



The
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**An investigation into the prediction and promotion of
specific self-esteem domains in adolescents**

By:

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Abstract

Self-esteem is a protective factor in both physical and mental health. Low self-esteem in adolescence is correlated with a wide spectrum of mental disorders both through internalising (e.g., anxiety, depression) and externalising problems (e.g., aggression). This thesis adopted a positive psychology mixed methods approach and reports three studies investigating domain-specific self-esteem. The first study investigated the self-esteem of two samples of vulnerable adolescents through assessment and Life Story Interviews. Results demonstrated spiky domain specific profiles for both adolescents with dyslexia and adolescents disengaged in school and at risk for becoming ‘NEETS’ - Not in Education, Employment or Training. Narratives exposed shared themes that may potentially underpin discrepancies in self-esteem. The second study explored the promotion of self-esteem through a school-based intervention focussing on ‘positive emotions’ in the past (gratitude), present (recognition and use of character strengths) and future (hope). There was little evidence to suggest reliable improvement in academic, general, parental and social self-esteem domains, however some benefit was demonstrated in personal and global self-esteem, especially for females and those with low-level baseline scores. The third study identified predictors of self-esteem domains from an online questionnaire circulated to a large sample of typically developing adolescents. Regression analyses indicated strengths (behavioural, emotional, personal, contextual and character) variables in the final regression equation explained 61.0% of the variation in general self-esteem, 54.0% in personal self-esteem, 58.9% in academic self-esteem, 56.0% in parental self-esteem and 49.0% in social self-esteem. After controlling for demographics, a constellation of 18 strengths were identified with the strengths of “knowing yourself” and

“creativity” as universal predictors. This research highlights the importance of context, creativity and identity formation in self-esteem development and extends the literature on strengths predictors identified for potential inclusion in interventions targeting adolescents vulnerable for being at risk of low esteem.

Table of contents

Acknowledgments	2
Abstract.....	4
Table of contents	6
List of Tables.....	10
List of Figures.....	11
Declaration	13
Chapter 1.....	14
An exploration of self-esteem in adolescence from a mixed methods positive psychology perspective	14
1.1 Self-esteem in adolescence	15
1.2 Cognitive advances in adolescence	16
1.3 Identity formation in adolescence and associations with self-esteem	18
1.4 Trajectory of global self-esteem across the lifespan	21
1.5 Domain specific self-esteem.....	25
1.6 Low self-esteem in adolescence	30
1.6.1 Adolescents with dyslexia.....	33
1.6.2 Adolescents at risk of becoming NEET	41
1.7 Rationale underlying adoption of a mixed methodology	49
1.7.1 A quantitative approach	52
1.7.2 A qualitative approach	54
1.8 Overview of thesis.....	60
1.9 Summary.....	62
2 Chapter 2	64
Study 1 – A mixed methods exploration into the self-esteem of vulnerable adolescents.....	64
2.1 Overview	64
2.2 Qualitative studies with adolescents with dyslexia	64
2.3 Qualitative studies with adolescents at risk of becoming NEET	67
2.4 Research Question.....	71

2.5	Method.....	72
2.5.1	Participants.....	72
2.5.2	Materials.....	76
2.5.3	Procedure.....	108
2.6	Results for Sample 1- Adolescents with dyslexia	110
2.6.1	Participant characteristics of Sample 1 from self-esteem and strengths scores	110
2.6.2	Results of the IPA of the Life Story Interviews with Sample 1.....	111
2.7	Results for Sample 2 - Adolescents at risk of becoming NEET.....	127
2.7.1	Sample characteristics of Sample 2.....	127
2.7.2	Results of the IPA of the Life Story Interviews with Sample 2.....	128
2.8	Overall discussion of themes generated and links between self-esteem profiles and narratives	153
2.8.1	Academic self-esteem	155
2.8.2	General self-esteem.....	160
2.8.3	Parental self-esteem	161
2.8.4	Social self-esteem.....	161
2.8.5	Personal self-esteem.....	162
2.8.6	Identification of emergent themes from Life Story Interviews.....	163
2.9	Strengths and Limitations.....	166
2.10	Conclusion.....	168

3 Chapter 3 174

Study 2 – An investigation into the impact of a positive emotion intervention on the self-esteem of vulnerable adolescents 174

3.1	The importance of positive emotions in school-based interventions	176
3.1.1	The effect of gratitude	180
3.1.2	The effect of recognition and use of character strengths	183
3.1.3	The effect of hope	189
3.2	Rationale underlying adoption and adaptation of the tripartite intervention	193
3.3	Research Question.....	196
3.4	Method.....	196
3.4.1	Participants.....	196
3.4.2	Design	196

3.4.3	Materials.....	197
3.4.4	Procedure.....	198
3.4.5	Development and details of the Positive Emotion Intervention	199
3.4.6	Data Analysis	206
3.5	Results for Sample 1.....	209
3.5.1	Visual analysis	209
3.5.2	Statistical analysis	213
3.6	Results for Sample 2.....	223
3.6.1	Visual analysis	223
3.6.2	Statistical analysis	229
3.7	Summary of results.....	240
3.8	Discussion.....	242
3.9	Strengths and Limitations.....	247
3.10	Conclusion.....	248

4 Chapter 4251

Study 3 – An exploration into the predictors of self-esteem domains in adolescents251

4.1	Introduction	251
4.2	Self-esteem predictors	251
4.3	Identification of potential predictors for further investigation	254
4.4	Research Questions	257
4.5	Method.....	257
4.5.1	Participants.....	257
4.5.2	Materials.....	258
4.5.3	Procedure.....	271
4.6	Results	272
4.6.1	Factor Analysis.....	274
4.6.2	Factor structure of the self-esteem items	276
4.6.3	Associations between self-esteem domains	281
4.6.4	Associations between demographic variables and self-esteem.....	282
4.6.5	Correlations between strengths and self-esteem	285
4.6.6	Inter-correlations between strengths	2877
4.6.7	Regression Analyses	289
4.6.8	Additional analyses	296

4.7	Discussion.....	299
4.8	Strengths and limitations	303
4.9	Conclusions	307
5	Chapter 5	309
	General Discussion	309
5.1	Research questions	310
5.2	Main Findings.....	310
5.2.1	Study 1	310
5.2.2	Study 2	312
5.2.3	Study 3	317
5.3	Overall findings	320
5.4	Strengths and Limitations.....	322
5.5	Future Implications.....	327
5.6	Conclusion.....	333
	References	334
	Appendices	416

List of Tables

Table 2.1 Participant demographic characteristics of Sample 1.....	73
Table 2.2 Participant demographic characteristics of Sample 2.....	74
Table 2.3 Assessments and subscales used to measure self-esteem and strengths..	78
Table 2.4 Interview topics addressed by the Life Story Interview.....	91
Table 2.5 Descriptive statistics for the summed CFSEI-3 scales for Sample 1....	110
Table 2.6 Themes with subordinate themes for Sample 1.....	112
Table 2.7 Descriptive statistics for the summed CFSEI-3 scales for Sample 2.....	127
Table 2.8 Themes with subordinate themes for Sample 2.....	129
Table 3.1 An outline of the positive emotion intervention sessions.....	204
Table 3.2 Self-esteem scores of Sample 1 over time.....	210
Table 3.3 Effect sizes for changes in self-esteem scores of Sample 1.....	213
Table 3.4 TAU-U analysis of self-esteem scores of Sample 1.....	214
Table 3.5 Number of participants in Sample 1 experiencing reliable change.....	216
Table 3.6 Self-esteem scores of Sample 2 over time.....	225
Table 3.7 Effect sizes for changes in self-esteem scores of Sample 2.....	229
Table 3.8 TAU-U analysis of self-esteem scores of Sample 2.....	231
Table 3.9 Number of participants in Sample 2 experiencing reliable change.....	233
Table 4.1 Item-total correlations of self-esteem items.....	260
Table 4.2 Factors and loadings of the selected items of the BERS-2 by scale.....	263
Table 4.3 Factor loadings of the 96 item VIA for Youth.....	265
Table 4.4 Factors and loadings of the seven relevant SAI scales.....	267
Table 4.5 Summary of demographic profile of participants.....	273
Table 4.6 Summary of missing data.....	274
Table 4.7 Intercorrelations between the 27 self-esteem items.....	275
Table 4.8 Community values for the self-esteem items.....	277
Table 4.9 Factor Loadings for the initial (unrotated) solution.....	279
Table 4.10 Factor Loadings for the rotated factor solution.....	280
Table 4.11 Descriptive statistics for the self-esteem domains from questionnaire.	281
Table 4.12 Pearson’s correlations between the self-esteem domains.....	282
Table 4.13 Self-esteem scores by gender.....	283
Table 4.14 Self-esteem scores by ethnicity.....	284
Table 4.15 Self-esteem scores by SEN.....	284
Table 4.16 Correlations between the measures of strength and self-esteem.....	286
Table 4.17 Intercorrelations between the measured strengths.....	288
Table 4.18 Regression analysis for variables predicting academic self-esteem.....	290
Table 4.19 Regression analysis for variables predicting general self-esteem.....	291
Table 4.20 Regression analysis for variables predicting parental self-esteem.....	293
Table 4.21 Regression analysis for variables predicting social self-esteem.....	294
Table 4.22 Regression analysis for variables predicting personal self-esteem.....	295
Table 4.23 Summary of regression analyses for variables predicting self-esteem..	297

List of Figures

Figure 3.1 Academic self-esteem of participants D1, D2 and D4.....	211
Figure 3.2 General self-esteem of participants D1, D2 and D4.....	211
Figure 3.3 Parental self-esteem of participants D1, D2 and D4.....	211
Figure 3.4 Social self-esteem of participants D1, D2 and D4.....	212
Figure 3.5 Personal self-esteem of participants D1, D2 and D4.....	212
Figure 3.6 Global self-esteem of participants D1, D2 and D4.....	212
Figure 3.7a Change in academic self-esteem from pre- to immediate post- intervention.....	217
Figure 3.7b Change in academic self-esteem from pre- to 6 month post- intervention.....	217
Figure 3.7c Change in academic self-esteem from pre- to 12 month post- intervention.....	217
Figure 3.8a Change in general self-esteem from pre- to immediate post - intervention.....	218
Figure 3.8b Change in general self-esteem from pre- to 6 month post- intervention.....	218
Figure 3.8c Change in general self-esteem from pre- to 12 month post- intervention.....	218
Figure 3.9a Change in parental self-esteem from pre- to immediate post- intervention.....	219
Figure 3.9b Change in parental self-esteem from pre- to 6 month post- intervention.....	219
Figure 3.9c Change in parental self-esteem from pre- to 12 month post- intervention.....	219
Figure 3.10a Change in social self-esteem from pre- to immediate post- intervention.....	220
Figure 3.10b Change in social self-esteem from pre- to 6 month post- intervention.....	220
Figure 3.10c Change in social self-esteem from pre- to 12 month post- intervention.....	220
Figure 3.11a Change in personal self-esteem from pre- to immediate post- intervention.....	221
Figure 3.11b Change in personal self-esteem from pre- to 6 month post- intervention.....	221
Figure 3.11c Change in personal self-esteem from pre- to 12 month post- intervention.....	221
Figure 3.12a Change in global self-esteem from pre- to immediate post- intervention.....	222
Figure 3.12b Change in global self-esteem from pre- to 6 month post- intervention.....	222

Figure 3.12c Change in global self-esteem from pre- to 12 month post-intervention.....	
Figure 3.13 Academic self-esteem of participants N1 to N8.....	226
Figure 3.14 General self-esteem of participants N1 to N8.....	226
Figure 3.15 Parental self-esteem of participants N1 to N8.....	227
Figure 3.16 Social self-esteem of participants N1 to N8.....	227
Figure 3.17 Personal self-esteem of participants N1 to N8.....	228
Figure 3.18 Global self-esteem of participants N1 to N8	228
Figure 3.19a Change in academic self-esteem from pre- to immediate post-intervention.....	234
Figure 3.19b Change in academic self-esteem from pre- to 6 month post-intervention.....	234
Figure 3.19c Change in academic self-esteem from pre- to 9month post-intervention.....	234
Figure 3.20a Change in general self-esteem from pre- to immediate post-intervention.....	235
Figure 3.20b Change in general self-esteem from pre- to 6 month post-intervention.....	235
Figure 3.20c Change in general self-esteem from pre- to 9 month post-intervention.....	235
Figure 3.21a Change in parental self-esteem from pre- to immediate post-intervention.....	236
Figure 3.21b Change in parental self-esteem from pre- to 6 month post-intervention.....	236
Figure 3.21c Change in parental self-esteem from pre- to 9 month post-intervention.....	236
Figure 3.22a Change in social self-esteem from pre- to immediate post-intervention.....	237
Figure 3.22b Change in social self-esteem from pre- to 6 month post-intervention.....	237
Figure 3.22c Change in social self-esteem from pre- to 9 month post-intervention.....	237
Figure 3.23a Change in personal self-esteem from pre- to immediate post-intervention.....	238
Figure 3.23b Change in personal self-esteem from pre- to 6 month post-intervention.....	238
Figure 3.23c Change in personal self-esteem from pre- to 9 month post-intervention.....	238
Figure 3.24a Change in global self-esteem from pre- to immediate post-intervention.....	239
Figure 3.24b Change in global self-esteem from pre- to 6 month post-intervention.....	239
Figure 3.24c Change in global self-esteem from pre- to 9 month post-intervention.....	239
Figure 4.1 Scree plot of Eigenvalues by components.....	276

Declaration

I, Gabrielle Friese-Greene Pitfield, confirm that the Thesis is my own work. I am aware of the University's Guidance on the Use of Unfair Means (www.sheffield.ac.uk/ssid/unfair-means). This work has not been previously been presented for an award at this, or any other, university.

Chapter 1

An exploration of self-esteem in adolescence from a mixed methods positive psychology perspective

This chapter introduces the construct of self-esteem, its association with cognitive advances and identity formation and the developmental trajectory of global self-esteem. The five different domains of self-esteem that form the focus of this thesis are discussed before investigating the ramifications of low self-esteem. Specific reference is given to the impact of low self-esteem on the ‘vulnerable adolescents’ that comprise the participants for Studies 1 and 2, i.e., adolescents with dyslexia and disengaged adolescents at risk of becoming NEET – Not in Education, Employment or Training.

This chapter also discusses the rationale underlying the adoption of a mixed methods approach throughout this thesis in line with the research questions. A combination of quantitative and qualitative research methods were used to explore the level and promotion of self-esteem domains in a small sample of vulnerable adolescents in Studies 1 and 2, whilst behavioural, emotional, personal, contextual and character strengths predictors of self-esteem domains within a larger adolescent sample are investigated through an online questionnaire in Study 3. The construct of epistemology is addressed and the theory underpinning synthesising quantitative and qualitative research paradigms within a pragmatist framework is outlined. Furthermore, the reasoning underlying the use of the qualitative life story methodology is discussed.

1.1 Self-esteem in adolescence

Although self-esteem is a core construct in psychological theory, existing literature highlights a lack of consensus on the definition of self-esteem and its overlap with other self-definitions such as self-concept, self-perception, self-worth, self-competence etc. Serpe, Long-Yarrison, Stets and Stryker (2019) consider self-esteem a significant component of self-concept, viewing self-concept as a mental image that individuals possess of themselves based on self-view and assimilating the responses of others (Owens, & Samblanet, 2013). Indeed, Morawiak, Mrozinski, Gutral, Cypryńska, & Nezlek, (2018) consider self-esteem as the evaluative component of self-concept whilst self-concept clarity is the knowledge or structural component. Furthermore, Stets and Burke (2014) consider self-esteem to be three-dimensional comprising self-worth (the level of value and acceptance felt by the individual), self-efficacy (levels of competency felt) and authenticity (trueness to self). With a plethora of self-constructs evident in the literature it is critical to define clearly the definition of self-esteem which is operationalised within this thesis.

Battle (2002) uses self-esteem and self-concept interchangeably as both are reflective processes underpinned by advancement in cognitive and social development. Such an approach is adopted in this thesis, based on the premise that self-esteem and self-concept are influenced by not only observing one's own self and behaviour objectively, but by observing or imagining how others react to you and your behaviour. Therefore, throughout this thesis, self-esteem is defined as "an attitude towards oneself based on one's recognition of abilities and limitations" (Battle, 2002, p.3). This definition was derived from Battle (2002) whose self-esteem assessment tool, the Culture-Free Self-Esteem Inventory (CFSEI-3), was the instrument of choice throughout the three studies.

1.2 Cognitive advances in adolescence

Using a neo-Piagetian framework, Harter (1998) profiles major developmental stages in self-esteem based on cognitive advances and defines the adolescent years as early (12-14 years old), middle (15-16 years old) and late (17-18 years old) adolescence. Early adolescence is marked by significant cognitive progress in terms of abstract thinking in relation to the world, self and others. Cognitive advances allow young adolescents to utilise more self-descriptive labels (i.e., intelligent, funny), formulate multiple yet contradictory descriptions dependent on how these different aspects are revealed dependent on context (with parents, friends, teachers) (Harter, 2006b; Harter, 2012). Acknowledging this situational variability in feelings, behaviours and attitudes, adolescents tend to utilise qualifiers in the descriptions of themselves (I'm kind of intelligent). Behaviour is influenced by adolescents' views of themselves; indeed, Preckel, Niepel, Schneider and Brunner (2013) indicate that early adolescents' perceptions of academic competences is predictive of academic achievement in middle adolescence. Within adolescence, the ability to manipulate both real and imagined objects in different temporal circumstances is consolidated. An individual's perception of self develops progressively, becoming more differentiated as he or she matures and with interactions with others (Harter, 1998).

According to Fischer and Bidell (2006), the newly found ability to 'abstract map', that is the ability to map constructs about the self onto one another and directly compare them, forces the mid-adolescent to view their different attributes in terms of contradictory abstractions (e.g., extrovert and introvert). This emergent ability of abstract mapping is accompanied by a lack of cognitive control (Dawson, Fischer & Stein, 2006), in part because earlier strategies are rejected but not yet

replaced by new solutions. Although the mid-adolescent acknowledges multiple selves within different contexts and relationships, this may result in conflict between selves (James, 1892) which destabilises this growing intense self-awareness and can lead to a kaleidoscopic self. These struggles within the normative cognitive developmental processes may explain the trademark unpredictable behaviours, mood swings and oscillating self-evaluations (Harter & Monsour, 1992).

Differences between males and females are evident, with females detecting more contradictory attributes than males. Carter (2014) proposes that the socialisation of girls entails more immersion within the family and highlights the importance of connectedness; in contrast, males driven by autonomy are more influenced by the reasoning of social and moral decisions over affect responsiveness to significant others.

According to Elkind (1967), two egocentric processes also emerge in adolescence – personal fable and imaginary audience which stem from the Piagetian concept of egocentrism which emanates from the failure to distinguish one's perspective and that of others. Personal fable comprises invulnerability, omnipotence and a feeling of personal uniqueness. Imaginary audience reflects the belief that others, especially peers, are as obsessed with the adolescent's appearance and behaviour as the adolescent is themselves (Elkind & Bowen, 1979). This results in constant scrutiny and critical evaluation. However, recent studies underscore discrepancies when attempting to determine how gender and age impact egocentrism (Galanaki, 2012). Indeed, Schwatz, Maynard and Uzelac's (2008) research with adolescents ($N = 2390$) highlighted significant interactions between age and sex for both personal fable and imaginary audience. Furthermore, findings from adolescent research show negative associations between formal operations

(e.g. complex logical reasoning measured with analogy tasks) and egocentrism (e.g. Lapsley, Milstead, Quintana, Flannery, & Buss, 1986) and, therefore, contradicts Elkind's (1967) supposition that both formal operations and egocentrism increase in adolescence. Overall, such findings deviate from Elkind's original conceptualisation and question the temporal validity of the original theory.

A significant developmental function of adolescence is to construct a more differentiated, complex and organised stratification of self-esteem influenced by cognitive advances.

1.3 Identity formation in adolescence and associations with self-esteem

As adolescents' self-evaluations become more rich, descriptive, comprehensive, and organized, the seeds of identity and a coherent sense of self are planted. In the light that identity is a multifaceted construct, Schwartz, Luyckx and Vignoles (2011, p. 4) suggested an operational definition of identity consisting of the individual's "chosen commitments, personal characteristics, beliefs about oneself, roles and position in relation to others, membership in social groups and categories, treasured material possessions and where one belongs in a geographical space".

Growing psychosocial developmental theories, both in terms of discrete stages or as a continuum, focus upon adolescence as a pivotal era in identity formation. Drawing upon Erikson's (1968) seminal research on identity, this psychosocial developmental life stage (12-18 years old), is epitomised by the identity versus role confusion epoch. According to this ideology, individuals must experience a psychosocial transition crisis which must be resolved prior to successful development and advancement to the intimacy versus isolation stage of

young adulthood. Erikson (1968) argues the failure to construct a coherent and continuous sense of one's personal identity is pivotal in coping with developmental challenges in the face of discontinuities (cognitive, biological and social). In formulating an identity, adolescents integrate all the knowledge about themselves, their self-conceptions, combined with evaluations of themselves, to create a sense of self-unity that is consistent and coherent over time (Erikson, 1950). Erikson proposed that at the end of this identity versus role confusion epoch, adolescents comprehend 'Who am I?', 'Where do I come from?' and 'Where am I going?'

According to Marcia (1966), who refined and extended Erikson's work, identity achievement constitutes the successful resolution of a four-stage non-linear process (comprising foreclosure, diffusion, moratorium and achievement) constructing a coherent sense of self after exploring various options. In creating a sense of identity, adolescents examine their past and future and view their values, beliefs, and goals in relation to their politics, vocation, religion, and sexuality. Marcia proposed that a well-developed identity allows an individual to define their strengths and weaknesses as well as a belief in their individual uniqueness. In the foreclosure stage, commitments have been made prematurely to an occupational future, conforming to others' expectations without fully exploring and evaluating alternative avenues. An identity crisis has not been experienced. In the diffusion stage, the adolescent has not explored or committed to a clear sense of identity. It is questionable whether an identity crisis has or has not been faced. In the moratorium stage adolescents remain indecisive although they are actively exploring alternative commitments. Although perceived to be experiencing an identity crisis, they are moving towards identity formation. The achievement stage follows where the

adolescent has successfully navigated identity crisis and made commitments critical for forming a sense of identity.

Identity is a dynamic psychological structure and these identity statuses should not be perceived as substages in a linear or sequential journey. Indeed, individuals normally waiver over identity statuses over the adolescent years displaying different patterns of identity development (Meeus, 2011). Individual differences are displayed in that some adolescents stay in one identity status, for example, identity moratorium for a longer period while others demonstrate transitions through a multitude of identity status. The most prevalent transitions in identity status are from identity diffusion and identity foreclosure in early adolescence, and to moratorium and identity achievement later in adolescence (Al-Owidha, Green, & Kroger, 2009; Yip, 2014).

Each of these stages have ramifications for the self-esteem of the adolescent. While foreclosure is common in early adolescence, the least developed form of identity is the diffused status where there is little evidence of exploration or commitment. Identity diffusion is atypical in late adolescents and considered by Kroger, Martinussen and Marcia (2010) to be characteristic of maladjustment. Foreclosure and diffusion are linked to passivity and in late adolescence associated with maladaptive long-term consequences (Archer & Waterman, 1990; Berzonsky & Kuk, 2000), whilst the moratorium status is linked to anxiety (Lillevoll, Kroger, & Martinussen, 2013). Luyckx et al. (2008) propose adolescents feel confusion when faced with a myriad of choices and utilise an active information style approach when forced to make decisions and problem solve. Higher self-esteem is correlated with identity achievement as well as feelings of control, positivity at school and work and advanced high moral reasoning (Adams & Marshall, 1996;

Kroger, 2000). Conversely, some adolescents experience paralysing feelings of anxiety and being overwhelmed, which curtails identity exploration (Crocetti, Klimstra, Keijsers, Hale, & Meeus, 2009).

Adolescents experience severe pressure to create a sense of self, especially in relation to their future vocation. Researchers consider decision making relating to future careers as a significant issue for adolescents and potentially a pivotal part of identity formation (Alberts, Mbalo, & Ackerman, 2003; Erikson, 1968). Moreover, Faircloth underscores the importance of context in identity believing context is a "site of identity work" (Faircloth, 2012, p. 187). Indeed, Lannegrand-Willems and Bosma (2006) reveal that the students' school self-image (influenced by school feedback) has a direct effect on their attitude towards learning which in turn is associated with motivation. Conversely, Kaplan and Flum (2009) suggest that motivation directly impacts the moulding identity within the school environment. Researchers from different viewpoints highlight the perceived importance of the school context as the foundation stones in identity formation (Gee, 2000).

1.4 Trajectory of global self-esteem across the lifespan

Although self-esteem is a crucial need of humans and represents one of the most significant variables influencing an individual along their developmental timeline, affecting achievement, abilities, social interactions and mental well-being, research indicates that self-esteem does not have a linear developmental trajectory with a tangible endpoint.

Much of the literature exploring the developmental timeline of self-esteem concentrates on global self-esteem. Global self-esteem can be defined as "an overall estimate of general self-worth: a level of self-acceptance or respect for oneself: a

trait or tendency relatively stable and enduring, composed of all subordinate traits and characteristics within the self” (Guidon, 2002, p.207). In other words, global self-esteem refers to the “overall aggregated opinion of oneself at any one time, on a scale between negative and positive” (Harter, 1993, p.88).

Assessed across cultures (Schmitt & Allik, 2005), global self-esteem is correlated with well-being and positive life consequences (Steiger, Allemand, Robins, & Fend, 2014) with low self-esteem being a potential risk factor in the development of anxiety and depression (Sowislo & Orth, 2013; von Soest, Wichstrøm, & Kvalem, 2016).

Although there is convergence in the literature about the lifespan profile of global self-esteem through adulthood, there is conjecture over its trajectory during adolescence. Robins, Trzesniewski, Tracy, Gosling and Potter (2002) found that global self-esteem was high in childhood before declining in adolescence, rising gradually throughout adulthood before a steep decline in old age (after accounting for gender, socio-economic status, ethnicity and nationality). However, it has also been suggested that global self-esteem declines around 11 years of age, plummeting to its lowest point around 12 or 13 before increasing in adolescence (Harter, 2006a; Orth & Robins, 2014). Indeed, school transitions are often linked with temporary decreases in self-esteem, although, the literature reveals that most adolescents perceive themselves more positively as they transcend through their high school years (Orth & Robins, 2014; Zeiders, Umaña-Taylor, & Derlan, 2013) and this manifests in increasing self-esteem (Bachman, O’Malley, Freedman-Doan, Trzesniewski, & Donnellan, 2011; Orth, Robins, & Widaman, 2012).

Decreases in global self-esteem mostly mirror transitional changes in adolescents, such as the emotional struggles accompanying bodily changes in

conjunction with comparisons to their peers. Introspection – an increased concentration on one’s negative attributes – has also been considered partially responsible for any decline in global self-esteem between early and mid-adolescence (Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002). Introspection also reveals differences between one’s ‘real’ and ‘ideal’ self-concepts – the larger the differential the lower the self-esteem. Discrepancies between ideal and actual selves are correlated with low self-esteem, depression and low school grades (Ferguson, Hafen, & Laursen, 2010; Stevens, Lovejoy, & Pittman, 2014).

Individual differences in self-enhancement and self-protective strategies also have a part to play; a decrease in self-enhancing tendencies during adolescence impacts negatively upon self-esteem (Sedikides, Horton & Gregg, 2007).

Individuals are driven to attain a positive view of themselves (self-enhance) and self-enhancing strategies operate routinely to focus on achieving, maximising and regulating positive self-views. In contrast, self-protecting strategies are brought into situations where the self-concept is under threat (Alicke & Sedikides, 2009) and centre on the avoidance, minimisation and repair of negative self-views (Hepper, Gramzow & Sedikides, 2010). The failure to form a cohesive and coherent sense of self during adolescence impacts negatively upon global self-esteem.

Girls exhibit lower levels of self-esteem than boys across all adolescent years (Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002), with this gender gap increasing between 12-16 years (Heaven & Ciarrochi, 2008). It is suggested biological, cognitive developmental (Robins & Trzesniewski, 2005) and environmental changes combined with confusion over societal roles may be instrumental in this difference. In addition, Clay, Vignoles and Dittmar (2005) argue body image plays a critical role in the girls decline in self-esteem and may be

responsible for the large gender differentials in middle adolescence. Moreover, the pervasive impact of social media use and its negative ramifications on body image (Holland & Tiggemann, 2016) may also play a detrimental part. Birkeland, Melkevik, Holsen and Wold, (2012) indicate that from 13 years old onwards body image is one of the significant predictors of global self-esteem. Physical appearance, namely the dissatisfaction with physical appearance, becomes a salient component of global self-esteem. Indeed, there is evidence to suggest that body dissatisfaction is manifested in lower self-esteem in both girls and boys in adolescence (Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006).

Recently, robust evidence from longitudinal studies highlights systematic changes in self-esteem over the lifespan (Orth & Robins, 2019). Orth, Erol and Luciano's (2018) recent synthesis meta-analysis of longitudinal data of over 164,000 participants gave a precise image of the life-span trajectory, charting an improvement in self-esteem from age 4 to 11 years, stability from age 11 to 15, an increase until age 30, peaking at 60, constancy until 70 years of age, a slight decline until 90, before a steeper decrease at 94 years. The mean-level change pattern held true across gender, sample type, ethnicity, country, and birth cohort. This contrasts with earlier findings by Orth, Trzesniewski and Robins (2010) where differences were noted in terms of gender, ethnicity and educational levels. Females revealed lower self-esteem than males in young adulthood yet shared a trajectory in old age, whilst white and non-white participants shared comparable trajectories in young and middle adulthood although the decline in self-esteem was much more pronounced in the non-white participants. A similar trajectory was revealed between higher and lower educated individuals, although the former exhibited increased self-esteem.

Cohort (generational) differences have recently been revealed by Twenge, Carter and Campbell (2017) indicating individuals born in later years (e.g., 1960) revealed higher self-esteem and a higher probability of experiencing increasing self-esteem as they grow older compared to participants born earlier (e.g., 1920). This suggests cultural change in the form of cohort and time epoch may influence longitudinal and cross-sectional self-esteem findings.

Overall, evidence indicates that self-esteem is a relatively stable, yet changeable trait, across the life trajectory – low in childhood, increased throughout adolescence and reduced in middle and old age (Trzesniewski, Donnellan, & Robins, 2003; Orth & Robins, 2014).

1.5 Domain specific self-esteem

Adolescents reveal complex differentials in self-esteem across relationships (significant others such as family and peers) and context which leads to the formulation of the ‘kaleidoscopic self’ (Cooley, 1902, Harter, 2015). Differing opinions communicated by others are often role and context specific and since feedback can be contradictory this can lead to confusion and distress. This disequilibrium leads to self-volatility to what Rosenberg (1979) termed the ‘barometric self’ where varying approval across roles leads to different levels of role specific self-esteem in each context. Harter, Waters and Whitesell (1997) labelled this as ‘relational self-esteem’. Such volatility influences the overall level of global self-esteem.

It is therefore important to study the underlying domains of self-esteem which relate to relationships and context. Accordingly, Harter (1998) proposes that the self is multidimensional and hierarchal with global self-esteem as the

overarching construct at the apex of the hierarchy, underpinned by specific domains relating to one's self-esteem in discrete areas. Battle (2002) proposes that global self-esteem differentiates in middle to late childhood into general, academic, social and parental (home-related) self-esteem. In early adolescence personal self-esteem emerges and gauges an individual's most intimate perceptions of anxiety and self-worth.

Evidence suggests that global self-esteem differs in terms of stability, composition and correlations. Harter (1998) argues that domains of self-esteem expand and change with age, whereas Rentzsch and Schröder-Abé's (2018), two year adult (average age 47 years) study suggests that, in terms of mean levels and rank order, specific domains of self-esteem are relatively stable over time mirroring global self-esteem. However, idiosyncratic changes in self-esteem were noted more markedly in younger participants due to susceptibility to personal and environmental fluctuations.

Rosenberg, Schooler, Schoenbach and Rosenberg (1995) suggest global self-esteem to be predominately affective in nature and linked to general psychological well-being, whereas domain-specific self-esteem is predominately evaluative and judgemental, comprising a more cognitive element with a tendency to be highly correlated with behaviour or behavioural outcomes.

Numerous self-esteem domains have been explored in the literature including athletic, appearance, same sex-peer and opposite-sex peer relationships. However, within this thesis five domains (academic, general, parental, social and personal) are explored under the overarching global self-esteem. These five domains comprehensively assess significant contexts in adolescence and are the domains measured by the instrument of choice, the Culture Free Self-Esteem Inventory

assessment, (Battle, CFSEI-3, 2002). These domains are now defined according to the CFSEI-3 and discussed with reference to existent research.

Academic self-esteem is defined as “an individual’s self-esteem in academic and intellectual situations and pursuits” (Battle, 2002, p. 4). There is evidence to suggest that adolescents with high academic self-esteem achieve increased education levels and higher income levels, although covariates such as parent socio-economic class and school grades account for most of the relationship (von Soest, Wichstrøm & Kvaalem, 2016). Evidence suggests that low academic performance, adverse school adjustment and hostile behaviour within the school environment are linked to low self-esteem (Marsh Parada, Yeung, & Healey, 2001; Marsh, Trautwein, Lüdtke, Köller, & Baumert, 2006). Moreover, it has been revealed that bullying or antisocial classroom behaviour is linked to low academic self-esteem (Hay, 2000; Salmivalli, 1998).

General self-esteem is defined as “an individual’s perceptions about himself or herself as a person” (Battle, 2002, p. 4). There is scarce reference to general self-esteem in the literature as by definition it could sit as a subcomponent of the umbrella term global self-esteem defined as an ‘overall aggregated opinion of oneself at any one time’ (Battle, 2002, p. 4). However, in accordance with Battle’s (2002) definition, general self-esteem is investigated as a singular construct in this thesis as it, with personal self-esteem, the only two domain that encompasses intrapersonal perceptions.

Parental self-esteem is defined “an individual’s self-esteem within the family unit” (Battle, 2002, p. 4) and relationships with parents have a significant impact on adolescents’ views of themselves in that higher levels of self-esteem are associated with good-quality relationships with parents. Cross-cultural research has highlighted

that the overall quality of the parent-adolescent relationship predicts self-esteem (Harris et al., 2015; Wang & Sheikh-Khalil, 2014; Wissink, Dekovic, & Meijer, 2006). The type of parenting style is crucial – adolescents who exhibit high self-esteem are more likely to have been raised by warm, encouraging but firm parents (Milevsky, Schlechter, Netter, & Keehn, 2007; Wouters, Doumen, Germeijs, Colpin, & Verschueren, 2013). Conversely, if parental feedback is inconsistent, critical, insulting and not contingent on behaviour, with high parental-adolescent conflict, there is a propensity for the adolescents to experience poor self-esteem, to seek self-affirmation from peers, and exhibit problems in coping with adjustment (Milevsky et al., 2007; Wang & Sheikh-Khalil, 2014).

Social self-esteem is defined as “an individual’s self-esteem in social situations and interpersonal relationships with peers” (Battle, 2002, p.4), and evidence suggests adolescents who feel popular and well supported by peers exhibit high self-esteem (Litwack, Aikins, & Cillessen, 2012). This acceptance by peers has a positive impact on self-esteem and can also buffer negative ramifications of a distant relationship with parents (Birkeland, Breivik, & Wold, 2014). In contrast, adolescents with low self-esteem tend to report weak peer relationships (Vanhalst, Luyckx, Scholte, Engels, & Goossens, 2013).

According to Battle (2002), the personal self-esteem domain emerges in adolescence and relates to the individual’s most intimate perceptions of anxiety and self-worth. Unless the literature specifically utilises Battle’s instrument (e.g., Kounenou, 2010), the assessment of personal self-esteem appears relatively diverse. Kounenou’s (2010) used the CFSEI (Battle, 1992) to demonstrate that personal, general and social self-esteem domains significantly correlated with physical exercise; however, no significant correlation was found between self-esteem and

substance abuse. In contrast, Du, Bernardo and Yeung (2015) assessed personal self-esteem with the 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1965). This measures a sense of self-worth through personal attributes (e.g., “I am able to do things as well as most other people”). Du et al. argued that high scores on this scale reflects represented higher personal self-esteem. However, such a definition is incongruent with Battle’s definition in the Culture Free Self-Esteem Inventory (CFSEI-3, 2002) as it does not reference anxiety; consequently, the heterogeneity of the operationalisation of personal self-esteem leads to challenges when making comparisons across studies.

It is apparent that while adolescents evaluate themselves on multiple dimensions and relationships (Harter, 2012, 2015), they view their abilities more positively in some domains than others. Positive self-esteem is nurtured when adolescents evaluate themselves favourably in domains that they consider significant: this is revealed in the field of athleticism (Findlay & Bowker, 2009; Wagnsson, Lindwall, & Gustafsson, 2014). In addition, those adolescents with higher academic self-esteem are more likely to work harder and excel in that domain achieving higher marks (Preckel, Niepel, Schneider, & Brunner, 2013). The ramifications of excelling in one domain (i.e., athleticism) spillover into other domains in terms of positive self-evaluations. There is evidence to suggest that social, physical and appearance domains (Marsh, Trautwein, Lüdtke, Gerlach, & Brettschneider, 2007; Stein, Fisher, Berkey, & Colditz, 2007) feed into global self-esteem.

Divergent evidence exists regarding the interplay between the specific self-esteem domains and global self-esteem. Von Soest, Wichstrøm and Kvaem (2016) reported increasing age (from 13 to 31 years) to be associated with improvements in

both global and most domain specific categories (social, academic, athletic and appearance). Appearance self-esteem showed high and consistent correlation with global self-esteem whereas the link between social self-esteem and global self-esteem increased with age. However, Harris, Wetzel, Robins, Donnellan, and Trzesniewski (2018) suggested that, in terms of mean level change, global self-esteem and specific self-esteem domains (physical, academic, same-sex peer relationship) decreased during adolescence (10-16 years). Only opposite-sex peer relationship self-esteem increased. Although most specific self-esteem domains were concurrently related to global self-esteem, with academic self-esteem displaying the strongest associations, they failed to predict fluctuations in global self-esteem over time.

In recognition that domains of self-esteem feed into the overarching global self-esteem, it is of importance that the domains themselves are investigated in adolescents to give a richer perspective to self-esteem. Indeed, deficiencies in one domain could then be targeted for enhancement and consequently increase global self-esteem.

1.6 Low self-esteem in adolescence

Self-esteem is a crucial need of humans and represents one of the most significant variables influencing an individual along their developmental timeline, affecting achievement, abilities, social interactions and mental well-being (Orth & Robins, 2019). Empirical evidence indicates that adolescents experiencing low-self-esteem may also experience a wide spectrum of mental health difficulties and social problems. These include internalising problems, for example, anxiety, (In-Albon, Meyer, Metzke, & Steinhausen, 2017), depression (Orth, Robins, & Roberts, 2008;

Keane & Loades, 2017) and eating disorders (Courtney, Gamboz, & Johnson, 2008). Indeed, during adolescence, Orth and Robins (2014) suggest that low self-esteem is associated with depression and is predictive of depression in adulthood. A longitudinal study of over 1,500 12-16 year old adolescents by Steiger, Allemand, Robins, and Fend (2014) measured self-esteem annually and discovered both level and change in self-esteem was predictive of depression at 16 and 35 years old. If adolescents began with low self-esteem and this decreased further during the adolescent years, the adolescent was more likely to exhibit depression as an adult 20 years later: such a pattern was also found in global and domain-specific self-esteem (physical appearance and academic competence).

As well as internalising problems, low self-esteem manifests in externalising problems such as violence and substance abuse (Donnellan, Trzesniewski, Robins, Moffitt & Caspi, 2005; Mann, Hosman, Schaalma, & De Vries, 2004), bullying (O'Moore & Kirkham, 2001), and disparaging others (Collange, Fiske, & Sanitioso, 2009). Longitudinal research following New Zealand adolescents over a twenty year period revealed that those with low self-esteem exhibited poor physical and psychological health with a higher risk of engaging in criminal behaviour at age 20 (Trzesniewski, Donnellan, Moffitt, Robins, Poulton, & Caspi, 2006). In this context, low self-esteem can be regarded as a risk factor.

Indeed, Paradise and Kernis (2002) investigated fragile self-esteem and the extent to which the level and stability of self-esteem predicted scores on a multidimensional measure of psychological well-being (self-acceptance, autonomy, purpose in life, positive relations with others, environmental mastery, and personal growth) (Ryff, 1989). High self-esteem was more correlated with increased well-being than was low self-esteem. Indeed, there is evidence that self-esteem can

function as a protective factor, moderator, mediator, and an outcome of emotional well-being (Lee & Hankin, 2009; Tambelli, Laghi, Odorisio, & Notari, 2012; Laghi, Pallini, D'Alessio, & Baiocco, 2011).

As positive self-evaluations are correlated with the ability to cope well with transition and good sociability levels in adolescents of all ethnic and socio-economic groups, low self-esteem is linked to poor coping to adjustments and depression (Burwell & Shirk, 2006; McCarty, Stoep, Vander, & McCauley, 2007). Low self-esteem is also implicated in educational outcomes (Trautwein & Lüdtke, 2006; Alesi, Rappo & Pepi, 2012). The relationship between how individuals feel about themselves and their level of achievement was originally considered to be bi-directional; however, most recent findings illuminate that self-esteem is an outcome of achievement rather than a resource (Trautwein, Lüdtke, Marsh, Köller, & Baumert, 2006; Tetzner, Becker & Maaz, 2017). In other words, increased academic achievement predicted increased self-esteem, but not vice versa. In addition, within the school environment, low self-esteem is frequently seen to predict the use of maladaptive strategies which manifest in self-handicapping and learned helplessness. Those adolescents with low self-esteem exhibit a high use of maladaptive strategies. In contrast, more adaptive achievement strategies are utilised by adolescents with high self-esteem (Aunola, Stattin, & Nurmi, 2000).

Since it is well documented that the self-esteem of vulnerable adolescents is compromised compared to their typically achieving peers, the literature will now be discussed with reference to two 'at risk groups', i.e., early adolescents with dyslexia and disengaged adolescents at risk of becoming long term NEETs.

1.6.1 Adolescents with dyslexia

Dyslexia is a Specific Learning Difficulty (SpLD) which presents in varying forms and whose symptoms are assessed by standardised tests to measure whether achievement in reading (i.e., reading accuracy, speed or comprehension) “falls substantially below that expected given the individual’s chronological age, measured intelligence, and age appropriate education” (DSM-IV, 1994).

Extensively studied since its first identification by Morgan (1896), Kirk (1963) defined dyslexia as a type of learning disability which was characterised by “an unexpected difficulty in learning one or more of one instrumental school abilities” (Kirk, 1963). This “unexpected difficulty” led to the “principle of discrepancy” criteria which historically underpinned the definition of dyslexia. Discrepancy had been classified as a twofold construct: through the “discrepancy criterion” (Bateman, 1965) referring to the discrepancy between general abilities levels (e.g., reasoning) and specific learning abilities; and secondly the “low achievement criterion” which referenced the discrepancy between the level of achievement in specific instrumental school abilities and school level.

Dyslexia often gives rise to inconsistent academic achievement profiles which can impact on individual learning, social and emotional well-being (Long, MacBlain & MacBlain, 2007). This spiky uneven development profile highlights the discrepancy between reading age and cognitive potential; however, the newly diagnostic criteria for the DSM-V (2013) omits this ‘discrepancy criterion’ (Petretto & Masala, 2017). Furthermore, the removal of ‘dyslexia’ as a discrete entity with the ‘Specific Learning Disorder’ category of the DSM-V (2013) and its subsequent inclusion in the ‘Neurodevelopmental disorders’ has provoked much debate. Colker, Shaywitz, Shaywitz and Simon (2012) argued for a discrete category for

dyslexia due to the vast scientific and clinical knowledge base underpinning the diagnosis compared to less well documented ‘Other Learning Disorders’. At odds with these comments, the inclusion of dyslexia in the ‘Neurodevelopmental disorders’ group was decided upon under the single overarching terminology of “Specific Learning disorder with impairment (...in a specific academic ability)” (American Psychiatric Association, 2013).

Developmental dyslexia affects approximately 5-15% of the population and is typically identified and diagnosed in childhood during the years of formal education (Peterson & Pennington, 2012). Dyslexia is reported to affect more boys than girls (Rutter et al., 2004, Quinn & Wagner, 2015); however, this gender differential is increasingly debatable, with some researchers claiming dyslexia in girls is reported less due to masking strategies, whilst boys’ tendency to externalise brings more attention to their struggles (Hawke, Wadsworth, Olson, DeFries, 2007). Furthermore, Haywood, Máirtín Mac an Ghail and Allan (2015) suggest that the feminisation of pedagogical strategies combined with the restless nature of boys, boys’ pre-disposition to kinaesthetic and experiential learning, and the lack of male role models have had a damaging effect on typically developing boys’ experience of education.

For individuals with dyslexia, learning difficulties manifest in inaccurate, non-fluent word recognition and spelling, even when adequate instruction and sensory ability are present (Lyon, Shaywitz & Shaywitz, 2003). It is important to note that the constellation of difficulties can include poor handwriting, reduced reading experience, stunted vocabulary growth and background knowledge and difficulties with reading comprehension or maths reasoning (Lowell, Fenton, & Hook, 2014). For competent readers, acquiring meaning from print speedily is an

efficient, effortless and enjoyable process. However, for children with dyslexia, difficulties transform reading into a frustrating, disabling, time-consuming and disempowering experience (Lyon, Shaywitz, & Shaywitz, 2003).

The 'Automisation Deficit Hypothesis' proposed by Nicolson and Fawcett (1990) suggests that deficits in automaticity (controlled by the procedural system) are present particularly in literacy and numeracy skills which result in individuals with dyslexia experiencing processing overload when instructed to perform novel or complex tasks. Motor skills are also affected, specifically balance. These lower automatic skills, weaker phonology and orthography, and delayed executive function (e.g. cognitive flexibility and attention control which impacts developing resilience and coping with stress) are the three difficulties faced by adolescents with dyslexia in the school environment. Nicolson (2015) argues an inability to 'consciously compensate' for all these three difficulties leads to failure to learn and 'mental scratches'. If there is a continuation of formal teaching strategies, these 'mental scratches' exacerbate into deeper 'mental abscesses' with the resultant disturbance to literacy learning. Such negative effects on reading result in anxiety, anger and frustration which alone are documented to decrease working memory (Morey, Dolcos, Petty, Cooper, Pannu Hayes, LaBar, and McCarthy, 2009). Furthermore, as a result of this stress the brain switches state from the flexible mind-based 'declarative' learning system to the brain-based 'fight, flight or freeze' defensive procedural system (Nicolson, 2015). In other words, chronic stress impairs the learning of adolescents with dyslexia by forcing them from their preferred declarative processing path to the weaker procedural processing route.

At risk of life-long illiteracy and social exclusion (Alexander-Passe, 2008, 2012; Kirk & Reid, 2001; Morgan & Klein, 2003) dyslexia has ramifications for

academic success but also for self-esteem and social-emotional development. Retrospective adult narratives have profiled negativities, developmental delays and lack of opportunity stemming from the inability to read, write and spell proficiently in childhood (Gibson & Kendall, 2010; Glazzard, 2010, 2012; Long, MacBlain & MacBlain, 2007; Nalavany, Carawan, & Brown, 2011). Convergent literature has revealed that adolescents with dyslexia burdened by low self-esteem are subjected to low expectations and are diminished in their ability to pursue their dreams (Humphrey, 2002; Alexander-Passe, 2006). Adolescents with dyslexia are also reported to experience anxiety, depression and feelings of inferiority which impact on educational progress (Anderson & Meier-Hedde, 2017). Research has also revealed correlations between heightened anxiety and depression and low self-esteem. Mammarella, Ghisi, Bomba, Bottesi, Caviola, Broggi, and Nacinovich (2016) found that children (8-11 years old) with reading deficits reported experiencing more generalised and social anxiety as well as more depressive symptoms. The role of emotion in reading-writing performance has been shown to result in a higher level of anxiety in children with dyslexia (Nelson & Harwood, 2011). Moreover, Mugnaini, Lassi, La Malfa, and Albertini's (2009) comprehensive review found dyslexia to be a specific risk factor for anxiety and depression.

Individuals with dyslexia in the school environment may experience low self-esteem and this affects learning and performance. Low self-esteem may stem from a plethora of reasons. Negative experiences at school may result in feelings of failing to achieve academically (Humphrey, 2002). Most studies reveal the impact of dyslexia on low academic self-esteem and highlight the effect of context (Burden & Burdett, 2005) or gender (Alexander-Passe, 2006). Individuals with dyslexia may also compare themselves to their peers who are not struggling academically, which

may then have an impact on their self-esteem (Gurney, 2018). Indeed, children with dyslexia are also at greater risk of being bullied by their peers (Mishna, 2003), which results in lowered self-esteem (Singer, 2005). Within the classroom, the consequences of low self-esteem may lead to a lack of confidence in taking responsibility for learning needs (Reid, 2011), resulting in reduced motivation to succeed (Pintrich, 2003). Furthermore, Nicolson (2015) purports that individuals with dyslexia perform better with a sense of purpose focussing on goal pulls rather than goal push. A goal push is a goal that an individual pushes themselves to complete, a forced hard dynamic driven by pressure and willpower, whereas a goal pull is a goal that an individual feels naturally drawn towards, a natural and effortless dynamic driven by passion and dedication.

The inability to have control over their learning successes or failures can lead to 'learned helplessness' (Peterson, Maier, & Seligman, 1993). Burden (2008) cites Humphrey and Mullins (2002) proposition that the parallels between learned helplessness and children with reading difficulties are 'striking'. These feelings of impotence and inefficiency can permeate from the classroom into other contexts effecting social interactions with peers (Nash, 2008). School can be a disabling and damaging environment with profound negative lifelong implications (Alexander-Passe, 2006). Indeed, Nicolson (2015) contends that such adverse experiences make dyslexia an 'acquired learning disability'. Lyon, Shaywitz and Shaywitz (2003) argue that school for a student with dyslexia is a disabling strengths environment and the legacy of the current schooling system is the erosion of confidence, lack of motivation and goal setting and a negative outlook.

Further evidence investigating the self-esteem and psychosocial adjustment of 68 children with dyslexia (mean age 11.2 years) suggests that children and

adolescents with dyslexia exhibit low self-esteem (Terras, Thompson & Minnis, 2009). Findings revealed no deficit in global self-esteem; however, academic self-esteem was markedly lower than the general population. Moreover, rates of social, emotional and behavioural difficulties were significantly increased when compared to the general population and correlated well with self-esteem.

Ingesson's (2007) interviews with 75 teenagers and young adults with dyslexia explored school experiences in terms of well-being, educational achievement, self-esteem, peer relations and belief in their future. Failure and distress permeated early grades years with incidents of bullying. Later school years difficulties seemed limited to reading and writing abilities, resulting in low academic self-esteem. The young participants with dyslexia were encouraged to engage in their strength subjects in order to view themselves in a positive light. In retrospective research with adults with dyslexia, Undheim (2009) also found evidence for lower academic self-esteem and reduced educational attainment. Furthermore, Glazzard and Dale (2013) highlight the positive impact of empathetic teachers and the negative effect of the teachers lacking empathy and patience on self-concept.

Glazzard's (2010) study of 14-15 years old adolescents with dyslexia in mainstream school centred around individual semi-structured interviews which focussed specifically on the effect of dyslexia. The significance of peer comparison and impact of teachers, peer and family on self-esteem was underscored. This study highlighted that the main contributor to students' self-esteem was a positive early diagnosis of dyslexia and the subsequent 'ownership' of this label. The diagnosis of dyslexia as a genuine specific deficit, in contrast to a general learning difficulty, appeared to be a defining juncture in terms of identity and self-esteem for these

adolescents, in line with earlier findings by Riddick (1995). Taylor, Hume and Welsh (2010) suggest that those labelled earlier in development have consequential higher self-esteem levels, equating this to longer support and a protracted period of acclimatisation. The timing of a dyslexia diagnosis was linked to adolescent competency perceptions, in that an earlier diagnosis results in increased general and academic competency perceptions (Battistutta, Commissaire & Steffgen, 2018). Careful explanation of dyslexia and encouragement to excel in areas of perceived positivity is also important. However, on the other hand, early diagnosis can be perceived as a non-enabling practice where the child grows into the label and lives their life accordingly. There is ongoing controversy whether it is in the child's best interest to label or not label a child as dyslexic whilst Elliott and Grigorenko's (2014) 'dyslexia debate' questions the scientific existence of dyslexia, arguing that the dyslexia label is conceptually perplexing and may be the embodiment of the middle class badge for illiteracy.

Notwithstanding the convergent evidence linking dyslexia and low self-esteem, it must be noted it is harder to isolate specific correlations with dyslexia due to co-occurrences with other learning difficulties. Furthermore, small sample sizes and the preponderance of self-report measures limit the generalisability of findings in the wider adolescent population. Caution must also be taken when considering retrospective narratives in terms of accuracy and that memories associated to strong emotions are more likely to be recalled and discussed more frequently (Christianson, 1992).

Contrary to the deficit model, a strengths-based perspective on dyslexia is taken by the 'Positive dyslexia' movement (Nicolson, 2012) which consists of positive diagnosis of strengths, positive ambitions, positive acceleration and positive

career. This represents a paradigm shift from the focus upon weaknesses often reported in relation to this developmental disorder. Further embracing this ‘dyslexia upside hypothesis’, Gladwell (2013) considers dyslexia a ‘desirable difficulty’, believing those who have developed significant compensatory strategies due to facing adversity are a societal necessity.

Central to this dyslexia strengths debate is the ‘Delayed Neural Commitment Hypothesis’ postulated by Nicolson and Fawcett (1990, 2007, 2015). Such a hypothesis is underpinned by the ‘Automatisation deficit hypothesis’ referred to earlier. This hypothesis suggests that as children with dyslexia are relatively slow to automate skills (especially language based) and create/recreate neural networks, they therefore exhibit ‘delayed neural commitment’. This is beneficial in some situations, namely when it is advantageous to maintain earlier skills or when useful to combine two separate skills which are not within the same developmental ‘time window’. This delayed neural commitment can therefore facilitate retention of access to pre-linguistic abilities and allow the merging of knowledge from two disparate domains.

Since adults with dyslexia rely predominately on their declarative (knowledge based) skills instead of on their procedural skills, this facts and verbal knowledge base continues to expand and improve. In comparison, once a habit or procedure is learned through procedural memory process there is no further enhancement. Struggles at school means pupils with dyslexia necessitate asking for and receiving help from others and problem-solving techniques – such skills are not targeted in children without dyslexia. This ‘Delayed Neural Commitment Hypothesis’ theory, therefore, exposes critical advantages in specific cognitive and

interpersonal strengths that individuals with dyslexia possess if channelled into relevant careers.

Prevett, Bell and Ralph (2013) identified three gaps in the current dyslexia literature that needed to be developed: narrative methodology, identity of children and adolescents with dyslexia in education and the application of a strengths-based perspective. It is evident that the impact of dyslexia on the day-to-day well-being of the child or adolescent with dyslexia should be uppermost in the minds of practitioners, parents and researchers. It is therefore through a strengths-based perspective and through the promotion of positive emotions that the strengths profile of male adolescents with dyslexia is explored within this thesis.

1.6.2 Adolescents at risk of becoming NEET

The acronym NEET was first coined in the United Kingdom to refer to young people who are Not engaged in Education, Employment and Training. In April-June 2018, according to Powell (2018) there were 729,000 18-24 year olds (13%) and 55,000 people aged 16–17 (4%) classified as NEET in the UK. These are only slightly higher than figures published by the UK Office for National Statistics, revealing there are 760,000 young NEET people (aged 16 to 24 years) (July-November, 2018 bulletin). Across all state-funded schools in England the percentage of young people who are ‘persistent absentees’ is nearly 11% (DfE 2018).

There is sustained concern within policy discourses in the UK about the number of NEETs (Mawn et al. 2017). Evidence suggests when adolescents are engaged with school, academic motivation is increased and school success is facilitated (Fredricks, Blumenfeld, & Paris, 2004). Ramifications of being NEET are not limited to the school environment, with research indicating poorer mental and

physical well-being, an increased risk of depression in early adulthood (Social Exclusion Unit, 1999) with drug and alcohol dependence (Godfrey, Bradshaw, & Hutton, 2002).

Empirical findings indicate that engagement is a multidimensional concept (Glanville & Wildhagen, 2007). Three concepts have been revealed to be pivotal to understanding the difficulties underpinning disengagement in adolescents. Firstly, students can be disengaged at various levels such as content, class, school and or the entire educational process. Secondly, engagement is seen as a three-dimensional construct comprising behavioural, cognitive and emotional types (Fredricks Blumenfeld, & Paris, 2004). Behavioural engagement considers the behaviour exhibited by students in the school context as positive (i.e., good attendance) or negative (i.e., truancy). Cognitive engagement is exhibited in students' motivation to give time and effort in comprehending the subject matter and comprises perseverance in the face of academic challenges (Rumberger, 2004). Emotional engagement incorporates interest in their academic study and sense of belonging to school (Sciarra & Seirup, 2008) or, in contrast, boredom with schoolwork and disidentification with school. However, little uniformity in defining emotional engagement led Davis, Chang, Andrzejewski, and Poirier (2010) to suggest such a definition is referring to relational engagement. Thirdly, interactions between these levels and types of disengagement result in different outcomes; for example, emotional disengagement from the educational system may be shown in a lack of school connectedness, whereas behavioural disengagement with class content may be revealed as poor classroom behaviour. Furthermore, research findings suggest that lower grades and a higher probability of dropping out of school are rooted in behavioural, emotional (Janosz, Archambault, Morizot, & Pagani, 2008), and

cognitive (Steinmayr & Spinath, 2009) disengagement. Moreover, Li and Lerner (2013) demonstrated that behavioural and emotional engagement had a bidirectional relationship, and that behavioural engagement impacted cognitive engagement (but not vice versa).

According to Rumberger and Lim (2008), the factors influencing student disengagement can be divided into individual, which focus on the student, and institutional elements, which are associated to the family environment, social and educational context. Notably, it is a combination of both individual and institutional elements that uniquely impact the student in the process of disengagement (Rumberger & Rotermund, 2012).

1.6.2.1 Individual factors impacting student disengagement

Low self-esteem (Henderson, Hawke, Chaim, & Network, 2017) is one of multiple indicators exhibited in students at risk of school disengagement (Finn & Voelkl, 1993; Fredricks Blumenfeld, & Paris, 2004; Régner & Loose, 2006).

Utilising data from the Longitudinal Study of Young People in England, Mendolia and Walker (2014) demonstrated that low self-esteem increases the chances of experiencing NEET and remaining in this condition for at least two years.

There are conceptual theories regarding the process of disengagement and self-esteem. Finn (1989) regards school dropout as the final stage of a dynamic and cumulative process of school disengagement, whilst underscoring the crucial role of school achievement in both the students' perception of self and their identification with their school. In the frustration–self-esteem model, Finn (1989) suggests the behavioural disengagement process emanates from the adolescent's frustration as a result of constant repetitive failures in school which culminate in low self-esteem. In order to preserve their self-esteem, the adolescent rejects school, exhibits

problematic behaviour and may shows signs of withdrawal (Finn, 1989; Rumberger & Lim, 2008). Such a process can be likened to learned helplessness.

Moreover, the relationship between disengagement and self-esteem has been explored in terms of psychological disengagement where a defensive detachment of self-esteem from a specific domain is exhibited – this detachment within the school context relates to academic self-esteem. It is argued that the lower the academic self-esteem, the higher the disengagement from school. This is understandable since academic self-esteem is a division of global self-esteem (Harter, 1998) and a decline in academic self-esteem (for example due to poor grades) is likely to impact negatively on global self-esteem. However, this threat to global self-esteem stems from the decline in academic self-esteem not the poor grades received. In situations like this, when a student's global self-esteem is under threat or undermined, students may disengage psychologically from the academic domain in order to self-protect (Crocker & Major, 1989; Crocker, Major & Steele., 1998; Steele, 1997).

There is evidence to suggest that disengagement can result from two processes – devaluing and discounting. Devaluing academic success is where the significance of academic success is decreased to the extent where they no longer consider it as a self-relevant domain, whereas discounting the validity of academic outcomes is a process where the significance of grades received is decreased by perceiving them as biased measures of their ability (Major & Schmader, 1998; Schmader, Major, & Gramzow, 2001).

Loose, Régner, Morin and Dumas (2012) reported that discounting is positively associated with global self-esteem, and this holds true for adolescents with lower academic self-esteem. Discounting was unrelated to grades and achievement goals. In contrast, devaluing was unrelated to global self-esteem,

negatively associated to all achievement goals and linked to lower grades (Loose, Régner, Morin, & Dumas, 2012). The researchers concluded that discounting was a genuine self-protective strategy, shielding self-evaluation without lessening the motivation to succeed, whereas devaluing represents a maladaptive strategy, with no enhanced self-evaluation and with a detrimental impact on grades and the motivation to succeed.

Poor attitudes regarding school and future aspirations can also predict whether an adolescent becomes NEET; indeed, 42% of 14 year olds who strongly disagreed that a job was important were NEET four years later (Department for Children, Schools and Families, 2008). Furthermore, chronic illness, disability or mental health difficulties (Department for Children, Schools and Families, 2009) are further factors in disengagement. The misuse of drugs or alcohol dependence is also a risk factor – 71% of NEET adolescents are reported to use drugs compared to 47% of their peers (Social Exclusion Unit, 1999). According to statistics from the Department for Children, Schools and Families (2005, 2008), persistent truants are over five times more likely to become NEET at 16 years of age than those who have never been truant; moreover, of those adolescents excluded in years 10 and 11, 21% became NEET.

It has also been noted that there is an overrepresentation of boys in the NEET population, with boys reported to be 20% more likely to be NEET aged 16-18 years old than girls, (Institute for Public Policy Research, 2009); however, internationally young girls are most at risk of becoming NEET, perhaps due to young parenthood (OECD, 2015).

1.6.2.2 Institutional factors impacting student disengagement

Aside from individual risk factors for disengagement, institutional factors such as family, social and school context influence whether a student disengages. Students from low income households (Department for Children, Schools and Families, 2009), students from ethnic minority groups (Department for Children, Schools and Families, 2008), students whose families give minimal educational support or who do not value education (Rennison, Maguire, Middleton & Ashworth, 2006) are all at greater risk of disengagement, in addition to parents' or parental employment status (Payne, 2000) and carer responsibilities (Rennison et al., 2006).

In combination with the plethora of interconnected individual level variables, growing evidence suggests there are school-based factors that increase the chance of becoming NEET (Freeman & Simonsen, 2015). These school level determinants include for example, school size, academic pressure, bullying, peer pressure, and lack of pastoral support (Conchas & Rodriguez, 2007). In addition, frequent school absences, failure to form connections to peers, school or teachers, low academic attainment (Department for Children, Schools and Families, 2008) are also considered risk factors for disengagement. School organisation and structure may also play a significant part in disengagement in terms of their policies, poverty concentration, offered courses, and student-teacher relationships (Lee & Burkam, 2003, Rumberger, 2011, Rumberger & Thomas, 2000). Furthermore, Bielby, Judkins, O'Donnell and McCrone (2012) emphasise the significance of a good relationship with just one adult can influence student engagement and learning and how at risk a student is considered at school. There is also evidence to suggest that, after considering individual student characteristics, students have a greater propensity to disengage from a school that is perceived to have a high percentage of

students with behavioural problems or an unfair disciplinary system (Wehlage, 1986). Research suggests school characteristics account for a significant variation in student disengagement after individual student and family context have been accounted for (Goldschmidt & Wang, 1999).

In order to counter disengagement, some argue for the introduction of a systematic, tiered, preventative strategy to reduce the number of students disengaging from the schooling process (Mac Iver & Mac Iver, 2010). Others propose the positive collaboration of schools and communities to verify that activities and interventions within schools are administered within a culturally and contextually appropriate manner (Sugai, O’Keeffe, Fallon, (2012).

González-Rodríguez, Vieira and Vidal (2019) favour an integrated and concentric approach, aligned with Bronfenbrenner’s (1992) ecological systems theory. The student is centred at micro-level; the institutional/social context such as school, friends, family, teachers and peers represent the meso-level, whilst structural interconnections between the other levels are embedded within the macro level. Such a perspective acknowledges the co-existence of different variables associated with the student (Tomaszewska-Pękała, Marchlik & Wrona 2017). An individual student’s trajectory is contingent on the specific context and their variables interactions with each other at macro-level. González-Rodríguez, Vieira and Vidal (2019) contend the most predominant groups of variables linked to disengagement are those related to individual characteristics and those related to the family which accounted from 76% of the variance in their model.

Overall, research has highlighted that influenced by both individual and institutional factors disengagement from school can be defined as both a process and outcome. In other words, a student’s absenteeism may indicate disengagement from

school, but it also signifies a risk factor for other indicators of disengagement such as leaving school early. However, Demanet, and Van Houtte (2014) argued that inconsistent conceptualizations of ‘engagement’ undermine its scientific validity and rigour (Fredricks, Blumenfeld, & Paris, 2004; Johnson et al., 2001). Indeed, Manlove (1998) correlated ‘engagement’ with the time students spend completing their homework or revising for tests, whilst, Ryan and Patrick (2001) considered engagement as self-regulated learning and conforming behaviour and Finn (1989) highlighted participation and identification with school. According to Libbey (2004), the situation has been further confused by interchangeability of the term engagement with school climate, attachment, bonding, teacher support and involvement.

Inadequacies lie in lack of clarity of definition, inaccuracies in quantifying the number of under 18’s in the group and ill-informed stereotyping of NEET characteristics (Maguire, 2015). Moreover, limitations are also evident in failing to have fixed universal criteria for the characteristics associated with those students at risk of temporary disconnection from learning. This is normally gauged by a combination of ‘hard’ outcome measures (low levels of attainment/achievement, lack of commitment) and ‘softer’ behavioural or attitudinal measures. However, Filmer-Sankey and McCrone’s (2012) findings indicate that adolescents at risk of temporary disconnection tend not to exhibit complex needs and therefore may not be found by the traditional indicators of NEET risks.

It is therefore evident that the NEET group is heterogeneous comprising young people with a plethora of characteristics, needs, attributes and goals. Crawford, Duckworth, Vignoles and Wyness (2011) report that almost half of those who are NEET at 17/18 years old are still NEET a year later, emphasising the

persistent nature of becoming NEET and underscoring the importance of addressing the issues of those at risk of becoming NEET.

Indeed, Spielhofer's (2009) statistical segmentation of the NEET classification distinguished three broad subgroups: sustained, 'open to learning' and undecided. Since over 3/5th of NEETs fell into the last two categories, it is suggested that these young people could have been prevented from becoming NEET if targeted by effective interventions. The Audit Commission (2010) suggests that re-engaging 14-16 year olds at risk of temporary disconnection from learning would facilitate post-16 resources being consolidated and directed towards a smaller sustained group. Indeed, interventions targeting those at risk of NEET appear to be more effective than intervening with those adolescents already disengaged according to Public Health England (2014).

1.7 Rationale underlying adoption of a mixed methodology

The multi-dimensional construct of self-esteem has been discussed with reference to both adolescents with dyslexia and disengaged adolescents. Taking into consideration that the literature highlights the prevalence of low self-esteem within both these vulnerable adolescent groups, it is important to view their self-esteem through multiple lens. Indeed, the rationale underpinning the adoption to take a pluralistic approach is that it is only through the amalgamation of qualitative and quantitative methodology that a truly holistic and representative picture of the adolescent is obtained. This stance is diametrically opposed to the argument posited in the "Incompatibility Thesis" where it is argued that quantitative and qualitative research paradigms must never be interwoven (Howe, 1988). Such a perspective is

perpetuated by researchers that deem both epistemology and method inseparable (Howe, 1988, 1992).

Epistemology is considered a branch of philosophy related to the nature, origins and limitations of knowledge in combination with the justification of truth claims. Epistemology does not specify data collection and analysis methodology (Onwuegbuzie & Leech, 2005). Every researcher adopts a stance regarding what constitutes acceptable knowledge and in doing so can be categorised as a pragmatist, situationist or purist (Rossman & Wilson, 1985). Each category is situated on a continuum dependent on how far they believe qualitative and quantitative research can be interwoven. Purists advocate mono-methodology underpinned by the belief that it is incompatible to blend paradigms that perceive the world and what is considered critical knowledge differently. Although situationists see the merit in both methodologies and admit they may be complimentary, the superiority of mono-methodology is underscored. According to Newman and Benz (1998), those who adopt a pragmatic approach believe that a false dichotomy lies at the centre of the quantitative and qualitative debate. In other words, quantitative methods may not be positivist (with its scientific focus on causality and generalisations where only observable phenomenon yield credible data) and indeed qualitative data generation may not always be deemed hermeneutic, i.e., a subjective interpretivism with a focus on the details underpinning reality (Daft, 1983; Miller & Fredericks, 1991). Indeed, pragmatists propose the integration of methodology within a single study (Cresswell, 1995, 2013).

The benefits and drawbacks of conducting mixed-methods research has been addressed in the literature (Creswell & Clark 2011; Johnson & Onwuegbuzie, 2004). In terms of strengths, mixed methodology, by rejecting traditionalist dualism, aims

to bridge the divide between the purely quantitative and the purely qualitative paradigm, by producing research more aligned with practice. This endorsement of practical theory which informs effective practice is preferred to the philosophical. Indeed, knowledge is perceived as being both constructed and emanated from the reality of individual experiences which are constantly evolving and adapting to new environments and situations. Indeed, a mixed method approach allows an opportunity for researchers to integrate both quantitative and qualitative design elements that provide the best chance of answering a wider and more comprehensive set of specific research questions (Hoshmand, 2003; Johnson & Onwuegbuzie, 2004). Consequently, such an approach can yield more robust support for a conclusion through the convergence and corroboration of results, and potentially increase the generalisability of the findings. In sum, utilising a combination of quantitative and qualitative methodology may provide a more holistic knowledge base which is crucial in informing theory and practice. In terms of drawbacks, mixed methodology can be more time-consuming and costly especially when conducting concurrent research. Some research methodology issues need further confirmation and clarification such as the interpretation of conflicting findings and the methods of qualitatively analysing quantitative data. Some purists believe that adopting a pragmatist perspective may advance only incremental change rather than more fundamental societal change.

However, in sum, reflecting that both subjective meaning and observable phenomena can demonstrate knowledge, and that integrating these complimentary perspectives help interpret the data, both research methodologies are considered best fitting to address the research questions posed throughout this thesis. A pragmatic

approach is therefore adopted in the belief that qualitative and quantitative findings can be bound by an intrinsic synergy to explore adolescent self-esteem.

1.7.1 A quantitative approach

Positive attributes and strengths are intrinsic to all life domains and are defined in a multitude of ways by the different researchers. However, the lack of valid and reliable strengths-based assessments prompted researchers (Epstein & Sharma, 1998; Peterson's & Seligman, 2004; Rawana & Brownlee, 2011) to formulate their own self-report instruments stemming from their specific viewpoints to measure strengths. These instruments are used within this thesis and their psychometric properties are discussed within the Materials Section.

Seligman and Csikszentmihalyi (2000) formulised the construct of positive psychology as a backlash to a century preoccupied by psychopathology and the deficit model of disability. Such a positive psychology perspective is adopted throughout this thesis, in that although weaknesses are acknowledged, attention is focussed upon strengths which are nurtured to allow individuals to flourish and optimise their potential. Keyes (2002) defines 'flourishing' as to be filled with positive emotion and to be functioning well psychologically and socially; indeed, Fredrickson and Losada (2005) view flourishing as the antithesis of the pathology and languishing embodied in a vacuous life. However, the research underpinning their proposition that flourishing occurs when the ratio of positive emotions to negative emotions surpasses a 3:1 ratio has been highly debated and after much contention has been retracted.

The 'positive psychology' movement questions whether the purpose of education is solely to develop young people's academic abilities or if it should encompass nurturing the spectrum of character strengths - tools for well-being that

are required to live fulfilled and successful lives. According to Fox (2008), specified outcomes, learning expectation and pre-determined subject requirements dampen holistic development, intrinsic motivation and strengths development and undermine true immersion in the learning process. In the school context, Linkins, Niemiec, Gillham and Mayerson (2014) argue for a more individualized approach to the recognition and use of character strengths as distinguished from the monolithic and one-size-fits-all (traditional) character approaches that have predominated.

Consequentially, the construct of positive education developed which encompasses education for both traditional skills as well as for happiness (Seligman, Ernst, Gillham, Reivich, & Linkins, 2009). Some schools are recognising the need to develop the ‘whole child’ with emphasis on well-being (Huitt, 2011; Linkins, Niemiec, Gilham, & Mayerson, 2014). Furthermore, Margolis and McCabe (2004) argue that both experiences and subjective traits play a crucial role in education as the student learning should be both positive and appropriately challenging.

In concurrence with the positive psychology principles, a strength-based approach (Wieck, Rapp, Sullivan, and Kisthardt, 1989) emphasizes individuals’ positive attributes. Strengths-based practice refuses to judge everyone by a single benchmark. Although, pathologies, diagnoses and negative labelling are recognised the focus is transferred to how individuals discover resiliency in such circumstances (Manthey, Knowles, Asher & Wahab, 2011).

Contrary to the prescriptive approach, Peterson and Park (2009) suggest that character is a multifaceted and evolving individualistic construct. Therefore, the purpose of strengths based-character education is to identify, use and nurture existing strengths. In addition, Anderson and Heyne (2012) emphasise reflection as a crucial element within strength identification and development. An individual’s

unique character strengths profile is constructed from a combination and synergy constellation of the 24 character strengths incorporated in the Values in Action-Youth version (VIA, Park & Peterson, 2006).

1.7.2 A qualitative approach

Rooted in literacy, therapeutic and philosophical epistemologies, the origins of narrative are tripartite stemming from the common usage of storytelling, discourse elements and events of narration itself (Genette, 1980). The narrative structures and vocabularies that individuals use when they craft and tell tales of their perceptions and experience are deemed significant in themselves, providing contextualism in terms of social, historical and cultural positioning (Burr, 2003; Elliott, 2005). Social issues can be addressed, as well as encouraging the ‘voice’ of marginalised individuals and the enhancement of social inclusion (Billington, 2006). Narrative acknowledges the complexity of life where rich data can be accumulated by individual stories (Reissman, 2008); the underlying rationale is that all individuals construct narratives to make sense of their experience (Kearney, 2002).

Against the backdrop of developmental identity theories and their impact on self-esteem, the creation of an autobiographical account is a critical task in adolescence. This narrative links one’s past, present and future selves (Faircloth, 2012), therefore integrating past experiences, evolving personal changes, the demands of society and future expectations. Moreover, McLean, Syed, Yoder, and Greenhoot (2014) point to narrative as a prominent approach to identity development (e.g., McAdams, 1993). In narrative terms the ‘self’ comprises constructing and giving meaning to experiences.

Identity formation is critical to the development of the personal story; a compilation of narratives and their main themes which order the course of development, where individuals are defined in narrative instead of declarative terms. Identity can be defined as a process, and the individual as one who “is becoming” rather than one who “is” (Cierpka, 2014). This is especially pertinent for adolescents when the ability to produce their ‘own narrative’ allows them to be biographers of their ‘self’.

This internalized, evolving life story therefore comprises emotions, personal meanings, characters, problems and solutions. However, the most significant tenet of this ‘personal myth’ is the plot that integrates the narrative as this is representative of how an individual organizes their personal meaning (McAdams, 2001). As children reach the formal operational stage (at about 12 years of age), as defined by Piaget (1972), they develop logical and abstract thinking, hypothetical-deductive reasoning and reflective capability. They also begin to delineate their own morality in terms good and bad, values and the meaning of life.

The creation of a narrative identity does not occur within a vacuum, it is dependent upon relationships with family, friends, peers and teachers. The role of supportive parents in co-creating such a narrative is pivotal and those that fail to receive such support have been labelled by Harter (2006a) as an ‘impoverished self’. Such young people are particularly vulnerable during adolescence when developmental demands require that they now create a self-identity that is coherent and continuous.

Flexibility of narrative is one of its greatest attributes, facilitating its use in combination with other approaches (Wood & Frey, 2003) and with a diverse child/adolescent population (Von Korff, 2008). However, despite a growing body

of literature exploring narrative, there is scarce quality evidence of its effectiveness (Wallis, Burns, & Capdevila, 2011) or how it can be evaluated. Small studies do not demonstrate adequate conclusive evidence or generalisation within the population. However, Androutsopoulou, Thanopoulou, Economou and Bafiti (2004) argue that the coherence of narrative is significant and can be measured by quantifiable tenets such as linearity, consistency of plot, relevance and lack of contradiction. Furthermore, Morrow (2005) considers social validity, subjectivity and reflexivity, suitability of data, and adequacy of interpretation as evaluation indicators.

Investigating the truth of narrative is extremely complex, with no reliance on the posture of descriptive realism or external psychometric criteria as with positivist methodology. Whilst researcher bias is countered by being systematic and reflexive, it is difficult to consider the construct of inter-rater reliability. Furthermore, Linden (2007) proposes that the narrative building function of the left cortex is constantly active, facilitating the continual creation of narratives from snippets of perception and memory. Neuro-scientific research such as this blurs the line between the positivism of quantifiable scientific 'absolutes' and the anti-positivism perspective of qualitative methodology and reinforcing the significance of the adoption of a pragmatist perspective.

In sum, although Rahmani (2011) refers to narratives as enriching the human soul, transcending cultures, time epochs, ideologies and academic disciplines, narratives are still a contested, elaborate, transitional and evolving arena (Chase, 2005). Having dismissed the negative ethical and power consequences emanating from an authoritative voice, the potential for multiple realities within the adolescent can develop. It appears that narrative can potentially serve to facilitate both re-presentation and in part a re-creation of the experience, perception and emotion of

vulnerable adolescents. Indeed, Holte (2018) differentiates the quantitative perspective with emphasis on ‘counting’ (Hacking, 1982) which focuses on the ‘anonymous’ elements of people’s lives with the qualitative perspective which engages with the ‘authentic’ experience (Østerberg, 1976, p. 38).

1.7.2.1 The choice of the Life Story Interview (McAdams, 2001) as the qualitative instrument

The use of qualitative methods such as narrative can highlight the significance of those who feel marginalised. By assimilating different experiences and opinions from both small groups of adolescents with dyslexia and disengaged adolescents it is proposed that experiences are widely shared. Therefore, such research can expand the collective knowledge base and discourse surrounding dyslexia and disengagement and inform the wider population. Using a qualitative method may produce deep and rich data about the lived experiences of adolescents. Study 1 therefore utilised a semi-structured interview schedule as profiled by the Life Story Methodology (McAdams, 2001). As identity formation lies at the core of the Life Story Interview (McAdams, 2001), this protocol was selected to capture the essence of the adolescents’ experience and to reinforce the sense of positive identity through narrative.

The concept of structured boundaries for developmental stages has been refuted by McAdams (2001) who proposes that identity construction takes the shape of a ‘life story model’, an evolving chronicle with its setting, scenes, character, plot and theme throughout the developmental trajectory. Reconstructions of the past, present perceptions and future aims are unified by the individual to profile a narrative life story. Incorporating cultural values and norms ensures that such a portrayal is continually updated and re-evaluated within the transforming cultural

and social framework to give psychosocial unity and a purpose within the modern world. McAdams (1985, 1990) postulates peak experiences, turning points and earliest memories to be nuclear episodes in a person's self-defining life story. Subjective and selective narrative reconstructions impart valuable data for construing the central thematic threads of adolescents' identity, albeit dependent on individual differences and culture.

