESEARCH SUMMARY

Traditionally, the fields of psychology and psychiatry have focused more on mental distress and disorder than on human flourishing and positive mental health (Jahoda, 1958; Myers, 2000). Increasingly, there is recognition that good mental and physical health consists of the presence of wellbeing in addition to the absence of pathology and illness. In particular, the emergence of the positive psychology movement has seen a redirection towards the scientific exploration of human wellness and optimal functioning (Gable & Haidt, 2005).

Positive psychology is an umbrella term for work that investigates happiness, wellbeing, human strengths, and flourishing (Gable & Haidt, 2005). An important component of positive psychology is research that explores the underlying mechanisms and predictors of flourishing. An equally important component is an exploration of how this knowledge can be communicated to others and applied in real life settings. In this regard, institutions such as schools are uniquely placed to promote flourishing in wide audiences thereby making a substantial difference in people's lives (Seligman, Ernst, Gillham, Reivich, & Linkins, 2009).

The purpose of this summary is to explore flourishing and to introduce the Model of Positive Education as a scienceinformed framework for helping students to thrive. While there is general consensus that promoting flourishing is a valuable objective, flourishing is a challenging construct to define. This summary will explore the what, why, and how of flourishing1. More specifically, this summary will first explore what flourishing is, including historical and contemporary conceptualisations and what flourishing means within the context of positive education. The second aim is to outline the why of the flourishing and to explore the reasons positive education is so important. The third aim is to introduce the Model of Positive Education as the how of flourishing -that provides a flexible and applicable framework for working towards thriving and optimal functioning in school communities.



INSTITUTE OF POSITIVE EDUCATION

PROMOTING FLOURISHING: WHAT?

The Hedonic Approach

Scientific inquiry into what it means to live a good life is frequently characterised as being consistent with one of two philosophical traditions: the hedonic approach and the eudaimonic approach (Deci & Ryan, 2008; Keyes, Shmotkin, & Ryff, 2002). Hedonism is a physiological school of thought that focuses on feelings and experiences (Keyes & Annas, 2009). Hedonism is often associated with the maximisation of pleasure and the minimisation of pain (Ryan & Deci, 2001). From this perspective a good life is one where a person frequently experiences positive emotions, and feelings of happiness and satisfaction.

A core concept under the hedonic umbrella is subjective wellbeing. Subjective wellbeing involves perceptions or evaluations of life quality and includes: (1) an affective component that is associated with the relative presence of positive emotions and moods and the relative absence of negative emotions and moods; and (2) a cognitive component which concerns overall satisfaction with life (Diener, 2000). Also consistent with a hedonic approach is Fredrickson's (2009) proposal that flourishing results when positive emotions outweigh negative emotions by a 3:1 ratio. Based on research on individuals, relationships, and teams, Fredrickson and her colleagues found that experiencing positive emotions led to healthy engagement with the environment and high levels of functioning (Fredrickson, 2004, 2009; Fredrickson & Losada, 2005). Moreover, when positive emotions outweigh negative emotions by a 3:1 ratio, resilience is enhanced, growth is rapid, and people become physically, psychologically, and socially equipped to flourish and thrive (see the positive emotion summary for more information on the broaden-and-build theory of positive emotions). The underpinning assumption of the hedonic approaches is that a good life is one which positive emotions and experiences outweigh negative emotions and in which people generally feel satisfied or happy with themselves and their lives.

THE EUDAIMONIC APPROACH

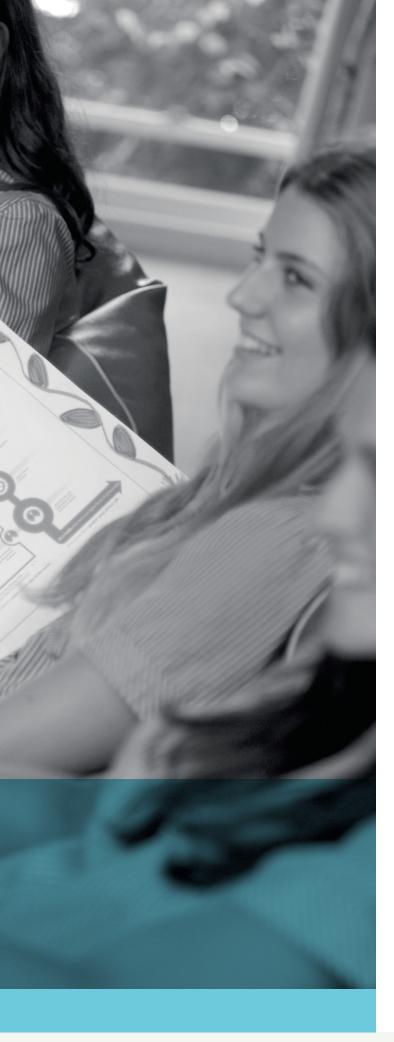
Eudaimonia as a philosophical tradition posits that happiness results from the actualisation of individual potential and from fulfilling one's daimon or true nature (Deci & Ryan, 2008). Where hedonic approaches focus on how people feel, eudaimonic approaches focus on what people do, how they act, and the choices they make (Keyes & Annas, 2009). From a eudaimonic perspective, being psychologically well involves more than feelings of happiness and entails personal growth, giving to others, and living in accordance with values (Ryff & Singer, 2008).

