



CHILD PSYCHOLOGY IN PRESCHOOL EDUCATION AND THEIR STUDY

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ABSTRACT

Despite the flourishing in recent years in applications of positive psychology in the field of education, there is a paucity of research investigating positive psychology interventions for preschool children. The present study examined the effects of a positive psychology-based intervention conducted in Israel on children's subjective well-being, mental health and learning behaviors.

Introduction

Recognition of the importance of social and emotional development in young children has become a primary priority of early childhood education. Successful negotiation of this developmental period includes, among other acquisitions, the ability to form positive relationships, to establish positive self-esteem, to effectively express feelings and regulate emotions, to persevere and engage positively with challenging tasks, and to adopt a positive outlook in a dynamic environment (Bowman et al., 2000; Shonkoff and Phillips, 2000; Duckworth et al., 2007; Oades et al., 2011). Therefore, the increasing psychological and mental health focus on the foundational early childhood developmental period has led to international interest in promoting socio-emotional development and personal strengths in early childhood education (Honig, 2002).

Many of the competencies acquired during this developmental period are the

foundational constructs embraced in the Positive Psychology approach to education that focuses on the optimal functioning of educators and children in the different educational settings. This area of inquiry has flourished recently in the form of Positive Education that seeks to integrate positive psychology elements with educational practices (Seligman et al., 2009; Sin and Lyubomirsky, 2009; Stiglbauer et al., 2013; Shoshani and Steinmetz, 2014). Increasingly, educational intervention programs include positive psychology constructs such as character strengths, gratitude, positive emotions and engagement to improve children's well-being and mental health. Most of these interventions have been instituted in schools with a paucity of positive psychology interventions for young children in preschool educational settings. Informed knowledge of the effectiveness of these interventions in promoting preschool children's well-being is sorely lacking. The present study describes the construction of





a positive education program applied by trained kindergarten teachers and investigates the efficacy of this program on promoting preschool children's well-being, strengths and socio-emotional abilities and reducing difficulties.

Materials and Methods

Participants

Participants were 315 preschool children (153 girls, 162 boys) aged 3–6.5 ($M = 4.53, SD = 0.93$) from 12 demographically similar preschool classrooms in a central city in northern Israel. In Israel, kindergarten is part of the preschool system.

State kindergartens in Israel cater for children from 3 to 6 years old, in three age groups: ages 3–4, 4–5, and 5–6.

Assignment to study conditions followed a two-step process. First, 42 preschools were selected from 64 preschool classrooms in the same geographic area. Exclusion criteria for preschools were ultra-orthodox religious preschools, special education, a small number of children, or demographically incomparable preschools. Eighteen preschool teachers expressed interest in participating in the program and agreed to a random selection process.

In the second stage, six of the interested preschools were randomly selected for the intervention and six were allocated to a wait list control group. All 352 children in the 12 preschools were eligible to participate in the study. All parents complied with informed consent requirements, except for five parents who refused consent for their children participating in the assessments in the study. A total of 32 children did not complete the study; 18 due to absence and 14 due to refusal to participate in the second measurement. Thus, the intervention groups comprised 160 and the control 155 children who completed both the pretest

and posttest measures. Both groups were approximately evenly divided by gender (48.5% boys, 51.5% girls). The study population consisted of Jewish children, 98% of them were Israeli born. A total of 189 parents also agreed to participate in the study and completed questionnaires about their children, of which 86.7% were the mothers. The age range of the parents at the beginning of the study was 24–52 years ($M = 36.29, SD = 4.70$), 1.5% were single, 92% were married and 6.5% were divorced. Sixteen parents dropped out of the study at the second measurement.

Measures for Children

The Shortened Positive and Negative Affect Scale for Children (PANAS-C) (Ebesutani et al., 2012) is the brief version of the PANAS-C (Laurent et al., 1999), a standardized measure that assesses levels of positive and negative emotions experienced over the previous few days. The measure comprises 10 adjectives that relate to five positive emotions (cheerful, happy, joyful, proud, lively) and five negative emotions (mad, miserable, afraid, sad, scared), rated on a 5-point Likert scale. The scale has not been validated for children below age 7 due to difficulties in administering paper-and-pencil questionnaires to young children. Therefore, in this study, we modified the scale in several ways. First, we read aloud the items to children individually. Second, we simplified some of the complex wording (positive emotions – joyful, happy, glad, excited, and proud; negative emotions – angry, unhappy, afraid, scared, and sad). We also changed the response scale from the original 5-point Likert scale to a 3-point pictorial Likert scale. The scale showed a series of three boxes ranging from empty to full and we asked the participants to indicate whether they felt the emotion none of the time (empty box), sometimes (half full





box), or all of the time (full box). In this study, alpha coefficients were 0.89 and 0.86 at time 1 for the positive and negative affect subscales respectively.

Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS) (Seligson et al., 2003) is a self-report five-item measure for children and adolescents that assesses life satisfaction in different domains. On a 7-point scale ranging from 1 (terrible) to 7 (delighted). Each item assesses life satisfaction in one of five areas (e.g., "I would describe my satisfaction with my family life/friendships/school experience/myself/where I live as..."). The scale was modified for suitability for young children by changing the item to reflect the children's rating of satisfaction with their families, friends, preschool, home, and self-experiences depicted by little shadow figures representing the domain. The child-adapted instructions were "How happy are you with your" The rating scale was adapted from the numbers 1 – 7 to a 5-point scale depicted by a series of smiley faces ranging from a large green smiling face, a smaller green smiling face, a neutral half green, half red face, a larger red sad face, and a large red sad face. The present study yielded $\alpha = 0.80$ on the pre-test measurement.

Affective Situations Test for Empathy (FASTE) (Feshbach and Roe, 1968) is a measure designed to assess empathy and consists of eight narratives, accompanied by three slides each, that describe hypothetical daily life situations that arouse emotion. The instrument presents narratives and a series of slides depicting a young child in four different affective situations, with two sequences for each situation – happiness, sadness, fear, and anger. The instrument contains alternative depictions according to gender. The contents for each of the four

affective situations were: (1) Happiness – birthday party, winning a television contest; (2) Sadness – a lost dog, social rejection; (3) Fear – lost child, frightening dog; (4) Anger – a child snatching away a toy, false accusation. Children report their feelings concerning each situation and reports were recorded verbatim. Responses are scored with two points for a match between the situation observed and the child's response, one point for a consistent negative or positive response that was inaccurate, and no points for an inconsistent or irrelevant emotion. A total empathy score for each child was assessed as the sum of empathic responses to all of the affective situations.

Discussion

This research represents the first study to advance and examine the efficacy of a positive education program for preschool children. Despite the recognized value of positive education, its importance at the preschool level has lagged behind in this field. Educators and parents place great importance on children's happiness and well-being, yet the field of developmental positive psychology has not gained sufficient attention at the research and practical levels. The focus of the study and subsequent findings highlight the importance of integrating positive psychology contents into children's daily activities in the preschool.

The central hypothesis of this study contained three dimensions of functioning – subjective well-being, mental health and preschool functioning – in order to enable a broad evaluation of the effects of the intervention. The first part of the hypothesis predicted pre- to post-intervention increases in well-being in the intervention, as compared to the control group. Findings showed a significant increase in the intervention but not in the control group in





children's positive emotions and no change in negative emotions as reported by both parents and children themselves. In addition, findings indicated significant increases in children's self-report of life satisfaction, which is not a trivial finding given that the period of early childhood is usually characterized by many natural opportunities for positive emotions in play, games and enjoyment. Results suggest that positive and negative emotions are not always interdependent. The findings here could reflect the dominance of promoting positive emotions in the intervention program or the greater ease with which programs can facilitate positive emotions rather than reduce negative emotions. This assumption could explain the lack of change in self-regulation, although this was also a focus of the program. It is possible that management of negative emotions demands more time than was available in this particular program, especially among young children whose regulatory abilities are relatively undeveloped.

The second part of the hypothesis predicted a greater pre- to post-intervention decrease in children's mental health difficulties in the intervention as compared to the control group. This part of the hypothesis was not confirmed. The lack of significant findings for changing mental health difficulties fits with the above argument that this preschool intervention program was more effective in promoting strengths than in reducing difficulties. This accords with recent models that conceptualize mental health as being comprised of the two distinct factors of mental illness and difficulties and subjective well-being (Greenspoon and Saklofske, 2001). The presence of high levels of subjective well-being does not automatically imply the absence of mental health difficulties (Sin and Lyubomirsky,

2009). Possibly, interventions that aim to address both dimensions necessitate more therapeutic elements and much more involvement of the family and other caretakers. Nonetheless, the value of successfully enhancing positive emotions and life satisfaction should not be underestimated, given the importance of these aspects in children's mental health.

The third part of the hypothesis predicted a greater pre- to post-intervention increase in children's adaptive preschool functioning than the control group participants. Our findings indicated significant increases in children's empathy, prosocial behavior, and positive approaches to learning in the intervention group with no significant changes over time in these measures in the control group. These results indicate that, beyond the personal emotional changes that occurred, the effects of the intervention program extended to the interpersonal sphere. The program included an emphasis on identification of feelings and interpersonal discussions about feelings. This component possibly increased the ability to understand the other's feelings and opened opportunities for giving and for prosocial behavior.

Another extended effect related to approaches to learning and general preschool functioning. Preschool functioning was measured as enthusiasm for learning, attention, persistence, autonomy, flexibility, organization, and adherence to rules, all of which form the base for a sense of achievement and acquisition of personal goals. These aspects lay the foundation for learning skills and engagement with learning, which are important qualities that will influence subsequent academic success (Seligman, 2011).





Analyses also revealed some age and gender baseline differences in the study variables. For example, children's age was positively related to higher subjective well-being and lower mental health problems at the beginning of the study. In addition, boys had more behavioral problems and this corresponds to the higher levels of externalizing symptoms attributed to preschool-age boys (Zahn-Waxler, 2000), and less positive and negative emotions than girls. The lack of studies on subjective well-being in preschool children makes it

difficult to interpret these gender and age variances and suggests that much more research needs to be conducted in this area of positive psychology in early childhood. However, despite these differences, there were no significant interactions between the demographic variables examined in this study and the intervention. This finding possibly implies that the program is relevant and meets the needs of children of different genders, ages, and socioeconomic backgrounds.

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