CHAPTER 8.

PSYCHOLOGICAL WELL-BEING IN SCHOOL-AGE CHILDREN: A PARTICIPATORY DIAGNOSIS BASED ON CAROL RYFF'S THEORETICAL MODEL[17]

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ABSTRACT

a) Objective: To analyze the characteristics of psychological well-being dimensions in children from Pasto, Colombia, using Carol Ryff's theoretical model.

b) Method: This study adopts a qualitative perspective with an ethnographic method. It involved a group of approximately 30 children aged 9 to 11, their parents, and the teachers from the affiliated public school. Data collection techniques included in-depth interviews, workshops, and focus groups.

c) Results: The findings reveal that Ryff's model of six dimensions, as perceived by the children, parents, and teachers, is closely linked to the establishment of emotional bonds with family members, extended family, or caregivers; interactions with peers, teachers, and school administrators.

Based on the findings, it is necessary to strengthen emotional bonds, promote positive aspects in each dimension, and prevent and address negative aspects in children, family, and school settings to enhance the psychological well-being of children comprehensively. This implied

the need to design and implement a psycho-educational program based on the concept of psychological well-being in school-age children in Pasto.

Keywords: psychological well-being, participatory diagnosis.

RESUMEN

a) Objetivo: analizar las características de las dimensiones de bienestar psicológico en niños de las ciudades de Pasto Colombia, a partir del modelo teórico de Carol Ryff.

b) Método: este estudio se enmarca en una perspectiva cualitativa con un método etnográfico, se trabajó con un grupo conformado por aproximadamente 30 niños de 9 a 11 años, con sus padres de familia y docentes de la institución pública vinculada. Las técnicas de recolección de información fueron: entrevista en profundidad, taller y grupo focal.

c) Resultados: se evidencia que el modelo de Ryff de las seis dimensiones desde la perspectiva de los niños, la mirada de los padres y los docentes de cómo observan a los niños en cada dimensión, se encuentra relacionada al establecimiento de los vínculos afectivos con los miembros de la familia de origen, la familia extensa o cuidadores; las interacciones con los pares, docentes y miembros directivos del colegio.

Conclusión: con base en los resultados hallados se hace necesario fortalecer los vínculos afectivos, promover los aspectos positivos en cada dimensión y prevenir y atender los aspectos negativos en los niños, los escenarios familiares y escolares para favorecer el bienestar psicológico de los niños de manera integral. Esto implicó la necesidad de diseñar e implementar un programa psicoeducativo fundamentado en el concepto de bienestar psicológico en niños escolares de Pasto.

Palabras clave: bienestar psicológico, diagnóstico participativo.

PSYCHOLOGICAL WELL-BEING

Psychological well-being is a multidimensional construct that gains relevance within the framework of positive psychology and is studied from various theoretical perspectives.

This participatory diagnosis is grounded in Carol Ryff's perspectives, who, by seeking a balance among different viewpoints, implemented a multidimensional model under a eudaimonic outlook to justify psychological well-being. Ryff and Keyes (1995) make an important distinction "between psychological well-being and subjective well-being, noting that life satisfaction can be an indicator of psychological well-being" (Ballesteros et al., 2006, p. 241). They further highlight that "psychological well-being has focused on the development of capacities and personal growth, both conceived as major indicators of positive functioning" (Díaz et al., 2006, p. 572). This aspect helps individuals face challenges and perform positively across personal, family, social, and academic areas.

Ryff describes a detailed description of the six dimensions based on her research:

Self-Acceptance: Defined as a central characteristic of mental health, as well as a feature of self-actualization, optimal functioning, and maturity. Life theories also emphasize acceptance of oneself and one's past life. Thus, adopting positive attitudes towards oneself emerges as a central feature of positive psychological functioning.

Positive Relationships with Others: The ability to love is seen as a core component of mental health. Self-actualizers are described as having strong feelings of empathy and affection for all human beings, the capacity for love, deeper friendships, and a more complete identification with others. Theories of adult development also stress the achieve-

ment of close connections with others (intimacy) and the guidance and direction of others (generativity).

