

# Subjective Well-Being in Socially Vulnerable Children and Adolescents

## *Bem-estar Subjetivo em Crianças e Adolescentes em Situação de Vulnerabilidade Social*

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### **Abstract**

Subjective well-being has been defined as an association among positive affect, negative affect, and life satisfaction. This study aimed to investigate the subjective well-being of children and adolescents attending school and living with their families as compared to those living in youth offenders institutions. Two hundred ninety-seven children and adolescents in situations of social vulnerability aged between seven and sixteen years old ( $M = 11.22$  years,  $SD = 2.13$ ), 155 male (52.2%) and 142 female (47.8%) participated in the study. The instruments were a structured interview, a positive and negative affect scale, and a multidimensional life satisfaction scale. The results confirmed that institutionalized children/adolescents experienced more negative affect regarding development contexts. However, institutionalized children/adolescents did not differ from those living with their families in terms of life satisfaction and positive affect.

**Keywords:** Subjective Well-being; Children and Adolescents; Positive Affect; Negative Affect; Life Satisfaction.

### **Resumo**

O afeto positivo e negativo e a satisfação de vida têm sido concebidos como componentes do bem-estar subjetivo. O presente estudo visou a investigar o bem-estar subjetivo em crianças e adolescentes que frequentavam a escola e viviam com a família em comparação com aqueles que viviam em instituições de acolhimento. Participaram do estudo 297 crianças e adolescentes em situação de vulnerabilidade, com idades entre sete e 16 anos ( $M = 11,22$  anos;  $DP = 2,13$ ), 155 eram do sexo masculino (52,2%) e 142 do sexo feminino (47,8%). Os instrumentos utilizados foram uma entrevista estruturada, as escalas de afeto positivo e negativo e multidimensional de satisfação de vida. Os resultados confirmaram que em relação aos contextos de desenvolvimento, as crianças institucionalizadas experienciam mais afeto negativo. No entanto, as crianças institucionalizadas não se diferenciaram das crianças que vivem com a família em relação ao nível de satisfação de vida e de afeto positivo.

**Palavras-chave:** Bem-estar Subjetivo; Crianças e Adolescentes; Afeto Positivo; Afeto Negativo; Satisfação de Vida.

This study investigated the subjective well-being in children and adolescents who attended school and lived with their families as compared to those who lived in care institutions. The familial and institutional contexts possess contextual characteristics that must be analyzed. At the same time, it is important to bear in mind that such ecological environments, in their initial functions, serve as protective factors for healthy development (Poletto & Koller, 2008).

Ecological environments include the immediate situation and the intercorrelation between local and

external influences, amongst them: face-to-face relationships; all of the person's relationships; and the relationships in which they do not participate directly, such as at their parents' work (Bronfenbrenner, 1979/1996). These ecological environments (physical space plus relationships) should be pleasant and welcoming, though many times they are structured as risk factors.

The opportunity for children and adolescents to speak about their anxieties and seek help, demonstrating resilience processes against risks such as violence and loss, allows them to follow different paths throughout their life. Families, care institutions, and schools are proper spaces noted by many researchers (Bronfenbrenner, 1979/1996; Koller & Lisboa, 2007; Martins & Szymanski, 2004) as places that create affectionate and safe relationships, with reciprocity and stability, which

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builds the basis of security. These kinds of relationships are important proximal processes for an individual's self-knowledge and mental health, serving as the model and secure base for all the exchanges and social relationships throughout life.

According to Bronfenbrenner (2005), human development occurs through reciprocal interactions. Or, in the other words, it occurs through the proximal processes characterized by progressively complex relationships between an active human organism in biopsychological evolution with people, objects, and symbols in the immediate external environment. To be effective, the interaction should occur on a considerably regular basis over a long period of time. These kinds of durable and indispensable interactions influencing development in the immediate environment are defined as proximal processes. According to the author, proximal processes are the engines of development. Examples include feeding and comforting a baby, playing with a small child, activities between children and/or adolescents in care institutions, games in groups or alone, reading about and learning new abilities, making plans and solving problems, taking care with other people, accomplishing complicated tasks, and acquiring knowledge.

