

1 Article

# 2 Improving subjective well-being, trait emotional 3 intelligence and social anxiety through a programme 4 based on the Sport Education model in adolescents

5 Pablo Luna<sup>1</sup>, Jerónimo Guerrero<sup>1</sup> and Javier Cejudo<sup>1, \*</sup>

6 1 Department of Psychology, Faculty of Education of Ciudad Real, University of Castilla La Mancha,  
7 Ronda de Calatrava 3, 13071 Ciudad Real, Spain; pablo.luna@uclm.es; jeronimo.guerrero@alu.uclm.es;  
8 manueljavier.cejudo@uclm.es

9 \* Correspondence: manueljavier.cejudo@uclm.es; Tel.: +34926295300 (ext.: 3215).

10

11 **Abstract:** The aim of this article has been to evaluate the impact of a physical-sport education  
12 programme, based on the pedagogical model of Sport Education within the framework of quality  
13 Physical Education and approached from the field of social and emotional learning, on a set of  
14 psychological variables: subjective well-being (quality of life related to health, positive affect and  
15 negative affect); trait emotional intelligence and social anxiety. A total number of 113 Compulsory  
16 Secondary Education students were involved, aged 12 to 15 years old, 44 of whom belonged to the  
17 control group (CG) and 69 to the experimental group (EG). A quasiexperimental design of repeated  
18 pretest and posttest measures with the CG was used. The results obtained in this investigation  
19 revealed that the intervention programme caused significant improvements in the subjective well-  
20 being and the trait emotional intelligence for the EG. These findings reinforce the pedagogical  
21 efficiency of the programme with regards to the aim that has been set. Likewise, the findings also  
22 highlight the suitability and appropriateness in terms of innovative teaching proposals. In the same  
23 way, the results showed relevant empirical contributions in this given school context due to its  
24 psychological benefits and the encouragement of healthy living.

25 **Keywords:** Physical Education; social and emotional learning; Sport Education model; subjective  
26 well-being; trait emotional intelligence; social anxiety.

27

## 28 1. Introduction

29 Health can be defined as a dynamic process which encompasses the well-being and the optimal  
30 functioning of each aspect of one's life. In this sense, health is generally determined by several  
31 indicators of a physical-biological, psychological and social nature [1]. The World Health  
32 Organization (WHO) [2] (p. 1) defines health as a "state of physical, mental and social well-being,  
33 and not only the lack of conditions and illnesses". Thus, a good health is a fundamental dimension  
34 in personal and social progress, and one important sphere in one's quality of life [3]. Approached  
35 from the perspective of positive health, the welfare state encourages the individual to reach a  
36 complete social and psychological development. [4].

37 Society has a common goal of achieving well-being, and consequently aims to improve the  
38 health factors [1] which favour a good quality of life [5]. Correspondingly, research of the influence  
39 of the subjective well-being on different social contexts has increased in importance over the last  
40 decades [6,7].

41 Similarly, the subjective well-being (SWB) comprises two main factors: the cognitive side  
42 (satisfaction with our own life) and the affective side (positive and negative affectivity) [8,9,10,11].  
43 The cognitive side to well-being (CWB) refers to the results of the assessment of how individuals  
44 process information in their lives [12]. On the contrary, the affective side to well-being (AWB) implies

45 a hedonistic individual balance, that is, how often individuals experience positive and negative  
46 emotions [11].

47 A recent field of interest for research has focused on the study of the effects of some positive  
48 psychological variables on personal and group development [13]. These studies have been  
49 categorised within the perspective known as Positive Psychology [14]. One of the positive variables  
50 which currently has wider support due to its close connexions to SWB and to physical and mental  
51 health is the emotional intelligence [15,7,16]. Emotional intelligence can be defined as the set of  
52 individual differences in terms of identification, expression, use, comprehension and control of one's  
53 own emotions and those of others [17]. Possibly, an efficient management of all the factors that make  
54 up the emotional intelligence lead to positive states of mind and a decrease in negative moods, thus  
55 achieving a better feeling of well-being and health [16].