Thus, these conceptions of psychological well-being repeatedly emphasize the importance of positive relationships with others.

Autonomy: Individuation involves a liberation from conventional norms, where the individual no longer clings to collective fears, beliefs, and societal laws. Life developmentalists also see the inward-turning process in recent years as giving individuals a sense of freedom from the norms that govern daily life.

Mastery of the Environment: This refers to an individual's ability to navigate and creatively change their world through physical or mental activities. It Is the individuals' capacity to choose or create environments suitable to their psychic conditions.

Purpose in Life: It involves a sense of direction and intentionality. Life development theories refer to various changing purposes or goals in life, such as being productive and creative or achieving emotional integration in later life. Therefore, positively functioning individuals have goals, intentions, and a sense of direction, all of which contribute to the feeling that life is meaningful.

Personal Growth: The need for self-actualization and realizing one's potential is central to clinical perspectives in personal growth. Openness to experience. Life theories also explicitly emphasize continuous growth and the confrontation of new challenges or tasks at different life stages. Thus, continuous personal growth and self-actualization are prominent themes in these theories. (Ryff 1989, p. 1071)

Psychological well-being is a relatively unexplored topic in children, but it can be optimized as part of life education. This statement is noteworthy given that educational contexts often view themselves as centers for cognitive learning. Recently, there has been a push towards a more holistic education, taking into account the psychosocial and cultural dimensions of students. Moreover, psychological well-being encompasses various contexts where an individual performs as "they behave differently in different contexts, yet teaching, practice, and psychological research often overlook

this contextual-cultural reference" (Castro & Díaz, 2002, p.2). There are numerous and significant reasons that make schools a unique place to implement programs or projects focused on children's emotional and affective dimensions, considering the roles of family, teachers, and peers. Hence, addressing psychological well-being in these settings is essential, as "research suggests that the quality of these early social relationships has a significant influence on the development of self-esteem, emotional stability, and the ability to interact satisfactorily with others during adolescence and adulthood" (Morison, as cited in Jaramillo et al., 2006).

Psychology is called upon to expand the theoretical understanding of psychological well-being and, more importantly, the subjective constructs that mediate its experience. Pedagogy faces the challenge of developing effective ways to foster children's development. Bernal et al. (2009) state that "there is considerable debate about how to interpret the changes taking place in children's development" (p. 285). Family, social, economic, and cultural transformations bring new experiences and new challenges for educational institutions in addressing apathy, lack of emotional control, absence of boundaries, and violence in the classroom.

A significant change has been the increasing integration of women into the workplace and the advocacy for their rights across various social settings. "Within the family, this meant a gradual redistribution of gender roles, along with birth control and a consequent decrease in the number of children families had" (Florenzano, as cited in Bernal et al., 2009, p. 286).

"Another significant change was the increase in marital breakups leading to parental separation or divorce and the partial disintegration of the family unit" (Hayes, as cited in Bernal et al., 2009, p. 286). This situation influences dynamics and the creation of new roles among family members. "As a result, new types of families have emerged" (Arriagada et al., as cited in Bernal et al., 2009, p. 286). This diversification has impacted, among other things, children's emotional and affective development and academic performance.

Therefore, it is necessary to investigate family types, socioeconomic aspects, living conditions, socio-affective relationships, customs, cultural context, and access to and ownership of information technologies. Weisner (2015) suggests that "well-being is currently considered a complex and broad concept that must be analyzed from a ulticultural and multidisciplinary perspective, (…) and is necessarily linked to culture and society" (Tonon et al., 2017, p. 167).

Considering these aspects, according to Morales et al. (2014), psychological well-being is the "degree to which an individual judge their life as a whole in favorable and satisfying terms." According to Veenhoven (1996), "It is characterized by three elements: its subjective nature (…), its global dimension, as it includes the evaluation of all areas of life, and positive appreciation, which goes beyond the mere absence of negative factors." (p. 217).

Thus, this study on psychological well-being, focused on school-age children, is relevant due to the ontological stance of active subjects who have much to contribute to the six dimensions within the family and school context.