Given the importance of childhood and adolescent experiences to the development of those taken from their families due to their need of alternative protection, several aspects in caring for them and legalities were modified, for example: encouraging participation in the local community; not separating siblings; and attending to them in small groups. In August 2009 a new law passed (number 12.010) improving the planned system for guaranteeing the right for all children and adolescents to being with family, as promised by the Child and Adolescent Statute in the law number 8.069 from July 1990. One of the modifications included changing the name of the institutions caring for children and adolescents in need of protection and support. The shelters are now known as programs of institutional care or care institutions. Furthermore, the new law created a national adoption registry for people interested in adopting; restricted to two years as the maximum time a child shall remain in a care institution; and created other changes (see [http://www.planalto.gov.br/ccivil/\\_Ato2007-2010/2009/Lei/L12010.htm](http://www.planalto.gov.br/ccivil/_Ato2007-2010/2009/Lei/L12010.htm)).

Several national studies (Paludo, 2008; Pasion & Jacquemin, 1999; Venturini, Bazon, & Biasoli-Alves, 2004; and others) and international ones (Carbone, Sawyer, Searle, & Robinson, 2007; Johnson, Browne, & Hamilton-Giachritsis, 2006; Vorria, Wolkind, Rutter, Pickles, & Hobsbaum, 1998) have compared the life trajectories of institutionalized children as opposed to non-institutionalized ones. However, particularly with the international studies, they do not consider the healthier developmental aspects for children and adolescents in care institutions. The damage caused by the broken connections associated with children and adolescents who no

longer live with their original families cannot be ignored, if only because the institutions do not always properly attend to this population. However, it is partial and limiting to condemn the development from living in care institutions during childhood or adolescence, especially because they provide attention, security, and social and emotional support through the care institution itself or through other legal possibilities like foster families, social mothers, and adoption. Is it really not possible to change life trajectories and imagine healthy and happy adults with scars but fully living their lives, making plans, and enjoying what they achieved? This work opted not to present previous hypotheses and set to investigate how the studied groups consider subjective well-being.

According to Casas (1996), "well-being" is also referred to as "welfare" in English-language texts. "Welfare" is associated with economic and political sociology, and is therefore more connected to government intervention. In contrast, "well-being" refers to individual or psychological conditions and for this reason is denominated as "subjective." Thus, the notion of subjective well-being begins with the psychic phenomenon of each person; information is gathered in an individualized manner.

According to Snyder and Lopez (2009), there are two perspectives in studying well-being that, when considered together, provide a more complete image of mental health. One of them, proposed by Ruff and Reyes (1995), is objective: psychological and social well-being offer adequate structures for conceptualizing human functioning. The other perspective refers to theories about subjective well-being, also known as emotional well-being, as proposed by Diener and his colleagues (Diener, 1984; Diener, Suh, Lucas, & Smith, 1999). They proposed that evaluating individuals about their own lives captures the essence of well-being.

The increase in studies about subjective well-being reflects social tendencies in worrying about individual value, the importance of subjective examinations evaluating life, and the acknowledgement that well-being necessarily includes positive elements that transcend economic prosperity (Diener et al., 1999).

Subjective well-being is what people call happiness, satisfaction, or pleasure in life. It investigates individual experiences in evaluating life and related processes. This conceptual perspective contributed towards understanding and improving the quality of people's lives (Diener, Oishi, & Lucas, 2003).

According to Giacomoni e Hutz (2008), subjective well-being consists of three associated factors: positive affect, negative affect, and life satisfaction. The first two factors are defined through affective responses while life satisfaction is based on cognitive evaluative responses. This evaluation can be global, of life as a whole, and can also address specific domains such as family and school. The study's authors evaluated life satisfaction as based on six specific domains: self (describes the self as positive, with traits such as self-esteem, good humor, ability to form

relationships, capacity of showing affection, etc.); compared self (compares the self with peers as related to relaxation, friendship, and fulfilment of wishes and affection); non-violence (demonstration of aggressive behaviors); family (describes the familial environment as healthy, harmonious, affectionate, satisfying, and diverse); friendship (evaluates relationships with peers, levels of satisfaction, relaxation, enjoyment, and support); and school (examines the importance of school, its environment, and interpersonal relationships; Giacomoni, 2002; Huebner, 1998). The judgement of life satisfaction depends on comparing the individual's life circumstances with their chosen standard (Albuquerque & Tróccoli, 2004).