There have been several important contributions to

the eudaimonic school of thought. Jahoda (1958) proposed that positive mental health comprised of six factors: a positive attitude towards the self, growth and development, balance, autonomy, realistic perceptions, and environmental mastery. Both Roger's (1961) theory of the fully functioning person and Maslow's (1968) theory of self-actualisation espouse the value of self knowledge and striving to realise one's potential. Similarly, Ryan and Deci's (2000) self-determination theory posits that human growth and thriving result from the fulfilment of the psychological needs of relatedness, autonomy, and competence.

In a more recent development, Ryff and colleagues (Ryff & Keyes, 1995; Ryff & Singer, 1996) conducted a review of ideas and approaches and proposed a theory of psychological wellbeing. Ryff proposes that psychological wellbeing consists of six factors: (1) self-acceptance or feeling positive towards the self and accepting one's strengths as well as weaknesses; (2) positive relations with others or having close, warm, and supportive relationships and feeling connected to others; (3) personal growth entails openness to new experiences and a commitment to development and learning; (4) purpose in life involves feeling committed to valued goals and believing that life is meaningful and worthwhile; (5) environmental mastery entails feelings of personal competence and efficacy and confidence in one's ability to interact successfully with the environment; and (6) autonomy is a sense of self-determination and independence and a willingness to stand up for one's own ideas and beliefs despite external pressures. While not denying the importance of good feelings, eudaimonic approaches recognise that how people interact with others and their environments are integral components of optimal wellness.

Recent Developments and Combined Models While traditional research has commonly focused on either hedonic or eudaimonic approaches, recently there have been increased recognition that both feeling good and functioning well are important elements of psychological health (Keyes & Annas, 2009). Therefore, recent definitions of flourishing combine hedonic and eudaimonic elements to create a comprehensive and holistic approach. For example, Keyes (2002, 2007) defines flourishing as comprising of three components: (1) emotional (hedonic) wellbeing or the presence of positive feelings about oneself and life; (2) social wellbeing which includes feeling connected to others and valued by the community; and (3) psychological (eudaimonic) wellbeing that focuses on functioning well and is largely based on Ryff's psychological wellbeing theory (Ryff & Keyes, 1995; Ryff & Singer, 1996). Keyes's (2002) mental health continuum proposes that mental health exists on a spectrum from mentally languishing to flourishing. Languishing individuals have low subjective wellbeing, challenged relationships, and poor functioning



whereas flourishing individuals feel good about their lives, have thriving relationships, and function well (Keyes, 2007). Empirical support for the mental health continuum has come from samples of adolescents (Keyes, 2005, 2006), college students (Robitschek & Keyes, 2009), and adults (Keyes, 2002).

Seligman (2011) proposes five elements of optimal wellbeing that are requisites of flourishing: positive emotions, engagement, relationships, meaning, and achievement. Similarly, Diener et al. (2011) define flourishing as a social - psychological construct that includes having rewarding and positive relationships, feeling competent and confident, and believing that life is meaningful and purposeful. Diener et al. (2011) developed the Flourishing Scale that is designed to be used in conjunction with existing, empirically validated measures of subjective wellbeing (e.g., the Satisfaction with Life Scale) (Diener, Emmons, Larsen, & Griffin, 1985). The Flourishing Scale consists of eight items that ask respondents to evaluate their perceptions of various aspects of their lives being: meaning/purpose, supportive relationships, engagement/interest, contributions to others, competence/capabilities, self-worth, optimism, and feelings of respect from others.