Furthermore, McAdams (1985, 1990) argues that ideological setting (a matrix of personal beliefs and values) plays a significant part in shaping narrative identity in adolescence. In this period, adolescents re-evaluate their opinions, what they consider normal and the principles they want to adhere to. Such a personal belief matrix forms the foundation of their identity. Self-narrative also can help bridge the relationship gap between the past, present and future. In order to answer questions such as "Who am I?", "Where am I going?", adolescents delve back into their past identifying 'nuclear' episodes', i.e., pivotal events and turning points in their lives which facilitate a sense of uniqueness. Successes and failures are categorised and explanations for the causes are explored. It is suggested that adolescents attribute meanings to differing aspects of their life by the ordering of their past, present and future vision. The life story by integrating past, present and future, allows the narrator to form a sense of cohesive self. The act of narrating our life story can be cathartic and forces the adolescent to search for the key to their existence. Through the recollection of life events a sense of continuity can be established – the sense of remaining the same person through time and differing situations – that allows the adolescent to see their place in the adult world.

Whilst McAdams' life story model is based on adult identity, Habermas and de Silveria (2008) successfully extracted whole life stories from 8 years old

children. Reese Yan, Jack and Hayne (2010) developed ‘The Emerging Life Story Interview’ with 8- 12 years old probing the organisation of their life stories and how they drew meaning from events. Findings revealed the organization of the life story, not the level of insight, was concurrently linked to the early adolescents’ well-being. Indeed, enhanced levels of self-esteem were reported by the adolescents with most organised life story.

The research undertaken for this thesis aims to ‘give voice’ to these often invisible and marginalised adolescents in a protected yet enabling safe environment. Daley (2013) through her research with young substance users, emphasises the over-dominance of risk-mitigation in research with vulnerable adolescents. She argues against an environment in which the need to protect the young supersedes the need to ensure that young people participate in discussions about themselves and that may subsequently lead to policy decisions about them.

The importance of reflexivity in research is paramount and Chapter 2 includes a section on reflexivity recognising that the complexities of the researcher all shape how ethical a research design is and how the data is interpreted. Daley also emphasises the often ‘silent issue’ of vicarious trauma to the researcher concentrating on physical safety rather than emotional. Daley (2013) also highlights of the difference between beneficence and non-maleficence. With the construct of beneficence – ‘doing good’ – rarely are the benefits of participants quantifiable or observable. In contrast, non-maleficence is the avoidance of harm by its identification and management. However, it is the gauging beneficence that is future minded.

1.8 Overview of thesis

The overarching aim of this PhD is to contribute to knowledge relating to the self-esteem of adolescents: by investigating the self-esteem of vulnerable adolescents through assessment and Life Story Interviews; by exploring the promotion of self-esteem through a ‘positive emotions’ intervention; and through identifying the predictors of self-esteem domains in typically developing adolescents. This thesis adopts this positive psychology mixed methodology approach and reports three studies investigating self-esteem addressing three aims.

The first aim (explored in Study 1) is to explore the self-esteem of vulnerable adolescents from both a quantitative (self-esteem and strengths assessments) and qualitative (life story methodology) perspective. The importance of interweaving qualitative and quantitative findings in a mixed methodology framework is highlighted. ‘Vulnerable adolescents’ were investigated in two samples; Sample 1 comprised four 13-14 year old boys with dyslexia; whereas Sample 2 comprised of eight 14-15 year olds disengaged in school and at risk for becoming NEET- Not in Education, Employment or Training.

Self-esteem scores were measured by the Culture-Free Self-Esteem Inventory-3 (CFSEI-3; Battle, 1992) which assessed scores in different domains of self-esteem (academic, general, parental, social and personal). To complement these assessments, a qualitative approach was also adopted to further investigate the underpinnings of the self-esteem of these adolescents. Since identity formation is a crucial developmental function in adolescence (Erikson, 1968), the Life Story Interview (McAdam, 2002) was used to investigate the lived experience of both samples. This identity-based methodology consolidates past, present and future emotion to facilitate the adolescent in achieving a cohesive sense of self.

Interpretative Phenomenological Analysis (IPA) identifies emergent umbrella themes and their subordinate themes (Smith, Flowers & Larkin, 2009).

The second aim (covered in Study 2) was to evaluate the impact of a school-based positive emotion intervention on specific domains of self-esteem. Orth and Robins (2014) suggest that there is evidence to indicate that self-esteem can be improved through intervention and that, indeed, effective interventions can have multiple positive outcomes (O' Mara, Marsh, Craven, & Debus, 2006). In the adolescent population there is scarce, piecemeal and divergent research investigating the impact of positive emotions on self-esteem. This research intended to fill the research gap by focussing on the impact of positive emotions on the different domains of self-esteem.

Therefore, both participant samples from Study 1 engaged in an 8-10 week 'positive emotions' intervention. Self-esteem was assessed at four time points; pre-intervention, immediate post-intervention, 6 month post-intervention and 9 or 12 month post-intervention. The intervention focussed on positive emotions in the past (gratitude), present (recognition and use of character strengths) and future (hope) and was selected to reinforce the significance of temporal flow and connectivity elements of past, present and future as established in the Life Story Interview (McAdam, 2002). Positive emotions are proposed to have had a broadening effect on the individual's momentary thought-action repertoire (Fredrickson, 2004), relinquishing automatic responses and instead searching for novel, creative and fluid ways of thinking and acting (Fredrickson & Joiner, 2002, 2018). As a consequence, an individual's personal resources are increased thus creating an upward spiral of positive emotions. Results were reported as a multiple single case design.

The third aim (addressed in Study 3) was to investigate correlations between specific strengths and self-esteem domains. Literature underscores the significance of the tripartite role of parents, schools and peers in self-esteem development (Birkeland, Melkevik, Holsen, & Wold, 2014; Orth, Erol, & Luciano, 2018). However, it is debatable whether increased self-esteem is a consequence or predictor in these associations (Masselink et al., 2018; Tetzner, Becker & Maaz, 2017).

An online questionnaire was therefore designed and circulated to a large sample of adolescents ($N= 953$) from four secondary schools in the north and south of England. Regression analyses explored the associations between specific behavioural, emotional, personal, contextual and character strengths and self-esteem domains. In addition, since research has highlighted the influence of demographics upon adolescent self-esteem, the impact of age, gender, Special Educational Needs (SEN) provision, ethnicity and multiple deprivation decile on self-esteem domains were also investigated. Knowledge of strength predictors of self-esteem domains could facilitate their inclusion into interventions aimed at enhancing the self-esteem of those identified as at risk of experiencing low self-esteem

1.9 Summary

This introductory chapter introduced the constructs of positive psychology within a mixed methods framework and defined the multi-dimensional and hierarchical construct of self-esteem with reference to Battle (2002), whose instrument is central to the three studies that comprise this thesis.

Historically, the investigation of global self-esteem in comparison to other self-esteem domains (academic, general, parental, social and personal) has attracted

the most attention in the literature. Therefore, the objective of this thesis is to investigate the specific domains underpinning the overarching construct of global self-esteem. Numerous factors have been identified that impact the trajectory of self-esteem including gender, ethnicity, education attainment and cultural generational change.

Pivotal to mental and social well-being, self-esteem is a protective factor in both physical and mental health. The literature indicates that for more ‘vulnerable adolescents’ low self-esteem is associated with a wide spectrum of mental disorders and social problems, including both internalising problems (e.g. anxiety, depression and eating disorders) (Steiger, Allemand, Robins, & Fend, 2014) and externalising problems (e.g. violence and substance abuse) (Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005).

Since low self-esteem in adolescence leads to widespread and pervasive negative outcomes, the participant samples in Studies 1 and 2 consist of a small number of ‘vulnerable adolescents’ already identified in the literature as experiencing low self-esteem (i.e., those living with dyslexia and those at risk of becoming NEET). Self-esteem has been revealed to be stable during the adolescent years and individuals possessing low self-esteem in adolescence have been found to be more likely to have low self-esteem a decade or so later (Orth & Robins, 2014). This provides the ideal opportunity to explore the promotion and prediction of the self-esteem domains.

2 Chapter 2

Study 1 – A mixed methods exploration into the self-esteem of vulnerable adolescents

2.1 Overview

This chapter introduces Study 1, an in-depth mixed method approach into the self-esteem of vulnerable adolescents, through the assessment of self-esteem and other strengths and Life Story Interview analysis. This study aims to provide a holistic perspective of the self-esteem of two samples of vulnerable adolescents whose low self-esteem has been well documented; adolescents with dyslexia, (Alexander-Passe, 2006; Humphrey, 2002) and disengaged adolescents (Henderson, Hawke, Chaim, & Network, 2017). In order to explore the underpinnings of self-esteem it is important to portray the lived experience of these adolescents through narrative, in the knowledge that this age is pivotal in terms of positive identity formation (Erikson, 1968). Existing qualitative literature focussing on adolescents with dyslexia and those disengaged and at risk of becoming NEET is discussed before detailing the methodology used in Study 1. The self-esteem and strengths characteristics of participants are detailed before introducing the themes that emerged through Interpretative Phenomenological Analysis (IPA) of their Life Story Interviews. An overview of the findings is then provided.

2.2 Qualitative studies with adolescents with dyslexia

There is a growing number of qualitative studies investigating adolescents with dyslexia focussing upon their lived experiences as well as the experiences of their parents and teachers. Such studies serve to enlighten and educate families and

teachers about the widespread impact of living with dyslexia recognising that school is a critical environment laying the foundations of their success or failure (Alexander-Passe, 2016). IPA is the predominant analysis method of interviews with significant others in combination with adolescents with dyslexia and findings underscore the need for more co-operation and understanding within the school context (Alexander-Passe, 2015).

Rapus-Pavel, Vitalic and Rejec (2018) used IPA to interpret and compare the experiences of coping within the school context from the perspectives of four adolescents with dyslexia (aged between 12 and 13 years), their mothers and their teachers. Three themes emerged: the cause of distress in school situations (a lack of understanding from teachers, peer acceptance, learning activities and assessment, mothers' high expectations); reactions to problems (mothers take on learning responsibilities, adolescents experience of severe distress); and expectations regarding the supply of assistance (increased understanding of emotional distress, more adaptive teaching strategies, increased guidance of special education teacher, increased independence of adolescent). However, the comparison of the adolescents', mothers' and teachers' narratives revealed divergent perspectives regarding difficulties and the provision of support. Adolescents, unlike their mothers and teachers, were concerned about peer acceptance and how their classmates perceived their inability to learn. Moreover, adolescents and mothers wished for teachers to implement more widespread adjustments in teaching strategies whilst teachers raised concerns over a lack of guidance from the special educational teachers relating to how to teach adolescents with dyslexia.

This contrast of experiences surrounding dyslexia was also revealed by the IPA of semi-structured interviews with 13 children with dyslexia (aged between 10-

16 years) and 22 of their parents (Leitão, Dzidic, Claessen, Gordon, Howard, Nayton, & Boyes, 2017). In this study, childrens' accounts were ecologically placed at both the micro and mesosystem level of Bronfenbrenner's (1992) ecological model, whereas parents' perspective also included the wider exosystem. Both accounts referred to the theme of 'difference'. This is indicative of the difficulties associated with societal and cultural attitudes that promote perceived ability and shame difference. This may indeed be related to the negative emotional coping such as self-harm revealed in interviews with adolescents with dyslexia (Alexander-Passe, 2015). Retrospective narratives of young adults with dyslexia revealed their perceptions of their quality of life as adolescents was relatively normal, although thematic analysis highlighted challenges within the school environment and the level of support required (Calleja, 2016).

Whilst Humphrey and Mullins (2002) revealed the negative impact of dyslexia on self-esteem, Lithari's (2018) interviews again highlighted relationships with teachers, societal attitudes regarding literacy, support in school, academic achievement and the responses of others as central to the dyslexia thread in the transition to secondary school. Litharo (2018) refers to this culminating in a 'fractured academic identity'.

In contrast to these qualitative findings emphasising the negative impact of dyslexia, Burden and Burdett's (2005) interviews with 50 boys (11-16 years old) revealed positive feelings of locus of control, self-efficacy and a determined and sustained work ethic, although this in part may be explained by the independent special school context. Furthermore, interviews with language students with dyslexia also reinforced the impact of a positive relationship with their teacher and motivational teaching strategies (Kormos, Csizér, & Sarkadi, 2009). Claassens and

Lessing's (2015) analysis of interviews with six young adults with dyslexia (18-21 years) revealed the significance of social support networks and individual coping strategies in influencing socio-emotional outcomes. Participants identified positive emotions about dyslexia, social support, acceptance and their personal strengths as indicators to success.

Indeed, Agahi, Nicolson and Sepulveda's (2015) IPA of interviews with successful adults revealed a 'Strengths Decathlon' consisting of triads of cognitive (visuospatial, big picture, creativity), social (empathy, teamwork, communication) and work (determination, proactivity and flexible coping) skills with a bias towards unconventional thinking. However, most of these skills are thought to develop post-school through experience when freedom facilitates the use of latent/emergent talents.

2.3 Qualitative studies with adolescents at risk of becoming NEET

Emerging qualitative research has explored the lived experience of NEET young people through a variety of interview procedures. Reiter and Schlimbach's (2015) qualitative longitudinal German study of 21 adolescents (15-24 years old) consisted of 13 young people who had experienced periods of exclusion from education, employment and training. Another 8 were young people who had reacted against the threat of becoming NEET by involving themselves in pseudo-activities such as falsely claiming to work in family businesses and completing courses they had already finished.

The research used a stand-alone problem-centred interview to reconstruct the adolescents' biographical accounts of the school to work transition, in conjunction with their interpretations of such experience. Analysis revealed seven main narrative

themes; vocational status, self-actualisation, meaningful activity, convenience, finances, leisure and life struggles. Such findings highlight how conscious these adolescents were of the struggles of being NEET, and their biographical narratives revealed the use of rival narratives to entrench the experience of being NEET, to circumvent it or evade talking about altogether. Such behaviour was coined as 'NEET in disguise' (Reiter & Schlimbach, 2015).

Experiences of young NEET people in England have also been documented and analysed taking an ethnographical perspective (Russell, 2013, Simmons, Russell, & Thompson, 2014), where individual participants were contextualised in terms of social, cultural and political positioning.

Yates and Payne's (2006) interviews with other 855 young people highlighted the plethora of diverse reasons underlying NEET status. Three subgroups were identified: those in temporary 'transition' due to individual circumstances that would quickly re-engage with employment, education or training; young parents who disengaged with the school system to care for their children; and a more 'complicated' group that displayed a variety of 'risks' that were instrumental in their NEET status, for example, experiencing addiction, having emotional and behavioural struggles, being homeless and engaging in criminal behaviour.

Building upon these subgroup definitions, Seddon, Hazenburg and Denny's (2013) study focused upon 24 NEET individual defined as 'complicated'. The outcome benefits of a 6 week EEP were investigated through a general efficacy measure in terms of positive changes to the participant's ($N = 24$) states of mind that would improve future employability (Epstein & McFarlan, 2011). Whilst semi-structured interviews explored the participants' ($N = 15$) perceptions of the EEP

they had engaged in. Results revealed a statistically significant increase in the levels of general self-efficacy of the participants completing the EEP. Analysis of scripts through an iterative method based on grounded theory revealed four themes prior to the EEP and four post-intervention. Three of the themes ('prior experience', 'self' and 'future') identified prior to the EEP resurfaced post-intervention. The post-intervention theme engagement in 'the programme' highlighted the importance of structure in the day, a new positive outlook having tried new activities, the development of sense of community and positive peer relationships. Moreover, findings suggest that engagement in the EEP enhanced the participants ability to counter the impact of 'social exclusion' through, for example, improvements in self-perception and aspiration. There was also evidence to suggest that participants exhibited more structured employment-seeking strategies as well as more realistic career ambitions. Such results reinforce the main objective of the EEP, namely, to increase motivation to seek employment, education and training opportunities. Improvements in social-confidence, self-respect, self-image and social skills were also revealed. Overall, results for these 'complicated' NEET young people reveal the significance of progress in their lives in parts that they regard as important.

Triangulation of both the quantitative and qualitative findings suggest a causal relationship between the EEP and the beneficial outcomes described above. Indeed, the authors propose these findings in combination with prior research (Denny, Hazenberg, Irwin, & Seddon, 2011) demonstrate a potential link between participants perceptions of EEP benefits and improvements in their general self-efficacy levels. However, caution is warranted when interpreting these findings due to the small sample size, the difficulties in operationalising 'complicated', attrition rates and lack of further reassessments points.

Recently, Ryan, D'Angelo, Kaye and Lorinc (2019) adopted a mixed methods approach to investigate the factors that cause adolescents to disengage from and potentially re-engage with the school environment. By examining the literature on school engagement and perceived support, this paper illustrated that enhancing perceptions of support can have a positive impact on school engagement. This study utilised a sequential design with a quantitative students' questionnaire ($N = 3,018$), followed by two sessions of interviews with a smaller sub-sample of adolescents ($N = 16$ and $N = 10$). They argued it was crucial to consider perceived support needs in terms that are 'differentiated, diffuse and dynamic' (Ryan, D'Angelo, Kaye & Lorinc, 2019, p.2).

Differentiated types of support can comprise emotional, practical and informational whilst diffuse players including parents, teachers and significant others are origins of perceived support. These fluid and dynamic interactions between perceived support and school engagement are revealed over time through the study's longitudinal qualitative findings. This evolving interplay provides opportunities to improve positive outcomes. Quantitative findings revealed a 'hierarchical' relationship between engagement and the various sources of support. After controlling for demographic characteristics, academic ability and self-reported behaviour in school, the strongest predictor of school engagement was perceived teacher support, then parental and friends' support. The process of how this operated was dependent on individual adolescent circumstances, contexts and available opportunities and this was investigated through narrative. Narrative reinforced the importance of perceived teacher support, especially the significance of the encouragement of individual teachers, although this fluctuated over time. It also emerged that perceived parental support which encompassed wider familial

connections were especially important when deciding educational paths, in that, those university educated members of the family were deemed to be significant in terms of knowledge base. The narratives regarding perceived friendship support was complex and not so positive, with narratives underscoring that friends can also play a negative influence in terms of school engagement. Furthermore, changing circumstances related to family economics, geographical mobility, new environment and family breakdown, can all influence perceived support, engagement levels and outcomes (Ryan, D'Angelo, Kaye, & Lorinc, 2019).

The present chapter reports the quantitative and qualitative findings for these two samples. The participant demographics and self-esteem scores are tabulated (strengths assessment findings for the samples are listed in Appendices 1-4) before exploring the qualitative findings from the staged process of analysis of their Life Story Interviews through Interpretative Phenomenological Analysis (IPA). Such an approach allows the individual participants' self-esteem profile to be viewed through the lens of the themes generated from their narratives. A section on reflexivity, a vital component of IPA, is also included, before a general overarching discussion considering the interplay and interlinking of all the findings.

2.4 Research Question

The current study sought to answer the following research question, with the aim of identifying emergent themes from the adolescents' Life Story Interviews which may underpin self-esteem.

Do vulnerable adolescents exhibit lower self-esteem than normative scores measured by the Culture-Free Self-Esteem Inventory (CFSEI-3, Battle, 2002)?

2.5 Method

2.5.1 Participants

Participants were recruited through opportunity sample, from those that were willing and available to participate in the intervention.

These two small samples of vulnerable adolescents comprised adolescents with dyslexia (Sample 1) and adolescents considered at risk of becoming NEET (Sample 2).

2.5.1.1 Sample 1 – Adolescents with dyslexia

The participants for the study were identified by the Learning Support Department in collaboration with the individual class teachers of an independent single sex (boys) secondary school in Yorkshire. After discussions with the Head, four participants from Year 9 were identified by having a diagnosis of dyslexia (with no co-morbidity). These participants were considered most likely to gain from a strengths-based interventionist approach and were not partaking in any other programs. This opportunity sample were invited to take part through letter, information packs were circulated and all consent forms from both parents and adolescents were returned to the Head of Learning Support.

Participant characteristics of Sample 1

The four participants had received a diagnosis for dyslexia (with no co-morbidity) and were receiving learning support. Participants were aged between 13 and 14 years ($M = 13.94$, $SD = 0.44$). All participants were male and White British.

Table 2.1 Participant demographic characteristics of Sample 1

ID	Gender	Age	Ethnicity	SEN provision
D1	M	14	White British	Dyslexia
D2	M	14	White British	Dyslexia
D3	M	13	White British	Dyslexia
D4	M	13	White British	Dyslexia

2.5.1.2 Sample 2 – Adolescents at risk of becoming NEET

The participants for the study were identified by Future Shapers Mentors in collaboration with the Head of a large mainstream secondary school in the North of England. Future Shapers is a payment by results intensive support programme for vulnerable 14-17 year olds at risk of becoming long term NEET. Eight participants, one from Year 9 and seven from Year 10, were identified as displaying signs of disengagement from school and lowering school grades. These individuals were selected by the Head/Mentor/Learning Support Department in collaboration with Future Shapers as most likely to gain from a strengths-based interventionist approach and invited to take part through letter. In order to prevent extraneous factors interfering with the reliability and validity of this study, it was decided that the identified participants would temporarily come off the Future Shapers program to participate in the current research.

In collaboration with the Head of the Learning Support Department a parents' after school information session was scheduled for parents and organised to

discuss the programme. Information packs were circulated and all consent forms from both parents and adolescents returned to the Head of Learning Support.

Participant characteristics of Sample 2

Participants were aged between 13 and 15 years ($M = 14.83$, $SD = 1.26$). Of the eight participants, six were White British, one Black Caribbean and African and one White Eastern European and five were male. Two had a diagnosis of dyslexia and both were receiving learning support.

Table 2.2 Participant demographic characteristics of Sample 2

ID	Gender	Age	Ethnicity	SEN provision
N1	F	15	White British	Dyslexia
N2	F	14	White British	N/A
N3	F	14	White British	N/A
N4	M	15	White British	N/A
N5	M	15	Black Caribbean and African	Dyslexia
N6	M	14	White British	N/A
N7	M	15	White British	N/A
N8	M	13	White Eastern European	N/A

2.5.1.3 Ethics

Principles of informed consent, withdrawal, debriefing, confidentiality, anonymity, integrity, impartiality and respect were adhered to throughout this

research (Code of ethics and Conduct, BPS, August 2009) and Studies 1 and 2 had full Ethics approval from the Department of Psychology at the University of Sheffield before commencement of empirical work (See Appendix A.). Due to the involvement of vulnerable participants (i.e., adolescents) the researcher was checked by the Disclosure and Barring Service (DBS) to obtain an enhanced DBS check.

Although this research was intended to be an empowering, inspiring and enjoyable experience for the participants, it was acknowledged that these participants are vulnerable due not only to age but due to their circumstances. Although this research did not touch intentionally upon potentially highly sensitive topics, the process of recalling a life story may evoke strong emotional responses and it was crucial for the researcher to remain mindful and respectful throughout. Since an individual's vulnerability oscillates it may be that at this particular time in their life a participant felt more vulnerable, due to their social-economic background or cultural and living circumstances. Throughout the process, constant liaison with relevant staff ensured none of the participants felt particularly emotionally vulnerable.

Interviews always have the potential for disclosing difficult and challenging issues. The Life Story Interview may evoke negative (as well as positive) challenging emotions and memories when exploring different junctures in their past. The Non-Maleficence - 'doing no harm' - concept was particularly pertinent to ensure those feeling particularly vulnerable coped with painful recollections that surfaced during narrative.

All questions were asked in a responsible and caring manner and the participant could refuse to answer any question at any time. At any point during the interview the participant could stop the interview and request 'time out'. However,

if any information was imparted to the researcher regarding harm or potential harm involving the participant, such information would be passed to the relevant individual or body. This scenario did not occur.

The participants were told the aims of the study at the onset and again after completion of the study and were encouraged to ask as many questions as possible. In line with BPS ethics guidelines, at no point were participants misled or deceived; transparency was essential. They were verbally briefed and debriefed in an age appropriate child friendly manner and could withdraw at any stage. It was believed that by facilitating an open exchange of information, the adolescents felt more involved in the research process. The aim of this research was to achieve Beneficence - 'doing positive good' - allowing participants to reflect upon the research as a positive directional experience.

As inconvenience during the school day may have been a concern to the participants and their parents, interviews were scheduled with the Heads, Year/Form Tutors and the Learning Support Department to cause the least disruption to the academic lessons of the school day.

2.5.2 Materials

2.5.2.1 Demographic information

Consent forms and age-appropriate information sheets were circulated for both the parents and participants. A demographic questionnaire completed by the parent ascertained age of participant, ethnicity, whether difficulties were experienced in the school environment, if a specific learning disability had been diagnosed, and if the participant was in receipt of learning support.

2.5.2.2 Quantitative Assessments

The primary outcome measure was self-esteem, the other measures gave behavioural and emotional, personal, contextual and character strengths information and those results are reported and analysed in the Appendix B (Tables B1-B4). A summary is seen in Table 2.3.

Normative based instruments (compared individual performances with age-related peers)

- Culture Free Self-Esteem Inventory -3 (CFSEI-3, Battle, 2002) (adolescent version).
- Behavioural & Emotional Ratings Scales (Youth) (Epstein, 2004) self, parent, teacher versions.

Ipsative instruments (gauged differences over time within each participant)

- Values in Action Inventory for Youth (VIA-IS (Youth), Peterson & Seligman, 2004).
- Strengths Assessment Inventory (SAI-Y, Rawana & Brownlee 2010).

Table 2.3 Assessments and subscales used to measure self-esteem and strengths

Assessment	Description of assessment	Descriptive ratings Self-Esteem	Academic, General, Parental, social and personal self- esteem domain Standard scores	Global self- esteem Response scales
Primary Outcome Measure Culture-Free Self-Esteem Inventory (CFSEI-3, Battle, 2002) Adolescent Form	Self-report normative assessment which measures Global self-esteem and 5 domains of self-esteem	Very High High Above Average Average Below Average Low Very Low	17-20 15-16 13-14 8-12 6-7 4-5 1-3	>130 121-130 111-120 90-110 80-89 70-79 <70

Secondary Outcome Measures	Description	Descriptive ratings Behavioural & Emotional strength	Interpersonal, Family involvement, Intrapersonal School functioning, Affective strength domain Standard scores	BERS-2 Strength Index Response scales
The Behavioural & Emotional Rating Scales (BERS-2, Epstein, 2004) Youth, Teacher and Parent Forms	Self/Teacher/Parent report normative Measures Behavioural & Emotional strengths Index and 5 domains	Very Superior Superior Above Average Average Below average Poor	17-20 15-16 13-14 8-12 6-7 4-5	>130 121-130 111-120 90-110 80-89 70-79

Secondary Outcome Measures contd.	Description	Score range
Values in Action Inventory for Youth (VIA-IS (Youth), Peterson & Seligman, 2004)	Self-report Ipsative instrument Measures 24 Character strengths Appreciation of excellence and Beauty, Bravery, Love, Prudence, Teamwork, Creativity, Curiosity, Fairness, Forgiveness, Gratitude, Honesty, Hope, Humour, Perseverance, Judgement, Kindness, Leadership, Love of Learning, Humility, Perspective, Self-Regulation, Social Intelligence, Spirituality, Zest	0-5
Strengths Assessment Inventory (SAI-Y, Rawana & Brownlee, 2010)	Self-report Ipsative instrument Measures 21 Personal & Contextual strengths Competent Coping skills, Commitment to family values, Respect for own culture, Optimism for future, Community engagement, Functional classroom behaviour, Creativity, Sense of well-being, Health consciousness, Pro-social attitude, Activity engagement, Peer connectedness Strengths at home, Strengths at school, Strengths during free time, Strengths with friends, Strengths from knowing myself, Strengths from keeping clean and healthy, Strengths from being involved, Strengths from faith and culture, Strengths from goals and dreams	0-100

Battle's Culture-Free Self-Esteem Inventory (CFSEI-3)

The CFSEI-3 is a normative self-report instrument designed to elicit perception of personal traits and characteristics from 6 years to 18 years. The CFSEI-3 is designed on the premise that self-esteem is perceived to be an individual's personal evaluation of their own attributes (abilities and limitations) and the instrument has been utilised with different adolescent populations (Alexander-Passe, 2006; Descartes, Ramesar & Mills, 2018).

Due to the age cohort under investigation the Adolescent version CFSEI-3 was administered. The adolescent version covers early, middle and late adolescence (13 -18 years) and is therefore suitable for these participants. The CFSEI-3 adolescent inventory consists of 67 items grouped into five subscales: academic, general, parental, social and personal. The personal self-esteem subscale is included specifically in the adolescent form and gauges the individual's most intimate perceptions of self-worth and anxiety. Participants are asked to respond 'Yes' or 'No' to questions like: "Do you feel you are important as most people?" and "Are you easily depressed?". These subscale scores are combined to create a Global Self-Esteem quotient and a defensiveness score. Raw scores are then converted into standard scores, percentiles and descriptive ratings.

The CFSEI-3 instrument was normed using a representative U.S. sample of 1,727 individuals (6-18 years) based on geographical area, age, gender, race, disability status, urban/rural residence, ethnicity and income. The CFSEI-3 instrument demonstrates strong psychometric properties.

In terms of reliability, this instrument is considered internally consistent with Cronbach's alphas for the subscales around .80 across gender (.75-.84 for males, .80-.87 for females), ethnicity (.80-.88 for European Americans and .77-.86 for

Hispanic Americans) and disability (.75-89 for learning disabled) categories. Good test-retest reliability of subscales ($r = .78-.95$) has been demonstrated. An analysis of internal consistency of the subscales from the normative sample yielded acceptable/good Cronbach alpha reliabilities (across all age categories), Global self-esteem ($\alpha = .93$) and for each subscale Academic self-esteem ($\alpha = .81$) Parental self-esteem ($\alpha = .79$), Social self-esteem ($\alpha = .77$), General self-esteem ($\alpha = .80$) and Personal self-esteem ($\alpha = .86$).

In terms of validity, the CFSEI-3 Manual reports that a maximum likelihood confirmatory analysis was performed to assess the goodness-of-fit of the model utilised to produce the adolescent CFSEI-3. The CFSEI-3 yielded a .990 goodness of fit with the Tucker and Lewis's (1973) index of Fit (TLI) and .995 with the Bentler and Bonnett's (1980) normed fit index (BBNFI). Both values at close to 1 demonstrate a very good fit. Construct and concurrent validity was confirmed through correlating the adolescent CFSEI-3 with the Multidimensional Self Concept Scale (MSCS) (Bracken, 1992) the subscales generally correlated in the .40s.

In line with Guilford and Fruchter (1978), Battle (2002) purports item validity can be obtained by correlating scores on the items with the total score made on the instrument, arguing inventories with weak construct identification validity would not be composed of items having scale coefficients as high as those detailed in the Manual (i.e. .35 -.61).

The CFSEI-3 is relatively easy to administer (completion in 10 minutes) and score and has been used widely in studies with participants with dyslexia (Alexander-Passe, 2006).

The Behavioural & Emotional Youth Rating Scales 2 (BERS-2, Epstein, 2004)

The BERS-2 (Epstein & Sharma, 1998) measures Behavioural and Emotional Strengths, Epstein and Sharma (1998) define strengths-based assessment as the gauging of emotional and behavioural skills and characteristics that facilitate a sense of accomplishment, contribute to satisfying relationship with family members, peers, and adults, increases the ability to cope with stress, and enhance social and academic development. The BERS-2 is a standardised (i.e., norm referenced) strength-based assessment for use with 5 to 18 year olds and has been a widely used measure with diverse populations (Worling & Langton, 2015).

The original 57 item BERS-2 Youth Rating Scale (YRS; Buckley & Epstein 2004) is used here as a vehicle to profile emotional and behavioural strengths, identify those with limited emotional and behavioural strengths, and to chart progress in strength areas following intervention. Designed to be completed in 10 minutes the BERS-2 gauges the participants' behaviour from three perspectives, Youth, (YRS), Teacher (TRS) and Parent (PRS), to facilitate a triangulation approach.

Data from a national sample of typically developing children ($n = 2,176$) identified five domains: interpersonal strengths (15 items), family involvement (10 items), intrapersonal strength (11 items), school functioning (9 items), and affective development (7 items) (Epstein, Ryser & Pearson, 2002).

The BERS-2 therefore assesses these five domains: Interpersonal Strength, Family Involvement, Intrapersonal Strength, School Functioning, and Affective Strengths. Interpersonal Strengths measures a child's ability to interact with others in social situations. Family Involvement gauges a child's relationship with or commitment to his or her family. Intrapersonal Strength concentrates on how a child

perceives their own competence and accomplishments in general terms. School Functioning assess a child's performance and competence in the classroom whilst Affective Strength measures a child's ability to give and receive affection from others. A summary strength score of the five subscales is given in terms of an overall Strength Index. The PRS and YRS also incorporate a 5 item career strength subscale which is not included in the TRS or in the overall Strengths Index. Eight open ended questions on each version are included to assimilate specific information, e.g., Who are the most important people in the child's life? What is the best thing about the child?

The participant is rated on a four-point likert-style scale from 0 (Not at all like the child) to 3 (Very much like the child). Questions posed include 'I know when I am happy and when I am sad' and 'I complete my homework'.

Scoring of the BERS-2 is done manually to calculate various scores. For each of the strength areas (subscales) a total raw score is determined by summing the scores. The manual details normative tables to enable the raw scores from the subscales to be converted to percentile ranks and to standard scores with a mean of 10 (SD = 3) and a range of 0 to 20, with higher scores representing greater perceived strengths. The sum of the subscale standard scores can be converted into the BERS Strength Quotient with a mean of 100 (SD = 15).

In terms of reliability, an analysis of internal consistency of the YRS items yielded acceptable/good Cronbach alpha reliabilities (across all age categories) for each subscale; Interpersonal strength $\alpha = .82$, Family involvement $\alpha = .80$, Intrapersonal strength $\alpha = .82$, School functioning $\alpha = .88$ and Affective strength $\alpha = .80$, and $.95$ for the strength index (Epstein, 2004). Cronbach's alphas have ranged from $.79$ to $.99$ (Epstein, Mooney, Ryser & Pierce, 2004). The BERS-2 also yielded

good test-retest reliability for each of the subscales ($r = .84-.91$) (Epstein, Ryser & Pearson, 2002).

The Youth Rating Scale demonstrates good validity based upon its ability to differentiate between youth identified with behavioural and emotional problems and those who are not, as well as its negative correlations with self-report assessments of psychological difficulties. In addition, analysis from 49 adolescents (mean age 12 years 11 months) demonstrated that the BERS-2 subscales showed overall high positive correlations (.43- .74) with the social skills composite score from the Social Skills Rating System–Student Form (Secondary Level, 12-18 years) (Epstein, Mooney, Ryser, & Pierce, 2004).

In terms of validity, the BERS-2 Manual reports that a maximum likelihood confirmatory analysis was performed to assess the goodness-of-fit of the model utilised to produce the Youth Rating Scale. The Youth Rating Scale yielded a .986 goodness of fit with the Tucker and Lewis's (1973) index of Fit (TLI) and .995 with the Bentler and Bonnett's (1980) normed fit index (BBNFI). Both values at close to 1 demonstrate a very good fit.

Ipsative measures

The Values in Action Inventory of Strengths for Youth (VIA-IS (Youth)) (Peterson & Seligman, 2004)

The Values in Action Classification of Strengths VIA (Peterson & Seligman, 2004) profiles twenty-four character strengths within the six virtue categories of wisdom, courage, humanity, justice, temperance and transcendence. These character strengths are defined as morally valued traits whose use contributes to fulfilment and happiness (Peterson & Seligman, 2004). Specific criteria for character strengths include ubiquity (cross-cultural universality), measurability as an individual

difference and fulfilling to the individual. Linkins, Niemiec, Gilham, and Mayerson (2014) have argued for an individualised perspective in the application of character strengths in contrast to the monolithic traditional approaches. The VIA has been a central tool underlying the strengths approach in diverse, clinical and non-clinical settings and across cultural divides. It has been applied in both educational (Park & Peterson, 2008; Seligman, Ernst, Gilham, Reivich & Linkins 2009) and within youth development work (Proctor, Tsukayama, Wood, Maltby, Eades, & Linley, 2011).

The Values in Action Inventory of Strengths for Youth (VIA-Y) has been utilised frequently as a strengths assessment tool to assess character strengths in 10-17 year olds (Seider, Novick, & Gomez, 2013, Ferragut, Blanca, & Ortiz-Tallo, 2014). The VIA-Youth is a framework to assist in the exploration of character strengths by means of a long version 198 item or shortened 96 item self-report questionnaire using youth-friendly language and age-appropriate scenarios. Dissatisfaction from researchers, parents and teachers regarding usability (completion of 45 minutes) of the original 198 items with the youth population, spurred the creation of the shorter 96 item self-report – seen as a more effective and equally valid instrument (Park & Peterson, 2006c). The 96-item abbreviated Youth version was derived from the original 198-item youth survey by selecting the 4 items per scale with the highest corrected item-total correlations (Park & Peterson, 2006). A mean correlation between the original and revised forms was .82 statistic ($N = 253$) (McGrath & Walker, 2016).

The character strengths of creativity, curiosity, judgment, love of learning and perspective fall under the virtue of wisdom and knowledge; bravery, perseverance, honesty and zest fall under courage; love, kindness and social intelligence are grouped under the virtue of humanity; teamwork, fairness and

leadership fall under the virtue of justice; forgiveness, humility, prudence and self-regulation are grouped under the virtue of temperance whilst appreciation of beauty and excellence, gratitude, hope, humour and spirituality fall under the virtue of transcendence.

Statements in the VIA-IS (Youth) 96 item version include ‘I get excited when I see there is something new to learn’ (love of learning), ‘I stand up for what is right, even when I am scared’ (bravery) and ‘I am able to control my anger really well’ (self-regulation). The measure is typically administered online, but for this study, participants used a pen and paper version. Permission was provided by the VIA Institute of Character to use the VIA Surveys in this research project.

The adolescents are asked to rate the items by the degree to which the statement accurately describes their behaviour, emotions or thoughts on a five-point Likert Scale. Adolescents’ response to statements range from ‘very much like me’, ‘mostly like me’, somewhat like me’ through to ‘a little like me’ and ‘not like me at all’. The VIA-Youth results are given as a list of 24 ranked strengths of character, allowing ipsative identification of “signature strengths” for the individual as well as group comparisons. The top five strengths of an individual are considered their signature strengths. Since scores are intra individual and not normed, those strengths score ranked low on an individual’s strengths list does not indicate that the individual possesses less than the average person in the general population.

The original 198-item VIA-Youth has undergone considerable psychometric testing that has demonstrated adequate internal consistency, stability, and validity (Park & Peterson, 2006). Overall, although not studied as extensively as the adult version of the VIA, the 198-item VIA-Youth appears to demonstrate acceptable to good levels of reliability and validity. In terms of reliability, Park and Peterson

(2006b) presented results from a US sample of 250 typically adolescents (10 & 13 years). They found satisfactory Cronbach's alpha > .70 for all 24 scales, ranging from .72 for social intelligence to .91 for spirituality. Six-month test-retest correlations ranged between .46 (teamwork) and .71 (religiousness/spirituality) and revealed a median of .58 across the 24 scales, suggesting good reliability. Most subscale scores were skewed but still had acceptable variability.

The Strengths Assessment Inventory -Youth Version (10-18 years) (SAI-Y; Rawana & Brownlee 2010; MacArthur, Rawana & Brownlee, 2011).

Rawana and Brownlee (2010, p.10) designed the Strengths Assessment Inventory and define strengths as “a set of developed competencies and characteristics that is valued by the individual and society and is embedded in culture” (as cited by MacArthur, Rawana & Brownlee, 2011).

The SAI-Y is an ipsative self-report assessment tool developed to assess intrinsic strengths (personal developmental) and strengths appertaining to the individual's interaction with the environment (contextual) (Brazeau, Teatero, Rawana, Brownlee & Blanchette, 2012). Claimed to reflect day-to-day functioning throughout the lifespan of the child, it was used as the primary instrument when Franks, Rawana and Brownlee (2013) investigated the relationship between adolescent (11-15) strengths and bullying experiences.

The original SAI-Y 124 items assess 21 strengths appertaining to: home; school; free time; friends; knowing yourself; keeping clean & healthy; being involved; faith & culture and goals & dreams; competent coping skills; commitment to family values; respect for own culture; optimism for the future; community engagement; functional classroom behaviour; creativity; sense of well-being; health consciousness; pro-social attitude; activity engagement & peer connectedness.

These items are scored on a 3 point likert-style scale and responses are given in terms of the best description of self as ‘Not at all’, ‘Sometimes’ or ‘Almost always’ with higher scores representing greater strengths. Each item also has a ‘Does not apply’ response. Responses are elicited for statements such as ‘I use my listening skills at school’ (school), ‘I can tell right from wrong’ (knowing myself) and ‘I work to be at a certain grade level in school’ (goals & dreams). A total strength assessment score is given as well as individual strengths, again it is noted as an ipsative measure, scores are beneficial on an intra individual basis only.

In terms of reliability, analysis of data from a representative sample of typically developing children ($N = 572$, $M = 12.82$, $SD = 2.47$) indicated acceptable to good levels of reliability. (Brazeau, Teatero, Rawana, Brownlee & Blanchette, 2012). Cronbach alpha’s (across all age categories) for the subscales ranged from .60 for peer connectedness to .87 for commitment to family values with the majority of alphas being between .70 - .87. The SAI-Y ratings have demonstrated good test–retest reliability when used with a sample of 572 children and adolescents (9 to 19 years), with correlations ranging from .47 to .82 (Brazeau et al., 2012).

In terms of validity, in the validation sample (Rawana & Brownlee, 2010), the SAI-Y total scores also demonstrated good convergent ($r = .52-.60$) and divergent ($r = .40-.45$) validity with standardized instruments of strengths and emotional and behavioural functioning (i.e., Connors Comprehensive Behaviour Rating Scales; Connors, 2008), and self-concept (Piers Harris Children’s Self-Concept Scale-2; Piers & Herzberg, 2002). The SAI’s validity has also been confirmed through positive correlations with the BERS-2 (Rawana & Brownlee, 2010). In a sample of 230 male and female adolescent offenders, confirmatory factor analyses indicated that the SAI-Y’s factor structure exhibited an acceptable fit

overall, while some factors fitted the data well, other factors displayed a questionable fit (Royer-Gagnier, Skilling, Brown, Moore, & Rawana, 2016).

Overall, in terms of psychometric properties, the SAI has demonstrated acceptable to good levels of reliability and validity.

2.5.2.3 Qualitative measure

The Life Story Interview (McAdams, 1998)

Life-narrative data are typically obtained through Life Story Interview and the questions used in this semi-structured interview are aligned directly with the Life Story Interview Protocol as profiled by McAdams (1995, 2008 revised) (see Appendix C). This format was adopted primarily due to the interplay with identity formation within a social, historical and cultural context. In recognising that 13 to 15 year olds were capable of formulating life stories and their importance in terms of self-esteem, the Life Story Interview was considered the exemplar in charting the identity development of these participants. In addition, this methodology can be utilised to explore specific social, cultural and historical topics through an individual's life story and investigates the connections between individual lives and a broader range of public events (see Table 2.4)

The researcher started the one-to one interview with the adolescent by explaining that this is the story of their lives and emphasised that she was interested in hearing stories of parts of the past as the individual remembers them and well as their imagined future. A few key things in the past would be focussed upon as well as future hopes. The adolescent was ensured there are no right or wrong answers. If they struggled to understand a question or felt they didn't want to answer any

questions or indeed if they wanted to stop the interview at any point and withdraw from the study, that was completely acceptable.

The adolescent was informed that although the interview is audiotaped, once transcribed and the PhD completed the transcript would be destroyed to ensure anonymity and confidentiality. Throughout the adolescent was referred to by a name previously chosen from a pre-selected list.

The adolescent was then asked if they could think about their life as a book how would they name these Life chapters. Questions exploring Key Scenes (or moments) in the Life Story are then posed, key scenes were defined as those that stood out for a specific reason, maybe because it was particularly good or bad, particularly vivid, important, or memorable.

These key scenes that the participant was asked to expand upon were: a high point, an episode in their life that stood out as an especially positive experience; a low point, an episode opposite to the first scene; a turning point; a positive childhood memory and; a negative childhood memory – an unhappy memory, perhaps entailing sadness or fear. For each of these key scenes, the adolescent was asked who was there, what did they do, how did they feel and what strength was revealed. It was further explored whether they saw this strength often and how possessing this strength made them feel.

The next three questions focussed on their future script and the adolescent was asked to describe: the next chapter in their life; their plans, dreams, or hopes for the future and; whether they had a project in life they were working on.

Table 2.4 Interview topics addressed in the Life Story Interview

Outline of Life Story Script
Life Chapters
Key Scenes in the Life Story <ol style="list-style-type: none"> 1. High Point 2. Low Point 3. Turning Point 4. Positive Childhood memory 5. Negative Childhood memory
Future Script <ol style="list-style-type: none"> 1. The next Chapter 2. Dreams, hopes and plans for the future 3. Life project
Challenge
Personal Ideology - About you <ol style="list-style-type: none"> 1. Religious/ethical values 2. Political/social values. 3. Change, development of religious/ political views. 4. Single value.
Strengths themes
Life Themes
Reflection

The following question focussed on challenge and what was the greatest single challenge they had faced in their life. The adolescent was further asked how the challenge had developed, how they dealt with this challenge and importantly what strength was revealed through this process. This re-emphasises and consolidates the significance of recognition of strengths.

The following series of related questions explored the personal ideology of the adolescent. The first question investigated religious beliefs and values and whether they held an overall ethical or moral approach to life. The second explored political and social values, in that did they hold a specific political viewpoint and was there a social issue that they felt strongly about. The third question asked whether they had recognised a change over the years in the development of their religious and political views and the last question investigated the adolescent's views on what they considered to be the most important single value in human living.

The next questions focussed on strength themes. Adolescents were asked what they did that so absorbed them they lost track of time and in what kind of activities did they make their boldest choices and took the greatest risks.

The penultimate question referred to a life theme, and the adolescent was asked to reflect over their whole life story with all its chapters, scenes and challenges, extending back to the past and forward to the future, and whether they could identify a central theme that ran through their story. Change and continuity was also addressed by asking them how they believed they had changed since they were 8 years old. After thanking the adolescent for the interview, the last questions posed focussed on reflection acknowledging that most people do not have the opportunity to share their life stories in such a way regularly. The adolescent was asked what the interview had been like for them, what were their thoughts and feelings during the interview, how did they think the interview had affected them and whether they had any other comments about the interview process.

In summary, this Life Story Interview harnessed the key tenets of the McAdams' Model. Questions focussed upon different critical life events, life

challenges and personal ideology in terms of religious/ethical/political and social values. Participants were asked their single most important value, strength and life themes. In a reflective section, participants were asked to consider change and continuity within their life. Throughout the Life Story Interview, the adolescents were asked which strength that they recognised had emerged from that specific life event, how frequent this strength appeared and the accompanying feelings. In addition, the focus on strengths was consolidated when life strength themes were referred to near the end of the interview. Such questioning aimed to further reinforce that strengths may evolve from all types of life episodes and aligns well with the strengths-based quantitative instruments used within this Study. The questions on personal ideology allowed the researcher a window into facets of identity development. Indeed, McAdams considers identity explored through narrative is the personal myth individuals construct to define themselves and weave together a coherent sense of self.

Interpretative Phenomenological Analysis (IPA)

Underpinned by phenomenology, hermeneutics and idiography (Smith, Flower, & Larkin, 2009), Interpretative Phenomenological Analysis is used for the analysis of semi-structured interviews as it seeks to comprehend lived experience and how particular individuals make sense of their personal and social experiences.

Phenomenology is derived from the Greek terms *phainómenon*, meaning “that which appears”, as well as *λόγος*, meaning “science, study, theory”. It highlights our individual capacity to construct our own meaning from our experiences. With its origins in philosophy as well as psychology, phenomenologists suggest that our experiences of our environment are made up of the interaction between “raw matter” (i.e., objects) and our mental abilities, and as

such are highly subjective. IPA is phenomenological in that it seeks to investigate an individual's personal perception or account of an episode or state instead of endeavouring to give an objective record of the episode or state itself. The research process is complex and dynamic in which the researcher plays an active role (Smith & Osborn, 2008) in harnessing their own personal understandings and biases. The participants' ability to express their experiences and thought adequately impacts upon interpretation, as will the researchers analytical and reflective skills.

The small number of participants profiled in this research (four in Sample 1 and eight in Sample 2) is in line with the small numbers recommended by IPA to facilitate an in-depth analysis of individual cases and the explore commonalities across cases. Interviews lasted between 35 to 60 minutes and were audio recorded and then transcribed, with all identifying information either removed or disguised.

The semi-structured nature of Life Story Interview fits well within this framework. Questions asked about high points, low points, turning points and other life junctures which allow the researcher and the adolescent to co-construct meaning of their past – allowing a more cohesive sense of self (Smith & Osbourne, 2003).

The schedule guided interviews rather than dictating them, facilitating the participants' ability to tell their own story in their own words. Questions were initially delivered in an open-ended and non-directive style in order to get as close as possible to the participants' views without them being led too much by the interviewer's questions.

In line with IPA, each interview was commenced by adopting an open mind and, as much as possible, to attempt to enter the personal world of the young people. It is important to note, however, that questions and non-verbal communication may have encouraged or discouraged certain responses and a different researcher may

have elicited different responses. Personal beliefs and assumptions may also have influenced the way in which the data was engaged with and made sense of. A reflexive journal was kept throughout the research process in order to raise awareness of such issues and to ensure a constant mindfulness of them.

Questioning was aligned as much as possible to the interview schedule to enhance reliability but when participants wanted to elaborate on a particular topic the flow of conversation was followed with probes such as ‘Can you tell me more about that?’ or ‘How do you feel about that?’. It was believed the need for expansion reflected the significance of the subject being broached.

After the interview detailed notes were made about the experience, recording initial thoughts, body language, feelings and impressions as well as documenting anything that might have affected the interview, such as interruptions or salient points about the environment in which the interview had taken place.

All interviews were recorded using two recording devices to ensure if one device failed during the interview process material there would be no risk of losing the material. All participants were fully aware of the audio recordings and all consent was received not only in writing at the beginning of the research process but also verbally at the commencement of each interview session.

Due to the pace of the interviews, simultaneously written transcripts could not be made and would have only captured ‘gists’ of information and miss vital nuances. The flow of conversation would have been interrupted and the establishing of a rapport with the participant would have been punctuated. However, the making of notes immediately after the interview ensued that non-verbal behaviour were not missed.

The level of transcription for IPA is generally at a semantic level where all aspects of the words spoken and language are explored. Significant pauses, hesitancy, laughs, and false starts are all recorded in an accompanying notebook. The time involved in transcribing is dependent on individual typing speed and the clarity of recording. On average transcribing ranged from 4 to 6 hours each interview.

The researcher then endeavours to gain the essence of the individuals' experience through conducting a thorough stage analysis in line with Smith, Flowers and Larkin (2009) (See Appendix D for IPA flow diagram). The procedure taken in the data analysis are profiled; Step 1: Initial annotation of interesting and significant comments; Step 2: Second annotation - higher levels of abstraction and use of more psychological terminology; Step 3: Generating a table of initial themes; Step 4: Analytical and theoretical ordering of themes; and Step 5: Generating a visual table of subordinate themes and culminating in write-up (Smith, Flowers & Larkin, 2009). These stages are now described in further detail.

The interview transcripts were transcribed verbatim. The initial stage of analysis involved investigating each of the transcripts to gain greater insight into the life story of each participants – this facilitated an interpretative relationship with the transcript as recommended by Smith et al. (2009). The role of the researcher as investigator was to encapsulate the intended meaning of the spoken word, to centre the participant at the core of their mental and social world. In order to emerge completely in the text and process of interpretation involved prolonged engagement.

The final transcript for each participant was re-read on a number of occasions, and in compliance to IPA format, the left-hand margin was used to annotate what the researcher considered significant remarks said by the participant.

By extensive familiarisation with the transcript, these comments represented synopsis of what had been said, connections or early interpretations. The process was replicated for the first transcript of each participant.

The first stage was the initial marginal annotation of significant comments. This IPA stage 1 process was continued for all four transcripts. The whole re-reading of the transcripts then commenced again, this time the marginal annotations was converted into concise phrases comprising psychological terminology yet still reflecting the words actually transcribed. The ability was to capture expressions which were high enough to allow theoretical associations within and across participant transcripts yet still rooted in the phraseology actually spoken.

The second stage was the higher level of abstraction. At this stage the entire transcript was treated as data, and hence no attempt was made to select particular passages for special attention nor to omit them. At the same time, not every statement necessarily generated particular themes. Some passages were richer than others with regards to the number of themes which were found and identified.

The third stage was the noting of initial themes and their connections. Emergent themes revealed throughout all transcripts were then listed (as in the table below) and connections found between them.

The fourth stage comprised ordering the themes in a more analytical and theoretical way. An exploration of the emergent themes was made before allocated them into groups of themes – with reference and compatibility with the primary source material (actual transcript). Using interpretative and reflective skills to elucidate whether these themes made sense and mirrored the original data.

In the final fifth stage a table of themes was produced and grouped them in a coherent order. The clusters were named representing the superordinate theme. See

Appendix E for an example of the interview transcript showing the attempts to explore the meaning and lived reality of this participant, D3, talking about his relationship with his father.

In sum, individual transcripts are initially analysed. After the initial reading, re-reading and initial noting, quotations from adolescents were sorted in emergent themes which were then refined to produce subordinate themes for each case. The themes from the transcripts were collated and patterns identified within and between the samples. This allowed the development of group themes dependent on the strength of the participants' voices underpinning it.

Inter-rater reliability is a gauge of the level of concordance between the independent coding choices of two (or more) coders (Hallgren, 2012). For this research, to ensure a level of inter-rater reliability, another doctoral student evaluated the research quality at the end of the study (as with Lincoln & Guba, 1985). This approach was taken to ensure a level of rigour and trustworthiness as all qualitative quality frameworks aim to mitigate interpretive bias of a sole researcher. The doctoral student herself was researching from a positive psychology framework and was familiar with IPA process and coding. Coding is an iterative process that aims to discern "a word or short phrase that captures and signals what is going on in a piece of data in a way that links it to some more general analysis issue" (Rossman & Rallis, 2012, p. 282). The researcher gave significance to the final themes by giving explanations and drawing conclusions (Creswell, 2013; Rossman & Rallis, 2012).

While IPA comprises the participant's interpretation of their experience, it acknowledges the position and the pre-conceptions of the researcher in making

sense of the individual's accounts. This reflexivity is now discussed before detailing the procedure of this Study.

Reflexivity

A major component of Interpretative Phenomenological Analysis is reflexivity. Reflexivity refers to the process by which the researcher references their earlier understandings and biases related to the participants and settings of their observations. The subjectivity of qualitative research and analysis makes it incumbent upon the researcher to reveal any pre-existing biases or influences that may influence the interpretative process. Every time one returns to the script it can be viewed with a slightly different perspective, in the acknowledgment that it is equally important to question my identity in relation to the identities of the participants. With this newly acquired self-awareness it allows us to understand that every event is constructed and understood by an interaction between our observations and earlier knowledge. It is therefore crucial that I counter the effect of my personal subjectivities on this research. It is my duty to inform the reader of my background and my position as researcher. Such a stance then allows the reader to evaluate my position as researcher in relation to the context of the research, the participants and the overarching answers to the research questions. If objectivity is impossible it is the task of the researcher to expose pre-existing biases, motivations, relationships and narratives that underpin their ideology.

Although there was evidence to support the low self-esteem of the two samples in Studies 1 and 2 of my thesis I had only had experience with working with children with dyslexia. I have always empathised with participants with hidden invisible disabilities, such as dyslexia. As a unilaterally deaf person, I fully comprehend how life involves 'consciously compensating' (Nicolson & Fawcett

1990) and planning. I believe my deafness gave me a unique perspective into their world and my own experience with three adolescent children enabled me to sense underlying meaning to their narrative. The participants in Sample 1 were chosen from the same school used in my MSc research. Although the environment was the senior not the junior school, I was comparatively comfortable and knew the teachers. Initially I was concerned that the fact my husband had worked as a teacher in the same school and my elder son was in the year below the participants would give me potentially a positive biased view of the school; however, the positivity entrenched within the school environment was reflected in the participants' narrative. The participants did not see the familial connection as my son has my maiden surname.

I had no prior practical knowledge of working with adolescents at risk of becoming NEET as in Sample 2 and initially felt slightly daunted by the fact that the school said they were 'going to throw their worst at me'. It was fascinating how their disruptive behaviour in the class (for example, shouting, throwing paper aeroplanes in sessions, walking around) masked a very different person revealed in one-to-one Life Story Interviews. I felt very privileged when they shared the intricacies of their stories and hopes with me. For some, talking about sad, and sometimes the tragic, events that had punctuated their lives represented an unburdening experience. I believe that the experience of sharing these feelings with me underscored the power of narrative. In being allowed a window into their world, I could also understand and track their disengagement. I realised I was learning as much from them as they were learning about themselves. Without the motivation, kindness and dedication of the Learning Support department in sending reminders to

my participants on a weekly basis, I would not have achieved data from all participants at all time points.

This entire research was fuelled by my compulsion to ‘give voice’ to those who feel marginalised and those with ‘invisible disabilities’, especially when struggles are combined with the normative tribulations of adolescence and to guide them to formulate a positive identity underscored by positive emotions in the past, present and future.

Interviews were of varying lengths, due to participants forgetting and the long way they had to travel across the school campus to the room. I collected each participant in Sample 1 from their classroom and each participant in Sample 2 from the Learning Support department prior to the session. The walk from these rooms enabled me to talk to participants prior to the actual audiotaped interview. This allowed me a window on their world as many talked about extra curricula activities such as fixtures and the levels of nervousness of each participant could be gauged with the intention of reducing it prior to the semi-structured interview.

As a precursor to the interview session as we were arranging seats, I always mentioned my need to sit on their right side due to my unilateral deafness, it was hoped that by revealing my own vulnerabilities would enable them to feel comfortable in exposing their own struggles.

Some participants’ non-verbal mannerisms exposed anxieties (leg shaking under the table, tapping underneath the desk) that would not have been revealed by just listening to the audiotape. One participant from Sample 1 used the phrase ‘to be honest’ 15 times during his interview; however, his defensiveness level was low (as measured by the CFSEI-3) so this could just be a turn of phrase he uses often. A transcript punctuated by ‘to be honest’ is an example of an ‘adverbial disjunct’

which indicates participant D4's attitude towards the sentence without affecting the meaning of the sentence. It is suggested that this is frequently used (consciously or otherwise) to preface or affix a statement that D4 believes is particularly sincere in the present context.

The extended temporal nature of completing research with my Sample 1 meant that from preliminary discussions with the headmaster, the ethics review and literature research to the 12 month post-intervention follow-up took over one year 9 months. During the first few months of this process when I was initially due to collate data and interview my participants, my fifteen years old daughter was diagnosed with a large adrenal tumour and had to undergo life-threatening surgery. I was given leave of absence from January to March 2015. This period covered her pre-operative care at home (she was poorly due to the intensity of the medication and was unable to attend school), the 12 days in hospital and post-operative care at home. My daughter now has a life management condition with yearly MRIs and tests. The Department of Psychology, specifically my Supervisors Professor Rod Nicolson and Dr Jilly Martin and Josie Cassidy were wonderful during this traumatic period.

After this leave of absence, I found enthusiastic motivation extremely difficult to sustain and my ability to concentrate was depleted. Prior enjoyment of my subject temporarily morphed into a potentially insurmountable endurance challenge.

The shock of my daughter's diagnosis, in conjunction with recent close bereavement and serious illness, has had a very negative long-term impact on my anxiety levels and progression of my fibromyalgia for which I take medication. In the month before my thesis submission, my daughter had emergency surgery which

she again bravely endured. Throughout these continuing ongoing periods of uncertainty regarding health issues, I believe my PhD has resembled a constant companion. A companion from which I have derived strength and direction but sometimes one which has depleted my already low energy levels and competed for time and attention with my three children.

I now consider my knowledge base and furthermore, my acquired profiling skills, enhancement and progress. The knowledge base on the entire subject of self-esteem is dynamic. Pivotal research at the commencement of the project has been contradicted within the intervening months. To ensure my research was centred in relation to existent published literature, it was essential to be mindful and inclusive of burgeoning research and not to be blinkered by previous assumptions just because they fitted in with my ideology. By adopting a mixed methodology, (Teddlie & Tashakkori, 2009), I faced the amalgamation of quantifiable positivism and the tenets of anti-positivism - the fluidity and abstract nature of qualitative data. However, these potentially incompatible paradigms revealed inherent duality (Patton, 2002) and yielded rich data. Nevertheless, the importance of pragmatism in interpretation must be underscored (Feilzer, 2010). Amidst this research process I believe previously fragmented knowledge has been coagulated.

Translation of theory-based knowledge into real-life situation is complex, where the 'faceless participants' described in research are replaced by 'real participants'. Transcribing and coding provided a welcome framework (Smith, 1996) to extrapolate what the participants meant from what they said.

The relation between researcher(s) and researched has been a consistently debated theme in qualitative literature and the inherent power imbalance between

researcher and research is acknowledged (Råheim, Magnussen, Sekse, Lunde, Jacobsen, & Blystad, 2016).

In terms of researcher positionality, it is important to reflect upon the duality of the position I held as both a mother and researcher. In researching a population where I am parenting a child of the same age, I believe gave me a privileged and unique insight into the adolescents' lives. Although I understand this may have influenced my interpretation of stories and indeed my interactions with the adolescents.

I understand through the complexities of my own children's lives, the long-lasting impact of familial death, illness, exam stress and the intricacies of forging good family relationships (with stepfather and biological father). Indeed, listening to my son's anxieties about school exams and the internal pressure involved in constantly trying to achieve academically gave context and colour to the stories shared by the adolescents.

Some of the adolescents' stories were accompanied by strong powerful emotions, especially when discussing parents or grandparent's deaths, parental separation and exam stress. The expression of emotions was vital in this context and although it was critical not to interrupt, I sometimes struggled to curtail my maternal instinct to comfort.

Due to understanding the intricacies of my son's life, I was knowledgeable of current issues that were being discussed amongst my son's peer group (for example, memes, music, TV programmes). I could therefore easily discuss this information in the preamble to the interview and at the beginning of the intervention sessions whilst waiting for the arrival of all participants. Such communality help forge tentative connections. Indeed, by the end of the intervention program and

post-intervention assessments, some of the adolescents may have seen me in slightly more of a maternal role rather than researcher. It was difficult to gauge how this potential blurring of roles influenced the adolescent's perceptions of myself. However, I was very aware that their perceptions could influence our interaction and subsequently the information that was revealed (Richards & Emslie, 2000). Upon reflection, I believe being a mother was a very positive element, allowing me to gain rich descriptive data from an age group that I holds an intrinsic interest for me. I have gained so much from researching such a fascinating and diverse cohort. The discoveries from my studies have also impacted upon my parenting and how I now actively encourage my children to feel positive emotions, embrace creativity and follow career paths that align and promotes their strengths.

My knowledge as a mother with a similar aged son made me feel I was in a better position to elucidate meanings. In terms of reflexivity - a critical element of narrative - the affinity for the participants in Sample 1 that I had known over a protracted time in school may indeed have biased my approach. In previous MSc research one of new participants was the older brother of an earlier participant, so I felt I knew the dynamics of his family life well. Although I endeavoured to treat each participant identically, I empathised more with familiar participants whose home and life story I understood. I acknowledge that through the narrative process I felt more infinity with the participants from both samples whose lives had been punctuated by divorce, death and struggle than the ones that appeared to have not experienced such difficulties. I held the utmost admiration and felt a heightened level of care to all participants, in particular those that faced daily barriers, in terms of learning, family illnesses and other complexities.

Considering skills enhancement, I found from the onset that my interpersonal skills were developed - my patience, caring and listening skills fostered by earlier learnt counselling skills and a previous history of interviewing participants in a school setting. I tried to prevent myself from over-talking and asking two questions combined as one - rather I waited to receive a full explanation of the first question. Having to suppress my natural conversational and enquiring instinct was sometimes a struggle and could be considered a newly acquired skill. When participants asked for clarification of a question, I replied in a very open-ended rhetorical manner (against my innate nature to give specific leads). I hoped this abstractness would enhance the participants' natural flow of conversation. During interviews I was concerned about guiding the participants' responses due to inadvertently mentioning a trigger word (for Sample 1, this would be dyslexia and for Sample 2, disengagement). Usually animated in my conversational interactions with these participants I was bland in my responses in order to ensure there was no bias (McCambridge, de Bruin & Witton, 2012). When participants were not as forthcoming as I had hoped, I did not labour questions. In the earlier MSc interviews my naive compulsion to stick rigidly to the interview schedule, in order to ensure parity between participants, could have been considered a negative – by failing to follow potential leads that may have yielded a deeper understanding of their lived experience.

In addition, I had to dispense with any preconceptions to assimilate information as it was given. None of the participants in Sample 1 mentioned dyslexia early in their interview; however, such disclosures regarding struggles in English and concentration difficulties were commonplace amongst these participants and I found myself subconsciously willing participants to mention

dyslexia in order to perhaps provide ‘substance’ to my research. I had to learn not to attribute all difficulties experienced by the disengaged participants to be directly associated to their disengagement from school and similarly so with the struggles experienced by participants with dyslexia to be directly linked with dyslexia. I realised that what adolescents fail to mention is, in some circumstances, more significant than what they explicitly say. Omission can be equally as important as inclusion in reinforcing that the participants in Sample 1 did not themselves identify as dyslexic. Communication and team skills were improved as I conversed with the Heads, class teachers and learning support teams. I believe I dealt with stress by problem-focussed rather than emotion-based coping strategy (Struthers, Perry & Menec, 2000). Pouring energy into my work allowed me in the short term to shelve my continual underlying anxiety about my daughter.

Planned scheduling was relatively stress-free, planning around school trips, school holidays, away matches, pupil illnesses, and my own children’s ailments. Participants’ and school feedback were very positive with the Head of Interventions for Sample 2 commenting that they were *“well aware of the positive impact you have on our students in school”*. He elaborated *“we have seen big changes in the attitude and behaviour of the students you have worked with. This impact is now being seen in their engagement in lessons and although not perfect, the students are not getting in to as much trouble with their ‘Behaviour for learning’ system”*. ‘Behaviour for learning’ was their whole school rewards and discipline procedure that covered many aspects of school life including behaviour in the classroom and around school. Such kind comments on the participants’ progress were very appreciated and, indeed, the school requested me to implement the intervention

again for a new ‘disengaged’ group the next term, an invitation I sadly couldn’t further due to commitments.

My intrinsic motivation propelled me along a slow path of self-actualisation (Maslow, 1954). As a positive, this entire process has made me more psychologically literate (Cranney, Botwood & Morris, 2012) and it has strengthened my natural motivation, built confidence and encouraged meaning and integrative learning. The motivation to complete this research stems primarily to add to the body of research and to the adolescent participants who willingly shared their time and thoughts with me so I could delve into their self-esteem. This research has indeed been something of a privilege. In sum, it has tracked both the adolescent’s lives and self-esteem, and provided me with a very worthwhile reflective journey.

2.5.3 Procedure

All parents received an information pack and adolescents also had an information sheet outlining the research and procedures in age-appropriate language. All who were asked to participate consented. This comprised four participants in Sample 1 (dyslexic) and eight participants in Sample 2 (NEET). All signed the consent forms and completed the short demographics forms. These were then returned to the researcher in a prepaid envelope. The researcher circulated the Parents’ version of the BERS-2 through the school Learning Support Department. The Heads of Houses/Form Teachers were allocated to complete the Teacher version of the BERS-2 due to their close knowledge of the individual participating. All parents’ assessments were returned for Sample 1, whereas none of the parents returned their version of the BERS-2 assessment for Sample 2 participants.

The written self-esteem and strengths assessments were collected in three tranches as it was essential that the participants did not feel time pressurised or

overwhelmed by data collection. The four participants with dyslexia in Sample 1 were identified as D1, D2, D3 and D4 and the eight disengaged at risk of becoming NEET participants in Sample 2 were identified as N1 to N8, these identifiers were unknown to themselves or the group. Participants N1, N2 and N3 were female, all the other participants were male. Paper versions (rather than online) of the assessments were provided, completion time of each measure was 10-15 minutes and carried out in a group setting, this ensured any queries were answered immediately by the researcher and the participants were not time pressurised. Participants were told that the activities were not school assessments, thereby removing the potential of negative connotations.

Data collection took place in a room off the School Library for Sample 1 and a quiet teaching room for Sample 2.

The life-story interview was conducted on a different day to the completion of any other assessments. On average it took just under 60 minutes to complete depending on how talkative the participant was (range 44-59 minutes) which is slightly longer than the intended range of 35-45 minutes. All interviews were audiotaped. Any names of individuals (e.g. teachers) or other identifying information has been changed to fictitious references. All interviews for both samples took place individually in a quiet room off the Learning Support department on school grounds and within normal school hours. The function of interviews is not only to evoke responses, but indeed, to learn which questions to ask and how to ask them. Moreover, the qualitative technique of interviewing requires the researcher to be genuinely interested, empathetic and respectful to the participants as individuals.

2.6 Results for Sample 1- Adolescents with dyslexia

Table 2.5 Descriptive statistics for the summed CFSEI-3 scales for Sample 1

Group	Questionnaire	Scale	Mean	SD	Description
Sample 1 (n = 4)	CFSEI-3	Academic self-esteem	9.25	3.40	Average
		General self-esteem	7.50	1.73	Below av.
		Parental self-esteem	10.00	3.74	Average
		Social self-esteem	6.50	3.32	Below av.
		Personal self-esteem	7.25	1.71	Below av.
		Global self-esteem	87.00	11.04	Below av.

Note: SD = standard deviation; CFSEI-3 = Culture-Free Self-Esteem Inventory (adolescent version); Domain scores 1-3 very low; 4-5 low; 6-7 below average, 8-12 average, 13-14 above average, 15-16 high; 17-20 very high. Global self-esteem scores <70 very low; 70-79 low, 80-89 below average; 90-110 average; 111-120 above average; 121-130 high; > 130 very high.

2.6.1 Participant characteristics of Sample 1 from self-esteem and strengths scores

Findings from the adolescents with dyslexia reveal below average self-esteem scores for general, social, personal and global self-esteem (see Table 2.5). As a cohort they scored average or above average in all behavioural and emotional strengths measured. Discrepancies were evident between the self-report, teacher and parent behavioural and emotional scores, with teachers normally scoring the participant higher than the self-report and parent version (See Appendix F). It is suggested that the failure to recognise these behavioural and emotional strengths may feed into lower self-esteem.

The highest scoring contextual strengths for this sample were strengths from goals and dreams and strengths at school domains whilst the lowest were strengths from faith and culture. Functional classroom behaviour was the highest scoring personal strength whereas pro-social attitude was the lowest, and this may link to

the below average social self-esteem. The five highest scoring character strengths for Sample 1 are termed their 'signature strengths' and were in order of ranking; zest, curiosity, bravery, then jointly creativity and gratitude (see Appendix G).

2.6.2 Results of the IPA of the Life Story Interviews with Sample 1

Seven themes were identified from the transcripts of Sample 1 (see Table 2.6). The themes were grouped in a coherent order dependent on their frequency and level of description, i.e., academic self-evaluation was the strongest theme, followed by self-efficacy etc. The themes were named representing the subordinate themes. There was inter-rater agreement on all the themes, their subordinate themes and the theme names.

Table 2.6 Themes with subordinate themes for Sample 1 ordered by their frequency and level of description

	Themes	Subordinate themes
1	Academic Self-Evaluation	Academic peer comparison Academic struggles Self-regulation Perseverance Awareness of optimum learning environment
2	Self-efficacy	Creativity Academic self-efficacy Athletic ability
3	Emotional awareness	Emotional awareness related to self, others and situations Expression of emotion -externalisation (anger and frustration) internalisation of emotion (anxiety, fear, grief and depression)
4	Identity	Significance of family dyads (father-son) Self-knowledge Decision making and autonomy Future career plans Wider societal thoughts
5	Social Self-Evaluation	Friendship Popularity Reputation/status Teamwork Social self-regulation Bullying Physical comparison
6	Emotional self-efficacy	Productive coping strategies Non-productive coping strategies Reference to others coping strategies
7	Self-attribution	Internal locus of control External locus of control (learned helplessness)

2.6.2.1 Theme 1 - Academic self-evaluation

The participants were acutely aware of their academic positioning in relation to others in the class and academic peer comparisons were often mentioned, although some comparisons were becoming more positive, a more negative slant was normally adopted. Being in different sets (1 being the top and 4 being the lowest set) allowed participants to identify their positioning not only within their set but within the entire year set. This ranking system perpetuated a competitiveness within and between sets, participant D1 reflected that although he was in the lowest set he was achieving marks higher than Sets 3 and 2 in annual core maths tests. Another participant D4 believed he was *'in the top five in my Science set'* noting last year only a couple of boys were moved into the higher set. A general comparison was made between those taking triple science and those that struggled more who sat double science as they *'don't do as much as the others and you have like a shortened exam which really isn't that good'*. The significance of academic achievement was underscored by participant D4 who believed that to be *'smart naturally gifted'* is the important attribute and believed *'they have it easier than anyone else as everyone's learning it and they have already got it in their heads its already there so they don't have to put in as much work as everyone else'*.

Academic struggles in the school and home environment were mentioned by all the participants; they referenced schoolwork, revising, and a lack of concentration and distraction. Although dyslexia was not mentioned explicitly, difficulties in both English and Maths were profiled by all participants. As participant D4 eluded to difficulties with *'the grammar and writing essays'* and he also found Maths *'quite tiring cause it's quite hard and you see we have to be on the ball to listen to what the teacher says all the time'*.

Distraction and lack of concentration permeated the narratives. Participant D3 admitted *'I get distracted and then do something else and then I realised I should have revised'* and participant D2 also lacked self-regulation *'I find it so hard to receive a text from someone and not text them back'*. This thread of challenges ran through their narratives. Whilst participant D3 recognised concentration difficulties in similar subjects such as History *'because it is like English'*, one participant D1 revealed its long-term impact *'I'm hoping for a good future the thing that downs it is that like erhm like I'm not very clever'*. Revising was also problematic, participant D2 felt confused about his checking strategy and his inability to rectify mistakes *'I'll do it, I'll check it but I'll check it the same way as I got it wrong and think that I have got it right again'*.

In addition, operationalising motivation and perseverance appeared a difficulty for the participants. Although participant D4 was encouraged by his recent success in Maths which he believed was the result of revising harder and in a different way throughout the holidays *'I've been beating some of the set 3's and Set 2's because of trying to put my mind to it and learn all the stuff'*, although he realised perseverance wasn't his strength in that *'sometimes after a few attempts sometimes I can't be bothered to carry on'*. School transition was also referred to, participant D3 mentioned the *'big step'* transition from primary school to senior school forced them to realise for *'the first time that this is serious I've got to knuckle down'*.

Most participants were aware of the optimum learning environment for them, one participant D4 believed that the class environment was more conducive for concentration than home where *'I often like when I'm sitting down and doing my homework I often just drift off and think of something else'*. English, History and

Maths were highlighted in the narratives as problematic for the participants. However, some participants identified specific subjects where they struggled less, one participant D3 cited geography as it was *'more engaging and interactive'*, whilst participant D2 found *'at school the atmosphere in Art is really good I find it really easy'*.

2.6.2.2 Theme 2 - Self-Efficacy

The core theme of self-efficacy incorporated creativity, academic competence and athletic ability themes.

All the participants showed signs of expressive creativity whether this was in music and dance and all enjoyed art. Moreover, although participant D1 had won numerous singing competitions and admitted *'I'm good at drama'* he held the nuanced view that *'maybe (these are) not subjects that contribute much to society'*. This may be reflective of how the creative arts are perceived as less important than the core Sciences and Humanities. Participant D3 loved all types of dance including jazz and ballet and acknowledged he is *'more humanities, creative'* and reflected on the advantages on creativity and its wider positive impact on connectivity.

'I think we would all probably get on a lot better if we were open-minded and having been a little bit creative it's good because it takes you off all the main subjects and it gives you ideas'

There were numerous references to academic competence throughout the narratives, the participants recognised their ability in the subjects which contained the least amount of English. Participant D2 enjoyed *'the three sciences and Art and DT and time goes really really fast'* whilst participant D4 believed Geography, Maths, Chemistry and Physics were his strongest subjects. Some participants

recounted comparative academic ability whilst others mentioned accolades within the academic arena.

Accounts of athletic competence and winning awards peppered the narratives. Participants possessed widespread athletic competence and indeed this may serve as a buffer to compensate for academic difficulties. Although most of participant D1's activities were now mostly solitary, his earlier promotion to higher level in Rugby was seen as significant whilst he charted his progress as *'from playing in the B team at 9 to playing for the A's sometimes (the year later) and that was all because I had really good tackling'*. The significance of external recognition for efficacy in sport was also underscored. Being selected for the County Hockey team gave participant D3 confidence *'finding out what I'm good at that's helped me'*.

Sporting proficiencies underpinned their self-efficacy and appeared to foster a sense of identity whether it is through improvement in a team or through the winning of individual awards.

2.6.2.3 Theme 3 - Emotional Awareness

This theme encompassed emotional awareness of self, others and situations and the expression of emotions in terms of externalisation (anger and frustration) and internalisation (anxiety and depression)

All participants generally kept their emotions to themselves, through fear of bothering or hurting others' feelings. The exception to this general rule of suppressing emotions was participant D2, who recognised his own anger. He experienced a volatile relationship and constant rows with his single mother but rationalised this situation in that *'my mum's had a hard day at work, I've had a hard*

long day at school erhm we both get home tired ...not in a great mood and me and my mum seem to have bad tempers'.

The participants tended to vent annoyance/frustration via arguments/physical confrontations, which may have suggested an inability to control the situation completely. Participant D2 admitted *'me and my mum are very close erhm but obviously we fight a lot erhm... no it tends to just spark and then it just elaborates'*. However, he exhibited a level of control with his absent father, after discovering he lied about numerous matters *'it annoys me like he tries to talk to me and I just completely blank him cause he is trying to make all the effort'*. However, he recognised that he was struggling with the upset, anger and the frustration he felt about his ailing grandparents with whom his spent most of his time. *'I find it hard being there all the time because erh my grandma her knees are bad erh and she just sits in front of the TV all day, every day, just basically scoffing her face with biscuits it just really upsets me to see her doing that cos I know she could be doing something to stop her but she doesn't and that really annoys me and my grandad's had three strokes'*. Anger manifested itself in outbursts in school for participant D3 who was reprimanded for kicking somebody *'because they were really annoying me'*.

Trust appeared vital for participant D2 within in both his peer group and within his family settings. He found trusting difficult, and this probably emanated from the relationship with his absent father *'I don't trust people anymore cos people say I'll promise I'll do this I promise I'll do that and I've been so I'm so used to being let down now that I just don't expect people to do it erh so I don't trust what people say'*. This sentiment pervaded into other areas of his life when *'on the rugby pitch I don't like to trust other people'*, indeed this may have increased his

growing autonomy and sense of identity believing *'I trust myself I'll back myself up if something goes wrong something like that'*.

All the participants mentioned anxiety (one in terms of social anxiety – shyness) and in terms of other comparison to other people. Anxiety before exams is reported widely in the narratives and participant D1 recognised *'in the first year I hadn't done very well at all cos it was the first time and I was very nervous ehrrm'*. Anxiety had overshadowed participant D2's school life and he admitted he *'cracks'* under the pressure of exams and this led to physical symptoms which culminated in a medical diagnosis of stress *'it's always every time with exams, it just gets too much and I always end up just breaking under the pressure, I always end up shaking, I can't think straight and then I will do the exam and I'll come out of it feeling absolutely dreadful because I haven't done well'*.

Anxiety was reduced for participant D3 if he was surrounded by his friends, admitting he would be *'far too scared'* to go to the sporting events on his own. Whilst participant D4 believed he is *'a bit more shy'* as a consequence of shunning social media and revealed depressive tendencies *'when I feel low when I don't go outside and I just stay at home like all day doing nothing'*.

2.6.2.4 Theme 4 – Identity

This theme encompassed significance of family dyads, self-knowledge, decision-making and autonomy, future careers plans and wider societal thoughts.

The father (whether absent or now part of a blended family) was mentioned by all participants and the significance was underscored. Mothers were only referred to cursorily, generally when their reactions were compared to the reactions of their fathers. However, the single mother of participant D2 had a crucial role in the narrative of her only child. When the fathers are not mentioned, grandfathers (or

substitute grandfathers) were portrayed as crucial role models. Indeed, participant D1 reminisced about George who *'acted like a grandfather figure in a way, but sadly last year he died and so it kind of changed Christmas'*.