The affective responses related to subjective well-being are positive and negative affect. Positive affect reveals how much a person is motivated, active, and alert; it is a transitory feeling of active pleasure and a description of an emotional state. Negative affect, however, refers to a distracted state and unpleasing engagement; it is also transitory and an aspect of general anguish and dissatisfaction. It includes a range of emotional states such as anger, guilt, displeasure, and fear (Laurent et al., 1999; Watson, Clark, & Tellegen, 1988). Some scholars think that positive and negative affect are two very distinct and independent dimensions given the little correlation between them (Albuquerque & Tróccoli, 2004; Diener, Smith, & Fugita, 1995; Giacomoni & Hutz, 2006; Watson et al., 1988).

Risk situations, like the parents' little education and low-status job, as well as the lack of a social and affectionate support network, can be indicated as negative events in the development of children and youth. Such conditions, however, associated with the self-perception of precarious life quality and with no hope of overcoming it to reach higher levels of subjective well-being, can aggravate the basic conditions of activating resilience processes and surmount vulnerability (Koller & Lisboa, 2007).

Sheldon and King (2001) suggested that psychologists consider the potential, motivations, and human capabilities in a wide variety of moments and life situations. The authors challenged psychologists to explain how, despite all the difficulties, most people manage to overcome adversity and display competence.

With this direction, several works have employed Positive Psychology and resilience to understand conceptions of health and family studies (examples: De Antoni, 2000, 2005; Morais & Koller, 2004). Positive Psychology seeks a paradigm change in which prevention comes from a perspective focused on building competence rather than correcting weakness or frailty. Traits such as happiness, self-determination, optimism, well-being, creativity, faith, and interpersonal abilities are examples of human characteristics that Positive Psychology theorists argue are related to healthy development.

This study therefore investigated subjective well-being, life satisfaction, and positive and negative affect in

children and adolescents who lived with their family as compared to those in care institute programs. It sought to verify differences and similarities, if any, between the subjective well-being within the two ecological contexts of family and care institutions.

## Method

### Outline

This work employed a cross-sectional exploratory study. Two contrast groups (Nachmias & Nachmias, 1996) were used: group 1 consisted of children living with their families and group 2 of the institutionalized children. The groups shared some characteristics, age and school level, which allowed for comparisons.

### Participants

Two hundred and ninety-seven children and adolescents from ages seven to sixteen and in vulnerable situations participated in this study ( $M= 11.22$  years;  $SD= 2.13$ ). One hundred and fifty-five of the participants were male (55.2%) and 142 female (47.8%). All of them attended grades two to eight in Porto Alegre public elementary schools. Two groups were formed based on their development context. Group 1 consisted of 142 children living with their family (47.8%) with a mean age of 11.27 ( $SD= 2.24$ ); 66 were female and 76 male. Group 2 was composed of 155 children who lived in care institutions (52.2%) with a mean age of 11.17 ( $SD= 2.03$ ); 76 were female and 79 male.

### Instruments

*Structured Interview.* This aimed to establish a close connection in order to carry out the investigation and gather sociodemographic data such as age, sex, schooling, family members, residence, and relationships with the school, family, and care institution.

*Affect Scale* (Giacomoni, 2002). Composed of a total scale ( $\alpha= .90$ ; 40 items) organized into the two subscales of Positive Affect ( $\alpha= .88$ ; 20 items) and Negative Affect ( $\alpha= .84$ ; 20 items). The answers are given in a Likert-type scale with 5 points (1 – not at all; 2 – a little; 3 – more or less; 4 – a bit; 5 – a lot).

*Multidimensional Life Satisfaction Scale* (Giacomoni, 2002). A multidimensional scale ( $\alpha= .90$ ) consisting of 50 items. It aims at evaluating the participants' satisfaction with life as based on six specific domains: self ( $\alpha= .76$ ; 10 items), compared self ( $\alpha= .78$ ; 8 items), non-violence ( $\alpha= .52$ ; 4 items), family ( $\alpha= .70$ ; 11 items), friendship ( $\alpha= .74$ ; 10 items), and school ( $\alpha= .77$ ; 7 items).