PARTICIPATORY DIAGNOSIS

According to Castro et al. (2007), "participatory diagnosis is a methodological tool" and "constitutes a democratic opportunity for the entire community to participate" (Subsecretaría General de Gobierno, 2012, p. 2). In the educational process, recognizing the realities and contexts of its members is increasingly relevant, contributing to the understanding of phenomena and theoretical and methodological aspects necessary for future interventions.

Oporto (2009) emphasizes the need to clarify each term related to participatory diagnosis, citing Azzerboni et al. (2003), who understand participation as "a process rather than a state; members of the educational community should have more involvement in decision-making related to institutional progress, while always considering the difference in roles" (p. 2).

Authors such as Pérez and Ochoa (2017, p. 180) conceive participation "as the power individuals have to engage in a real and genuine way in social situations that concern them." The active participation of children has increased due to the recognition that school-age children think, question, and reflect on themselves, their family, their world, their educational process, etc. Thus, "child participation places children and adolescents as social subjects capable of expressing their opinions and making decisions on matters of their interest" (Van Dijk et al., as cited in Pérez & Ochoa, 2017, p. 186).

The value of participatory processes lies in the diverse perspectives of various actors—children, parents, and teachers—who, despite engaging individually, contribute to representative constructions that enhance collective action. According to Novella et al. (2014, p. 18), "child participation is a personal and collective experience that allows involvement in social projects, promoting psychoeducational development and the formation of values."

Another significant aspect is diagnosis as a platform to give voice to children and members of the educational community about their issues, strengths, and potential, thereby positively impacting reflections and interactions.

Carvajal (as cited in Tulcán, 2018) explains that a "diagnosis involves examining the community's logic based on the capacity for participation, decision-making, and reflection of the actors in accordance with the deficiencies, potentials, strengths, and possibilities for development and resources" (p. 50). It is essential to move beyond the notion that a "good diagnosis" is one that gathers much information, implying the use of many tools. Tools are selected based on their relevance and strategic importance (Aguilar et al., 2002).

According to Castro et al. (2007), diagnosis prompts reflection on relevant institutional issues and induces a reflective process that can lead to awareness of certain problems, and consequently to the construction or articulation of a problem to address. Carvajal (as cited in Tulcán, 2018, p. 50) defines diagnosis as "a pedagogical tool that serves to teach about the local reality in educational institutions and for the community to appropriate the information resulting from the study."

Aguilar et al. (2002) state, "There are many proposals for conducting participatory diagnoses, with the common denominator being the participation of the target population" (p. 5).

The methodological principles for participatory diagnosis according to Aguilar et al. (2002), are:

1. Participatory diagnosis is not an end in itself but part of a larger process that extends beyond problem-solving. Failure to recognize its potential would undermine the intentionality of the process.

2. Participatory diagnoses do not fully determine the situation of interest, as situations are complex and cannot encompass all dimensions and interrelations.

3. It is essential to consider the diagnosis as part of a broader, dynamic process that is continually evolving. New elements and reflections may emerge during planning that could lead to modifications in the interpretations of the diagnosis.

Different conceptions of diagnosis are applicable to various fields. This research is approached from the educational community outlook, which differs from other fields, such as the medical field, due to its ontological, epistemological, and methodological foundations.

Participatory diagnosis with children involves separate groups including parents or guardians or other family members such as grandmothers, aunts, or stepmothers, as well as homeroom teachers and teachers of various subjects. As García (2014, p. 319) states, "an aspect to consider is the inclusion of the family and the school, as they are the main agents of socialization of the child, contributing to creating an environment conducive to change." According to Ojeda and Zúñiga (2020), participatory diagnoses include the viewpoints of all actors involved in the problematic situation, regardless of their level of power. Economic, material, information, intellectual, influence, or leadership resources are not considered; instead, it involves integrating different perspectives and diverse perceptions for the joint construction of the diagnosis.