Whilst participant D3 was close to and enjoyed discussions with his father, participant D4 struggled to live up to his father's expectations *'my dad used to shout at me quite a lot because I wasn't getting into the high sets'*. However, participant D2's narrative revealed the difficulties that surrounded his relationship with both the men in his life. He experienced emotional trauma as a result of his father's behaviour *'my dad doesn't live with me he lives in Durham and erhm for nine years he'd made all these promises'* which he allegedly broke forcing participant D2 to terminate their relationship. His relationship with his loved incapacitated grandfather was now also strained, and participant D2 felt frustrated as his grandfather *'used to be a very proactive person a person you wouldn't find him in the house for more than two hours a day'* however, after numerous strokes he was at home, miserable and exhausted and *'I don't like seeing him struggle'*. It was pertinent that participant D2 talks of his future aim is *'to be a good dad instead of what he was'*.

In terms of identity formation, participants were exhibiting varying levels of autonomy demonstrated by independent decision making in political, religious and career choices, all pivotal in identity formation. Participant D1, after promotion to a higher level in Rugby, *'made the decision in that I didn't want to continue (rugby) in the 'A' team'*, due to other commitments. A committed Christian, he found strength from his faith although likened Religious Education lessons to a debating society as he felt forced to defend his religious beliefs. In terms of his future planning, he considered palaeontology or volcanology. However, he needed Physics

A level, a subject he did not excel in. In terms of parental guidance, he had received mixed messages regarding his choice of career '*Mum is more like get the high paying jobs, so you'll be ok, and Dad is more like do what you want*'.

Whilst participant D2, is '*a lot more independent now*' after breaking contact with his father and believed if questioned he can '*back up my own point*'. He had also begun to formulate his own political ideas and affiliations '*I'm a lot older and I understand it more and because there is so much on the election I just watch it as well*'. However, he had questioned his former Christian values gained in the junior school and '*obviously going more in depth into Science I now have taken down the route of the scientific reasons*'. He perceived himself as stronger mentally and physically which meant '*I'll back myself up if something goes wrong something like that*'. It was evident that in terms of identity the troubled relationship with his father had a profound and lasting impression, this was displayed in the response he gave when asked what he wanted for his future, he replied emphatically what he didn't want to be, in terms of a 'feared' self, I '*just I don't want to be what my dad was when I'm older..yeh, I don't want to do what he did to my mother I don't want to do what he did to me*'. The influence of his mother on his future plans was apparent as he wished to travel round the world before University '*because of the adventure, partly that and partly because my mum used to work on board ship*'.

Participant D3 displayed growing certainty in his political views, and in terms of career choice in that he didn't want to go into medicine '*because my dad's doing it, my mum's doing it and my sister doing it*'. He preferred to be a pilot although this didn't align with his strengths which were '*DT and electronics and music and drama*' and recognised this disparity '*I am not very good at Maths and would need Physics*' - the requisites for a pilot.

Participant D4 had based his political views entirely on his family views however was now considering other parties. Recognising his strengths lay in Maths, Physics, Chemistry, Geography and Economics, his choices were at odds with his mother who *'wants me to do something like Art of something but I can't really do Art I've already stopped it this year'*. He had currently no fixed plans for his future career *'I haven't put much thought into that to be honest'*.

2.6.2.5 Theme 5 - Social Self-Evaluation

This theme encompassed popularity, teamwork, bullying and physical appearance.

Blending in or standing out for the right reasons (achieving awards not detentions) appeared to be extremely important within the peer group. However, participant D4 had conflicting emotions between wanting to fit in and follow his peer group and a conscious decision not to be involved with social media. In trying to rationalise why he needed to meet new friends, he first believed it was just to get away from home *'why I don't know it was just what everyone was doing'*. However, he recognised that his aversion to social media *'I don't find that fun or anything'* had a negative impact on his friendship circle.

In terms of popularity the participants appeared to fight the acceptance of a diminishing friendship group on their transition to senior school and the potentiality of 'not fitting in'. Displaying a less developed and fixed 'social identity' this flexibility facilitated an adaptive social identity. One participant D2 liked *'being on my own'*, although it is hard to distinguish if this a protective mechanism as the result of failing to make sustainable friendships. Another participant D4 commented on his declining friendship number and used friendship as a vehicle to facilitate time away from home whilst participant D3 used friends to scaffold other activities,

conquer his anxiety and build confidence believing he was *'fairly popular'*. In general terms the participants appeared more definite about their likes and dislikes within the friendship groups and appreciated the continuity and stability of maintaining friendships.

All participants struggled with self-regulation, indeed narratives suggested that participants lacked self-control and were more impulsive, except in situations when they were part of a team where structure was imposed. Both participants D1 and D2 played rugby and enjoyed the rigours of a training routine. This may be particularly useful for participant D2 who had previously displayed some anger outbursts and admitted *'you don't think about the consequences'*. Participant D3 explained why he found hockey gave him confidence *'because it's a team sport and that everybody is motivated to carry on'*. Participant D1 enjoyed and excelled in outdoor solitary pursuits *'stuff to do with rocks, it seems quite boring but sometimes it can be interesting'* whilst participant D2 generally preferred his own company when not playing rugby.

Bullying experiences were mentioned by some of the participants. At face value the participants were bullied for 'just being different' (i.e., enjoying ballet) not due to dyslexia. Participant D3 conceded *'that was hard because people were mocking me because dancing is supposed to be a girl's thing. It's usually ballet people take the mick out'*.

In line with Nelson's (2000) view of cultural self, the participants have adopted the standard and values of larger society. This is very prominent in the narratives when related to physical appearance, especially height where being tall as a male was perceived as a very positive attribute, participant D1 was delighted to be getting taller *'cause when I was eight I was more down towards the bottom (of the*

class) whereas now I'm slowly climbing up'. Participant D2 also contended height is empowering and that the *'the bullies don't bully me anymore because I'm a lot taller than them'*. On the other hand, participant D4 blamed his exclusion from the Rugby team on his comparative failure to grow.

Theme 6 - Emotional Self-Efficacy

Participants appeared to have used differing coping strategies when dealing with death, divorce, transition, anxiety and exams. Productive coping methods were exhibited by all participants this included, for example, attempting to solve the problem, taking a relaxing diversion and working hard to achieve their goal.

Such strategies included focusing on the positive which helped participant D1 cope with bereavement by *'I kind of experienced like a positive out of the thing like I realise that over time that scars can like heal'*. A retrospective perspective facilitated the drawing of positive emotions from past events and was perceived as a coping mechanism, for example participant D3 reflected a few years back to bad car accident and thought *'maybe it would have been a lot worse'*.

Finding a relaxing diversion helped participant D2 cope when he experienced overwhelming emotions *'when it just gets too much I listen to music. Music is like my little bubble (outlining bubble shape with hands) I end up listening to music for hours on end and just because it calms me down very easily'*.

Distraction was also seen as a coping mechanism for D3 as playing the X-box took his *'mind off everything'* whilst he also adopted the strategy of facing up to his fears, for example, he overcomes his dislike of revising when he just had *'just force myself to do it! and don't get distracted'*.

Non-productive coping strategies were also exhibited by all participants, these included, for example, worry (rumination), doing nothing/not coping, ignoring the problem, suppressing tension (negative behaviour) and withdrawal.

Participant D2 avoided any relationship with his father '*I just completely blank him*' and withdrew himself to prevent seeing his once strong grandfather struggle after his third stroke. He went up to his room, then felt guilty about leaving his grandparents downstairs '*cos I know that they need help...I do find it too hard*'. Participant D3 has learnt to use avoidance strategies to cope with his anger & impulsiveness, in deciding not to express his anger he just '*walks away*'.

Reference to others was the third coping mechanism displayed by the participants when they would talk to peers/professionals, teacher/family, establish friendships, seek to belong or seek spiritual support.

Narrative revealed one participant D3 had used his friends and teachers to help cope in the transition from junior school recognising that this was easier because he had attended the junior school attached to his senior school. He had also used his peers to help conquer nerves and scaffold involvement in outdoor activities. This seeking to belong however did not proliferate through the other participants' stories. Participant D3 also used his family to help him cope in '*that if I'm ever unsure or upset just to talk to my family*' and he coped in exam situations '*by talking to my family asking for the best tips and then I'll probably revise*'. Whereas participant D1 started '*like praying*' in situations in which he struggled to cope and regarded his Christianity as '*a strength*'.

2.6.2.6 Theme 7 - Self-attribution

Self-attribution is the process through which individuals determine the antecedents and consequences of behaviour. Locus of control is the ability to control the environment (internal) rather than believing circumstances are determined (external). Locus of control is bolstered by social competence and attachment.

All participants craved some level of control, however there was evidence in the narratives of this being achieved at varying levels, and that locus of control fluctuated between the internal and external states. The participants appeared to focus on control and its link to autonomy – perceived as wanting to assert more control over their own emotions, other people’s emotions and situations. Such a situation was apparent within participant D2’s narrative, he tried to regain control of situation with his father *‘I had to ring him up and tell him I didn’t want to see him any more erhm which was really hard but.....every single Tuesday I would never get a call.. it just got to the point where I didn’t have to feel that anymore because it was just beyond a joke’*. As a self-protective strategy participant D2 told his father *‘not to text me not to call me or anything and he doesn’t’*. He also exerted control over his bullies, realising that as a result of his height and gym sessions *‘I’ve got stronger than them they can’t push me about like the used to and they can’t do what they used to do because I’ll now give them something back’*. Participant D2 appeared to have transformed situations from where he exhibited external locus of control, and potentially learned helplessness to ones in which internal locus of control was evident.

Indeed, participant D4 enjoyed the control he wielded at his smaller former school and in hockey where he enjoyed *‘being in charge and choose where to go,*

choosing where people should go '. In his senior school he is proactive and 'goal driven' rather than 'goal push' this is demonstrated by him when he helped *'little kids in hockey.....because it's going toward my Duke of Edinburgh award to be honest'*. Such remarks showed the association between internal locus of control with perseverance and motivation.

2.7 Results for Sample 2 - Adolescents at risk of becoming NEET

Table 2.7 Descriptive statistics for the summed CFSEI-3 scales for Sample 2

Group	Questionnaire	Scale	Mean	SD	Description
Sample (<i>n</i> = 8)	CFSEI-3	Academic self-esteem	5.25	1.83	Low
		General self-esteem	5.25	3.33	Low
		Parental self-esteem	10.75	2.49	Average
		Social self-esteem	9.62	1.92	Average
		Personal self-esteem	7.75	2.55	Below av.
		Global self-esteem	84.38	9.90	Below av.

Note: *SD* = standard deviation; CFSEI-3 = Culture-Free Self-Esteem Inventory (adolescent version); Domain scores 1-3 very low; 4-5 low; 6-7 below average, 8-12 average, 13-14 above average, 15-16 high; 17-20 very high. Global self-esteem scores <70 very low; 70-79 low, 80-89 below average; 90-110 average; 111-120 above average; 121-130 high; > 130 very high.

2.7.1 Sample characteristics of Sample 2

Findings from the disengaged adolescents reveal low scores in academic and general self-esteem, below average personal and global self-esteem and average scores in parental and social self-esteem (see Table 2.7). The female participants within this study (N1, N2 and N3) revealed mean scores lower than male counterparts in general, social, personal and global self-esteem and higher than male counterparts in academic and parental. The participants with dyslexia (N1 and N5) within this study of disengaged adolescents exhibited mean scores lower than their counterparts without dyslexia in global and all domains of self-esteem.

The sample revealed average behavioural and emotional strengths in family involvement, intrapersonal and affective behavioural and emotional strengths measured. However, they scored below average in interpersonal and school functioning domains. Some discrepancies were evident between the self-report and teacher behavioural and emotional scores, with teachers scoring the sample as average in all domains except in intrapersonal and school functioning where they

scored below average (see Appendix H). The overall BERS-2 strengths Index from both the self-report and teacher report was below average. Both the participants and the teachers agreed that the participants exhibited below average school functioning strength and this may indeed have feed into lower academic self-esteem. Although this dual perspective was achieved, a triangulation of this data including the parents' scores was not possible as none of the behavioural and emotional strengths forms circulated to them were returned.

The highest scoring contextual strengths for the sample were strengths at home and strengths from keeping clean and healthy whereas strengths from faith and culture ranked lowest. Peer connectedness was the highest scoring personal strength whilst respect for own culture was the lowest. The five highest scoring character strengths for these disengaged adolescents are termed 'signature strengths' and were in order of ranking; love, humour, gratitude, kindness, then teamwork (Appendix I).

2.7.2 Results of the IPA of the Life Story Interviews with Sample 2

Eight themes were identified from the transcripts of the disengaged adolescents (see Table 2.8). Again, the themes were grouped in a coherent order based on their frequency and level of description, i.e., academic self-evaluation was the strongest theme.

The themes were named representing the subordinate themes. There was agreeance between inter-rater and the researcher on all the themes, their subordinate themes and finally the theme names.

Table 2.8 Themes with subordinate themes for Sample 2 ordered by their frequency and level of description

	Themes	Subordinate themes
1	Academic Self- Evaluation	Academic peer comparison Academic struggles Self-regulation Perseverance Importance of the teacher/support Parental influence Awareness of optimum learning environment
2	Emotional awareness	Emotional awareness related to others External influences on mood Links between emotion and behaviour Awareness of self and change in self Expression of emotion -externalisation (anger and frustration) internalisation of emotion (anxiety, fear, grief and depression)
3	Rationalisation for school engagement	Parental influence Reasons for disengagement Reasons for re-engagement
4	Social Self-Evaluation	Friendship Trust Bullying Physical comparison
5	Identity	Significance of family dyads (mother-daughter, grandmother-grandson, father-son/grandfather-grandson) Self-knowledge Decision making and autonomy Future career plans Wider societal thoughts
6	Emotional self-efficacy	Productive coping strategies Non-productive coping strategies Reference to others coping strategies
7	Self-attribution	Internal locus of control External locus of control (learned helplessness)
8	Self-efficacy	Academic self-efficacy Non-academic self-efficacy

2.7.2.1 Theme 1 – Academic Self-Evaluation

This theme comprised subordinate concepts of academic peer comparison, academic struggles, self-regulation, perseverance, importance of the teacher/support, parental influence, awareness of optimum learning environment.

The participants were acutely aware of their own academic profile, number of detentions; sanctions etc. The majority did not display an interest in how they ranked within their class in academic terms. However, the youngest participant N8 was very quick to emphasise that he had been offered the opportunity to follow the Triple Science route at GCSE, but unfortunately due to timetabling schedule had to settle with dual science which he regarded as inferior. Moreover, participant N3 had begun to feel pride in her schoolwork, having recognised the consequences of her recent effort in a Personal, Social and Health Education (PSHE) lesson had yielded success *'I got an A* out of it'* acknowledging she researched more than anyone else.

All participants experienced problems with self-regulation, in terms of lack of concentration, organisation and distraction within school environment.

Furthermore, all referred to their academic struggles which normally stemmed from a lack of concentration. Participant N2 felt she struggled especially in English, Maths and Science, the internalisation of her perceived failure in these subjects manifested in her believing *'I've still no brain'*. She contended that most of her teachers didn't understand and *'just think that I'm just not concentrating, but I am but I just forget, if you know what I mean? and then they just think that I'm not doing anything and then I get done'*.

Other participants identified sources for their struggles, such as participant N3 who reflected on the past disruptions and inconsistencies in her primary school education which impacted on her first years in Senior School. Although these initial

struggles were outside her control their negative ramifications were felt beyond those years.

Various reasons were cited for their distraction in class. Whilst participant N8 blamed others for being too funny and made him laugh too much, he recognised the major part he played by talking in class. Indeed, participant N4 was unable to curtail himself joining in with those that were vocal in the classroom, whilst participant N5 believed distraction were the result of the lessons being boring, *'I just doze off, just like concentrate on other stuff and start day dreaming and stuff like that. I try to concentrate again and my mind just drifts off, again, like'*.

Participant N2 expanded and escalated these feelings further believing all school was boring, and that indeed justified her dislike of school. However, she realised that her lack of organisation and time-management within the school was mirrored by the disorganised state of her bedroom where she just *'likes shoving everything under my bed'*.

Although all were aware of the consequences of disrupting class, the consensus is that teachers blamed them wrongly for behaviour in class. Participant N1 summarised the feelings of the others by saying some teachers would *'kick us out of every lesson for nowt really'*. Participants believed they were punished unfairly by the behaviour system which involves being 'on board', sanctions, detentions etc. The behaviour system left them feeling 'annoyed'.

Although for all the participants, there was external organisational assistance to scaffold a homework schedule, the opportunity was seldom grasped to attend these offices as participant N2 admitted *'Because after school, if we go there then you've got to do it (homework), but if we go home then we can just chill.'* However, participant N8 appears competent at self-regulating his routine at home, alternating

his time when he returned home from school with *'a bit of football, do my homework, play a bit of PlayStation, and then go and play football'*.

External family factors, such as bereavement over a grandmother, had also dampened one participant's concentration levels. However, recently participant N2 had made an effort not to miss anything in a lesson, as it could be *'like, proper important but I just don't know, because I've just missed it'*.

Participants explained the struggles in operationalising motivation and perseverance. Although all recognised the importance of education *'to get a good job'*, it was measured by the outcome not the learning process. Participant N5 argued *'there's people who don't have as good as an education but somehow, like, still get on and stuff'* and may emphasise the lack of educational role models and mentors. Participants appeared unsure of the grades needed to achieve entry into relevant college courses, although there have been careers events held at school. However, the importance of identifiable role models was crucial, for example, participant N3 was inspired by her older sister's progress to the local college and now wished to study health and social care, having recognised the importance of perseverance believing, *'I've got Ds in most of my lessons, but all the teachers said that if I put my head to it, then I'll definitely come out with a C or something'*.

The importance of teachers is evident in the narratives and the distinction between their positive and negative qualities impacted upon the participants. Subjects were enjoyed primarily because teachers were *'sound'*, a *'banter teacher'* or *'quite chilled back'*. Participant N5 praised his support teacher and other teachers that *'don't shout at you'* when you asked for help and supported when you don't understand the lesson. The teacher-pupil interaction also influenced the enjoyment/engagement in lessons, participant N8 commended his *'funny Maths'*

teacher’ who was *‘strict at the same time’* and commented that he enjoyed the mini-games like bingo at the end of the lesson.

Parental/Caregivers influence regarding school was evident, however contradictory opinions were given on how their parents/caregivers felt about their adolescent’s schooling. Whilst participant N4’s mother and stepfather displayed an ambivalent attitude to their adolescent’s education, some of the parents played a much more pro-active role in ensuring they attended school and always enquired what homework was set. Indeed, the caregiver (grandmother) to participant N5 had emphasised the importance of learning languages (although he doesn’t like French) and that he needed to at *‘least try your hardest because learning different languages is what’s so good for your education’*. A few talked about career aspirations with their parents, the mother of participant N3 reinforced her daughter’s interest in becoming a carer having told her that she possesses the right attributes for that job, such as patience.

Most of the participants acknowledged their optimum learning environment whether it was in a specific subject or environmental. Most perceived home as not a conducive environment to work, predominately due to it being perceived as place needed to *‘chill out’* after the rigours of the school day. Positive comparisons were made about the school in relation to a local academy which is *‘not a great school’*.

For some participants, the variety of Senior school timetable was preferable to Junior school, with different lessons being taught by different teachers compared to primary school where one teacher takes all subjects. Away from the core subjects that are obligatory for GCSE (e.g., Maths, English), participant N3 believed she worked best in the subjects that she has actively chosen as options such as Health and Social Care, PE and Food and Nutrition.

For the majority group work was the favoured mode of working and it was suggested by participant N3 that *'the more interactive it is, then the better I work, really'*. However, participant N6 proposed that it's not just group work that is the most salient factor, it's the verbal collaboration with your neighbour *'It's more like, being able to talk, instead of just working in silence....if you're talking to someone next to you, you both might not know it, but together, you'll figure it out'*. It was interesting to note teamwork was one of the samples character strengths and this indeed, may feed into social self-esteem.

2.7.2.2 Theme 2 – Emotional awareness

This theme comprises subordinate concepts of emotional awareness related to other, external influences on mood, links between emotion and behaviour, awareness of self and change in self, expression, externalisation and internalisation of emotion.

The participants revealed an acute emotional awareness of others and good levels of theory of mind were demonstrated in their narratives. One participant, N5 having experienced the tragic death of his mother when he was two years old, *'doesn't really ask about it'* to his maternal grandmother for fear of upsetting her. Due to his concern about probing too much, he knew little about his mother apart from his grandmother commenting that his mother *'was alright'*. Another participant N3 with ambitions to become a carer was very socially aware of the discrimination and suffering that some with disabilities encountered, *'I just want to help them'* and felt very angry when others are *'taking the mick out of them. Because, because they've only got a disability'*. She believed respect was at the core of connectedness *'if you have respect, then you'll get along with more people and*

get more things done in life, really'. Such sentiments are mirrored by another female participant N1 who believed it was crucial *'to have a heart because you get on better in life, making those around you happier'*. Indeed, participant N5 believed you could live longer if you were happy and *'smile all the time'* and if he noticed someone was upset he would *'go and sit with them and do something for them and try and make them feel better'*.

As well as exhibiting emotional awareness in relation to others, participants acknowledged how external factors, such as friends, influenced their mood. One participant N2 having come to school *'in a bad mood'* recognised that after being with her friends, *'I just forget about everything and I'm just in a good mood, for some reason'*. Whilst participant N6 contended he *'can just block out'* disruptive behaviour of others in class, he correlated his mood and subsequent behaviour after receiving a detention, in that it *'affects your mood in the lesson.... you seem to lose concentration. You seem to forget about the work, you just want to put your head down and go to sleep'*.

Participants were also aware of emotional changes in themselves. One participant N7 contemplated his absences from school and how different friends have impacted positively upon him and *'changed me in myself'*. He felt he had been arrogant and *'didn't care about other people erh I just cared about me'*, he blamed himself for being too demanding of material things from his parents and *'now I feel like an idiot because like it was making them struggle but they were giving me what I wanted'*.

Earlier demonstrations of self-efficacy were interconnected with strong positive emotions. One participant recalled his memories of his football experience at Wembley as a much younger boy with *'I just like so pleased it was me'*, whilst

another participant felt *'untouchable like I was on top of world'* when he won his first main boxing match and felt *'like proper emotional'* when his parents cried.

The narratives also revealed that the participants dealt with their emotions through displaying both externalising (anger/frustration) or internalising (anxiety/depression) mechanisms.

Anger control was an issue for two of the participants (N4 and N5). Participant N5 was fully aware of this aspect of himself *'when I'm angry, I don't think I can control it that well'*. His anger outbursts were apparent at primary school, he retaliated to a younger boy pushing him *'so I kicked him and I punched him, and then he was on the floor crying'*. Although this behaviour resulted in school sanctions it didn't dampen his anger which now manifested as *'punch-ups but not like, I don't get into fights, no.....Like walls and doors and stuff'*. In trying to rationalise why he felt angry he believed *'When I get upset, I also get angry'*. The anger is then vented quickly about *'a lot of stuff... really easily'*.

Other participants have internalised their emotions which resulted in anxiety and depression. One participant N1 displayed symptoms of social anxiety *'I hate being around loads of people I feel reet enclosed'* which resulted in her feeling *'right agitated'*. Another female participant N3 believed anxiety develops gradually *'when you're young, you just think about toys and stuff. Now its worries My GCSEs and things that I need that are important'*. The impact of anxiety was widespread, participant N7 believed his anxiety was interlinked with his irritable bowel syndrome (IBS). His nervousness started when he thought about school and triggered *'stomach cramps and feeling sick'* and he believed the emotions stirred by this anxiety then *'switch to my IBS'*. He also admitted to having exhibited signs of depression and feeling *'proper down all the time, always down'* when he had to stay

at home due to disruptive neighbours. This isolation led him to losing confidence 'I just felt behind and I felt like I didn't have anyone (friends) to speak to'.

2.7.2.3 Theme 3 – Rationalising disengagement from school and potential re-engagement

This theme comprises subordinate concepts of parental influence, reasons for disengagement and reasons for re-engagement.

Parents influenced the adolescents' feelings about engagement in school. Whilst participant N1 replicated her mother's negative attitude towards 'silly' school rules regarding make-up, allocated places to sit and the fact 'you can't stand on a carpet', participant N4's mother displayed a more ambivalent attitude to their adolescent's schooling. When asked to explain how his mother reacted to his detentions 'she's not proper bothered because she's just got used to it now', similar feelings were reinforced by his stepfather who is 'just used to me getting them'. However, participant N6 mentioned parental differences in their reaction to his detentions in that his father was 'more calm' whilst his mother was 'more angry'.

A plethora of reasons, both school-centred and individual-centred, were offered by the participants when they explained their disengagement from school. Without being asked explicitly about school engagement, all participants were eager to verbalise their individual reasons, as if explaining them aloud would be cathartic in helping them to justify their rationale. School-centric reasons including disgruntlement with the behaviour system, struggles with the logistics of the school day and boredom. Individual-centred reasons such as fear, unhappiness, anxiety, problems with friendship groups and bereavement were all cited as triggers for their disengagement.

When discerning the school related factors, participant N8 mentioned rules '*basically, all the rubbish rules, like no non-school shoes*' whereas participant N6 brought attention to the perceived injustices of how the behaviour system was implemented at school and considered it '*a waste of time, because some teachers just see it as just a way to... almost abuse it really*'. The negative effects on learning and mood after receiving detentions on learning were mentioned by several participants including participant N6. Some participants also complained about having to wear the uniform, about the structure and content of the day, as participant N3 conceded '*Like, if it's just boring, then I start getting bored and then I stop doing my work*' and having had to wake up '*too early in the morning*'.

Outside the school environment diverse individual reasons for disengagement were given such as participant N7's fear of walking alone past his neighbour's property as '*they are all like 17, 18 they could do whatever can't they?*' He continued '*our next door neighbours are drugs dealers*'. Female participants mentioned problems with friendship groups '*just arguing and it was all over daft things*', participant N1 conceded she thought the other pupils '*sort of disrespect me all time like in lessons and then I get in trouble for it*'. She also expressed how environmental factors such as large enclosed spaces and had led to anxiety issues that fuelled her disengagement. A dislike of crowds had manifested in negative experiences from '*when people shout you know like around me I don't like it*'. Such feelings culminated in symptoms akin to social anxiety. Health anxiety played a central role in participant N7's disengagement as concerns about his mother's health left him '*like proper upset and scared*'. He admitted he didn't know what to do and his behaviour deteriorated '*like if a teacher told me to do something because my mum was ill I just take it out on them and I just won't listen*'. According to

himself his behaviour became 'shocking' and he would get involved in numerous fights. General feelings of unhappiness were also mentioned by one female participant N2 as a factor in disengagement *'it weren't that long ago that I weren't happy in school so I didn't want to do the work and I just didn't want to listen'*.

Numerous factors were cited as being instrumental in potential re-engagement. Re-engagement for some participants centred on the awareness of significant others, in terms of negative impact or an improvement in circumstances of a loved one. Participant N1 struggled with the impact of her disengagement in that *'I just didn't you know like seeing my mum upset because my mum could have got into trouble'*. She tried to rationale the situation regarding her potential re-engagement in school and realised *'it's like school is not forever'*, furthermore she recognised that her engagement could be improved with placements related to her future career.

Participant N1 also told a 'story' ostensibly about 'someone else' who had been missing school due to bullying. This centred around the cost of missing school whilst *'bullies are sat in class learning and like she isn't is she? it's like them are going to get somewhere and she ain't, you know what I mean?'* This could be interpreted as her own story.

Role models were also significant, participant N3 re-engaged as she saw her older sister who had attended the same school come out *'with good grades'* and thrived at the nearby college. Whereas for participant N7 now the medical worries about his mother had subsided he reminisced when his behaviour was *'minus 40 and I was on report'* and now he didn't even think *'it's a minus'*. A general improvement in happiness levels and being *'out with my friends and that'* underpinned participant N2's potential re-engagement.

Where negativity permeated previous narratives about school, some of the male participants were less aware of the specific reasons why they became more re-engaged but now listed the positive aspects of the school ranging from the football pitches to the meat sandwiches served in the canteen. A renewed enthusiasm was observed in participant N8, he recognised he was *'improving a lot'* and put it down to *'growing up. getting more responsibility'*. Indeed, for one participant it was a conscious decision to increase his concentration, have considered the opportunity cost of staying on at school *'keeping getting detentions'* when he could *'just stop doing it so I could have more free time after school'*.

2.7.2.4 Theme 4 – Social self-evaluation

This theme comprises subordinate concepts of friendship, trust, bullying and physical comparison. The importance of peer groups and participating in peer group was highlighted throughout the narratives and was supported by peer-connectedness being the groups strongest personal strength. For most of the participants, school was seen to function primarily as a vehicle to build and sustain friendship groups, and for participant N5 it was his reason for coming to school as *'every day you get to see your friends'*.

Male participants talked about a diminishing number of friends over their senior school years citing about three or four important friendships, *'they aren't as many, but they are better than my other friends'*.

Participant N5 referred to the dynamics of friendship groups, and believed that people pair up with like-minded people, with mutual interests (mainly football) which resulted in the *'the banter and stuff, that's good'*. Comparatively, time spent with friends flew by whilst *'when I'm in house time will go proper slow'*. Although, after his absence from school, participant N7 recognised he had fewer friends, yet

they seemed to care about him more and wanted to spend time with him *'like the first day I met my new mates one of them stopped at mine'*. Indeed, participant N6 considered keeping friends as one of his strengths *'not like, falling out, just making up with them and stuff'*.

One female participant spoke of a core group of around eight friends *'who I hang about with, and I'm real close to them'*. Another distinguished between her three or four close friends that *'hang about together'* with others *'that they just talk'*. Participant N3 admitted that lack of confidence had initially been her problem *'because I never used to speak and I used to be right shy to speak to anyone'* but an improved confidence was helping in connectedness.

Mutual support and encouragement *'to do good things'* was significant within their friendships groups, especially for the girls. Other qualities highlighted by the girls were *'just being respectful and kind to you'*. However, one participant N1 recognised that friendships can also have a negative influence, referring to her older 17 year old friend who is *'pulling her down'* although recognising that her friend had *'loads of problems like she obviously had a bad bringing up and I haven't...now she's pregnant and everything'*.

Trust was also referred to as an essential ingredient of friendship by participant N1, although she always preferred to be with boys, her best friend was someone she could really trust *'because she is not like two-faced'*. Unfortunately, participant N8 felt that trust has been lost in some of his peer relationships due to gossiping.

Two participants referred to the impact of bullying, one participant N3 thought this was due to her being *'different'* by starting late at primary school. For another participant bullying had been a longstanding problem from primary school

where *'it got sorted out really quickly'*. In senior school the bully *'started pushing me about and calling me names and calling my mum very rude names'*. Having then befriended the individual who had bullied him, the volatility of this fragile friendship was displayed because *'now literally, I hate him'*.

Physical appearance was mentioned by two of the male participants, in comparative terms particularly height. One participant was delighted to be *'one head taller than my mum'* although shorter than his best friend whilst another participant referred to how appearance is mentioned in *'banter'*, for example, *'he says I've got a big nose. So, I said he's got a big gob. We just mess about with each other'*.

2.7.2.5 Theme 5 – Identity

This theme comprises subordinate concepts of significance of family dyads (mother-daughter, grandmother-grandson, father-son/grandfather-grandson), self-knowledge, decision making and autonomy, future career plans regarding and wider societal thoughts.

Trying to establish an identity in this age group was critical, it was evident that some participants lacked a role and struggled with a sense of purpose. The significance of family dyads in scaffolding their evolving identities was crucial and the significance of father-son/mother-daughter/grandmother-grandson dyad was referred to throughout their narratives.

One participant N1 confided in her mother *'you can tell my mum anything, my mum – she is one of them that always has a word for everything...yes she is good at advice'*. She had also heeded her mother's warning to stay away from her older friend as *'my mum didn't like me going around with her'*, believing that her daughter neglected herself by investing too much emotional energy and time in the

relationship. When participant N5 referred to his deceased mother he believed *'it's alright because my, it's, my nan's like my mum because she's fine. I love her'*.

However, he also had scant knowledge about his absent father *'I don't ask about him, really at all'*. He only knew that his father left his home when he was five or six years old and some details about the job he held. This suppression of questions about both his mother and father culminated in a lack of information about both parents and may indeed have undermined his identity formation and be a contributory factor in his anger management issues.

Although participant N6 described his best times were before his parents separated, he now enjoyed time spent separately with each parent and recognised the difference reactions between his parents on his detentions, stating that his mother was more angry in contrast to his father who is *'more chilled out about and won't shout, because he knows I won't take it in if he shouts. So, he's just calm. It's easier to talk to my dad'*. This parental disparity was also evident in how they reacted when he is out of the house, with his father happy, *"as long as I know where you are."*, whilst his mother repeated, *"be in for this time."*. Another participant N8 *'doesn't mind'* that his parents are separated as he enjoyed time with his father when he has breaks. Such comments suggested that there is less negative impact of parents' separation when continuing contact with the father is maintained for these adolescent boys. However, participant N8 was very close to his mother who is *'mentally strong and a big inspiration'*.

Siblings also proved a source of inspiration and confidence, whilst participant N3 used her older sister as a career role model, participant N7 enjoyed the closeness with his much older sister who lived on the same road. When he watched videos of her caring for him as a baby it made him feel *'like proper warm'*.

Evolving identities seen through the lens of gender, religion and future career thoughts also surfaced in narrative. There were disparities among the participants in relation to their imagined or planned progression along their career path. Apart from thoughts on careers, some shared wider societal thoughts that may have impacted on their emerging identity.

Participant N1 believed *'Yes, I am like a girl outside but inside I'm a bit more like a boy sometimes?'* and elaborated that although she had a close female friend she *'always preferred to be with boys'*. She didn't appear to have a clear plan on future plans *'I've got a D (in health and social care) but I think it's like for three years as you have to do your thingy first and somebody has tried to explain it but...'*. She also feared the ramifications of being a girl specifically when considering rape *'Like, it freaks me out because I'm a girl and even when I've walked home before and there's men, you just think, I just want to get away'*.

Another participant N2 battled to consolidate the past experiences and beliefs that assisted in identity formation. *'I know I haven't done much. I just felt like my life were proper boring'*, contending *'oh, I've still got no brain'*. She struggled to recall how many GCSE's she was taking *'I don't know, but I think there's a lot. I can't remember'*. Exhibiting an interest in a career linked to health and beauty, she felt this was inferior to *'all my friends they're proper smart as in like, doctors'*. She felt torn in the direction she should aim, evidenced by her narrative *'if I was to say I wanted to be a hairdresser, I feel like I'm setting my goal too low'* which was countered by *'I don't want to dream too big'*. This uncertainty about her future troubled her *'I want to know what I want to be, but I don't know what I want to be'*.

In contrast, participant N3 appeared to have a clearer view of her future *'like, working with people who have disabilities, like when I go into the Special school'*. A decision encouraged by her mother as it ideally suited *'because I've got patience for people and everything'*. Participant N3 felt it was important that she was proactive in deciding on her placement *'yeah. I decided that I wanted to go on it, because now I've got a work experience in a special school'*. This represented a step towards her eventual objective of becoming a carer. Although participant N3 showed a social conscience in relation to how disabled people should be treated, her wider thoughts on society were limited due to her *'never watch(ing) the news or anything or really reading books'*.

In terms of attributes for potential careers, participant N4 compared himself unfavourably to his stepfather who worked in telecom engineering *'I'm not really smart enough for all that'*. He believed his main challenge had just been *'just growing up'*. Living an insular existence, he was unable to give views on any wider societal and political topics, He only watched football on the TV and Xbox and football appeared his consuming passion at this stage of his life. His future plans revolved around *'just keeping my head down'*.

However, one participant N5 had found clarification about his future through one of the school support programmes which *'helped you with your qualifications and helps you see what a CV is like, and stuff'*. He aimed to become a sports coach or *'an accountant because I'm quite good at Maths... my dad was an accountant, well last time I saw him he was'*. The influence of his father was apparent even through the little knowledge he possessed of him. Although participant N5 has investigated entry requirements, he has not looked at universities yet.

Becoming a plumber was important for participant N6 but this was secondary to *'having some children and being happily married'* with the aim *'not be rich, but stable, so you can go on holiday and do things'*. Displaying an interest in local politics he preferred the parties *'that give money back'* to the community reminiscing *'when I was like seven, there were parks and football nets all over but now it's they just seem to be going'*. The issue of immigration was referred to in that he didn't want to *'stop it, but just calm it down a bit. Because it seems a lot'*.

A career in plumbing or as an electrician was also favoured by participant N7 if his *'big dream'* of becoming a professional boxer didn't materialise. He believed he would be suited to plumbing or being an electrician *'like I enjoy it, be able to go round and fix things'* acknowledging there is *'a lot of money in it'*.

For one participant N8, his Christianity shaped his identity and instilled *'courage'* within him. He believed his growing autonomy and responsibility is a consequence of circumstances, in that his single mother left him alone at home whilst she worked *'my mum makes me more responsible'*. In contrary to some participants, N8 didn't want to follow his father's career. Instead, he originally wanted to play for a good football team, however, recently discouraged by his mother's mention of the amount of training needed, he now believed he preferred to become a policeman for *'self-defence. say, if someone's attacking me, I can easily get them down and then arrest them'*. Such a stance may have emanated from the fear surrounding his neighbours in his home environment. As an Eastern European immigrant, he was also eager to express a view on immigration *'people saying that if they send back the immigrants, they are expecting the others (that emigrated from England) to come back, which got me kind of confused'*.

It is interesting to note, that although these participants attended a faith-based school, only participant N8 identified himself as religious. Narratives from the other participants reflected a disinterest in religion such as *'I just don't believe in it. None of my friends do either. None of my family do, so it's the way I've been brought up'*. This suggested the significance of the belief matrix within which these participants were brought up and live shaped their identity and, indeed how they failed to question the beliefs held by their family and friends.

In terms of future career planning, although most have attended for careers advice, it appeared that suggestions and advice from role models and parents was the most influential and productive. This aligns with Ryan, D'Angelo, Kaye and Lorinc's (2019) findings emphasising the influence of educated relatives in guiding adolescents future career paths.

2.7.2.6 Theme 6 – Emotional self-efficacy

This theme comprises subordinate concepts of coping strategies; productive (weighing positive with negatives), non-productive and with reference to others. Participants appear to have used differing coping strategies when coping with diverse life events such as death, illness, divorce, transition, as well dealing with anger, intergroup tension, bullying, anxiety and exams. Productive coping methods surfaced through narrative these include trying to rationalise the situation and focusing on the positive. Some relied on past emotions and experiences to bolster present emotions by weighing positive with negatives (opposing valences).

The bereavement of grandparents appeared the most significant life event that the participants have dealt with. One participant considered death *'it's just life really isn't it?'* and rationalised her grandmother's death by believing *'she is in a*

better place now obviously as she was in loads of pain and that *'she was just tired and wanted to go'*. Her coping strategy involved drawing the positives from this bereavement in that it has made her feel closer to her father's side of the family. Another participant N8 believed he has coped with the death of his grandfather, who had been the primary carer for the first 4 years of his life, although he recognised *'it's kind of a strong missing (of) my grandfather, and it's missing a big part of me'*. Participant N7 also drew the positive out of negative life events such as his mother's illness, and believed that instead of being *'like upset'* and *'not being able to do nowt, I just support people more ...like I push through hard times and try and bring good things out of bad things...just stay strong'* However, he struggled to follow this strategy of thinking *'of the good times that have happened'* when he faced difficult times, conceding that *'it's hard to do sometimes isn't it?'* A productive strategy was also demonstrated by participant N6 when he reflected upon his parents' separation, initially, when he was much younger it bothered him *'but now I just seem to get on with it'* and enjoyed time spent separately with each parent.

Productive strategies were also evident when coping with intergroup tension, participant N3 had shifted her response from *'crying and getting stressed out'* to *'arguing with them back, but then I just started laughing at them and then that's it, really'*. Now she coped by *'just letting it fly by me'*. Participant N8 has similarly adopted more of a relaxed stance when he dealt with a bully and *'I just tell him to shut up and walk off.'*

Non-productive coping strategies however were exhibited by some of the participants, these included worry (rumination), wishful thinking, doing nothing/not coping, ignoring the problem, suppress tension (negative behaviour) and

withdrawal. Although, one participant N2 admitted she doesn't cope well with anxiety she *'just gets on with it'*. The exact phraseology was used by participant N3 when dealing with her grandmother's death and was followed by *'I just think she is still here really'*. Such suppression strategies were reflected in how one participant who just *'block'* out others disruptive behaviour in the classroom. Whilst another participant N7 used an avoidance strategy to cope, he had been unable to attend school as it involved walking past his neighbour's house. It was difficult to disentangle whether it was fear of the neighbours or fear of school that generated this mechanism. Another avoidance strategy was seen in participant N8 who hadn't spoken to his mother about his grandfather's death *'because if I even mention my grandfather's name to my mum, she'll just get so upset and start crying'*. An inability to cope with very strong suppressed emotions manifested in participant N5's anger outbursts, having himself recognised that being upset was correlated with his anger. This negative behaviour pattern may be due his suppression of upsetting emotions, for example, although he wished to discuss his deceased mother with his grandmother he feared upsetting her.

The third coping strategy displayed by some of the participants was reference to others, examples of this were when participants would talk to peers/professionals, teacher/family, try to establish friendships, seek to belong or seek spiritual support. This coping mechanism appeared particularly helpful when coping with bereavement. Participant N1 found it very difficult to cope when she saw her father upset (at the death of her grandmother) *'he weren't eating or nowt'*. She reached out to her former best friend and a carer from her friend's care home stepped in *'it kinda helped me, took me to park and got me some food and I rather*

me doing that than sat in house upset because my Nanan wouldn't want that'. The school chaplain had also been a source of strength.

Two participants also mentioned friends as helping them on the transition from primary to senior school, participant N3 refers to *'they all helped me fit in with everyone'*. It may be that older people are sought in times of crisis, as in the case of participant N8 who coped with his bullying by telling *'grownups. like my aunty. I'd tell her. I'd tell you, right now'* however he wouldn't tell his *'little cousins, because they won't understand'*. One participant's belief in *'some sort of afterlife'* had eased the pain when she dealt with her grandmother's death.

2.7.2.7 Theme 7 – Self-attribution

This theme comprises subordinate concepts of internal locus of control and external locus of control. Most of the participants reveal elements of both an internal and external locus of control.

Internal locus of control was displayed by one participant N5 as he recalled the intergenerational conflict between his maternal grandmother and father, after an argument *'I stopped seeing him'*. Having escalated to Court proceedings he was forced to make another very difficult decision where he *'could've picked to go with my dad or my nanna'* and chose his grandmother. This level of significant decision making has impacted upon him, and he has since doubted his decision *'sometimes, I feel like it was a good idea, but sometimes I don't'*. Another participant N2 believed that being in control of choices was very important for her and emphasised that *'I like the subjects that I picked to do'*. Indeed, participant N3's control over the choice of her placement *'yeah. I decided that I wanted to go on it - work with disabled children'* was seen as a positive and now she has influenced a friend who is

struggling with distraction in class *'so I tell her to stop because she was going to get herself in trouble and then she starts focusing again'*.

The decision to control his behaviour was pivotal for participant N6 who recalled *'at the start of the school year, I wasn't exactly doing good. I was getting lots of detentions. So, I decided to change'*. He also improved self-regulation with friends, outside school, realising *'acting daft'* was acceptable when you are young, but as an adolescent *'I try and walk away from that now'*. This was displayed by those participants who have dealt with bullies *'by letting it go'*.

Displays of external locus of control were also evident in the narratives. One participant N8 appeared to have little control over his behaviour in class and blamed others for being *'too funny, they make me laugh too much'*. Whilst another participant N1 felt *'like trapped'* in the school system, unable to exert any control over her destiny. This sign of helplessness and thoughts of the inability to change the future was reflected by another participant N4 who has *'sort of given up. yeah'*. Indeed, this helplessness is mirrored by another participant N2 who believed everything was spiralling out of control *'like, if I was to sit and think that my exams aren't that far away and I'm just not confident at all in any of my subjects and then I just think, I'm going to fail. That's all I think'*.

Signs of learned helplessness were also evident in participant N7's narrative who appeared to attribute most events to outside his control. This was evidenced in his narrative when he explained why he missed a lot of school in Years 8 and 9 *'Because of like next door neighbours well we were in house and every time like they would be out front playing football'*. Even when this mother did report this perceived intimidating behaviour to the police there was no impact *'it's not like an emergency like it's just to log it but they never do owt'*, and the lack of control was

reinforced. Gripped by worry over his mother's illness heightened his feelings of helplessness, which culminated in behaviour that was *'shocking that year'*. Again, he believed that this year had started with *'a run of proper bad luck'* with family medical emergencies and unfortunately, it seemed that participant N7's external locus of control narrative appeared to be replaying. Further environmental factors contributed to an external locus of control. Participant N8 felt helpless and fearful in his neighbourhood, *'because if it's near dark, and I'm alone, I always get that feeling that someone's going to attack me'*. This feeling was warranted after his friend was victim of a knife crime. His mother attributed this to crime to the *'terrible'* area in which they lived, however, participant N8 disagreed as he thought they had good neighbours or alternatively *'my mum could just sort it out herself'*.

2.7.2.8 Theme 8 – Self-efficacy

This theme comprises subordinate concepts of academic and non-academic self-efficacy. In developmental terms, the study age group embodies a growth in self-knowledge and awareness of individuality. Self-efficacy beliefs refer to the judgements that individuals had about their capabilities to organise and affect courses of action to attain given goals (Bandura, 1997), and manifests in an ability to be confident and successful at a task where earlier, failure had been the norm.

Throughout the entire set of narratives, there is only one reference to academic self-efficacy by one participant and this was the result of her achieving top marks, *'I got an A* out of it'* in recent work. Male participants' self-efficacy references were centred around sports. One participant N7 appeared a gifted boxer, practising every evening. He talked with enthusiasm about his first fight *'I was the first person out and as I came out and all the entrance music and all the smoke and everything going off and I just felt untouchable'*.

Football was the area in which two of the male participants felt they excelled. The experience of playing a football tournament on the Wembley pitch had imbued participant N5 with confidence and a sense of hope as *'you never think a little kid could play on Wembley and then, if you believe it, anything can happen'*. The other participant referred to his football team winning the league in his first season. The female participants were generally more self-deprecating, one participant N2 believed she was good at *'nothing at all'* before she struggled to remember *'passing my swimming thing, .it went up to level nine'*. Another participant, after a few minutes of deliberation, referred to a street dancing medal she had won when she was 13 years of age.

2.8 Overall discussion of themes generated and links between self-esteem profiles and narratives

The current study sought to answer the following research question, with the aim of identifying emergent themes from the adolescents' Life Story Interviews which may underpin self-esteem.

Do vulnerable adolescents exhibit lower self-esteem than normative scores measured by the Culture-Free Self-Esteem Inventory (CFSEI-3, Battle, 2002)?

When considering the main research question, the mean scores of vulnerable participants comprising Samples 1 and 2 revealed below average or low levels of general, personal and global self-esteem. However, differences between the two samples were displayed in two domains; adolescents with dyslexia had average mean scores in academic self-esteem in comparison to the disengaged adolescents who scored low. In contrast, the adolescents with dyslexia scored below average in

social self-esteem whilst the disengaged adolescents revealed an average score. Both samples revealed average scores in the parental self-esteem.

Gender differentials displayed in Sample 2 are in line with Trzesniewski, Tracy, Gosling, and Potter's (2002) findings that girls generally exhibit lower self-esteem than their male counterparts. Furthermore, it was interesting to note that the two adolescents with dyslexia in the disengaged sample scored low self-esteem scores on all domains compared to their peers without dyslexia. These two participants' scores may reflect the impact of being doubly vulnerable in terms of both dyslexia and disengagement; however, it is difficult to disentangle the influence of the relationship between these factors and is beyond the scope of this thesis. Such suppositions are only conjecture due to the very small sample sizes and little weight can be given to the generalisability of these results in isolation. Furthermore, due to the contextual differences of the two samples, the two adolescents with dyslexia from Sample 2 were considered at face value primarily as 'disengaged adolescents'.

The triangulation of the perspectives from the adolescents with dyslexia, their teachers and their parents demonstrated that although all the scores attributed fell in the average range of behavioural and emotional strengths the teachers scored the sample higher than the self-report on all the domains. However, the parents appeared to be more critical, believing participants had lower than their self-reported scores in school functioning and intrapersonal strength. This discrepancy between teacher and self-report may imply that these adolescents with dyslexia fail to fully recognise their strengths. In contrast, the teachers of the disengaged adolescents scored them lower than self-report on the behavioural and emotional strengths of affective, intrapersonal and family involvement. The teachers'

unspoken perceptions may indirectly adversely impact on the disengaged adolescents.

The findings for the specific self-esteem domains are now discussed.

2.8.1 Academic self-esteem

Three of the four participants in Sample 1 exhibited average or above average academic self-esteem. These findings contrast with the literature linking dyslexia and low academic self-esteem (Humphrey, 2002; Terras, Thompson and Minnis, 2009). These average academic self-esteem scores are atypical and may in part reflect the positive influence of having an empathetic teacher (Glazzard & Dale, 2013), support and the school context (Burden & Burdett, 2005). Furthermore, the sample's strongest personal strength was shown to be functional classroom behaviour and their joint strongest contextual strength was revealed to be at school and these strengths may, indeed, feed into their academic self-esteem.

However, the average academic self-esteem revealed by the adolescents with dyslexia may impact on their realistic judgement of attainable academic and career goals. An inflation of their competences in this arena was revealed in the interviews by a disparity between current strengths and future goals. This sample, however, revealed strengths from goals and dreams as its joint strongest contextual strength, and this perceived over inflation of competence may be underpinned by their highest character strength, zest, which represented a vitality and enthusiasm for life. In contrast to the others, one participant exhibited low academic self-esteem in a very spiky self-esteem profile and may be employing an academic disengagement strategy to ensure global self-esteem remains within the average range (Schmader et al., 2001). Below average scores for school functioning were also exhibited in self,

teacher and parents reports for this specific participant and may reflect a ‘learned helplessness’ in the school environment (Peterson, Maier, & Seligman, 1993).

Seven of the eight disengaged adolescents in Sample 2 revealed below average, low or very low academic self-esteem, reinforcing the argument that the lower the academic self-esteem, the higher the academic disengagement from school. As mentioned previously, when global self-esteem is under threat the disengagement of academic self-esteem may occur (Crocker, Major & Steele, 1998) through two processes, devaluing or discounting (Schmader et al., 2001). It is difficult to decipher by their levels of academic and global self-esteem which of these two processes is being implemented by these disengaged adolescents’ global self-esteem. Narratives reveal little comparison within the school environment indeed some participants appear to be working within an academic vacuum. These lower than average academic self-esteem scores are mirrored by lower than average school functioning scores on BERS-2 self-report. Only one disengaged participant revealed an average academic self-esteem and an average school functioning score which was reinforced by their teacher’s opinion.

Furthermore, the parents of Sample 1 were generally highly educated and from a higher socio-economic demographic than Sample 2 and this may impact negatively the academic self-esteem of the disengaged adolescents. Indeed, von Soest, Wichstrøm and Kvaalem’s (2016) revealed that parents’ socio-economic class underpinned the relationship between increased academic self-esteem and enhanced education levels.

Most of the adolescents with dyslexia narratives were peppered with examples where the adolescent had opportunities to flourish in the academic arena with ample recognition of achievement (e.g. awards) and through the appointment

into leadership roles (in the school or sporting context). Indeed, there may be evidence of spill over effects from athletic competence and creativity that impact academic efficacy indirectly. This supports the research arguing that positive self-esteem is fostered when adolescents consider themselves successful in domains they regard as important (Findlay & Bowker, 2009; Wagnsson, Lindwall, & Gustafsson, 2014). In contrast, apart from sporting achievements there is sparse mention of self-efficacy within the disengaged participants' narrative and indeed they struggled to recall their strengths. The lack of success within the academic arena is pivotal in that research has shown academic achievement predicts self-esteem (Trautwein et al., 2006a; Tetzner, Becker & Maaz, 2017).

It is interesting to note that certain themes such as creativity were apparent only within Sample 1's narratives where expressions of creativity (art, music, drama and writing etc) were actively fostered within their school environment. Furthermore, creativity was noted as one of the sample's signature strengths. Some researchers argue dyslexia is a gift conferring creativity amongst other intuitive skills and enhancing problem-solving abilities (West, 2008; Davis & Braun, 2010). This creative advantage is purported to stem from, for example, the propensity for visual representations processing (West, 2009), for global information processing (Schneps, Brockmole, Sonnert, & Pomplun, 2012) and enhanced innovation, novel or insightful strategies which are claimed to be key tenets in creativity (Wolff, 2011). Indeed, Griffiths (2012) reveals student teachers with dyslexia bring unacknowledged strengths in terms of innovative thinking, solving problems in original ways, being creative in different ways and forging original connections. Furthermore, Cancer, Manzoli, and Antonietti's (2016) Italian research revealed high school students with dyslexia performed significantly better than controls in the

connecting task of the WCR (widening, connecting and reorganizing) Creativity Test (Antonietti, Pizzingrilli, & Valenti, (2012). This connectivity proclivity has been identified as a process through which individuals with dyslexia derive enjoyment and in which they are extremely proficient (Eide & Eide, 2012). It is posited that such divergent thinking processes over time may become generalised to other contexts (Cancer, Manzoli, & Antonietti 2016).

However, there has been conjecture over the tendency towards creativity displayed by individuals with dyslexia, with some arguing there is anecdotal evidence to verify the suggested association. Martellini and Schembri's (2015) investigation into the creativity profiles of Maltese male adolescents with dyslexia found, when compared to an average reading control, that dyslexia need not bestow enhanced non-verbal creativity (assessed by The Torrance tests of Creative Thinking, 1966). However, the participants with average reading ability within this study did not perform significantly better than the cohort with dyslexia. Such findings appear to corroborate Ritchie, Luciano, Hansell, Wright, and Bates's (2013) results associating creativity with literacy ability, in other words the more literate individuals show increased levels of creativity. Furthermore, Martellini and Scembri (2015) assert creativity may in part be due to a compensatory mechanism due to failure in other areas whilst Wolff (2015) argues only a small subcategory of individuals with dyslexia have increased creative abilities.

However, explicit demonstrations of creativity by individuals with dyslexia are evident in real world situations such as art and design (Wolff & Lundberg, 2002) and problem management. The current study reveals, both through narratives and signature character strengths, the significance of context in facilitating the expression of creativity for these participants from Sample 1. It is therefore

suggested that more adolescents with dyslexia could potentially have their innate strength of creativity unlocked within a nurturing and receptive education system.

Upon reflection, it is evident that the quantitative measures of academic self-esteem and school functioning reflect the themes generated by the narratives.

2.8.2 General self-esteem

Three of the four of the participants with dyslexia in Sample 1 exhibited lower than average general self-esteem and interestingly these participants also displayed lower than average social self-esteem. This may point to how social self-esteem pervades into general self-esteem and may be linked to associated scores on the interpersonal domain on the BERS-2. For Sample 2, six of the eight disengaged participants displayed lower than average general self-esteem. Low levels of general self-esteem may be linked to identity status as narratives reveal participants have reached various stages of exploration and commitment as described earlier in Marcia's identity stages. Participants exhibit varying levels of autonomy demonstrated by independent decision making in political, religious and career choices, all pivotal in identity formation. Those that are having opinions or deciding upon careers independent of their parents are exhibiting a higher level of exploration, however, none of the participants appear to have reached identity achievement with the ensuing higher self-esteem (Adams & Marshall, 1996; Kroger, 2000).

Narratives of the adolescents with dyslexia reveal that three of the four appear to be in the diffusion stage which is associated with passivity (Archer & Waterman, 1990; Berzonsky & Kuk, 2000), and maladjustment (Kroger, Martinussen & Marcia, 2010). Although the remaining participant has progressed to the moratorium stage the lack of commitment to a career choice may result in

elevated anxiety (Lillevoll, Kroger, & Martinussen, 2013). However, the narratives of the disengaged adolescents expose three adolescents are in the diffusion stage, four in the foreclosure and one in the moratorium stage. Indeed, the two adolescents who exhibited average general self-esteem fell in the latter two stages and supports the proposition that further progression in identity formation is associated with an increased general self-esteem (Adams & Marshall, 1996; Kroger, 2000). General self-esteem may also be linked to self-efficacy and may in part explain why most of that adolescents with dyslexia and the disengaged with school self-report lower than average scores.

2.8.3 Parental self-esteem

Most of the participants had good, close family relationships and this was reflected in average or above average parental self-esteem (Harris et al., 2015; Wang & Sheikh-Khalil, 2014; Wissink, Dekovic, & Meijer, 2006). However, two participants revealed below average parental self-esteem, and this was mirrored in lower than average family involvement scores. These lower than average scores may reflect living circumstances, in that one participant lived with his primary caregiver -his grandmother whilst the other lived with his single mother. It may be suggested that the absence of a father may impact on the boys' self-esteem within this domain (Kuzucu, & Özdemir, 2013).

Parental influence appears to have both a positive and negative impact. Some parents of the disengaged participants showed an active dislike to the school rules, were not proactive in preventing their children receiving detentions and generally paid minimal attention to the future aspirations of their children, although this may be through lack of knowledge. In fact, it may be suggested if these adolescents are succeeding it is against the odds. In contrast, parents of the

adolescents with dyslexia appeared to reinforce the school values, discussed exams and potential future careers and could be considered sometimes over-eager and interested in their child's education and this may emanate from paying fees for an independent school.

2.8.4 Social self-esteem

Narratives of the adolescents with dyslexia revealed that they perceived school as an environment for learning and work whereas for the disengaged adolescents it was perceived primarily as a vehicle for socialisation with friends.

Three of the four participants with dyslexia in Sample 1 exhibited lower than average social self-esteem, this may be due to negative comparisons with peers who are not struggling academically (Gurney, 2018). The sample's low pro-social attitude personal strength may be associated with low social self-esteem. There is evidence to suggest that having a learning difficulty impinges on social self-esteem reflecting previous bullying and experiences where the participant feels marginalised. Indeed, Mishna (2003) indicates adolescents with dyslexia are at an increased risk to experience bullying by their peers resulting in lowered self-esteem (Singer, 2005). Research also indicates those children with reading difficulties experience heightened social anxiety and this may, indeed, influence social self-esteem (Mammarella et al., 2016).

Most participants' narratives highlighted the significance of friends in a supporting and enabling role and this was exhibited more by the disengaged participants. In addition, Sample 2 scored highly in terms of peer connectedness as a personal strength and teamwork as a character strength. This was reflected in average or above levels of social self-esteem in six out of eight disengaged participants. The narratives of the two disengaged adolescents exhibiting lower than

average social-self-esteem scores revealed that one feared living in his neighbourhood and the other participant had referenced her friend's negative disabling influence upon her.

In Sum, it is evident that generally the quantitative measures of social self-esteem and interpersonal reflect the themes generated by the narratives.

2.8.5 Personal self-esteem

Accounts of both internalising and externalising emotions were widespread throughout the narratives with participants displaying an array of coping strategies.

Two of the participants with dyslexia in Sample 1 scored lower than average personal self-esteem and references were found in their narratives that explained such scores. One participant recalled how his anxiety manifests in physical symptoms, whilst the other participant used friends as a vehicle to conquer nerves. Such findings support Mugnaini, Lassi, La Malfa, and Albertini's (2009) supposition that dyslexia represents a specific risk factor for anxiety and depression. Furthermore, adolescents with dyslexia are reported to experience anxiety, depression and inferiority feelings which impact negatively on educational progress (Anderson & Meier-Hedde, 2017). Indeed, research reveals individuals with dyslexia have a fourfold chance of exhibiting anxious/depressed behaviour and three times more likely to exhibit withdrawn behaviour due to lack of self-esteem (Yu, Buka & McCormick et al., 2006).

Personal self-esteem was lower than average for five of the eight disengaged participants from Sample 2. This was reflected in the narratives in which one participant mentioned social anxiety, another revealed increasing anxiety about her looming GCSE's whilst one lived in constant fear of danger in his neighbourhood. The other two remaining participants that scored lower than average personal self-

esteem both experienced anger management issues. It was surprising that the participant who constantly referred to anxiety and its links with IBS throughout his narrative scored within the average range for personal self-esteem, this level may have been sustained by the employment of productive coping strategies.

Although, it is difficult to directly align the personal self-esteem domain to a specific behavioural and emotional strength, it is evident this domain scores generally reflects and reinforces the narratives.

2.8.6 Identification of emergent themes from Life Story Interviews

This study also aimed to identify emergent themes from the adolescents' Life Story Interviews which may underpin self-esteem. Results show that seven themes of academic self-evaluation, social self-evaluation, self-efficacy, emotional awareness, identity, and self-attribution emerged for both samples. The additional theme of rationalisation for school disengagement and potential re-engagement emerged from the narratives of the disengaged adolescents. It is suggested themes generated by IPA may be linked to academic, general, parental, social and personal self-esteem domains measured by the CFSEI-3 and, to a lesser extent, the behavioural and emotional strengths (interpersonal, family involvement, intrapersonal, school functioning and affective) measured by the BERS-2. For example; academic self-evaluation and rationalisation for school disengagement themes could map onto academic self-esteem and school functioning. Feelings about identity could map onto parental and general self-esteem and intrapersonal strength. Emotional awareness, self-attribution and self-efficacy could map onto general and personal self-esteem and affective strength, whilst social evaluation could map onto social self-esteem and interpersonal strength.

Although the seven themes are similar with both samples it is interesting to note differences in frequency, level of description and content. For example, self-efficacy, a key element of self-esteem, is rarely mentioned by the disengaged adolescents and consequently is positioned as Theme 8, whilst self-efficacy in terms of academic, athletic or creativity was referred to widely by the adolescents with dyslexia and this is reflected in its positioning as Theme 2.

Narratives reveal similarities between the adolescents at risk of becoming NEET and the adolescents with dyslexia in terms of lack of concentration/distraction, operationalisation of motivation and perseverance and anger management. In the academic arena, these findings support Calleja's (2016) thematic analysis of narratives by adolescents with dyslexia which highlighted the prominent theme of struggles within the school environment and support needed. However, in contrast to experiences resulting in 'fractured academic identities' (Lithari, 2018), three of these adolescents with dyslexia maintained average academic self-esteem. This may be due to factors including; extensive SEN provision, actively seeking support, positive feelings of self-efficacy in sporting or creative activities and positive relationships with teachers (Kormos, Csizér, & Sarkadi, 2009).

A prominent thread interwoven into the narrative of the adolescents at risk of becoming NEET were the underlying reasons for their disengagement and potential re-engagement in school and reinforced the awareness of their challenges (Reiter & Schlimbach, 2015). The importance of viewing the disengaged adolescent centred within their perceived support system was recently alluded to by Ryan, D'Angelo, Kaye and Lorinc (2019). Both perceived practical, emotional and knowledge-based support provided by teachers, parents and significant others and their interplay were

revealed as critical components of school engagement. Indeed, Ryan et al (2019) highlighted that teacher support was the strongest predictor of school engagement. The importance of individual teacher's support was cursorily mentioned in the narratives of Sample 2; however, it appears that the reasons to re-engage with the school system were primarily instigated through an intrapersonal change in perceptions and through not wanting to let their families down.

Findings suggest that for Sample 1 having dyslexia impacted on their social self-esteem supporting earlier research referring to negative peer comparison (Nash, 2008; Glazzard, 2010; Gurney, 2018) and may have resulted from earlier bullying experiences (Mishna, 2003). It was difficult to decipher from the narratives whether dyslexia or disengagement were the determinant of the low self-esteem levels exhibited by the two disengaged participants with dyslexia in Sample 2.

In general, the themes generated by the narratives reflected the quantitative measure of self-esteem reflected, although individual differences were evident. Any slight disparities between narratives and quantitative assessments may be due to scheduling in that assessments represented the first point of physical contact between the researcher and participants and were measured a few days before the narratives. Certain participants may have been more defensive when self-scoring than within the open communication in the narratives.

An integrated perspective of the adolescent has been achieved through this mixed methods approach, where the self-esteem scores are contextualised and reinforced when viewed in conjunction with the narrative. From this overview, it is suggested that higher general self-esteem may be associated with further progression in identity formation and that creativity plays a fundamental role in maintaining academic self-esteem. The school environment, support from teachers,

parental influence and peer acceptance and connectedness are also seen as pivotal tenets in self-esteem development.

2.9 Strengths and Limitations

The present study had three key strengths.

The first strength of Study 1 is that it facilitated a holistic in-depth investigation into marginalised and vulnerable adolescents. The interview schedule, in contrast to previous research (Duffy, & Elwood, 2013; Glazzard, 2010, 2012; Humphrey & Mullins 2002), did not focus on dyslexia or disengagement. This allowed the participants to determine for themselves if they wanted to refer to their dyslexia or disengagement rather than having the topic explicitly referred to and potentiality influencing the findings.

Secondly, combining quantitative assessment with Life Story methodology facilitated the collation of rich descriptive in-depth data to give ‘voice’ to these often mis-represented adolescents.

Thirdly, the triangulation approach of obtaining self, parent and teacher reports of behavioural and emotional strengths (BERS-2) allow an assimilation of perspectives to order to gauge a more transparent and more nuanced view. For some participants, the BERS-2 self-reports align less with the narratives and, therefore, it is important to view such scores in conjunction with the teachers’ and parents’ reports. This triangulation was achieved for Sample 1. However, for Sample 2, only a dual teachers’ and adolescent perspective on behavioural and emotional strengths was achieved as parents failed to return their BERS-2 forms. This may indeed be symptomatic of the parents’ disengagement and disillusionment with the education system.

The present study had three limitations.

Firstly, psychometric instruments used can be criticised. Ambiguity of a few items in the CFSEI-3 caused confusion and needed an adult guide on interpretation. Indeed, Brunsmann (2003) purports there is insufficient evidence to justify the claim that the CFSEI-3 is 'culture free' or indeed 'culture fair'. The SAI contained culture specific language, for example, hunting & fishing as an option within the free time domain, phraseology that was more relevant to the Canadian population from which it derived. The teacher's version of the BERS-2 included some questions that required a high level of intimacy e.g. 'the child accepts a hug' which teachers may have struggled to answer.

Secondly, since this research centred on small participant samples with large individual differences the findings cannot be generalised to the wider population. Furthermore, Sample 1 were selected from one independent school which tends, in the main, to cater for children of parents considered to be mostly of a higher socio-economic status and not representative of the 'wider' education population

Thirdly, Willig (2008) identified limitations with IPA, the qualitative methodology of analysis used in Study 1. She argues that the process of talking about an experience may not actually be discussing the incident, that the language ability of the participant may impact their descriptive powers and may indeed exclude them from the interview process. Willig further contends that concentrating on the appearances rather than causal factors restricts understanding of the experience. Indeed, Smith (1996) and Willig (2008) purport that IPA's focus on cognition, is incompatible with phenomenological ideology. However, such points are countered as the Life Story Interview is based on short and clear questions with

prompts needed if necessary, and that the participants' possessed adequate language ability and they were able to describe life experiences well.

2.10 Conclusion

Study 1 aimed to explore the self-esteem of the two samples of vulnerable adolescents from both a quantitative and qualitative perspective. The participants' self-esteem and strengths scores were explored in the context of the narratives to investigate whether these quantitative measures were congruent or contradicted themes that emerged throughout the narratives. Findings revealed that the methods were congruent and complimentary with the narratives adding depth, context and understanding to the self-esteem scores.

Self-esteem scores were measured by the Culture-Free Self-Esteem Inventory -3 (CFSEI-3; Battle, 1992) and revealed that the adolescents with dyslexia possessed self-esteem scores generally within the 'average' range for academic and parental self-esteem. Indeed, three of the four adolescents displayed average academic self-esteem, contrary to the literature (Terras, Thompson and Minnis, 2009, Undheim, 2009) which highlights the association between dyslexia and lower academic self-esteem. However, below average/low self-esteem scores were registered in the general, personal and social domains and may be underscored by struggles with identity formation (Adams & Marshall, 1996; Kroger, 2000; Berzonsky & Kuk, 2000), anxiety (Mugnaini, Lassi, La Malfa, and Albertini, 2009; Nelson & Harwood, 2011) and peer relationships (Glazzard, 2010; Mishna, 2003). The disengaged adolescents possessed average self-esteem scores in social and parental domains, yet lower self-esteem than normative scores measured by the CFSEI-3, within the academic, general and personal domains. These lower than

average scores may be underpinned by factors including low self-efficacy, disengagement (Crocker, Major & Steele., 1998; Loose, Régner, Morin & Dumas, 2012) difficulties with identity formation (Adams & Marshall, 1996; Kroger, 2000) and anxiety (Vaughn, Wexler, Beaver, Perron, Roberts, & Fu, 2011). A failure to recognise their strengths may also underpin these lower than average self-esteem scores.

To complement these findings, a qualitative approach was adopted to further investigate the underpinnings of the self-esteem of these adolescents. IPA identified seven shared themes from the Life Story Interviews of both samples; academic self-evaluation, social self-evaluation, self-efficacy, emotional awareness, emotional self-efficacy, identity, and self-attribution. An additional theme of rationalisation for school disengagement and potential re-engagement emerged from the adolescents at risk of becoming NEET. The pervasive influence of events outside school, such as illness, bereavement, parental divorce etc. manifested in these adolescents' behaviour within the school context. The participants were acutely aware of, and wanted to verbalise, their reasons for disengagement from school and the reasons they would potentially re-engage in school.

The differences in self-esteem levels between the two samples may have been reflective of the tripartite influence of parents, peers and school although, individual differences were evident throughout both samples. It could be suggested that the parents of the disengaged adolescents were less involved and interested in the education process, peers played a crucial role within the adolescents' lives, and that, for some, school functioned as a social gathering space rather than a vehicle to progress learning. It could also be argued that these two samples represented a dichotomy in terms of opportunity. The adolescents with dyslexia were educated in

a single sex independent school with a multitude of intra-school and extracurricular activities and well-funded thriving Music, Art and Drama departments. In comparison, in general, the disengaged adolescents from a mixed inner-city secondary school did not seek out activities in which to thrive; indeed, there may have been limited opportunities to express creativity, for example, although programmes were in place to encourage them into the workplace.

An alternative interpretation of these results draws on Bronfenbrenner's Ecological Systems theory (1992) which suggests how inherent qualities of an individual interact with their multi-layered environment to influence development. These multiple environments are nested within each other and that an adolescent exists within their microsystem (immediate environment such as home and school), mesosystem (connections for example between home and school), exosystem (indirect environment such as larger neighbourhood or parents' workplaces), macrosystem (social and cultural values, dominant beliefs and ideas) and chronosystem which accounts for the influence of change and constancy over time. The quality and context of these ecological systems are significant. This theory purports to elucidate the differences in an individual's development, knowledge and competencies through the scaffolding, guidance and structure of the society in which they are positioned. Furthermore, individual growth, knowledge and competencies all influence self-esteem. Indeed, an adolescent can be seen in isolation but positioned within ecological systems (and their consequential interactions) that may foster or impede positive self-esteem,

Upon reflection, narratives suggested that the adolescents with dyslexia appeared to possess a wider knowledge of current affairs revealed through watching the news, reading and discussing with parents than those disengaged adolescents.

Indeed, this disparity may reflect school differences. Such knowledge in turn influences their beliefs and ideas embedded in their macrosystem and suggests awareness of the diversity of interrelated influences on their development. The connection of the school and parents of the adolescents with dyslexia appeared more closely interwoven within the mesosystem than those of parents of the disengaged adolescents. These improved type and quality of connections may positively scaffold the adolescent's self-esteem and identity. Individual participants from both samples have experienced the instability and unpredictability of family life (through death or divorce), leading to fractured connections with important individuals. Some of the disengaged participants lived complex lives, living with a family member with an illness and or disability. Participants experienced a range of challenges within both the family and community context, such as bereavement through accidental death, neighbours allegedly involved in substance misuse, intergenerational conflict and parental separation. Indeed, for some, hurdles were faced on their journey to school, before the routine of the timetable is even implemented. These scenarios were played out in an environment where economic hardship and living circumstances compound already multi-faceted and complex problems. According to Bronfenbrenner (1992), this splintering of a microsystem has a significantly detrimental impact on adolescents' development, leading to attention-seeking through other portals which may culminate in problematic behaviours such as poor self-regulation and anti-social behaviour.

Although Sample 1's environmental factors may be softened by their socio-economic class the same themes were interwoven into the fabric of their narrative. Findings suggested an interplay of protective factors for the participants with dyslexia which included parental involvement, family environment, nurturing

school and displays of creativity, that enabled these participants to sustain self-esteem. It was also evident that the adolescents with dyslexia recognised their strengths more readily in an enabling environment where they have the potential to flourish with the ability to dream ‘too big’.

In sum, Study 1 has established, in line with the literature, that disengaged adolescents exhibited lower than average self-esteem levels. However, the adolescents with dyslexia reveal a spiky self-esteem domain profile with scores generally higher than those recorded for the disengaged adolescents. This discrepancy may be reflected of the tripartite influence of parents, peers and school upon the different samples. Narratives revealed that although the same themes underpinned their self-esteem, they differed in content and significance. Indeed, the importance of expressing creativity was underscored as a mechanism for potentiality increasing academic self-esteem. Indeed, narratives may have foster coping strategies which act as a major contributor to resilience in adolescents (Morgan, 2000). It was interesting to note that the actual process of describing the life story may indeed assist in the understanding of self and encourage healthy levels of self-esteem. This study could be viewed as a starting point to influence future pluralistic research into lived experiences of those vulnerable adolescents. Qualitative research of these marginalised young people may contribute to bridging a gap between research concepts and the lived experiences of adolescents with dyslexia and those disengaged from the school system, informing educational practice and influencing policy.

The next objective of this thesis was to adopt and adapt an intervention aimed at increasing the self-esteem levels of these participants. The vehicle for promoting self-esteem in Study 2 is a school-based group intervention based upon

positive emotions. This intervention is profiled, implemented and discussed in the next chapter.

3 Chapter 3

Study 2 – An investigation into the impact of a positive emotion intervention on the self-esteem of vulnerable adolescents

This chapter aims to evaluate the efficacy of a multi-component positive psychology school intervention in terms of changes in self-esteem in two samples of adolescents (i.e., those with dyslexia and NEETs) over four timepoints.

The main objective of positive psychology interventions (PPIs) is to improve subjective well-being through the development of positive emotions, cognitions and behaviours (Parks & Biswas-Diener, 2013). Whilst these objectives are relatively clear, the translation of the positive education theory into practice is complex.

PPIs highlight adolescent strengths (Sin & Lyubomirsky, 2009; Boiler et al. 2013) and embrace tenets that facilitate positive development, for example, subjective well-being. Recent systematic reviews and meta-analyses have revealed short-term and long-term beneficial effects of using multi-component positive psychology interventions through increasing subjective and psychological well-being, and to a lesser extent decreasing depression and anxiety (Hendriks, Schotanus-Dijkstra, Hassankhan, de Jong, & Bohlmeijer, 2019; White, Uttl, & Holder, 2019) .

PPI programmes developed and implemented by Seligman, Steen, Park and Peterson (2005) usually incorporate strategies and intentional activities including; Gratitude visits/letters; three good things; You at your best and using signature character strengths. Many similar interventions are also now delivered based upon

for example acts of kindness (Lyubomirsky, Sheldon, & Schkade, 2005) and hope therapy (Cheavens, Feldman, Gum, Michael, & Snyder, 2006).

Positive psychology approaches have previously been incorporated into school-based interventions designed to foster student subjective well-being (Suldo, Savage & Mercer, 2014). According to Diener, Oishi and Lucas (2009) subjective well-being is a broad construct comprising both an affective and cognitive evaluation of one's life and experiences (including assessment of life satisfaction and positive and negative affect occurrence) and is sometimes considered as the scientific operational definition of happiness. There is evidence to indicate a correlation between subjective well-being and self-esteem (Schimmack & Diener, 2003; Ni, Shao, Qu, Zheng, & Jia, 2019). Consequently, the adoption and adaptation of an intervention for the current study that had been primarily aimed to promote adolescent subjective well-being may indirectly produce beneficial outcomes in terms of improvements in self-esteem for the two samples.

This chapter focuses on the literature regarding positive emotions in school-based interventions with reference to three key components; gratitude, the recognition and use of character strengths and hope. The chapter then discusses the rationale for adopting the positive emotions intervention used in Study 2. It is envisaged through Fredrickson's (1998, 2001) broaden and build theory that the gratitude and hope elements of interventions promote an upward spiral of positive emotions. Although character strengths are dispositional in nature it is their recognition and use in interventions that engender and boost positive emotions. The adaptations of the intervention are then discussed and its implementation within two schools is profiled before reporting findings assessed at four time points for 12 participants.

3.1 The importance of positive emotions in school-based interventions

Emotion theories acknowledge that emotions encompass several elements, e.g., a feeling element (subjective experience), a cognitive element, a somatic element (fluctuations in the nervous system) and a behavioural element (Moors, 2009). Similarly, Fredrickson (1998) defines emotions as ‘short-lived experiences that produce coordinated changes in people’s thoughts, actions, and physiological responses’ (Fredrickson & Branigan, 2005, p. 313). Fredrickson (2001) also differentiates emotions from affect, purporting emotions originate from personally relevant episodes, evaluated consciously or unconsciously, and are experienced briefly. Conversely, affect is perceived as a more generalised concept that is longer lasting, objectless and varies only in positive and negative activation. Fredrickson (2009) identifies hope and gratitude amongst the most prevalent positive emotions, although it is acknowledged that ‘positive’ is not a universally applicable term transcending all contexts and situations (Lazarus, 2003).

Fredrickson (1998, 2001) emphasises in her ‘Broaden and Build’ theory the significance of positive or negative emotions in adaptation in terms of flourishing (presence of mental health) or languishing (absence of mental health) (Fredrickson & Losada, 2005). In a nationally representative study of 1,200 adolescents, Keyes (2009) illustrated that approximately 38% were flourishing, 56% were considered moderately mentally healthy and 6% were languishing. Those adolescents that were flourishing exhibited greater psychosocial functioning in terms of global self-concept, self-determination, closeness to others and involvement in school. In contrast, languishing counterparts reported increased levels of behavioural problems

which included alcohol use, cigarette smoking, marijuana use, truancy, and criminal arrest.

Indeed, to feel more positive emotions (than negative emotions) is considered a critical factor in optimising well-being; the more positive emotions experienced by individuals results in ‘upward spirals’ of higher reported subjective well-being (Fredrickson & Joiner, 2002). It is posited that positive emotions “widen an individual’s momentary thought–action repertoire and spark exploration and interest, stimulates ideas and social ties, which subsequently build an individual’s personal resources and consequently promote adaptive coping” (Fredrickson 1998, 2001). For example, it is suggested joy appears to broaden the thought action repertoire by stimulating creativity leading to an expansion of boundaries (Fredrickson, 2001).

Fredrickson proposed that these broadening of emotions promote long lasting personal resources in terms of social connectivity, health, and knowledge base. Convergent literature supports this proposition suggesting positive emotions expand attention, cognition and behaviour in addition to intellectual, social and physical resources as well as impacting on psychological resilience (Tugade, Fredrickson, & Feldman Barrett, 2004). Indeed, the relationship between positive emotions and future well–being is suggested to be via its effect on adaptive coping, which subsequently enhances functioning (during and after suffering adversity) and influences well-being and future positive emotions (Fredrickson, 2001). It is argued that academic buoyancy (Martin & Marsh, 2008), the concept where individuals cope and bounce back from daily struggles, is improved by the ability to access positive emotions in stressful periods. In other words, resilient people display more positive emotions and facilitate a bouncing back from anxiety provoking

experiences more speedily and effectively than their non-resilient counterparts (Tugade & Fredrickson, 2004). Positive emotions are suggested to offset negative emotions through positive coping strategies which include problem-solving, positive reappraisal, behavioural coping strategies (seeking social support) or permeating daily episodes with positive meaning (Conway, Tugade, Catalino, & Fredrickson, 2013).