### Procedure

This study was approved by the Ethics Committee of the Federal University of Rio Grande do Sul. The procedures employed in this research followed the Ethics Criteria in Researching Human Beings, as per Resolution 196/96 of the National Health Council and Resolution

016/200 of the Federal Psychology Council. The parents/guardians, as well as the care institutions formally in charge of the children and adolescents, were informed and consulted for permission in allowing their dependents to participate in the research. The schools and institutions were visited, the research objectives were clearly presented, and then signatures were requested for the Agreement Terms from the people in charge at the school and care institution. Consent confirmations from the parents/guardians were requested in verbal and written formats after clarifying all of the study's procedures; this was done by signing a Free and Clarified Consent Term.

To be included in the sample, the participants had to be in the set age group and live with their families or in care institutions. All the participants came from neighborhoods with the same Human Development Index (HDI) of a very low socioeconomic level. For example, they had precarious basic sanitation (open sewers and almost no piped water), unpaved roads, few secure and clean relaxation areas (with typical depredation and abandonment, as well as prostitution and drug-selling), and the presence of violence. The study's initial approach occurred by inviting participation in state schools as well as government and non-government care institutions.

A research group trained for the task collected the data in schools, for the participants who lived with their families, and in care institutions, for those who lived there. To hold the interview and apply the instruments, two meetings with each participant was needed. They had to understand the instruments; if they did not, they were excluded. Some of the younger children required three or four meetings but did not present difficulty in understanding the instruments' texts. The time of each meeting varied between one hour and ninety minutes, depending on the participant.

## Results

### *Sociodemographic Data*

The structured interview analysis revealed sociodemographic data. The participants lived with a mean of 5.03 people in their homes or care institutions ( $SD=1.92$ ). The mean number of siblings per participant was 3.89 ( $SD=2.42$ ). A Student *t*-test revealed a significant difference in the number of siblings for the institutionalized children (G2) and for those who lived with their families (G1) [ $n=292$ ;  $t(1, 290)=3.40$ ;  $p<.001$ ]. The G2 children had more siblings ( $M=4.35$ ;  $SD=2.49$ ) than the ones in G1 ( $M=3.4$ ;  $SD=2.24$ ). Of the children who lived with their family, 61 did not have parents that lived together as a couple, while this was the case for 103 of the institutionalized children.

The mean institutionalization time for the G2 children ( $n=155$ ) was 35.79 months ( $SD=35.51$ ). 103 were in state care institutions (66.5%), 27 in non-governmental ones (17.4%), and 25 in municipal ones (16.1%). Of the children living care institutions ( $n=153$ ), 92 (60.1%) had

siblings living with them and 61 (39.9%) did not. In terms of maintaining contact with their families, 96 (62.3%) of the institutionalized children frequently contacted them (weekly, every fifteen days, or at least monthly); 58 (37.7%) did not maintain contact; and one participant did not answer. Of all the participants ( $n=297$ ), 67 (22.6%) had left school at some point and 15 (5.1%) were expelled. There was a high number of repeating among the participants ( $n=203$ ; 68%).

### *Subjective Well-being: Positive Affect, Negative Affect, and Life Satisfaction*

Through a Pearson Test, a low negative correlation ( $p<.05$ ) was found between the positive affect scale and the negative affect scale ( $r=-.14$ ;  $n=282$ ). Given the low correlation between the scales, they were worked as two independent concepts. This criteria was also employed in other studies (Diener et al., 1995; Giacomoni & Hutz, 2006; Watson et al., 1988) because of the low correlation.

The negative affect scale, subscale of the affect scale (Giacomoni, 2002), obtained a mean of 46.98 points ( $SD=17.71$ ). A Student *t*-test to compare the negative affect scales between the sexes revealed a significant difference [ $t(1, 288)=2.42$ ;  $p<.05$ ]. The girls presented higher means ( $M=49.59$ ;  $SD=18.54$ ) for the negative affect than the boys ( $M=44.58$ ;  $SD=16.60$ ). In comparing the negative affect means amongst the children from different contexts (G1 and G2;  $n=290$ ), a Student *t*-test revealed a significant difference [ $t(1, 288)=3.69$ ;  $p<.001$ ]. The G2 children, who lived in care institutions, presented higher negative affect means ( $M=50.64$ ;  $SD=17.85$ ) than the ones who lived with their families (G1,  $M=43.12$ ;  $SD=16.77$ ).