In a slightly different approach, Huppert and So (2012) started from an assumption that flourishing is the polar opposite of experiencing symptoms of common mental disorders. Huppert and So (2012) used existing diagnostic criteria for depression and anxiety included in the Diagnostic and Statistical Manual of Mental Disorders (DSM - IV; American Psychiatric Association 2000) and the International Classification of Diseases (ICD - 10; World Health Organization, 1993) and proposed their opposites as indicative of flourishing. For example, the polar opposite of the depression symptom of feeling bleak and experiencing pessimistic views of the future (ICD - 10) is defined as being optimistic and hopeful about the future. This process resulted in 10 features of flourishing: vitality, self-esteem, resilience, positive relationships, positive emotions, optimism, meaning, engagement, emotional stability, and competence. While each of these various definitions takes a slightly different approach, the common element is that recent definitions of flourishing include hedonic (e.g., positive emotions and emotional stability) and eudaimonic (e.g., selfesteem, growth, meaning) components and recognise that optimal wellbeing is a multi-dimensional and holistic concept.

FLOURISHING AND THE MODEL OF POSITIVE EDUCATION

Within the model of positive education, flourishing is defined as feeling good and doing good. Feeling good is consistent with hedonic approaches to wellbeing and includes a wide range of emotions and experiences such as feeling content about the past, happy in the present, and hopeful about the future. Feeling good also includes the strength and resilience to cope with negative emotions and experiences in a healthy and adaptive way. Doing good is aligned with eudaimonic conceptualisation of wellbeing and focuses on equipping students with the skills and knowledge that helps them to thrive when faced with both challenges and opportunities. Doing good embodies functioning effectively across a wide spectrum of human experiences. Also important is a commitment to prosocial behaviours and choices that benefit others and the wider community. According to Park and Peterson (2008) a traditional priority for schools is to equip students with the skills and abilities to do well - a similar priority should be on helping students develop the will and passion to do good. Therefore, altruism, contributing to the community, and using strengths to help others are of central importance to flourishing.

Flourishing within the Model of Positive Education exists on multiple levels. Individual students may be considered to be flourishing when they are happy, thriving in their social relationships, achieving their goals with competence and confidence, and making valued contributions to others. A staff member may be flourishing when he or she experiences positive emotions throughout the day, obtains a deep sense of value from his or her work, and feels like a valued member of the school community. A class may be flourishing when most or all students feel included, where the teacher feels confident and satisfied, and where all members of the class feel engaged and committed to learning. A whole school may be flourishing when most or all members of the community feel a deep sense of commitment and belonging to the school and the culture promotes positive emotions, effective learning, and social responsibility.

PROMOTE FLOURISHING: WHY?

A focus on wellbeing and flourishing within schools provides a complement to, not a replacement of, the role parents and families play in nourishing mentally and physically healthy children and adolescents (Seligman et al., 2009). Alongside their homes, schools are one of the most important developmental contexts in students' lives (Gilman, Huebner, & Furlong, 2009). School is where a large number of influential relationships are formed, where different ideas and perspectives are explored, and where important life skills are required and developed. Evidence suggests that relationships with peers and school staff (Chu, Saucier, & Hafner, 2010; Hawker & Boulton, 2000) and the overall school climate and culture (Way, Reddy, & Rhodes, 2007) are integrally linked with a range of student wellbeing and mental health outcomes. As schools are central to students' physical and mental health, a whole school commitment to creating a nourishing environment and cultivating wellness is

imperative. A focus on flourishing in schools is especially important because adolescence is a pivotal stage of development. Adolescence is often viewed as a critical life stage in terms of the emergence and trajectory of mental illness (Paus, Keshavan, & Giedd, 2008). The rate of mental health problems, especially depression and anxiety, is consistently reported as being high with prevalence increasing as adolescence progresses (Ravens-Sieberer, Erhart, Gosch, & Wille, 2008; Sawyer et al., 2000). For example, it is estimated that between 3 and 5% of adolescents experience depression at any one time and that experiencing depression has an adverse impact on adolescents' development and substantially increases the risk of suicide (Sawyer et al., 2010). Adolescence also corresponded with high prevalence of risk-taking behaviours (Kelley, Schochet, & Landry, 2004). Furthermore, helping students to develop good physical health behaviours potentially prevents years of bad habits and unnecessary stress and wear and tear on the body systems.