There is also evidence to suggest that positive emotions (experimentally induced) not only enhance individuals' breadth of visual attention and range of desired actions (Fredrickson & Branigan, 2005), but also increase creativity (Rowe, Hirsh & Anderson, 2007) and their sense of others (Waugh & Fredrickson, 2006). Moreover, a longitudinal study by Fredrickson, Cohn, Coffey, Pek and Finkel (2008) revealed that positive emotions experimentally induced through loving-kindness meditation enhance individuals' personal resources which resulted in increased subjective well-being.

Despite some shortcomings in the research relating to lack of conceptual clarity and coherence, evidence linking positive emotions and well-being and health has rapidly accumulated (Fredrickson & Cohn, 2008), revealing robust long-term effects. However, although supporting evidence for the broaden-and-build theory is well documented, its application into the educational context is not as well established. There is evidence to suggest utilising students' unique personal strengths in combination with environmental resources may indeed increase the probability of students experiencing positive emotions within the school context (Fredrickson, 2001), promoting an 'upward spiral' of engagement and success.

Reschly, Huebner, Appleton, and Antaramian's (2008) research with 293 students (12 -15 years) demonstrated that experiencing frequent positive emotions

within the school context was associated with increased levels of adaptive coping and student engagement. Convergent research revealed positive emotions showed significant incremental validity in predicting adaptive school coping, student engagement and school satisfaction, but not self-reported Grade Point Average (Lewis, Huebner, Reschly & Valois, 2009). Furthermore, a review of research with children and adolescents by Huebner, Hills, Jiang, Long, Kelly and Lyons (2014) demonstrated the use of frequent positive emotions may influence increased positive life experiences in other life dimensions. Moreover, positive emotions in school are considered not only as a successful outcome but also as a buffer against disaffection and as a facilitator of academic engagement (King, McInerney, Ganotice, & Villarosa, 2015).

According to self-determination theory (Deci & Ryan, 1985; Ryan & Deci, 2000), school experiences that facilitate adolescents in satisfying their fundamental psychological needs promote psychological growth and well-being; thus, a solely unidirectional association between positive school experiences and subjective well-being is purported. Alternatively, in line with the broaden and build theory, a reciprocal relation is demonstrated, whereby subjective well-being is posited to enable approach behaviour which in turn culminates in more positive school experiences. Indeed, Suldo, Thalji and Ferron's (2011) longitudinal research demonstrated that subjective well-being was predictive of students' grade point average a year later.

In sum, there is convergent evidence to suggest that positive emotions, although transient in nature, broaden meaning, develop behavioural reservoirs, foster new ideas and facilitate the reinterpretation of negative memories. This broadening is seen to occur at cognitive, affect and behavioural levels. Although not

directly demonstrated with self-esteem, positive emotions can yield multiple beneficial outcomes when incorporated into school-based interventions. The existent literature on the impact of positive emotions in the past (gratitude), present (recognition and use of character strengths) and future (hope) are now discussed.

3.1.1 The effect of gratitude

Gratitude has been described as a positive emotion that evolves from noticing and appreciating the intentionally performed benefits that one has received (Wood, Froh, & Geraghty, 2010) that is both valuable to the recipient and costly to the benefactor (McCullough, Tsang, & Emmons, 2004). It is suggested that gratitude has a unique evolutionary objective and distinct function, that is to strengthen social bonds during good times which feed into the individuals' additional resources to be utilised in adversity.

This aligns well with Frederickson's (1998, 2001, 2004) broaden and build proposition and upholds the bidirectional relationship between positive emotions and success (Lyubomirsky, King & Diener, 2005). The ensuing upward spiral generated by gratitude is argued to promote creativity, purposefulness and intrinsic motivation (Froh & Bono, 2009). Indeed, Damon (2008) revealed a sense of gratitude is a common characteristic in very purposeful adolescents. Furthermore, a purposeful state has a beneficial influence on adolescents' ability to communicate, share and construct the self-narrative reinforcing the development of a strong personal identity (McAdams, 2001; Niederhoffer & Pennebaker, 2002).

Gratitude is significantly associated with critical elements of adolescents' mental health (e.g., negative affect, depression, and somatic symptoms) and well-being (e.g., life satisfaction, positive self-appraisal, positive outlook and positive affect) (Lambert, Fincham, & Stillman, 2012; Watkins, 2014). Although little

research has explored the direct effect of gratitude on self-esteem, growing research has investigated the impact of gratitude on life satisfaction (the cognitive element of subjective well-being) (Park, 2004) which is considered a correlate of self-esteem (Diener & Diener, 2009). Indeed, self-esteem has been revealed to mediate the relationships between gratitude and life satisfaction (Kong, Ding & Zhao, 2015), well-being (Lin, 2015a), and depression (Lin, 2015b).

Gratitude is a complex cognitive emotion that develops gradually between ages 7 and 10, reflecting necessary cognitive attributes to process judgments of intentionality and cost to the benefactor (Emmons & Shelton, 2002), less egocentricity and increased empathy which is considered the most crucial catalyst to the development of gratitude development, (Saarni, 1999; McCullough, Kilpatrick, Emmons & Larson, 2001). Early adolescent girls exhibit slightly increased gratitude than boys, but boys appear to derive more social benefits from gratitude (Froh, Yurkewicz, & Kashdan, 2009). Whereas boys were more grateful for material items than girls, girls revealed increased gratitude for interpersonal relationships (Gordon, Musher-Eizenman, Holub, & Dalrymple, 2004).

As gratitude appears more naturally prevalent in adults, more structured activities to enhance gratitude are needed to promote gratitude in adolescents (Froh, Kashdan, Ozimkowski, & Miller, 2009; Flinchbaugh, Moore, Chang, & May, 2012). These are normally delivered in one of two formats. The first, ‘counting blessings’, is where participants list down things for which they are grateful, normally in a journal entry. The second, ‘the gratitude visit’, draws upon interpersonal action and normally consists of participants being requested to write a letter to an individual to whom they feel grateful and then personally delivering the letter to the recipient whereupon they then read their written words to the recipient (Froh, Sefick,

Emmons, 2008; Layous, Lee, Choi, & Lyubomirsky, 2013). Outcomes suggest that gratitude-based interventions may have more success potency with those with low baseline positive affect (Froh, Kashdan, Ozimkowski, & Miller, 2009) or clinical samples (Akhtar & Boniwell, 2010).

The expression of gratitude may promote positive emotions through the following mechanisms; savouring positive experiences, people, and objects (Sheldon & Lyubomirsky, 2006); preventing positive life dimensions to be taken for granted (Lyubomirsky, Sheldon, & Schkade, 2005); being intrinsically incongruous with negative affect and consequently preventing expression of negative emotions (McCullough, Emmons & Tang, 2002); and as an adaptive coping strategy by reframing struggles from a positive perspective (Fredrickson, Tugade, Waugh, & Larkin, 2003; Lambert, Fincham, & Stillman, 2012). Gratitude also evokes positive emotions through improved intrapersonal and interpersonal well-being (Helliwell, Akinin, Shiplett, Huang & Wang, 2017) and the promotion of widespread optimal functioning (Emmons, 2007). Examples include enhanced feelings about relationships (Lambert & Fincham, 2011), prediction of social integration, (Keyes, 1998; Froh, Bono, & Emmons, 2010), connectedness (Ryan & Deci, 2000) and pro-social behaviour (Bartlett & DeSteno, 2006; Bono, Froh, Disabato, Blalock, Mcknought & Bauset, 2019; Grant, & Gino, 2010; Tsang, 2006).

Although gratitude is acknowledged as a bona fide construct in positive youth development that is measurable via reliable and valid psychometric instruments (e.g., Froh, Fan, Emmons, Bono, Huebner, & Watkins, 2011), some researchers question the effectiveness of the interventions. Confusion still exists regarding the loose operationalisation of the term 'gratitude' (Renshaw & Olinger Steeves, 2016), as well as the most effective format, dose and frequency of gratitude

interventions (Akhtar & Boniwell, 2010; Emmons & Mishra, 2011; Froh, Bono, Fan, et al. 2014; Owens & Patterson).

In sum, gratitude-based interventions may potentially reveal more efficacy than doing nothing different such as education-as-usual or a passive control. Although there is little evidence that gratitude in adolescence has practically meaningful links with performance or informant-based variables (i.e., academic success) so validated by the educational system, the ramifications of enhanced well-being must filter into the school context.

3.1.2 The effect of recognition and use of character strengths

Strengths can be defined as “a pre-existing capacity for a particular way of behaving, thinking, or feeling that is authentic and energizing to the user, and enables optimal functioning, development and performance” (Linley, 2008, p.9). As strengths are purported to come naturally to an individual, they are distinct from skills (which are learned through training), experience and talents (innate abilities with a predominant biological underpinning) (Niemic, 2013).

In most of the literature adolescent character strengths are classified and measured by one self-report measure, the Values in Action for Youth Inventory of Strengths (VIA-Youth; Park and Peterson, 2006). Twenty-four character strengths (positive traits reflected in feelings, thoughts, and behaviours) are categorised under six broad virtues which are individually morally valued. According to Peterson and Seligman (2004) the five highest strengths that individuals feel are most integral to who they are defined as ‘signature strengths’. Linley (2008) suggests that when questioned only 1/3 of participants are cognisant of their signature strengths.

This failure to recognise strengths may stem from a variety of factors. Jones-Smith (2011) argue strengths are so intrinsic to self that they fall beyond the scope of their conscious awareness, whilst Niemiec (2013) refers to this as “the taking-strengths-for-granted effect” (p. 29). Evidence also suggests a societal and cultural component where individuals’ recognition of their strengths is skewed by family, teachers and peers who emphasise weaknesses instead of promoting strengths (Jones-Smith, 2011). Indeed, if ignored or not used, strengths may atrophy and such a strengths estrangement may result in a disconnect between an individual and their character strengths (Jones-Smith, 2011).

Positive psychology posits that the utilisation of signature strengths is innately empowering and associated with an individual’s identity, sense of self, and authenticity (Biswas-Diener, Kashdan & Minhas, 2011; Peterson & Seligman, 2004). Strengths use therefore comprises two components; firstly, the identification of the individual’s ‘signature strengths’ (generated by completion of the VIA survey) and, secondly, the use of these strengths in novel ways. Contrary to other pedagogical perspectives, identification and utilising strengths highlight the universality of strengths possession and is a process that does not include academic comparison with the peer group. Moreover, some argue positive emotions are generated whilst utilising character strengths and underlie the resultant increase in personal resources which further feed into goal-directed actions (Xanthopoulou Bakker, Demerouti, & Schaufeli, 2007). Another bidirectional mechanism is that the use of character strengths promotes positive emotions, which widen the thought-action repertoires synergistic with creative learning (Fredrickson, 1998).

The change in emphasis towards character education is a proactive response to the significance increase in mental illness and psychological distress in children

and adolescents. According to the Mental Health Taskforce, (2016), 1 in 10 young people aged 5-16 years experience a diagnosable mental health disorder - that equates to around three children in every class (McGinnity, Meltzer, Ford, & Goodman, 2005). Half of all mental health problems are entrenched by the age of 14 and this increases to 75% by 24 years of age (Mental Health Taskforce, 2016). Furthermore, it is reported 5-19% of all children and adolescents suffer from anxiety disorders (Costello, Egger, & Angold, 2004). Since mental health issues have a profound detrimental impact on physical health and hinder adolescents maximising their educational potential, early adolescence appears a critical period for preventative interventions.

To counter the escalation in adolescent mental health disorders, there is evidence to suggest increased use of specific character strengths (gratitude, hope, perseverance and self-regulation) in adolescence are associated with reduced symptoms of depression and anxiety (Gillham et al. 2011; Park & Peterson, 2008; Peterson & Peterson, 2008). In addition, strengths use may buffer against vulnerabilities (e.g. perfectionism and need for approval) that can culminate in anxiety and depression (Huta & Hawley, 2010). Indeed, an estimated 60-70% of the interventions with children and adolescents within positive psychotherapy concentrate upon character strengths and trials have shown beneficial outcomes for sufferers of anxiety, depression, schizophrenia, nicotine dependence, and borderline personality (Rashid & Anjum, 2007; Seligman, Rashid, & Parks, 2006).

However, null and negative findings have also been reported. Tak, Lichtwarck-Aschoff, Gillham, Van Zundert and Engels (2016) examined the impact of the Dutch version of the Penn Resiliency Program (PRP) with 1,341 Year 8 pupils across nine schools. Findings revealed enhanced cognitive coping lasting

over the 18 month follow-up; however, no positive impact was found on levels of anxiety, depression, hopelessness, happiness or life satisfaction. Furthermore, Challen, Machin, and Gillham's (2014) investigation into the effectiveness of the UK Resilience Programme, the UK version of the PRP, revealed immediate slight decreases in self-reported depressive symptoms, but the effect was small and no decrease in depressive symptoms were revealed at 1-year or 2-year follow-ups. No significant impact was demonstrated on anxiety symptoms or problematic behaviour. Consequently, Bastounis, Callaghan, Banerjee, and Michail (2016) questioned the structure and content of the PRP and argued against its large-scale implementation after their meta-analysis of nine trials revealed no evidence of alleviating anxiety or depression in 8 to 17 year olds.

Recognition and use of character strengths has also been correlated with increased subjective well-being (Twenge, 2006) as well as a distinctive predictor of subjective well-being after controlling for self-esteem and self-efficacy (Proctor, Maltby, & Linley, 2009). Toner, Haslam Robinson and Williams (2012) found hope, zest, leadership and prudence predicted subjective well-being on measures of both happiness and life satisfaction. Furthermore, fairness predicted improved life satisfaction while love and curiosity predicted increased happiness. Interestingly, when controlling for other strengths, creativity, perseverance, judgment and appreciation of beauty predicted decreased life satisfaction. These outcomes largely reinforce Park, Peterson, and Seligman's (2004) proposition that in adolescence there is a tendency for more cognitive (intellectual) and aesthetic strengths to be only weakly correlated to subjective well-being. In addition, interpersonal strengths were not generally associated with subjective well-being, demonstrating that although adolescents high on such strengths may exhibit a positive impact in a

social context, other strengths may impact more beneficially on their personal well-being. Moreover, Linley, Nielsen, Gillett and Biswas-Diener (2010) believe the strong correlation between strengths use and well-being may be due to strengths facilitating goal progression, fulfilling our basic needs for competence, autonomy and social relatedness.

The literature reveals school achievement as just one of the positive outcomes empirically associated with character strengths. Indeed, Peterson and Park (2009) found hope, gratitude, perseverance, love, competence and perspective predicted high grade point averages. In addition, strengths use may improve positive relationships in school culminating in a more positive classroom environment. For example, Wagner and Ruch's (2015) demonstrated strong correlations between positive classroom behaviours and self-regulation, hope, prudence and social intelligence. Interestingly, primary school childrens' use of signature strengths in novel ways combined with meaningful setting of goals yielded improvements in both hope and engagement (Madden, Green & Grant, 2011). Furthermore, classroom environment is intertwined with both the well-being and academic outcomes of students, according to research supporting the prosocial classroom theoretical model (Jennings & Greenberg, 2009).

However, there are divergent results regarding the link between the recognition and use of character strengths and improved self-esteem. Wood, Linley, Maltby, Kashdan and Hurling's (2011) longitudinal adult study found that strengths use was a significant predictor of well-being culminating in less stress and improved self-esteem, positive affect and vitality, both at 3-month and 6-month follow-up. Furthermore, self-esteem partially explained the association between life satisfaction and strengths use, notably, this effect was greater for adolescents possessing low to

moderate levels of positive affect (Douglass & Duffy, 2015). However, contradictory findings were noted by Proctor, Tsukayama, Wood, Maltby, Eades and Linley (2011), when a 6 month teacher delivered character strengths programme for adolescents yielded no statistically significant changes in self-esteem, positive affect or negative affect.

Clinical populations also revealed contradictory outcomes. An intervention concentrating on character strengths and their incorporation into coping skills, yielded improved self-esteem and self-efficacy (both sustained at 3 month follow-up) in psychiatrically hospitalised adolescents (Toback, Graham-Bermann, & Patel, 2016). Whereas a smaller study with adults diagnosed with early psychosis yielded contrasting findings in that the identification of character strengths had no effect on self-esteem or self-efficacy; however, qualitative feedback revealed participants were paying more attention to positive attributes (Sims, Barker, Price & Fornells-Ambrojo, 2015).

The existent research centres primarily around the sole measure of assessment, VIA- Youth which provides continuity of definition. Whilst the efficacy of character education programs are generally measured by improvements in behaviour, the variability of programs implemented stems from the lack of clarity of definition of character education (Lapsley & Narvaez, 2006). Theorists argue for divergent core components of such programs with essential elements ranging from for example; moral and prosocial development (Nucci & Narvaez, 2008), social and emotional learning (Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011) to the seven character strengths adopted in the USA 'Knowledge is Power program' (Macey, Decker, & Eckes, 2009). Furthermore, Linkins, Niemiec, Gillham and Mayerson (2014) purport there is an imbalance within character education

programmes, suggesting numerous character education courses underpin only three of the six virtue clusters; justice, courage and humanity.

There is evidence to suggest strengths interventions (Proctor, Maltby, & Linley, 2011; Quinlan, Swain, & Vella-Brodrick, 2012) improve strengths knowledge which generally successfully translate into increased strengths use and well-being. However, a better understanding is needed of the exercises involved, stages of a successful strength intervention and underpinning mechanisms in order to design more effective interventions. Such mechanisms may comprise not only individual components such as strengths use, goal striving and fundamental needs fulfilment but relational and contextual elements. Furthermore, research suggests the inclusion of mindfulness may increase the effectiveness of the intervention, as mindfulness naturally generates positive emotions that have increasingly become the subject of systematic inquiry. Indeed, Niemiec, Rashid and Spinella (2012) argue for the explicit integration and mutual impact of the combination of mindfulness and character strengths (Borghans, Duckworth, Heckman, & ter Weel, 2008; Kabat-Zinn, 1990; Peterson, 2006).

In sum, although there is scarcity of research with use of character strengths and its direct effect upon adolescent self-esteem, there is evidence to suggest that using character strengths may positively influence related constructs such as life satisfaction.

3.1.3 The effect of hope

Hope is a positive motivational emotion that connects individuals optimistically to the future (Park, Peterson & Seligman, 2004) and assists the generation of and sustained activity towards long-term goals, including flexible

management of hurdles that hinder goal attainment (Bailey, Eng, Frisch, & Snyder, 2007). This process of planning routes to achieve goals is considered as mental action sequences (Snyder, 2002). Such sequences are posited to be the fundamental force underpinning positive emotions and psychological well-being (Snyder, 2002; Snyder, Shorey, Cheavens, Pulvers, Adams III & Wiklund, 2002), culminating in flexible, efficient and creative problem solving (Frederickson, 1998, 2001). However, research suggests that individuals from families of higher socio-economic status have a propensity to exhibit higher self-esteem and possess more complex creative thinking styles (Zhang & Postiglione, 2001) which indeed may impact on hope.

In the existent literature, strong associations have also been found between hope and subjective well-being (Eryilmaz 2011; Demirli, Türkmen, & Arık, 2015), psychological adjustment, resilience and life satisfaction (Michael & Snyder, 2005; Peterson, Ruch, Beermann, Park, & Seligman, 2007; Valle, Huebner, & Suldo, 2006); happiness (Alarcon, Bowling, & Khazon, 2013); meaning in life (Varahrami, Arnau, Rosen & Mascaro, 2010; Dogra, Basu., & Das, 2011); social support (Kemer & Atik 2012) as well as positive affect and flourishing, (Ciarrochi, Heaven and Davies, 2007; Demirli, Türkmen, & Arık, 2015). However, the relationship between hope and greater positive affect is not reciprocal, in contrast to the reciprocal association between hope and negative affective states (Ciarrochi, Parker, Kashdan, Heaven, & Barkus, 2015). Hope is also seen to account for unique variance in mental and physical health outcomes (Bailey et al, 2007) above and beyond optimism and is associated with fewer problems with anxiety and depression (Park & Peterson, 2008a), buffering against the negative impact of trauma (Park & Peterson, 2006c; Park & Peterson, 2009a).

Within the school environment hope is linked to personal adjustment (Gilman, Dooley & Florell, 2006) and enhanced academic performance (Ciarrochi, Heaven & Davies, 2007; Rand, Martin & Shea, 2011). Predictive of future well-being, particularly in school transition years, hope encourages positive youth development which manifests in high levels of character, confidence, competence, care and social connections (Ciarrochi, Parker, Kashdan, Heaven & Barkus, 2015). Indeed, Schmid, Phelps, Kiely, Napolitano, Boyd and Lerner (2011) suggest that hope is the strongest predictor of positive youth development, outperforming other factors such as self-regulation. Whilst Van Ryzin, Gravely, and Roseth (2009) purport that belongingness and autonomy are related to hope, and that class engagement could be a vehicle by which this happens.

Toner, Haslam, Robinson and William (2012) argue for the explicit teaching of hope as a critical component in any intervention seeking to enhance happiness and life-satisfaction in adolescents (e.g. Marques, Lopez & Pais-Ribeiro 2011). The Best Possible Activity (BPS), where the participant documents goals in life, is the central intervention component to foster hope in diverse clinical and non-clinical participants (Loveday, Lovell & Jones, 2018). Considered robust, the BPS is effective when delivered on-line or in person (Layous, Nelson & Lyubomirsky, 2013), whether written or verbally expressed (Harrist, Carlozzi, McGovern & Harrist, 2007) and as a stand-alone or component in a portfolio approach (Huffman, DuBois, Healy, Boehm, Kashdan, Celano, et al., 2014).

In a classroom intervention, the BPS activity is a writing (or drawing) task where participants are asked to project themselves positively into the future and imagine they have met all the goals in their life domains (Peters, Flink, Boersma, & Linton, 2010). This ability to generate possible selves is purported to stem from

increasing cognitive capability to think about hypothetical situations in adolescence (Harter, 1990; Knox, Funk, Elliot, & Bush, 1998). Whilst enhanced self-esteem was demonstrated in elementary school children, compared to control, after a drawing BPS activity (Owens & Patterson, 2013), mixed outcomes have been reported regarding increases in well-being. Mental imagery ability did not enhance the efficacy of BPS in terms of an improvement in the well-being in adults (Odou & Vella-Brodrick, 2013), indeed, writing short narratives about their best possible selves in the future predicted present well-being in college students (Hill, Terrell, Arellano, Schuetz & Nagoshi, 2014).

When drawing a picture of their BPS, girls tended to draw more realistic images and images related with societal worries than boys (Owens & Patterson, 2013). Furthermore, Knox et al. (1998) suggested several descriptors of best possible selves were positively linked to girls' global self-esteem, (e.g. personal attributes, physical appearance etc.), whereas only interpersonal relationships were associated with boys' self-esteem. Such discrepancies were argued to be the result of girls' increased psychological maturation and more differentiation in the development of self-esteem. Boys' possible selves may function to define them as unique, independent and autonomous whereas girls' possible selves include views of others in constructing possible selves and in determining self-worth (Knox, 2006).

Heaven and Ciarrochi (2008) found the decline in hope during the earlier adolescent years greater in girls (which increased in later adolescence according to Ciarrochi et al., 2015) and in those exhibiting low baseline levels. Oscillations in female hope levels may centre on the father's role (Siegal, 1987), gender-biased language (Tenenbaum & Leaper, 2003) and contradictory messages about women's roles in Western society (Leaper, 2002).

Other moderating variables including person features such as motivation (Sheldon & Lyubomirsky, 2006), higher mental imaginary ability (Oudou and Vella-Brodrick, 2013), cultural differences (Boehm, Lyubomirsky & Sheldon (2011) and mindfulness levels (Seear & Vella-Brodrick, 2013) may indeed alter the strength and direction of the relationship between the BPS and its efficacy. However, activity features such as repetition (Peters, Meevissen, & Hanssen, 2013) or dosage may impact on effectiveness (Nelson & Lyubomirsky, 2014). Although the broaden and build theory (Fredrickson, 2001) has been suggested as a probable mediator (Meevissen, Peters & Alberts, 2011) in understanding how the BPS activity works, such a supposition has not been empirically tested.

In sum, there is evidence to suggest that hope, when promoted through tasks such as the BPS activity, yields beneficial outcomes in a multitude of life indicators which may consequently positively impact adolescent self-esteem.

3.2 Rationale underlying adoption and adaptation of the tripartite intervention

In line with the positive psychology perspective, a multi-component intervention incorporating positive emotions in the past (gratitude), present (recognition and use of character strengths) and future (hope) (Suldo, Savage, & Mercer, 2014) was adopted and adapted for Study 2.

[file:///C:/Users/Gabrielle/Downloads/PositivePsychologyInterventionManual-FINAL%202007%20\(4\).pdf](file:///C:/Users/Gabrielle/Downloads/PositivePsychologyInterventionManual-FINAL%202007%20(4).pdf)

The literature supporting the “Broaden & Build” theory (Fredrickson, 1998, 2001) suggests that these positive emotions engender long-lasting beneficial outcomes including positive coping strategies (Conway, Tugade, Catalino, & Fredrickson, 2013), increased creativity (Rowe, Hirsh & Anderson, 2007) improved

engagement (Lewis, Huebner, Reschly & Valois, 2009) as well as enhanced subjective well-being (Fredrickson, Cohn, Coffey, Pek and Finkel, 2008). As such outcomes may beneficially impact upon self-esteem, the aim of Study 2 is to foster an improvement in self-esteem by the composite domains through positive emotions.

Suldo, Savage and Mercer's (2014) novel 10 week group intervention aimed to foster the subjective well-being of early adolescents (N=28, wait-list control N=27, mean age 11.43 years, 60% female) who were 'less than satisfied' with their lives. Students' mental health was measured by five indicators; positive and negative affect, life satisfaction, internalising psychopathology (anxious/depressed, somatic complaints, and withdrawn/depressed) and externalising psychopathology (aggressive behaviour & rule breaking behaviour) at different timepoints in the study. The findings revealed significant increases in life satisfaction in the intervention group which were sustained at 6 month follow-up (however, after an initial decline similar gains were reported post-intervention in the control group). The authors' limitations centre on the nature of life satisfaction, low internal consistency of assessments, and generalizability of results based on intervention setting.

In Suldo et al.'s (2015) later pilot study with elementary children, the original intervention was modified to include sessions on positive relationships between student and teacher and between students through teambuilding. The inclusion of these environmental resources in combination with the positive emotions in this intervention yielded clinically meaningful lasting gains in the multiple indicators of subjective well-being, specifically positive affect and

satisfaction with self. However, no changes were indicated in behavioural student engagement such as attendance.

A further investigation of forty-two 12-13 year olds by Roth, Suldo, and Ferron, (2017) built upon and improved the same intervention. These improvements included a parent component (i.e., regular weekly correspondence, psychoeducation) and booster sessions, at five and seven-weeks post-intervention, aimed at maintaining and augmenting intervention gains. Immediate post-intervention, students who had received the intervention revealed significant increases in all components of subjective well-being; improved life satisfaction and positive affect and decreased negative affect when compared to the wait-list group. However, at seven-week follow-up only positive affect was significantly greater for the intervention students compared to wait-control counterparts. Furthermore, the intervention students did not exhibit any significant improvements in severity of internalising and externalising problems post-intervention. Although the involvement of parents was recommended as a valuable element, booster sessions failed to maintain the beneficial outcomes in subjective well-being initially demonstrated initially by the intervention.

Thus, there is evidence to suggest from these studies that Suldo et al.'s (2014) original intervention, and subsequent modified versions, yield enhancements in early adolescents' positive affect and life satisfaction, both key indicators of subjective well-being.

Life satisfaction is seen as a correlate of self-esteem (Diener & Diener, 2009). Therefore, the intervention used for Study 2 and reported in this chapter was adapted from Suldo, Savage & Mercer's 2014 study to improve the self-esteem of vulnerable adolescents. The adapted intervention incorporated some of original

recommendations given by the authors, however later recommendations generated by their two later studies in 2015 and 2017 could not be included due to the timescale of implementation of the current study.

3.3 Research Question

- Does the positive emotion intervention increase the self-esteem of vulnerable adolescents (as measured by the CFSEI-3)?

3.4 Method

3.4.1 Participants

The participants were the same as used in Study 1, excluding participant D2 who relocated to another school during the study.

3.4.2 Design

The current study employed a multiple single case design (a small-N design) which consisted of a series of pre-post case studies. Single case designs comprise the in-depth study of individual participants using repeated measures of assessment, with each participant engaging in the intervention and each participant serving as their own control (Barlow & Nock, 2009; Kazdin, 2011). Pre-intervention and follow-up data were collected immediately post-intervention, 6 month post-intervention and either 12 (Sample 1) or 9 (Sample 2) month post-intervention. Comparisons are then made for each participant over time or across multiple participants undertaking the same intervention. Single case studies yield data from pre- and post-intervention assessments that can be interpreted through visual analysis, and non-inferential statistics such as Effect size, TAU-U analysis and Reliable change.

It appeared inappropriate to have a ‘control group’ of participants who are intentionally denied an intervention and term time restrictions did not facilitate the scheduling of a wait list control group. Although this design lacks the methodological requirements such as a control group to draw valid inferences about the relations among variables (Kazdin, 1981). As case studies do not require control conditions or comparison groups, they can be easily incorporated into routine educational practice and serve as a research tool (Normand, 2016). Indeed, Riley-Tillman, Burns, & Kilgus. (2020) suggest single case design allows educational professionals a route to conduct systematic replication and thus a pathway to defensible claims as to the generalisability of the intervention findings. As this intervention intends to serve only as a pilot study, an in-depth exploratory investigation of whether the intervention may be associated with improvements of domain specific self-esteem in vulnerable adolescents, the choice of multiple single case design is applicable for this research.

Prior to starting the intervention, each participant’s teacher and parents (for Sample 1) and teacher for Sample 2 completed a pre-intervention assessment phase where they recorded the emotional and behavioural strengths of the participants. Details are included in the Appendices F and H.

The primary outcome measure was self-esteem as measured by the standardised CFSEI-3 questionnaire. In order to monitor extraneous variables, participation in all other interventions was ceased to rule out as many alternative explanations as possible.

3.4.3 Materials

The materials used to assess self-esteem were the same as reported in Chapter 2 (Study 1).

3.4.3.1 Primary outcome measure

The norm-referenced **Culture Free Self-esteem Inventory (CFSEI-3; Battle, 2002)** was used to measure the academic, general, parental, social, personal and global self-esteem of the participants.

3.4.3.2 Secondary outcome measures (recorded in Appendix J Tables J1-J9)

The norm-referenced **Behavioural & Emotional Rating Scale (BERS-2, Epstein (2004)** for Youth, Teacher and Parent version was used to measure the interpersonal, intrapersonal, school functioning, family involvement and affective strengths of the participant.

The ipsative **Values in Action Inventory of Strengths for Youth (VIA-IS (Youth), Peterson & Seligman, 2004)** was used to assess 24 character strengths within the six virtue categories of wisdom, courage, humanity, justice, temperance and transcendence.

The ipsative **Strengths Assessment Inventory -Youth Version (10-18 years) (SAI-Y; Rawana & Brownlee 2010; MacArthur, Rawana & Brownlee, 2011)** was used to assess intrinsic strengths (personal developmental) and strengths appertaining to the individual's interaction with the environment (contextual).

3.4.4 Procedure

All pre- and post-intervention data were collected in either the school library for the adolescents with dyslexia or a quiet room for the disengaged adolescents. Participants were told that the activities were not school assessments. All forms, recordings and transcripts connected to the study were stored in a secure manner with the raw data and the real names of the participants kept separate. The

assessments were administered over four time points (pre-intervention, immediate post-intervention, 6 month post-intervention, and 12 or 9 month follow-up).

3.4.5 Development and details of the Positive Emotion Intervention

Suldo, Savage and Mercer's (2014) school- based multi-component 10 week intervention focussing upon positive emotions was adopted for the following reasons:

1. While the intervention in Suldo's (2014) research was administered by psychologists, the extensive detail given in the text of the 78 page manual allowed the researcher to deliver the intervention. There is evidence of the efficacy of interventions delivered by teachers (Froh, Sefick, & Emmons, 2008), even when the teacher had received no specific training and relied solely on the written manual (Proctor, Tsukayama, Wood, Maltby, Eades & Linley, 2011).
2. It was important for the intervention to reflect a temporal aspect in terms of past, present and future emotions that would reinforce the temporal nature of the life story narrative and facilitate the adolescent in constructing a cohesive sense of self (McAdams, 2001). Suldo, Savage and Mercer's (2014) multi-component intervention focused on positive emotions in the past, present and future. Such an intervention performed after the life story narrative allowed the participants to identify and plug gaps identified in narrative in order to construct an empowered identity rather than an impoverished identity.
3. It was age appropriate having resulted from developmentally modifying evidence-based adult strengths-based interventions.
4. The hope and goal setting component of the intervention included a Best Possible Selves activity, the task was in the form of a drawing in line with

Owens and Patterson's (2013) study with younger children which resulted in enhanced self-esteem.

5. Interventions implemented over a longer period (8 to 10 weeks) appear more beneficial.

The intervention used by Suldo, Savage and Mercer (2014) was adapted for use in Study 2 through the following modifications:

1. The inclusion of a short five minute mindfulness-based exercise in the beginning of each session of the intervention. Mindfulness is suggested to improve the efficacy of interventions (Niemic, Rashid & Spinella, 2012).
2. As recommended by Suldo, Savage and Mercer (2014), a sample of older students were purposefully recruited to participate in this study. The mean ages of Sample 1 ($M = 13.94$, $SD = 0.44$) and Sample 2 ($M = 14.83$, $SD = 1.26$) were higher than the mean age of group ($M = 11.43$, $SD = 0.55$) used in Suldo et al.'s (2014) original sample. Therefore, the original content of the intervention programme was therefore modified for a higher developmental age, by introducing you tube clips from films certified as 12 and over depicting the constructs under investigation such as hope and gratitude.
3. The composition of the participants for Samples 1 and 2 were chosen for the intervention programme through Learning Support departments as those exhibiting potential low self-esteem. In Suldo, Savage and Mercer's (2014) intervention, although participants were gauged as less than delighted with their life, some scored a rating of 6 on the 7 point screening assessment indicating a 'pleased' with life score. Hence, a ceiling effect had been created where some participants had little space for improvement due to high baseline levels. The authors suggested that findings may be different with a

clinical sample of participants with low baseline levels of life satisfaction. Indeed, Froh, Kashdan, Ozimkowski and Miller (2009) indicated that the beneficial effects of their gratitude intervention were exhibited more with those adolescents with lower baseline levels of positive affect.

4. Sessions on ‘acts of happiness’ and ‘optimistic thinking’ were omitted (the latter due to perceived cognitive complexity) to concentrate on introductory group ground rules, gratitude, enhancement of strengths, hope and goal setting.
5. The mode of delivery changed to be delivered around power point presentations to increase the researcher’s adherence to the programme. In addition, age-appropriate You Tube clips and trailers of movies in which actors exhibited the construct under discussion, i.e., gratitude and hope were included.
6. Suldo, Savage and Mercer (2014) recommended a larger sample size to increase the power of the study; however, the adapted intervention was a component of a holistic programme incorporating the qualitative Life Story Interview and therefore the small number of participants in Samples 1 and 2 was deemed appropriate.

3.4.5.1 Implementation of the intervention

Consent for participation was required from each parent/guardian and all issued with an invitation letter and detailed information pack.

No participant withdrew and no parent withdrew their child. However, one participant from Sample 1 (D2) left to attend another school and contact ended although there were numerous unsuccessful attempts to engage the participant to obtain post-intervention assessment responses.

The intervention schedule was implemented within the school environment as

- a series of eight interactive weekly sessions based around a power point presentation and lasting 35 minutes for Sample 1 (adolescents with dyslexia)
- a series of ten interactive weekly sessions based around a power point presentation and lasting 60 minutes for Sample 2 (disengaged adolescents)

The differences in mode of delivery (e.g. session duration and length of complete intervention) was due to feedback from participants in Sample 1. Timeline schedules of the intervention with Sample 1 and Sample 2 is shown in Appendix K.

3.4.5.2 Composition of intervention

Small groups of participants contributed in interactive sessions. A simple five minute mindfulness exercise - ‘the raisin activity’ (Semple & Lee, 2014) started each session, this involved taking a few minutes to explore the texture, colour and smell of a single raisin before eating. During this mindfulness exercise the participants practiced regulating their attention by returning their wandering minds back to investigating with curiosity and attention the object of their attention. After this introduction, the core programme sessions commenced as in Table 3.1.

All sessions included researcher-facilitated discussions of relevant constructs such as happiness, introductions and outlined the goals of the session and homework to consolidate; this either involved completion of tasks commenced in the session or rehearsal of the positive emotion focussed upon in that group session. At the end of each session, participants received a small chocolate bar or sweet. The first session was an introductory session and the middle sessions were organised into three

sections in alignment with Seligman's (2002) framework where intentional activities enhance happiness.

The following sessions included focussing on expressions of gratitude for past events, recognition and novel use of character strengths, and positive emotions in the future through the development of a hopeful and goal-directed mindset in line with Fredrickson's (1998, 2001) broaden and build theory.

Suldo, Savage and Mercer's (2014) character strengths component of their multi-component intervention consisted of a review of the participants' computer-generated character strengths with the group facilitator, identification of signature strengths and choosing of a signature strength to use in a novel manner every day for one week. The authors acknowledged that developmentally appropriate operationalisation of some strengths proved more difficult than others (e.g., appreciation of beauty and art, perspective, prudence). The following week involved novel uses of another signature strength with the inclusion of using strengths across life domains (i.e., family, peers, and school). Participants were asked to note their feelings after each use of their chosen signature strength to enable them to see the synergy between thoughts, actions, and feelings of well-being and prompted to savour the positive experiences that emerged from use of signature strengths (Gersema (2007) citing Bryant & Veroff, 2007).

Other activities throughout the sessions included 'You at your best' activity, making and daily noting in their gratitude diaries, planning and undertaking gratitude visits, and drawing their 'Best Possible Self in the future'. The last session recapped the sessions, incorporated a reflection on the intervention experience and the completion of feedback forms. At the end of the intervention, each participant

received an individualised rubber wrist band embossed with their top signature strengths as a memento.

Table 3.1 An outline of the positive emotions intervention sessions

Session	Positive Emotions	Session Content
Session 1		Introduction to Intervention
Session 2		Introduction to Gratitude
Session 3	Positive Emotions in the past	Gratitude Visits
Session 4		Displays of Gratitude
Session 5		Introduction/Assessment of Character Strengths
Session 6	Positive Emotions in the present	Use of Signature character strengths
Session 7		Use of Signature character strengths in new ways
Session 8	Positive Emotions in the future	Introduction to Hope and Goal setting
Session 9		Displays of Hope
Session 10		Summary/Feedback

3.4.5.3 Intervention integrity

All the delivery was by one individual (the researcher) ensuring consistency and adherence to the manual. Delivery of the intervention was scheduled at the same time every week (before morning registration for Sample 1 and within lesson time for Sample 2) and delivered in the same room. The use of an audiotape ensured playback facility to ensure the intervention was being addressed succinctly, coherently and in an age-appropriate manner. Fidelity to Suldo's (2014) original

programme was measured in five ways: (1) adherence, (2) dose, (3) quality of programme delivery, (4) participant responsiveness and (5) programme differentiation. The 78 page manual highlighted text (in italics) that had to be delivered verbatim when explaining concepts, this was checked through playback of the audiotape to ensure adherence after the session had finished. The dosage of between 8 and 10 sessions was comparable to the original 10 session programme implemented by Suldo et al. (2014). Consistency of implementation and the quality of programme delivery was addressed through having the sessions facilitated by an individual who was very familiar with the contents of the manual. However, delivery could have been further improved through collaboration with an observer familiar with the delivery of interventions. Such an observer could have potentially advised on numerous matters, for example, if any areas were needing further attention towards the end of the session and could have used cues to help the researcher pace activities within the allocated time. That procedure could have resulted in 100% fidelity with planned session activities. Participant responsiveness to the entirety of the programme was gauged by the participant feedback. At the last of the last session, participants completed a one page feedback form that comprised five open-ended questions which included: ‘What did you like best about the programme?; What do you feel are some of the most important things that you have learned through the programme?. Additionally, the form listed the activities that had taken place and ask participants ‘Which activities that you learned in the sessions are you likely to continue to do on your own?’. Programme differentiation regarding content was difficult to achieve on the compulsory verbatim text that had to be strictly adhered to. However, with relation to the activities, rather than writing about ‘Best Possible self’ in the future, participants made a drawing, this was considered

more creative and the evidence suggests is as efficacious as its written counterpart (Owens and Patterson, 2013). In terms of ensuring instruction was tailored to meet individual needs, the researcher's follow-up questions and prompts meant those who struggled with comprehending some ambiguous items in the assessment could understand and be fully immersed in the positive learning environment.

3.4.6 Data Analysis

3.4.6.1 Visual analysis

The data was first visually analysed following the guidelines on visual analysis for single case data by Morley (2015). Visual analysis involves plotting individual participants' data, carefully scrutinising the data and making judgments about whether and to what extent the independent variable (intervention) impacted the dependent variable (self-esteem).

Several factors are appraised when visually inspecting the data. First, is changes in the level of the self-esteem over time, for example from pre-invention to immediate post-intervention. Second is trend, which relates to gradual increases or decreases in self-esteem levels across observations. If self-esteem starts increasing or decreasing with a change in conditions, then again this suggests that the intervention had an effect. It can be especially noticeable when a trend changes direction. Third is latency, which is the time it takes for self-esteem levels to begin changing after the invention. In general, if a change in self-esteem level begins shortly after the intervention, this implies that the intervention was responsible. Inferential statistics are not typically utilised in visual analysis.

3.4.6.2 *Statistical analysis*

Effect sizes were calculated, giving a standardised, scale-free measure of a relative size of the effect of an intervention and is typically assessed using Cohen's (1988) d , which is calculated by subtracting the mean pre-test score from the mean post-test score and dividing the result by the mean standard deviation. Cohen (1988) interprets effect sizes 0.20 to 0.50 as small, 0.50 to 0.80 as medium and effect sizes of 0.80 and above as large.

TAU-U analysis was performed using the outline programme www.singlecaseresearch.org/calculators/tau-u. A non-parametric technique, TAU-U is a combination of Kendall Tau and Mann Whitney U test. Developed by Parker, Vannest, Davis and Sauber (2011), TAU-U is described in Morley (2015) as a technique to statistically analyse data in small-N designs. It gives a percentage of non-overlap of data points between different phases (pre-intervention, end of intervention, 6 month post-intervention and 9 or 12 month post-intervention) to explore if there is a change in scores between phases. A significant difference between phases shows that self-esteem scores in each phase are significantly different. The direction of the effect determines whether the intervention is effective at improving self-esteem. Graphical representations were used to compare pre-intervention, end of intervention and the two follow-up phases and to compare visual analysis to the statistical results.

Pre-intervention, end of intervention and the two follow-up assessments were also examined to determine whether individual participants met criteria for reliable change (Jacobson & Traux, 1991). In formulaic terms, a pre-test baseline score from an outcome measure is subtracted from the post-test score, and the result is divided by the standard error of difference of the outcome measure.

The reliable change index (RCI, Jacobson and Truax, 1991) was used to calculate whether the difference between participants' pre- and post-treatment scores on the CFSEI-3 showed reliable change beyond what would be expected from measurement error. For an individual to have made a reliable change, their change score must be larger than the RCI value. RCI values are dependent on the reliability of the specific assessment or domain measure (academic, general, parental, social, personal and global) under investigation and the specific samples dataset of results. In other words, for Sample 1, an increase in a participant's academic self-esteem scores of more than 2.04 points would represent a reliable change within academic domain, however an increase of more than 4.12 points in general self-esteem scores would be required to constitute a reliable change in general self-esteem.

In order to calculate reliable change, reliability scores (Cronbach's alpha) were taken from the original scale development paper and manual as academic self-esteem $\alpha = .81$, general self-esteem $\alpha = .80$, parental self-esteem $\alpha = .79$, social self-esteem $\alpha = .77$, and personal self-esteem $\alpha = .86$. Global self-esteem $\alpha = .93$.

The graphical output of the RCI analysis are shown in the results and were generated for each subscale using the Leeds Reliable Change Index Calculator (Morley & Dowzer, 2014). The graphs (see Figures 3.7 to 3.12) reveal the plotted pre- and post-treatment data points, the line of no change, the RCI (red, parallel lines) and cut scores. Individual data points are colour coded and the average of all the data is also shown (Morley & Dowzer, 2014).

Both statistical analyses (TAU-U and reliable change) represent two routes for analysing the data from these single case designs and when combined with visual analysis provide a very useful assessment tool (Harrington, & Velicer, 2015).

3.5 Results for Sample 1

3.5.1 Visual analysis

Participants' scores at the four time points are presented in Table 3.2 and displayed in Figures 3.1-3.6. There was no visual trend for an increase in academic, general, parental, or social self-esteem due to the intervention. However, at the end of the intervention there is a visual trend for an increase in both personal and global self-esteem. Participants D1 and D3 reveal an increase in personal self-esteem from pre-intervention levels to 12 month post-intervention, whilst, all three participants show an increase in global self-esteem from pre-intervention to 12 month post-intervention.

However, these direct comparison of pre-intervention to 12 month post-intervention masks dips either immediately after the intervention or at 6 month follow-up. It may be suggested that the increase in personal self-esteem scores at the 12 month juncture reflects the latent impact of the intervention specifically upon this domain which measures an individual's most intimate perceptions of anxiety and self-worth and this improvement may feed into an increase in global self-esteem.

Table 3.2 Self-esteem scores of Sample 1 over time

Participants In Sample 1	Academic	General	Parental	Social	Personal	Global
D1						
Pre-intervention	12	7	10	7	8	92
End of intervention	10	5	12	9	11	96
6 month follow-up	11	8	10	10	11	100
12 month follow-up	9	6	12	10	11	97
D3						
Pre-intervention	5	10	14	11	7	96
End of intervention	6	9	14	9	9	96
6 month follow-up	7	7	13	3	8	83
12 month follow-up	12	9	14	7	11	104
D4						
Pre-intervention	12	6	11	4	9	89
End of intervention	5	8	9	5	8	79
6 month follow-up	8	8	10	5	8	85
12 month follow-up	8	9	11	11	9	97

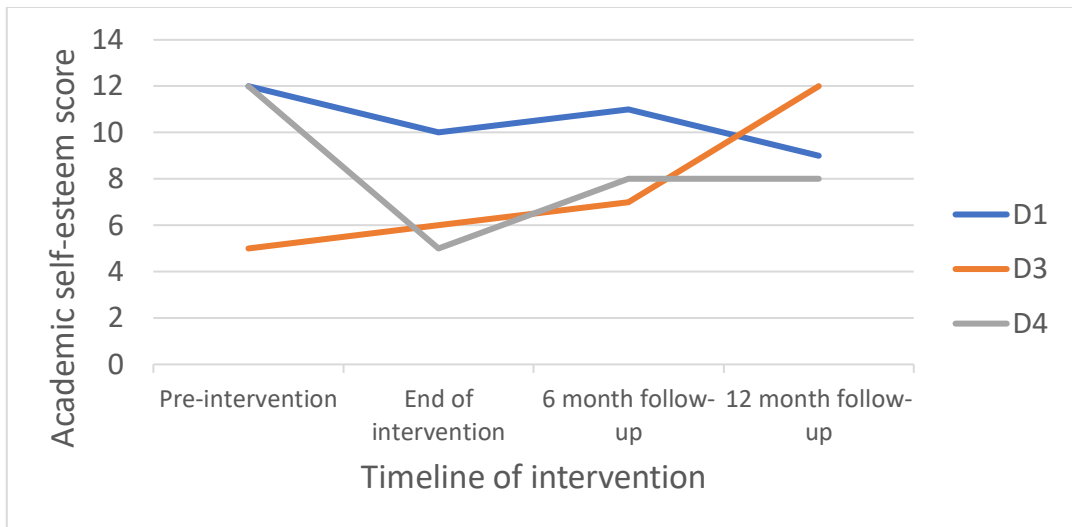


Figure 3.1 Academic self-esteem of participants D1, D2 and D4

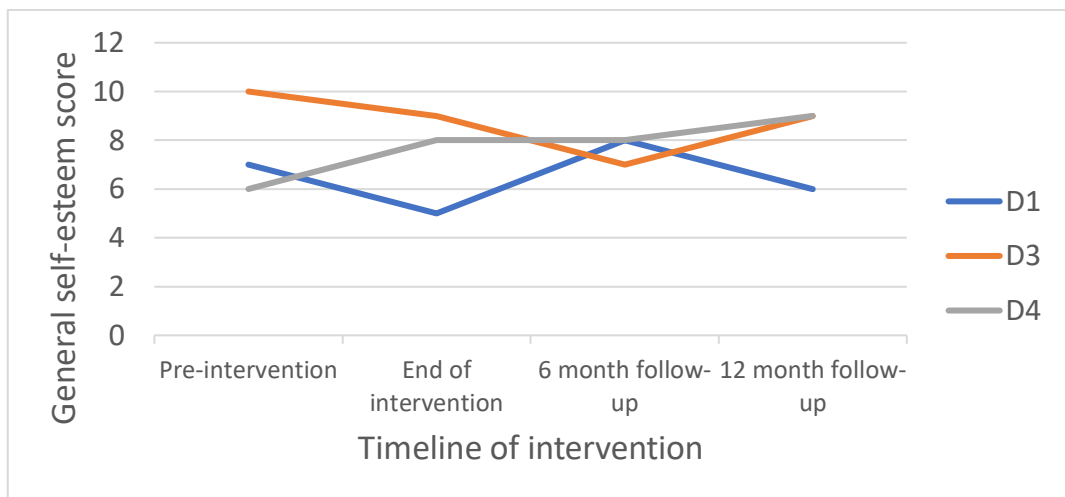


Figure 3.2 General self-esteem scores of participants D1, D3 and D4

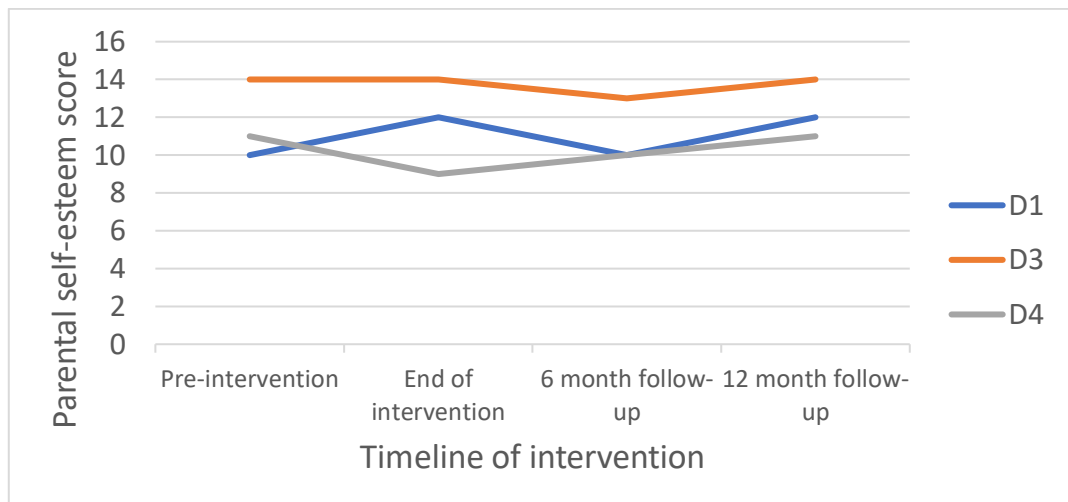


Figure 3.3 Parental self-esteem scores of participants D1, D3 and D4

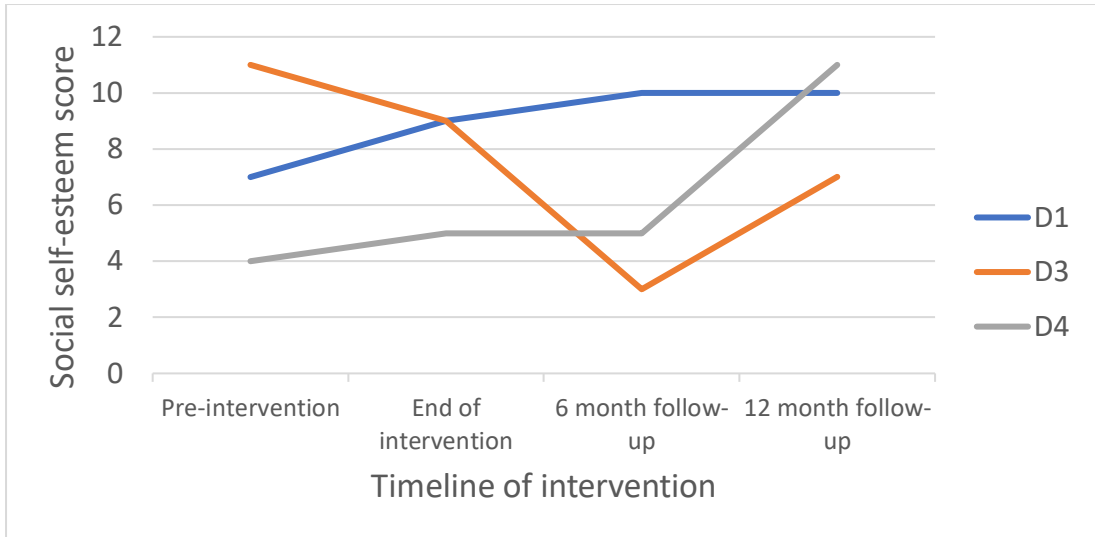


Figure 3.4 Social self-esteem scores of participants D1, D3 and D4

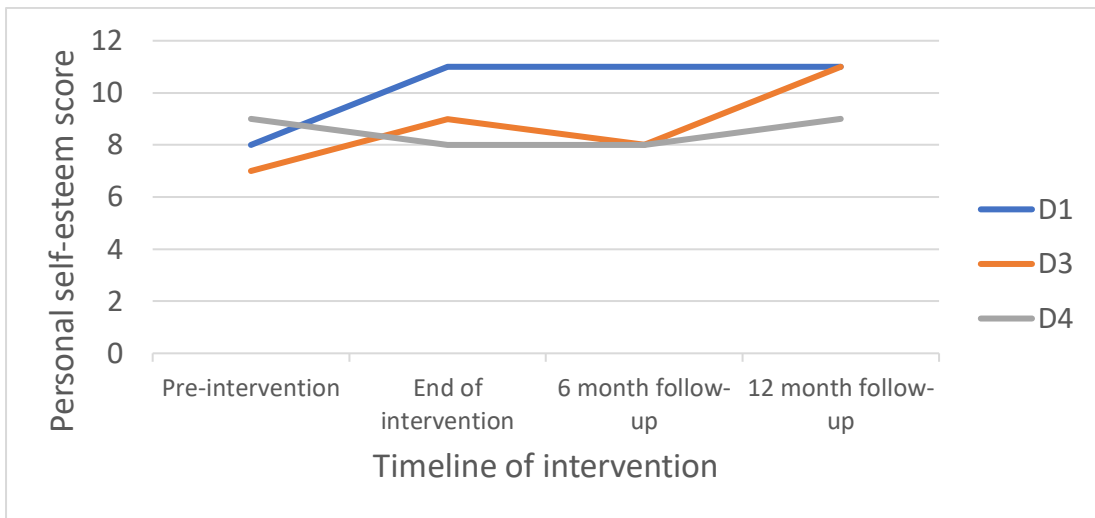


Figure 3.5 Personal self-esteem scores of participants D1, D3 and D4

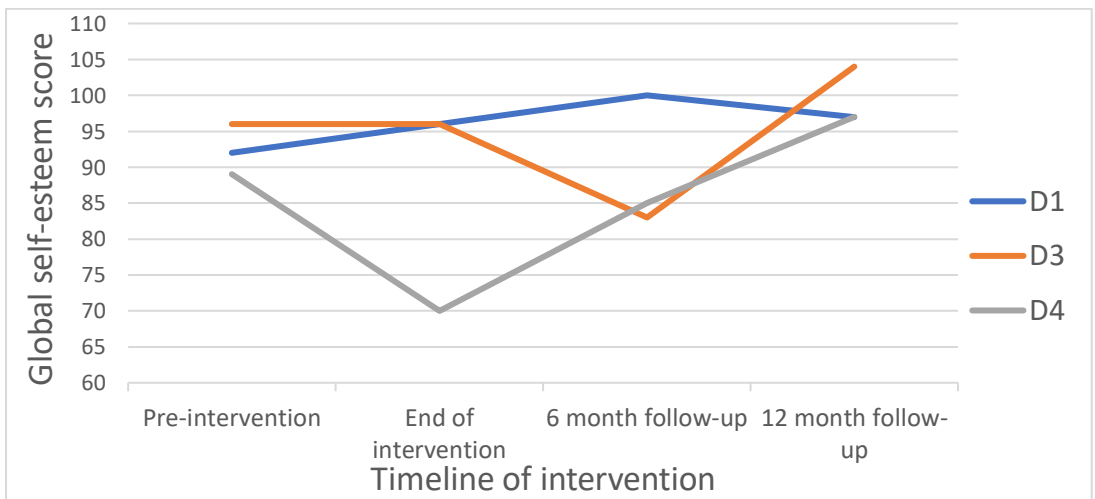


Figure 3.6 Global self-esteem scores of participants D1, D3 and D4

3.5.2 Statistical analysis

3.5.2.1 Effect Size

Cohen (1988) interprets effect sizes 0.20 to 0.5 as small, 0.50 to 0.80 as medium and effect sizes of 0.80 and above as large. For Sample 1, the adolescents with dyslexia, the effect sizes are shown in Table 3.3.

Table 3.3 Effect sizes for changes in self-esteem scores of Sample 1

Self-esteem domain		Effect size Cohen's' <i>d</i>	Interpretation of effect size
Academic	Pre-intervention – end of intervention	-0.79	Medium negative effect
	Pre -intervention– 6 month follow-up	-0.34	Small negative effect
	Pre-intervention – 12 month follow-up	0.00	No effect size
General	Pre-intervention – end of intervention	-0.18	No effect
	Pre -intervention– 6 month follow-up	0.00	No effect
	Pre-intervention – 12 month follow-up	0.19	No effect
Parental	Pre-intervention – end of intervention	0.00	No effect
	Pre -intervention– 6 month follow-up	-0.38	Small negative effect
	Pre-intervention – 12 month follow-up	0.40	Small positive effect
Social	Pre-intervention – end of intervention	0.13	No effect
	Pre -intervention– 6 month follow-up	-0.41	Small negative effect
	Pre-intervention – 12 month follow-up	0.71	Medium positive effect
Personal	Pre-intervention – end of intervention	0.98	Large positive effect
	Pre -intervention– 6 month follow-up	0.73	Medium positive effect
	Pre-intervention – 12 month follow-up	1.46	Large positive effect
Global	Pre-intervention – end of intervention	- 0.30	Small negative effect
	Pre -intervention– 6 month follow-up	-0.63	Medium negative effect
	Pre-intervention – 12 month follow-up	1.37	Large positive effect

3.5.2.2 TAU-U Analysis

Tau-U values and their respective significance values calculated for Sample 1 are shown in Table 3.4. Participant D2's dataset was removed due to his relocation to a different school. There was no significant difference between the pre-intervention and post-intervention phase trends for academic, general, parental, social or personal self-esteem for Sample 1. However, there was a significant phase trend in global self-esteem for Sample 1 between pre-intervention and 12 month post-intervention (Tau-U = 1.00, $p = .049$). This indicates that there was a significant increase in global self-esteem levels from pre-intervention to 12 month follow-up for Sample 1.

Table 3.4 TAU-U analysis of self-esteem scores of Sample 1

Self-esteem domain		Tau	SDTau	p	CI (90%)
Academic	Pre-intervention – end of intervention	-0.44	0.509	0.3827	-1<>0.393
	Pre-intervention– 6 month follow-up	-0.33	0.509	0.5127	-1<>0.504
	Pre-intervention – 12 month follow-up	-0.11	0.509	0.8273	-0.949<>0.726
General	Pre-intervention – end of intervention	-0.11	0.509	0.8273	-0.949<>0.726
	Pre-intervention– 6 month follow-up	0.22	0.509	0.6625	-0.615<>1
	Pre-intervention – 12 month follow-up	0.00	0.509	1.0000	-0.838<>0.838
Parental	Pre-intervention – end of intervention	0.00	0.509	1.0000	-0.838<>0.838
	Pre-intervention– 6 month follow-up	-0.33	0.509	0.5127	-1<>0.504
	Pre-intervention – 12 month follow-up	0.33	0.509	0.5127	-0.504<>1
Social	Pre-intervention – end of intervention	0.11	0.509	0.8273	-0.726<>0.949
	Pre-intervention– 6 month follow-up	-0.33	0.509	0.5127	-1<>0.504
	Pre-intervention – 12 month follow-up	0.33	0.509	0.5127	-0.504<>1
Personal	Pre-intervention – end of intervention	0.56	0.509	0.2752	-0.282<>1
	Pre-intervention– 6 month follow-up	0.33	0.509	0.5127	-0.504<>1
	Pre-intervention – 12 month follow-up	0.89	0.509	0.0809	-0.051<>1
Global	Pre-intervention – end of intervention	0.11	0.509	0.8273	-0.706<>0.949
	Pre-intervention– 6 month follow-up	-0.33	0.509	0.5127	-1<>0.504
	Pre-intervention – 12 month follow-up	1.00	0.509	0.0495	0.162<>1

3.5.2.3 Reliable change for Sample 1

The reliable change criterion for the CFSEI-3 was an improvement of at least 4.88 points on the academic self-esteem domain, 2.58 points on the general self-esteem domain, 2.64 points on the parental self-esteem domain, 4.67 points on the social self-esteem domain, 1.04 points on personal self-esteem domain and 2.58 points on global self-esteem of the CFSEI-3 was taken to indicate reliable change, using the Reliable Change Calculator.

The impact of the interventions on the participants in Sample 1 is shown Table 3.5. There was little evidence of reliable improvement in academic, general, parental and social self-esteem. There was only evidence for reliable improvement in the personal and global self-esteem domains

Two of the three participants (D1, D3) showed a reliable improvement in personal self-esteem between pre- and immediate post-intervention, the remaining participant D4 displayed no change. Only D1 showed reliable improvement at the 6 month follow-up compared to no change with participants D2 and D3. Both participants D1 and D3 exhibited reliable improvement from pre- to 12 month follow-up. Participant D1 exhibited sustained improvements in personal self-esteem throughout the assessment programme.

Although all participants revealed a spiky profile in terms of sustained reliable improvement, all three showed reliable improvements in global self-esteem from pre to 12 month follow-up. Again, participant D1 exhibited reliable improvements on pre-interventions levels of global self-esteem throughout the assessment programme.

Table 3.5 Number of participants in Sample 1 experiencing reliable change over time

Self-esteem Domain	Time period	Deteriorate	No change	Improvement
Academic	Pre- to immediate post-	1	2	0
	Pre- to 6 month post-	0	3	0
	Pre- to 12 month post-	0	2	1
General	Pre- to immediate post-	0	3	0
	Pre- to 6 month post-	1	2	0
	Pre- to 12 month post-	0	2	1
Parental	Pre- to immediate post-	0	3	0
	Pre- to 6 month post-	0	3	0
	Pre- to 12 month post-	0	3	0
Social	Pre- to immediate post-	0	3	0
	Pre- to 6 month post-	1	2	0
	Pre- to 12 month post-	0	2	1
Personal	Pre- to immediate post-	0	1	2
	Pre- to 6 month post-	0	2	1
	Pre- to 12 month post-	0	1	2
Global	Pre- to immediate post-	1	1	1
	Pre- to 6 month post-	2	0	1
	Pre- to 12 month post-	0	0	3

Pre- and post-treatment data points, the line of no change, the RCI (red, parallel lines) and cut scores are displayed in the following graphs (figures 3.7 to 3.12) Individual data points are colour coded and the average of all the data is also shown.

Change in academic self-esteem scores over time

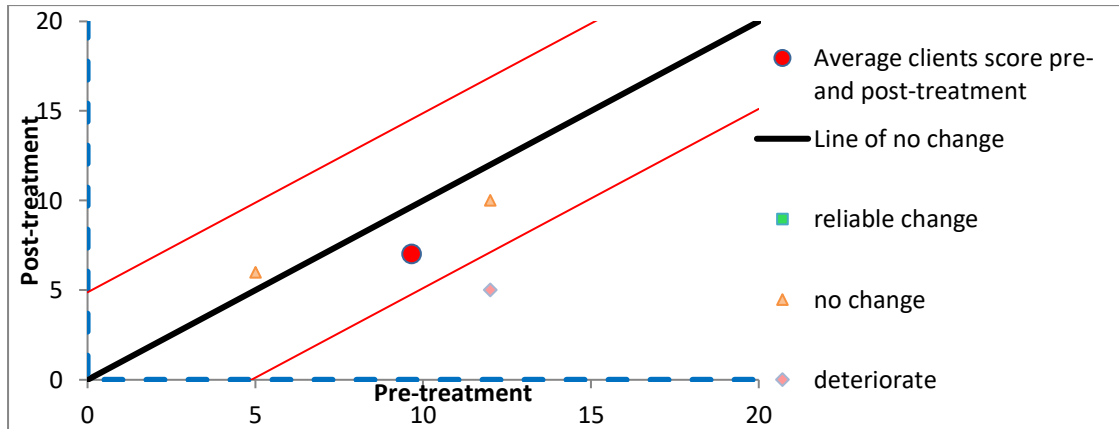


Figure 3.7a Change in academic self-esteem scores from pre- to immediate post-intervention

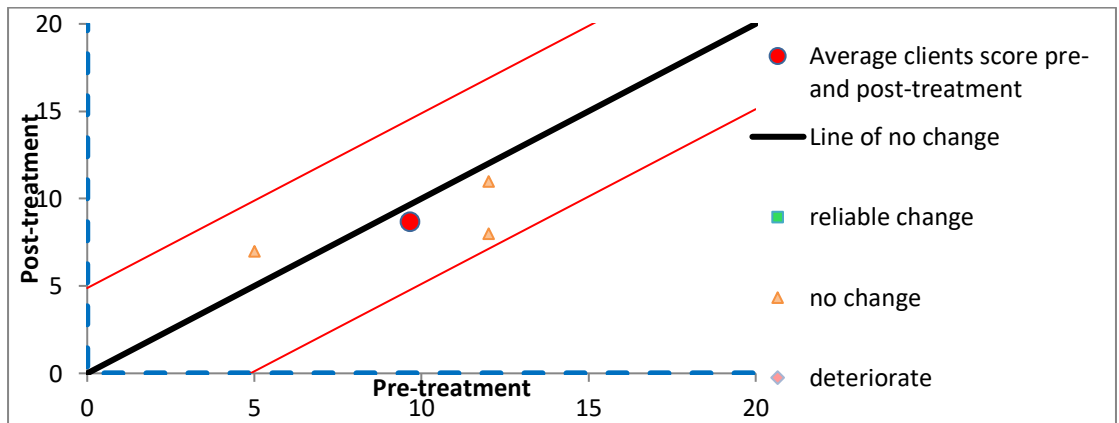


Figure 3.7b Change in academic self-esteem scores from pre- to 6 month post-intervention

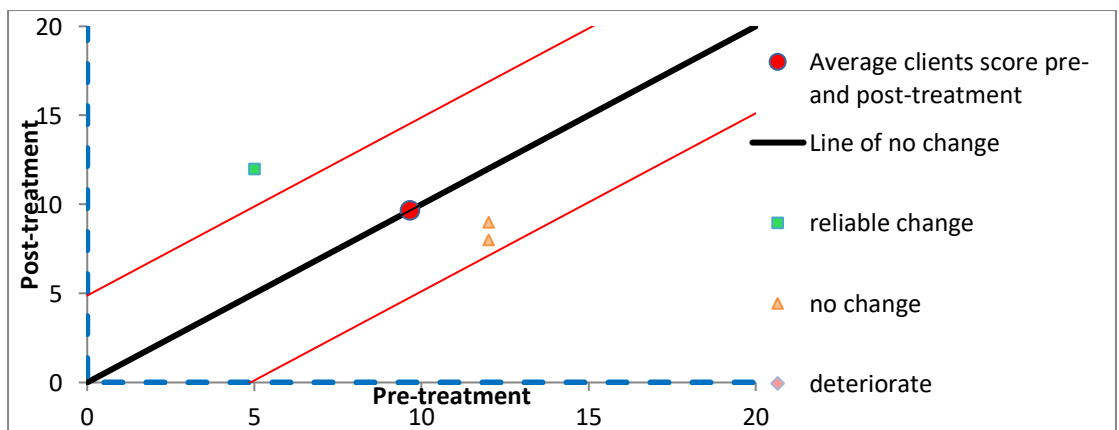


Figure 3.7c Change in academic self-esteem scores from pre- to 12 month post-intervention

Change in general self-esteem scores over time

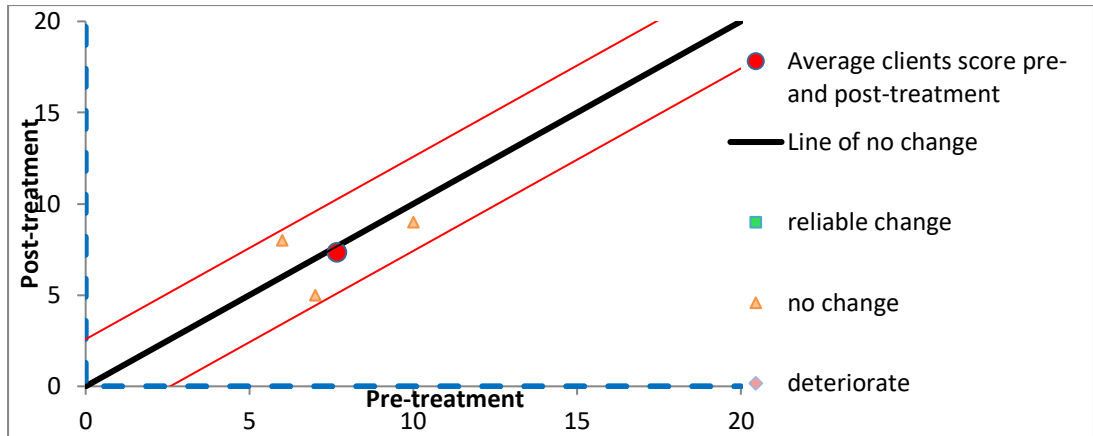


Figure 3.8a Change in general self-esteem from pre- to immediate post-intervention

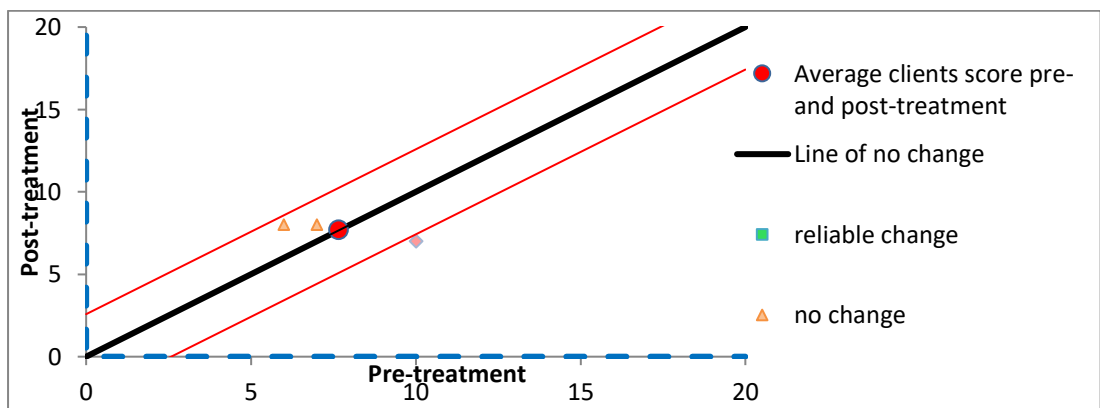


Figure 3.8b Change in general self-esteem scores from pre- to 6 month post-intervention

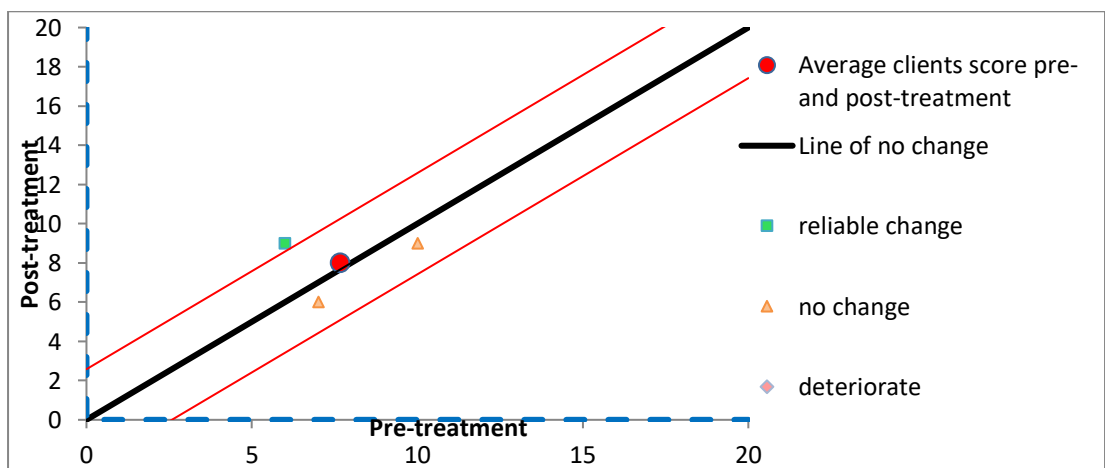


Figure 3.8c Change in general self-esteem scores from pre- to 12 month post-intervention

Change in parental self-esteem scores over time

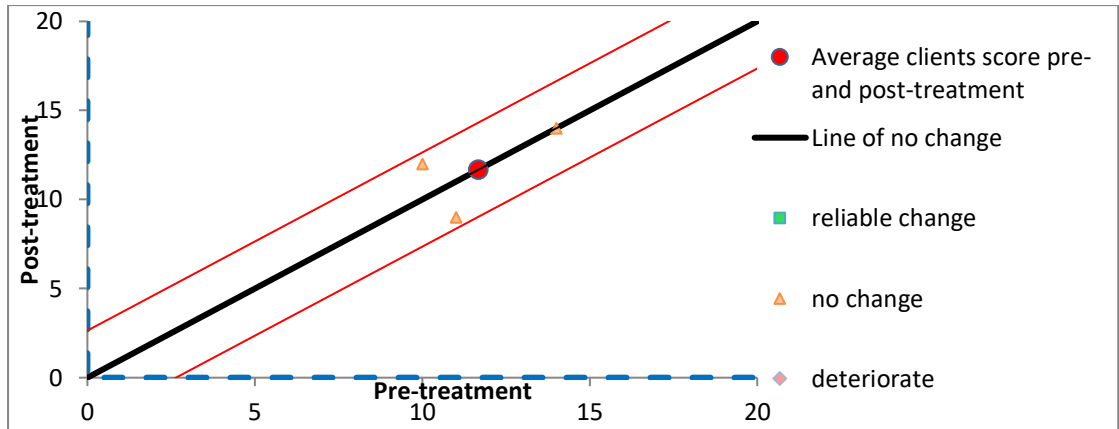


Figure 3.9a Change in parental self-esteem from pre- to immediate post-intervention

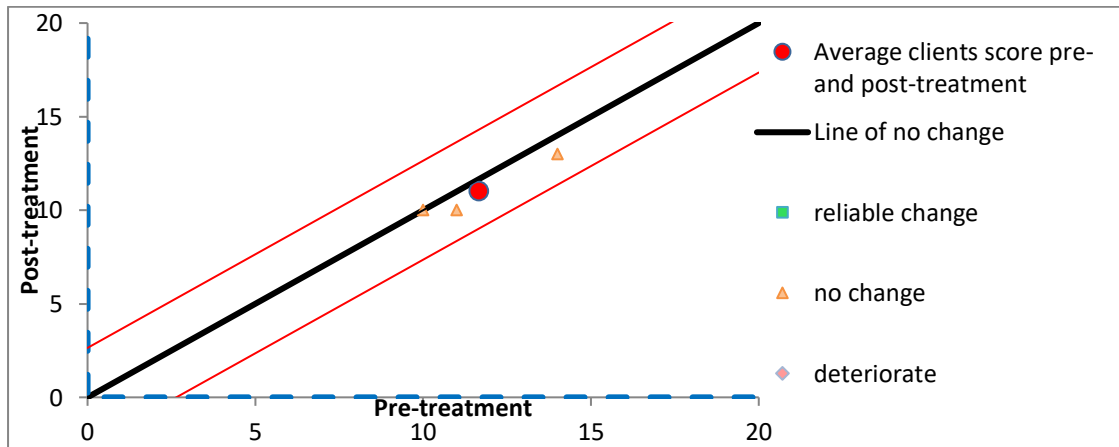


Figure 3.9b Change in parental self-esteem scores from pre- to 6 month post-intervention

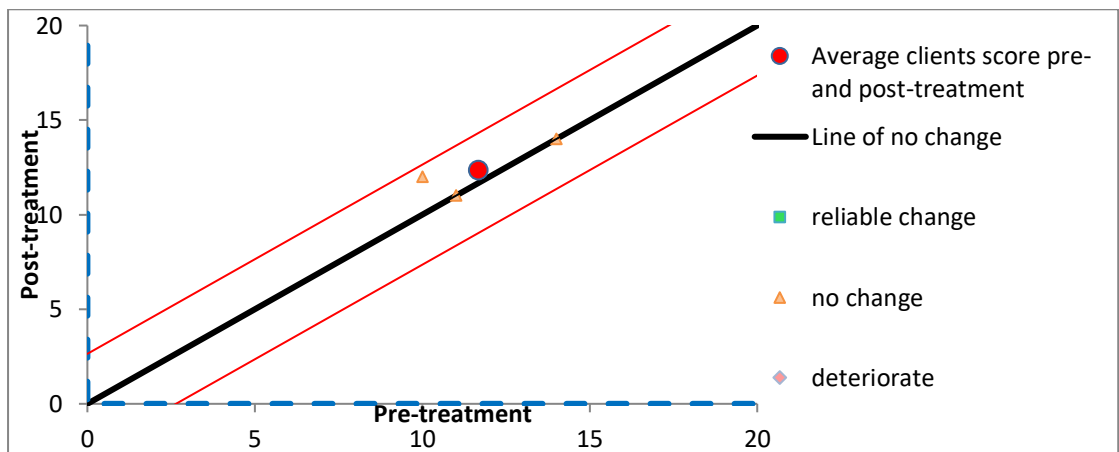


Figure 3.9c Change in parental self-esteem from pre- to 12 month post-intervention

Change in social self-esteem scores over time

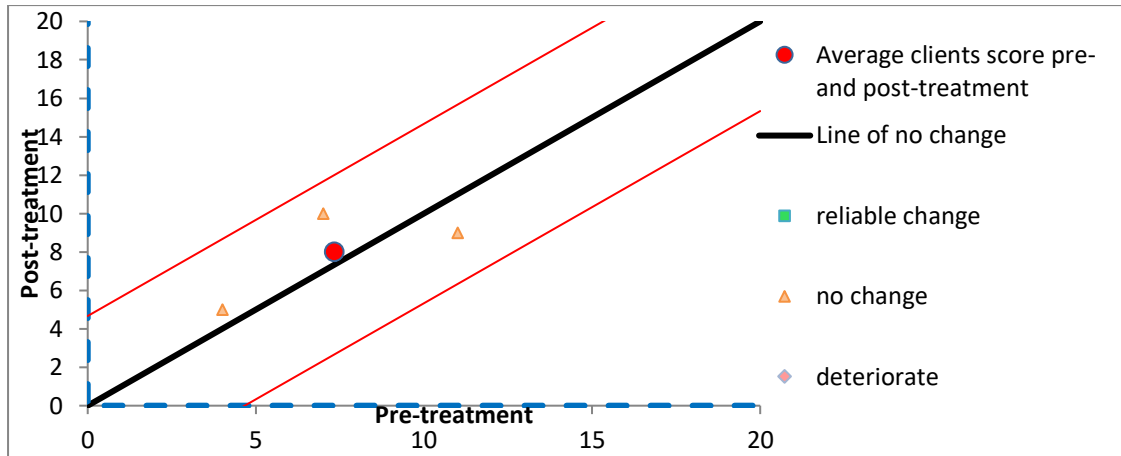


Figure 3.10a Change in social self-esteem scores from pre- to immediate post-intervention