Positive affect was another protective factor considered for analysis. The support for this variable was obtained by analyzing one of the subscales consisting of the affect scale (Giacomoni, 2002). Two subscales form the affect scale: positive and negative. The analysis of this subscale will now be presented.

The obtained results for the positive affect scale presented a mean of 74.82 points ( $SD=13.68$ ). Student *t*-tests were performed to compare the means between sexes and development contexts. In comparing the positive affect means ( $n=287$ ) between boys ( $M=75.14$ ;  $SD=14.12$ ) and girls ( $M=74.47$ ;  $SD=13.23$ ), as well as between the G2 children who lived in care institutions ( $M=75.58$ ;  $SD=13.53$ ) and G1 children who lived with their families ( $M=75.09$ ;  $SD=13.88$ ), no significant differences were found ( $p>.05$ ).

The obtained mean for the life satisfaction variable was 195.16 points ( $SD=25.26$ ). A Student *t*-test comparing the life satisfaction means between the sexes found no significant difference ( $n=274$ ;  $p>.05$ ). The boys presented a mean of 196.97 points ( $SD=25.79$ ) while the girls' mean was 193.1 ( $SD=24.58$ ). Next, a Student *t*-test verified that, in comparing the life satisfaction means ( $n=274$ ) between the children in care institutions (G2;  $M=193.21$ ,  $SD=25.99$ ) and those who lived with their families (G1;

$M= 197.21$ ,  $SD= 24.41$ ), there was no significant difference ( $p > .05$ ).

More Student  $t$ -tests compared the differences for sex in terms of each domain of the multidimensional life satisfaction scale: self, compared self, non-violence, family, friendship, and school. A significant difference was found for sex in the domains of non-violence [ $t(1, 293)= 2.26$ ;  $p < .05$ ] and family [ $t(1, 289)= 2.48$ ;  $p < .05$ ]. The boys ( $M= 15.94$ ;  $SD= 3.21$ ) presented a higher mean than the girls ( $M= 15$ ;  $SD= 3.86$ ) in the family domain. The boys also presented higher means in the non-violence domain ( $M= 47.65$ ;  $SD= 6.80$ ) than the girls ( $M= 45.41$ ;  $SD= 8.44$ ). No significant difference was found for sex in the following domains: self, compared self, friendship, and school ( $p > .05$ ). In the domain of self ( $n= 293$ ), the boys presented a mean of 38.25 points ( $SD= 6.98$ ) and the girls, one of 38.04 ( $SD= 6.57$ ). In the domain of compared self ( $n= 291$ ), the boys' mean was 24.76 points ( $SD= 7.20$ ) and the girls' was 24.30 ( $SD= 6.68$ ). In terms of friendship, the boys' mean was 40.54 points ( $SD= 6.55$ ) and the girls' was 40.13 ( $SD= 6.22$ ). In the domain of school, the boys' mean was 29.38 points ( $SD= 5.12$ ) and the girls' was 29.61 ( $SD= 4.44$ ).

A Student  $t$ -test compared the domain means of the multidimensional life satisfaction scale for the children in different contexts (family and care institutions). However, there were no significant context differences in terms of the scale domains ( $p > .05$ ). Table 1 presents the standard deviation means of the developmental contexts (G1 for family and G2 for care institutions) in all the scale domains.

Table 1  
Means, Standard Deviations, and  $n$  per Development Context of the Multidimensional Life Satisfaction Scale Domains

Domain	Group	$n$	$M$	$SD$
Self	G1	140	38.58	6.64
	G2	153	37.75	6.90
Compared self	G1	142	25.37	6.72
	G2	149	23.76	7.09
Non-violence	G1	142	15.50	3.50
	G2	153	15.48	3.62
Family	G1	140	47.17	7.58
	G2	148	46.03	7.79
Friendship	G1	139	40.81	6.14
	G2	154	39.92	6.60
School	G1	140	29.47	4.84
	G2	151	29.51	4.78
Total	G1	134	197.21	24.41
	G2	140	193.21	25.99

ANOVA tests also compared the means for the life satisfaction domains and for the two affects considering the amount of institutionalization time for the children in

care institutions. They were divided into three groups: institutionalized for fewer than 12 months; between 13 and 36 months; and for more than 36 months. However, there was no difference in the satisfaction levels or in either of the affects, even when considering the variable of sex.