Therefore, participatory diagnosis is a research strategy that allows for the systematic understanding and analysis of a situation using methodologies suited to qualitative research within the educational context. It involves "the construction of knowledge through the intervention and differentiated opinions of those involved in the situation" (Aguilar et al., 2002, p. 16).

García (2014) asserts that after completing the participatory diagnosis, by giving voice to children and parents regarding perceived problems, and recognizing issues identified by teachers and researchers, "the knowledge must be returned to the population so that actors can analyze it and prioritize the elements they wish to change, (…) - Fals Borda (1980) refers to this process as systematic feedback" (p. 317)

Based on this definition, the diagnostic process aimed at uncovering meanings and interpretations of psychological well-being dimensions is described. This process opens a space for dialogue and reflection on Carol Ryff's six dimensions of psychological well-being. Meetings were held with children, teachers, and parents to share the results of the participatory diagnosis. A report was also prepared for the school's

leadership. Following the feedback of results, the development and implementation of a program to mitigate negative realities, address deficiencies, and promote positive realities and psychoactive potentials within the public institution community of Pasto began. It is noteworthy that this participatory diagnosis has been a fundamental experience, extending beyond the research exercise and demonstrating effectiveness for educational intervention.

The participatory diagnosis within the investigative framework of the project "Psycho-Affective Mobilizations Derived from the Implementation of a Psychoeducational Program Based on the Concept of Psychological Well-Being in School-Age Children from Pasto" aimed to analyze the characteristics of psychological well-being dimensions in school-age children in Pasto, based on Carol Ryff's theoretical model.

METHOD

This qualitative research was conducted using an ethnographic method. The unit of analysis comprised children aged 9 to 11 years from an educational institution located in Pasto. The study group included 30 fifth-grade students, along with their parents and teachers.

Information was gathered through in-depth interviews with teachers, focus groups with students, and workshops with parents. All techniques addressed the same deductive categories to facilitate data triangulation. It was crucial to adapt the distribution of techniques to the needs and particularities of the population involved. The field diary was the common instrument for organizing information.

This research is part of a process that began with a study on the meanings of happiness in this same population. In this second research phase, the following procedure was established:

Phase 1: Theoretical Framework.

Phase 2: Approach and Agreements with the Community.

Phase 3: Instrument Development.

Phase 4: Fieldwork.

Phase 5: Analysis and Interpretation of Data.

The data analysis involved a matrix analysis exercise, which began with:

a. Transcription of the information.

b. Organization and coding of the data.

c. Extraction of propositions.

d. Triangulation of information by source and subject.

The research adhered to ethical guidelines as per Resolution 8430 of 1993 from the Ministry of Health and Law 1090, which regulates the practice of psychology and establishes the Deontological and Bioethical Code. Initially, agreements were made with the educational institution to obtain the necessary authorization. Additionally, an informed consent process was conducted, with signatures from the participating subjects, including teachers, parents, and children. This research, deemed minimal risk, was approved by the Research Committee of the School of Social Sciences, Arts, and Humanities (ECSAH in Spanish) and the Universidad Nacional Abierta y a Distancia (UNAD) and funded through the SIGI (Research Management System) call.

Finally, participants' personal information was safeguarded; therefore, no personal names are used in any sections of the final research report or this article. The research procedures are rigorous enough to meet the standards of scientific work.

RESULTS

The participatory diagnosis presented below is part of the research project "Psycho-Affective Mobilizations Derived from the Implementation of a Psychoeducational Program Based on the Concept of Psychological Well-Being in School-Age Children from Pasto." The general objective is to recognize these psycho-affective mobilizations based on the concept of psychological well-being in school-age children. The research employs an ethnographic method, emphasizing participation and reflection

as fundamental components. A participatory diagnostic process with the educational community was proposed, recognizing that while the study subjects are children, family and school dynamics must be considered for a deeper understanding. Various qualitative techniques were used to explore the deductive categories.

RESULTS OF THE PARTICIPATORY DIAGNOSIS WITH CHILDREN

Based on the information analysis exercise, relevant information from the children is presented, followed by information from teachers and parents.