56 Nonetheless, variables such social anxiety have a negative effect on SWB [18]. In this sense, social  
57 anxiety can be defined as a constant fear of one or more social or performance situations in which the  
58 person is exposed to unknown persons or to the possible scrutiny of other people [19]. Social anxiety  
59 has a negative impact on SWB in adolescents due to the anguish individuals may feel [20], to the  
60 negative effect on the quality of interpersonal relationships [21], and to its connexion to a significant  
61 number of conducts of victimisation, such as bullying and cyberbullying [22] and because of its  
62 positive relation with stress and its negative relation with emotional intelligence in adolescents [23].

63 From these approaches, we believe that education should promote the social and emotional  
64 learning (SEL), defined the WHO as a heterogeneous set of life skills, and, therefore, it is seen as a  
65 potential factor that favours and encourages mental health [24]. Those in favour of this teaching  
66 proposal argue that emotional education might promote public health [25,26] as its ultimate goal is  
67 the improvement of the general quality of health and well-being in society.

68 In addition, within a school context, many researchers claim that one of the purposes of  
69 education must be the improvement of people's lives, so that individuals can reach an optimal degree  
70 of personal happiness and well-being in their adult life [27]. In that sense, the school environment  
71 can facilitate positive adjustment of the students when the latter is carried out in healthy pedagogical  
72 and psychological environments; and, thus, it becomes an essential aspect for the development of  
73 well-being in children and adolescents [28].

74 In the field of education, a subject that can contribute to the improvement of well-being and  
75 health in children and adolescents is Physical Education (PE). Likewise, the concept of quality  
76 Physical Education (QPE), understood as an interrelated system of inclusive and active teaching and  
77 learning, must be considered as a key framework for all integral approaches (i.e. education and  
78 health) [29]. In the same manner, QPE is seen as a physically active teaching and learning experience,  
79 which can have a positive impact on students and their psychomotor abilities, cognitive  
80 comprehension and social and affective aptitudes [30]. Moreover, in our view, QPE could be grouped  
81 within the category of SEL.

82 QPE aims to achieve an integral education commitment [31,32], thus allowing students to be  
83 physically literate [33,34]. Physical literacy is the pillar of QPE and can be defined as the motivation  
84 and the cognitive, physical and affective competence to encourage and preserve an active attitude in  
85 life, enabling a positive development of the necessary aptitudes to achieve, understand and use  
86 decisions about one's health efficiently [35]. For that reason, students who are physically literate will  
87 value their own psychomotor capabilities intrinsically, as well as their contribution to well-being and  
88 health. [34].

89 The connexion between health between health and physical activity is widely known [36,37].  
90 The QPE works as a starting point for an integral commitment to health and PE, designing teaching  
91 and learning processes in this area that will favour the physical, psychological, emotional and social  
92 development [38]. In addition, QPE promotes an interdisciplinary relationship among the education,  
93 health and social institutions. One of its purposes is to teach young individuals about healthy living  
94 (keeping healthy and safe) [29].

95 The synergy between the significant practice of physical-sport activity, together with physical  
96 and psychological health, is an issue that is gradually growing in interest for education researchers

97 [39,40,41,42]. Moreover, there are different investigations within the education framework of  
 98 evolution towards QPE which emphasise the need for a methodological change [43,32]. In that sense,  
 99 several pedagogical models share these same features [44].

100 This study is based on QPE, which materialises by means of a specific model of Sport Education  
 101 (SE) [45]. The SE is a pedagogical model which makes use of the essential features of sports (seasons,  
 102 competitions, membership, data register, culminating event and festivity) and aims to achieve the  
 103 inclusive goal with all the students can live real and meaningful sport experiences in PE. The SE  
 104 aspires to develop competence, enthusiasm and the physical-sport culture in the students [46].