In terms of age, a Student  $t$ -test compared the groups' affect levels and life satisfaction domains. No significant differences were found in age for the following variables: non-violence, school, friendship, and negative affect ( $p > .05$ ). However, there was a difference in the variables of satisfaction with their self [ $t(1, 291)= 1.92$ ;  $p < .05$ ], their family [ $t(1, 286)= 3.24$ ;  $p < .01$ ], and positive affect [ $t(1, 285)= 2.73$ ;  $p < .01$ ]. The children presented higher levels for satisfaction with their self ( $M= 38.83$ ;  $SD= 6.72$ ), with their family ( $M= 47.92$ ;  $SD= 6.75$ ), and positive affect ( $M= 76.83$ ;  $SD= 13.63$ ). Meanwhile, the adolescents had lower means for satisfaction with self ( $M= 37.31$ ;  $SD= 6.78$ ), with their family, ( $M= 44.94$ ;  $SD= 8.46$ ), and positive affect ( $M= 72.44$ ;  $SD= 13.39$ ). In the dimension of compared self, the adolescents ( $M= 25.45$ ;  $SD= 7.19$ ) had higher means than the children ( $M= 23.78$ ;  $SD= 6.67$ ).

## Discussion

This study verified that the number of siblings can be considered a protective factor. According to Kotliarenco, Alvarez, and Cáceres (1995), protective factors are environmental and/or individual characteristics that lessen negative environmental effects. Such situations were displayed by the participants and will be described here. However, protection does not eliminate the psychological phenomenon of the experienced situation; what changes is how individuals face events, especially stressful and disadvantageous ones.

Amongst the institutionalized children, the data demonstrated that many of their siblings also live in the care institution. This procedure is foreseen and guaranteed by the law (Art. 92 and 5<sup>th</sup> paragraph of the Child and Adolescent Statute, 1990), permitting support between siblings and maintaining family ties. Unfortunately, before the Child and Adolescent Statute, most children were separated from their siblings, causing them more stress and emotional problems.

While the institutionalized children were no longer living in their families' homes, most of them maintained frequent contact with their relatives. This data supports the study by Silva (2004), in which 58.2% of the children, despite being separated from their families, were regularly visited by their relatives. Visits from relatives can serve as a protective factor for these children, helping them maintain their identities and contact with their origins.

This study's sample presented a high number of siblings, being greater among the institutionalized children. The high number of family members associated with the financial difficulties in upkeep may indicate vulnerable situations for the children. Bolsoni (2000), investigating

the connection between empathy and number of siblings, observed that children in poor families with many siblings could be at risk, given that few resources are divided amongst many. On the other hand, the care amongst siblings, especially in large families, was considered an important protective factor. Children with siblings present greater emotional and social development, especially in terms of empathy.

Positive and negative affect are the dominating dimensions of the subjective well-being emotional experience. This investigation confirmed the difference between the sexes in terms of negative affect, given that the girls had higher levels than the boys. One of the hypotheses for people with a higher negative affect, as presented by Ingram, Cruet, Johnson, and Wisnicki (1988), is related to the greater amount of attention women give to their inner emotional state. Therefore, it seems that women more easily communicate and recognize such feelings and manifestations (Ingram et al., 1988). The girls in this study presented higher negative affect levels probably because they express their negative feelings more.

In a study with 661 children who live with their parents, are between seven and twelve years of age, and attend public or private schools, no significant difference was found between the sexes in terms of negative affect. The researcher merely comments that their results do not confirm the theoretical premise that girls present higher negative affect levels (Giacomoni, 2002).