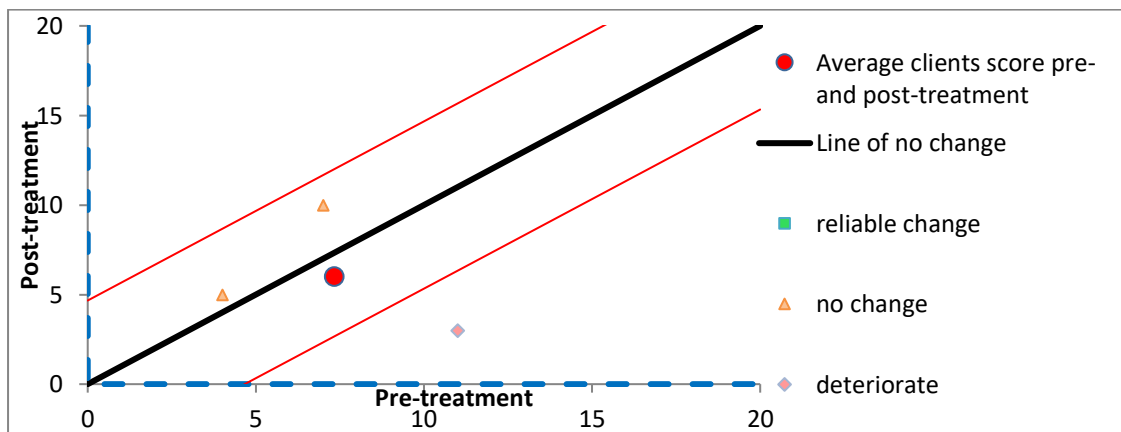


Figure 3.10b Change in social self-esteem scores from pre- to 6 month post-intervention

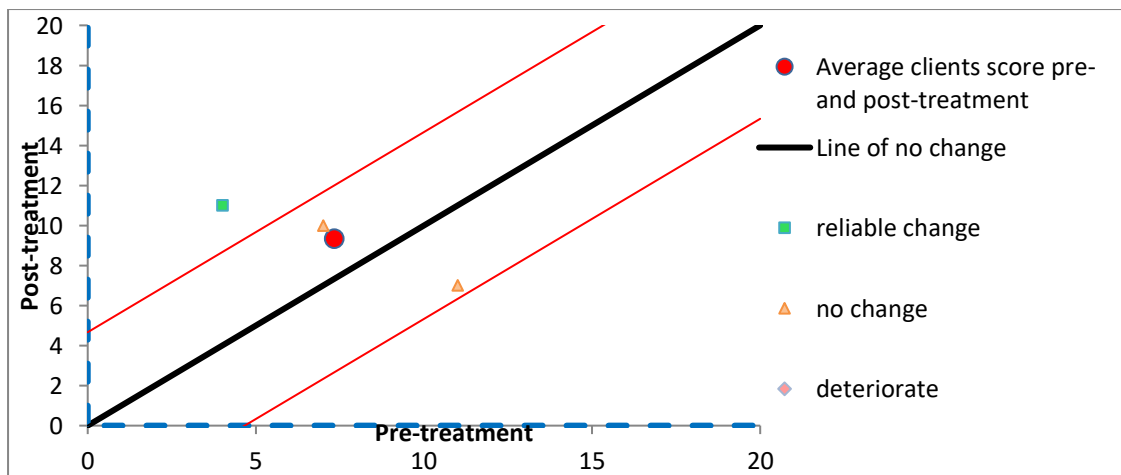


Figure 3.10c Change in social self-esteem from pre- to 12 month post-intervention

Change in personal self-esteem scores over time

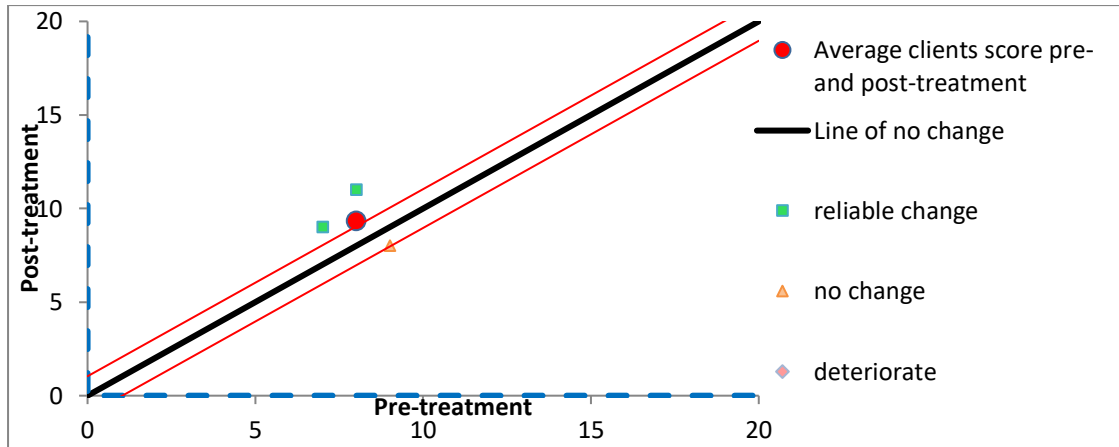


Figure 3.11a Change in personal self-esteem scores from pre- to immediate post-intervention

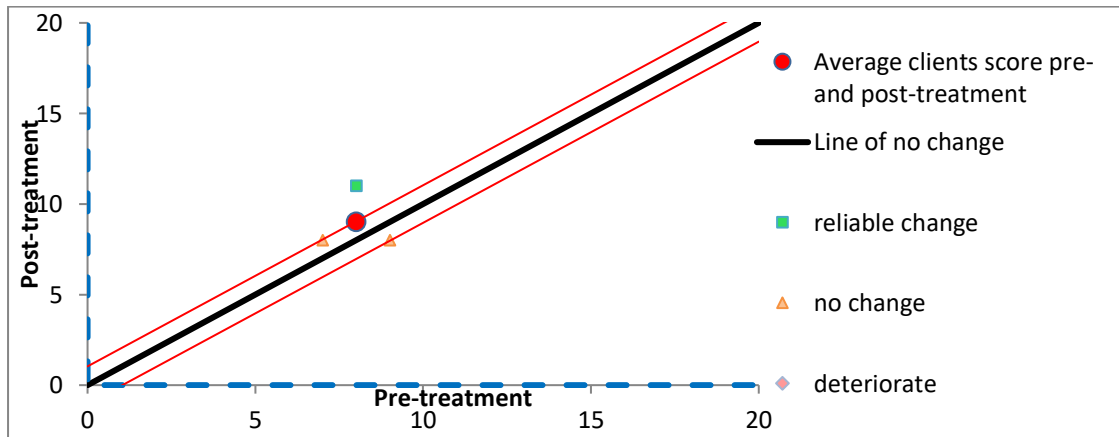


Figure 3.11b Change in personal self-esteem scores from pre- to 6 month post-intervention

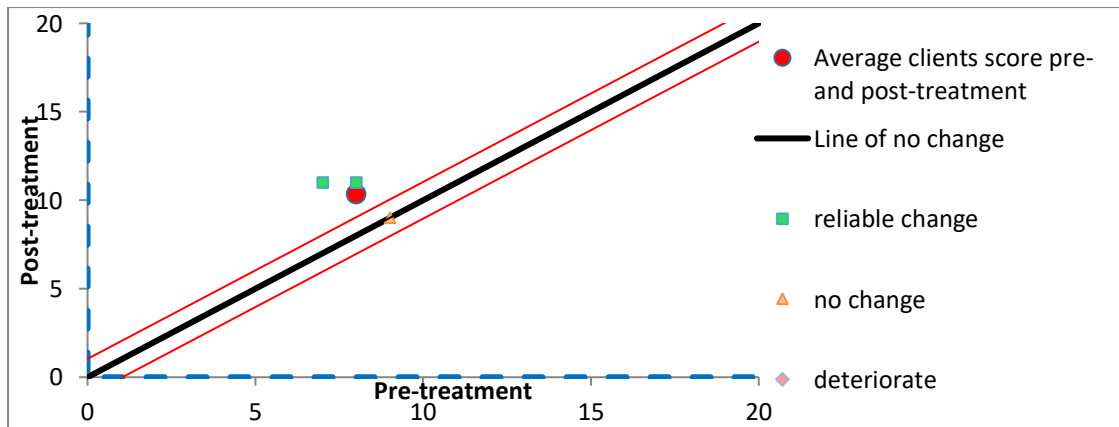


Figure 3.11c Change in personal self-esteem scores from pre- to 12 month post-intervention

Change in global self-esteem scores over time

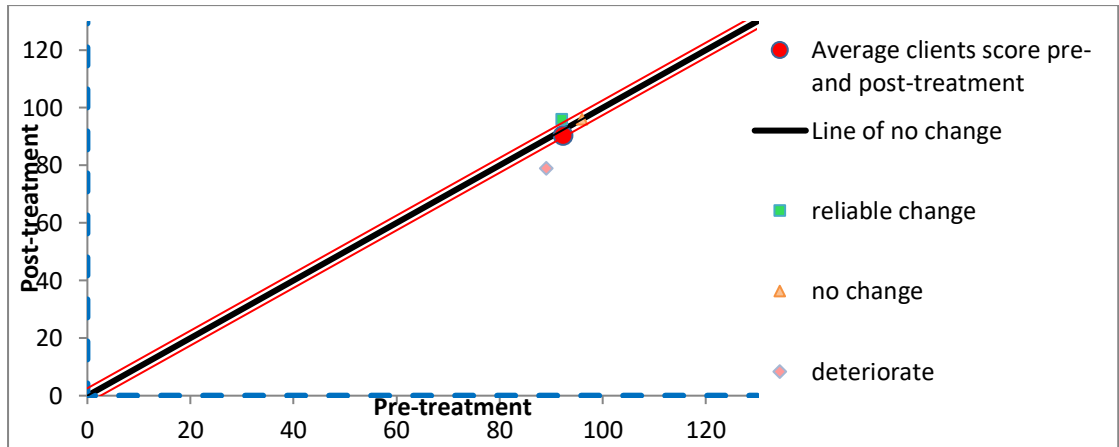


Figure 3.12a Change in global self-esteem scores from pre- to immediate post-intervention

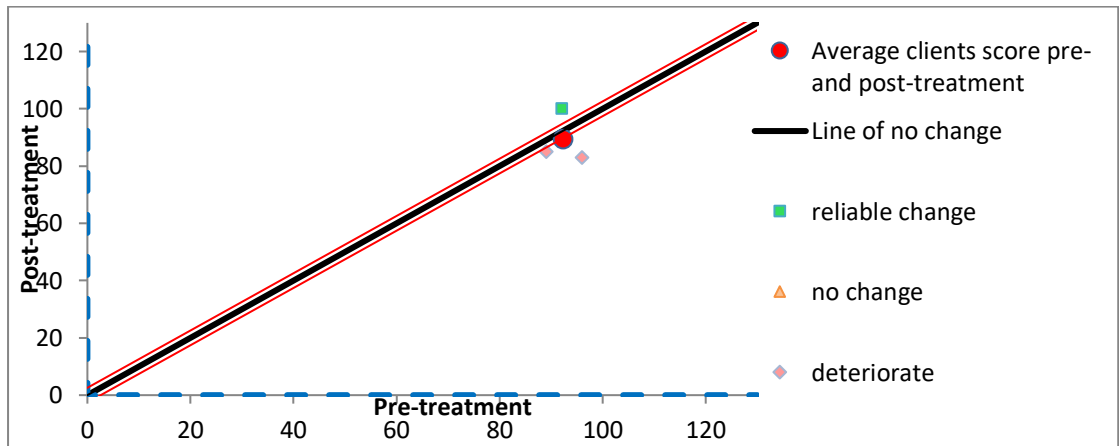


Figure 3.12b Change in global self-esteem from pre- to 6 month post-intervention

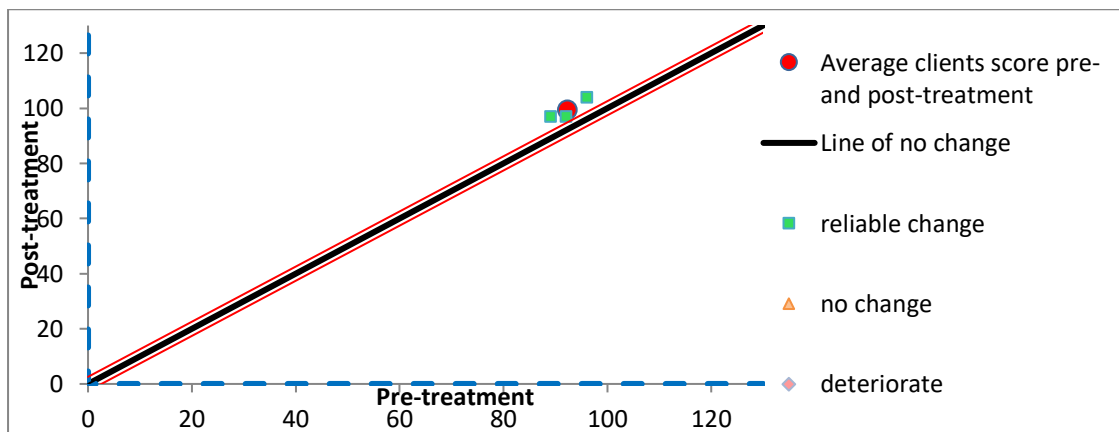


Figure 3.12c Change in global self-esteem from pre- to 12 month post-intervention

3.6 Results for Sample 2

3.6.1 Visual analysis

Participants' scores at the four time points are tabulated in Table 3.6 and displayed in Figures 13-18.

There was a visual increase in academic self-esteem increases from pre-intervention levels to 9 month post-intervention for all participants except N3 and N6. Visual analysis of the academic self-esteem graph reveals that intervention appears to have the least immediate effect on this domain, however, there is visual evidence of some improvements for some participants at 6 and 9 month post-intervention. This may represent a lagged impact of the intervention and may indicate the inertia of academic self-esteem to change for these disengaged adolescences.

There was also a visual trend for an increase from pre-intervention to 9 month post-intervention in general self-esteem for all participants (except participants N7 and N8). A visual increase was shown from pre-intervention to 9 month post-intervention for all participants in parental self-esteem (except participants N4, N6, and N7) and for two participants in social self-esteem (N1 and N6).

There was a visual trend for all personal self-esteem scores to increase from pre- to immediate post-intervention (except N7) and to remain at these increased levels at 6 months post-intervention, before generally levelling out or decreasing at 9 months post- intervention. All participants (except N6 and N7) showed an increase in personal self-esteem from pre- to 9 month post-intervention. This may indicate that the intervention had a longer lasting beneficial impact on this specific domain.

There was a visual trend in an immediate increase in global self-esteem from pre-intervention to immediate post-intervention for six of the eight participants, participant N6 decreased slightly whilst N7 remained unchanged. This steepest increase was seen in participant N1.

At 9 month post-intervention six of the eight participants had increased global self-esteem in comparison to their pre-intervention levels, Participant N6 score had remain unchanged and participant N7 had a decreased global self-esteem scores.

In general, if a change in self-esteem level begins shortly after the intervention, this may suggest that the intervention was responsible – this change appeared to occur predominately for participants N1, N2, N3, N4 and N5. There was a trend from a change from increasing self-esteem scores to declining self-esteem scores at 6 months.

Table 3.6 Self-esteem scores of Sample 2 over time

Participants In Sample 2	Academic	General	Parental	Social	Personal	Global
N1						
Pre-intervention	4	1	12	7	4	70
End of intervention	6	6	13	12	9	94
6 month follow-up	9	5	14	10	11	98
9 month follow-up	6	5	13	11	10	93
N2						
Pre-intervention	5	5	10	12	8	86
End of intervention	6	8	12	12	9	96
6 month follow-up	6	6	10	11	9	94
9 month follow-up	7	6	12	12	11	97
N3						
Pre-intervention	5	5	13	9	7	86
End of intervention	5	7	14	13	11	100
6 month follow-up	9	7	13	10	11	100
9 month follow-up	5	6	14	9	11	93
N4						
Pre-intervention	4	1	11	9	7	75
End of intervention	7	5	12	10	10	92
6 month follow-up	5	9	10	9	11	93
9 month follow-up	6	5	9	6	7	88
N5						
Pre-intervention	4	5	6	11	7	77
End of intervention	3	8	6	13	10	86
6 month follow-up	6	2	6	9	11	78
9 month follow-up	7	7	8	10	7	82
N6						
Pre-intervention	7	6	14	11	9	96
End of intervention	5	8	14	7	9	90
6 month follow-up	7	3	13	11	9	90
9 month follow-up	6	7	13	13	8	96
N7						
Pre-intervention	3	11	11	11	13	98
End of intervention	5	10	11	10	12	97
6 month follow-up	2	7	12	10	12	90
9 month follow-up	4	7	11	9	12	90
N8						
Pre-intervention	8	8	9	7	7	85
End of intervention	7	8	13	9	10	96
6 month follow-up	6	7	10	10	10	90
9 month follow-up	11	3	13	9	10	94

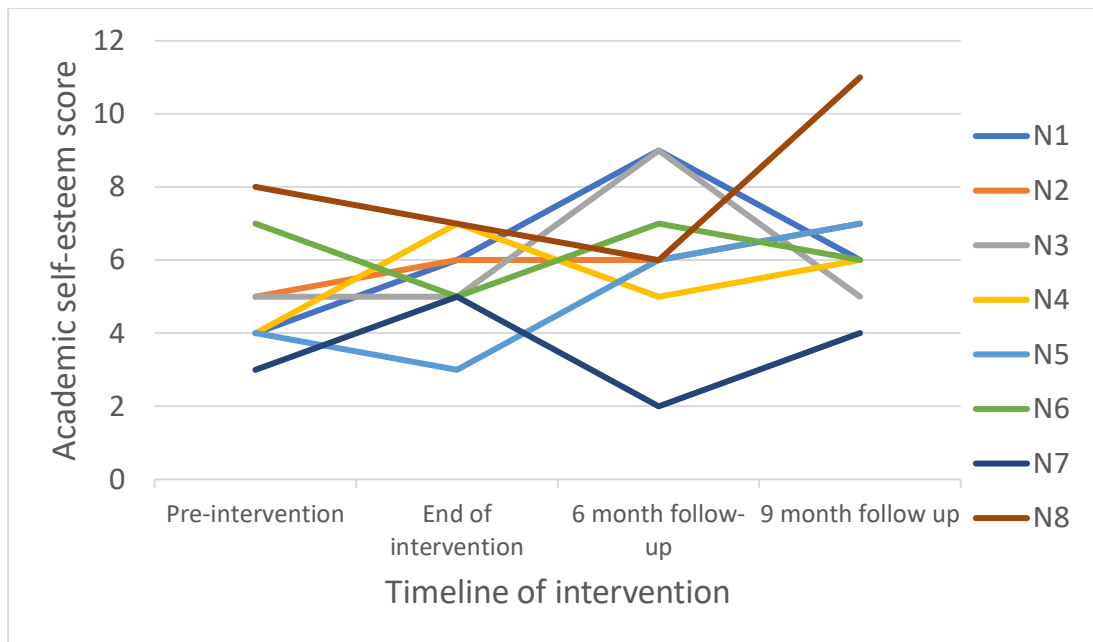


Figure 3.13 Academic self-esteem scores of participants N1 to N8

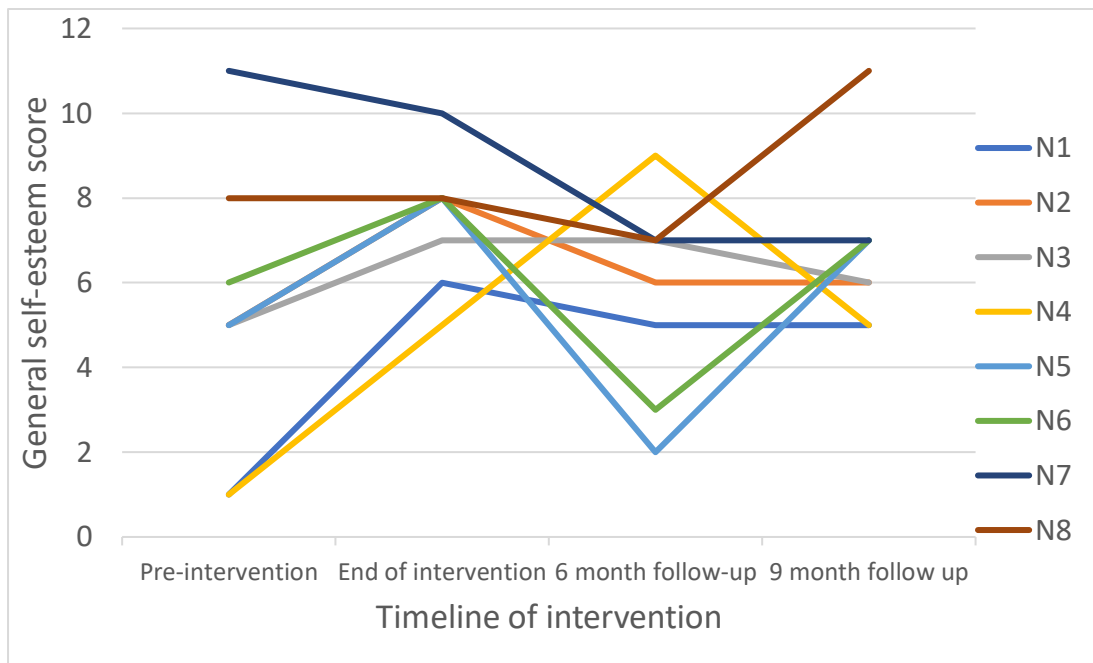


Figure 3.14 General self-esteem scores of participants N1 to N8

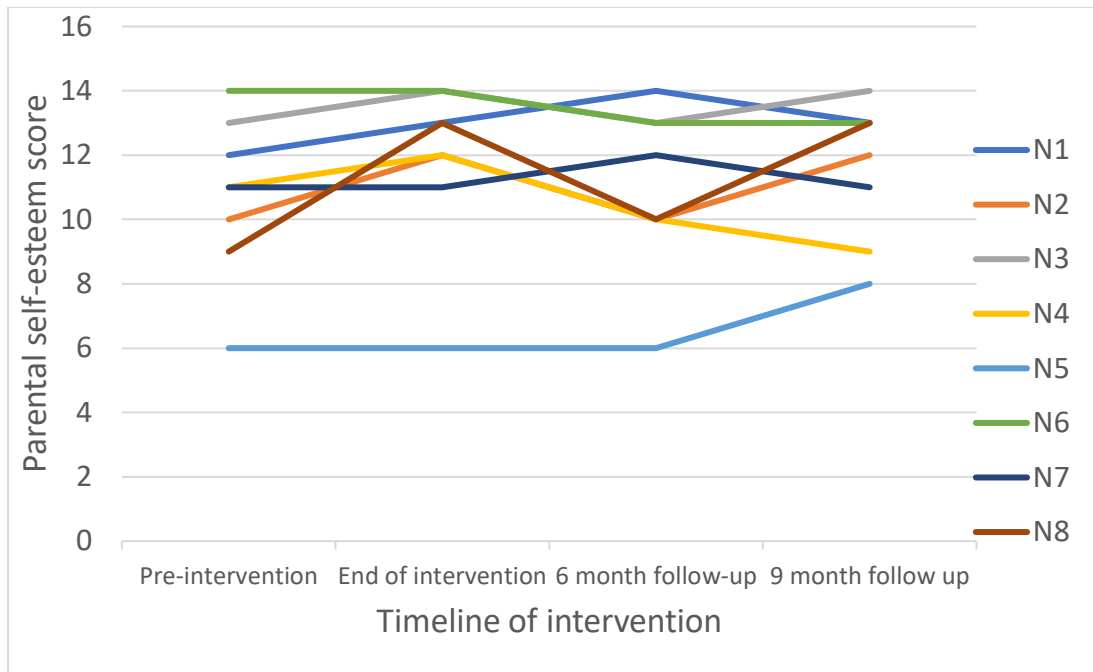


Figure 3.15 Parental self-esteem scores of participants N1 to N8

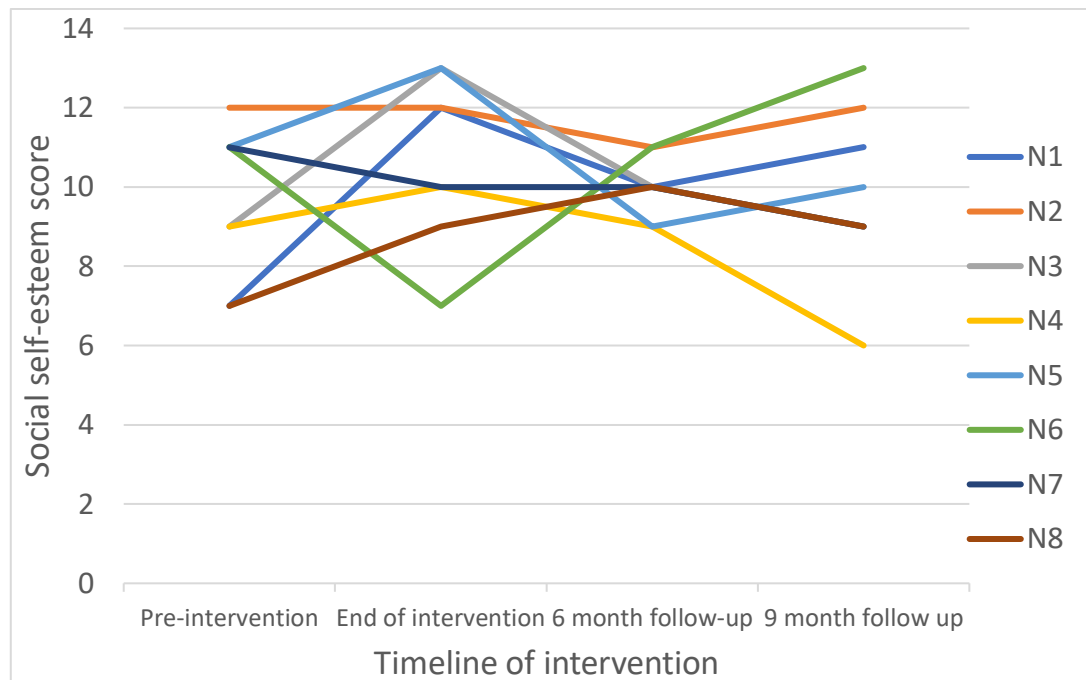


Figure 3.16 Social self-esteem scores of participants N1 to N8

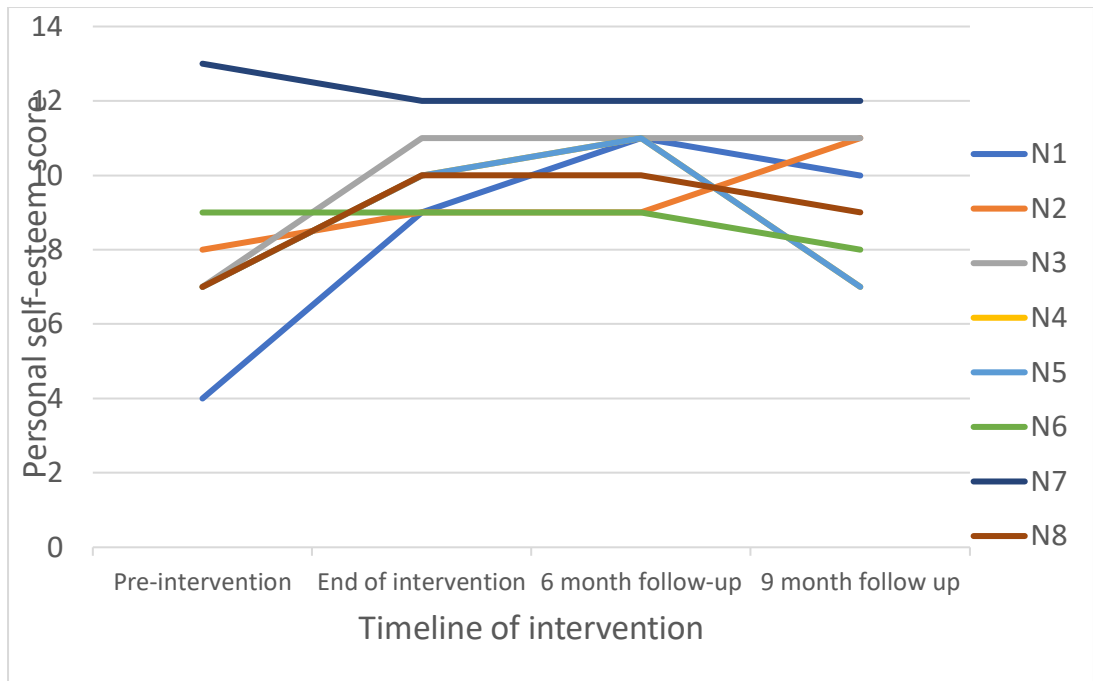


Figure 3.17 Personal self-esteem scores of participants N1 to N8

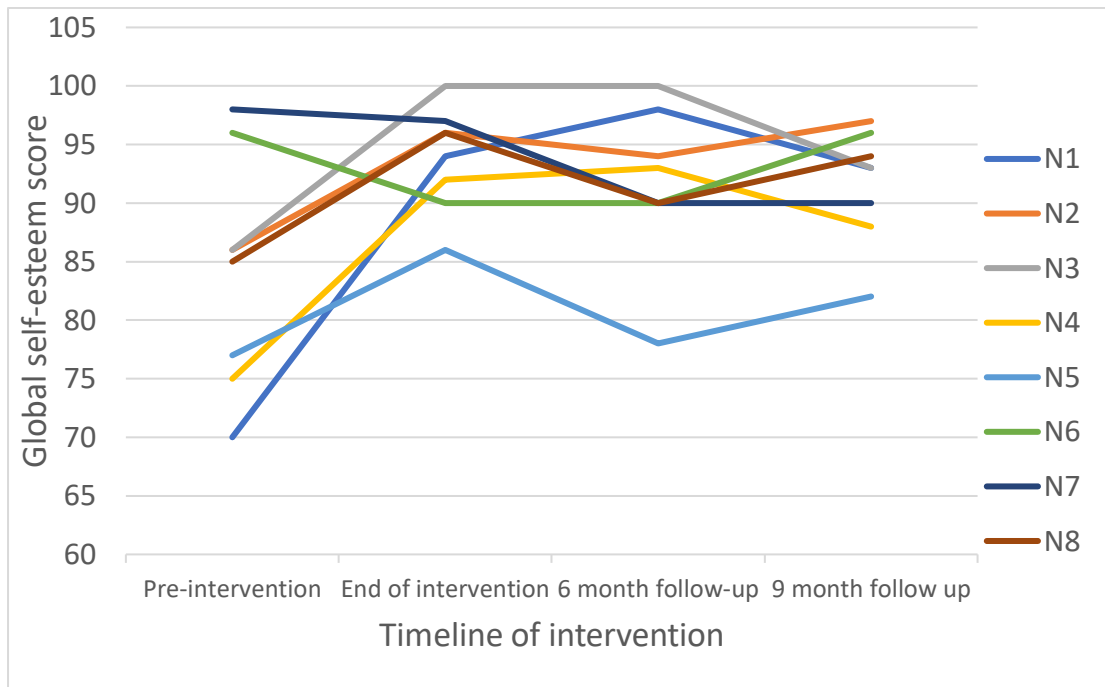


Figure 3.18 Global self-esteem scores of participants N1 to N8

3.6.2 Statistical analysis

3.6.2.1 Effect size

Cohen (1988) interprets effect sizes 0.20 to 0.50 as small, 0.50 to 0.80 as medium and effect sizes of 0.80 and above as large. For Sample 2, the disengaged adolescents, the effect sizes are shown in Table 3.7.

Table 3.7 Effect sizes for changes of self-esteem scores of Sample 2

Self-esteem domain		Effect size Cohen's <i>d</i>	Interpretation of effect size
Academic	Pre-intervention – end of intervention	0.34	Small positive effect
	Pre -intervention– 6 month follow-up	0.62	Medium positive effect
	Pre-intervention – 9 month follow-up	0.76	Medium positive effect
General	Pre-intervention – end of intervention	0.82	Large positive effect
	Pre -intervention– 6 month follow-up	0.26	Small positive effect
	Pre-intervention – 9 month follow-up	0.20	Small positive effect
Parental	Pre-intervention – end of intervention	0.45	Small positive effect
	Pre -intervention– 6 month follow-up	0.20	Small positive effect
	Pre-intervention – 9 month follow-up	0.38	Small positive effect
Social	Pre-intervention – end of intervention	0.55	Medium positive effect
	Pre -intervention– 6 month follow-up	0.33	Small positive effect
	Pre-intervention – 9 month follow-up	0.13	No effect
Personal	Pre-intervention – end of intervention	1.01	Large positive effect
	Pre -intervention– 6 month follow-up	1.16	Large positive effect
	Pre-intervention – 9 month follow-up	0.74	Medium positive effect
Global	Pre-intervention – end of intervention	1.07	Large positive effect
	Pre -intervention– 6 month follow-up	0.83	Large positive effect
	Pre-intervention – 9 month follow-up	0.86	Large positive effect

3.6.2.2 TAU-U analysis

Tau -U values and their respective significance values calculated for Sample 2 are shown in Table 3.8. There was no significant difference for Sample 2 between the pre-intervention and post-intervention phase trends for academic, general, parental or social self-esteem. However, there was a significant phase trend in personal self-esteem for Sample 2 between pre-intervention and immediate post-intervention (Tau-U = 0.70, $p = .02$) and pre-intervention and 6 month post-intervention (Tau-U = 0.72, $p = .02$). In addition, a significant difference was noted in global self-esteem between pre-intervention and immediate post-intervention (Tau-U = 0.59, $p = .046$). This indicates that for Sample 2 there was significant increase in self-esteem levels in both personal and global self-esteem immediately after the intervention.

Table 3.8 TAU-U analysis of self-esteem scores of Sample 2

Self-esteem domain		Tau	SDTau	p	CI (90%)
Academic	Pre-intervention – end of intervention	0.26	0.2976	0.372	-0.224<>0.755
	Pre-intervention– 6 month follow-up	0.42	0.2976	0.1563	-0.068<>0.911
	Pre-intervention – 9 month follow-up	0.45	0.2976	0.1278	-0.036<>0.943
General	Pre-intervention – end of intervention	0.5	0.2976	0.0929	0.011<>0.989
	Pre-intervention– 6 month follow-up	0.19	0.2976	0.5286	-0.302<>0.677
	Pre-intervention – 9 month follow-up	0.19	0.2976	0.5286	-0.302<>0.677
Parental	Pre-intervention – end of intervention	0.36	0.2976	0.2271	-0.130<>0.849
	Pre-intervention– 6 month follow-up	0.06	0.2976	0.8336	-0.427<>0.552
	Pre-intervention – 9 month follow-up	0.22	0.2976	0.4623	-0.271<>0.708
Social	Pre-intervention – end of intervention	0.34	0.2976	0.248	-0.146<>0.833
	Pre-intervention– 6 month follow-up	0.03	0.2976	0.9164	-0.458<>0.521
	Pre-intervention – 9 month follow-up	0.06	0.2976	0.8336	-0.427<>0.552
Personal	Pre-intervention – end of intervention	0.70	0.2976	0.0181	-0.214<>1
	Pre-intervention– 6 month follow-up	0.72	0.2976	0.0157	-0.229<>1
	Pre-intervention – 9 month follow-up	0.45	0.2976	0.1278	-0.036<>0.943
Global	Pre-intervention – end of intervention	0.59	0.2976	0.046	0.104<>1
	Pre-intervention– 6 month follow-up	0.52	0.2976	0.0831	0.026<>1
	Pre-intervention – 9 month follow-up	0.45	0.2976	0.1278	- 0.036<>0.943

3.6.2.3 *Reliable change scores for Sample 2*

The reliable change criterion for the CFSEI-3 for Sample 2 is an improvement of at least 2.04 points on the academic self-esteem domain, 4.12 points on the general self-esteem domain, 3.17 points on the parental self-esteem domain, 2.56 points on the social self-esteem domain, 2.64 points on personal self-esteem domain and 7.20 points on global self-esteem of the CFSEI-3.

For an individual to have made a reliable change, their change score must be larger than the RCI value. Graphical displays were generated for each subscale using the Leeds Reliable Change Index Calculator (Morley & Dowzer, 2014). In other words, for example, an increase in a participant’s academic self-esteem scores of more than 2.04 points would represent a reliable change within that domain. The

three graphs for each domain represent the level of change that occurred for each participant from pre- to post-treatments across each subscale of the questionnaires. The middle section within the red lines portrays no reliable change, the top left segment, beyond the red line depicts a reliable improvement, and the bottom right segment depicts reliable deterioration.

There is little evidence of reliable improvement in academic, general, parental and social self-esteem (see Table 3.9). An exception was participant N1 whose scores showed reliable improvement in social self-esteem throughout the programme. There was evidence of reliable improvement in the personal and global self-esteem domains. Five participants (N1, N3, N4, N5 and N8) showed a reliable improvement in personal self-esteem between pre- and immediate post-, the remaining three participants displayed no change. These five participants (N1, N3, N4, N5 and N8) showed reliable improvement in their pre- to 6 month post-intervention personal self-esteem scores, with three participants displaying no change. Between pre- and 9 month post-intervention four participants showed reliable change (N1, N2, N3 and N8) whilst the other four displayed no change. Therefore, three participants N1, N3 and N8 exhibited sustained improvements in personal self-esteem throughout the assessment programme.

Six participants (N1, N2, N3, N4, N5 and N8) of the eight participants showed a reliable improvement in global self-esteem between pre- and immediate post-. Four of these participants (N1, N2, N3 and N4) also showed reliable improvement in their pre- to 6 month post-intervention scores, with three participants displaying no change and one revealed a reliable deterioration (N7). Between pre- and 9 month post-intervention four participants showed again showed reliable change (N1, N2, N4 and N8) whilst three displayed no change, participant

N7 showed a reliable deterioration. Therefore, two participants N1 and N2 exhibited sustained improvements in global self-esteem throughout the assessment programme.

Table 3.9 Number of participants in Sample 2 experiencing reliable change over time

Self-esteem Domain	Time period	Deteriorate	No change	Improvement
Academic	Pre- to immediate post-	0	7	1
	Pre- to 6 month post-	0	6	2
	Pre- to 9 month post-	0	6	2
General	Pre- to immediate post-	0	7	1
	Pre- to 6 month post-	0	7	1
	Pre- to 9 month post-	1	7	0
Parental	Pre- to immediate post-	0	7	1
	Pre- to 6 month post-	0	8	0
	Pre- to 9 month post-	0	7	1
Social	Pre- to immediate post-	1	5	2
	Pre- to 6 month post-	0	6	2
	Pre- to 9 month post-	1	6	1
Personal	Pre- to immediate post-	0	3	5
	Pre- to 6 month post-	0	3	5
	Pre- to 9 month post-	0	4	4
Global	Pre- to immediate post-	0	2	6
	Pre- to 6 month post-	1	3	4
	Pre- to 9 month post-	1	3	4

Pre- and post-treatment data points, the line of no change, the RCI (red, parallel lines) and cut scores are displayed in the following graphs (Figures 3.19-3.24). Individual data points are colour coded and the average of all the data is also shown.

Change in academic self-esteem scores over time.

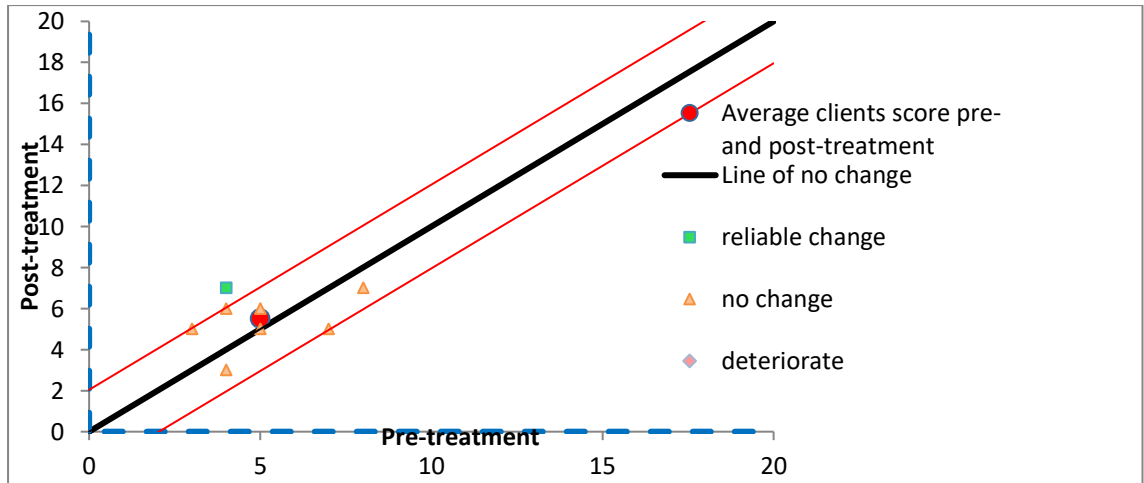


Figure 3.19a Change in academic self-esteem scores from pre- to immediate post-intervention

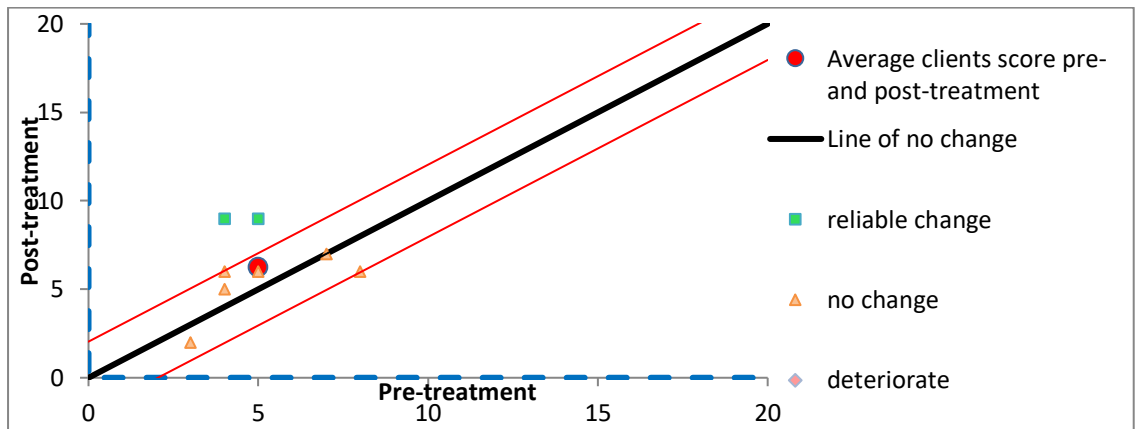


Figure 3.19b Change in academic self-esteem scores from pre- to 6 month post-intervention

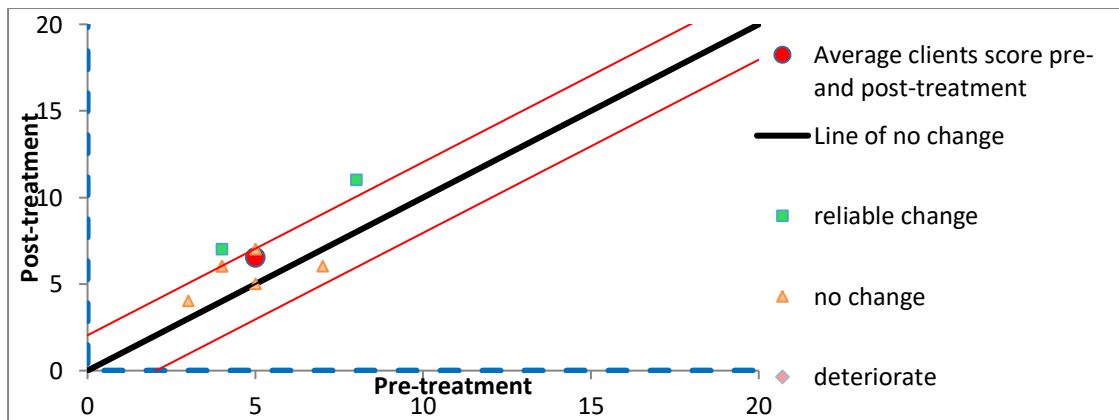


Figure 3.19c Change in academic self-esteem scores from pre- to 9 month post-intervention

Change in general self-esteem scores over time.

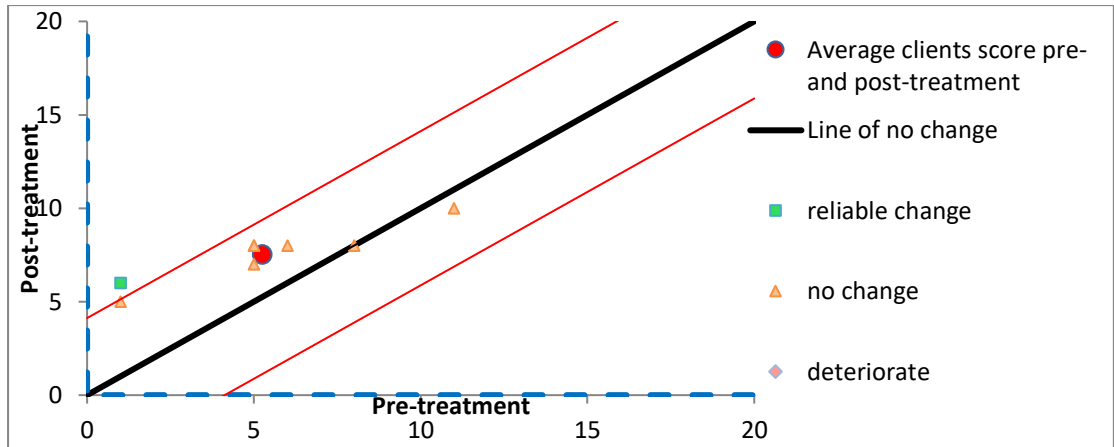


Figure 3.20a Change in general self-esteem scores from pre- to immediate post-intervention

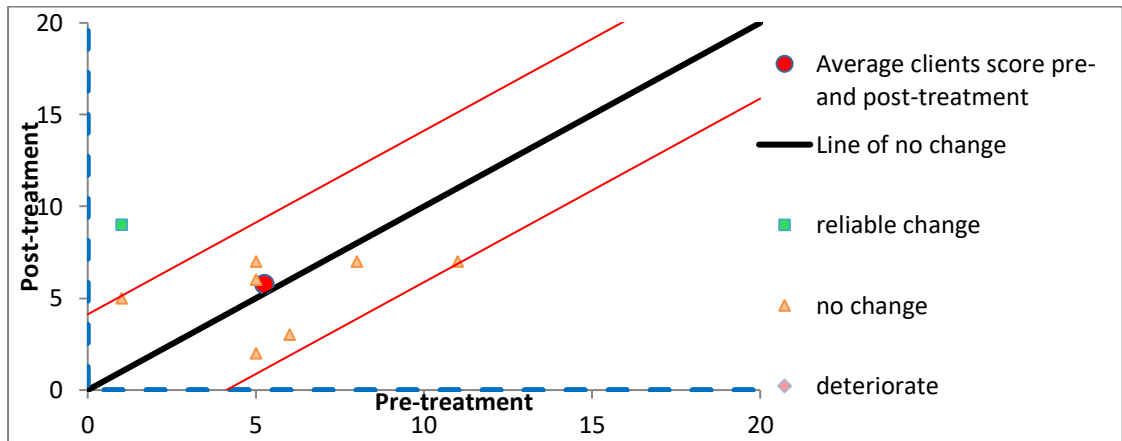


Figure 3.20b Change in general self-esteem scores form pre- to 6 month post-intervention

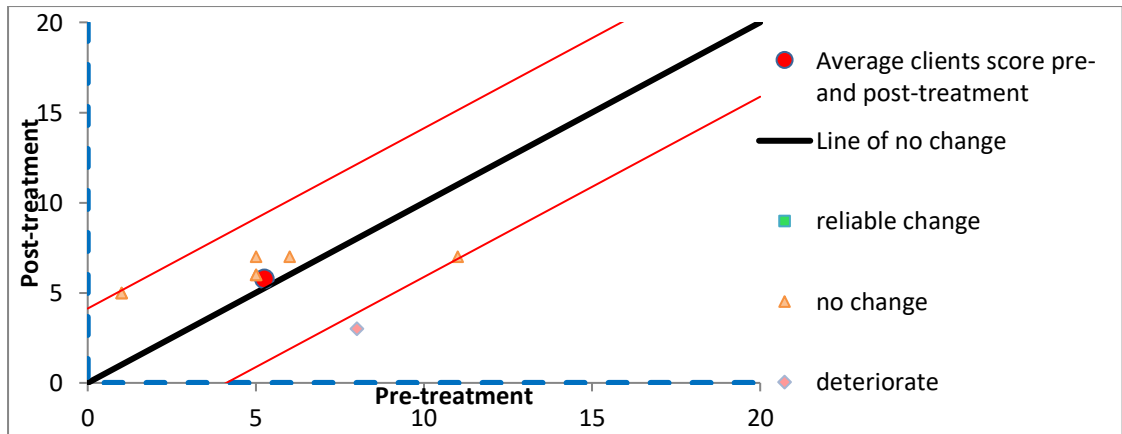


Figure 3.20c Change in general self-esteem scores from pre- to 9 month post-intervention

Change in parental self-esteem scores over time.

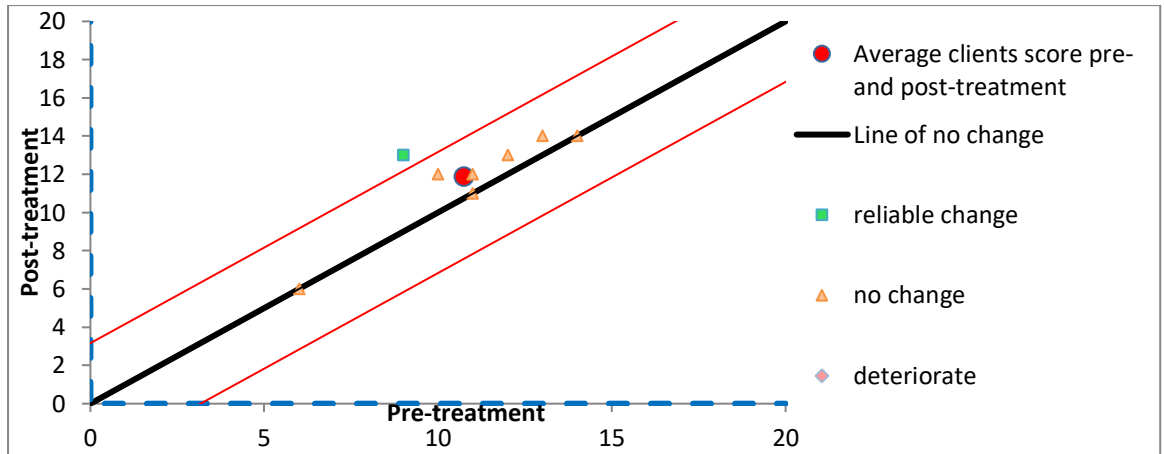


Figure 3.21a Change in parental self-esteem scores from pre- to immediate post-intervention

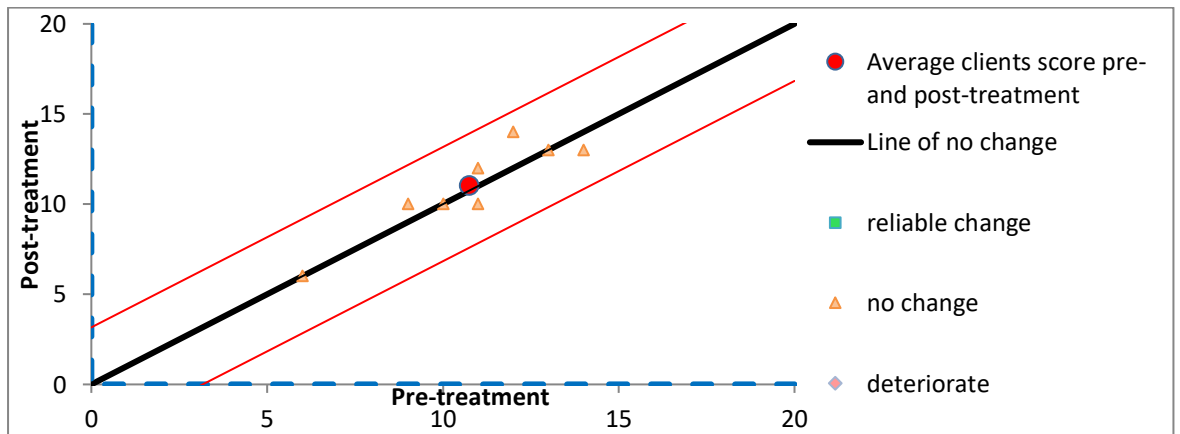


Figure 3.21b Change in parental self-esteem scores from pre- to 6 month post-intervention

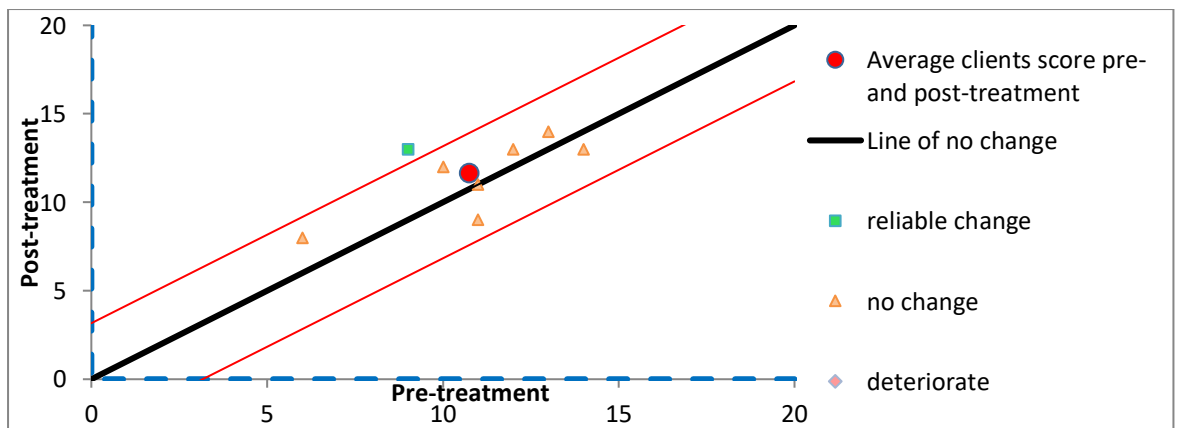


Figure 3.21c Change in parental self-esteem scores from pre- to 9 month post-intervention

Change in social self-esteem scores over time.

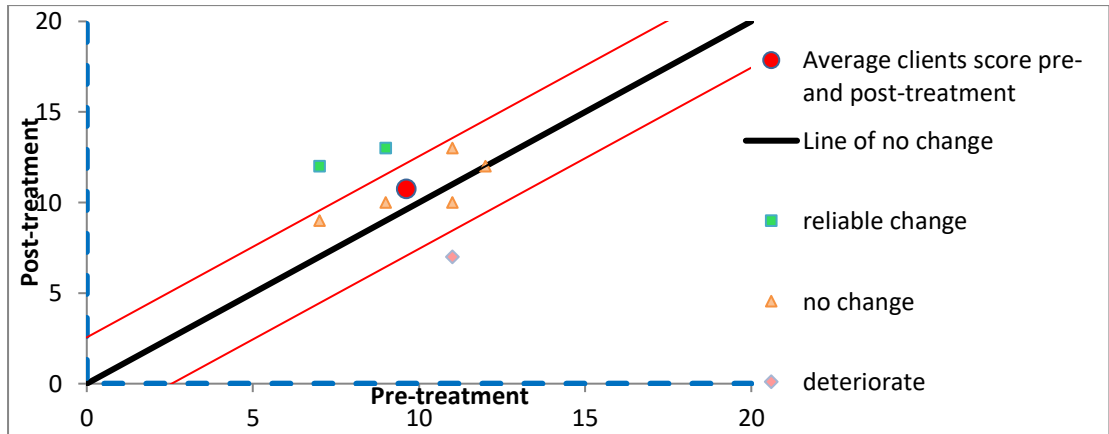


Figure 3.22a Change in social self-esteem scores from pre- to immediate post-intervention

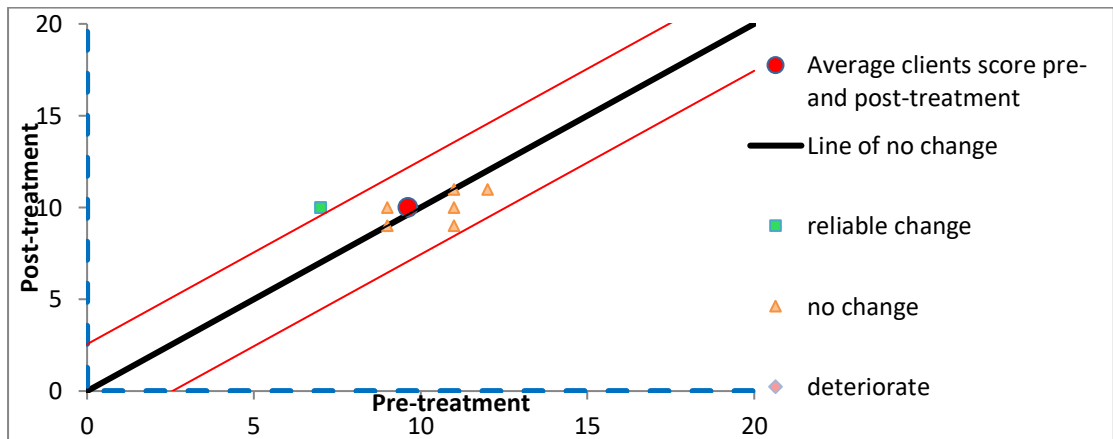


Figure 3.22b Change in social self-esteem scores from pre- to 6 month post-intervention

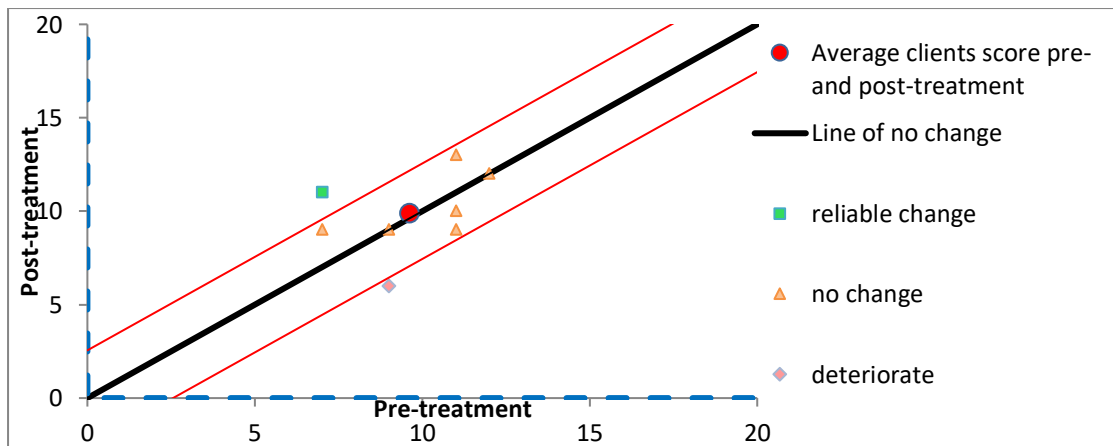


Figure 3.22c Change in social self-esteem scores from pre- to 9 month post-intervention

Change in personal self-esteem scores over time.

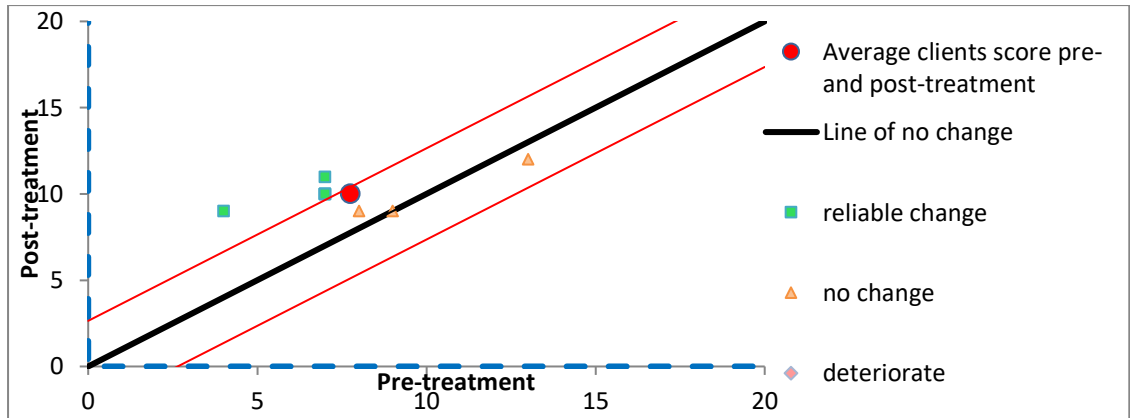


Figure 3.23a Change in personal self-esteem scores from pre- to immediate post-intervention

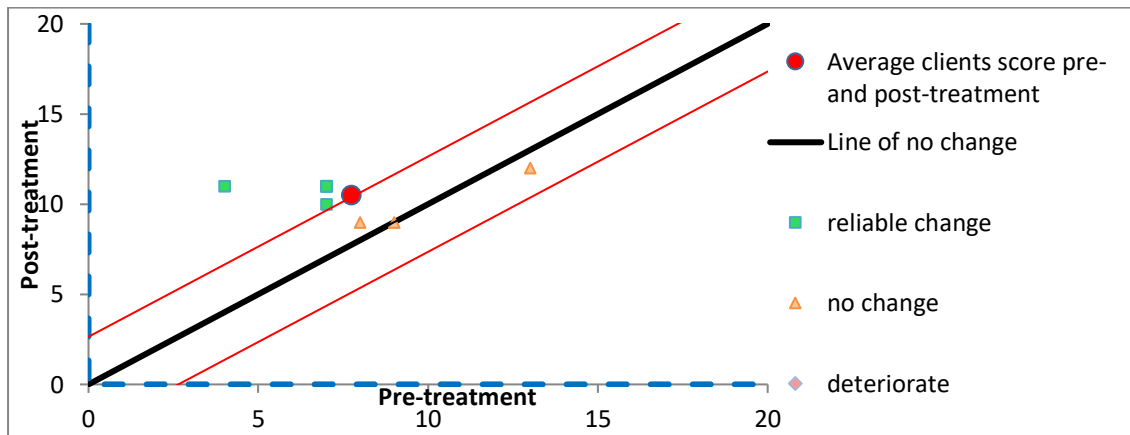


Figure 3.23b Change in personal self-esteem scores from pre- to 6 month post-intervention

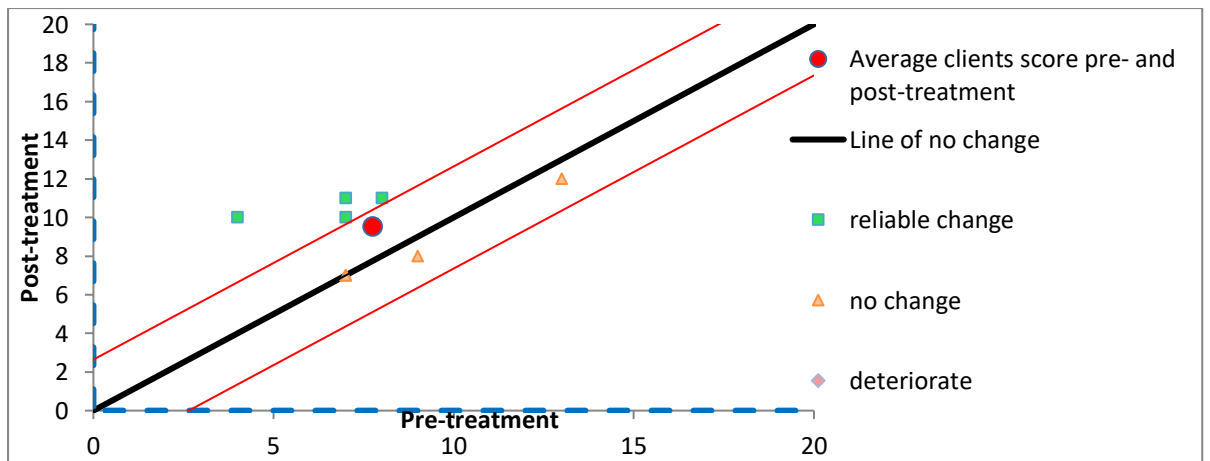


Figure 3.23c Change in personal self-esteem scores from pre- to 9 month post-intervention

Change in global self-esteem scores over time.

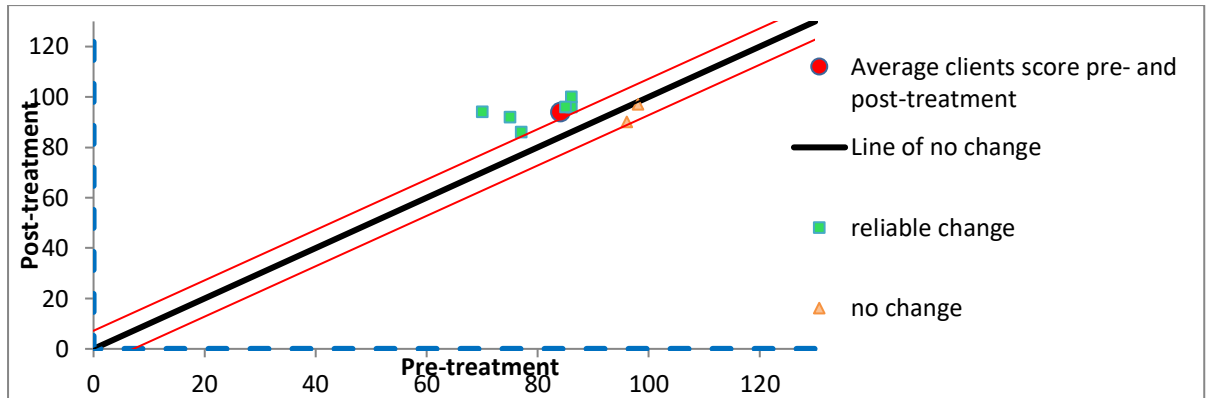


Figure 3.24a Change in global self-esteem scores from pre- to immediate post-intervention

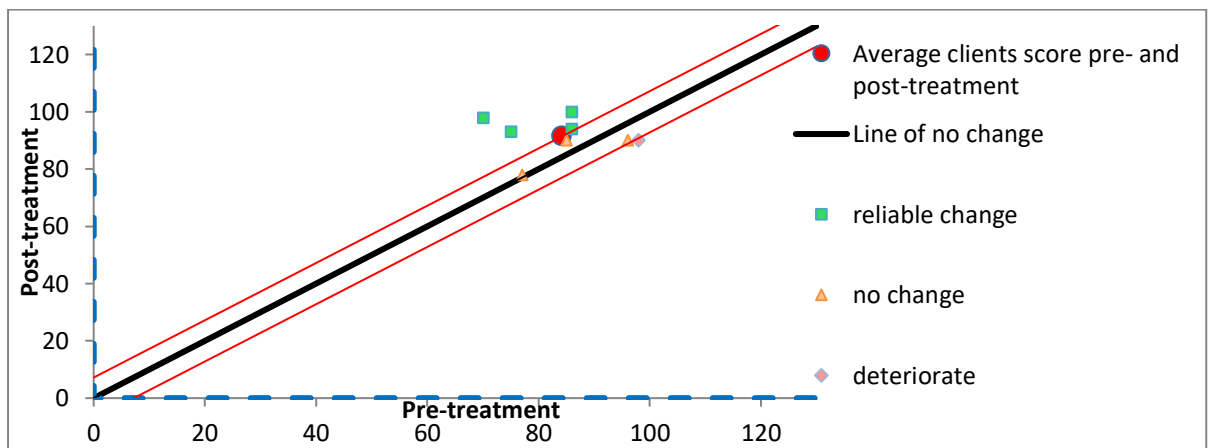


Figure 3.24b Change in global self-esteem from pre- to 6 month post-intervention

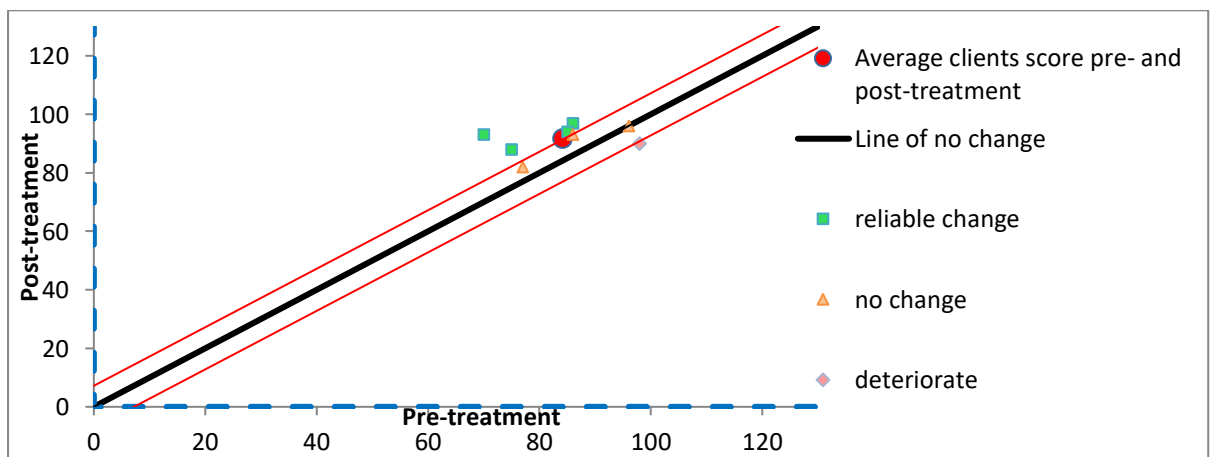


Figure 3.24c Change in global self-esteem scores from pre- to 9 month post-intervention

3.7 Summary of results

Visual inspection of the self-esteem scores of Sample 1 indicated a visual trend in an increase between pre-intervention to 12 month post-intervention in personal and global self-esteem. Visual inspection of the self-esteem scores of Sample 2 suggested an increase in the domains measuring general, personal and global self-esteem, this improvement was specifically notable between the pre-intervention and immediate post-intervention scores and the pre-intervention and 9 month post-intervention phases.

Effect sizes measured the relative size of the effect of an intervention. For Sample 1 large positive effect sizes were revealed at both pre-intervention to end of intervention and pre-intervention to 12 month follow up for. A large positive effect size was also revealed in global self-esteem between pre-intervention and 12 month follow up. For Sample 2, large positive effect sizes were shown between pre-intervention and end of intervention for general self-esteem, personal self-esteem and global self-esteem and at pre-intervention to 6 month follow up for personal and global self-esteem. In addition, a large positive effect size was shown for pre-intervention to 9 month follow up for global self-esteem.

TAU-U analysis indicated that there was no significant difference between the pre-intervention and post-intervention phase trends for academic, general, parental and social self-esteem for Sample 1 and Sample 2. However, there was a significant phase trend in global self-esteem for Sample 1 between pre-intervention and 12 month post-intervention. This indicates that Sample 1 there was a significant increase in global self-esteem levels from pre-intervention to 12 month follow-up. In addition, TAU-U analysis revealed a significant phase trend in personal self-esteem for Sample 2 between pre-intervention and immediate post-intervention and

between pre-intervention and 6 month post-intervention. Furthermore, significant difference was noted in global self-esteem between pre-intervention and immediate post-intervention for Sample 2. This indicates that for Sample 2 there was significant increase in self-esteem levels over time in both personal and global self-esteem.

There was little evidence to suggest reliable improvement for any of the participants in Sample 1 or Sample 2 in the academic, general, parental or social self-esteem domains. However, there was evidence to suggest improvements within the personal and global self-esteem domains, although these were less pronounced in the adolescents with dyslexia compared to the disengaged adolescents.

The intervention appears to have had the greatest impact on personal self-esteem of the disengaged adolescents in Sample 2. Five of the eight participants experienced reliable improvement from immediate post-intervention to 6 months post- with the impact continuing to 9 months post-intervention for three of the eight participants. Furthermore, the intervention showed a reliable improvement in global self-esteem for six out of eight of the disengaged participants immediately post-intervention, while half of participants showed reliable improvement at 6 and 9 month follow-up.

Although less pronounced with the adolescents with dyslexia in Sample 1, it is evident that the greatest improvements were witnessed in those participants with the lowest pre-intervention scores. For example, participant D3 exhibited the lowest academic self-esteem score yet was the only participant to experience reliable change between pre- and 12 month post-intervention. Similarly, D4 revealed the lowest pre-intervention social self-esteem score yet was the only participant to display reliable change between pre- and 12 month post-intervention. However,

participants of Sample 1 generally scored within the average ranges of self-esteem scores compared to Sample 2 who predominately scored below average scores. Although the global self-esteem of the adolescents with dyslexia fluctuated more through the assessment period, at 12 month follow-up all three participants revealed a reliable improvement in global self-esteem.

3.8 Discussion

The current study aimed to investigate the effectiveness of a group positive emotions intervention (adapted from Suldo, Savage & Mercer, 2014) for increasing self-esteem. Single case design was utilised to examine change after the intervention - at three time points, immediately post-, 6 month post- and either 9 month (for the disengaged adolescents in Sample 2 due to timing of GCSE's) or 12 month post-intervention (for the adolescents with dyslexia in Sample 1).

Although these effect sizes appear very encouraging, they must be interpreted with caution due to the small sample size. In addition, it should be noted that other measures of effect sizes have been reported in other studies. It is difficult to directly compare the effect sizes (d) (Cohen, 1988) in the current study with those effect sizes generated in studies using divergent methods of measuring effect size. For example, some studies (Sin & Lyubomirsky, 2009; Bolier et al., 2013) have used Pearson's r as a measure of effect size. According to Cohen (1988, 1992), the effect size is small if the value of r ranges between 0.10 and 0.30, medium it ranges between 0.30 to 0.50, and large if it is greater than 0.50.

Meta-analyses have revealed divergent effect sizes regarding the efficacy of PPI's. Whilst Sin and Lyubomirsky (2009) showed effect sizes of PPIs on well-being ($r = .29$) and depression ($r = .31$), Bolier et al. (2013) reported lower effect

sizes i.e. subjective well-being ($r = .17$), psychological well-being ($r = .10$), and depression ($r = .11$). According to Cohen (1988, 1992), all these effect sizes (except for depression) would be considered small.

However, White, Uttl & Hoilder's, (2019) re-examination of the studies (accounting for small sample sizes) included in Sin and Lyubomirsky (2009) and Bolier et al. (2013) papers accounted for small sample sizes. They revealed smaller but significant effect sizes of the PPI's on well-being (approximately $r = .10$) but near zero effect sizes of PPI's on depression.

Indeed, White, Uttl & Hoilder's (2019) recommended the need for standard criteria for inclusion (such as all pre-post designs should report pre-post correlations for outcome measures to ensure calculation of the most appropriate effect sizes) in future meta-analyses to allow for clear comparisons to be drawn. This is particularly timely as the number of relevant PPI studies currently total over 200, triple the number since previous meta-analyses. Indeed, the question of what constitutes a PPI needs to be re-examined, in order to ensure that their effectiveness on terms of improving well-being and other outcome measures can be correctly scrutinized.

TAU-U and reliable change index (RCI) analyses were used within this study and yielded similar outcomes, in that no significant effects were found in the academic, general, parental and social self-esteem domains. However, there was some evidence for significant effects on personal and global self-esteem in both Samples. Indeed, TAU-U analyses indicated that for Sample 1 there was a significant difference between pre-intervention and 12 month post-intervention global self-esteem. TAU-U analyses also indicated that, for Sample 2, there was a significant difference between pre-intervention and immediate post-intervention personal self-esteem and again between pre-intervention and 6 month post-

intervention. For Sample 2 there was also a significant difference between pre-intervention and immediate post-intervention for global self-esteem. These findings mirror the reliable improvements found in personal self-esteem and global self-esteem of Sample 1 and, to a greater extent, Sample 2. However, given the large number of comparisons conducted, some of these significant results could be Type 1 errors.

Both TAU-U analysis and reliable change methodology are weighed equally in the discussion, however both have strengths and limitations.

One strength of TAU-U analysis is that much of the data supplied by the TAU-U designers (Parker, Vannest, Davis, & Sauber, 2011) offer applications to real data instead of simulation studies. Although, TAU-U is deemed preferable when a pre-intervention trend is evident in the data, no trend was observed in the current self-esteem scores. Losada, Chacón-Moscoso, and Sanduvete-Chaves, (2016) contend that a limitation of TAU-U analysis is that it is computationally and interpretatively complex, with a tendency to be overly conservative (e.g., overcorrecting). Other limitations include: imprecise or inconsistent Tau-U terminology in published single-case research; difficulties in graphing visually, and the various Tau-U effect size statistics shows only weak correlations with visual analysis (Brossart, Laird, & Armstrong, 2018).

The Reliable Change Index equation is limited to use with pre-post designs and is related to the reliability of the outcome measure. The Cronbach's alpha of each of the domains of the CFSEI-3 (all $\alpha > .77$) indicates good reliability; however, inter-domain alpha discrepancies reveal that, for example, smaller differences are needed to achieve significant personal self-esteem than in social self-esteem. According to Busse, McGill, and Kennedy (2015) RCI values above 1.96 are

deemed statistically significant. Such a critical value is not arbitrary as it reflects a two standard deviation increase from the baseline score. Indeed, Busse and colleagues (Busse, & Kennedy, 2005; Busse, Elliott, & Kratochwill, 2010; Elliott, & Busse, 2004) proposed that RCI can be interpreted as the magnitude of an effect size suggesting the following (unvalidated) guidelines: $RCIs > 1.8$ demonstrate a strong, positive change, $RCIs$ from 0.7 to 1.7 a moderate change, -0.6 to 0.6 demonstrate no change, whilst -0.7 to -1.7 demonstrates a moderate negative effect, and $RCIs < -1.8$ indicate that a situation has significantly deteriorated.

The RCI is considered particularly fitting for response to intervention methods that use rating scales for screening and progress monitoring and has been proposed to be more reliable in representing meaningful change in counselling contexts than clinical judgement and participant self-reports (Lunnen & Ogles, 1998). In sum, the strengths of RCI are that it can be used to determine the magnitude of an effect and that confidence intervals can be drawn. The limitations are that it is sensitive to the reliability of the instruments used, and it is limited to pre-post designs. In this current study, such limitations serve only to reinforce its suitability.

Taking the respective positive attributes and shortcomings of both the TAU-U and RCI into consideration, both the TAU-U and RCI appear sensitive and appropriate for this data analysis.

The intervention appears to be most beneficial to those participants with the lowest pre-intervention scores, in line with previous research by Froh, Kashdan, Ozimkowski and Miller (2009). For example, participant N1 of Sample 2 exhibited the second lowest personal and academic self-esteem scores and the joint lowest general and social self-esteem scores yet experienced reliable improvement in all

domains (except parental self-esteem) throughout the post-intervention assessments. Conversely, within the same sample, participants N6 and N7 who had the highest scores in many domains failed to display any improvements, with participant N7 even exhibited a deterioration in global self-esteem at 6 and 9 months post-intervention.

Such results highlight the importance of measuring the domains separately. It is suggested that for the disengaged adolescents, global self-esteem gives a more positive, perhaps less realistic, perspective of the participant's self-esteem, masking wide discrepancies in participants' scores compared to the more nuanced approach when investigating specific domains. However, conversely it may be suggested that for the adolescents with dyslexia in Sample 1, global self-esteem exaggerates both the reliable improvement and the reliable deterioration in participant's self-esteem scores.