Equally important to the prevention of ill-health is building good health and wellbeing. Including flourishing as a valued outcome explicitly recognises that mental health is more than the absence of mental illness and that adults and adolescents who do not have a diagnosable mental illness may not be flourishing (Suldo, Thalji, & Ferron, 2011). In samples of 43,000 adults across 23 European countries, Huppert and So (2012) found that rates of flourishing ranged from 9.3% (Portugal) to 40.6% (Denmark). In samples of adults from the US, Keyes found that only 20% met criteria for flourishing (Keyes, 2007). These rates provide a clear picture that a vast number of adults across various nations do not exhibit optimal wellbeing.

In a study of 1,234 adolescents from the US, Keyes (2006) found that young people aged 12-14 were most likely to be flourishing (48.8%), followed by moderately mentally healthy (45.2%), and languishing (6%). Adolescents aged 15 to 18 were most likely to be moderately mentally healthy (54.5%), followed by flourishing (39.9%), and languishing (5.6%). Implications of this research are that: (1) over half of adolescents in both age ranges did not meet criteria for flourishing; (2) rates of flourishing decrease as adolescence progresses. These findings are made more salient as research suggests that high wellbeing has preventative effects on the development of mental health problems over time (Suldo & Huebner, 2004). Helping more students to thrive and flourish at a young age may therefore contribute to optimal wellbeing over the lifespan.

In addition to benefits for mental health, cultivating flourishing may have academic benefits. A common assumption is that a focus on wellbeing within education takes time and resources away from academic pursuits. However, there is reason to believe that students who thrive and flourish demonstrate strong educational performance (Seligman, 2011). There is consistent evidence that positive emotions are associated with broad, creative, and open-minded thinking whereas negative emotions restrict focus and narrow attention (Fredrickson, 2001; Fredrickson & Branigan, 2005). In a study of students from the US (N = 300) Suldo et al. (2011) found that students with the highest wellbeing at one time point demonstrated the highest grades and lowest rates of school absences one year later. Similarly, in a sample of 397 adolescents, Howell (2009) found that students who were flourishing reported superior grades, higher self control and lower procrastination than students who were moderately mentally healthy or languishing. Overall, devoting time and resources to promoting flourishing in schools equips students to thrive psychologically, physically, socially, and academically.

PROMOTING FLOURISHING: HOW?

The Model of Positive Education is a framework that helps schools to work towards flourishing within their communities. The model consists of six domains central to the promotion of flourishing. The positive emotions domain focuses on the importance of helping students to anticipate, initiate, experience, prolong, and build positive emotional experiences, as well as to respond to negative emotions in a healthy way. The positive engagement domain focuses on helping students to live lives high on interest, curiosity, and absorption, and helping them to pursue goals with determination and vitality. The positive accomplishment domain aims to develop individual potential through striving for and achieving meaningful outcomes. The positive purpose domain involves understanding, believing in, and serving something greater than yourself and deliberately engaging in activities for the benefits of others. The positive relationships domain recognises the importance of connectedness and thriving relationships and prioritises helping students to develop social and emotional skills that nourish relationships with the self and others. The sixth domain of positive health focuses on helping students to develop sustainable habits for optimal physical and psychological health that are developed from a sound knowledge base. The entire model is underpinned by character strengths or ways of thinking, feeling, and behaving that come naturally and easily to a person and that enable high functioning and performance (Linley & Harrington, 2006). Furthermore, the model is supported by supportive services and referral processes for students who are unwell or experiencing challenges so that efforts to prevent and treat mental and physical illness and efforts to promote good health and flourishing work together to nourish student wellness.

The Positive Education Model provides a flexible framework through which schools can identify areas in which they are already doing well and targets for improvement. Aptitude in each domain is cultivated through a whole school approach that involves explicit learning in the classroom and implicit practices integrated throughout school life. Each domain is further supported by four elements: (1) skills and knowledge derived from the scientific basis of the domain; (2) positive activities that help students to explore and apply valued concepts; (3) positive practices that are implemented implicitly throughout the school community; and (4) evaluation strategies that help ascertain if outcomes are being achieved. For example, hope is a central component of the positive accomplishment domain which is supported across all four elements: (1) Snyder's (2002) hope theory forms a sound scientific base; (2) encouraging students to keep a hope journal is a positive activity that facilitates learning; (3) learning is supported implicitly through positive practices such as outdoor education experiences that require students to develop goals, maintain motivation, and overcome challenges in real life settings; and (4) outcomes are evaluated through validated measures such as the Children's Hope Scale (Snyder et al., 1997). Importantly, there is not a one size fits all approach and each school will have different contexts, goals, needs and strengths. However, the Model of Positive Education provides schools with an underpinning foundation to which their positive education practices can be planned, implemented, and evaluated.