Fujita, Diener, and Sandvik (1991), while researching gender differences in the expression of affect, verified that women differ in the intensity of their positive and negative feelings. However, there were few differences between the sexes in terms of the affect balance. In this case, when there is a difference, it may be due to the influence of outside factors like the accumulation of negative events, biology and genetics, etc. According to these scholars, people who experience strong positive feelings also experience strong negative feelings. This may be the reason why women generally present higher depression scores, express more negative affect, and are happier than men; they live their feelings more intensely.

Nolen-Hoeksema (1987) remarks that another aspect influencing this difference is that women generally reflect more about the causes for their sadness, which increases this feeling. However, men generally use the distraction coping strategy when experiencing similar sad events.

This investigation discovered a significant negative affect difference between the children in care institutions and those with their families. The negative affect levels were higher for children living in institutions. The fact that this study's institutionalized children, as compared to those living with their families, presented higher levels of stress and depression may explain their more elevated negative affect levels. According to Watson et al. (1988), the lack of joyous experiences and the accumulation of stressful events can lead to higher negative affect and lower positive affect.

This study did not find a significant positive affect difference between the sexes and developmental contexts. This suggests that the study's girls and boys, living in care institutions or with their families, experienced positive and pleasant feelings. For Watson (1988), positive affect is also associated with social activities, such as being with friends, and physical exercise.

Isley, O'Neil, Clatfelter, and Parke (1999) reported that the connection between the positive affect expressed by the parents and the child's social competence mediated the positive affect communicated by the child. The researchers also confirmed that children who express higher positive affect were perceived by peers and teachers as more socially competent. Such evidence indicates that positive affect can be considered a protective factor for this study's population; they, despite their adversities, manage to feel and demonstrate positive feelings.

According to Giacomoni (2002), the texts on positive emotional states and gender differences are diverse, with authors stating that women talk more about happy experiences and report more intense positive feelings than men. However, there are also scholars who point out that such differences in emotional experiences and expression result from the roles men and women must present in their contexts. The female role is to be emotionally unstable, expressive, and preoccupied with feelings and emotions. The male role is to be uncommunicative and emotionally stable. In his work with scholars, Giacomoni detected higher positive affect levels in boys. According to Fujita et al. (1991), there was no difference between the sexes in terms of affect. Such a difference, when present, may be related to the fact that women express their positive and negative feelings more than men.

Subjective well-being was also considered a protective factor in this study, though it does not necessarily signify psychological health. Life satisfaction is one aspect of psychological well-being, together with other affective components. The difference comes from making a cognitive judgement evaluation of the individual's life by comparing it to the their own standards (Albuquerque & Tróccoli, 2004).

This work did not find a significant difference between the sexes in terms of life satisfaction levels. This result confirmed those found by Giacomoni (2002) and Huebner (1991a, 1991b). When investigating the life satisfaction of infants, Huebner (1991a) confirmed that it is not affected by demographic variables such as age and school grade.

Several authors (Giacomoni, 2002; Huebner, 1998; Huebner, Drane, & Valois, 2000; Leung, McBrid-Chang, & Lai, 2004) have investigated life satisfaction through various domains: self, compared self, family, school, friendship, and non-violence. With this context, the present study also evaluated domains of life satisfaction; it did not find a significant difference between the sexes for self, compared self, friendship, or school. The domains

of non-violence and family demonstrated significant differences between the sexes, with boys presenting higher levels than girls. This data may be due to the fact that boys link happiness with living in harmonious environments, without fights and arguments, and evaluate their familial environment and relations this way. However, Brazilian studies investigating life satisfaction in children did not find significant differences between the sexes in the domains of multidimensional life satisfaction scales (Giacomoni, 1998, 2002). The researcher explains that other studies have not found a significant difference between the sexes as related to life satisfaction domains. Perhaps the difference found between the sexes in the non-violence and family domains is because of a specificity within the studied sample, especially since both national and international texts did not reveal such differences. Given this, other researches should confirm this aspect with a population similar to the present study.