SELF-ACCEPTANCE

Children generally acknowledge their limitations and mistakes, though they find it easier to recognize their strengths rather than their flaws. They tend to feel more satisfied with themselves in activities such as sports or peer interactions. In contrast, several children struggle to express themselves fluently about their shortcomings, with some remaining silent about issues they disagree with due to fear of retaliation from peers, adults, or parents.

AUTONOMY

It is evident that educational institutions create opportunities for voluntary participation, allowing children to make decisions about events based on their personal interests. This motivates them as they feel valued and enjoy the sense of unity in organizing events such as student representative elections, leadership roles, and activities promoting social skills, democracy, and leadership. They also participate in recreational activities like parties, outings, sports tournaments, and commemorations of special dates such as Children's Day and Women's Day. Activities promoting gender equity are performed. Schools have welfare committees, such as: social, snack, and environmental committees. Children can choose to engage in various free

activities, such as the library, watching YouTube videos, or playing sports on soccer fields. Some children, however, express that disorganized groups hinder activity development and that opportunities to participate are insufficient. There are children who do not participate in any activities.

POSITIVE RELATIONSHIPS

It was found that best friends usually meet at school, where relationships are satisfying and enjoyable moments are shared. Although there are disagreements, which are generally managed positively, there are more pleasant moments. It is worth noting that special skills valued by peers and adults enhance social acceptance.

According to children's experiences, relationships among students have various aspects. Some report physical and psychological bullying among classmates, often occurring when a child is not part of the aggressor's group. There are also several situations of low tolerance for differences, leading to tensions among groups of children within the same grade and between different grades. Those with more difficulties in interpersonal relationships are often from targeted groups.

Overall, the student-teacher relationship is considered good, although there are instances of confrontation and verbal aggression.

Notably, in some cases, children's narratives about their relationships do not mention interactions with teachers, leading to questions about whether they view the teacher as a distant authority figure.

MASTERY OF THE ENVIRONMENT

Regarding leadership roles, most children view being a leader as a desire or aspiration rather than a regular activity. Specifically, children report enjoying leadership in play activities or alternative group activities. Mastery of the environment is facilitated when children receive social recognition, identify with their surroundings, and are acknowledged for their skills.

One way to demonstrate mastery of the environment is through the ability to intervene and influence conflict resolution or to assume proactive leadership roles.

Regarding the first aspect, it was found that in situations of peer conflicts, children are divided into two groups: those who like to mediate and help resolve conflicts and those who prefer not to intervene or who have faced conflicts without participating. The desire to engage in conflict resolution processes is evident, although children intervene mainly if the parties involved are friends.

Additionally, dialogue is recognized as a strategy for conflict resolution among peers, but there is no evidence of its effective application. Confusion between mediation and authority suggests that current strategies may not be effective.

Finally, concerning the preference for school spaces, children favor places they consider their own, such as their classrooms, play areas, and libraries. Appropriate spaces depend on the possibilities and proposals from the children as groups. There is a demand for more and better open spaces for sports and recreational activities, as the school currently has unpleasant, limited physical spaces with insufficient resources for play and recreation.

PURPOSE IN LIFE

In this category, children recognize the importance of academic education as a foundation for their desired degree program. For example, girls express a future interest in studying medicine, psychology, law, or veterinary science, while boys often aspire to become professional soccer players. Children's thoughts are oriented toward what they hope to be in the distant future, with expectations of recognition, fame, and money, although they lack real opportunities to pursue these dreams. Some children view studying as an obligation, which may lead to a lack of clarity or motivation regarding their purpose in life.

PERSONAL GROWTH

Some children exhibit a lack of tolerance for physical contact or unintentional encounters with peers, leading to problematic situations. Most children believe that their parents and siblings, who are always attentive to their academic and family activities, provide the most support and understanding, making them feel secure. Many children receive support from their immediate family, especially mothers, as well as

from grandparents, uncles, aunts, and cousins. They believe that close family members are better at recognizing their qualities and values.