SUMMARY AND CONCLUSIONS

In his most recent book, Seligman (2011) proposed that the fundamental goal of positive psychology is to build human flourishing. He proposes that people desire to live lives filled with meaning, to develop their potential, and have positive experiences across important life domains. Flourishing is the gold standard of positive psychology and positive education. Within the Model of Positive Education, flourishing is defined as feeling good and doing good. Feeling good represents traditional hedonic conceptualisations of wellbeing and recognises the value of a life lived with frequent positive emotions and engaging and fulfilling experiences (Keyes & Annas, 2009). Doing good reflects the importance of helping students to function effectively, be connected with others, thrive in the face of challenges, grow from their experiences, and contribute meaningfully to others. Overall, both how one feels and how one lives are central to a flourishing life.

In addition to flourishing being an important outcome in its own right, there is evidence that promoting wellbeing has wider implications in terms of the prevention of mental ill-health and the cultivation of academic competence (Suldo & Huebner, 2004; Suldo et al., 2011). Adolescence is a time of rapid change and is often viewed as a pivotal life stage in terms of the emergence and trajectory of mental illness (Paus et al., 2008). As the field of positive psychology progresses, and more understanding of the mechanisms and predictors of flourishing are obtained, the question moves to how this knowledge can be used to improve society. In this regard, schools are uniquely placed to communicate positive psychology knowledge to wide audiences thereby moving closer towards mentally and physically thriving individuals, communities, and societies.

The Model of Positive Education facilitates the planning, implementation, and evaluation of positive psychology knowledge within school settings. The six domains of positive emotions, positive engagement, positive accomplishment, positive relationships, positive purpose, and positive health are viewed as essential pillars of flourishing. Signature strengths provide an underpinning base through which development in each domain can be achieved. The domains are supported through scientifically-based skills and knowledge, positive activities, positive practices that are applied throughout the school, and a sound evaluation strategy. The model provides a sustainable and flexible framework for moving towards flourishing school communities and contributes to a wider population where a greater percentage of people live optimally well and thriving lives.

REFERENCES

American Psychiatric Association (2000). Diagnostic and statistical manual of mental disorders: DSM-IV-TR. Arlington, VA: American Psychiatric Publishing.

Chu, P. S., Saucier, A. A., & Hafner, E. (2010). Metaanalysis of the relationships between social support and well-being in children and adolescents. Journal of Social and Clinical Psychology, 29, 624-645.

Deci, E. L., & Ryan, R. M. (2008). Hedonia, eudaimonia, and well-being: An introduction. Journal of Happiness Studies, 9(1), 1-11.

Diener, E. (2000). Subjective well-being. The science of happiness and a proposal for a national index. American Psychologist, 55, 34-43.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. Journal of Personality Assessment, 49, 71-75.

Diener, E., et al. (2011). New well-being measures: Short scales to assess flourishing and positive and negative feelings. Social Indicators Research, 97(2), 143-156.

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. American Psychologist, 56, 218-226.

Fredrickson, B. L. (2004). The broaden-and-build theory of positive emotions. Philosophical Transactions of the Royal Society B: Biological Sciences, 359, 1367-1377.

Fredrickson, B. L. (2009). Positivity. New York: Random House.

Fredrickson, B. L., & Branigan, C. (2005). Positive emotions broaden the scope of attention and thoughtaction repertoires. Cognition and Emotion, 19, 313-332.

Fredrickson, B. L., & Losada, M. F. (2005). Positive affect and the complex dynamics of human flourishing. American Psychologist, 60(7), 678-686.

Gable, S. L., & Haidt, J. (2005). What (and why) is positive psychology? Review of General Psychology, 9, 103-110.

Gilman, R., Huebner, E. S., & Furlong, M. J. (2009). Handbook of positive psychology in schools. New York: Routledge.

Hawker, D. S. J., & Boulton, M. J. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. Journal of Child Psychology and Psychiatry, 41, 441-455. Howell, A. J. (2009). Flourishing: Achievement-related correlates of students' well-being. Journal of Positive Psychology, 4, 1-13.