105 The SE's pedagogical potential, if correctly implemented [47], results in benefits at a physical  
 106 level [48,49,50]. Similarly, it has been proved that there is a positive impact on variables of a  
 107 psychological nature in adolescents, such as basic psychological needs [51]; improvements in the  
 108 basic psychological need for competence [52] and related to the feeling of belonging to a group  
 109 [53,54]; decrease in attitudes towards violence and improvements in social responsibility and the  
 110 relationship of the participants [55]; a more self-determined behaviour [56]; improvements in  
 111 friendship and sport goals [52]; decrease in aggressive behaviour and improvements in friendship  
 112 relationships [57]; positive changes in the perception of the social climate [58]; improvements on  
 113 social relationships [59]; improvements on trait emotional intelligence and motivational mediators  
 114 [60] and an improvement on sport culture and on enthusiasm, although no benefits in terms of life  
 115 satisfaction were found [61]. In this way, these education experiences, by making use of sport, give  
 116 evidence of a meaningful and positive impact on the psychological and physical development of the  
 117 school population [39,62].

118 In light of the precedents, this study aims to assess the impact of a physical-sport programme,  
 119 within the framework of QPE, and realised through the SE, on the following variables: subjective  
 120 well-being, trait emotional intelligence and social anxiety.

121 The hypotheses focus on the assumptions that the programme based on the SE will improve in  
 122 our participants: 1) Hypothesis 1: subjective well-being; 2) Hypothesis 2: trait emotional intelligence;  
 123 3) Hypothesis 3: social anxiety.

## 124 2. Methods

### 125 2.1. Participants

126 The technique for sampling which was used is of a non-probabilistic nature as it was the most  
 127 convenient option. The sample consisted of 113 individuals arranged in 5 natural groups of students  
 128 in the first year of Compulsory Secondary Education (CSE), aged 12 to 15 years old ( $M = 13.82$ ,  $SD =$   
 129  $.79$ ). The research was conducted in a state school. The control group (CG) was made up of 44  
 130 students (2 natural groups) whereas the experimental group (EG) consisted of 69 students (3 natural  
 131 groups). The assignment of GE and GC was random based on the natural school group to which they  
 132 belonged. As long as the gender distribution is concerned, 64 (57%) were male and 49 (43%) were  
 133 female (see Table1).

134 As for the inclusion criteria, it had been previously established that the main requirement would  
 135 be to have parental consent. While as exclusion criteria ( $n = 8$ ) were established: a) attending 80% of  
 136 the sessions of the intervention programme (at least 13 sessions); b) students with learning needs  
 137 associated with intellectual disabilities; c) students with a disciplinary removal from school ( $n = 5$ ).

138  
 139 **Table 1.** Sociodemographic data. Sex and age of the sample.

		<i>n</i>	%
Sex	Male	64	57
	Female	49	43
Age	12	42	37
	13	45	40
	14	23	20
	15	3	3

## 140 2.2. Procedure

141 The collaboration of the educational centre of the province of Toledo (Spain) was requested,  
142 based on sampling of the convenience of the categories under study. The Management Board in this  
143 school was contacted so that their approval and authorization could be granted. In the same way,  
144 permission was asked from the families of the students that were involved, as well as from the  
145 teaching staff and the School Council. The research respected the corresponding ethical values and  
146 guaranteed the confidentiality and anonymity of the participants.

147 The study followed a quasiexperimental design with repeated pretest and posttest measures  
148 with CG. The CG completed a 16-session programme of conventional Physical Education. The study  
149 was conducted over different stages. In the first place, before intervention began, the assessment  
150 instruments were handed out, for the first 20 minutes of two of the sessions, so as to avoid students'  
151 exhaustion (pretest evaluation). After that, the programme based on the SE was carried out. The  
152 sessions took place during the second term of the school year. Finally, the assessment instruments  
153 were handed out for a second time (posttest evaluation). The independent variable (IV) in this study  
154 was the intervention programme, whereas the dependent variables (DV) were the subjective well-  
155 being, the trait emotional intelligence and social anxiety.