In many households, the mother is seen as the primary source of values such as respect, responsibility, cooperation, hard work, kindness, and solidarity. This perception is particularly common among children living with their mothers in the absence of their fathers.

Children consider studying, helping with household chores, and being respectful as actions influenced by their parents and, to some extent, their teachers.

It is noteworthy that some children feel capable of pursuing their dreams, yet their daily lives are more focused on meeting others' expectations. Some children perceive personal growth as the responsibility of school counseling, with insufficient emphasis on the family's role in this dimension.

RESULTS OF THE PARTICIPATORY DIAGNOSIS WITH TEACHERS

Self-Acceptance: Teachers understand that a child's self-acceptance is linked to recognition during success and assertiveness in moments of failure or error. This understanding, however, can contrast with daily teaching practices, where student achievements are not always clearly acknowledged, and fraternal correction is not consistently achieved.

Autonomy: Teachers observe that children are increasingly faced with significant decisions at a younger age—such as whether to use psychoactive substances, join gangs, or obey the authority—without having had the experience of making and facing smaller decisions. The educational institution offers very few opportunities for children to make decisions.

Positive Relations with Others: The school environment is inherently prone to conflict due to the high volume of interactions. Although teachers do not perceive that confrontations and difficulties exceed what could be considered normal, there are specific difficulties related to certain students. As school is a place prone to conflict, the focus should be on resolving conflicts effectively rather than preventing them.

Mastery of the Environment: Teachers base their observations solely on behavior within the school setting. They generally view the children's mastery of their school environment as appropriate, provided there is proper supervision. When children display disruptive behaviors, teachers, in collaboration with parents, often gain insight into family dynamics and problem-solving approaches, which are typically not positive.

Personal Growth: Teachers aim to help children with personal discovery through their interactions. They express concern when a child does not engage with school activities, has low grades, or exhibits sadness or aggression. However, the limited time available and the responsibility to follow the curriculum constrain their ability to address these issues comprehensively. Formal responsibilities are often delegated to counselors, who also face time limitations.

RESULTS OF THE PARTICIPATORY DIAGNOSIS WITH PARENTS

Self-Acceptance: Parents, to varying degrees, promote their child's self-acceptance through praise, recognition, and expressions of affection. However, this may not always be frequent or sufficient for significant achievement. Parents recognize the need for affection but are often busy with work or delegate childcare to grandparents, aunts, or older cousins. There is a need for a program that clarifies the importance of recognition from oneself and others in the development of self-acceptance and self-love, helping parents contribute more meaningfully to their children's well-being.

Autonomy: Parents view autonomy as a right acquired after children demonstrate mature and responsible behavior, rather than as a process that can foster such behavior. They often do not encourage activities that allow children to make everyday decisions necessary for personal autonomy, considering them too young. Parents sometimes impose their views, limiting the child's autonomy, and rarely acknowledge or promote the child's achievements. Consequently, opportunities for building autonomy are limited. It is necessary to help parents identify opportunities for children to see themselves as independent and responsible for their decisions and behavior.

Positive Relationships with Others: Parents rarely identify relational difficulties with their children or between their children and others. They generally believe they have a good relationship with their children, whether or not this aligns with the child's actual experience. It is valuable for parents to reflect on the child's perspective on these relationships. Parents acknowledge that they are role models in their children's relationships, and sometimes their relational styles are not positive, affecting the child's trust and relationships with peers, leading to interpersonal conflicts.

Parents may need to know how children feel about their relationship with them.

Mastery of the Environment: Parents consider their children's mastery of different environments to be good. They recognize that occasional inappropriate behaviors may occur but find them within expected limits for the child's age. A noted weakness is that the environments accessible to the children are not very numerous or frequently visited.

Personal Growth: Parents' discourse does not show an attitude that promotes or encourages personal growth, as defined by Ryff. They hold an optimistic view of their children in new experiences but often use external control methods, limiting the child's development of their own abilities and personal growth.

Purpose in Life: Parents and Teachers Premise: Both parents and teachers agree on the lack of structured ideas that children have regarding their purpose in life. Both groups identify that children express diverse, often contradictory interests that change frequently without substantial explanation. They believe that media influences the children's sense of purpose and direction in life.