Individual and gender differences may also impact on outcome measures. Female participants (N1, N2 and N3) in Sample 2 all appeared to benefit from a reliable improvement in personal self-esteem. Gender differentials may play a part, in that the intervention may have been better received by the females due to being implemented by a female. Individual differences may be evident with some participants exhibiting a greater susceptibility to the intervention for example, the scores of N1 of Sample 2 demonstrated reliable improvements in all domains (except parental self-esteem) whether assessed immediately, 6 month post-or 9 month post-intervention.

3.9 Strengths and Limitations

A strength of the simple pre-post-interventions design with 3 follow-up assessments is that it can serve as a pilot study (Cordery, Morrison, Wright, & Wall, 2010; O'Neill, Best, Gillespie, & O'Neill, 2013; Winkens, Ponds, Pouwels, Eilander, & van Heugten, 2014). Both TAU-U analysis and RCI calculations findings highlighted potentially significant reliable improvements in personal and global self-esteem scores that may be attributed to the intervention. However, results replication and inclusion through meta-analyses and systematic reviews are needed to enable findings to contribute to the evidence base of intervention programs (Jenson, Clark, Kircher, & Kristjansson, 2007). However, there are also four key limitations to Study 2.

The first limitation is the significance of some findings could be Type I errors due to multiple comparisons. Type 1 errors are a false positive, where results are considered significant when the probability is that there occurred by chance. In other words, as the number of comparisons increases, it becomes more probable that the participants will appear to differ in terms of at least one attribute due to random sampling error alone. Confidence in findings is therefore weaker than an analysis involving only a single comparison. (Ranganathan, Pramesh, & Buyse, 2016). Since multiple comparisons amplify the probability of a false-positive finding, caution should therefore be taken when interpreting these findings.

Second, single case designs, such as those used within this current study, unless part of a multiple baseline program, do not demonstrate a casual relationship between the intervention and change in self-esteem. Therefore, any conclusions only indicate the existence and amount of change in self-esteem and not the amount of change that can be attributed to the intervention. Although it is speculated there is

evidence of gender effects and low initial baseline effects, there is insufficient data to support such claims and strong conclusions cannot be drawn from the data presented here.

Third, simple pre-post-intervention designs (noting participants are assessed at three post-intervention) may be considered weaker in internal validity as there is little control over alternative factors that may explain potential change in self-esteem and the indication of the efficacy is not robust (Kazdin, 2012).

Fourth, it must also be recognised that these scores were assessed by self-report and it may be difficult to disentangle how the impact of intervening circumstances occurring between the measured times points influence self-esteem. This may be evident in the lowering of academic self-esteem of Sample 1 after sitting their exams (and receiving their results) just prior to the 12 month post-intervention assessments.

3.10 Conclusion

There was little evidence to support the beneficial impact of the intervention on academic, general, parental and social self-esteem domains. However, it was noted that large effect sizes and significant phase differences and reliable improvements were noted in personal self-esteem and global self-esteem for these vulnerable adolescents. However, there is the risk of Type I errors and caution must be applied when evaluating the potential effect of the intervention considering most findings were non-significant.

Personal self-esteem represents the adolescents' most intimate perceptions of anxiety and self-worth. In line with Fredrickson's (1998, 2001) broaden and build theory, positive emotions may have beneficially impacted this domain through the

promotion of adaptive coping and fostered resilience, an ability to face anxiety provoking experiences more speedily and effectively (Tugade & Fredrickson, 2004).

The mechanism through which positive emotions engendered this reliable improvement in personal self-esteem is only speculated. Previous research has shown that individual components of the intervention: gratitude (McCullough, Emmons & Tsang., 2002, Fredrickson, Tugade, Waugh, & Larkin, 2003); use of character strengths (Seligman, Steen, Park, & Peterson, 2005) and hope (Park & Peterson, 2008a) may all have influenced an improvement in how an individual perceives their anxiety. However, it is difficult to extrapolate which of these three components may have generated this improvement in personal self-esteem, or whether this positive outcome may have been generated by their synergy. Indeed, the reliable improvements witnessed within personal self-esteem may have underpinned the improvements in global self-esteem.

This study suggests that positive emotions may promote reliable improvement in the self-esteem (particularly personal and global self-esteem) of two small samples of vulnerable adolescents. Larger randomised controlled trials are needed to identify if this is indeed the case with typically developing adolescents. However, factors such as the importance of school context and alignment with general school goals and philosophy (Forman, Olin, Hoagwood, Crowe, & Saka, 2009), booster sessions (Roth, Suldo, & Ferron, 2017), teacher versus outsider led interventions (Rohrbach, Dent, Skara, Sun, & Sussman, 2007) and the involvement of parents and caregivers (Roth, Suldo, & Ferron, 2017) must not be overlooked and may increase the efficacy of such interventions.

Moreover, in order to develop more effective interventions, it is crucial to pinpoint specific strengths that can be bolstered to foster increases in all self-esteem

domains. Such clarification could be the precursor of tailored interventions targeted at adolescents at risk of suffering low self-esteem. Further exploration with a larger sample of adolescents was therefore warranted to investigate if specific strengths are associated with different self-esteem domains. This investigation comprises Study 3.

4 Chapter 4

Study 3 – An exploration into the predictors of self-esteem domains in adolescents

4.1 Introduction

Orth and Robins (2014) emphasise that self-esteem is not just an epiphenomenon of, but also a predictor of, numerous significant life consequences including educational attainment, life satisfaction, health and economic prospects. It is also acknowledged that self-esteem is potentially malleable during adolescence (Robins, Trzesniewski, & Donnellan, 2012) and functions as a protective factor in both mental and physical well-being. Since mental health problems amongst young people are escalating (e.g. McGorry, 2013), it is important to identify predictors of self-esteem. This study is the first to address the extent to which different strengths predict the five discrete self-esteem domains (academic, general, parental, social and personal self-esteem) as defined by Battle (2002). Knowledge of the predictors of individual self-esteem domains could enable tailoring of interventions aimed at boosting of those at risk of low self-esteem before the establishment of low self-esteem.

4.2 Self-esteem predictors

During the last two decades research has started to concentrate on life-span development of self-esteem, its associations and its predictors (Huang, 2010; Orth, Trzesniewski, & Robins, 2010; Orth, Robins, & Widaman, 2012; Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002). Longitudinal studies (e.g., Orth,

Erol, & Luciano, 2018; Birkeland, Melkevik, Holsen & Wold, 2012; Birkeland, Breivik, & Wold, 2014) have sought to clarify the constellation of predictors in adolescence, although the work is still far from conclusive.

The literature highlights the significance of secure attachments, school and peer connectedness, as well as academic achievement and peer acceptance in enhancing global self-esteem during adolescence. Such findings are not unsurprising given that it has been argued that self-esteem emanates from interpersonal relationships. Indeed, Cooley (1902) and Mead (1934) refer to the ‘looking glass self’ which suggests that an individual’s sense of self develops through the lens of other opinions (i.e., reflected appraisals) in social interactions. Moreover, both the stage-environment fit (Eccles et al., 1993) and self-determination (Ryan & Deci, 2000) theories emphasise the crucial tripartite role of parents, schools and peers in satisfying adolescents' innate necessity for competence, autonomy and relatedness. Indeed, sociometer theory (Leary, 2008; Leary & Baumeister, 2000) proposes that self-esteem is an internal gauge for social acceptance or rejection. Consequently, self-esteem declines during events in which an adolescent feels socially excluded and improves during events in which the individual feels involved.

Throughout the literature, exploring the correlates and predictors of adolescence self-esteem, the operationalisation of self-esteem and associated strengths is problematic. The varying definitions and multitude of instruments utilised to measure individual constructs makes direct comparisons difficult. Many studies discussed in this introduction measured character strengths using the Values in Action Youth Inventory (VIA; Park & Peterson, 2006) and referred to the definitions of the character strengths as given in the accompanying literature and website (www.viacharacter.org/www/Character-Strengths). In contrast, other studies

have used different definitions; for example, Macaskill and Denovan (2014) defined hope as a goal driven thought process comprising pathways and agency (Snyder, Rand & Sigman, 2005) and utilised the Trait Hope scale (Snyder et al., 1991) in combination with the Rosenberg Self-Esteem Scale (Rosenberg, 1965). The VIA (youth version) was utilised by the current research in all three studies due to its ease of use and congruency of definition with other positive psychology studies in this literature.

In addition, the direction of relationships and the positioning of self-esteem in either a consequence (scar) or vulnerability model, or indeed the potentiality of reciprocal associations, also varies across the literature. For example, meta-analyses of three studies recently conducted by Masselink et al. (2018) supported the vulnerability model suggesting self-esteem has a significant but relatively weak negative influence on symptoms of depression over time (rather than the scar model which suggests depression leads to the development of low self-esteem). Although it is established that academic success leads to increased self-esteem (Tetzner, Becker & Maaz, 2017), research has indicated hope underpins this academic success (Park & Peterson, 2008a) and thus feeds into higher levels of self-esteem. Indeed, specific strengths may interact in conjunction with other strengths either promoting (Weber, Ruch, Littman-Ovadia, Lavy, & Gai, 2013) or suppressing the resultant outcome. More research is required to extrapolate the importance of individual strengths on self-esteem.

The literature revealed complex relationships involving self-esteem and strengths in terms of magnitude and direction. Moreover, these dynamics may be further influenced by demographic variables such as gender differentials, age, ethnicity, learning difficulties, and socio-economic status. Females have consistently

been reported to show lower self-esteem than males (Bleidorn et al., 2016; Heaven & Ciarrochi, 2008). Furthermore, whilst boys reveal slight increases in self-esteem during early adolescence girls tend to decrease (Birndorf, Ryan, Auinger, & Aten, 2005). Significant associations between ethnicity and self-esteem have also been demonstrated by Bracey, Bamaca, & Umana-Taylor's (2004) comparisons of biracial, Asian and Black adolescents. There is also evidence to suggest that adolescents with learning difficulties exhibit lower self-esteem due to negative comparison with their typically developing peers (Theunissen, Rieffe, Briaire, Soede, Kouwenberg & Frijns, 2014). Indeed, Terras, Thompson and Minnis (2009) underscore that adolescents with dyslexia experience lower academic self-esteem than typically developing counterparts. Those with higher socio-economic status are also seen to exhibit higher self-esteem than those from lower socio-economic status (Rhodes, Roffman, Redy, & Fredriksen, 2004). Therefore, it was important to consider the influence of demographic variables such as gender, age, SEN provision, ethnicity and socio-economic status upon self-esteem in Study 3.

4.3 Identification of potential predictors for further investigation

The selection of strengths to be further explored in Study 3 was informed by Study 1. In these studies with vulnerable adolescents i.e. those at 'risk of' becoming NEET and those adolescents with dyslexia, exploratory analyses indicated that 21 strengths had positive correlations with self-esteem. However, due to the small sample sizes, the reliability and generalisability of these correlations can be questioned.

In the literature, there is evidence that secure attachment (Sroufe, 2002; Thompson, 2007), relationship with parents (Birkeland, Melkevik, Holsen & Wold,

2012), family environment (Orth, 2018), and parenting styles (e.g., Arbona & Power, 2003; Laible, Carlo, & Roesch, 2004) influence self-esteem, therefore, the strengths of family involvement and commitment to family values were selected for further investigation in Study 3.

The importance of the social context is also underscored in the literature. High levels of attachment or integration into friendship groups, or low levels of loneliness and social isolation, have been revealed to significantly predict self-esteem (Gorrese, & Ruggieri, 2013; Laible et al., 2004; Morin, Maiano, Marsh, Nagengast, & Janosz, 2013). Indeed, McAdams (2001) argues that the self must be viewed in conjunction with the self in relationships. Since research has highlighted the significance of peer relationships and peer acceptance in the development of adolescence self-esteem (Birkeland, Breivik, & Wold, 2014), interpersonal strength, peer connectedness and pro-social attitude were selected for investigation.

The school environment is considered in the literature to be a significant part in the fulfilment of the necessity for competence as adolescents start to internalise the value and usefulness of what is learned at school in the development of their own identity (Arens, Yeung, Nagengast, & Hasselhorn, 2013). Those adolescents who perceive school as meaningless may doubt their ability to develop important competencies. In addition, there is evidence to support higher academic achievement predicts higher self-esteem (Tetzner, Becker & Maaz, 2017), as well as the significance of intrapersonal and interpersonal elements of social inclusion with the educational environment upon self-esteem (Denissen, Penke, Schmitt, & Van Aken, 2008; von Soest, Wichstrøm, & Kvalem, 2016). Such factors influence strengths such as interpersonal, intrapersonal, knowing myself and school functioning and, therefore, these strengths were also selected for Study 3.

Evidence also suggests that adolescence engagement, whether in school (Virtanen, Kiuru, Lerkkanen, Poikkeus, & Kuorelahti, 2016) or free-time (McClure, Tanski, Kingsbury, Gerrard & Sargent, 2010) impacts on self-esteem and therefore the strengths of activity engagement and being involved were selected for further investigation. In addition, associations with adolescents' perception of body image and self-esteem (Wichstrøm & von Soest, 2016) reinforce the selection of intrapersonal and knowing myself for further exploration in Study 3. In addition, competent coping skills was selected for further investigation as it is reported that adolescents in a school setting who displayed higher self-esteem relied more on problem focused coping (using social and instrumental support) and less on emotion-focussed coping (avoidance and venting feelings) strategies than those adolescents with lower self-esteem (Mullis & Chapman, 2000).

There is a scarcity of studies focussing explicitly on character strengths that predict adolescent self-esteem due to focus on correlations with well-being, life satisfaction and positive and negative affect – all protective factors in buffering against mental health difficulties. However, there is evidence of positive correlations between self-esteem and the character strengths of creativity (Deng & Zhang, 2011) and with hope (Macaskill & Denovan, 2014). A further eight strengths were selected due their positive associations with self-esteem in Studies 1 and 2, although not related directly to self-esteem in the literature; love of learning (Kokkinos, & Voulgaridou, 2018), perspective (Cheng & Furnham, 2017), honesty (Park & Peterson, 2008a), zest (Gusewell & Ruch, 2012), forgiveness, prudence, self-regulation and leadership (Weber, Ruch, Littman-Ovadia, Lavy, & Gai, 2013).

In sum, from the original 51 strengths measured in Studies 1 and 2, 21 strengths were selected for further exploration in Study 3 to assess their association

with the self-esteem domains: four behavioural and emotional strengths (interpersonal, intrapersonal, family involvement and school functioning), seven personal and contextual strengths (knowing myself, activity engagement, peer connectedness, competent coping skills, commitment to family values, prosocial attitude and being involved) and ten character strengths (leadership, love of learning, perspective, hope, self-regulation, creativity, prudence, zest, forgiveness and honesty). Therefore, Study 3 was designed to explore whether these strengths can predict self-esteem domains in a large sample of adolescents. Interventions enhancing these predictors could impact positively on the developmental pathway of individual or multiple self-esteem domains and subsequently feed into global self-esteem (Robins, Trzesniewski, & Donnellan, 2012).

4.4 Research Questions

The current study sought to answer the following research questions:

1. Do age, gender, ethnicity, SEN and/or deprivation impact on self-esteem domains?
2. Which specific behavioural and emotional, personal and contextual, and character strengths predict different domains of self-esteem in adolescents (10-17 years) in mainstream secondary schools?

4.5 Method

4.5.1 Participants

Participants for the study were recruited through opportunity sampling from a potential pool of 2148 secondary school pupils (year 7-11 inclusive) aged 10-17 years from four secondary schools in the north and south of England. Two of the schools, an independent boys' school and inner-city state school, had participated in

Studies 1 and 2 and two independent girls' schools were included for gender balance. In total, 953 adolescents aged between 10-17 years completed the online questionnaire.

4.5.1.1 Ethics

Principles of informed consent, withdrawal, debriefing, confidentiality, anonymity, integrity, impartiality and respect were adhered to throughout this research (Code of ethics and Conduct, BPS, August 2009) and the study had full Ethics approval from the Department of Psychology at the University of Sheffield before commencement of empirical work (See Appendix L).

4.5.2 Materials

Design and composition of online questionnaire

The online questionnaire (see Appendix M) consisted of demographic questions and items selected from the four age-appropriate self-esteem and strengths-based instruments used in Studies 1 and 2; namely, The Culture Free Self-Esteem Inventory (CFSEI-3, Battle, 2002); the Behavioural and Emotional Rating Scale for Youth (BERS-2, Epstein, 2004); Strengths Assessment Inventory -Youth Version (SAI-Y; Rawana & Brownlee 2010) and the Values in Action Inventory of Strengths for Youth (VIA; Peterson & Seligman, 2004).

Description of the original questionnaires and rationale for item inclusion

The original four instruments used in the current study are profiled with their psychometric properties earlier in Chapters 2 and 3. Here the rationale for selection of items to be used in Study 3 is discussed.

Culture Free Self-Esteem Inventory adolescent version (CFSEI-3, Battle, 2002).

Only strength domains that had strong positive correlations with the self-esteem domains (significant at $p < .005$. Spearman's rho $r \geq .70$) in Studies 1 and 2 were assessed in the current study.

To assess reliability, item-total correlations were performed on these self-esteem items (CFSEI-3, Battle, 2002). An item-total correlation is the correlation between each item of the self-esteem scale with the total scale score (excluding that item) and therefore can be used to check if any item within a self-esteem scale is inconsistent with the average of the other items. Item-total correlations $< .30$ indicate that the item does not correlate well with the overall self-esteem scale and therefore those items with item-total correlations $< .3$ were removed from the scale (Pedhazur & Schmelkin 1991; Field, 2005). Typically, items with item-total correlations of $> .30$ have high levels of distinctness (Nunnally, 1994) and, therefore, are considered worthy of inclusion in a scale. The items with the highest item-total correlation were selected and resulted in a total of 27 items chosen from the original 67 item CFSEI-3 inventory to be used in the current study (see Table 4.1 with corrected item-total correlations).

All items exhibited satisfactory correlation with the total score (Pearson's $r > .3$) and ranged from .32 to .90 (see Table 4.1). Some cite item-total correlations $> .9$ can suggest some redundancies in contents/wording with the other items (Jacobs, Berduszek, Dijkstra, & van der Sluis, 2017). The highest item-total correlations of the academic self-esteem scale ranged from .80 to .90 and, although falling just below this upper limit, were included.

The shortened self-esteem scale comprised 27 items: 5 items assessing general self-esteem scale; 5 items assessing academic self-esteem; 5 items assessing parental self-esteem and 5 items assessing social self-esteem, and 7 items assessing personal self-esteem.

Table 4.1 Item-total correlations of self-esteem items

Self-esteem scales and items	Corrected Item-total correlations
General self-esteem	
1. Are you happy most of the time?	.65
2. Do you feel you are as important as most people?	.61
3. Are other people generally more successful than you are?	.58
4. Are you a failure?	.55
5. Do you like yourself very much?	.53
Personal self-esteem	
1. Do you find it hard to make up your mind and stick to it?	.66
2. Do you worry more than most people do?	.58
3. Are you as happy as most people?	.43
4. Are you easily depressed?	.43
5. Do you feel that you are not good enough?	.43
6. Are you usually tense or anxious?	.39
7. Would you change many things about yourself if you could?	.36
Academic self-esteem	
1. Are you satisfied with your schoolwork?	.90
2. Do you usually quit when your schoolwork is too hard?	.84
3. Are you proud of your schoolwork?	.84
4. Are you a hard worker at school?	.84

5. Are you pretty good about doing homework on time?	.80
Parental self-esteem	
1. Do the people in your family have quick tempers?	.46
2. Do you have a good relationship with your father?	.43
3. Do you often get upset when you are at home?	.43
4. Are you comfortable telling your parents about your problems?	.42
5. Do your parents understand how you feel?	.32
Social self-esteem	
1. Are you popular with other people your age?	.54
2. Is it difficult for you to express your views and feelings?	.54
3. Do you feel as though your friends have a lot of confidence in you?	.54
4. Do you have only a few friends?	.47
5. Do people like your ideas?	.43

Reliability analyses on these selected items revealed that the measure had acceptable levels of internal reliability; general self-esteem scale, $\alpha = .72$, academic self-esteem scale, $\alpha = .91$, parental self-esteem scale, $\alpha = .81$ and the social self-esteem scale $\alpha = .80$. However, the personal self-esteem scale had lower reliability, $\alpha = .68$. Although Cronbach's alpha should normally be at least .70, a lenient cut off of .60 is often considered acceptable for exploratory research (Nunnally, 1978).

The Behavioural and Emotional Rating Scale for Youth (*BERS-2*, Epstein, 2004).

From the five domains measured by the BERS-2, affective strength was excluded from further investigation in the current study as it did not positively correlate with any self-esteem domains in Studies 1 and 2. A previously published factor analysis reporting factor loadings for the four remaining domains, interpersonal strength, intrapersonal, family involvement and school functioning, was then examined (Epstein, 1999; Epstein, Ryser & Pearson, 2002). The highest factor loaded items for each of these domains ($\geq .70$) were selected to be included in the current study.

Two additional items from the school functioning domain with factor loadings $< .70$ were selected to include in the current study. The items 'I am good at maths' and 'I am good at reading' were chosen. This could facilitate potential further analysis with those participants that had been identified as having dyslexia or dyscalculia (in the demographic section of the questionnaire). In addition, one item in the family involvement domain was excluded as two items 'I get along with my parents' and 'I get along with my family' had equal factor loadings. Only the former was selected to be included in the current study.

This resulted in 19 items with a factor loading greater than .70 being chosen from the BERS-2 (Epstein, 2004) to measure behavioural and emotional strengths, in addition to two items relating to reading and maths (with lower factor loadings) were selected for the school functioning domain.

Of the 21 selected items, 5 items measured interpersonal strength, 5 items measured intrapersonal strength, 4 items measured family involvement and 7 items measured school functioning (see Table 4.2).

Table 4.2 Factors and loadings of the selected items of the BERS-2 by scale (Epstein, Ryser & Pearson, 2002)

Interpersonal strength	Factor Loadings
1. I respect the rights of others	.86
2. I think about what could happen before I decide to do something	.84
3. I can express my anger in the right way	.83
4. I accept responsibility for my actions	.83
5. I am nice to others	.81
Intrapersonal strength	
1. I know what I do well.	.80
2. I believe in myself.	.78
3. I enjoy many of the things I do.	.74
4. When good things happen to me I tell others.	.72
5. I know when I am happy and when I am sad.	.70
School functioning	
1. I do my schoolwork on time.	.86
2. I complete my homework.	.82
3. I complete tasks when asked.	.81
4. I study for tests.	.79
5. I pay attention in class.	.76
6. I am good at maths.	.62
7. I am good at reading.	.57
Family involvement	
1. I get along well with my parents.	.86
2. I do things with my family.	.82
3. My family makes me feel wanted.	.79
4. I trust at least one person very much.	.71

The Values in Action Inventory of Strengths for Youth (VIA; Peterson & Seligman, 2004)

Most factor analyses of the VIA-Youth Inventory of Strengths do not support the construct validity of the six virtue cluster model and instead propose a four factor model that has been replicated across studies: temperance strengths (e.g., prudence, self-regulation), intellectual strengths (e.g., love of learning, curiosity), theological or transcendence strengths (e.g., hope, religiousness, gratitude), and other-directed strengths (modesty, kindness, teamwork) (Park & Peterson 2006a). In agreement with the four factor model, McGrath and Walker's (2016) recent comprehensive analysis suggests two primarily interpersonal factors (general engagement and other-directedness) with two other factors comprising intellectual and self-control strengths.

Studies 1 and 2 (which utilised the shortened 96 item version of VIA-youth), found that 10 of the 24 character strengths showed strong positive correlations with the self-esteem domains. These were creativity, love of learning, perspective, honesty, zest, hope, forgiveness, prudence, self-regulation and leadership. Three or four items were selected for each of these 10 strengths from a total 4 items per character strength in the shortened VIA for inclusion in the current study. Decision for item selection were made on an item by item basis. Items were included if they captured a different aspect of the same strength. For example, for creativity the inclusion of 'I often figure out different ways of doing things' was included whilst the item 'I frequently have creative ideas' was omitted. In total, 32 items were included to measure character strengths (3 items assessing each of the following character strengths - leadership, love of learning, perspective, creativity, self-regulation, zest, forgiveness and honesty and 4 items assessing each of the character

strengths of hope and prudence) (see Table 4.3). All have strong factor loadings as reported by Park and Peterson (2006).

Table 4.3 Factor Loadings of 96 item VIA for Youth (Park & Peterson, 2006)

Character strengths	Factor Loadings
Creativity	
1. I enjoy creating things that are new and different.	.67
2. I often figure out different ways of doing things.	.54
3. I see myself as a very creative person.	.73
Love of Learning	
1. I get excited when I see there is something new to learn.	.64
2. I am energized by learning new things.	.75
3. I love learning about how to do different things.	.68
Perspective	
1. Others tell me that I offer good advice to people.	.60
2. My friends get my opinion before they make important decisions.	.54
3. People tell me that I am a wise person	.52
Honesty	
1. I am honest even when lying could keep me from getting in trouble.	.62
2. Others trust me to be truthful.	.51
3. I tell the truth even when it means I won't get what I want.	.59
Zest	
1. I think that life is very exciting.	.55
2. I am usually full of energy.	.59
3. I have a lot of enthusiasm	.61

Leadership		
1.	People look up to me as a leader and they give me their trust.	.74
2.	Others want me in charge when a group project needs to be done.	.70
3.	I am good at leading a group to get the job done.	.63
Forgiveness		
1.	I often stay mad at people even when they apologise.	.58
2.	I am a forgiving person.	.71
3.	When someone apologizes, I give them a second chance.	.74
Prudence		
1.	I review the consequences of my behaviour before I take action.	.51
2.	I think carefully before I act.	.52
3.	I am cautious not to do something that I will regret later.	.50
4.	I often find myself doing things that I know I shouldn't be doing.*	.50
Self-Regulation		
1.	My temper often gets the best of me.	.46
2.	When I really want to do something right now, I am able to wait	.32
3.	I am able to control my anger really well.	.49
Hope		
1.	I have a positive outlook on life.	.68
2.	I am certain I can get through bad things.	.63
3.	Even when things look bad, I stay hopeful.	.66
4.	I expect good things to come my way. *	.61

Note. The two questions marked with *were not used in the analysis so that each character strength had 3 items.

The Strengths Assessment Inventory – Youth Version (10-18 years) (SAI-Y; Rawana & Brownlee, 2010; MacArthur, Rawana & Brownlee, 2011).

In Studies 1 and 2, seven of the 21 personal and contextual strengths were found to have significant positive correlations with the self-esteem domains: activity engagement; peer connectedness; competent coping skills; commitment to family values; pro-social attitude; knowing myself and being involved. Within these seven strengths, items with the highest factor loadings $>.41$ were taken from the Strengths Assessment Inventory Manual (Rawana & Brownlee, 2010) to be included in the current study. This resulted in a total of 31 items; 4 items measuring activity engagement, 4 items measuring knowing myself, strength, 3 items measuring peer connectedness, 5 items measuring competent coping skills, 5 items measuring commitment to family values, 5 items measuring pro-social attitude and 5 items measuring being involved (see Table 4.4).

Table 4.4 Factors and loadings of the seven relevant SAI scales (Rawana & Brownlee, 2010)

Personal and contextual strengths	Factor Loadings
Strengths from knowing myself	
1. I feel hopeful about my life.	.71
2. I am happy about life.	.70
3. I feel confident	.64
4. I am happy with the way I look	.41
Strengths from being involved	
1. I respect other people and community leaders, such as police and teachers.	.72
2. I respect community property.	.71
3. I belong to a club, team or program that promotes a healthy lifestyle.	.65
4. I volunteer for groups or events in my community.	.51
5. I go to events in my community.	.46
Competent coping skills	
1. I can cope when something happens that makes me very sad.	.59
2. I can judge whether my own behaviour is good or bad	.59
3. I can control my feelings when they start getting too strong	.56
4. When something does not turn out the way I had hoped, I can accept it	.53
5. I can listen and accept feedback, whether it is good or bad	.50
Commitment to family values	
1. I treat my family members with respect.	.73
2. I get along with other people in my family	.71
3. I take responsibility for my behaviour at home.	.70
4. I follow the rules at home.	.68

5. I feel badly if I do things that upset people in my family.	.68
Pro-Social attitude	
1. If my friends are fighting, I know when to get help from an adult.	.64
2. If my friends are thinking about doing something that is not safe. I can decide not to go along with it	.55
3. I choose friends who like to have fun but stay safe and out of trouble.	.53
4. When my friends want to fight. I know how to help solve the problem or at least keep myself safe.	.49
5. When I get bored, I think of something fun to do that won't get me into trouble.	.45
Activity engagement	
1. I have a favourite team.	.63
2. I like to watch non-violent sports on TV (for instance, football, baseball, hockey & tennis).	.61
3. I like doing things outdoors like hunting, fishing or camping.	.49
4. I have other hobbies	.41
Peer connectedness	
1. I have at least one 'best friend' with whom I am really close.	.57
2. I get along well with my friends	.55
3. I have a good sense of humour	.46

Overview of the online questionnaire

The online questionnaire used in the current study consisted of two sections. The first part of the questionnaire included demographic items to assess gender, age, special educational needs provision, anxiety/depression diagnosis, first language, postcode and ethnicity. Multiple deprivation indices were derived from the postcodes. The second part of questionnaire consisted of items measuring self-esteem, behavioural and emotional strengths, personal and contextual strengths and characters strengths. Responses were given using the same formats as in the original

instruments (i.e., Yes/No responses for the CFSEI-3, 3, 4 and 5 point Likert scales as appropriate for the other instruments). The items were worded exactly as in the original instruments. The original VIA likert style measuring character strengths responses ran from 'not very much like me' to 'very much like me'. This response pattern was reversed to run from 'not very much like me' to 'very much like me' for continuity with the rest of the questionnaire and ensuring that the higher scored items represented positive responses.

Format of the online questionnaire

All the information and items were written in age appropriate wording to ensure that the youngest of the potential participants (Year 7 – 10/11 years) could fully understand the study's objectives and the items included in the questionnaire. To check its readability, the text was screened through the Flesch-Kincaid reading ease score, obtaining a score of 88.4, a grade of about 5, the same reading level as most comic books. This indicates that those with a reading age of 10 and above would be able to comprehend both the participant information and consent paragraph as well as the questionnaire items. In line with good practice the questionnaire was designed to read better, removing ambiguous items, and being easy to navigate with a quick completion time. Questionnaires were introduced and administered by the form or class teacher, without the presence of the researcher (Demetriou, Ozer, & Essau, 2015).

The participants were vulnerable due not only to age but due to potential sensitivities (family circumstances, SEN, anxiety/depression). To mitigate any potential effects of harm (even inadvertently) caused by answering the items, there was appropriate signposting to their School's pastoral team, counsellor or specific mental health helpline number at the end of the questionnaire. Ethical approval was

given by Department of Psychology's Research Ethics Committee at the University of Sheffield. A pilot with a small sample of adolescents indicated the questionnaire completion time was 10-15 minutes.

4.5.3 Procedure

Four secondary schools were approached and consented to participate in the study. The initial email contact was sent by the school to the parent/carer describing the survey and in an 'opt out' format giving a deadline to respond. This standard format letter included a recommendation from the Head. Nulty (2008) indicates that online questionnaires only have an average response rate of 33% (in comparison to 56% from paper questionnaires) so promotion from the Head and weekly email reminders were circulated. A financial incentive in the form of a £100.00 Amazon voucher (supplied by the Department of Psychology at the University of Sheffield) was offered to the school with the highest percentage of completed questionnaires.

Three of the four schools scheduled a fixed allocated time within the school timetable to complete the questionnaire (normally morning registration/form time). The remaining school adopted a more flexible student-driven approach, allowing participants to attend computer suites in lunchtime or through mobile devices. Participant information consisting of description of study, voluntary participation, risks, confidentiality, right to withdraw and consent paragraph was positioned on the front page of the online questionnaire which was hosted on Qualtrics. See Appendix N for timeline of recruitment of participants, design and implementation of the questionnaire.

4.6 Results

Nine hundred and fifty-three adolescents aged between 10-17 years completed the online questionnaire (see Table 4.5). The sample comprised 664 females and 227 males (other $n = 26$) with a mean age 13.35 ($SD = 1.51$), 66% white, 13.5% SEN provision and 7.3% self-identified as experiencing anxiety and 4.4 % self-identified as experiencing depression. From the sample, 32.8 % were identified as living in the 50% most deprived deciles.

A response rate of 44.3% was achieved, masking large inter school differences (School 1, 74%, School 2, 79%, School 3, 79%, School 4, 9 %). Two parents responded from School 3 and two responded from School 2 to opt out of the questionnaire. Missing data on the dependent variable, the self-esteem domains, ranged from 6.2 % of personal self-esteem to 16.8% of academic self-esteem (see Table 4.6).

Table 4.5 Summary of demographic profile of participants

	N	%
Gender		
Male	227	24.8
Female	664	72.4
Other/ prefer not to say	26	2.8
SEN provision		
Non-SEN	824	86.5
SEN provision	129	13.5
Ethnicity		
White	634	66.5
Non-White	319	33.5
Mental Health		
Anxiety	70	7.3
Depression	42	4.4
Index of multiple deprivation decile (n = 661)		
	N	%
10% most deprived	47	7.1
10% -20%	47	7.1
20%-30%	36	5.4
30%-40%	37	5.6
40%-50%	50	7.6
50%-60%	63	9.5
60%-70%	65	9.8
70%-80%	81	12.3
80%-90%	99	15.0
10% least deprived	136	20.6

Table 4.6 Summary of missing data

	Academic self-esteem	General self-esteem	Parental self-esteem	Social self-esteem	Personal self-esteem
N	793	891	820	801	894
%	16.8%	6.5%	14%	15.9%	6.2%

4.6.1 Factor Analysis

There are no strict sample guidelines as to whether numbers of participants (*N*) or participant-to-item ratio is the most important consideration when conducting a Principal Component Analysis. Osborne and Costello (2004) suggest it is an interaction between the two, where the best results occur in analyses where a large sample of participants and high participant to item ratios are present.

Comrey and Lee (1992) suggest that “the adequacy of sample size might be evaluated very roughly on the following scale: 50 – very poor; 100 – poor; 200 – fair; 300 – good; 500 – very good; 1000 or more – excellent” (p. 217). The current sample size of 953 participants is therefore considered very good. In contrast, Nunnally (1978) and Comrey and Lee (1992) recommend a minimum ratio of 10:1, i.e. 10 observations per item, to conduct a factor analysis. The current analysis of 27 items comfortably fulfils this ratio requirement of 270 observations. Prior to conducting the factor analysis of the self-esteem items correlations between the 27 items measuring self-esteem were examined (see Table 4.7). There were many correlations greater than .30 suggesting that there might be a smaller number of underlying factors.

Table 4.7 Intercorrelations between the 27 self-esteem items

Items	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
item1 (feel happy)	.39	.19	.34	.40	.13	.18	.59	.43	.35	.35	.30	.27	.15	.37	.24	.15	.22	.26	.42	.36	.35	.32	.33	.33	.26	.30		
item2 (feel important)	.30	.37	.42	.12	.21	.48	.32	.38	.27	.35	.29	.14	.36	.21	.19	.22	.20	.33	.33	.34	.32	.38	.33	.24	.27			
item3r (others more successful) ^r		.27	.30	.16	.20	.28	.26	.28	.26	.31	.32	.25	.31	.18	.16	.15	.08	.22	.25	.23	.18	.24	.19	.19	.21			
item4r (feel failure) ^r			.37	.12	.21	.36	.34	.43	.30	.33	.35	.22	.39	.21	.22	.15	.18	.24	.31	.28	.25	.26	.24	.21	.31			
item 5 (like yourself)				.14	.26	.44	.32	.42	.30	.39	.32	.13	.39	.19	.15	.20	.16	.32	.35	.33	.28	.32	.31	.21	.24			
item 6 (making mind up) ^r					.24	.16	.17	.14	.25	.16	.15	.11	.12	.07	.09	.12	.10	.16	.13	.11	.10	.21	.07	.14	.09			
item7 (worry more than others) ^r						.26	.34	.28	.44	.26	.16	.05	.14	.06	.00	.16	.10	.22	.17	.15	.16	.25	.15	.17	.09			
item8 (happy as others)							.46	.38	.40	.37	.35	.15	.35	.21	.19	.24	.25	.41	.39	.43	.38	.32	.41	.32	.32			
item9 (easily depressed) ^r								.37	.41	.32	.29	.11	.31	.19	.18	.27	.22	.40	.36	.37	.24	.32	.25	.17	.23			
item10 (not good enough) ^r									.35	.40	.32	.16	.37	.19	.17	.25	.19	.33	.32	.34	.22	.33	.22	.22	.24			
item11 (tense or anxious) ^r										.35	.32	.13	.32	.16	.15	.25	.21	.30	.24	.26	.18	.28	.23	.22	.18			
item12 (change things about self) ^r											.30	.18	.31	.17	.09	.26	.16	.28	.31	.33	.21	.29	.24	.21	.19			
item13 (satisfied with schoolwork)												.27	.66	.35	.35	.20	.16	.26	.31	.30	.20	.24	.27	.18	.27			
item14 (quit when schoolwork hard) ^r													.26	.32	.29	.16	.11	.23	.21	.15	.10	.18	.12	.14	.16			
item15 (proud of schoolwork)														.37	.37	.20	.20	.31	.38	.32	.28	.28	.32	.20	.34			
item16 (hard worker at school)															.37	.12	.16	.19	.32	.22	.14	.14	.22	.10	.23			
item17 (homework on time)																	.18	.13	.22	.24	.24	.15	.10	.19	.06	.30		
item18 (quick tempers in family) ^r																		.18	.32	.30	.35	.13	.22	.17	.15	.19		
item19 (good relationship with father)																			.29	.23	.26	.14	.12	.16	.16	.16		
item20 (upset when at home) ^r																				.40	.38	.24	.28	.26	.21	.26		
item21 (comfortable telling problems) ^r																					.57	.27	.31	.32	.22	.28		
item22 (parents understand your feelings)																						.29	.26	.28	.19	.34		
item23 (popular with peers)																							.28	.37	.44	.40		
item24 (difficult express views) ^r																								.31	.26	.23		
item25 (friends have confidence in you)																									.27	.43		
item26 (only few friends) ^r																										.26		
item27 (people like your ideas)																											.26	

Note. ^r Item reversed scored.

Correlations in black bold are significant at the 0.01 level (2 tailed). Correlations in black are significant at the 0.05 level (2 tailed). Correlations in grey are not significant.

4.6.2 Factor structure of the self-esteem items

The 27 items were subjected to a principal components factor analysis. Five factors were extracted with eigenvalues greater than 1.00. Factor 1 explained 29.35% of the variance in item scores (Eigenvalue = 7.92), Factor 2 explained 6.29% of the variance in item scores (Eigenvalue = 1.70), Factor 3 explained 5.22% of the variance in item scores (Eigenvalue = 1.41), Factor 4 explained 4.52% of the variance in item scores (Eigenvalue = 1.22) and Factor 5 explained 3.98% of the variance in item scores (Eigenvalue = 1.08). However, inspection of the scree plot of Eigenvalues by components (see Figure 4.1), indicates that only Factor 1 lies clearly above the ‘debris’ therefore suggesting a one factor structure. However, it was decided to keep five factors for analysis, in line with the five domains that the items were designed to assess.

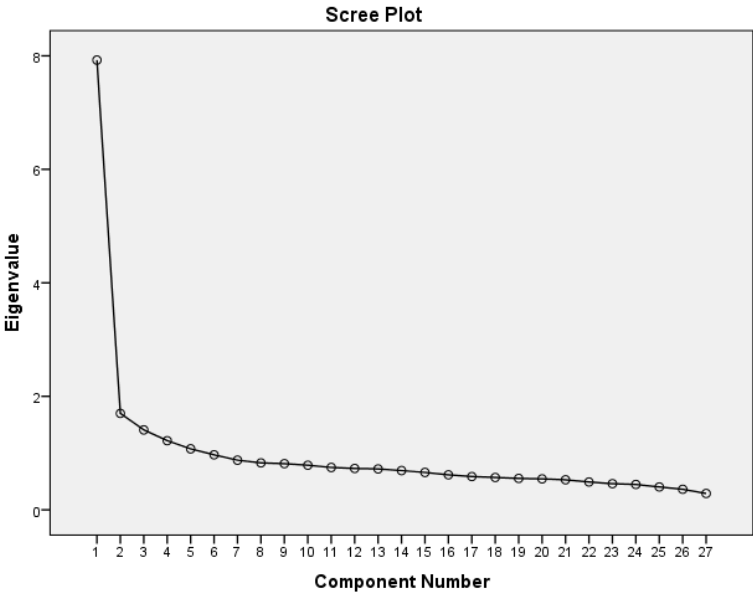


Figure 4.1 Scree plot of Eigenvalues by components

Inspection of the communalities revealed that the five factors accounted for sufficient amounts of the variance in all items (i.e., all communalities were $> .30$), indicating that all items were reliable (see Table 4.8).

Table 4.8 Community values for the self-esteem items

		Communality
item 1	(feel happy)	.48
item 2	(feel important)	.46
item 3	(others more successful) ^r	.38
item 4	(feel failure) ^r	.43
item 5	(like yourself)	.51
item 6	(making mind up) ^r	.54
item 7	(worry more than others) ^r	.55
item 8	(happy as others)	.57
item 9	(easily depressed) ^r	.45
item 10	(not good enough) ^r	.51
item 11	(tense or anxious) ^r	.50
item 12	(change things about self) ^r	.44
item 13	(satisfied with schoolwork)	.59
item 14	(quit when schoolwork hard) ^r	.46
item 15	(proud of schoolwork)	.63
item 16	(hard worker at school)	.46
item 17	(homework on time)	.54
item 18	(quick tempers in family) ^r	.44
item 19	(good relationship with father)	.34
item 20	(upset when at home) ^r	.49
item 21	(comfortable telling problems) ^r	.50
item 22	(parents understand your feelings)	.56
item 23	(popular with peers)	.63
item 24	(difficult express views) ^r	.37
item 25	(friends have confidence in you)	.47
item 26	(only few friends) ^r	.54
item 27	(people like your ideas)	.49

Note. ^r Item reversed scored.

Inspection of the factor loadings revealed that the majority of items loaded strongly (above .40) on to Factor 1; however, a complex factor structure was present as many items loaded above .30 on the other factors (see Table 4.9), indicating the factors should be subjected to an orthogonal rotation (see Figure 13). Further inspection of the rotated factor loadings (see Table 4.10) reveals some items still loaded highly onto more than one factor, for example Item 1 (“Are you happy most of the time?”) loaded highly onto three factors - Factor 1 (general self-esteem), Factor 2 (parental self-esteem) and Factor 3 (social self-esteem) and Item 15 (“Are you proud of your schoolwork?”) loaded highly onto both Factor 1 (general self-esteem) and Factor 3 (social self-esteem). However, in general, for general, academic, social, and parental self-esteem the highest loaded items mapped onto their associated individual domains.

The items that comprised the personal self-esteem scale were less apparent. Items 8, 9, 10 and 12 loaded strongly onto Factor 1 which assessed general self-esteem, in contrast to the original inventory CFSEI-3 inventory (2002) domains in which these items assessed personal self-esteem. With general self-esteem already having five strongly loaded items, and with a more defined three item personal self-esteem domain, a decision to exclude items 8, 9, 10 and 12 was initially considered. However, after reliability statistics were compared the original 7 item personal self-esteem scale was found to have a much higher internal consistency. Cronbach’s alpha for the 3 item personal self-esteem was only .57 compared to the Cronbach’s alpha for the 7 item scale of .76. A decision was therefore made to include all seven items of the personal self-esteem scale in the analysis for the current study and to be consistent with the original scales’ factor structure.

Table 4.9 Factor Loadings for the initial (unrotated) solution

Initial Factor Loadings

		Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
General	Self-esteem (in CFSEI-3)					
item 1	Are you happy most of the time?	.64	-.11	-.17	-.14	-.10
item 2	Do you feel you are as important as most people?	.63	-.10	-.07	.05	-.23
item 3	Are other people generally more successful than you are? (r)	.48	.08	.22	.31	.00
item 4	Are you a failure (r)	.58	.06	.04	.19	-.23
item 5	Do you like yourself very much?	.61	-.16	.05	.11	-.30
Personal	Self-esteem (in CFSEI-3)					
item 6	Do you find it hard to make up your mind and stick to it? (r)	.29	-.16	.25	.13	.59
item 7	Do you worry more than some people do? (r)	.40	-.46	.34	.16	.19
item 8	Are you as happy as most people?	.71	-.16	-.16	-.05	-.11
item 9	Are you easily depressed? (r)	.61	-.21	.14	-.14	-.02
item 10	Do you feel you are not good enough? (r)	.62	-.17	.22	.04	-.22
item 11	Are you usually tense or anxious? (r)	.56	-.26	.31	.06	.15
item 12	Would you change many things about yourself if you could? (r)	.57	-.19	.21	.08	-.16
Academic	Self-esteem (in CFSEI-3)					
item 13	Are you satisfied with your schoolwork?	.59	.37	.23	.20	-.10
item 14	Do you usually quit when your schoolwork is too hard? (r)	.37	.44	.20	.07	.30
item 15	Are you proud of your schoolwork?	.65	.37	.10	.17	-.16
item 16	Are you a hard worker at school?	.43	.52	.07	-.01	.07
item 17	Are you pretty good about doing homework on time?	.40	.59	.09	-.08	.13
Parental	Self-esteem (in CFSEI-3)					
item 18	Do the people in your family have quick tempers? (r)	.44	-.05	.12	-.45	.17
item 19	Do you have a good relationship with your father?	.38	-.02	-.05	-.41	.14
item 20	Do you often get upset when you are at home? (r)	.60	-.05	.02	-.34	.11
item 21	Are you comfortable telling your parents about your problems?	.63	.09	-.07	-.30	-.03
item 22	Do your parents understand how you feel?	.62	.02	-.10	-.40	-.07
Social	Self-esteem (in CFSEI-3)					
item 23	Are you popular with other people your age?	.51	-.08	-.55	.21	.14
item 24	Is it difficult for you to express your views and feelings? (r)	.55	-.19	-.05	.16	.09
item 25	Do you feel as though your friends have a lot of confidence in you?	.54	.02	-.40	.14	.03
item 26	Do you only have a few friends? (r)	.44	-.16	-.38	.28	.35
item 27	Do people like your ideas?	.53	.19	-.39	.10	.10

Note. Absolute loadings above .32 are highlighted in bold

Table 4.10 Factor loadings for the rotated factor solution

Rotated Factor Loadings

		Factor 1 General	Factor 2 Parental	Factor 3 Social	Factor 4 Academic	Factor 5 Personal
General	Self-esteem (in the CFSEI-3)					
item 1	Are you happy most of the time?	.41	.43	.34	.07	-.01
item 2	Do you feel you are as important as most people?	.56	.24	.29	.10	-.01
item 3	Are other people generally more successful than you are? (r)	-.42	.06	-.12	-.34	-.25
item 4	Are you a failure (r)	.56	.08	.21	.27	-.00
item 5	Do you like yourself very much?	.66	.17	.19	.06	.02
Personal	Self-esteem (in the CFSEI-3)					
item 6	Do you find it hard to make up your mind and stick to it? (r)	-.02	.10	.12	.14	.70
item 7	Do you worry more than some people do? (r)	.40	.10	.02	-.11	.60
item 8	Are you as happy as most people?	.50	.39	.39	.06	.05
item 9	Are you easily depressed? (r)	.45	.42	.11	.0	.23
item 10	Do you feel you are not good enough? (r)	.64	.24	.05	.11	.16
item 11	Are you usually tense or anxious? (r)	.44	.24	.05	.10	.49
item 12	Would you change many things about yourself if you could? (r)	.60	.19	.07	.08	.20
Academic	Self-esteem (in the CFSEI-3)					
item 13	Are you satisfied with your schoolwork?	.45	.06	.08	.61	.07
item 14	Do you usually quit when your schoolwork is too hard? (r)	.01	.10	.06	.63	.23
item 15	Are you proud of your schoolwork?	.48	.11	.19	.59	-.04
item 16	Are you a hard worker at school?	.11	.18	.11	.64	-.03
item 17	Are you pretty good about doing homework on time?	.01	.22	.07	.69	-.03
Parental	Self-esteem (in the CFSEI-3)					
item 18	Do the people in your family have quick tempers? (r)	.10	.62	-.02	.12	.19
item 19	Do you have a good relationship with your father?	.03	.56	.11	.08	.07
item 20	Do you often get upset when you are at home? (r)	.24	.60	.16	.16	.16
item 21	Are you comfortable telling your parents about your problems?	.29	.56	.21	.25	-.02
item 22	Do your parents understand how you feel?	.29	.63	.20	.16	-.06
Social	Self-esteem (in the CFSEI-3)					
item 23	Are you popular with other people your age?	.16	.12	.77	.04	.04
item 24	Is it difficult for you to express your views and feelings? (r)	.38	.15	.36	.06	.27
item 25	Do you feel as though your friends have a lot of confidence in you?	.24	.16	.60	.15	-.02
item 26	Do you only have a few friends? (r)	.07	.07	.66	.02	.30
item 27	Do people like your ideas?	.14	.18	.59	.30	-.05

Note. Absolute loadings above .32 are highlighted in bold

4.6.3 Associations between self-esteem domains

Associations between the self-esteem domains were examined and descriptive and reliability statistics are reported in Table 4.11.

Table 4.11 Descriptive statistics for the self-esteem domains obtained from the questionnaire

	Academic Self-esteem	General Self-esteem	Parental Self esteem	Social Self-esteem	Personal Self-esteem
<i>Mean</i>	9.01	8.43	8.60	8.56	11.22
<i>SD</i>	1.39	1.52	1.50	1.51	2.13
Scale range	1-10	1-10	1-10	1-10	1-14
Alpha	.74	.71	.71	.73	.76

Self-esteem domain scores were obtained through summation of the items that loaded onto the factors extracted in the factor analysis items. Missing values were replaced with the mean of the non-missing values for that domain.

Given that descriptive analyses revealed that all of self-esteem domain variables were negatively skewed, Spearman's rho correlations were initially conducted to explore the bivariate correlations between the domains of self-esteem. However, since both non-parametric (Spearman's *rho*) and parametric (Pearson's *r*) correlation analyses yielded broadly the same pattern of significant correlations, only the parametric test results are reported. The findings are displayed in Table

4.12. Significant positive correlations were found between all the five self-esteem domains.

Table 4.12 Pearson's correlations between the self-esteem domains

	Academic Self- esteem	General Self- esteem	Parental Self- esteem	Social Self- esteem
General Self-esteem	.53			
Parental Self-esteem	.47	.56		
Social Self-esteem	.41	.58	.49	
Personal Self-esteem	.42	.68	.57	.51

Note. All correlations are significant at the 0.01 level (2 tailed).
N varies between 790-891

4.6.4 Associations between demographic variables and self-esteem

Associations between the demographic variables (gender, ethnicity, SEN provision, age and index of multiple deprivation percentile) and self-esteem were examined. Due to skewed data, unequal sample sizes and unequal variance, the non-parametric two sample Kolmogorov-Smirnov test was firstly used to compare the cumulative distributions of the demographic variables of gender, ethnicity and SEN provision. In addition, for comparison purposes, the parametric independent 't' tests were performed. Since both parametric and non-parametric tests yielded similar overall findings, only the parametric tests are reported.

Gender

Females were found to have significantly lower general self-esteem scores than males, $t(866) = -3.07$; $p = .002$. Females were also found to have significantly lower personal self-esteem scores than males, $t(869) = -3.86$; $p < .001$. There were no significant differences on any other self-esteem domains (see Table 4.13).

Table 4.13 Self-esteem scores by gender

	Female		Male		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Academic self-esteem	9.09	1.35	8.94	1.34	1.34
General self-esteem	8.37	1.52	8.73	1.38	-3.07**
Parental self-esteem	8.63	1.49	8.68	1.43	-.48
Social self-esteem	8.60	1.52	8.60	1.44	-.48
Personal self-esteem	11.10	2.15	11.72	1.94	-3.86***

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Ethnicity

Non-white participants were found to have significantly lower parental self-esteem scores than white participants, $t(818) = -2.23$; $p = .026$. There were no significant differences on any other self-esteem domains (see Table 4.14).

Table 4.14 Self-esteem scores by ethnicity

	White		Non-white		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Academic self-esteem	9.02	1.39	8.97	1.40	-.48
General self-esteem	8.42	1.49	8.45	1.58	.23
Parental self-esteem	8.68	1.43	8.42	1.64	-2.23*
Social self-esteem	8.57	1.52	8.55	1.49	-.151
Personal self-esteem	11.16	2.14	11.35	2.10	1.19

Note. * $p < .05$. ** $p < .01$. *** $p < .001$

Special Educational Needs (SEN)

SEN participants were found to have significantly lower academic self-esteem scores than non-SEN participants $t(791) = 3.84$; $p < .001$. In addition SEN participants were found to have significantly lower general self-esteem scores than non-SEN participants $t(889) = -3.22$; $p = .001$. There were no significant differences on any other self-esteem domains. (see Table 4.15).

Table 4.15 Self-esteem scores by SEN

	Non-SEN		SEN		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Academic self-esteem	9.07	1.36	8.41	1.56	-3.84 ***
General self-esteem	8.48	1.50	7.91	1.56	-3.22**
Parental self-esteem	8.63	1.48	8.32	1.61	-1.72
Social self-esteem	8.58	1.51	8.39	1.52	-1.02
Personal self-esteem	11.16	2.10	10.90	2.37	-1.47

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Age

Age was found to have significant negative correlations with all self-esteem domains: academic self-esteem, $r(793) = -.25, p < .001$; parental self-esteem, $r(820) = -.26, p < .001$; social self-esteem, $r(801) = -.13, p < .001$; general self-esteem, $r(890) = -.21, p < .001$; and personal self-esteem ($r(893) = -.28$

Index of Multiple Deprivation

Participants' multiple deprivation decile was significantly and positively correlated with academic self-esteem, $r(584) = .10, p = .011$, and social self-esteem, $r(589) = .09, p = .022$. Correlations with the other self-esteem domains were non-significant.

4.6.5 Correlations between strengths and self-esteem

Significant positive correlations were found between behavioural and emotional, personal and contextual and character strengths and all self-esteem domains (see Table 4.16).

Table 4.16 Correlations between the measures of strength and self-esteem

	Academic Self-esteem	General Self-esteem	Parental Self-esteem	Social Self-esteem	Personal Self-esteem
<i>Behavioural & Emotional strengths</i>					
Interpersonal	.48	.41	.45	.36	.34
Intrapersonal	.42	.62	.46	.50	.56
Family involvement	.51	.54	.70	.46	.47
School functioning	.69	.43	.39	.33	.30
<i>Personal & Contextual strengths</i>					
Activity engagement	.28	.28	.26	.29	.26
Knowing myself	.48	.72	.55	.54	.67
Peer connectedness	.34	.40	.35	.52	.30
Competent coping skills	.40	.44	.39	.36	.47
Commitment to family values	.45	.38	.50	.33	.31
Pro-social attitude	.53	.42	.45	.33	.32
Being Involved	.36	.27	.30	.25	.23
<i>Character strengths</i>					
Leadership	.31	.40	.26	.49	.31
Love of learning	.49	.45	.37	.34	.38
Perspective	.32	.37	.26	.47	.25
Hope	.45	.57	.49	.48	.58
Self-regulation	.40	.31	.38	.27	.37
Creativity	.26	.32	.26	.28	.30
Prudence	.37	.34	.38	.29	.29
Zest	.40	.55	.47	.51	.55
Forgiveness	.24	.19	.24	.18	.23
Honesty	.35	.36	.37	.32	.31

Note. All correlations are significant at $p < .001$.

4.6.6 Inter-correlations between strengths

Significant positive correlations were found between behavioural and emotional, personal and contextual and character strengths (see Table 4.17). However, there was no evidence of multicollinearity among the independent variables.

Table 4.17 Inter-correlations between the measured strengths

Strengths	inter	intra	Fam	Sch	Act	Know	Peer	Cop	Com	Pro	Inv	Lead	Love	Pers	Hope	Self	Crea	Prud	Zest	Forg	Hon
Behavioural & Emotional																					
Interpersonal		.48	.60	.62	.37	.49	.49	.51	.64	.68	.50	.36	.49	.43	.53	.59	.40	.64	.49	.47	.55
Intrapersonal			.54	.43	.38	.71	.49	.49	.40	.42	.34	.51	.55	.48	.64	.32	.52	.40	.69	.27	.46
Family involvement				.52	.42	.59	.49	.43	.68	.56	.43	.35	.46	.34	.54	.42	.35	.43	.57	.33	.46
School Functioning					.29	.42	.39	.41	.50	.59	.44	.37	.54	.39	.44	.40	.30	.47	.41	.31	.40
Personal & Contextual																					
Activity engagement						.37	.39	.26	.32	.28	.53	.34	.30	.28	.38	.28	.31	.25	.44	.20	.28
Knowing-self							.43	.49	.43	.45	.36	.46	.53	.39	.68	.36	.45	.38	.69	.27	.42
Peer connectedness								.36	.45	.45	.38	.40	.34	.46	.41	.27	.36	.32	.47	.29	.36
Competent coping skills									.44	.44	.31	.31	.43	.35	.54	.56	.36	.48	.43	.38	.46
Commitment to family values										.59	.42	.29	.45	.30	.40	.45	.30	.50	.40	.38	.47
Pro-social attitude											.47	.35	.46	.38	.44	.46	.33	.55	.41	.37	.50
Being involved												.35	.38	.31	.37	.30	.28	.35	.37	.25	.37
Character																					
Leadership													.47	.65	.48	.18	.41	.32	.55	.14	.42
Love of learning														.49	.61	.36	.59	.49	.58	.30	.51
Perspective															.48	.26	.43	.40	.48	.21	.47
Hope																.44	.52	.47	.70	.34	.47
Self-regulation																	.27	.53	.33	.50	.40
Creativity																		.36	.53	.24	.42
Prudence																			.39	.37	.54
Zest																				.32	.48
Forgiveness																					.44
Honesty																					

Note. All correlations are significant at the 0.01 level (2-tailed)

4.6.7 Regression Analyses

A series of hierarchical regression analyses were conducted to identify the key strengths associated with each domain of self-esteem, after controlling for the effects of demographic variables. The independent variables were therefore entered in two blocks. In the first block the demographic variables (gender, age, ethnicity SEN, IMD) were entered into the regression using the direct entry method. In the second block all the strengths were entered using a stepwise procedure to identify those that explained significant portions of variance in the self-esteem domains after controlling for the demographic variables.

Academic self-esteem

Table 4.18 displays the results of the stepwise regression analysis predicting academic self-esteem. The demographic variables explained 12.3% of the variance in academic self-esteem, $F(5,567) = 17.06, p < .001$, with gender, age, SEN and multiple deprivation index making a significant contribution to the regression equation. The stepwise addition of the behavioural and emotional, personal and contextual, and character strength measures in block 2 was then examined. Seven additional significant independent predictors were included in the final regression model through the stepwise procedure: namely, school functioning, knowing myself, self-regulation, pro-social attitude, interpersonal strength, love of learning, and creativity. Of the demographic variables, age, SEN and Index of multiple deprivation remained as significant independent predictors. The variables in the final regression equation explained 58.9% of the variance in academic self-esteem, $F(12,560) = 67.01, p < .001$.

Table 4.18 Hierarchical regression analysis for variables predicting academic self-esteem ($N = 793$)

Block	Variable	B	$SE B$	β
1.	Gender	-0.29	0.11	-.11**
	Age	-0.23	0.04	-.25***
	White	-0.05	0.12	-.02
	SEN	0.94	0.20	.18***
	Multiple deprivation index	0.06	0.02	.12**
2.	Gender	-0.05	0.08	-.02
	Age	-0.07	0.03	-.08**
	White	0.10	0.09	.03
	SEN	0.30	0.14	.06*
	Multiple deprivation index	0.03	0.01	.07*
	School functioning	0.16	0.01	.50***
	Knowing myself	0.10	0.02	.14**
	Self-regulation	0.07	0.02	.14***
	Pro-social attitude	0.08	0.02	.15***
	Interpersonal strength	-0.05	0.02	-.10*
	Love of learning	0.06	0.02	.14**
	Creativity	-0.05	0.02	-.10**

Note. Block 1 $R^2 = .13$. Block 2 $R^2 = .59$. * $p < .05$. ** $p < .01$. *** $p < .001$.

General self-esteem

Table 4.19 displays the results of the hierarchical regression analysis predicting general self-esteem. The demographic variables explained 6.4% of the variance in general self-esteem, $F(5,568) = 8.87$, $p < .001$, with age, SEN and index of multiple deprivation making a significant contribution to the regression equation. The stepwise addition of the behavioural and emotional, personal and contextual, and character strength measures in block 2 was then examined. Seven additional

significant independent predictors were included in the final regression model through the stepwise procedure: namely, knowing myself, intrapersonal strength, family involvement, forgiveness, self-regulation, creativity, and perspective. Of the demographic variables, only SEN remained as a significant independent predictor. The variables in the final regression equation explained 61.0% of the variance in general self-esteem, $F(12,561) = 73.03, p < .001$.

Table 4.19 Hierarchical regression analysis for variables predicting general self-esteem ($N = 891$)

Block	Variable	<i>B</i>	<i>SE B</i>	β
1.	Gender	0.08	0.12	.03
	Age	-0.22	0.04	-.22***
	White	-0.06	0.14	-.02
	SEN	0.72	0.23	.13**
	Multiple deprivation index	0.05	0.02	.10*
2.	Gender	0.08	0.08	.03
	Age	-0.04	0.03	-.03
	White	-0.12	0.09	-.04
	SEN	0.31	0.15	.06*
	Multiple deprivation index	0.02	0.01	.04
	Knowing myself	0.37	0.03	.49***
	Intrapersonal strength	0.10	0.02	.20***
	Family involvement	0.08	0.02	.14***
	Forgiveness	-0.05	0.02	-.10**
	Self-regulation	0.04	0.02	.08*
	Creativity	-0.05	0.02	-.10**
	Perspective	0.05	0.02	.09**

Note. Block 1 $R^2 = .07$. Block 2 $R^2 = .61$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Parental self-esteem

Table 4.20 displays the results of the regression analysis predicting parental self-esteem. The demographic variables explained 7.2% of the variance in parental self-esteem, $F(5,567) = 9.84, p < .001$, with age, ethnicity and SEN making a significant contribution to the regression equation. The addition of the behavioural and emotional, personal and contextual, and character strength measures in block 2 was then examined. Six additional significant independent predictors were included in the final regression model through the stepwise procedure: namely, family involvement, knowing myself, prudence, activity engagement, creativity, and competent coping skills. Of the demographic variables, gender became a significant independent predictor whilst age and ethnicity remained significant independent predictors. The variables in the final regression equation explained 56.0% of the variance in parental self-esteem, $F(11,561) = 66.30, p < .001$.

Table 4.20 Hierarchical regression analysis for variables predicting parental self-esteem ($N = 820$)

Block	Variable	B	$SE B$	β
1.	Gender	0.00	0.12	.00
	Age	-0.24	0.04	-.25***
	White	0.30	0.13	.10*
	SEN	0.54	0.22	.10*
	Multiple deprivation index	0.02	0.02	.04
2.	Gender	0.17	0.08	.06*
	Age	-0.10	0.03	-.10**
	White	0.21	0.10	.06*
	SEN	0.10	0.16	.02
	Multiple deprivation index	0.00	0.02	-.01
	Family involvement	0.34	0.02	.57**
	Knowing myself	0.14	0.03	.18**
	Prudence	0.05	0.02	.10**
	Activity Engagement	-0.06	0.02	-.08*
	Creativity	-0.04	0.02	-.09*
	Competent coping skills	0.05	0.02	.08*

Note. Block 1 $R^2 = .08$. Block 2 $R^2 = .56$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Social self-esteem

Table 4.21 displays the results of the regression analysis predicting social self-esteem. The demographic variables explained 2.9% of the variance in social self-esteem, $F(5,568) = 4.48$, $p = .001$, with age and multiple deprivation index decile making a significant contribution to the regression equation. The addition of the behavioural and emotional, personal and contextual, and character strength measures in block 2 was then examined. Five additional significant independent predictors were included in the final regression model through the stepwise procedure: namely, knowing myself, peer connectedness, perspective, leadership,

and creativity. All the demographic variables became non-significant independent predictors. The variables in the final regression equation explained 49.0% of the variance in social self-esteem, $F(10,563) = 54.14, p < .001$.

Table 4.21 Hierarchical regression analysis for variables predicting social self-esteem ($N = 801$)

Block	Variable	<i>B</i>	<i>SE B</i>	β
1.	Gender	-0.11	0.12	-.04
	Age	-0.14	0.04	-.14**
	White	-0.13	0.14	-.04
	SEN	0.44	0.24	.08
	Multiple deprivation index	0.05	0.02	.10*
2.	Gender	-0.02	0.09	-.01
	Age	-0.02	0.03	-.02
	White	-0.14	0.10	-.04
	SEN	-0.04	0.18	-.01
	Multiple deprivation index	0.03	0.02	.06
	Knowing myself	0.27	0.03	.34**
	Peer connectedness	0.35	0.05	.27***
	Perspective	0.10	0.02	.18***
	Leadership	0.07	0.02	.14**
	Creativity	-0.04	0.02	-.08*

Note. Block 1 $R^2 = .04$. Block 2 $R^2 = .49$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Personal self-esteem

Table 4.22 displays the results of the regression analysis predicting personal self-esteem. The demographic variables explained 9.3% of the variance in personal self-esteem, $F(5,568) = 12.68, p < .001$, with gender and age making a significant contribution to the regression equation. The stepwise addition of the behavioural and emotional, personal and contextual, and character strength measures in block 2

was then examined. Six additional significant independent predictors were included in the final regression model through the stepwise procedure: namely, knowing myself, competent coping skills, hope, creativity, intrapersonal strength, and being involved. Of the demographic variables, only age remained as a significant independent predictor. The variables in the final regression equation explained 54.0% of the variance in personal self-esteem, $F(11,562) = 60.04, p < .001$.

Table 4.22 Hierarchical regression analysis for variables predicting personal self-esteem ($N = 894$)

Block	Variable	<i>B</i>	<i>SE B</i>	β
1.	Gender	0.31	0.16	.08**
	Age	-0.43	0.06	-.30***
	White	-0.06	0.19	-.01
	SEN	0.57	0.31	.07
	Multiple deprivation index	0.05	0.03	.07
2.	Gender	0.22	0.12	.06
	Age	-0.22	0.04	-.16***
	White	-0.11	0.14	-.02
	SEN	0.03	0.23	.00
	Multiple deprivation index	0.02	0.02	.03
	Knowing myself	0.45	0.05	.43***
	Competent coping skills	0.16	0.04	.16***
	Hope	0.14	0.03	.21***
	Creativity	-0.08	0.03	-.11**
	Intrapersonal strength	0.07	0.03	.10*
	Being involved	-0.07	0.03	-.07*

Note. Block 1 $R^2 = .10$. Block 2 $R^2 = .54$. * $p < .05$. ** $p < .01$. *** $p < .001$

For a summary of the hierarchical regression analyses for variables predicting self-esteem see Table 4.23. Findings reveal the strengths of knowing myself and creativity are significantly associated with all self-esteem domains, whilst zest, honesty and commitment to family values are not associated with any of the self-esteem domains.

4.6.8 Additional analyses

Due to the high levels of missing IMD data, the regression analyses were re-run without IMD and are shown in Appendix O (Tables O1-O5) The results were very similar; however, the following exceptions were noted. For academic self-esteem, forgiveness became significant whilst for general self-esteem, SEN provision, hope, school functioning, peer connectedness and being involved became significant.

For parental self-esteem both self-regulation and hope became significant whilst for social self-esteem, family involvement and being involved became significant. For personal self-esteem, gender, interpersonal, family involvement and self-regulation became significant when the regression analyses were re-run without IMD.

In order to gauge whether the adolescents with dyslexia in Study 1 differed in self-esteem to those of the same age in Study 3, a comparison was sought. Due to the different number of self-esteem items in the social, general and parental domains in the shortened questionnaire devised for Study 3, direct comparison of these domains with Study 1 could not be made. However, a comparison of mean self-esteem scores reveal that the four adolescents with dyslexia in Study 1 have lower academic and personal self-esteem scores than the 13 and 14 year old adolescent with dyslexia from Study 3 ($N = 28-32$) (see Appendix P). Since samples for both

Studies were recruited predominately from independent schools, their educational pathway may not account for these discrepancies. Indeed, a comparison of 13 and 14 years old in Study 3 showed that adolescents with dyslexia revealed lower self-esteem in all domains (with the exception of social self-esteem in 14 year olds) than their typically developing peers (see Appendix Q). Such findings were replicated for the complete dataset of Study 3, in that, a comparison of the means of all the adolescents with dyslexia with their typically developing counterparts, revealed that adolescents with dyslexia scored lower in all self-esteem domains than their typically developing peers (see Appendix R). Further analysis showed that the adolescents with dyslexia were found to have significantly lower academic ($t(791) = 3.86; p < .001$) and general ($t(889) = 4.50; p < .001$) self-esteem compared to their typically developing counterparts (see Appendix S). These findings support the literature highlighting that adolescents with dyslexia experience lower self-esteem.

Table 4.23 Summary of hierarchical regression for variables predicting self-esteem

Variable	Academic self-esteem	General self-esteem	Parental self-esteem	Social self-esteem	Personal self-esteem
Gender			*		
Age	**		**		***
White			*		
SEN	*	*			
Multiple Deprivation index	*				
Interpersonal strength	*				
Intrapersonal strength		***			*
Family involvement		***	***		
School functioning	***				
Activity Engagement			*		
Knowing myself	***	***	***	***	***
Peer connectedness				***	
Competent coping skills			*		***
Commitment to family values					
Pro-Social attitude	***				
Being involved					*
Leadership				**	
Love of Learning	**				
Perspective		**		***	
Hope					***
Self-regulation	***	*			
Creativity	**	**	*	*	**
Prudence			**		
Zest					
Forgiveness		**			
Honesty					

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

4.7 Discussion

Low self-esteem in adolescence impacts negatively on a broad spectrum of mental disorders and social problems and research reveals such outcomes can have pervasive negative ramifications throughout life. These include internalising problems, for example, depression (Orth, Robins, & Roberts, 2008; Keane & Loades, 2017), anxiety, (In-Albon, Meyer, Metzke, & Steinhausen, 2017), and eating disorders (Courtney, Gamboz, & Johnson, 2008). In addition, low self-esteem can also manifest in externalising problems such as violence and substance abuse (Donnellan, Trzesniewski, Robins, Moffitt & Caspi, 2005; Mann, Hosman, Schaalma, & De Vries, 2004), bullying (O'Moore & Kirkham, 2001), and disparaging others (Collange, Fiske, & Sanitioso, 2009).

Building upon the findings of Study 1, this study specifically investigated whether demographic variables impact self-esteem domains and whether certain behavioural & emotional, personal and contextual and character strengths can explain the variance in domain-specific self-esteem levels controlling for demographic variables.

In response to the first research question of Study 3, findings revealed that gender, age, ethnicity, special educational needs (SEN) provision, and multiple deprivation decile impacted on specific self-esteem domains. Whilst much of the previous research have highlighted the impact of these demographic variables on self-esteem, the current study identifies their influence on specific domains of self-esteem.

Females had significantly lower general and personal self-esteem than their male counterparts, supporting previous research indicating males have consistently reported higher self-esteem than females (Bleidorn et al., 2016; Heaven &

Ciarrochi, 2008; Kiviruusu, Huurre, Aro, Marttunen, & Haukkala, 2015). Gender differentials have also been shown in age-related changes, while self-esteem among boys is more likely to increase, self-esteem among girls tends to decrease slightly during early adolescence (Birndorf, Ryan, Auinger, & Aten, 2005; Robins, Trzesniewski, Tracy, Gosling & Potter, 2002).

Non-white participants had significantly lower parental self-esteem scores, supporting earlier findings suggesting ethnicity influences adolescent self-esteem (Bachman, O'Malley, Freedman-Doan, Trzesniewski, & Donnellan, 2011; McLoed & Owens, 2004;). Bracey, Bamaca, & Umana-Taylor (2004) found significant associations between ethnicity and self-esteem, in reporting that biracial adolescents had significantly higher levels of self-esteem compared with their Asian counterparts, but significantly lower self-esteem when compared to Black adolescents. In addition, a significant and positive relationship between ethnic identity and self-esteem was found for all groups. Furthermore, the negative impact of ethnic/racial discrimination has been found to be related to lower self-esteem (Panchanadeswaran, & Dawson, 2011; Harris-Britt, Valrie, Kurtz-Costes & Rowley, 2007).

Within the current study, SEN participants were found to have significantly lower general and academic self-esteem. This supports earlier findings suggesting that SEN participants develop a negative self-perception of themselves in comparison to their typically developing peers (LaBarbera, 2008; Theunissen, Rieffe, Netten, Briaire, Soede, Kouwenberg & Frijns, 2014). Additional analyses specifically highlighted that adolescents with dyslexia displayed significantly lower academic and general self-esteem than their typically developing peers. Such findings support earlier research revealing adolescents with dyslexia exhibit lower

academic self-esteem (Terras, Thompson & Minnis, 2009), however, the influence of context (Burden & Burdett, 2005) or gender (Alexander-Passe, 2006) has been emphasised.

In the current study, age was significantly negatively correlated with all self-esteem domains. Whilst this supports the decline in adolescent self-esteem profiled by Bleidorn et al. (2016) and Robins, Trzesniewski, Tracy, Gosling and Potter, (2002) it is contradictory to recent findings documenting overall stability then an increase in self-esteem through adolescence (Orth, Erol & Luciano, 2018).

Multiple deprivation decile was significantly and positively associated with academic and social self-esteem, such that participants living in more deprived areas had lower self-esteem. Although not directly related to the IMD profiling, this supports findings that indicate that those with higher socio-economic status display higher self-esteem than those with lower socio-economic status (Rhodes, Roffman, Reddy, & Fredriksen, 2004; Francis & Jones, 1996). However, contradictory findings are found from a British study (using data from the British Youth Panel and the National Longitudinal Survey of Children and Youth on adolescents aged 11-15 years, 1994-2004) which suggest no significant differences in the self-esteem of adolescents between the most deprived and most affluent neighbourhoods (Fagg, Curtis, Cummins, Stansfeld, & Quesnel-Vallée, 2013). Among socio-economic variables, family income appears to have the highest association with adolescent self-esteem (Birndorf, Ryan, Auinger, & Aten, 2005), although, Veselska, Madarasova Geckova Gajdosova, Orosova, van Dijk & Reijneveld (2009) revealed that socio-economic discrepancies in adolescent ($N = 3694$, mean age = 14.3 years) self-esteem was influenced by personality, mental health and social support. Furthermore, results showed that personality dimensions (extroversion, emotional

stability and openness to experience), social support from family and significant others and mental health contributed to the correlation between family affluence and self-esteem.

In response to the second research question considering the strengths, the findings revealed that higher levels of academic self-esteem were associated with higher levels of functioning in school, knowing myself, self-regulation, pro-social attitude, interpersonal strength, love of learning and creativity. Higher levels of general self-esteem were associated with higher levels of intrapersonal strength, knowing myself, involvement in family, creativity, forgiveness, perspective and self-regulation. Higher parental self-esteem was associated with higher levels of family involvement, knowing myself, prudence, activity engagement, creativity and competent coping skills. Higher levels of social self-esteem were associated with higher levels of knowing myself, peer connectedness, perspective, leadership and creativity. Higher levels of personal self-esteem were associated with higher levels of knowing myself, competent coping skills, hope, creativity, being involved and intrapersonal strength. Support was found for a constellation of 18 strengths that predict specific domains of self-esteem (see Table 38).

It was notable that two strengths were significant independent predictors of all five self-esteem domains, namely knowing myself and creativity whilst five strengths - self-regulation, intrapersonal strength, competent coping skills, family involvement and perspective each predicted two domains. Knowing myself was classified as the most significant of predictors for all domains, although this position was shared, on occasion, with other strengths pertinent to the specific domains, for example, knowing myself, competent coping skills and hope were the most significant predictors for personal self-esteem. Furthermore, the generalised

importance of creativity as a significant predictor of all the domains must not be overlooked and shall be addressed now as an individual strength and its relatedness to identity formation which aligns well with the knowing myself.

This study lends its weight to the increasing body of knowledge that indicates the ‘inherent latent power’ (Baran, Erdogan, & Cakmak, 2011) of creativity existent in adolescents needs a portal for activation. Such a discussion brings to the fore the concept of a creative identity. Indeed, Glăveanu and Tanggaard (2014) propose a socio-cultural model of creative identities in which creative identities are representational projects evolving from the inter-connections between self (as creator), multiple others and ideas of creativity based on societal rhetoric. In other words, our creative identity is both an individual and collective entity which emerges from our collaborations within many groups and across a multitude of contexts. Creative identities can be either perceived as promoted, denied or problematic and each influence the engagement in creative work. For example, promoted identity positively impacts on the choice to start creative work whilst the opposite effect stems from a denied creative identity. Moreover, there is reciprocal relationship of identity and behaviour and their interplay is positioned within a multiple and dynamic matrix. In sum, in understanding the potential significance of creativity and identity to increase self-esteem, there is a necessity to promote creative identities within the academic curriculum.

4.8 Strengths and limitations

The main strength of this study lies in that it is the first, to our knowledge, to examine strengths predictors of adolescent self-esteem domains in a school setting. There has been a paucity of research investigating the predictors of the five domains

of self-esteem (academic, general, parental, social and personal). Previous studies have predominately concentrated on global self-esteem. It is suggested that possession of intricate knowledge of the strengths predicting each self-esteem domain can allow the implementation of interventions to intercept the establishment of low self-esteem within that individual context. Indeed, determining what predicts an adolescent to construe or develop low self-esteem may have significant implications for prevention. It is envisaged further research could facilitate the implementation of gender and age specific tailored interventions to increase and sustain normative levels of self-esteem. In line with the literature, the current study found gender impacted on self-esteem, such that females exhibited significantly lower general and personal self-esteem than their male counterparts. In recognising the impact of a multitude of demographic variables influencing self-esteem, the analysis in the current study controlled for the effects of gender, age, ethnicity, SEN provision and index of multiple deprivation. This study therefore provides initial data on the predictors of specific self-esteem domains.

In an era marked by the prevailing burden and impact of adolescent mental health problems (e.g., anxiety) (Das et al., 2016), knowledge of the personal self-esteem predictors (knowing myself, creativity, intrapersonal strength, being involved, hope and competent coping skills) is crucial. Such findings highlight strengths that may promote mental well-being, allowing practitioners a vehicle to enhance adolescents intimate perceptions of anxiety and self-worth through preventative intervention before mental health issues manifest themselves.

A second strength of this study was the large sample size ($N=953$) facilitating the the identification of a constellation of strengths predicting self-esteem domains. Within the school context, these findings allow a unique

opportunity for bolstering individual self-esteem domains through interventions with a specific armoury of strengths. This large dataset was generated from four schools with differing demographics within a three week period. However, the results may not be generalisable as the schools were not chosen to be representative of all schools in England.

Despite recognising the strengths embodied by this study, it is important that a number of limitations should be acknowledged when discussing results regarding questionnaire design, participants and implementation.

The first limitation is that the data from this study has been collated from mainly independent schools and, therefore, findings cannot be generalised to adolescents within the state educational system.

The second limitation is that the current study is cross-sectional and, as a result, it may be difficult to clarify evidence of temporal ordering indicating whether self-esteem is a predictor or consequence of a specific construct in adolescence and/or whether reciprocal relationships exists (Marshall, Parker, Ciarrochi & Heaven (2014). Indeed, acknowledging correlation is not causation (Baumeister & Vohs, 2018), Baumeister, Campbell, Krueger, and Vohs (2003, 2005) argued for more longitudinal design and robust methodology suggesting that self-esteem may be consequence of other processes, rather than a propelling force of positive ramifications for individuals.