## 156 2.3. Measures

157 In order to assess the variables in this study, four evaluation instruments were handed out under  
158 the psychometric parameters of reliability and validity.

159 Health-Related Quality of Life (HRQL). Kidscreen-10 Index [63]. It is a 10-item questionnaire  
160 that assess subjective Health-Related Quality of Life (HRQL) and well-being available for Children  
161 and Adolescents aged from 8 to 18 years. For each item, five answer categories ranging from "*never*"  
162 to "*always*" or from "*not at all*" to "*extremely*" are provided. The 10 items of the KIDSCREEN-10 Index  
163 address affective symptoms of depressed mood, cognitive symptoms of disturbed concentration,  
164 psycho-vegetative aspects of vitality, energy and feeling well, and psychosocial aspects correlated  
165 with mental health, such as the ability to experience fun with friends or getting along well at school.

166 Positive and Negative Affect Schedule (PANAS) [64], validated in Spanish by Sandín [65] in the  
167 version for children and adolescents and the evaluation of affectivity (PANASN). It is made up of 20  
168 items and is designed according to a two-dimensional structure: positive affect (PA) and negative  
169 affect (NA). Each subscale contains 10 items. The questionnaire is filled out by each child taking into  
170 account the way in which he/she normally feels and/or behaves. The scale consists of three response  
171 alternatives: «*Never*» (1), «*Sometimes*» (2), and «*Many times*» (3).

172 Trait Emotional Intelligence Questionnaire Adolescents Short Form (TEIQue-ASF) [66]; adapted  
173 into Spanish in its abridged version for teenagers by Ferrando and Serra [67] was used for the  
174 evaluation of TEI based on the theoretical model of Petrides and Furnham [68]. The 30 items that  
175 make up the TEIQue-ASF questionnaire are scored on a 7-point Likert scale (1 = *completely disagree*; 7  
176 = *completely agree*). The general emotional intelligence score (GEI) of the total scale is obtained through  
177 the sum of the 30 items of the questionnaire.

178 Social Anxiety Scale for Adolescents (SAS-A) [69]. The SAS-A is composed of 22 items, of which  
179 18 are self-descriptive and the other 4 are distracting elements that are not taken into account for the  
180 score. It contains three subscales: (a) fear of negative evaluation (FNE) with eight reagents, (b) anxiety  
181 and social avoidance before strangers or new social situations (SAD-N) with six items, and (c) the last  
182 subscale includes four reagents that measure anxiety and social avoidance in social situations in  
183 general (SAD-G). The response format is Likert-type with five options, from 1 (never) to 5 (always).  
184 In addition, a global index of social anxiety (SAS-T) is obtained by adding the scores assigned to each  
185 of the items, with the exception of the neutral ones. High scores reflect high levels of social anxiety  
186 [69] adapted to the Spanish population by Olivares, Ruiz, Hidalgo, García-López, Rosa, and Piqueras  
187 [70]. In this study, only the score SAS-T has been used.

188

## 189 2.4. Intervention programme

190 The physical-sport programme was completed following the SE structure [46]: (1) *season*: lengthy  
 191 didactic units; (2) *membership*: development of a team spirit and cooperation; (3) *regular competition*:  
 192 showing technical-tactical abilities; (4) *data register*: giving evidence of and analysing the process that  
 193 has been followed; and (6) *festivity*: a festive atmosphere. In this sense, other important education  
 194 aspects were highlighted such as: cooperative learning, autonomy and personal initiative, positive  
 195 interdependence and the self-management of responsibility roles in conflict resolution (i.e. referee  
 196 and coach). This helps to make this sport experience more real and positive, including how students  
 197 transfer responsibilities by means of organization roles (i.e. referee and scorer), team roles (i.e. coach  
 198 and physical trainer) and of how sport content is modified when adapted to the students [46].