DISCUSSION

Exploring the dimensions of psychological well-being through the lens of Carol Ryff's framework reveals valuable insights into how children perceive their own well-being compared to the perspectives of adults—specifically parents and teachers. The following reflections and contrasts are drawn from the research findings.

To address autonomy, Bernal et al. (2009, p. 285) highlight the "notable precocity with which today's children think and express themselves about topics previously re-

served for adults reserved for adults." The research confirms that children can choose environments for leisure activities and explore various multimedia information, primarily accessed through the internet and social media due to their widespread availability. However, within school contexts, opportunities for children to propose and make decisions remain limited, constrained by institutional structures and a strong adherence to traditional educational practices.

Regarding self-acceptance, which Ryff (1989) identifies as a central criterion for well-being and a core aspect of mental health, the focus is on accepting oneself and one's past life. For children, who are approaching developmental changes related to preadolescence, self-acceptance involves significant self-reflection. Findings indicate that children generally acknowledge their limitations and mistakes but find it easier to recognize their qualities, particularly in specific skills like sports and social acceptance by peers. However, self-acceptance related to their core self is less clearly referenced, and many children remain silent about these aspects. Since self-acceptance is linked to self-esteem, accepting oneself—including weaknesses—and considering oneself capable of addressing or at least embracing these aspects reflects positive self-esteem (Perpiñán, 2013). It is evident that while children's self-acceptance processes align with their developmental stage, they require attention from both educational and emotional processes in family and school settings. "During childhood, caregivers influence emotional development by providing appropriate emotional stimuli, reinforcing and encouraging emotional expression, and responding to subtle changes in children's expressions" (Richaud de Minzi et al., 2011, p. 332).

Regarding positive relationships, Ryff (1989) asserts that the capacity to love is a central component of mental health. Findings confirm that children derive significant well-being from positive relationships within both family and school environments. Positive relationships are primarily associated with interactions with "best friends."

In contrast, significant negative experiences arise from instances of physical and psychological maltreatment, leading to polarizations and exclusions within peer groups. While Bisquerra (2013) notes that personal well-being is constructed from individual characteristics (autonomy) and environmental conditions, this is worth reconsidering in childhood and early adolescence when personality and self-environment interactions are still developing. Perpiñán (2013) emphasizes that "children have a great capacity to connect, not only with their parents but also with other family members or people they interact with. Educators are privileged reference figures" (p. 69). Despite generally good teacher-student relationships, instances of confrontation and verbal aggression indicate that strong bonds have not been fully established, and

necessary assertiveness for harmonious interaction is lacking. Family relationships are considered the most significant source of well-being, though discrepancies in relational styles and adherence to norms are apparent, potentially influenced by family diversification due to work and frequent marital breakdowns. This diversification likely affects parent-child relationships and the various educational experiences children encounter. Today's families are more democratic, giving children greater involvement in decision-making, thereby fostering judgment and autonomy from an early age (Beck, as cited in Bernal et al., 2009).

Regarding mastery of the environment, several elements are identifiable, including leadership and the influence of the environment, and how spaces facilitate a sense of well-being.

The ability to influence one's environment is considered a key component of self-esteem and well-being. Findings show that gratifying situations occur when children can assist in solving others' problems, reflecting an altruistic sense and common mediation processes. This suggests that mastery of the environment is linked to interpersonal intelligence, defined as "the potential to understand and effectively interact with others' intentions, motivations, emotions, and desires" (Escamilla, 2014, p. 83).

Facilitating well-being in childhood and adolescence is a social responsibility that extends beyond meeting basic needs, which must always be attended to.

> Thus, the influence of interpersonal relationships on well-being is particularly evident in children and adolescents. Conversely, while the educational institution plays a fundamental role in their lives, it does not impact their well-being as significantly as expected, warranting a detailed analysis (Hernangómez et al., 2009, p. 159) [Quote translated from its original in Spanish]

When examining spaces, limitations are identified in the conditions of physical environments, including workspace layout and recreational areas. Children themselves point out constraints in the environments for academic activities and the use of materials.