No significant difference was found in terms of life satisfaction domains (family, school, friends, non-violence, self, and compared self) between the children and adolescents from different contexts. Regardless of the child's environment, if it is a space encouraging healthy psychological development and characterized by interactions based on positive feelings, reciprocity, and power equilibrium, it may provide better quality life and well-being. Poletto and Koller (2008) affirmed that whatever the context – school, family, or care institution – it can become a factor of risk or protection. However, it will depend on the relationship quality and affectivity that these environments provide. Many authors note the importance and influence of family, friends, and school as promoters of well-being for youths, connected to a self with capabilities and positive characteristics (Hutz, Koller, & Bandeira, 1996; Leung et al., 2004; Wagner, Ribeiro, Arteché, & Bornholdt, 1999).

### **Final Considerations**

This study aimed to investigate the subjective well-being of institutionalized children and adolescents as compared to those living with their families. The results confirmed that despite the experienced and present adversities in these children's and adolescents' lives, there are resilience processes triggered by inner resources (such as positive affect), the social and emotional support network (for example, good relationships with peers and siblings), and the ecological cohesion (like life satisfaction) in the children's contexts. These elements can come together to help confront and overcome difficult situations. However, given the strategy of collecting data using a convenient sampling, it is important to remember that this procedure may make difficult generalizing the observed results for other populations and contexts.

For Diener (2000), adverse events and circumstances influence life satisfaction as well as positive and negative affect, especially taking into consideration levels of or

inclinations towards depression. Diener also affirmed that poor populations can present high levels of subjective well-being, as is the case in Brazil, while richer nations can have lower levels, like with Russia and Japan. These levels vary according to the standards established by each culture, and therefore people; they are important in influencing life satisfaction (Diener, 2000).

It was confirmed that there is not a difference between the sexes in terms of many investigated aspects, including positive affect and life satisfaction. Only in negative aspect did girls present higher scores than boys. The data demonstrates that perhaps boys talk less about their positive and negative experiences, as opposed to a greater externalization of these feelings by girls.

As regards development contexts, institutionalized children did not differ from those living with their families in terms of life satisfaction and positive affect levels. This indicates that both are satisfied with their lives and experience positive feelings. However, institutionalized children have greater negative affect and, with the experienced rupture from their family ties, this situation can make them more vulnerable. In this way, these children require more attention through interventions that promote well-being and life quality in order to grow and become emotionally healthy adults, independent and in control of their history.

It is interesting that the researched group did not demonstrate differences in terms of life satisfaction or either kind of affect, given the amount of time lived in the institution. This data can conflict with international texts (Carbone et al., 2007; Johnson et al., 2006) affirming that living in care institutions causes terrible damage to children and adolescents. However, accepting the limitations of the present study, these differences were not found in the researched group. Future longitudinal investigations can focus on the relationship between institutionalization time and subjective well-being.

In terms of age group, the obtained results indicating that children are more satisfied with their self and family and possess higher levels of positive affect as compared to adolescents matches other scholarly works. Subtle differences were observed in adolescents in age and gender, with an increase in expressed negative feelings and a slight decrease in vital satisfaction between the ages of twelve and sixteen (Casas et al., 2007). However, children and adolescents generally have similar well-being levels to those of adults, although it is possible to find level variations throughout life (Hernangómez, Vázquez, & Hervás, 2009). What makes someone happy at ten may be gone at forty or seventy. It is therefore important that the involved professionals engage in the ecological context in which they mean to intervene. They should also recognize the development process of the people within their context, life history, beliefs and symbols, individual characteristics, and social and emotional network.

People with relationships at home and at work that support and help them are protected to some degree

against the damage against health and well-being caused by poverty and social disadvantages (Bartley, 2006). Because of this, interventions that increase the life standards of poor families with children by promoting aspects like adequate habitation, access to good schools, and other public services, have a greater impact in reducing the risk of maladjustment and problems with physical and emotional health. Improving this infrastructure would directly lessen adversity and help impoverished families overcome their difficulties. The interventions would, furthermore, involve the community, making them into active participants and agents of change. The interventions should listen to and involve the people in adverse situations, encouraging improved communications between guardians and children by promoting more integration opportunities and better relationships. It is important that new studies investigate the life satisfaction and emotion affect (negative and positive affect) of Brazilian children, institutionalized or not, especially those in social and personal risk situations. There have not been enough investigations on this theme within this population. It is also important that other studies investigate through longitudinal data the healthy aspects of populations in social and personal risk situations, verifying their processes of overcoming and adapting to adversity.

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