Third, a further weakness is the design of the questionnaire developed for the current study. Although items were selected ‘word for word’ (to ensure continuity of construct definition) from the adolescent versions of four valid and reliable assessments measuring self-esteem and strengths, the number of items were reduced resulting in shortened scales. In the formative stages of the questionnaire design, a

more systematic approach may have been warranted in the selection of items from the original questionnaires. Shortened scales had to be used to reduce the number of items and led to dilemmas of which items truly represented the construct. For example, factor analysis had revealed four items loaded strongly onto General self-esteem, in contrast to the original inventory CFSEI-3 inventory (2002) domains in which these items assess personal self-esteem. Further analysis reinforced the inclusion of the 7 item scale as it demonstrated a higher and more acceptable Cronbach's alpha than the 3 item scale. It must also be emphasised that after analysis of Study 1 only 10 character strengths were considered worthy of inclusion. The VIA (youth) measured 24 strengths and further investigation of all character strengths is warranted.

The fourth study limitation was that the logistics of disseminating the questionnaire within the school context relied on the goodwill, kindness and competence of those teachers who scheduled and organised form time for completion and indeed the adolescents willingness to complete the questionnaire. Three of the four schools scheduled a fixed allocated time within the school timetable to complete the questionnaire (normally morning registration/form time). The remaining school adopted a more flexible student-driven approach, which very probably accounts for the reduced response rates (9% compared to an average of 77% for the other three schools). This particular school was an inner city secondary school in comparison to the other three independent schools.

Missing data ranged from 16.8% of academic self-esteem scores to 6.2% of personal self-esteem scores. This may be due to a number of factors; positioning of these items in the questionnaire, for example, the personal self-esteem items were on the first page of the questionnaire whereas academic self-esteem was positioned

much later as the the last domain to be measured. Alternatively, the discrepancy could be due to the participants feeling more comfortable responding to personal self-esteem items which predominately featured emotions. On reflection, due to this level of missing data, randomisation of presentation of items may have been preferable.

The demographic profile of the dataset was convergent with recent England data in terms of SEN provision (13.5% of the current study compared to 14.6% according to the DoE Special educational needs in England: January 2018 paper) and mental health difficulties (11.7 % compared to 11.5% as cited by Green, McGinnity, Meltzer, Ford & Goodman, 2005). However, with regard to gender, 72.4 % were female compare to the 50.5% cited for girls in primary and secondary education according to Trading Economics data (2015). In addition there was a lower percentage of white participants compared to those recorded in the 2011 England Census, i.e., 66.5% compared to 85.4%. The current sample revealed 7.1% in the most deprived decile and 20.6% in the least deprived decile. Future research would want to replicate these findings in a more representative sample including more boys and fewer affluent (least deprived) adolescents.

4.9 Conclusions

The current study sought to answer the following research questions:

1. Do age, gender, ethnicity, SEN and/or deprivation deciles impact on self-esteem domains?
2. Which specific behavioural and emotional, personal, contextual and character strengths predict different domains of self-esteem in adolescents (10-17 years) in mainstream secondary school?

In answer to first research question, the findings revealed that gender, age, ethnicity, SEN provision, and multiple deprivation decile impacted on specific self-esteem domains. Females had significantly lower general and personal self-esteem than their male counterparts. Non-white participants had significantly lower parental self-esteem scores, whilst SEN participants were found to have significantly lower general and academic self-esteem. Age was significantly negatively correlated with all self-esteem domains, and multiple deprivation decile was significantly and positively associated with academic and social self-esteem.

With reference to the second research question, stepwise multiple hierarchical regression analysis indicated a constellation of 18 predictors of domain specific self-esteem. The strengths of knowing myself and creativity were underscored as the universal predictors of all domains of self-esteem.

This study, therefore, provides an initial overview of the identification of predictors of specific self-esteem domains in adolescents. It is hoped that the results of the current study will not only contribute to the knowledge of the development of self-esteem in adolescence, but also provide implications for incorporating strengths and creativity into education and training into the school curriculum. Indeed, research has implied that adolescence is an advantageous period to enhance creative processes and “out of the box” thinking. Within the school context, these findings provide a unique opportunity of bolstering individual self-esteem domains through interventions that target strengths.

Chapter 5

General Discussion

The overarching aim of this PhD was to contribute to the knowledge relating to the self-esteem of adolescents: by investigating the self-esteem of vulnerable adolescents through assessment and Life Story Interviews; by exploring the promotion of self-esteem through an intervention; and through identifying the predictors of self-esteem domains in adolescents. Throughout the thesis a positive psychology perspective was adopted, this influenced the strengths-based instruments used and the school-based positive emotion intervention that was implemented.

In order to understand and capture the broad landscape of adolescent self-esteem a mixed methodology was used which ranged from individual narratives with two samples of ‘vulnerable’ adolescents to online questionnaires completed by a large sample of adolescents. The diversity of methodology included a qualitative analysis of rich descriptive data. This data explored the lived experience of adolescents and revealed themes which underpinned their self-esteem and emerging identities as well as a generation of a sizeable dataset which facilitated the investigation of strengths predictors of self-esteem through multiple regression analysis. A strength of this research stems from acknowledging the significance of self-esteem in different contexts and arenas of lives. In contrary to much of the self-esteem literature which has investigated overarching global self-esteem, this research followed a more nuanced approach by focussing on the five specific self-esteem domains (academic, general, parental, social and personal) as identified by Battle (2002) and in line with Harter’s proposition that self-esteem is hierarchical and multidimensional (1988).

4.10 Research questions

The research questions posed by this thesis concentrated upon these different domains of self-esteem with a small number of vulnerable adolescents (Studies 1 and 2) and a larger sample of adolescents (Study 3). Two samples of vulnerable adolescents were recruited for Studies 1 and 2. Sample 1 comprised four adolescents with dyslexia and Sample 2 comprised eight disengaged adolescents at risk of becoming NEETs.

Study 1 investigated if these vulnerable adolescents reported lower self-esteem than the norm (as measured by the CFSEI-3) and sought to understand the reasons underpinning their self-esteem through the identity-based Life Story Interview.

Study 2 explored the impact of an 8/10 week school-based positive emotion intervention on the different domains of self-esteem at four time points.

Study 3 sought to answer two research questions through the analysis of an online questionnaire circulated to a large number ($N=953$) of adolescents. Firstly, do age, gender, ethnicity, SEN and/or deprivation deciles impact on self-esteem domains? Secondly, which specific behavioural and emotional, personal, contextual and character strengths predict different domains of self-esteem in adolescents (10 - 17 years) in mainstream secondary school?

4.11 Main Findings

4.11.1 Study 1

This study reported on IPA of the Life Story Interview (McAdams, 2002) of two samples of vulnerable adolescents. It is posited that during adolescence an integrated narrative of self gives life with a level of purpose and psychosocial unity

(Breger, 1974; McAdams, 2001). The narratives investigated their lived experiences embedded within the cultural context and norms in which the adolescent lives with its assumptions about gender, ethnicity, disability, social class etc. The IPA revealed seven similar emergent themes for both samples; academic self-evaluation, social self-evaluation, self-efficacy, emotional self-efficacy, emotional awareness, identity, and self-attribution. An additional theme of rationalisation for school disengagement and potential re-engagement emerged from Sample 2 although the subject of disengagement was not instigated by the researcher.

Emergent themes may explain the spiky self-esteem profiles of both samples, and indeed why the adolescents with dyslexia in Sample 1 maintained an average level of self-esteem compared to the lower levels of self-esteem exhibited by the disengaged adolescents in Sample 2. Indeed, seven of the eight disengaged adolescents at 'risk' of becoming NEET displayed lower than average academic self-esteem scores, in line with previous research highlighting the link between lower academic self-esteem and lower engagement in school (Arens & Major, 1989; Crocker et al., 1998; Steele, 1997). A strength of the study also lay in the triangulation of self, parent and teacher reports assessed behavioural and emotional strengths of the participants in Sample 1 which facilitated a more holistic integrated perspective. Unfortunately, for Sample 2, due to the absence of the returned forms, only the self and teacher reports were available to be assessed.

Although the samples shared seven themes, their significance in terms of frequency of reference and their content differed. Such a disparity was specifically witnessed in the content of academic self-efficacy. Stark discrepancies existed when links to creativity were examined, references to expressions of creativity were interwoven through the narratives of the adolescents with dyslexia and may provide

a portal for stress and foster improved coping with negative emotions. There is divergent research regarding the association between dyslexia and creativity.

Whether innate or not, expressions of creativity were promoted within the school environment and included enjoyment of and, in some cases, excelling in art, music and drama. It was interesting to note from Study 3 that creativity was found to be a significant predictor of all self-esteem domains.

Assessment and narratives revealed disparities in self-esteem levels between Sample 1 and Sample 2 and centred not only on self-evaluations but the divergent influence of parents, peers and the school. The adolescents with dyslexia from Sample 1 appear buffered from suffering low academic self-esteem. According to Bronfenbrenner's Ecological Systems theory (1992) this may be due to the protective influence of their home and school (microsystem), connections forged between their parents and school (mesosystem) and their wider societal and cultural knowledge that has embedded them within their macrosystem, fostering a positive self-esteem and progressed identity formation.

4.11.2 Study 2

Findings from Study 1 recognised that, in line with the literature, some vulnerable adolescents displayed lower than average self-esteem. Therefore, Study 2 recruited the same samples and focussed on the impact of an 8/10 week group school-based 'positive emotions' intervention (Suldo, Savage & Mercer, 2014) to promote self-esteem. Fredrickson's 'broaden and build theory' (Fredrickson, 2004) of positive emotions underpinned the adoption and adaptation of the intervention. The components of the intervention focussed on the positive emotions in the past (gratitude), present (recognition and use of character strengths) and future (gratitude). Single case design was used to investigate change post-intervention at

three time points - immediately post-, 6 month post- and either 9 (Sample 2) or 12 month post-intervention (Sample 1).

Visual inspection of the graphs of Sample 1 revealed only slight evidence of an increase in both personal and global self-esteem domains for two participants from pre-intervention to 12 month post-intervention. A visual inspection of the graphs for Sample 2 showed increases in academic, general, personal and global self-esteem domains for most of the participants from pre-intervention to immediate post-intervention.

Effect sizes measured the relative size of the effect of an intervention. For Sample 1 large positive effect sizes were revealed at both pre-intervention to end of intervention and pre-intervention to 12 month follow up for. A large positive effect size was also revealed in global self-esteem between pre-intervention and 12 month follow up. For Sample 2, large positive effect sizes were shown between pre-intervention and end of intervention for general self-esteem, personal self-esteem and global self-esteem and at pre-intervention to 6 month follow up for personal and global self-esteem. In addition, a large positive effect size was shown for pre-intervention to 9 month follow up for global self-esteem.

TAU-U analysis found no significant difference between the pre-intervention and post-intervention phase trends for academic, general, parental or social or personal self-esteem for Sample 1. However, there was a significant phase trend in global self-esteem between pre-intervention and 12 month post-intervention ($Tau-U = 1.00, p = .049$). This indicates that there was a significant increase in global self-esteem levels from pre-intervention to 12 month follow-up for Sample 1. There was no significant difference for Sample 2 between the pre-intervention and post-intervention phase trends for academic, general, parental or social self-esteem.

However, there was a significant phase trend in personal self-esteem for Sample 2 between pre-intervention and immediate post-intervention ($\text{Tau-U} = 0.70, p = .02$) and pre-intervention and 6 month post-intervention ($\text{Tau-U} = 0.72, p = .02$). In addition, a significant difference was noted in global self-esteem between pre-intervention and immediate post-intervention ($\text{Tau-U} = 0.59, p = .046$). This indicates that for Sample 2 there was significant increase in self-esteem levels in both personal and global self-esteem between pre- and immediately post-intervention

For five of the eight disengaged participants comprising Sample 2, a reliable improvement was noted in personal self-esteem immediately post-intervention, four at 6 months post-intervention and five participants experienced reliable improvement at the 9 months post-intervention assessment. Although the impact was less discernible in the three participants of Sample 1, a reliable improvement was seen in one participant at immediate post-intervention, two participants at 6 month post-intervention, and three participants at 12 month post-intervention assessment. Since this domain represents adolescents' most intimate perceptions of anxiety and self-worth, the positive emotions intervention may have promoted adaptive coping strategies improving resilience in times of stress (Tugade & Fredrickson, 2004). Such a proposition is consistent with Fredrickson's (1998, 2001) broaden & build theory.

Although not the focus of this thesis, the overarching construct of global self-esteem was also measured. For six of the eight disengaged participants comprising Sample 2, a reliable improvement was seen immediately post-intervention, whilst, four participants experienced reliable improvement at both the 6 and the 9 months post-intervention assessment. This mirrors the improvement

witnessed in personal self-esteem. The impact of the intervention on global self-esteem (as with personal self-esteem) for the three participants in Sample 1 was more fluctuating, however, all three showed a reliable improvement from pre-intervention to the 12 month follow-up assessment. Nevertheless, such findings demonstrate how global self-esteem can mask wide discrepancies in inter domain scores and re-emphasise the importance of examined specific self-esteem domains. Although the finding of improvements within the personal and global self-esteem scores for both Samples are encouraging, some of these significant results could be Type 1 errors due the large number of comparisons conducted.

In line with previous research (Froh, Kashdan, Ozimkowski & Miller, 2009), this intervention appeared to yield the most positive outcomes with participants that started with the lowest pre-intervention scores. A consideration is whether the intervention yields beneficial outcomes for a certain subset of individuals. It could be suggested that the participants low in self-esteem are expected to derive more benefits from the positive emotions intervention, furthermore positive emotions may be experienced less with those participants experiencing low self-esteem. However, it could be speculated that a moderator variable may indeed be altering the strength and direction of the relationship between positive emotions and self-esteem. Indeed, it could be speculated that a synergetic relationship between positive emotions and self-esteem might occur naturally with those participants possessing increased levels of the moderator variable. Conversely those experiencing low levels of this moderator variable may benefit from a jump-start, like a positive emotions intervention, to fire up the process. Further studies may be warranted to investigate this proposition.

Personality factors may indeed influence whether a participant benefits most from an intervention. (Rash, Matsuba, & Prkachin, 2011). Whilst Wood, Froh, and Geraghty (2010) proposed the schematic hypothesis which suggests grateful individuals possess a cognitive lens which perceives the world from a more positive, altruistic perspective, McCullough, Tsang and Emmons (2004) proposed a conductance hypothesis postulating individuals with a predilection towards gratefulness display the greatest beneficial outcomes from gratitude related daily episodes. According to both these hypotheses, grateful individuals are ‘primed’ to experience and derive benefit both positive events.

Conversely, a resistance hypothesis suggests that those predisposed to being grateful, may have already reached their ‘ceiling gratefulness’ and therefore not yield positive outcomes from a gratitude intervention) McCullough et al., 2004). Research has revealed preliminary support for the resistance hypothesis (Froh et al., 2009). Such findings would therefore imply that that the participants with average self-esteem in Study 2 having reached their ‘ceiling self-esteem’ would not display the enhancements in self-esteem revealed by those with lower baseline self-esteem scores.

Individual differences, gender and special educational need (SEN) provisions also need further elucidation in future research. For example, in this small sample, girls demonstrated the highest reliable improvements in personal self-esteem.

In addition, there is evidence to suggest the potential inclusion of parents, booster sessions after the 6 month assessments, teacher-led interventions may improve the effectiveness of this school-based intervention (Roth, Suldo, & Ferron, 2017). Moreover, as Macaskill and Denovan (2014) found no significant differences

in character strengths exhibited in clinical and non-clinical undergraduates, it can be suggested that previous school-based strengths use interventions could translate effectively into clinical and therapeutic practice.

4.11.3 Study 3

Whilst Studies 1 and 2 focussed on a small and diverse participant samples with large individual differences and gave a ‘voice’ to often marginalised adolescents, the findings from the large number of participants in Study 3 yielded an overview of the key strengths predictors of adolescent self-esteem that potentiality could be generalised to the wider population. A deeper knowledge of the associations of specific self-esteem domain predictors was also facilitated.

Stepwise multiple hierarchical regression analysis revealed 18 predictors of domain specific self-esteem. The significance of knowing myself (identity formation) and creativity as universal predictors for all domains of self-esteems was highlighted. Such results are important considering adolescence is a significant epoch for identity formation and creativity (Barbot & Heuser, 2017; Dollinger, Clancy Dollinger, & Centeno, 2005).

The discovery of these universal predictors is understandable as adolescence marks an epoch of recognition and shaping of creative pursuits (Barbot, Lubart & Besançon, 2016). Indeed, Barbot and Heuser (2017) propose three mechanisms to explain the reciprocal relationship between creativity and identity formation. First, creativity may reinforce the thinking process implicated in identity development; second, creativity may attribute to the definition of self, bolstering a positive self-esteem; and third, creativity may provide a conduit for ‘adaptive’ self-expression. According to this hypothesis it is not surprising therefore that creativity and knowing myself were predictive of all self-esteem domains. Indeed, recently Sica,

Ragozini, Di Palma and Sestito's (2017) confirmed the relationship between identity and creativity in late adolescents, by identifying six identity stages (moratorium, critical exploration, achievement, early closure, diffusion and searching moratorium) each differentially interplaying with creativity.

The findings from Study 3 not only recognise the synergy between creativity and identity formation (knowing myself) but add to the existent literature in deciphering the directionality of the relationship between creativity and self-esteem domain. This has significant implications for the development of creativity-based interventions designed to promote adolescents' self-esteem. This builds on evidence to suggesting art making is crucial in the identity formation of adolescents with differing social behaviours (Fletcher & Lawrence, 2018).

Indeed, the act of storytelling may be suggested as a vehicle for tapping into an adolescent's creative potential, thus facilitating positive identity formation. By harnessing social and intellectual creativity, storytelling can help form a cohesive and coherent sense of self. (McAdams, 1999). Such storytelling was used in Studies 1 and 2 through the Life Story Interview (McAdams, 1999). Although based on biographical facts, participants select appropriate elements of past episodes to merge with an imaginary future to give unity, meaning and purpose to life (McAdams, 1998, 2001). Further investigation is warranted as to whether the Life Story Interview could be implemented as an individual brief intervention for the promotion of self-esteem. Indeed, it is posited that the fictional element of creative story writing is related to future self-esteem, in that the adolescent self is positively projected into the future and can be used as a platform for creating narrative fiction (Dollinger & Clancy, 1993). Furthermore, Keem, Shalley, Kim, and Jeong, (2018) cite the author Coupland who posited that 'Storytelling is ultimately a creative act of

pattern recognition...(where) the storyteller posits a series of dots that the reader can connect’.

Interestingly, recent research by Barbot (2018) associates different aspects of creativity with different domains of self-esteem. Research has historically revolved around established creativity assessments which all associate with different facets of creativity, these include divergent thinking tasks, achievements in creativity and self-reported creativity. Due to the sparse and inconsistent empirical research investigating domain specific creativity and domain specific self-esteem, Barbot (2018) investigated the multivariate relationships between three aspects of creativity (music, literary-verbal and graphic) and seven domains of self-esteem (e.g., global, academic, emotional, physical, academic, creative and future) in 170 adolescents. Findings revealed global self-esteem was uniquely linked to musical creativity, whilst academic and future self-esteem were uniquely and distinctly related to the story writing task (literary-verbal domain) (Barbot, 2018). However, none of the self-esteem domains were uniquely related to drawing task creativity. Furthermore, Barbot (2018) contends that the specific demands of a creativity activity dictate the relationships it forms, for example, demands can comprise both the situational (confidence levels required to perform the creative act) as well as the nature of the creative act.

Through understanding the associations between hope and personal self-esteem revealed in the findings of Study 3, it is suggested that the hope component of the positive emotion intervention may have triggered the widespread reliable improvements within the personal self-esteem domain demonstrated in Study 2 findings. Recognising the relationship between hope, future self-esteem and

identity development, creative writing skills may be a useful inclusion in the hope-based ‘best possible selves’ intervention (Barbot, 2018; Barbot & Heuser, 2017)

The context, in terms of peer group interaction, with whom the intervention takes place warrants further examination. A recent study (Van de Vyver & Crisp, 2019) revealed that creative thinking can be improved by exposure (or imaginary exposure) to individuals that are socially diverse in terms of gender, age, ethnicity, geography and education. It is suggested that such exposure leads individuals to question the heuristic-based thinking that underpins automatic thoughts, promotes new and complex information processing which is reflected in the individual generating more creative thinking. A parallel can be drawn with this creative thinking process and the broaden and build theory (Fredrickson, 1998). Since creativity was indicated as a significant predictor of all self-esteem levels in Study 3 it is posited that integrating participants from Sample 1 and Sample 2 (different schools and diverse backgrounds) into the same intervention could have increased their creativity and consequently all domain-specific self-esteem levels.

Identifying predictors, in a sizeable number of adolescent participants, is important as this research could help consolidate and advance the body of knowledge that straddles both adolescence self-esteem and strengths. These findings have implications for the education system in terms of including strengths in school-based interventions, as well in being incorporated in programmes with those with mental health difficulties such as anxiety.

4.12 Overall findings

The three studies on adolescent self-esteem that comprise this thesis have highlighted the importance of combining mixed methodology which delves into

individual differences in specific self-esteem domains levels and consequential discrepancies in response to the positive emotion intervention.

The significance of forming a positive sense of identity is highlighted throughout this thesis, aligned with the definition operationalised by Schwartz, Luyckx and Vignoles (2011, p. 4), a sense of identity has been seen to pervade all contexts and relationships, centring the individual adolescents socially and culturally. The IPA of the narratives of Samples 1 and 2 in Study 1 revealed that the multi-faceted construct of identity was a shared theme interwoven throughout their life stories, influencing interpersonal relationships, family dyads and integral to the exploration and commitment critical in career path development. Indeed, regression analyses of Study 3 underscored ‘knowing myself’ as a universal predictor of the five self-esteem domains under exploration.

The findings from the large number of participants that completed questionnaires identified eighteen strengths predictors of self-esteem, highlighting the strengths of knowing myself and creativity as significant universal predictors of all self-esteem domains. The literature focussing on creativity, identity formation and indeed the emergence of a creative identity has been discussed with its implications for self-esteem.

The importance of context is considered in terms of Bronfenbrenner’s ecological systems framework (1992) where the adolescent is centred within multiple environments embedded within their wider societal and cultural values and historical context. Furthermore, the contexts in which the adolescent develops (e.g., family, school, peers) and their interactions with each other and the adolescent impact self-esteem.

4.13 Strengths and Limitations

The strengths and limitations of the individual studies have already been addressed within the related chapters. This section considers more general strengths and limitations of the work presented in this thesis.

Previous research has highlighted that low self-esteem in adolescence impacts negatively on outcomes which can have pervasive detrimental ramifications throughout life. Much of the previous research has measured global self-esteem using the Rosenberg's 10 item scale (1965) (RSE; Rosenberg, 1979) and there is a paucity of research that has examined associations with, or predictors of, specific self-esteem domains. Therefore, in order to explore these relationships, Battle's five domain self-esteem inventory (CFSEI-3, 2002) was used in all three studies incorporated into this research.

The strength of the work presented in this thesis into adolescent self-esteem lies in its holistic perspective and mixed methodology, where narrative is combined with analysis from both single case design and large sample dataset. Rich, descriptive qualitative data gave 'voice' to these marginalised adolescents from the two small and diverse samples. The impact of dyslexia or disengagement was woven into their stories yet conversations regarding these constructs were neither prompted nor instigated by the researcher. By adopting a positive psychology stance, the participants had the opportunity to recognise and use their strengths in the intervention and, from a wider perspective, strengths predictors of self-esteem domains were revealed from a large sample of adolescents with potential generalisability to the general population. The inclusion of strengths predictors in interventions has wide reaching implications in targeted populations and may prove

especially useful in combating the burgeoning mental health issues prevalent within adolescence.

Another strength is that the temporal validity of Battle's Self-Esteem Inventory (CFSEI-3, 2002) is generally supported. Due to the different number of self-esteem items in the social, general and parental domains in the shortened questionnaire devised for Study 3, direct comparison of these domains with the Battle's normative scores could not be made. However, comparison of mean academic and personal self-esteem scores of the 13-14 years old from Study 3 and Battle's normative self-esteem scores fall within the 'average' self-esteem descriptors (8-12) referenced in the manual. Such findings highlight that in the 18 year period from when Battle's original sample was normed in 2000 to Study 3 that levels of 'average' self-esteem have remained within the same range for academic and personal self-esteem (see Appendix T). This supports the generalisability of Battle's self-esteem normative results across time.

Self-esteem is a reflexive and conscious phenomenon dependent upon how the individual acknowledges his or her value, therefore, implicit and explicit self-esteem must also be considered, acknowledging their primary distinction being whether self-evaluations are accessible to conscious awareness.

Explicit self-esteem is measured by what an individual says about themselves and gauges an individual's private self-valuation as a person based on an integrative and synthetic understanding. Traditionally, self-esteem has been assessed explicitly, such as in Battle's Culture-Free Self-esteem inventory (2002) where direct questions are posed such as 'Would you change many things about yourself if you could?' which tapped into personal self-esteem domain.

On the other hand, implicit self-esteem is gauged by automatic responses and assesses the degree to which the self is cognitively associated with positive versus negative thoughts, for example, how an individual associates words that have negative or positive connotations with themselves (Greenwald & Farnham, 2000). Further measures have been developed to assess implicit self-esteem including the Name liking effect where individuals with high self-esteem tend to like their own name (Gebauer, Riketta, Broemer, & Maio, 2008).

Those individuals who reveal a high explicit self-esteem combined with a low implicit self-esteem are prone to be defensive in response to criticism (e.g., Bosson, Brown, Zeigler-Hill, & Swann Jr., 2003) and discriminatory against other ethnicities (Jordan, Spencer, & Zanna, 2005). Such discrepancies can manifest in a fragile self-esteem.

However, congruence between implicit and explicit self-esteem, due to the integration of the two representations, is suggested to reduce anger and enhance mental health (Schroder-Abe, Rudolph, & Schutz, 2007). Indeed, there is consensus that those that can readily access and comprehend their intuitive or emotional states can derive their explicit self-esteem from implicit representations display a congruent implicit and explicit self-esteem (Jordan, Whitfield, & Zeigler-Hill, 2007)

Tafarodi and Ho (2006) question the theoretical validity of the implicit self-esteem arguing that struggles with operationalisation of this theoretical construct of self-esteem and its subsequent measurement impacts the construct validity of implicit self-esteem questionnaires.

Self-esteem, by definition, is a construct that relies on individual's subjective evaluation of their abilities and limitations, therefore self-report is considered the natural method for assessment. It is acknowledged that the psychometric

assessments used within this thesis were predominately self-report, and therefore intrinsically biased for example in terms of social desirability. Indeed, it is well-documented that the ‘better than average effect’ (e.g. Sedikides & Gregg, 2008) is cited as evidence that some individuals self-score more generously than objective facts would justify. This led Baumeister and Vohs (2018) to call for a more objective observation of actual behaviour than the reliance on (predominately online) self-report. This self-report limitation was present in Study 3, however, was countered in Study 2. The BERS instruments allowed the collation and analysis of behavioural and emotional strengths scores by not only the adolescent but their teacher and parent (for Sample 1 only). Such triangulation revealed adolescents self-scored themselves generally lower than both their teachers and parents and provides a counter-argument to the ‘better than average effect’.

The overarching limitations of the three studies that are reported within this thesis lie in the representativeness of the participant samples and indeed within the design of the studies.

Although the findings of Studies 1 and 2 serve as platforms for further research the small sample sizes do not facilitate the generalisability of findings to the wider population. Indeed, the high proportion of females and participants from independent schools within the sample in Study 3 skews findings and therefore are not representative in terms of the wider education arena in terms of gender and social economic status.

Furthermore, although the design of Studies 1 and 2 suffers many threats to internal validity, the aim of the intervention study was to provide preliminary evidence for its effectiveness. Due to the prolonged period of the intervention of 8 to 10 weeks (punctuated by school holidays) with follow-up assessments up to 12

months post intervention, it is reasonable to assume that more circumstances arose that obscure the effects of the intervention. These are collectively termed 'threats to internal validity'. These threats include placebo effects, Hawthorne effects, maturation, history and instrument threats. The study did not suffer from instrumentation and reporting threats as these were eliminated through administering the same questionnaires in the same format and under the same conditions for all assessments.

The placebo effect operates through a psychological mechanism which results in improved self-esteem. The participant believes the intervention will be beneficial and this has an impact in itself on the outcome.

Indeed, another limitation that could have been present in Studies 1 and 2 is that derived from the 'Hawthorne effect'. First coined by Roethlisberger and Dickson (1939) although the 'Hawthorne effect' has multiple, contradictory, and unreliable meanings (Chiesa & Hobbs, 2008). The definition used for the purpose of this limitation is when there is a change in the participant's normal behaviour, attributed to the knowledge that their behaviour is being watched or studied. Indeed the researcher can be considered a causal influence in the Hawthorne effect by 'merely by studying', 'merely observing' and indeed the 'mere presence of an observer'. By friendly supervision, showing concern for their welfare and endeavouring to create a warm, inclusive and secure space where the participants were given individualised attention (for the Life story Interviews) and throughout the group assessments and intervention the researcher may have inadvertently promoted the 'Hawthorne effect'. This supposition could have been assessed by having the researcher spend the same time with a 'control group' without delivering the intervention.

A further limitation and threat to internal validity is that maturation may occur naturally with these adolescent samples, where the participants in the intervention group develop in ways independent of the intervention (e.g. aging, increasing experience and autonomy) which potentially affect self-esteem levels.

The history threat is when an event, such as school exams, which is not part of the intervention (but could influence the outcome) occurs between pre- and post-intervention assessments. Within the school environment, the probability of the history threat occurring is high and exam results can both positively and negatively impact academic self-esteem.

These three studies may also have suffered from Cohort effects (sometimes referred to as “generation effects” (Last, 2001) as the adolescent cohort investigated have shared common life experiences and experience similar social trends. These adolescents, referred to a Generation Z (born between 1995-2012) will have experienced very different historical events, arts and popular culture, political realities, economic conditions and moral climate than the Millennials (born between 1980-1994). These shared group characteristics in terms of sociocultural contexts may impact research cross-sectional findings and can be countered by conducting longitudinal research investigating the way people change over time.

4.14 Future Implications

It is envisaged that the results of the thesis will not only contribute to the knowledge of the development of self-esteem in adolescence for vulnerable adolescents but for the wider adolescent population.

These studies provide a platform for further investigation into the realms of the strengths of creativity and knowing myself. These two universal significant

predictors of self-esteem and sixteen other domain specific strengths have been identified and may inform the design of interventions aimed at adolescents at risk of suffering low self-esteem. Within the school context, the findings demonstrated within this thesis provide unique opportunity of bolstering individual self-esteem domains through interventions that target strengths.

It is hoped this research also provides support for incorporating strengths and creativity into education and training into the school curriculum. This may be difficult against a backdrop where creative arts are subjugated in comparison to the more traditional and highly regarded 'academic' subjects. This is reinforced by recently reported A level results (2019) which indicate a decrease in the number of students taking music and drama. In such a divisive landscape, some educationalists have contemplated a two-tier degree system where an arts degree may be construed as inferior in terms of future earning power than science degrees. Since research has implied that adolescence is a favourable time to improve "out of the box" thinking and creativity processes, some argue that the decrease in creative subjects being studied and perspective taken for higher education reflect an undervaluing of the skills provided by creative and artistic subjects. Indeed, this perspective may also impact upon adolescent self-esteem and well-being. However, according to the Department of Education it has allegedly ringfenced £500 million of funding between 2016-2020 for the provision of a diverse selection arts and music education programmes.

The strength of knowing myself as a universal self-esteem predictor underscores the importance of the development trajectory of identity formation in terms of career exploration and commitment (Marcia, 1966) on self-esteem. Indeed, there is evidence to suggest that adolescents possessing some career goals exhibit

significantly higher self-esteem than peers without any career goal (Lian-Huang, 1990). Such findings emphasise the significance of skilled career guidance in schools. However, Patton, Bartrum, and Creed's (2004) study with Australian high school students revealed gender differentials, it was only for males that self-esteem influenced career expectations, sequentially predicting career goals, career planning and career exploration. Contextual factors such as the emphasise of the parents, school and peers on career development were not explored.

There is scope for the introduction of a simplified version of the positive emotions intervention utilised in Study 2. Indeed, it is posited that the application of findings from these studies and those that it built upon, could result in a universal 'Positive self-esteem' programme. This comprehensive programme could be implemented as a group school-based intervention for all children (10-13 years) which equates to Years 6, 7 and 8 of the UK educational system. This sensitive period presents the optimum epoch in which to foster a positive sense of self through a preventative intervention. Indeed, a significant period acknowledging that half of all mental health difficulties are entrenched by the age of 14 (Mental Health Taskforce, 2016).

This eclectic programme would incorporate evidence-based research and best practice. It would be deemed to yield the most beneficial outcomes for those in the early adolescent years in the final year of junior school and through the transition through the first two years of secondary school. This age provides a window of opportunity before self-esteem is seen to decrease with age (Robins, Trzesniewski, Tracy, Gosling and Potter, 2002). This programme would not only reinforce the ethos and goals of the school (Forman, Olin, Hoagwood, Crowe, & Saka, 2009) but it would actively encourage parents/caregivers to engage with the

programme through regular weekly correspondence and psycho-education (Roth, Suldo & Ferron, 2017). Such knowledge would enable parents to confidently reinforce the core ideas at home and within discussions with their children.

Creativity, identity formation and hope would be the central tenets of the programme. The 5 session programme would be implemented on an inter-school basis, in other words, schools would be twinned with other schools on the basis of dichotomic social diversity in terms of gender, age, ethnicity in order to spark creative thinking and exchanges (Van de Vyver & Crisp, 2019). Each 60 minute session would commence with a ‘mindfulness’ activity – a crucial skill that can be utilised in times of stress. Over the five sessions, each pupil would be encouraged to write their life story (McAdams, 2002), illustrating nuclear episodes and improve their creative writing in the hope-based ‘best possible selves’ activity (Barbot, 2018; Barbot & Heuser, 2017). After the initial completion of the VIA (Peterson & Seligman, 2004) Youth assessment online, each pupil would be able to recognise their top five ‘signature strengths’. Each week they would have the opportunity to use one of their five signature strengths and understand which umbrella Virtue it fell under (for example, the character strength leadership under the Virtue of Justice). Pupils would join five other pupils (all with different Virtue strengths) for a team building activity. Within these team building activities, pupils would concentrate on their character strength and together collaborate to make a positive creative difference to their school environment or those within the school context, for example, designing a poster that could sent out as a flyer for sports day. This would encourage pupil development as socially responsible individuals who contribute meaningfully to the community, through learning and the application of values, knowledge and skills. It is suggested that by integrating a positive sense of self in

the present and through future projections, sparking creativity through idea formation within diverse teams and being scaffolded by a supportive and knowledgeable parental and school network, that the pupil's self-esteem will grow and flourish.

It is also suggested that changes in the instruments measuring self-esteem be implemented. Reflecting upon societal and cultural changes it is suggested that a revision of a multidimensional self-esteem scale includes a new domain on body esteem and a revised social self-esteem domain to incorporate cyber self-esteem.

Indeed, a single instrument Body Esteem Scale (BES; Franzoi & Shields 1984) exists, and there is evidence of a revision to this multidimensional and gender specific scale by Frost, Franzoi, Oswald and Shields (2018). Moreover, since results from the current study identified knowing myself as the most significant predictor of all self-esteem domains it is posited that a new domain be constructed to measure body esteem as an addition to the already existent domain specific instrument. Body image is as an individual's perceptions, feelings and thoughts about their body and body dissatisfaction arises when there is perceived discrepancy in the assessment between actual body and ideal body. Such dissatisfaction is extenuated by the media platform promotion of an ideal, unrealistic airbrushed standard of attractiveness.

Evidence suggests such social comparison has a significant negative impact upon body image (Jones, 2001). As referred to in the introduction of this thesis, emerging research suggests a correlation between social media use (specifically popular image-based platforms (such as Facebook, Instagram etc.) and body dissatisfaction (Holland & Tiggemann, 2016). Dissatisfaction about body shape and facial/body features is widespread amongst both female and male adolescents (Arim, Shapka & Dahinten, 2006) and is revealed to manifest in lower self-esteem in both girls and boys in adolescence ((Erickson, Hahn-Smith & Smith, 2009;

Paxton, Neumark-Sztainer, Hannan & Eisenberg, 2006). Although it can be counter-argued that those most dissatisfied with their appearance trawl the internet in search of reassurance and self-improvement advice (Franchina & Coco, 2018). It is interesting to note that adolescent girls who often share ‘selfies’ and spend time on the editing and photoshopping of this self-image have poorer levels of body image (McLean, Paxton, Wertheim & Masters, 2015). As eluded to earlier, the evaluation of one’s physical appearance is highly correlated to global self-esteem, i.e., in the range of .45–.75 in studies from Western countries (van der Berg, Mond, Eisenberg, Ackard, & Neumark-Sztainer, 2010) and Asia (Chen, Fox, Haase, & Ku, 2010). Indeed, Kiviruusu et al. (2016) revealed that higher and increasing Body Mass Index in females is correlated with lower and more slowly increasing self-esteem in adolescence, associations were weaker amongst males. Since, body esteem is considered a significant dimension of self-esteem and refers to self-evaluations of one’s own body (Mendelson, Mendelson & Andrews 2000), it is crucial that items relating to body image and body dissatisfaction are included in future multidimensional self-esteem measures.

Although not specifically addressed in this thesis, research highlights that increased internet use is associated with declining adolescent self-esteem (Langlais, Seidman & Bruxvoort, 2018) as well as decreased and slower adaptability in decision-making regarding careers compared to adolescents who spend less time on the internet (Sinkkonen, Puhakka, & Meriläinen, 2018). Therefore, the potential inclusion of items measuring cyber self-esteem in a revised social self-esteem domain is warranted.

4.15 Conclusion

It is envisaged that the results of the thesis exploring the levels, promotion and prediction of self-esteem domains will not only contribute to the knowledge of the development of self-esteem in adolescence, but also provide implications of incorporating strengths and creativity into education and training into the school curriculum. Indeed, this research offers persuasive evidence for the introduction of preventative strengths intervention programmes for early adolescents in order to bolster low self-esteem within a positive school environment. It is through the attainment and maintenance of resultant healthy levels of self-esteem that a climate is fostered in which adolescents can flourish with the ability to ‘dream too big’.

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Appendices

Appendix A.

Ethical Approval Letter - Studies 1 and 2



Downloaded: 30/01/2020
Approved: 05/02/2016

Gabrielle Pitfield
Registration number: 140149731
Psychology
Programme: PhD Psychology

Dear Gabrielle

PROJECT TITLE: Positive Education - Identifying and enhancing strengths of dyslexic and non-dyslexic adolescents to increase self-esteem to inspire, maximise well-being & learning potential

APPLICATION: Reference Number 007271

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 05/02/2016 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 007271 (form submission date: 01/02/2016); (expected project end date: 20/07/2017).
- Participant information sheet 1014436 version 2 (29/01/2016).
- Participant information sheet 1014435 version 2 (29/01/2016).
- Participant consent form 1014438 version 2 (29/01/2016).
- Participant consent form 1014437 version 1 (19/12/2015).

If during the course of the project you need to [deviate significantly from the above-approved documentation](#) please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

Thomas Webb
Ethics Administrator
Psychology

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: <https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure>
- The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.6710661/file/GRIPPolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

**RESEARCH ETHICS APPROVAL FORM
STAFF/POSTGRADUATE RESEARCH**

All staff (including research staff) and postgraduate students conducting research in the Department of Psychology must complete this form before commencing their research. Empirical work must not begin until the Department Ethics Sub-Committee has approved the research.

Postgraduate Name	<u>Gabrielle Pitfield</u>
Research Staff Name	_____
Staff Name	<u>Professor Rod Nicolson and Dr Jilly Martin</u>
Date Ethics Form submitted	<u>6 November 2014</u>
Proposed starting date of research	<u>1 December 2014</u>

Brief title of investigation (state if this application is for a single study or for a series of studies using the same methodology):

‘Positive Education – Identifying and enhancing strengths to empower, inspire and maximise learning potential’

This is a single study (Study 1)

Study 2 (not yet fully designed) will develop this template for utilisation with young dyslexic adolescents (13-14 years) ‘at risk of offending’.

Aims/value of research:

To identify if dyslexic adolescents exhibit specific strengths compared to non-dyslexic adolescents. Both dyslexic and non-dyslexic adolescents are then randomly allocated to a composite of positive psychology interventions to nurture strengths. Strengths and Self-esteem will be measured at baseline, immediately post intervention and at 6 and 12 months follow up. By the recognition and cultivation of strengths it is envisaged that the adolescents will feel empowered and inspired to maximise their learning potential and carve out the most suitable career path.

The value of this study is to broaden previous ‘Positive Dyslexia’ research on adults by focussing specifically on young dyslexic and non-dyslexic adolescents. These research findings will provide a platform for Study 2.

Proposed participants in research (Explain fully who the participants will be and how they will be recruited. If the study does not involves a Level 1 Psychology student sample, the information sheet provided to participants must be attached to this form. If the study involves animals, state none and go to final section on research involving animals). If the study does not involve human or animals, e.g., computer modelling, state none and go to signature(s):

Participants will be early adolescents (13-14 years old) Year 9 students from mainstream secondary school.

The participants will consist of two groups:-

- (i) adolescents with a formal/suspected diagnosis of dyslexia and receiving learning support
- (ii) non-dyslexic adolescents.

Individuals fitting these criteria and likely to gain from a strengths-based intervention (as determined by the Head/Learning support Department) will be invited to take part through letter.

Due to the time consuming methodology and interventions, it is envisaged that the study will be limited to 12 -16 participants.

Brief description of methods and procedure (give reference to established method where appropriate):

A mixed method approach will be adopted.

Step 1 – Identification of Strengths

To identify if dyslexic exhibit specific strengths compared to non-dyslexia adolescents, all participants will partake in the first part of the study which consists of:-

1. Investigative Strengths Assessments –

Values in Action Inventory of Strengths for Youth (VIA; Peterson & Seligman, 2004)

MIND reasoning (Eide & Eide, 2011)

Strengths Assessment Inventory –Youth (SAI-Y; Rawana & Brownlee, 2009)

Behavioural & Emotional Youth Rating Scale (BERS-2; Epstein, 2004)

2. Narrative –

Emerging Life Story Interview (ELSI; - Reese et al. 2010 - adapted from McAdams & St. Aubin, 1992). This will be audio-taped to facilitate thematic analysis.

Pre- and post-intervention self-esteem will be measured using the Culture Free Self-Esteem Inventory (CFSEI-3, Battle, 2002).

Step 2 – Enhancement of Strengths

Enhancement of strengths is the second part of the study and consists of a group programme of eight weekly positive psychology interventions. For this, dyslexic and non-dyslexic adolescents will be randomly allocated (stratified) into two groups – the experimental and the control.

Both experimental and control group will receive interventions utilising mindfulness exercises and mind mapping focusing on gratitude, hope and goal setting. In order to investigate the effects of the enhancement of strengths the experimental group will in addition receive the strengths enhancement sessions. The control group will continue gratitude interventions during these sessions.

These group sessions will be audiotaped to ensure ongoing compliance with the implementation of the intervention.

Feedback and debrief after final intervention.

Participants will complete the investigative strengths assessment and self-esteem measure a week after the final intervention and follow up at 6 and 12 months post intervention.

Additional academic measures

Prior consultation with the School Head will determine the most appropriate school-implemented measure (e.g., SATS score) to gauge any change in academic ability within the research timeframe. This will be supplemental to the measures below and the participant will not undergo additional assessment.

Has it been established that the proposed methodology will produce data from which meaningful conclusions can be drawn?

Yes. The quantitative measures provide before- and after- data which are appropriate for inferential multivariate statistical analyses, and the interview data will be analysed using appropriate qualitative techniques (IPA or equivalent).

The individual interventions used have been shown to be effective with similar groups of participants, but the combination of positive psychology and strengths enhancement methods has not been tried

Quantitative

The strengths assessments and self-esteem measure have been chosen for their age appropriateness, reliability and validity.

Qualitative

The Emerging Life Story Interview, an adaptation of McAdams (1992) Life Story Interview, will yield rich data and gives a subjective perspective to strengths. Since this epoch is profiled by Erikson's (1968) 'Identity versus Role Confusion' psychosocial stage, this life story will chart identity through different life junctures. The combinations of assessments and narrative aim to facilitate a holistic picture of strengths to be identified.

Positive Psychology Interventions

The interventions will take place in structured group sessions for 1 hr a week over an 8 week program.

Each session will start with a Mindfulness exercise as it is believed to increase the effectiveness of positive psychology interventions. Mindfulness exercises are also claimed to reduce anxiety and help in emotion-regulation.

Interventions will then concentrate on positivity, drawn from past events (gratitude), present (strengths) and the future (hope & goal setting). Mind maps will be used to draw upon these constructs.

Gratitude exercises will include gratitude for strengths already identified, a 'counting blessings' diary and a gratitude visit.

In the experimental group, recognition and **enhancement of strengths** shall be encouraged by the use of signature strengths in new ways across life.

Hope will be explored with relation to individual self-concordant goals. Hope Theory explains goal directed thinking as the utilisation of pathways thinking (i.e. the capacity to determine how to achieve goals) and agency thinking (i.e. the motivation to enact specific behaviours to remain focussed and overcome hurdles in order to achieve these goals).

Since it has been established that there is a robust relationship between gratitude and hope with both satisfaction with school experience and increased general well-being, these constructs are very suitable for use with this age group. Capitalising to the adolescents' strengths and fostering positive attributes (gratitude and hope) may buffer against negative emotions and outcomes.

Does the study involve any of the following ethical issues? (circle all that apply)

An intervention/treatment is being conducted (i.e. this is a clinical trial see University definition at:

<http://www.sheffield.ac.uk/ris/other/gov-ethics/clinicaltrials>

Questionnaires touching on sensitive issues	<i>No</i>
Deception	<i>No</i>
A procedure that might cause distress - even inadvertently	Yes
Designs involving stressful situations	<i>No</i>
Possible breach of confidentiality	Yes
Invasion of privacy	<i>No</i>
Working with children	Yes
Working with disabled people	<i>No</i>
The production of recorded media such as audio and/or video recordings?	Yes

What procedures will be used to address these issues (e.g. debriefing, providing information/help, ensuring confidentiality is preserved). Please ensure that if your project is a clinical trial you complete monitoring and adverse incident forms and submit them to the Chair of the Ethics Committee as required. The committee may ask to see copies of relevant documents.

The Principles of Informed Consent, Withdrawal, Debriefing, Confidentiality, Anonymity, Integrity, Impartiality and Respect will be adhered to at all times through this research (Code of Ethics and Conduct, BPS, August 2009). In addition the researcher ensures that this research shall be conducted with honesty, integrity, minimal possible risk to participants (and self) and with cultural sensitivity.

Although this research is intended to be an empowering, inspiring and enjoyable experience for the participants it is acknowledged that some of these participants may be vulnerable due not only to age but due to their learning disability.

However consideration will be given to all the following ethical issues identified in the previous section.

Working with children

Constant liaison with relevant staff will ensure none of the participants will feel particularly emotionally vulnerable regarding their dyslexia in line with Singer's (2005) suggestion that dyslexic children are at an increased risk of intense emotional reaction.

The participants will be told the aims of the study at the onset and will be again after completion of the study, and shall be encouraged to ask as many questions as possible. In line with BPS Ethics at no point are the participants to be misled or deceived, transparency is essential. They are to be verbally briefed and debriefed in an age appropriate child friendly manner. It is believed that by facilitating an open exchange of information that the adolescents shall feel more involved in the research process.

The participant will be made aware that at any point during the research study the participant may withdraw without giving any reason.

Inconvenience during the school day may be a concern to the participants and their parents. Assessments, interviews and interventions are planned to be scheduled with the Head, Year & Form Tutor and the Learning Support Department to cause the least disruption to the academic lessons of the school day. It is envisaged research will take place in reading time, study periods or learning support periods.

Procedures that may cause distress - even inadvertently.

The Investigative Strengths Assessments are short paper measures (15 minutes each). There will be no time limit for answering. To avoid confusion and ambiguity the researcher will read the questions to the participants and answer any questions posed.

Interviews always have the potential for disclosing difficult and challenging issues.

The Emerging Life Story Interview may allow negative (as well as positive) challenging emotions and memories to surface when exploring different junctures in their past. The Non-Maleficence - 'doing no harm' concept is particularly scrutinised to ensure those of particular vulnerability deal with painful recollections that may surface during narrative.

All questions will be asked in a responsible and caring manner and the participant can refuse to answer any question at any time. At any point during the interview the participant may stop the interview and request 'time out'. However, if any information is given to the researcher regarding harm or potential harm involving the participant, it is a duty that such information such be passed to the relevant individual or body.

Possible breach of confidentiality:-

At the commencement of the research, the participant will be asked to choose a pseudonym and will be informed that everything they say will be treated with the utmost confidence, anonymity and sensitivity. However, it is the duty of the researcher that if any information is given regarding harm or potential harm involving the participant, that such information such be passed to the relevant individual or body.

The production of recorded media such as audio and/or video recordings:-

The Emerging Life Story Interview will be audiotaped to facilitate analysis. Throughout the interview the participant will only be referred to by the pseudonym they have chosen from a pre-determined selection of pseudonyms. The group Intervention sessions shall be audiotaped to ensure continuity in implementation of intervention.

The raw data and transcripts shall be stored on a University of Sheffield Computer. The Computer is password secure and located within a locked office within The University of Sheffield Psychology Department. Upon completion the individually-traceable data will be deleted.

Previous study:-

Earlier MSc Dissertation research involved conducting assessments and audio-taped interviews with dyslexic primary school children (7-11 years old). Feedback from this study revealed the participants found it an enjoyable and enriching experience.

However, I am aware of the sensitivities and potential complexities this research may entail.

Summary

It is my utmost priority that the potential for psychological distress is minimised. It is critical these vulnerable participants are fully aware of the research objectives and their right to withdraw at any point. It is believed that this research will achieve beneficence - 'doing positive good', allowing

participants to reflect upon the research as a positive directional experience.

I hold an enhanced DBS clearance.

IF YOUR EXPERIMENT INVOLVES LEVEL 1 PSYCHOLOGY STUDENTS: Please provide a description of your experiment that can be given to participants once they have taken part. Note that this description should include full account of the aims and method that you used (min. 150 words) – students will need this information for their PSY104 assessment. Please also include a reference to a similar or related experiment that participants can read about if they are interested in the topic. Please ensure that the reference provided is available through the University of Sheffield library.

Not applicable.

What measures will be put in place to ensure confidentiality of personal data, where appropriate?

All information will be anonymous (participants shall choose their own pseudonyms at the commencement of the research) and all data shall be stored in a locked office at The University and within password secure computer files. Upon completion of the research all data will be deleted or destroyed.

Will financial / in kind payments (other than reasonable expenses and compensation for time) be offered to participants? (Indicate how much and on what basis this has been decided)

None

Research Involving Animals

Under whose personal licence will the work be conducted?	Not applicable
Under which project licence will the work be conducted?	Not applicable
If the work is not covered by a licence (e.g., because it involves insects) please give justification Not applicable	



I confirm that I have read the current version of the University of Sheffield ‘Ethics Policy Governing Research Involving Human Participants, Personal Data and Human Tissue’, as shown on the University’s research ethics website at: www.sheffield.ac.uk/ris/other/gov-ethics/ethicspolicy

Title of Research Project: ‘Positive Education – Identifying and enhancing strengths to empower, inspire and maximise learning potential’

I confirm my responsibility to deliver the research project in accordance with the University of Sheffield’s policies and procedures, which include the University’s ‘*Financial Regulations*’, ‘*Good Research Practice Standards*’ and the ‘*Ethics Policy Governing Research Involving Human Participants, Personal Data and Human Tissue*’ (Ethics Policy) and, where externally funded, with the terms and conditions of the research funder.

In signing this research ethics application form I am also confirming that:

- The form is accurate to the best of my knowledge and belief.
- The project will abide by the University’s Ethics Policy.
- There is no potential material interest that may, or may appear to, impair the independence and objectivity of researchers conducting this project.
- Subject to the research being approved, I undertake to adhere to the project protocol without unagreed deviation and to comply with any conditions set out in the letter from the University ethics reviewers notifying me of this.
- I undertake to inform the ethics reviewers of significant changes to the protocol (by contacting my academic department’s Ethics Administrator in the first instance).
- I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data, including the need to register when necessary with the appropriate Data Protection Officer (within the University the Data Protection Officer is based in CiCS).
- I understand that the project, including research records and data, may be subject to inspection for audit purposes, if required in future.
- I understand that personal data about me as a researcher in this form will be held by those involved in the ethics review procedure (e.g. the Ethics Administrator and/or ethics reviewers) and that this will be managed according to Data Protection Act principles.
- If this is an application for a ‘generic’ project all the individual projects that fit under the generic project are compatible with this application.
- I have read the BPS ethical guidelines for research and I am satisfied that all ethical issues have been identified and that satisfactory procedures are in place to deal with those issues in this research. I will abide by University Health and Safety Regulations (<http://www.shef.ac.uk/safety/cop/part1/index.html>) including the codes of practice designed to ensure the safety of researchers working away from University premises.
- **I understand that this project cannot be submitted for ethics approval in more than one department, and that if I wish to appeal against the decision made, this must be done through the original department.**

Name of the Principal Investigator (or the name of the Supervisor if this is a postgraduate researcher project):

Professor Rod Nicolson

If this is a postgraduate researcher project insert the student’s name here:

Gabrielle Pitfield

Signature of Principal Investigator (or the Supervisor):

R. Nicolson

Date: 20 November 2014

EXPERIMENTER SAFETY

This form must be completed by all students prior to starting their projects and must be submitted at the same time as they submit an ethics form. No research must be conducted until after the Department has considered both the Ethics form and the Experimenter Safety form and given permission for the research to go ahead.

Background

Students in the Department of Psychology will frequently be involved in projects that involve experimenters collecting data from participants. For example, these projects might include collecting data for laboratory classes in taught modules, for Level 3 dissertations, or for postgraduate research. The participants could include, for example, other Psychology students, students in other Departments, friends and acquaintances outside the Department, or members of the public. The research might take place on University premises, or in other organisations (e.g. schools, hospitals, companies), or might be conducted in public places. Supervisors and students must consider the potential risks to experimenters in any empirical research. Supervisors and students must be familiar with the guidance and advice provided by Safety Services about conducting research, especially when the experimenter is working alone.

See <http://www.shef.ac.uk/safety/guidance/loneworking.html>

Please complete the following (please answer all questions that are relevant):

Will the project be conducted on Sheffield University premises? **NO**

Will the experimenter conduct research on other premises? **YES**

If YES please specify by ticking box(es) below and give details:

- Other University premises where?.....
- School/Educational premises where? Mainstream Secondary school in Sheffield
- Hospital/Clinic where?.....
- Company/Business where?.....
- Prison/Offenders institution where?.....
- Social/bar premises where?.....
- Private houses/flats etc. where?.....
- Other premises where?.....

Will the experimenter conduct research in other places? **NO**

If YES please specify by ticking box(es) below and give details

- Camps/playgrounds where?.....
- Sports facilities where?.....
- Public spaces/malls where?.....
- Streets where?.....

<p>Might the participants pose any risk to the experimenter? NO</p> <p>If YES please give details of risk:</p> <p>It is extremely unlikely that risk any may occur to myself. Although I shall be administering assessments on an individual basis in a quiet room, the door will always be open to ensure there are teachers in the vicinity.</p>
<p>Where necessary, please describe below the measures that have been put in place to ensure the safety of the experimenter. Please refer to the Safety Services web pages for examples of appropriate measures.</p> <p>The location, timings and days of assessments, interviews and interventions will be noted by a family member to ensure that my whereabouts shall be known at all times.</p>

Please note. Undergraduate experimenters must **never** work alone in the following environments: participants' homes, social/bar premises, or any other environment that may pose a risk to the experimenter.

Students should tick the following boxes and sign below:

- I have read the relevant Safety Services information.
- I have fully considered any potential risks that the proposed experiment might have.
- I will inform my supervisor/the Department immediately should the research alter in such a way that the level of risk becomes greater than stated above.
- If, at any time, I am concerned about the risks entailed in my research I will stop the research and discuss my concerns with my supervisor.

Signed **Student:**

G. Pitfield

Date: 20 November 2014

Supervisors should tick the following boxes and sign below:

- I have read the relevant Safety Services information.
- I have discussed any potential risks with the student.
- I am satisfied that measures outlined above are the most appropriate ones to minimise risk to the experimenter.

Signed **Supervisor:**

R. Nicolson

Date: 20 November 2014

<p>Completed Ethics Forms and any supporting materials should be submitted as a single document by a HEFCE-funded member of staff via http://psy-research.group.shef.ac.uk/login.php</p>
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Appendix B.

Table B1. *Participant Characteristics of the adolescents with dyslexia showing scores on self-esteem and behavioural and emotional strengths at initial interview*

ID	Self-esteem	Score	Descriptive Rating of self-esteem	Behavioural & Emotional Youth self-report	Score	Desc. Rating	BERS-2 Teacher report	Desc. Rating	BERS-2 Parent report	Desc Rating
D1	Academic General Parental Social Personal Global	12 7 10 7 8 92	Average Below av. Average Below av. Average Average	Interpersonal Family involvement Intrapersonal School functioning Affective Strengths Index	10 9 9 9 10 96	Av. Av. Av. Av. Av. Av.	14 15 14 10 14 123	Ab av Sup Ab av Av. Ab av. Superior	7 10 6 7 9 85	Bel av Av. Bel av. Bel av. Av Bel av.
D2	Academic General Parental Social Personal Global	8 7 5 4 5 71	Average Below av. Low Low Low Low	Interpersonal Family involvement Intrapersonal School functioning Affective Strengths Index	5 6 8 9 9 79	Poor Bel. av, Av. Av. Av. Av. Poor	7 8 8 10 8 88	Bel av Av. Av. Av. Av Bel av	10 8 8 9 12 96	Av. Av. Av. Av. Av. Av.
D3	Academic General Parental Social Personal Global	5 10 14 11 7 96	Low Average Above av. Average Below av. Average	Interpersonal Family involvement Intrapersonal School functioning Affective Strengths Index	10 12 9 7 10 97	Av. Av. Av. Bel. Av Av Av	10 12 11 7 13 104	Av. Av. Av. Bel av Ab. av Av	13 11 10 7 11 103	Ab av. Av. Av. Bel av Av. Av.
D4	Academic General Parental Social Personal Global	12 6 11 4 9 89	Average Below av. Average. Low Average Below av.	Interpersonal Family involvement Intrapersonal School functioning Affective Strengths Index	9 10 7 9 9 92	Av. Av Bel av. Av. Av. Av.	10 8 8 10 7 90	Av. Av. Av. Av. Bel av Av.	11 10 8 10 6 93	Av. Av. Av. Av. Bel av Av.

Appendix B.

Table B2. *Participant Characteristics of adolescents with dyslexia showing ipsative scores on personal and contextual and character strengths scores at initial interview*

ID	Personal & Contextual	Score /100	Character Strengths	Score /5.00
D1	Competent coping skills	50.00	Appreciation of Excellence & Beauty	3.75
	Commitment to Family values	75.00	Bravery	3.50
	Respect for own culture	100.00	Love	3.75
	Optimism for future	75.00	Prudence	3.00
	Community Engagement	62.50	Teamwork	3.25
	Functional Classroom behaviour	71.43	Creativity	4.00
	Creativity	50.00	Curiosity	4.00
	Sense of well being	75.00	Fairness	3.50
	Health consciousness	75.00	Forgiveness	3.75
	Pro-social attitude	62.50	Gratitude	3.25
	Activity Engagement	80.00	Honesty	3.50
	Peer connectedness	75.00	Hope	3.50
	Strengths at home	66.67	Humour	2.50
	Strengths at school	76.67	Perseverance	2.75
	Strengths during free time	63.16	Judgement	3.25
	Strengths with friends	70.00	Kindness	3.50
	Strengths from knowing myself	58.33	Leadership	3.00
	Strengths from keeping clean healthy	75.00	Love of Learning	3.00
	Strengths from being involved	66.67	Humility	3.00
	Strengths from faith & culture	94.44	Perspective	2.75
Strengths from goals & dreams	71.43	Self-regulation	3.25	
			Social intelligence	3.00
			Spirituality	4.75
			Zest	3.75
D2	Competent coping skills	40.00	Appreciation of Excellence & Beauty	3.50
	Commitment to Family values	50.00	Bravery	4.75
	Respect for own culture	0.00	Love	2.25
	Optimism for future	87.50	Prudence	1.00
	Community Engagement	50.00	Teamwork	2.25
	Functional Classroom behaviour	100.00	Creativity	3.00
	Creativity	40.00	Curiosity	4.50
	Sense of well being	62.50	Fairness	1.00
	Health consciousness	75.00	Forgiveness	1.00
	Pro-social attitude	0.00	Gratitude	2.75
	Activity Engagement	60.00	Honesty	1.75
	Peer connectedness	75.00	Hope	3.50
	Strengths at home	45.00	Humour	3.00
	Strengths at school	80.00	Perseverance	4.00
	Strengths during free time	50.00	Judgement	3.00
	Strengths with friends	50.00	Kindness	2.50
	Strengths from knowing myself	50.00	Leadership	2.75
	Strengths from keeping clean healthy	75.00	Love of Learning	3.25
	Strengths from being involved	50.00	Humility	3.50
	Strengths from faith & culture	15.00	Perspective	2.00
Strengths from goals & dreams	100.00	Self-regulation	1.00	
			Social intelligence	2.75
			Spirituality	1.00
			Zest	3.75

D3	Competent coping skills	70.00	Appreciation of Excellence & Beauty	3.50
	Commitment to Family values	87.50	Bravery	3.25
	Respect for own culture	50.00	Love	3.50
	Optimism for future	50.00	Prudence	3.00
	Community Engagement	81.25	Teamwork	3.25
	Functional Classroom behaviour	50.00	Creativity	4.50
	Creativity	70.00	Curiosity	4.00
	Sense of well being	62.50	Fairness	3.50
	Health consciousness	100.00	Forgiveness	2.75
	Pro-social attitude	50.00	Gratitude	3.25
	Activity Engagement	90.00	Honesty	3.00
	Peer connectedness	87.50	Hope	3.50
	Strengths at home	87.50	Humour	3.50
	Strengths at school	73.33	Perseverance	3.00
	Strengths during free time	81.58	Judgement	3.25
	Strengths with friends	65.00	Kindness	3.25
	Strengths from knowing myself	72.22	Leadership	3.50
	Strengths from keeping clean healthy	100.00	Love of Learning	3.50
	Strengths from being involved	75.00	Humility	3.25
	Strengths from faith & culture	62.50	Perspective	3.00
Strengths from goals & dreams	50.00	Self-regulation	3.25	
		Social intelligence	3.50	
		Spirituality	1.00	
		Zest	4.75	
D4	Competent coping skills	45.00	Appreciation of Excellence & Beauty	1.50
	Commitment to Family values	75.00	Bravery	2.50
	Respect for own culture	14.29	Love	3.00
	Optimism for future	93.75	Prudence	2.75
	Community Engagement	75.00	Teamwork	2.50
	Functional Classroom behaviour	100.00	Creativity	2.00
	Creativity	20.00	Curiosity	2.25
	Sense of well being	75.00	Fairness	2.25
	Health consciousness	43.75	Forgiveness	1.50
	Pro-social attitude	25.00	Gratitude	4.25
	Activity Engagement	60.00	Honesty	2.50
	Peer connectedness	75.00	Hope	2.00
	Strengths at home	66.67	Humour	4.25
	Strengths at school	93.33	Perseverance	2.75
	Strengths during free time	39.47	Judgement	3.25
	Strengths with friends	45.00	Kindness	2.25
	Strengths from knowing myself	52.78	Leadership	1.50
	Strengths from keeping clean/healthy	43.70	Love of Learning	1.50
	Strengths from being involved	66.67	Humility	2.50
	Strengths from faith & culture	30.00	Perspective	1.50
Strengths from goals & dreams	100.00	Self-regulation	2.25	
		Social intelligence	3.25	
		Spirituality	1.50	
		Zest	3.50	

Appendix B.

Table B3. *Participant Characteristics of the disengaged adolescents showing self-esteem scores and behavioral & emotional strengths scores at initial interview*

ID	Self-esteem	Score	Descriptive Rating of self-esteem	Behavioural & Emotional Youth self-report	Score	Desc. Rating	BERS-2 Teacher report	Desc. Rating
N1	Academic	4	Low	Interpersonal	6	Below av.	6	Below av
	General	1	Very Low	Family involvement	10	Average	8	Average
	Parental	12	Average	Intrapersonal	6	Below av.	6	Below av.
	Social	7	Below av.	School functioning	3	Poor	6	Below av.
	Personal	4	Low	Affective	8	Average	7	Below av.
	Global	70	Low	Strengths Index	77	Poor	77	Poor
N2	Academic	5	Low	Interpersonal	10	Average	11	Average
	General	5	Low	Family involvement	9	Average	8	Average
	Parental	10	Average	Intrapersonal	7	Below av.	8	Average
	Social	12	Average	School functioning	6	Below av.	9	Average
	Personal	8	Average	Affective	14	Above av.	6	Below av.
	Global	86	Below av.	Strengths Index	94	Average	89	Below av.
N3	Academic	7	Below av.	Interpersonal	10	Average	4	Poor
	General	5	Low	Family involvement	13	Above av.	7	Below av.
	Parental	13	Above av.	Intrapersonal	9	Average	5	Poor
	Social	9	Average	School functioning	7	Below av.	5	Poor
	Personal	7	Below av.	Affective	11	Average	3	Poor
	Global	86	Below av.	Strengths Index	100	Average	64	Very Poor
N4	Academic	4	Low	Interpersonal	6	Below av.	8	Average
	General	1	Very low	Family involvement	8	Average	9	Average
	Parental	11	Average	Intrapersonal	5	Poor	11	Average
	Social	9	Average	School functioning	7	Below av.	7	Below av.
	Personal	7	Below av.	Affective	6	Below av.	10	Average
	Global	75	Low	Strengths Index	75	Poor	93	Average
N5	Academic	4	Low	Interpersonal	4	Poor	8	Average
	General	5	Low	Family involvement	6	Below av.	7	Below av.
	Parental	6	Below av.	Intrapersonal	9	Average	9	Average
	Social	11	Average	School functioning	5	Poor	7	Below av.
	Personal	7	Below av.	Affective	5	Poor	8	Average
	Global	77	Low	Strengths Index	71	Poor	85	Below av.
N6	Academic	7	Below av.	Interpersonal	13	Above av.	11	Average
	General	6	Below av.	Family involvement	11	Average	8	Average
	Parental	14	Above av.	Intrapersonal	12	Average	4	Poor
	Social	11	Average	School functioning	8	Average	6	Below av.
	Personal	9	Average	Affective	13	Above av	6	Below av.
	Global	96	Average	Strengths Index	109	Average.	79	Poor
N7	Academic	3	Very low	Interpersonal	6	Below av.	10	Average
	General	11	Average	Family involvement	9	Average	12	Average
	Parental	11	Average	Intrapersonal	9	Average	9	Average
	Social	11	Average	School functioning	5	Poor	10	Average
	Personal	13	Above Av.	Affective	9	Average	10	Average
	Global	98	Average	Strengths Index	83	Below av	101	Average
N8	Academic	8	Average	Interpersonal	7	Below av.	10	Average
	General	8	Average	Family involvement	7	Below av.	9	Average
	Parental	9	Average	Intrapersonal	8	Average	10	Average
	Social	7	Below av.	School functioning	9	Average	10	Average
	Personal	7	Below av.	Affective	8	Average	15	Superior
	Global	85	Below av.	Strengths Index	85	Below av.	105	Average

Appendix B.

Table B4. *Participant Characteristics of the disengaged adolescents showing ipsative scores on personal and contextual and character strengths scores at initial interview*

ID	Personal & Contextual (out of 100)		Character Strengths	(out of 5.00)
N1	Competent coping skills	35.00	Appreciation of Excellence & Beauty	2.75
	Commitment to Family values	75.00	Bravery	4.50
	Respect for own culture	28.57	Love	4.25
	Optimism for future	43.75	Prudence	2.25
	Community Engagement	12.50	Teamwork	3.50
	Functional Classroom behaviour	28.57	Creativity	3.00
	Creativity	10.00	Curiosity	3.50
	Sense of well being	37.50	Fairness	2.50
	Health consciousness	68.75	Forgiveness	4.00
	Pro-social attitude	50.00	Gratitude	3.75
	Activity Engagement	12.50	Honesty	3.00
	Peer connectedness	87.50	Hope	2.50
	Strengths at home	75.00	Humour	4.25
	Strengths at school	33.33	Perseverance	2.00
	Strengths during free time	25.00	Judgement	3.00
	Strengths with friends	77.78	Kindness	4.75
	Strengths from knowing myself	41.67	Leadership	2.25
	Strengths from keeping clean & healthy	68.75	Love of Learning	2.50
	Strengths from being involved	25.00	Humility	2.75
	Strengths from faith & culture	35.00	Perspective	3.50
Strengths from goals & dreams	42.86	Self-regulation	1.75	
		Social intelligence	3.25	
		Spirituality	2.75	
		Zest	2.25	
N2	Competent coping skills	60.00	Appreciation of Excellence & Beauty	1.50
	Commitment to Family values	64.29	Bravery	3.75
	Respect for own culture	21.43	Love	4.00
	Optimism for future	31.25	Prudence	2.50
	Community Engagement	18.75	Teamwork	4.00
	Functional Classroom behaviour	64.29	Creativity	2.25
	Creativity	30.00	Curiosity	3.50
	Sense of well being	87.50	Fairness	3.25
	Health consciousness	68.75	Forgiveness	2.75
	Pro-social attitude	50.00	Gratitude	3.75
	Activity Engagement	20.00	Honesty	2.50
	Peer connectedness	100.00	Hope	3.25
	Strengths at home	68.18	Humour	2.75
	Strengths at school	46.67	Perseverance	2.25
	Strengths during free time	28.95	Judgement	2.00
	Strengths with friends	80.00	Kindness	3.75
	Strengths from knowing myself	66.67	Leadership	2.25
	Strengths from keeping clean & healthy	64.29	Love of Learning	2.00
	Strengths from being involved	58.33	Humility	3.00
	Strengths from faith & culture	25.00	Perspective	2.75
Strengths from goals & dreams	35.71	Self-regulation	2.25	
		Social intelligence	3.50	
		Spirituality	2.00	
		Zest	2.75	

N3	Competent coping skills	60.00	Appreciation of Excellence & Beauty	2.25
	Commitment to Family values	100.00	Bravery	3.25
	Respect for own culture	35.71	Love	3.50
	Optimism for future	87.50	Prudence	3.00
	Community Engagement	18.75	Teamwork	3.00
	Functional Classroom behaviour	57.14	Creativity	2.75
	Creativity	40.00	Curiosity	2.25
	Sense of well being	75.00	Fairness	3.00
	Health consciousness	75.00	Forgiveness	3.25
	Pro-social attitude	100.00	Gratitude	2.75
	Activity Engagement	30.00	Honesty	3.25
	Peer connectedness	100.00	Hope	3.25
	Strengths at home	100.00	Humour	3.00
	Strengths at school	46.67	Perseverance	2.50
	Strengths during free time	28.95	Judgement	3.25
	Strengths with friends	95.00	Kindness	3.00
	Strengths from knowing myself	66.67	Leadership	2.50
	Strengths from keeping clean & healthy	81.25	Love of Learning	2.75
	Strengths from being involved	33.33	Humility	2.50
	Strengths from faith & culture	45.00	Perspective	2.50
Strengths from goals & dreams	85.71	Self-regulation	2.75	
		Social intelligence	3.25	
		Spirituality	2.50	
		Zest	2.75	
N4	Competent coping skills	15.00	Appreciation of Excellence & Beauty	1.75
	Commitment to Family values	71.43	Bravery	2.50
	Respect for own culture	28.57	Love	3.75
	Optimism for future	87.50	Prudence	1.50
	Community Engagement	43.75	Teamwork	2.25
	Functional Classroom behaviour	14.29	Creativity	3.00
	Creativity	20.00	Curiosity	1.75
	Sense of well being	25.00	Fairness	2.00
	Health consciousness	68.75	Forgiveness	1.75
	Pro-social attitude	37.50	Gratitude	3.75
	Activity Engagement	40.00	Honesty	3.00
	Peer connectedness	62.50	Hope	2.25
	Strengths at home	72.73	Humour	2.75
	Strengths at school	50.00	Perseverance	2.50
	Strengths during free time	42.11	Judgement	2.00
	Strengths with friends	45.00	Kindness	1.50
	Strengths from knowing myself	16.67	Leadership	2.50
	Strengths from keeping clean & healthy	68.75	Love of Learning	1.50
	Strengths from being involved	25.00	Humility	3.00
	Strengths from faith & culture	15.00	Perspective	2.50
Strengths from goals & dreams	100.00	Self-regulation	1.25	
		Social intelligence	2.50	
		Spirituality	1.50	
		Zest	2.75	
N5	Competent coping skills	45.00	Appreciation of Excellence & Beauty	2.50
	Commitment to Family values	43.75	Bravery	2.75
	Respect for own culture	28.57	Love	3.75
	Optimism for future	37.50	Prudence	2.50
	Community Engagement	50.00	Teamwork	3.25
	Functional Classroom behaviour	0.00	Creativity	3.75
	Creativity	30.00	Curiosity	3.50
	Sense of well being	50.00	Fairness	2.75
	Health consciousness	50.00	Forgiveness	1.75
	Pro-social attitude	25.00	Gratitude	2.75
	Activity Engagement	60.00	Honesty	1.50
	Peer connectedness	100.00	Hope	1.25
	Strengths at home	36.36	Humour	5.00

	Strengths at school	36.67	Perseverance	2.50
	Strengths during free time	42.11	Judgement	2.00
	Strengths with friends	60.00	Kindness	3.25
	Strengths from knowing myself	52.78	Leadership	4.50
	Strengths from keeping clean & healthy	43.75	Love of Learning	1.00
	Strengths from being involved	33.33	Humility	2.50
	Strengths from faith & culture	30.00	Perspective	3.25
	Strengths from goals & dreams	35.71	Self-regulation	1.00
			Social intelligence	3.25
			Spirituality	2.50
			Zest	2.75
N6	Competent coping skills	75.00	Appreciation of Excellence & Beauty	3.25
	Commitment to Family values	75.00	Bravery	3.50
	Respect for own culture	14.29	Love	5.00
	Optimism for future	75.00	Prudence	2.75
	Community Engagement	68.75	Teamwork	4.50
	Functional Classroom behaviour	57.14	Creativity	4.00
	Creativity	40.00	Curiosity	3.75
	Sense of well being	75.00	Fairness	3.25
	Health consciousness	87.50	Forgiveness	3.75
	Pro-social attitude	37.50	Gratitude	3.75
	Activity Engagement	40.00	Honesty	3.50
	Peer connectedness	100.00	Hope	4.00
	Strengths at home	70.83	Humour	5.00
	Strengths at school	70.00	Perseverance	3.25
	Strengths during free time	34.21	Judgement	3.25
	Strengths with friends	72.22	Kindness	4.75
	Strengths from knowing myself	77.78	Leadership	4.00
	Strengths from keeping clean & healthy	93.75	Love of Learning	3.75
	Strengths from being involved	58.33	Humility	4.75
	Strengths from faith & culture	20.00	Perspective	4.25
	Strengths from goals & dreams	71.43	Self-regulation	3.50
			Social intelligence	4.25
			Spirituality	2.50
			Zest	4.75
N7	Competent coping skills	65.00	Appreciation of Excellence & Beauty	1.50
	Commitment to Family values	85.71	Bravery	4.00
	Respect for own culture	14.29	Love	4.75
	Optimism for future	87.50	Prudence	1.25
	Community Engagement	43.75	Teamwork	3.00
	Functional Classroom behaviour	28.57	Creativity	3.75
	Creativity	40.00	Curiosity	2.75
	Sense of well being	100.00	Fairness	2.00
	Health consciousness	75.00	Forgiveness	1.50
	Pro-social attitude	25.00	Gratitude	4.50
	Activity Engagement	40.00	Honesty	2.50
	Peer connectedness	100.00	Hope	4.00
	Strengths at home	86.36	Humour	4.75
	Strengths at school	50.00	Perseverance	2.50
	Strengths during free time	34.21	Judgement	3.00
	Strengths with friends	55.00	Kindness	3.50
	Strengths from knowing myself	72.22	Leadership	4.25
	Strengths from keeping clean & healthy	75.00	Love of Learning	2.50
	Strengths from being involved	50.00	Humility	2.75
	Strengths from faith & culture	25.00	Perspective	3.00
	Strengths from goals & dreams	92.86	Self-regulation	2.00
			Social intelligence	3.00
			Spirituality	1.25
			Zest	4.25

N8	Competent coping skills	75.00	Appreciation of Excellence & Beauty	4.75
	Commitment to Family values	62.25	Bravery	2.50
	Respect for own culture	58.33	Love	3.75
	Optimism for future	81.25	Prudence	2.75
	Community Engagement	81.25	Teamwork	3.75
	Functional Classroom behaviour	57.14	Creativity	3.75
	Creativity	40.00	Curiosity	4.50
	Sense of well being	75.00	Fairness	2.75
	Health consciousness	75.00	Forgiveness	4.25
	Pro-social attitude	75.00	Gratitude	4.25
	Activity Engagement	87.50	Honesty	3.00
	Peer connectedness	62.50	Hope	4.25
	Strengths at home	75.00	Humour	3.25
	Strengths at school	66.67	Perseverance	4.00
	Strengths during free time	64.11	Judgement	3.75
	Strengths with friends	75.00	Kindness	3.75
	Strengths from knowing myself	77.28	Leadership	3.25
	Strengths from keeping clean & healthy	75.00	Love of Learning	3.75
	Strengths from being involved	83.33	Humility	2.75
	Strengths from faith & culture	66.67	Perspective	3.25
Strengths from goals & dreams	85.71	Self-regulation	3.25	
		Social intelligence	3.25	
		Spirituality	4.00	
		Zest	4.25	

Appendix C.

Life Story Interview Script

This is an interview about the story of your life.

I am interested in hearing your story, including parts of the past as you remember them and the future as you imagine it. I will ask you to focus on a few key things in your past life and your future hopes. There are no right or wrong answers to my questions. I will guide you through the interview so that we finish it in about 45-60 minutes. It shall be audiotaped and only I will hear this later to transcribe it then I will destroy it. I will refer to you in this interview by the name you have chosen. The interview is for research purposes only, and its main goal is simply to hear your story. Everything you say is voluntary, anonymous, and confidential. You can ask me if you don't understand a question or if you don't want to answer it or if you want to stop the interview. You can withdraw from the interview at any point. I think you will enjoy the interview. Do you have any questions?

A. Life Chapters

Please begin by thinking about your life as if it were a book.

B. Key Scenes (moments) in the Life Story

Focus in on a few key scenes that stand out in the story. A key scene to be a moment in your life story that stands out for a particular reason – perhaps because it was especially good or bad, particularly vivid, important, or memorable.

1. High point.

Please describe an episode in your life that stands out as an especially positive experience- happy, joyous, exciting, or wonderful.

Who is there, what did you do, how did you feel, what strength is revealed? Do you see this strength often and how does having this strength make you feel?

2. Low point.

The second scene is the opposite of the first. Thinking back over your entire life, please identify a scene that stands out as a low point in your life story.

Who is there, what did you do, how did you feel, what strength is revealed? Do you see this strength often and how does having this strength make you feel?

3. Turning point.

Please try and identify certain key moments that stand out as turning points?

Who is there, what did you do, how did you feel, what strength is revealed? Do you see this strength often and how does having this strength make you feel?

4. Positive childhood memory.

Please tell me of a very positive, happy memory from your early years.

Who is there, what did you do, how did you feel, what strength is revealed? Do you see this strength often and how does having this strength make you feel?