As for purpose in life, children recognize the importance of studying and having an academic background; however, it is perceived as a distant goal, which contrasts with aspirations for recognition, fame, and money, particularly in sports like soccer. Current processes do not show substantial efforts toward building the desired future,

likely due to developmental stages where fantasy influences such processes. In general, "on the personal level, life goals or projects can be seen as guiding and determining the vital values of each individual, synthesizing their needs and aspirations" (Páramo et al., 2012, p. 10).

It is found that the processes of purpose in life are unclear. The transition from primary to secondary education, with changes in settings and contexts, reveals that children are not well-prepared, viewing the future as distant and focusing only on the present.

Finally, regarding personal growth, defined as "the interest in developing potential, growing as a person, and maximizing one's own abilities" (Zubieta et al., 2012, p. 9), two key aspects emerge: the individuals who best support personal growth and the activities children believe contribute to their growth.

In this context, the family emerges as the primary source of well-being for children, with parents and siblings providing crucial support to their personal processes. The mother's extended family also plays a significant role in supporting and accompanying child's life. The school does not appear as a significant figure in the child's personal growth. "There is no significant reference to happiness in the relationship with teachers, but rather, satisfaction from academic achievements" (Ceballos, 2015, p. 307). The challenge for teachers is to understand why, despite the school being the second most important environment for children after the family and having a commitment to their education, it does not appear as a relevant factor in their lives. This situation is concerning because it indicates that the school is overlooking socio-emotional objectives (Hernangómez et al., 2009).

In terms of activities, it is found that studying, helping with household chores, being respectful with actions, assuming responsibilities, and feeling a sense of belonging contribute significantly to their sense of personal growth. Likewise, affirming their dreams also contributes to their growth. However, when it comes to school, personal growth is often delegated to the academic counseling department, as if this department were solely accountable for it.

Therefore, the responsibility for personal growth should not be delegated to a specific department or individual but should be a collective commitment of the entire educational community—teachers, parents, administrators, and surrounding community members—to contribute to the development of well-rounded individuals.

It is evident that teachers need to establish warm, supportive relationships with students, encourage them to learn from their mistakes instead of penalizing them for errors, highlight their strengths, and help them address academic deficiencies while consistently recognizing effort and achievement (Fernández et al., 2010).

CONCLUSIONS

Children's well-being is undoubtedly a multidimensional process closely aligned with Carol Ryff's model. While all dimensions are considered fundamental, from the children's perspective, the most relevant are positive relationships, autonomy, and self-acceptance. For parents and teachers, positive relationships, autonomy, and personal growth are currently seen as most crucial due to the complexities of family and educational contexts.

To address children's well-being, it is essential to first listen to their expectations and needs. Therefore, incorporating the children's perspectives is vital when discussing psychological well-being.

There is a need to harmonize the viewpoints of parents and teachers with those of the children, recognizing the shared responsibility in the development processes, particularly in promoting children's well-being. As Veenhoven (1996) would affirm, the bonds between people favor the establishment of social support networks, reducing the likelihood of psychological disorders such as stress.

The participatory diagnosis unveiled the characteristics of psychological well-being dimensions among children, parents, and teachers in the public institution.

This led to the development and implementation of a psychoeducational program based on these well-being dimensions for school-age children in Pasto. The goal is to foster practices that promote the psycho-emotional development of children and create positive and healthy family and educational environments. This approach also shifts focus from deficit-oriented policies and interventions to a positive perspective

that integrates elements that favorably impact development, contributing to the comprehensiveness of social programs by addressing more than just negative factors affecting people's lives (Alfaro et al., 2015, p. 1).

In conclusion, it is important to continue conducting research starting with participatory diagnostics as a foundation for psychosocial intervention studies that selectively address current needs, demands, and dynamic changes, ultimately improving quality of life through holistic development, which will be reflected in the psychological well-being of children.

Finally, it is essential to prioritize psychological well-being processes within formal and informal educational processes.

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