Huppert, F., & So, T. (2012). Flourishing across Europe: Application of a new conceptual framework for defining well-being. Social Indicators Research, 1-25.

Jahoda, M. (1958). Current concepts of positive mental health. New York: Basic Books.

Kelley, A. E., Schochet, T., & Landry, C. F. (2004). Risk taking and novelty seeking in adolescence. Annals of the New York Academy of Sciences, 1021, 27-32.

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. Journal of Health and Social Behavior, 43, 207-222.

Keyes, C. L. M. (2005). The subjective well-being of America's youth: Toward a comprehensive assessment. Adolescent and Family Health, 4, 3-11.

Keyes, C. L. M. (2006). Mental health in adolescence: Is America's youth flourishing? American Journal of Orthopsychiatry, 76, 395-402.

Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. American Psychologist, 62, 95-108.

Keyes, C. L. M., & Annas, J. (2009). Feeling good and functioning well: Distinctive concepts in ancient philosophy and contemporary science. Journal of Positive Psychology, 4, 197-201.

Keyes, C. L. M., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. Journal of Personality and Social Psychology, 82(6), 1007-1022.

Linley, A., & Harrington, S. (2006). Playing to your strengths. Psychologist, 19, 86-89.

Maslow, A. (1968). Toward a psychology of being (2nd ed.). New York: Van Nostrand.

Myers, D. G. (2000). The funds, friends, and faith of happy people. American Psychologist, 55, 56-67.

Park, N., & Peterson, C. (2008). Positive psychology and character strengths: Application to strengths-based school counseling. Professional School Counseling, 12(2), 85-92.

Paus, T., Keshavan, M., & Giedd, J. N. (2008). Why do many psychiatric disorders emerge during adolescence? Nature Reviews Neuroscience, 9(12), 947-957. Ravens-Sieberer, U., Erhart, M., Gosch, A., & Wille, N. (2008). Mental health of children and adolescents in 12 European countries - results from the European KIDSCREEN study. Clinical Psychology and Psychotherapy, 15, 154-163.

Robitschek, C., & Keyes, C. L. M. (2009). Keyes's model of mental health with personal growth initiative as a parsimonious predictor. Journal of Counseling Psychology, 56(2), 321-329.

Rogers, C. R. (1961). On becoming a person. Boston: Houghton Mifflin.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. American Psychologist, 55, 68-78.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. Annual Review of Psychology, 52, 141-166.

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. Journal of Personality and Social Psychology, 69, 719-727.

Ryff, C. D., & Singer, B. (1996). Psychological wellbeing: Meaning, measurement, and implications for psychotherapy research. Psychotherapy and psychosomatics, 65, 14-23.

Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. Journal of Happiness Studies, 9(1), 13-39.

Sawyer, M. G., et al. (2000). The National Survey of Mental Health and Wellbeing: The child and adolescent component. Australian and New Zealand Journal of Psychiatry, 34, 214-220.

Sawyer, M. G., et al. (2010). School-based prevention of depression: A randomised controlled study of the beyondblue schools research initiative. Journal of Child Psychology and Psychiatry, 51, 199-209.

Seligman, M. E. P. (2011). Flourish. London: Nicholas Brealey Publishing.

Seligman, M. E. P., Ernst, R. M., Gillham, J., Reivich, K., & Linkins, M. (2009). Positive education: Positive psychology and classroom interventions. Oxford Review of Education, 35, 293-311.

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. Psychological Inquiry, 13, 249-275.

Snyder, C. R., et al. (1997). The development and validation of the Children's Hope Scale. Journal of Pediatric Psychology, 22, 399-421.

Suldo, S. M., & Huebner, E. S. (2004). Does life satisfaction moderate the effects of stressful life events on psychopathological behavior during adolescence? School Psychology Quarterly, 19, 93-105.

Suldo, S. M., Thalji, A., & Ferron, J. (2011). Longitudinal academic outcomes predicted by early adolescents' subjective well-being, psychopathology, and mental health status yielded from a dual factor model. Journal of Positive Psychology, 6, 17-30.

Way, N., Reddy, R., & Rhodes, J. (2007). Student's perceptions of school climate during the middle school years: Associations with trajectories of psychological and behavioral adjustment. American Journal of Community Psychology, 40(3), 194-213.

World Health Organization. (1993). The ICD-10 classification of mental and behavioural disorders: Diagnostic criteria for research. Geneva: Author.