5. Negative childhood memory.

Please tell me of a very negative, unhappy memory, perhaps entailing sadness or fear.

Who is there, what did you do, how did you feel, what strength is revealed? Do you see this strength often and how does having this strength make you feel?

Now, we're going to talk about the future.

C. Future Script

1. The next chapter.

Please describe what you see to be the next chapter in your life.

2. Dreams, hopes, and plans for the future.

Please describe your plans, dreams, or hopes for the future.

3. Life project.

Do you have a project in life that you are working on?

D. Challenge.

What is the greatest single challenge you have faced in your life? How did the challenge develop? How did you deal with this challenge? What strength did you reveal through this process?

E. Personal Ideology - About you

1. Religious/ethical values.

Please describe in a nutshell your religious beliefs and values. What is your overall ethical or moral approach to life?

2. Political/social values.

Do you have a particular political point of view? Is there a social issue you feel strongly about?

3. Change, development of religious and political views.

Have these views changed over the years?

4. Single value.

What is the most important value in human living?

F. Strength themes

1. What are you doing when you are so absorbed that you lose track of time?
2. In what kind of activities do you make the boldest choices and take the greatest risks?

G. Life Theme

What is the major central theme in your life story?

Change and continuity -Do think you have changed since 8 years old?

Thank you for this interview now

H. Reflection

What were your thoughts and feelings during the interview?

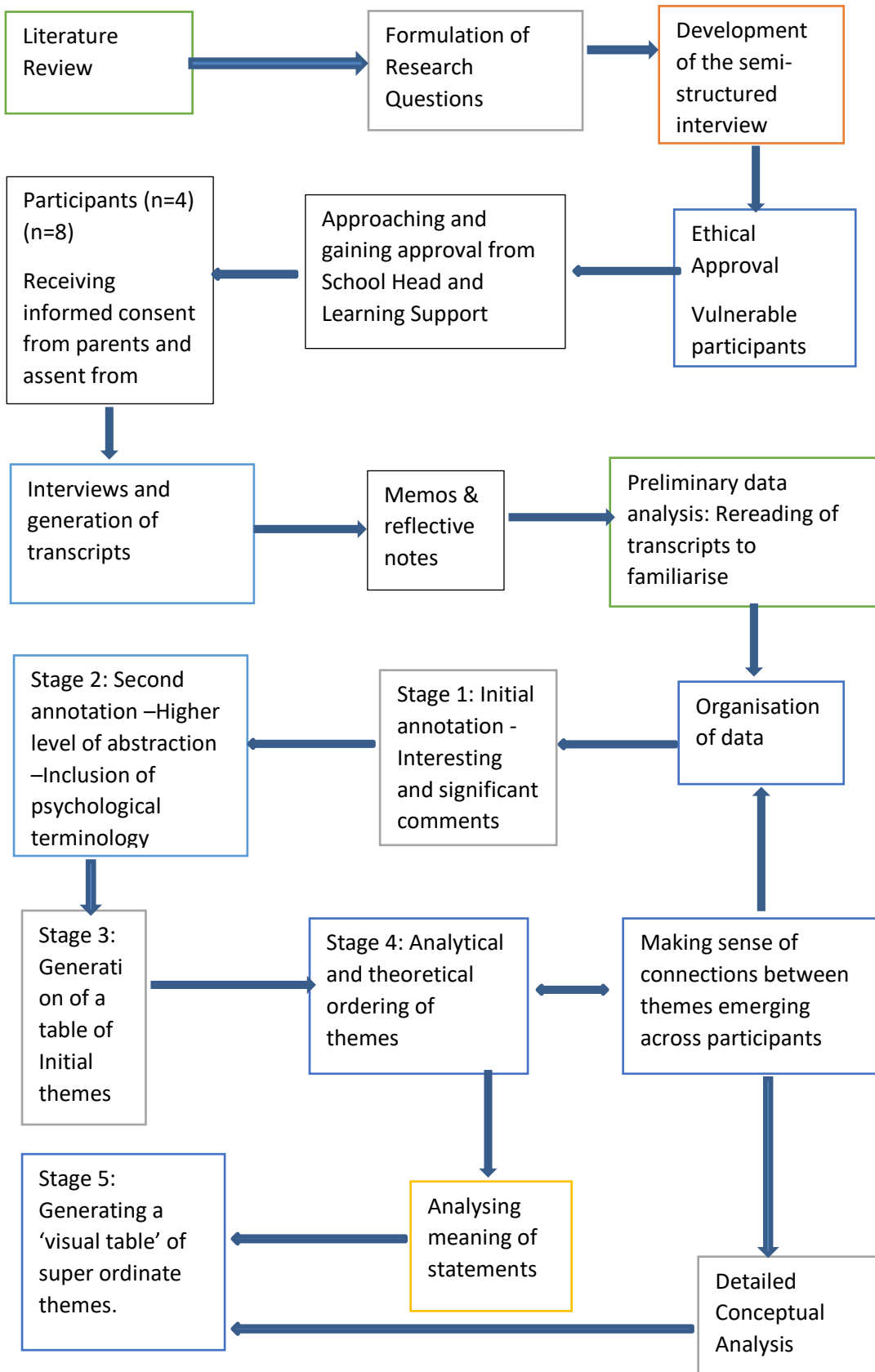
How do you think this interview has affected you?

Do you have any other comments about the interview process?

I hope it has been an enjoyable process.

Appendix D.

IPA Flow Chart: Data Analysis



Appendix E. The five staged process of IPA of Participant D2's transcript

IPA Stage 1- Initial Marginal Annotation of Significant Comments

Transcript	Stage 1: Marginal Annotations
<p>2. Low point.</p> <p><i>I:- Yes ok, so now we are going to the total opposite side, we've had high point and now, I know it's sometimes difficult to talk about, but if we can talk about a low point</i></p> <p>D2:- Oh (deep sigh) it would have been (heavy exhaling) I was.... Nine I was near that age and erhm (coughs) my dad doesn't live with me he lives in Durham and erhm for nine years he'd made all these promises and said that he was going to do all this stuff and he broke (emphasis) every single one and that's when I realised it really not going to work and I had to erhm when I had to ring him up and tell him I didn't want to see him any more erhm which was really hard but..</p> <p><i>I:- up to that point you had been seeing him on a regular basis?</i></p> <p>D2:- Not on a regular basis I erhm it's that he promised that he would ring me every Tuesday and see me at least once a month erhm and I know it would be hard because of the time distance for him to get there and back but he said he would see me at least once a month erhm and he'd made all these promises that he'd do this and he'd do that and it would come around every single month and I would never see him, every single Tuesday I would never get a call he just got it just got to the point where I wasn't where I didn't have to feel that anymore because it was just just beyond a joke.</p>	<p>Initial hesitancy but wants to talk. Feels need to clarify situation about his father. Stilted sentences potentially reflective of his broken emotions. Doesn't specify exactly when father left but after many years of broken promises, 5 years ago when he was nine years old made difficult decision never wanted to see him again. Realisation of impossibility of relationship. 'I had to ring him up' implies compulsion. Couldn't continue with uncertainty – acknowledges the emotional difficulty to rejecting his father... voice trails off.</p> <p>Although didn't see his father regularly, the father had reneged on the two promises that he did make - to ring and to visit. Trying to rationalise and see father's perspective – realising that it would be hard for father to travel due to distance from Durham, still trying to finding an excuse for father's failing to keep that promise.</p> <p>Waiting for call was causing deep upset, pain too much to bear, he felt had no choice but to make a decision to reclaim some control</p>

Stage 2 – Higher Level of Abstraction

Transcript	Stage 1: Marginal Annotations	Stage 2: Higher of Abstraction
<p>D2:- Oh (deep sigh) it would have been (heavy exhaling) I was.... Nine I was near that age and erhm (coughs) my dad doesn't live with me he lives in Durham and erhm for nine years he'd made all these promises and said that he was going to do all this stuff and he broke (emphasis) every single one and that's when I realised it really not going to work and I had to erh when I had to ring him up and tell him I didn't want to see him any more erhm which was really hard but..</p> <p><i>I:- Up to that point you had been seeing him on a regular basis?</i></p> <p>D2:- Not on a regular basis I erhm it's that he promised that he would ring me every Tuesday and see me at least once a month erhm and I know it would be hard because of the time distance for him to get there and back but he said he would see me at least once a month erhm and he'd made all these promises that he'd do this and he'd do that and it would come around every single month and I would never see him, every single Tuesday I would never get a call he just got it just got to the point where I wasn't where I didn't have to feel that anymore because it was just just beyond a joke.</p>	<p>Initial hesitancy but wants to talk. Feels need to clarify situation about his father. Stilted sentences potentially reflective of his broken emotions. Doesn't specify exactly when father left but after many years of broken promises, 5 years ago when he was nine years old made difficult decision never wanted to see him again. Realisation of impossibility of relationship. 'I had to ring him up' implies compulsion. Couldn't continue with uncertainty – acknowledges the emotional difficulty to rejecting his father... voice trails off..</p> <p>Although didn't see his father regularly, the father had reneged on the two promises that he did make - to ring and to visit. Trying to rationalise and see perspective – realising that it would be hard for father to travel due to distance from Durham, still trying to finding an excuse for father's failing to keep that promise. Waiting for call was causing deep upset, pain too much to bear felt had</p>	<p>Significance of father/son relationship</p> <p>Lack of trust</p> <p>Continual disappointment</p> <p>Hurt Dislike and fear of uncertainty</p> <p>Severance of all ties</p> <p>Coping Strategy was withdrawal from the situation, protective mechanism in order to prevent further emotional trauma</p> <p>Reinforcement and repetition again of all broken promises. Yet glimpse into father's world – excuse for his failure down to distance – rationalisation</p>

	<p>no choice but to make a decision to reclaim some control.</p>	<p>of failure – not just down to not wanting to see son Self-evaluation- knows father's lack of continuity continual source of pain and disappointment – making a judgement – at 9 yrs old with wide reaching ramifications. Courage to make decision. By termination of uncertain relationship he regains some sort of control.</p>
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Stage 3 – Initial themes – connecting themes

Family relationships	Needing solitary time
Father and son relationship (or male role model)	Bullying/Victimisation (not over dyslexia)
Academic comparisons	Anger/Frustration
Academic struggles	Physical appearance (height)
Self-Regulation - Lack of Concentration	Reasoning - considering outcome/variables influence outcomes
Creativity	Loss of spirituality
Depression	Suppression of true emotions
Athletic Competence	Creative Competences/Achievements
Transition to Senior School	Trust
Acknowledgement of optimum learning environment	Control
Social comparisons – social media	Lack of Control/uncertainty
Popularity	Parental support
Awareness of Status/reputation	Identity Stages
Teamwork /Team player	Decision Making
Anxiety/Stress	Growing autonomy
Ability to imagine hypothetical situations	Future plans
Academic Competency/Achievements	Disparity between current strengths & future plans
Correlation between current strengths and future plans	Retrospectivity (looking back into past)
Perseverance	Different coping Strategies
Internal Locus of control	Some evidence of moral reasoning
External Locus of control	

Stage 4 – Clustering the themes

Cluster of themes	Subordinate Concepts	Primary source material (transcript 1) – D2 Quotation extracted directly from transcript
Cluster 1 Academic Self-Evaluation	Academic peer comparison Academic struggles Self-regulation Perseverance Awareness of optimum learning environment	<p><i>'You have all these other people that they'll do their work and then they'll check it over and they'll find the mistakes with me I'll do it, I'll check it but I'll check it the same way as I got it wrong and think that I have got it right again'.</i></p> <p><i>'I always crack under the pressure of exams erhm because the doctors diagnosed me with stress'</i></p> <p><i>'So I end up doubly checking it wrong but I think it's right. It's literally with me if I don't get it right the first time there's no way that I'm going to be able to correct my mistakes'</i></p> <p><i>....re-doing it (the exam question) at home and realise I did it wrong and It and I get really frustrated'.</i></p> <p><i>'at home I can't recreate that atmosphere to concentrate.. I find it so hard to receive a text from someone and not text them back'.</i></p> <p><i>'Erhm determination erhm we were all just getting absolutely miffed that we weren't beating them in so long erhm and erhm we've got more coaches in, got a lot more and everyone sort of obviously is a lot more mature so training is a lot more smooth because they aren't many that muck around anymore and it was just great'.</i></p>
Cluster 2 Self-efficacy	Creativity Academic self-efficacy Athletic ability	<p><i>'I don't draw at home because I find it too hard because at school the atmosphere in Art is really good I find it really easy'</i></p> <p><i>'In art and DT...time goes really really fast'</i></p> <p><i>'It would be rugby when we have rivals that have beaten us for the last nine years without fail and this year we managed to</i></p>

		<p><i>beat them erhm in the last play of the game.....</i></p> <p><i>Yeh, I do rugby union and rugby league, erhm basketball, cricket and I go to the gym a lot. outside of school it would be rugby, basketball..'</i></p> <p>D2 Culinary competence</p> <p><i>'two years ago my mum let me finally finally (emphasis) help her erhm I felt good as I didn't see my mum go through that struggle anymore erhm It was nice to know that she had actually enjoyed her Christmas instead of constantly panicking and making sure all the food was done and then after we'd eaten then making sure everyone was comfortable having all the washing up to do</i></p> <p><i>....She lets me prepare all of the vegetables and stuff now'</i></p>
<p>Cluster 3 Emotional awareness</p>	<p>Emotional awareness related to self, others, and situations. Expression of emotion – Externalisation (anger and frustration) Internalisation of emotion (anxiety, fear, grief and depression)</p>	<p>Recognition of anger</p> <p><i>Erhm me and my mum are very close erhm but obviously we fight a lot erhm... no it tends to just spark and then it just elaborates'</i></p> <p>Difficulties with trust</p> <p><i>'It annoys me like he (his estranged father) tries to talk to me and I just completely blank him cause he is trying to make all the effort and the thing that really annoyed me about him was erhm is that he used to show my grandma erhm all these conversations that I'd supposedly had with him erhm every single Tuesday'.</i></p> <p><i>'I don't trust people anymore cos people say I'll promise I'll do this I promise I'll do that and I've been so I'm so used to being let down now that I just don't expect people to do it erh so I don't trust what people say erhm '</i></p> <p><i>'I trust myself I'll back myself up if something goes wrong something like that' 'on the rugby pitch I don't like to trust other people.... they have gone and scored in numerous games it I just find it hard to let</i></p>

		<p><i>to know that if I if they do make the tackle it's great but if they don't I could have done something to stop that but I didn't'.</i></p> <p>D2 on annoyance and frustration with his grandparents <i>'but erhm (pause) I find it hard being there all the time because erh my grandma her knees are bad erh and she just sits in front of the TV all day every day just basically scoffing her face with biscuits it just really upsets me to see her doing that cos I know she could be doing something to stop her but she doesn't and that really annoys me and my grandad's had three strokes'.</i></p> <p>On his grandfather <i>'He's not as strong any more he can't go out for as long anymore because he just gets so exhausted erhm I normally end up going up into my room but then when I go up into my room I feel bad for just leaving them downstairs if you know what I mean cos I know that they need help I do find it too hard so I finish up going upstairs for a couple of hours'.</i></p> <p>Stress with exams <i>'I's always every time with exams, it just gets too much and I always end up just breaking under the pressure. I always end up shaking, I can't think straight and then I will do the exam and I'll come out of it feeling absolutely dreadful because I haven't done well'</i></p>
Cluster 4 Identity	Significance of family dyads (father-son) Self-knowledge Decision making and autonomy Future career plans Wider societal thoughts	<p>On Maternal Grandfather's strokes.... <i>It has 'effected a lot of his life because he used to be a very proactive person a person you wouldn't find him in the house for more than two hours a day erhm and now he's at home a lot more he's a lot he's miserable because he can't do what he used to.... I don't like seeing him struggle</i></p> <p>D2 after separation from father ... <i>'I'm a lot more independent now...I think that I am more I now If somebody questions something I'm more now more</i></p>

		<p><i>like to if they question what I think or if what they think is what I don't think I'm more inclined to now just back up my own point even if its proved wrong (laughs)'</i></p> <p>Feared self..... <i>'just I don't want to be what my dad was when I'm older.... yeh, I don't want to do what he did to my mother I don't want to do what he did to me when I'm older erhm I just want that not to happen'</i></p> <p>On his future ambitions.... <i>'No I aim to be a good dad instead of what he was'.</i></p> <p>D2 reasoning regarding his arguments with his mother <i>'erhm, it's normally erh well sometimes it's about school most of the time it's because my mum's had a hard day at work, I've had a hard long day at school erhm we both get home tired erhm not in a great mood and erhm me and my mum seem to have bad tempers (sort of whispering) so it's kind of..... no it tends to just spark and then it just elaborates'.</i></p> <p>Increasing autonomy <i>'A lot more independent now', if questioned, he would 'back up my own point' 'She (mother) lets me prepare all of the vegetables and stuff now (for Christmas)'</i></p> <p><i>I'm a lot older now and understand it (politics) and because there is so much on the election I just watch it as well'</i></p> <p>Regarding religion <i>'obviously going more depth into Science I now have taken down the route of the scientific reasons'</i></p>
Cluster 5 Social Self-Evaluation	Friendship Popularity Reputation/Status Teamwork	<p><i>When asked how many friends he had 'No I only have four friends at school.....I like being own my own erhm I like being on my own'.</i></p>

	<p>Social self-regulation Bullying Physical comparison</p>	<p><i>'In the prep school and in year 7 and year 8 I got bullied a lot, they would trip me up all the time, push me around erhm in the prep school I had my cricket bag and they literally just stood on my cricket bag and just broke everything in my cricket bag oh they would do loads'.</i></p> <p><i>'the bullies don't bully me anymore because I'm a lot taller than them ...Obviously a lot more mature stronger mentally and physically I trust myself I'll back myself up if something goes wrong something like that'</i></p>
<p>Cluster 6 Emotional Self – Efficacy</p>	<p>Productive coping strategies Non-productive coping strategies Reference to others coping strategies</p>	<p>On coping with exams – <i>'I mean erhm I end up sweating profusely a lot now, I am erhm I get really bad headaches I end up shaking , I can't think straight and I'm dizzy and my mum said I needed to go to the doctor so we did I had a blood test done as they said it could be an over active thyroid because that's what my mum has but it wasn't they said the only logical thing was stress and... puberty (laughs)..</i></p> <p>when <i>'It just gets too much I listen to music.</i> <i>Music is like my little bubble (outlining bubble shape with hands)... I end up listening to music for hours on end and just because it calms me down very easily '.</i></p> <p>On coping with his father <i>'I just completely blank him'</i></p> <p>On coping with his grandparents' illnesses, he retreats to his bedroom feeling guilty as <i>'I know they need help...I do find it too hard'</i></p>
<p>Cluster 7 Self-attribution</p>	<p>Internal locus of control External Locus of control (learned helplessness)</p>	<p>Internal locus of control –</p> <p>Regaining control in the relationship with his father <i>'I had to ring him up and tell him I didn't want to see him anymore which was really hard but...every single Tuesday I would never get a call...it h=just got to the point</i></p>

		<p><i>where I didn't have to feel that anymore because it was just beyond a joke'</i></p> <p>On enquiring if his father tries to keep in contact... <i>'he does I've told him not to text me not to call me or anything and he doesn't'.</i></p> <p><i>With his former bullies</i> <i>'I've got stronger than them, they can't push me about like they used to and they can't do what they used to do because I'll now give them something back'.</i></p>
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Stage 5 – Table of themes with super-ordinate themes represented

Cluster	Super-Ordinate Theme
1	Academic Self- Evaluation
2	Self-efficacy
3	Emotional awareness
4	Identity
5	Social self-evaluation
6	Emotional self-efficacy
7	Self-attribution

Appendix F.

Descriptive Statistics for the Summed scores of BERS-2 Scales for adolescents with dyslexia

BERS- 2 Scale	Youth Mean	SD	Teacher Mean	SD	Parent Mean	SD
Interpersonal	8.50	2.38	10.25	2.87	10.25	2.50
Family involvement	9.25	2.50	10.75	3.40	9.75	1.26
Intrapersonal	8.25	0.96	10.25	2.87	8.00	1.63
School functioning	8.50	1.00	9.25	1.50	8.25	1.50
Affective	9.50	0.58	10.50	3.51	9.50	2.65
Strengths Index	91.0	8.29	101.25	16.15	94.25	7.46

Note: SD = standard deviation; BERS-2= Behavioural and Emotional Rating Scale (adolescent version); Domain scores; 4-5 poor; 6-7 below average, 8-12 average, 13-14 above average, 15-16 superior; 17-20 very superior. BERS-2 Strengths Index scores; 70-79 poor, 80-89 below average; 90-110 average; 111-120 above average; 121-130 superior; > 130 very superior.

Appendix G.

Descriptive Statistics for the Summed scores of SAI and VIA Scales for adolescents with dyslexia

Group	Questionnaire	Scale	Mean	SD
Sample 1 (N = 4)	SAI (out of 100)	Competent coping skills	51.25	13.15
		Commitment to family values	71.88	15.73
		Respect for own culture	41.07	44.56
		Optimism for future	76.56	19.35
		Community engagement	67.19	13.86
		Functional classroom behaviour	80.36	24.31
		Creativity	45.00	20.82
		Sense of well-being	68.75	7.21
		Health consciousness	73.44	23.03
		Pro-social attitude	34.38	27.72
		Activity engagement	72.50	15.00
		Peer connectedness	78.12	6.25
		Strengths at home	66.46	17.35
		Strengths at school	80.83	8.76
		Strengths during free time	58.55	18.15
		Strengths with friends	57.50	11.90
		Strengths from knowing myself	58.33	9.88
		Strengths from keeping clean & healthy	73.44	23.03
		Strengths from being involved	64.58	10.49
		Strengths from faith & culture	50.48	35.38
Strengths from goals & dreams	80.38	24.31		
	VIA (out of 5)	Appreciation of excellence & beauty	3.06	1.04
		Bravery	3.50	0.94
		Love	3.12	0.66
		Prudence	2.44	0.96
		Teamwork	2.81	0.52
		Creativity	3.38	1.11
		Curiosity	3.69	0.99
		Fairness	2.56	1.20
		Forgiveness	2.25	1.24
		Gratitude	3.38	0.63
		Honesty	2.69	0.75
		Hope	3.12	0.75
		Humour	3.31	0.75
		Perseverance	3.13	0.60
		Judgement	3.19	0.12
		Kindness	2.88	0.60
		Leadership	2.69	0.85
		Love of Learning	2.81	0.90
		Humility	3.06	0.43
		Perspective	2.31	0.69
		Self-regulation	2.44	1.07
		Social intelligence	3.12	0.32
		Spirituality	2.06	1.81
		Zest	3.94	0.55

Note: SD = standard deviation

Appendix H.

Descriptive Statistics for the Summed Scores of BERS-2 Questionnaire Scales for disengaged adolescents

BERS- 2 Scale	Youth Mean	SD	Teacher Mean	SD
Interpersonal	7.75	2.96	8.50	2.51
Family involvement	9.12	2.23	8.50	1.60
Intrapersonal	8.12	2.17	7.75	2.50
School functioning	6.25	1.91	7.50	1.93
Affective	9.25	2.55	8.12	3.60
Strengths Index	86.75	13.21	86.62	13.39

Note: SD = standard deviation; BERS-2= Behavioural and Emotional Rating Scale (adolescent version); Domain scores; 4-5 poor; 6-7 below average, 8-12 average, 13-14 above average, 15-16 superior; 17-20 very superior. BERS-2 Strengths Index scores; 70-79 poor, 80-89 below average; 90-110 average; 111-120 above average; 121-130 superior; > 130 very superior.

Appendix I.

Descriptive Statistics for the Summed Scores of SAI and VIA Questionnaire Scales for disengaged adolescents

Group	Questionnaire	Scale	Mean	SD
Sample 2 (N =8)	SAI (out of 100)	Competent coping skills	53.75	20.83
		Commitment to family values	72.18	16.66
		Respect for own culture	28.72	14.12
		Optimism for future	66.41	24.54
		Community engagement	42.19	24.72
		Functional classroom behaviour	38.39	23.82
		Creativity	31.25	11.25
		Sense of well-being	65.62	25.66
		Health consciousness	71.09	10.53
		Pro-social attitude	50.00	25.88
		Activity engagement	41.25	23.60
		Peer connectedness	89.06	16.95
		Strengths at home	73.06	18.07
		Strengths at school	50.00	12.84
		Strengths during free time	37.46	12.39
		Strengths with friends	70.00	15.88
		Strengths from knowing myself	58.96	21.08
		Strengths from keeping clean & healthy	71.32	14.40
		Strengths from being involved	45.83	20.41
		Strengths from faith & culture	32.71	16.52
Strengths from goals & dreams	68.75	26.71		
	VIA (out of 5)	Appreciation of excellence & beauty	2.53	1.09
		Bravery	3.34	0.73
		Love	4.09	0.53
		Prudence	2.31	0.62
		Teamwork	3.41	0.69
		Creativity	3.28	0.62
		Curiosity	3.19	0.88
		Fairness	2.69	0.50
		Forgiveness	2.88	1.10
		Gratitude	3.66	0.62
		Honesty	2.78	0.62
		Hope	3.09	1.03
		Humour	3.84	1.01
		Perseverance	2.69	0.64
		Judgement	2.78	0.69
		Kindness	3.53	1.03
		Leadership	3.19	0.94
		Love of Learning	2.47	0.98
		Humility	3.00	0.73
		Perspective	3.12	0.58
		Self-regulation	2.22	0.90
		Social intelligence	3.28	0.49
		Spirituality	2.38	0.84
		Zest	3.31	0.94

Note: SD = standard deviation

Appendix J.

Table J1. *Table of scores of Sample 1 on the Behavioural & Emotional Strengths Youth Report*

Participants in sample 1	Inter-personal	Family involvement	Intra-personal	School functioning	Affective	Strengths Index
D1						
Pre intervention	10	9	9	9	10	96
End of intervention	9	9	9	11	9	96
6 month follow-up	11	9	8	9	10	96
12 month follow-up	8	7	10	7	9	88
D3						
Pre-intervention	10	12	9	7	10	97
End of intervention	9	10	9	7	10	93
6 month follow-up	9	11	8	8	9	93
12 month follow-up	9	10	8	10	11	97
D4						
Pre-intervention	9	10	7	9	9	92
End of intervention	6	7	6	10	7	81
6 month follow-up	8	9	6	11	7	88
12 month follow-up	13	9	6	9	12	101

Table J2. *Table of Teachers' scores of Sample 1 on Behavioural & Emotional Strengths*

Participants in Sample 1	Inter-personal	Family involvement	Intra-personal	School functioning	Affective	Strengths Index
D1						
Pre-intervention	14	15	14	10	14	123
End of intervention	16	16	13	10	15	127
6 month follow-up	14	14	10	13	10	115
12 month follow-up	14	12	12	10	13	115
D3						
Pre-intervention	10	12	11	7	13	104
End of intervention	10	12	12	8	12	105
6 month follow-up	12	12	13	11	12	113
12 month follow-up	10	11	13	10	15	112
D4						
Pre-intervention	10	8	8	10	7	90
End of intervention	10	8	8	9	10	93
6 month follow-up	13	10	11	11	11	108
12 month follow-up	13	12	13	11	12	113

Appendix J.

Table J3. *Table of Parents' scores of Sample 1 on Behavioural & Emotional Strengths*

Participants in Sample 1	Inter-personal	Family involvement	Intra-personal	School functioning	Affective	Strengths Index
D1						
Pre-intervention	7	10	6	7	9	85
End of intervention	7	10	8	9	9	90
6 month follow-up	11	12	13	11	13	113
12 month follow-up	12	12	11	11	12	111
D3						
Pre-intervention	13	11	10	7	11	103
End of intervention	11	10	12	6	11	100
6 month follow-up	10	6	8	6	10	86
12 month follow-up	-	-	-	-	-	-
D4						
Pre-intervention	11	10	8	10	6	93
End of intervention	11	10	8	8	7	92
6 month follow-up	11	9	7	9	7	90
12 month follow-up	12	10	9	12	7	100

Appendix J. Table J4. Tables displaying Sample 1 Scores on SAI Personal & Contextual Strengths – youth report

Participants in Sample 1	Comp coping skills	Commitment to Family values	Respect Own culture	Optimism For future	Community Engagement	Functional Classroom Behaviour	Creativity	Sense of well-being	Health consciousness	Pro-social attitude	Activity Engagement	Peer Connectedness	Total
D1 Pre-intervention	50.00	75.00	100.00	75.00	62.50	71.43	50.00	75.00	75.00	62.50	80.00	75.00	70.13
End of intervention	75.00	87.50	85.71	87.50	71.43	71.43	60.00	75.00	68.75	87.50	80.00	62.50	76.62
6 month follow-up	65.00	62.50	85.71	75.00	62.50	71.43	70.00	75.00	68.75	87.50	80.00	87.50	72.44
12 month follow-up	80.00	87.50	78.57	87.50	75.00	71.43	70.00	87.50	81.25	75.00	80.00	75.00	79.49
D3 Pre-intervention	70.00	87.50	50.00	50.00	81.25	50.00	70.00	62.50	100.00	50.00	90.00	87.50	73.24
End of intervention	55.00	81.25	0.00	43.75	50.00	28.57	30.00	62.50	81.25	50.00	60.00	62.50	55.63
6 month follow-up	55.00	94.75	0.00	43.75	43.75	42.86	30.00	62.50	68.75	50.00	50.00	62.50	55.63
12 month follow-up	80.00	93.75	0.00	68.75	75.00	85.71	60.00	85.71	100.00	50.00	60.00	87.50	71.79
D4 Pre-intervention	45.00	75.00	14.29	93.75	75.00	100.00	20.00	75.00	43.75	25.00	60.00	75.00	59.62
End of intervention	65.00	57.14	0.00	62.50	81.25	71.43	50.00	37.50	68.75	75.00	70.00	75.00	59.74
6 month follow-up	70.00	56.25	50.00	37.50	75.00	78.57	80.00	62.50	75.00	62.50	50.00	75.00	65.49
12 month follow-up	60.00	81.25	0.00	37.50	18.75	85.71	20.00	37.50	62.50	12.50	60.00	62.50	46.79

Participants in Sample 1	Strengths at home	Strengths at school	Strengths during free-time	Strengths with friends	Strengths from knowing myself	Strengths from Keeping clean & healthy	Strengths from being involved	Strengths from faith & culture	Strengths from goals and dreams	Total
D1 Pre-intervention	66.67	76.67	63.16	70.00	58.33	75.00	66.67	94.44	71.43	69.71
End of intervention	79.17	80.00	63.16	85.00	72.22	68.75	70.00	80.00	92.86	75.48
6 month follow-up	62.50	80.00	65.79	90.00	69.44	68.75	66.67	85.00	71.43	72.86
12 month follow-up	83.33	76.67	68.42	80.00	80.56	81.25	83.33	75.00	85.71	78.10
D3 Pre-intervention	87.50	73.33	81.58	65.00	72.22	100.00	75.00	62.50	50.00	76.32
End of intervention	83.33	50.00	47.37	50.00	61.11	81.25	41.65	75.00	42.86	57.37
6 month follow-up	91.67	63.33	47.37	50.00	61.11	68.75	33.33	66.67	42.86	58.95
12 month follow-up	95.83	90.00	57.89	65.00	86.11	100.00	66.67	10.00	78.57	72.86
D4 Pre-intervention	66.67	93.33	39.47	45.00	52.78	43.75	66.67	30.00	100.00	58.10
End of intervention	68.18	60.00	55.26	70.00	61.11	75.00	100.00	10.00	71.43	60.58
6 month follow-up	58.33	83.33	65.79	60.00	69.44	81.25	75.00	50.00	42.86	66.50
12 month follow-up	79.17	76.67	39.47	45.00	58.33	100.00	41.67	5.00	42.86	55.24

Appendix J. Table J5. Tables displaying Sample 1 scores on VIA character strengths –

Participants in Sample 1	Appreciation of Excellence & Beauty	Bravery	Love	Prudence	Teamwork	Creativity	Curiosity	Fairness	Forgiveness	Gratitude	Honesty	Hope
D1 Pre-intervention	3.75	3.50	3.75	3.00	3.25	4.00	4.00	3.50	3.75	3.25	3.50	3.50
End of intervention	3.25	3.50	3.25	3.25	3.25	3.50	4.00	3.00	3.50	3.50	3.75	3.25
6 month follow-up	3.75	3.75	3.75	3.75	4.50	4.00	4.00	3.75	4.25	4.00	4.00	3.50
12 month follow-up	4.25	3.00	3.50	3.50	4.00	3.75	4.25	3.75	4.25	3.50	3.75	3.25
D3 Pre-intervention	3.50	3.25	3.50	3.00	3.25	4.50	4.00	3.50	2.75	3.25	3.00	3.50
End of intervention	2.75	3.50	3.00	2.50	3.00	3.25	3.75	2.75	2.75	3.50	2.75	3.25
6 month follow-up	3.00	3.00	3.25	2.50	3.25	4.00	3.50	3.25	2.50	3.25	2.50	3.25
12 month follow-up	3.00	2.75	3.75	2.50	3.75	3.75	3.50	3.25	3.00	3.50	2.50	2.50
D4 Pre-intervention	1.50	2.50	3.00	2.75	2.50	2.00	2.25	2.25	1.50	4.25	2.50	2.00
End of intervention	3.00	3.25	3.00	2.50	3.00	2.75	3.50	2.50	3.25	3.75	2.75	2.50
6 month follow-up	2.75	3.00	3.25	3.25	3.50	3.00	2.75	3.25	2.25	3.50	3.00	3.25
12 month follow-up	3.75	2.75	3.75	3.25	3.75	2.75	3.25	3.00	3.25	4.50	2.75	3.25

Participants in Sample 1	Humour	Perseverance	Judgement	Kindness	Leadership	Love of Learning	Humility	Perspective	Self-regulation	Social Intelligence	Spirituality	Zest
D1 Pre-intervention	2.50	2.75	3.25	3.50	3.00	3.00	3.00	2.75	3.25	3.00	4.75	3.75
End of intervention	2.00	3.50	3.00	3.25	2.25	3.25	3.00	3.00	3.25	3.25	4.75	3.50
6 month follow-up	3.25	4.00	3.75	4.00	3.25	4.00	3.50	3.50	3.25	4.00	4.75	3.75
12 month follow-up	2.00	3.00	3.25	3.25	2.00	3.50	3.75	3.00	3.25	4.00	5.00	3.00
D3 Pre-intervention	3.50	3.00	3.25	3.25	3.50	3.50	3.25	3.00	3.25	3.50	1.00	4.75
End of intervention	4.00	2.50	2.75	2.50	3.50	3.00	2.75	3.00	3.25	3.25	1.00	4.25
6 month follow-up	3.50	3.00	2.50	2.75	3.00	3.25	3.00	3.00	3.00	3.75	1.00	3.00
12 month follow-up	3.25	3.00	3.50	3.00	3.50	3.25	2.75	3.50	3.50	3.25	1.00	4.25
D4 Pre-intervention	4.25	2.75	3.25	2.25	1.50	1.50	2.50	1.50	2.25	3.25	1.50	3.50
End of intervention	3.50	3.25	2.75	3.25	2.75	3.00	2.50	3.25	3.00	3.00	2.25	3.75
6 month follow-up	3.25	3.75	3.75	3.25	2.50	2.75	3.50	3.25	2.50	3.75	3.25	3.25
12 month follow-up	4.00	4.00	1.75	3.00	3.25	2.75	3.25	4.00	3.00	3.25	3.75	3.00

Appendix J.

Table J6. *Table of scores of Sample 2 on Behavioural & Emotional Strengths Youth Report*

Participants in Sample 2	Inter-personal	Family involvement	Intra-personal	School functioning	Affective	Strengths Index
N1 Pre-intervention	6	10	6	3	8	77
End of intervention	7	10	11	5	13	94
6 month follow-up	10	12	10	7	11	100
9 month follow-up	12	11	8	6	12	98
N2 Pre-intervention	10	9	7	6	14	94
End of intervention	7	9	6	7	13	89
6 month follow-up	7	9	6	7	13	89
9 month follow-up	10	10	7	6	14	96
N3 Pre-intervention	10	13	9	7	11	100
End of intervention	9	13	7	6	10	93
6 month follow-up	8	12	8	7	9	92
9 month follow-up	8	11	6	7	8	86
N4 Pre-intervention	6	8	5	7	6	75
End of intervention	9	9	10	7	11	94
6 month follow-up	10	9	10	10	11	100
9 month follow-up	9	7	6	6	7	85
N5 Pre-intervention	4	6	9	5	5	71
End of intervention	7	7	10	7	9	86
6 month follow-up	6	7	8	3	8	82
9 month follow-up	5	6	8	10	7	81
N6 Pre-intervention	13	11	12	8	13	109
End of intervention	13	10	11	8	11	104
6 month follow-up	10	10	11	8	14	104
9 month follow-up	11	9	12	6	12	100
N7 Pre-intervention	6	9	9	5	9	83
End of intervention	7	8	9	7	11	89
6 month follow-up	6	6	8	6	9	79
9 month follow-up	6	9	10	9	9	90
N8 Pre-intervention	7	7	8	9	8	85
End of intervention	11	14	10	11	14	113
6 month follow-up	7	7	9	11	10	92
9 month follow-up	10	11	8	11	13	104

Appendix J.

Table J7. *Table of Teachers' scores of Sample 2 on Behavioural & Emotional Strengths (teachers not complete 9 month follow-up scores for N1, N3, N4, and N5)*

Participants in Sample 2	Inter-personal	Family involvement	Intra-personal	School functioning	Affective	Strengths Index
N1 Pre-intervention	6	8	6	6	7	77
End of intervention	8	8	6	6	9	85
6 month follow-up	12	12	10	10	12	108
9 month follow-up						
N2 Pre-intervention	11	8	8	9	6	89
End of intervention	10	8	8	9	9	90
6 month follow-up	10	9	8	9	9	94
9 month follow-up	9	10	9	8	9	93
N3 Pre-intervention	4	7	5	5	3	64
End of intervention	11	10	11	10	11	104
6 month follow-up	6	11	6	4	7	78
9 month follow-up						
N4 Pre-intervention	8	9	11	7	10	98
End of intervention	11	10	11	8	10	100
6 month follow-up	8	5	12	9	12	94
9 month follow-up						
N5 Pre-intervention	8	7	9	7	8	85
End of intervention	9	8	6	9	9	88
6 month follow-up	9	7	11	10	8	93
9 month follow-up						
N6 Pre-intervention	11	8	4	6	6	79
End of intervention	11	8	7	7	9	89
6 month follow-up	11	9	8	10	9	96
9 month follow-up	12	10	7	8	9	94
N7 Pre-intervention	10	12	9	10	10	101
End of intervention	10	12	10	10	11	104
6 month follow-up	10	12	10	10	11	104
9 month follow-up	10	12	9	10	11	103
N8 Pre-intervention	10	9	10	10	15	105
End of intervention	9	10	10	10	11	96
6 month follow-up	10	12	10	10	11	104
9 month follow-up	10	11	9	10	11	101

Appendix J. Table J8. Tables displaying Sample 2 scores on SAI Personal & Contextual Strengths – youth report

Participants in Sample 2	Comp coping skills	Commitment to Family values	Respect Own culture	Optimism For future	Community Engagement	Functional Classroom Behaviour	Creativity	Sense of well-being	Health consciousness	Pro-social attitude	Activity Engagement	Peer Connectedness	Total
N1 Pre-intervention	35.00	75.00	28.57	43.75	12.50	28.57	10.00	37.50	68.75	50.00	12.50	87.50	40.79
End of intervention	80.00	93.50	71.43	81.25	25.00	57.14	40.00	62.50	75.00	75.00	40.00	100.00	67.31
6 month follow-up	65.00	100.00	50.00	81.25	12.50	42.86	60.00	87.50	81.25	100.00	60.00	100.00	67.31
9 month follow-up	50.00	100.00	57.14	62.50	25.00	50.00	50.00	62.50	75.00	50.00	60.00	100.00	60.90
N2 Pre-intervention	60.00	64.29	21.43	31.25	18.75	64.29	30.00	87.50	68.75	50.00	20.00	100.00	49.35
End of intervention	60.00	100.00	28.57	68.75	6.25	71.43	20.00	50.00	56.25	50.00	40.00	87.50	53.85
6 month follow-up	65.00	78.57	14.29	62.50	12.50	57.14	30.00	75.00	81.25	75.00	30.00	87.50	54.55
9 month follow-up	55.00	78.57	14.29	75.00	0.00	64.29	40.00	62.50	68.75	100.00	40.00	87.50	56.00
N3 Pre-intervention	60.00	100.00	35.71	87.50	18.75	57.14	40.00	75.00	75.00	100.00	30.00	100.00	63.46
End of intervention	50.00	81.25	50.00	87.50	18.75	50.00	30.00	62.50	87.50	100.00	40.00	100.00	61.24
6 month follow-up	55.00	100.00	42.86	68.75	31.25	42.86	20.00	75.00	62.50	100.00	30.00	100.00	58.97
9 month follow-up	50.00	100.00	42.86	100.00	6.25	50.00	50.00	50.00	81.25	87.50	30.00	87.50	60.90
N4 Pre-intervention	15.00	71.43	28.57	87.50	43.75	14.29	20.00	25.00	68.75	37.50	40.00	62.50	43.51
End of intervention	35.00	68.75	14.29	50.00	50.00	21.43	10.00	37.50	62.50	12.50	30.00	62.50	39.74
6 month follow-up	65.00	81.25	35.71	75.00	75.00	78.57	30.00	87.50	75.00	75.00	70.00	87.50	69.23
9 month follow-up	20.00	50.00	14.29	93.75	43.75	21.43	10.00	50.00	56.25	12.50	20.00	75.00	39.61
N5 Pre-intervention	45.00	43.75	28.57	37.50	50.00	0.00	30.00	50.00	50.00	25.00	60.00	100.00	41.67
End of intervention	25.00	50.00	14.29	31.25	31.25	21.43	10.00	37.50	56.25	25.00	70.00	100.00	37.18
6 month follow-up	35.00	68.75	14.29	43.75	43.75	50.00	20.00	37.50	62.50	50.00	80.00	100.00	48.72
9 month follow-up	40.00	56.25	21.43	62.50	50.00	64.29	30.00	62.50	68.75	12.50	50.00	100.00	51.28
N6 Pre-intervention	75.00	75.00	14.29	75.00	68.75	57.14	40.00	75.00	87.50	37.50	40.00	100.00	62.99
End of intervention	55.00	62.50	14.29	62.50	68.75	78.57	20.00	87.50	75.00	12.50	70.00	100.00	58.97
6 month follow-up	50.00	31.25	14.29	62.50	43.75	71.43	60.00	50.00	31.25	75.00	20.00	12.50	43.59
9 month follow-up	55.00	75.00	14.29	62.50	43.75	57.14	30.00	87.50	50.00	25.00	90.00	100.00	55.77
N7 Pre-intervention	65.00	85.71	14.29	87.50	43.75	28.57	40.00	100.00	75.00	25.00	40.00	100.00	58.44
End of intervention	60.00	62.50	21.43	93.75	31.25	42.86	40.00	87.50	87.50	50.00	70.00	100.00	60.90
6 month follow-up	50.00	100.00	7.14	81.25	25.00	71.43	50.00	87.50	81.25	75.00	80.00	87.50	64.10
9 month follow-up	65.00	100.00	0.00	81.25	81.25	50.00	90.00	87.50	81.25	37.50	100.00	100.00	85.71
N8 Pre-intervention	75.00	62.25	58.33	81.25	81.25	57.14	40.00	75.00	75.00	75.00	87.50	62.50	69.74
End of intervention	85.00	75.00	71.43	68.75	50.00	64.29	50.00	62.50	75.00	50.00	70.00	62.50	67.31
6 month follow-up	70.00	68.75	71.43	81.25	37.50	71.43	50.00	87.50	75.00	75.00	70.00	75.00	70.48
9 month follow-up	75.00	87.50	85.71	81.25	81.25	78.57	90.00	75.00	87.50	87.50	70.00	75.00	81.41

Participants in Sample 2	Strengths at home	Strengths at school	Strengths during free-time	Strengths with friends	Strengths from knowing myself	Strengths from Keeping clean & healthy	Strengths from being involved	Strengths from faith & culture	Strengths from goals and dreams	Total
N1 Pre-intervention	75.00	33.33	25.00	77.78	41.67	68.75	25.00	35.00	42.86	45.15
End of intervention	95.83	43.33	39.47	90.00	77.78	81.25	50.00	75.00	78.57	67.62
6 month follow-up	100.00	36.67	52.63	95.00	72.22	81.25	41.67	60.00	78.57	67.14
9 month follow-up	100.00	40.00	52.63	75.00	58.33	81.25	41.67	65.00	57.14	62.38
N2 Pre-intervention	68.18	46.67	28.95	80.00	66.67	64.29	58.33	25.00	35.71	51.43
End of intervention	83.33	50.00	26.32	75.00	55.56	62.50	25.00	40.00	64.29	52.38
6 month follow-up	81.82	43.33	23.68	90.00	63.89	87.50	50.00	30.00	57.14	55.29
9 month follow-up	81.82	65.38	34.21	100.00	50.00	68.75	25.00	30.00	71.43	56.86
N3 Pre-intervention	100.00	46.67	28.95	95.00	66.67	81.25	33.33	45.00	85.71	61.90
End of intervention	87.50	46.67	34.21	95.00	55.56	93.75	33.33	55.00	85.71	61.43
6 month follow-up	100.00	40.00	26.32	100.00	66.67	68.75	41.67	50.00	64.29	59.52
9 month follow-up	100.00	43.33	31.58	90.00	50.00	87.50	25.00	50.00	100.00	60.90
N4 Pre-intervention	72.73	50.00	42.11	45.00	16.67	68.75	25.00	15.00	100.00	45.67
End of intervention	70.83	43.33	21.05	40.00	38.89	62.50	41.67	25.00	50.00	41.43
6 month follow-up	70.83	76.67	52.63	65.00	75.00	75.00	66.67	45.00	78.57	66.67
9 month follow-up	59.09	43.33	18.42	45.00	27.78	56.25	50.00	20.00	100.00	40.87
N5 Pre-intervention	36.36	36.67	42.11	60.00	52.78	43.75	33.33	30.00	35.71	42.31
End of intervention	70.83	46.67	39.47	65.00	36.11	62.50	33.33	20.00	28.57	44.76
6 month follow-up	59.09	60.00	42.11	65.00	42.22	64.29	41.67	10.00	50.00	48.54
9 month follow-up	70.83	66.67	36.84	55.00	52.78	64.29	58.33	30.00	64.29	53.85
N6 Pre-intervention	70.83	70.00	34.21	72.22	77.78	93.75	58.33	20.00	71.43	61.54
End of intervention	70.83	83.33	42.11	60.00	69.44	81.25	66.67	20.00	64.29	61.43
6 month follow-up	25.00	56.67	39.47	45.00	41.67	25.00	41.67	30.00	57.14	40.48
9 month follow-up	79.17	66.67	47.37	65.00	69.44	43.75	50.00	25.00	64.29	58.10
N7 Pre-intervention	86.36	50.00	34.21	55.00	72.22	75.00	50.00	25.00	92.86	57.69
End of intervention	66.67	50.00	44.74	70.00	69.44	87.50	58.33	30.00	92.86	60.48
6 month follow-up	100.00	63.33	52.68	70.00	61.11	75.00	50.00	15.00	78.57	62.38
9 month follow-up	100.00	66.67	100.00	70.00	69.44	75.00	83.33	10.00	85.71	73.33
N8 Pre-intervention	75.00	66.67	64.11	75.00	77.28	75.00	83.33	66.67	85.71	73.04
End of intervention	75.00	63.33	52.63	55.00	77.78	75.00	66.67	75.00	71.43	67.14
6 month follow-up	79.17	70.00	52.68	80.00	75.00	75.00	50.00	80.00	78.57	68.59
9 month follow-up	87.50	73.33	81.58	85.00	75.00	87.50	83.33	80.00	78.57	80.48

Appendix J. Table J9. Tables displaying Sample 2 scores on VIA character strengths – youth report

Participants in Sample 2		Appreciation of Excellence & Beauty	Bravery	Love	Prudence	Teamwork	Creativity	Curiosity	Fairness	Forgiveness	Gratitude	Honesty	Hope
N1	Pre-intervention	2.75	4.50	4.25	2.25	3.50	3.00	3.50	2.50	4.00	3.75	3.00	2.50
	End of intervention	4.00	4.5	4.25	3.00	4.00	4.25	4.25	3.75	4.00	4.50	4.00	4.25
	6 month follow-up	3.50	5.00	5.00	3.25	4.00	4.50	4.75	3.75	3.75	5.00	3.75	4.00
	9 month follow-up	4.00	4.75	4.25	3.25	4.00	4.50	5.00	4.00	4.25	5.00	3.25	2.75
N2	Pre-intervention	1.50	3.75	4.00	2.50	4.00	2.25	3.50	3.25	2.75	3.75	2.50	3.25
	End of intervention	1.25	2.50	3.75	3.00	4.00	1.75	2.75	3.00	2.00	3.75	3.50	2.75
	6 month follow-up	2.00	4.00	5.00	3.00	4.50	1.50	3.25	2.50	3.00	4.75	2.75	2.25
	9 month follow-up	1.00	4.50	4.50	4.00	4.50	1.75	3.25	3.75	3.00	4.75	3.50	2.75
N3	Pre-intervention	2.25	3.25	3.50	3.00	3.00	2.75	2.25	3.00	3.25	2.75	3.25	3.25
	End of intervention	3.50	3.75	5.00	4.00	3.50	3.50	3.25	4.25	3.75	4.25	3.50	4.50
	6 month follow-up	3.50	4.75	5.00	3.75	3.75	4.00	4.00	4.25	3.75	4.75	3.50	4.00
	9 month follow-up	2.50	4.00	4.75	4.25	4.00	4.00	3.50	4.00	3.75	3.50	3.00	3.75
N4	Pre-intervention	1.75	2.50	3.75	1.50	2.25	3.00	1.75	2.00	1.75	3.75	3.00	2.25
	End of intervention	2.25	1.25	1.75	3.00	1.75	2.25	1.75	3.00	3.25	3.00	3.50	2.00
	6 month follow-up	3.00	3.25	4.00	3.50	3.75	3.25	3.50	3.75	3.25	3.25	3.25	3.75
	9 month follow-up	1.25	1.75	2.75	2.50	2.25	2.25	1.50	1.75	2.75	4.00	3.50	3.25
N5	Pre-intervention	2.50	2.75	3.75	2.50	3.25	3.75	3.50	2.75	1.75	2.75	1.50	1.25
	End of intervention	2.25	2.25	3.75	2.75	4.00	3.75	2.75	1.75	1.75	3.25	1.75	2.50
	6 month follow-up	3.00	2.75	3.00	3.00	3.75	4.00	3.25	2.25	3.00	3.25	1.75	2.75
	9 month follow-up	2.00	3.00	3.00	2.50	3.50	4.00	3.25	3.50	2.25	4.00	2.75	3.00
N6	Pre-intervention	3.25	3.50	5.00	2.75	4.50	4.00	3.75	3.25	3.75	3.75	3.50	4.00
	End of intervention	3.00	3.75	4.25	3.50	4.75	4.00	3.75	3.50	4.75	3.50	3.50	4.00
	6 month follow-up	2.50	3.25	4.75	3.25	3.50	3.75	3.25	3.50	2.75	4.75	3.50	3.25
	9 month follow-up	4.00	3.25	5.00	3.00	4.00	3.50	4.50	3.25	3.50	3.75	3.00	3.50
N7	Pre-intervention	1.50	4.00	4.75	1.25	3.00	3.75	2.75	2.00	1.50	4.50	2.50	4.00
	End of intervention	2.75	3.75	4.75	3.50	3.50	3.50	4.00	3.00	1.25	3.75	2.50	3.75
	6 month follow-up	2.75	3.25	4.25	3.25	3.75	3.50	3.25	1.25	1.50	4.75	2.25	3.75
	9 month follow-up	2.00	3.25	4.25	2.75	4.00	3.75	3.50	2.50	2.00	4.25	3.00	3.75
N8	Pre-intervention	4.75	2.50	3.75	2.75	3.75	3.75	4.50	2.75	4.25	4.25	3.00	4.25
	End of intervention	4.00	4.00	4.25	3.25	4.00	4.50	4.25	5.00	4.00	3.00	3.75	3.75
	6 month follow-up	3.50	3.50	3.50	3.00	4.00	3.25	4.25	3.50	3.25	3.00	3.00	3.75
	9 month follow-up	4.25	4.25	3.50	3.75	3.75	4.00	3.75	3.00	3.00	4.75	3.75	3.50

Participants in Sample 2		Humour	Perseverance	Judgement	Kindness	Leadership	Love of Learning	Humility	Perspective	Self-regulation	Social Intelligence	Spirituality	Zest
N1	Pre-intervention	4.25	2.00	3.00	4.75	2.25	2.50	2.75	3.50	1.75	3.25	2.75	2.25
	End of intervention	4.75	4.00	4.00	4.75	4.00	3.25	3.25	4.75	3.75	4.00	4.00	4.00
	6 month follow-up	4.75	3.25	4.25	5.00	4.00	4.25	2.75	4.75	2.25	4.25	3.25	4.00
	9 month follow-up	4.50	3.50	3.50	5.00	2.50	3.50	2.50	4.00	2.50	4.25	3.25	3.75
N2	Pre-intervention	2.75	2.25	2.00	3.75	2.25	2.00	3.00	2.75	2.25	3.50	2.00	2.75
	End of intervention	2.75	2.75	2.25	3.25	3.00	1.50	1.75	2.75	1.25	3.50	2.00	3.25
	6 month follow-up	3.00	2.75	2.50	3.75	3.75	1.25	3.00	3.25	1.25	4.00	2.75	3.00
	9 month follow-up	3.25	3.00	2.75	3.75	3.25	2.50	3.75	4.25	2.50	4.50	1.50	3.25
N3	Pre-intervention	3.00	2.50	3.25	3.00	2.50	2.75	2.50	2.50	2.75	3.25	2.50	2.75
	End of intervention	4.00	3.50	3.50	4.00	3.00	3.25	3.00	4.25	3.25	4.25	3.50	3.75
	6 month follow-up	4.25	3.75	4.25	4.50	4.00	3.75	3.50	4.50	2.75	4.25	3.25	4.00
	9 month follow-up	3.75	3.75	4.00	4.00	3.75	3.25	3.00	3.75	3.50	3.75	3.50	3.50
N4	Pre-intervention	2.75	2.50	2.00	1.50	2.50	1.50	3.00	2.50	1.25	2.50	1.50	2.75
	End of intervention	4.50	1.50	3.00	2.75	3.25	2.75	2.25	3.00	2.25	3.75	3.50	4.50
	6 month follow-up	3.25	3.50	4.00	3.00	3.75	3.75	3.50	3.75	3.25	2.75	3.00	3.75
	9 month follow-up	4.00	2.00	2.75	3.00	2.00	3.25	3.25	1.50	1.25	2.50	2.00	3.25
N5	Pre-intervention	5.00	2.50	2.00	3.25	4.50	1.00	2.50	3.25	1.00	3.25	2.50	2.75
	End of intervention	4.50	2.50	1.75	3.25	3.75	1.00	2.50	2.75	1.25	2.50	2.00	3.75
	6 month follow-up	5.00	2.50	2.75	3.25	4.50	2.00	2.75	3.00	1.50	3.75	1.50	2.75
	9 month follow-up	4.25	3.75	3.00	3.50	4.00	2.50	2.25	4.00	1.25	2.75	1.75	3.75
N6	Pre-intervention	5.00	3.25	3.25	4.75	4.00	3.75	4.75	4.25	3.50	4.25	2.50	4.75
	End of intervention	5.00	3.50	4.25	4.00	3.75	3.00	5.00	3.25	3.75	4.00	1.00	4.25
	6 month follow-up	5.00	2.50	2.75	5.00	2.25	4.25	1.50	3.50	3.25	4.25	1.00	4.25
	9 month follow-up	5.00	2.50	2.75	4.25	2.75	3.50	3.00	3.00	3.75	4.25	1.00	4.25
N7	Pre-intervention	4.75	2.50	3.00	3.50	4.25	2.50	2.75	3.00	2.00	3.00	1.25	4.25
	End of intervention	4.25	3.00	3.75	3.50	3.75	3.50	2.75	4.00	2.25	3.75	1.50	3.75
	6 month follow-up	4.50	3.50	3.25	3.75	4.00	3.00	2.25	3.75	1.75	3.25	2.50	3.50
	9 month follow-up	4.25	4.00	3.25	3.75	3.50	3.75	2.25	4.00	2.00	3.25	2.00	3.75
N8	Pre-intervention	3.25	4.00	3.75	3.75	3.25	3.75	2.75	3.25	3.25	3.25	4.00	4.25
	End of intervention	3.50	4.25	3.75	4.25	4.75	4.00	4.00	4.00	3.25	4.75	4.25	4.50
	6 month follow-up	3.75	3.50	4.00	4.25	3.00	3.75	3.50	3.25	3.00	3.75	3.75	3.50
	9 month follow-up	3.75	3.75	3.75	3.75	4.25	2.25	3.00	4.50	3.25	3.50	4.25	3.50

Appendix K.

Timeline Studies 1 and 2

Timeline for Sample 1 (March 2015 assessments and Life story interview comprise Study 1 and quantitative assessments represent pre-intervention scores for Study 2)

2014			2015					2016
October-November	December/January	LOA	18 & 20 March	w/c 23 March	20 April – 22 June	29 June & 1 July	2 & 4 December	20 & 24 June
Discussions with Head & Head of Learning support	Recruitment of participants. Consent forms returned		CFSEI-3 BERS-2 SAI VIA assessments Teachers/parents BERS-2	Life story Interviews over 4 periods	After Easter holiday, 8 week (35 minute) positive emotions intervention commences	Immediate post intervention Assessments Teachers/parents BERS-2 returned	6 month re-assessments Teachers/parents BERS-2 returned	12 month re-assessments Teachers/parents BERS-2 returned

Timeline for Sample 2 (March 2016 assessments and Life story interview comprise Study 1 and quantitative assessments represent pre-intervention scores for Study 2)

2015	2016								2017
December	January -March	March	14 March	21 March	April -July	20 July	LOA	early January	late April
Discussions with Head of interventions Sheffield Futures.	Discussions with Heads and Learning support, and Sheffield Future Mentors	Recruitment of participants. Consent forms returned	CFSEI-3 BERS-2 SAI VIA assessments	Life story interviews over 8 periods	After Easter holiday, 10 week (60 minute) positive emotion intervention	Immediate post intervention Assessments Teachers BERS-2 returned		6 month re-assessments Teachers BERS-2	9 month re-assessments Teachers BERS-2

LOA - Leave of Absences granted by the University due to personal and family illnesses

Appendix L.

Ethical Approval Letter – Study 3



Downloaded: 30/01/2020
Approved: 04/12/2017

Gabrielle Pitfield
Registration number: 140149731
Psychology
Programme: PhD Psychology

Dear Gabrielle

PROJECT TITLE: The design and implementation of an online questionnaire to investigate the predictors of specific self-esteem domains in secondary school pupils

APPLICATION: Reference Number 017006

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 04/12/2017 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 017006 (form submission date: 27/11/2017); (expected project end date: 21/01/2019).
- Participant information sheet 1037591 version 1 (27/11/2017).
- Participant consent form 1037593 version 1 (27/11/2017).

The following optional amendments were suggested:

If possible, it would be preferable to provide details of pastoral team for a given school. (You could create separate survey links for each school and make the debrief very specific to each school.) Please thoroughly proof-read information for participants/parents, and the info/consent form. The Participant information refers to "causes of self-esteem" - It would be clearer to explain that the research seeks to identify what factors "influence" self-esteem.

If during the course of the project you need to [deviate significantly from the above-approved documentation](#) please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

Thomas Webb
Ethics Administrator
Psychology

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: <https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure>
- The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.6710661/file/GRIPPpolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

Appendix M.

Online questionnaire Predictors of self-esteem in secondary school pupils

Predictors of self-esteem in secondary school pupils

Participant information

You are being invited to participate in a research study titled '**Predictors of self-esteem in secondary school pupils**'. This study is being conducted by **Gabrielle Pitfield** from the University of Sheffield Psychology Department.

Self-esteem is how confident you feel in your own abilities. This feeling can change in different situations for example when you are at school, with friends or with your family at home. Self-esteem plays an important part in your well-being.

The purpose of this questionnaire is **to explore some of the predictors of self-esteem in secondary school pupils**.

The questionnaire will take approximately 10-15 minutes to complete. It is up to you whether you take part or not. The responses you give will be confidential. If you are kind enough to take part you may help research into identifying what factors influence self-esteem in your age group. Also, your school may benefit from you taking part. The school with the highest number of submitted completed questionnaires will win a £100 Amazon voucher.

The survey has ethical approval from the University of Sheffield Psychology Department and is supervised by Dr Liz Milne and Professor Rod Nicolson.

If you have any questions regarding this questionnaire, please feel free to contact Gabrielle Pitfield (gfpitfield1@sheffield.ac.uk)

Thank you

Consent to participate

Do you wish to continue?

To let me know that you have read and understood this information and would like to

continue with the questionnaire, please click on "Yes, I agree"

Yes, I agree (1)

No thank you (2)

Before you start on the questionnaire could you respond to the following questions about yourself....

What is your gender?

Girl (1)

Boy (2)

Other (3) _____

Prefer not to say (4)

How old were you on your last birthday?

10 years old (1)

11 years old (2)

12 years old (3)

13 years old (4)

14 years old (5)

15 years old (6)

16 years old (7)

17 years old (8)

Have you been diagnosed with any of the following?

- Dyslexia (1)
 - Attention Deficit (Hyperactivity) Disorder - ADD or ADHD (2)
 - Development Co-ordination Disorder (Dyspraxia) (5)
 - Autistic Spectrum Disorder (6)
 - Dysgraphia (7)
 - Dyscalculia (8)
 - Other (3) _____
 - None of the above (4)
-

Are you currently diagnosed with any of the following?

- Anxiety (1)
- Depression (2)
- Neither of the above (4)

Is English your first language?

- Yes (1)
- No (2)

What is your postcode?

What is your ethnic origin?

- White (1)
- Black or black British - Caribbean (2)
- Black or black British - African (3)
- Other Asian background (4)
- Mixed - white and black Caribbean (5)
- Mixed - white and black African (6)
- Other black background (7)
- Asian or Asian British - Indian (8)
- Asian or Asian British - Pakistani (9)
- Asian or Asian British - Bangladeshi (10)
- Chinese (11)
- Mixed - white and Asian (12)
- Other mixed background (13)
- Other ethnic background (14)
- Prefer not to say (15)

Please answer the following questions on the next few pages about yourself in different areas of your life...

Please be as honest as you can. Your responses are very valuable to us and will help inform our research.

This questionnaire is not a test. There are no right or wrong answers.

All about you...

	No (1)	Yes (2)
Are you happy most of the time? (1)	<input type="radio"/>	<input type="radio"/>
Do you feel you are as important as most people? (2)	<input type="radio"/>	<input type="radio"/>
Are other people generally more successful than you are? (3)	<input type="radio"/>	<input type="radio"/>
Are you a failure? (4)	<input type="radio"/>	<input type="radio"/>
Do you like yourself very much? (5)	<input type="radio"/>	<input type="radio"/>
Do you find it hard to make up your mind and stick to it? (6)	<input type="radio"/>	<input type="radio"/>
Do you worry more than most people do? (7)	<input type="radio"/>	<input type="radio"/>
Are you as happy as most people? (8)	<input type="radio"/>	<input type="radio"/>
Are you easily depressed? (9)	<input type="radio"/>	<input type="radio"/>
Do you feel you are not good enough? (10)	<input type="radio"/>	<input type="radio"/>
Are you usually tense or anxious? (11)	<input type="radio"/>	<input type="radio"/>
Would you change many things about yourself if you could? (12)	<input type="radio"/>	<input type="radio"/>

Q2

	Not at all (1)	Sometimes (2)	Almost Always (3)
I feel hopeful about my life (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy about life (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy with the way I look (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can cope when something happens that makes me very sad (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can listen and accept feedback, whether it is good or bad (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can judge whether my own behaviour is good or bad (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can control my feelings when they start getting too strong (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When something doesn't turn out the way I had hoped, I can accept it (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3

	Not at all like me (1)	Not much like me (2)	Like me (3)	Very much like me (4)
I know what I do well (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe in myself (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy many of the things I do (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When good things happen to me I tell others (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know when I am happy and when I am sad (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4

	Not very true of me (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)	(6) (6)	Very true of me (7)
I have high self-esteem (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5 Your character...

	Not like me at all (1)	A little like me (2)	Somewhat like me (3)	Like me (4)	Very much like me (5)
I enjoy creating things that are new and different (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am excited when I see there is something new to learn (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others tell me that I offer good advice to people (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that life is very exciting (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often stay mad at people even when they apologise (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My temper often gets the better of me (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect good things to come my way (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often figure out different ways of doing things (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am energised by learning new things (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends get my opinion before they make important decisions (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am honest even when lying could keep me from getting in trouble (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am usually full of energy (12)

People look up to me as a leader and they give me their trust (13)

I review the consequences of my behaviour before I take action (14)

I often find myself doing things that I know I shouldn't be doing (15)

I am good at leading a group to get the job done (16)

Q6 Your character...

	Not like me at all (1)	A little like me (2)	Somewhat like me (3)	Like me (4)	Very much like me (5)
I am certain I can get through bad times (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I love learning how to do different things (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People tell me I am a wise person (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others trust me to be truthful (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a lot of enthusiasm (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others want me in charge when a group project needs to be done (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a forgiving person (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I really want to do something right now, I am able to wait (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even when things look bad, I stay hopeful (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think carefully before I act (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see myself as a very creative person (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tell the truth even when it means I won't get what I want (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When someone apologises, I give them a second chance (13)

I am cautious not to do something I will regret later (14)

I am able to control my anger really well (15)

I have a positive outlook about the future (16)

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Q7 You and your family...

	No (1)	Yes (2)
Do the people in your family have quick tempers? (1)	<input type="radio"/>	<input type="radio"/>
Do you have a good relationship with your father? (2)	<input type="radio"/>	<input type="radio"/>
Do you often get upset when you are at home? (3)	<input type="radio"/>	<input type="radio"/>
Are you comfortable telling your parents about your problems? (4)	<input type="radio"/>	<input type="radio"/>
Do your parents understand how you feel? (5)	<input type="radio"/>	<input type="radio"/>

Q8

	Not at all (1)	Sometimes (2)	Almost Always (3)
I treat my family members with respect. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get along with other people in my family. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take responsibility for my behaviour at home. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I follow the rules at home. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel badly if I do things that upset people in my family. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9

	Not at all like me (1)	Not much like me (2)	Like me (3)	Very much like me (4)
I get along well with my parents (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do things with my family (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family makes me feel wanted (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust at least one person very much (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q10 You and your friends...

	No (1)	Yes (2)
Are you popular with other people your age? (1)	<input type="radio"/>	<input type="radio"/>
Is it difficult for you to express your views and feelings? (2)	<input type="radio"/>	<input type="radio"/>
Do you feel as though your friends have a lot of confidence in you? (3)	<input type="radio"/>	<input type="radio"/>
Do you have only a few friends? (4)	<input type="radio"/>	<input type="radio"/>
Do people like your ideas? (5)	<input type="radio"/>	<input type="radio"/>

Q11

	Not at all (1)	Sometimes (2)	Almost Always (3)
I have at least one 'best friend' with whom I am really close (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get along with my friends (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good sense of humour (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my friends are fighting, I know when to get help from an adult. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my friends are thinking about doing something that is not safe. I can decide not to go along with it. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I choose friends who like to have fun but stay safe and out of trouble. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my friends want to fight. I know how to help solve the problem or at least keep myself safe. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get bored, I think of something fun to do that won't get me into trouble. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12

	Not at all like me (1)	Not much like me (2)	Like me (3)	Very much like me (4)
I respect the rights of others (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about what could happen before I decide to do something (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can express my anger in the right way (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I accept responsibility for my actions (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am nice to others (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q13 You at school...

	No (1)	Yes (2)
Are you satisfied with your schoolwork? (1)	<input type="radio"/>	<input type="radio"/>
Do you usually quit when your schoolwork is too hard? (2)	<input type="radio"/>	<input type="radio"/>
Are you proud of your schoolwork? (3)	<input type="radio"/>	<input type="radio"/>
Are you a hard worker at school? (4)	<input type="radio"/>	<input type="radio"/>
Are you pretty good about doing homework on time? (5)	<input type="radio"/>	<input type="radio"/>

Q14

	Not at all like me (1)	Not much like me (2)	Like me (3)	Very much like me (4)
I do my schoolwork on time (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I complete my homework (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I complete tasks when asked (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I study for tests (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pay attention in class (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am good at reading (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am good at maths (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q15 You and the community...

	Not at all (1)	Sometimes (2)	Almost Always (3)
I respect other people and community leaders, such as police and teachers (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I respect community property (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I belong to a club, team or program that promotes a healthy lifestyle (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I volunteer for groups or events in my community (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I go to events in my community (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a favourite team (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to watch non-violent sports on TV (for instance, football, baseball, hockey & tennis) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like doing outdoor things like camping (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have other hobbies (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Thank you very much for completing the questionnaire investigating self-esteem of secondary school pupils.

If you feel you have been upset by answering the questions in this questionnaire, please contact any of the following:- details of school counsellor, chosen mental health charity of school given

Appendix N.

Timeline study 3

2017	2018	2018	
October - December	January	1 - 16 February/22 -16 February	
Discussions and meetings with Heads of schools of Samples 1 and 2 to discuss logistics of disseminating Online questionnaire to 10-18 year olds in secondary schools. Meetings with Heads of two new schools to confirm inclusion in Study	Letters to all parents were circulated through the school email systems. Consent was through 'opt out'. Pilot study completed	Access period (dependent on timing of half term) for completion of predictors of self-esteem online questionnaire on Qualtrics	Analysis and write up

Appendix O.

Table O1 *Hierarchical regression analysis for variables (without IMD) predicting Academic self-esteem (N = 793).*

Block	Variable	<i>B</i>	<i>SE B</i>	β
1.	Gender	-0.22	0.09	-.09*
	Age	-0.21	0.03	-.23***
	White	0.08	0.11	.03
	SEN	0.57	0.17	.12**
2.	Gender	0.00	0.07	.01
	Age	-0.07	0.02	-.08**
	White	0.23	0.08	.06**
	SEN	0.09	0.12	.02
	School functioning	0.16	0.01	.50***
	Knowing myself	0.12	0.02	.17***
	Self-regulation	0.05	0.02	.10**
	Pro-social attitude	0.05	0.02	.10**
	Forgiveness	-0.04	0.01	-.08**
	Love of learning	0.05	0.02	.12**
	Creativity	-0.05	0.02	-.09**

Note.

*Block 1 R² = .09. Block 2 R² = .55. * p < .05. ** p < .01. *** p < .001.*

Appendix O.

Table O2 Hierarchical regression analysis for variables (without IMD) predicting General self-esteem (N = 891).

Block	Variable	B	SE B	β
1.	Gender	0.10	0.10	.04
	Age	-0.21	0.04	-.21***
	White	0.07	0.12	.02
	SEN	0.55	0.19	.10**
2.	Gender	0.04	0.07	.02
	Age	-0.02	0.03	-.02
	White	0.01	0.08	.00
	SEN	0.28	0.13	.05*
	Knowing myself	0.36	0.03	.46***
	Intrapersonal strength	0.09	0.02	.17***
	Family involvement	0.07	0.02	.11**
	School functioning	0.03	0.01	.09**
	Forgiveness	-0.04	0.01	-.07**
	Creativity	-0.04	0.02	-.09**
	Hope	0.05	0.02	.11**
	Being involved	-0.04	0.02	-.06*
	Peer connectedness	0.07	0.04	.06*

Note.

Block 1 $R^2 = .06$. Block 2 $R^2 = .57$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Appendix O.

Table O3 Hierarchical regression analysis for variables (without IMD) predicting Parental self-esteem (N = 820).

Block	Variable	B	SE B	β
1.	Gender	-0.09	0.10	-.03
	Age	-0.25	0.04	-.25***
	White	0.32	0.12	.10**
	SEN	0.29	0.18	.06
2.	Gender	0.04	0.07	.02
	Age	-0.08	0.03	-.08**
	White	0.18	0.08	.05*
	SEN	0.10	0.13	.02
	Family involvement	0.32	0.02	.56***
	Knowing myself	0.13	0.03	.17***
	Self-regulation	0.04	0.02	.13**
	Activity Engagement	-0.06	0.02	-.09**
	Creativity	-0.04	0.02	-.08**
	Hope	0.05	0.02	.10**

Note.

Block 1 $R^2 = .08$. Block 2 $R^2 = .55$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Appendix O.

Table O4 *Hierarchical regression analysis for variables (without IMD) predicting Social self-esteem (N = 801).*

Block	Variable	<i>B</i>	<i>SE B</i>	β
1.	Gender	-0.13	0.10	-.05
	Age	-0.12	0.04	-.12**
	White	0.00	0.12	.00
	SEN	0.14	0.19	.03
2.	Gender	0.02	0.08	.01
	Age	-0.01	0.03	-.01
	White	0.04	0.10	.01
	SEN	-0.17	0.14	-.03
	Knowing myself	0.22	0.03	.29***
	Peer connectedness	0.35	0.04	.29***
	Leadership	0.09	0.02	.20***
	Perspective	0.08	0.02	.15***
	Creativity	-0.06	0.02	-.12***
	Family involvement	0.06	0.02	.10**
	Being involved	-0.06	0.02	-.09**

Note.

*Block 1 R² = .02. Block 2 R² = .47. * p < .05. ** p < .01. *** p < .001.*

Appendix O.

Table O5 Hierarchical regression analysis for variables (without IMD) predicting Personal self-esteem (N = 894).

Block	Variable	<i>B</i>	<i>SE B</i>	β
1.	Gender	0.42	0.14	.10**
	Age	-0.42	0.05	-.29***
	White	-0.02	0.16	.00
	SEN	0.20	0.26	.03
2.	Gender	0.27	0.11	.07*
	Age	-0.18	0.04	-.13***
	White	-0.17	0.12	-.04
	SEN	-0.05	0.19	.00
	Knowing myself	0.42	0.04	.39***
	Hope	0.14	0.03	.21***
	Competent coping skills	0.16	0.03	.16***
	Creativity	-0.08	0.02	-.11***
	Interpersonal strength	-0.10	0.03	-.14***
	Family involvement	0.07	0.03	.09*
	Intrapersonal strength	0.07	0.03	.10*
	Self-regulation	0.05	0.02	.07*

Note.

Block 1 $R^2 = .09$. Block 2 $R^2 = .53$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Appendix P.

Table P1. *Comparison of self-esteem scores of adolescents with dyslexia in Study 1 and 13-14 year olds from Study 3*

Self-esteem domain	Sample standardised mean scores for the adolescents with dyslexia (Study 1) (M=13.94 years)	Sample mean scores for the adolescents with dyslexia (13 year olds) from Study 3	Sample standardised mean scores for the adolescents with dyslexia (13 year olds) from Study 3	Sample mean scores for the adolescents with dyslexia (14 year olds) from Study 3	Sample standardised mean scores for the adolescents with dyslexia (14 year olds) from Study 3
Academic	9.25	7.89 (1.62) (N = 9)	10-11	8.05 (1.61) (N = 19)	11
General	7.50	7.30 (1.25) (N = 10)	Not standardised	7.59 (1.44) (N = 22)	Not standardised
Parental	10.00	8.30 (1.34) (N = 10)	Not standardised	8.00 (1.73) (N = 19)	Not standardised
Social	6.50	8.10 (1.45) (N = 10)	Not standardised	8.60 (1.21) (N = 19)	Not standardised
Personal	7.25	10.90 (2.28) (N = 10)	11	10.25 (2.51) (N = 22)	11

self-esteem scores could not be standardised for general, parental and social domains due to different number of items in Study 3

Appendix Q.

Table Q1. *Comparison of self-esteem scores of 13 & 14 year old adolescents with dyslexia and typically developing adolescents from Study 3*

Self-esteem domain	Mean self-esteem scores (and standard deviations) for the 13 year old adolescents with dyslexia from Study 3	Mean self-esteem scores (and standard deviations) for the typically developing 13 year old adolescents from Study 3	Mean self-esteem scores (and standard deviations) for the 14 year old adolescents with dyslexia from Study 3	Mean self-esteem scores (and standard deviations) for the typically developing 14 year old adolescents from Study 3
Academic	7.89 (1.62) (N = 9)	9.05 (1.33) (N = 178)	8.05 (1.61) (N = 19)	8.67 (1.52) (N = 154)
General	7.30 (1.25) (N = 10)	8.39 (1.58) (N = 192)	7.59 (1.44) (N = 22)	8.36 (1.47) (N = 189)
Parental	8.30 (1.34) (N = 10)	8.52 (1.48) (N = 179)	8.00 (1.73) (N = 19)	8.30 (1.63) (N = 162)
Social	8.10 (1.45) (N = 10)	8.37 (1.60) (N = 178)	8.60 (1.21) (N = 19)	8.46 (1.58) (N = 157)
Personal	10.90 (2.28) (N = 10)	11.15 (1.16) (N = 192)	10.25 (2.51) (N = 22)	10.88 (2.04) (N = 189)

Appendix R.

Table R1. *Comparison of self-esteem scores of adolescents with dyslexia with typically developing adolescents from Study 3*

Self-esteem domain	Mean self-esteem scores (and standard deviations) for the adolescents with dyslexia from Study 3	Mean self-esteem scores (and standard deviations) for the typically developing adolescents from Study 3
Academic self-esteem	8.21 (1.66) (<i>N</i> = 58)	9.07 (1.35) (<i>N</i> = 735)
General self-esteem	7.62 (1.58) (<i>N</i> = 65)	8.49 (1.49) (<i>N</i> = 826)
Parental self-esteem	8.34 (1.57) (<i>N</i> = 59)	8.62 (1.52) (<i>N</i> = 761)
Social self-esteem	8.43 (1.37) (<i>N</i> = 60)	8.58 (1.52) (<i>N</i> = 741)
Personal self-esteem	10.68 (2.47) (<i>N</i> = 68)	11.27 (2.09) (<i>N</i> = 826)

Appendix S.

Table S1. *Self-esteem scores by dyslexia*

	Non-dyslexic		Adolescents with Dyslexia		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Academic self-esteem	9.07	1.35	8.21	1.66	3.86***
General self-esteem	8.49	1.49	7.62	1.57	4.50***
Parental self-esteem	8.62	1.49	8.33	1.57	1.40
Social self-esteem	8.57	1.52	8.42	1.38	0.75
Personal self-esteem	11.26	2.09	10.68	2.47	0.06

Note. * $p < .05$. ** $p < .01$. *** $p < .001$

Appendix T.

Table T1. Comparison of self-esteem scores for 13 & 14 year olds from Study 3 with Battle's normative scores (CFSEI-3, 2002)

Self-esteem domain	Sample standardised mean scores for 13 year olds from Battle (2002) (<i>N</i> = 182)	Mean scores for 13 year olds from Study 3 (<i>N</i> = 187-202)	Mean standardised scores for 13 year olds from Study 3	Sample standardised mean scores for 14 year olds from Battle (2002) (<i>N</i> = 191)	Mean scores (and standard deviations) for 14 year olds from Study 3	Mean standardised scores for 14 year olds from Study 3
Academic	11	8.99 (1.36) (<i>N</i> = 187)	12	11	8.60 (1.54) (<i>N</i> = 173)	11-12
General	10	8.34 (1.58) (<i>N</i> = 202)	Not standardised	10	8.28 (1.48) (<i>N</i> = 211)	Not standardised
Parental	11	8.51 (1.47) (<i>N</i> = 189)	Not standardised	10	8.41 (1.64) (<i>N</i> = 181)	Not standardised
Social	10	8.36 (1.59) (<i>N</i> = 188)	Not standardised	9	8.48 (1.54) (<i>N</i> = 176)	Not standardised
Personal	10	11.14 (2.16) (<i>N</i> = 202)	11	10	10.82 (2.09) (<i>N</i> = 211)	11