199 Hastie and Casey's guidelines were followed for the design and validation of the programme  
 200 [47] (p. 423): (a) thoroughly detailed curricular elements; (b) precise certification of the applied model;  
 201 and (c) an in-depth explanation of the context of the programme.

202 The intervention programme implemented in the EG follows a sequencing of contents and  
 203 activities which is divided into three stages (*initial, intermediate and final*) of 16 sessions (see Table 2).  
 204  
 205  
 206

**Table 2.** Sequencing of stages and activity sessions in the intervention programme.

Stage	Session	Sport Education model (SE)
Initial	1-2	Introduction and presentation of the SE with digital and audio-visual support (ICT). Presentation and distribution of learning resources. Division and organization of classroom groups in teams (assignment of team names with a didactic and cross curricular theme). Distribution and selection of responsibility roles.
	3	Theoretical and practical explanation for the self-design of learning resources on digital format (ICT). Selection and assignment of anthems, badges, mascots and T-shirts representing a team.
Intermediate	4-7	Explanation and practical implementation of the roles of each member of the teams. Learning of technical-tactical elements and abilities: kicking-off, catching, moving, throwing, defence and attack. Learning game rules.
	8-9	Warming-up, training and friendly matches. Meetings for comprehension and reflection with intervention of the responsibility roles.
	10-14	Regular stage competition ( <i>Round Robin</i> ).
Final	15-16	Inter-class groups final competitions (final matches with class groups), final event, giving awards and diplomas (within the context of festivity of the model)

208 The programme based on SE was implemented over the course of the class hours of the subject  
 209 area of PE, in a total of 16 sessions of 55 minutes each. The intervention on the EG consisted of one  
 210 didactic unit on one alternative sport that makes us of a divided court or net, called *ringo* [71,72]. On  
 211 the other hand, for the CG, a didactic unit on traditional team sports within a traditional teaching  
 212 framework was taught [73].

213 The selection and division into groups was done by drawing lots, as students were assigned  
 214 different responsibility roles (referee, coach, trainer, person in charge of statistics and reports, and  
 215 member of the organization and discipline board). Similarly, all the students that were part of the  
 216 groups were made aware that they had been assigned two roles, both as a player and of  
 217 responsibility, as an essential pillar in the implementation of the programme. The programme also  
 218 used different learning and curricular resources (self-designed portfolio, worksheets and reports)  
 219 which had been used in previous studies [74].

## 220 2.5. Analysis of Results

221 Initially, reliability coefficients Cronbach's alpha ( $\alpha$ ), composite reliability ( $CR$ ), average  
 222 variance extracted ( $AVE$ ), and McDonald's omega coefficient ( $\Omega$ ) were calculated to obtain reliability  
 223 evidence. After that, in order to determine the impact of the programme, descriptive analyses were  
 224 completed (mean and standard deviation) and also analyses of variance (ANOVA) with each of the  
 225 scores collected through the instruments used in the pretest stage. Finally, both descriptive analyses  
 226 and analyses of covariance were used with posttest scores (ANCOVA) with the aim of showing  
 227 evidence of the impact of the programme on each of the variables. In the same way, the effect size of  
 228 these differences was calculated using Cohen's  $d$  statistic [75]. The effect size was analysed (Cohen's  
 229  $d$ ) (small < .50; moderate .50-.79; large  $\geq$  .80). Lastly, the data were analysed with the statistical  
 230 package SPSS v.24.0 (©IBM, 2016).

## 231 3. Results

### 232 3.1. Reliability evidences

233 In this study, we used well-established measures with appropriate psychometric properties  
 234 (Table 3).

235 **Table3.** Reliability evidence of the instruments used ( $n = 113$ ).

	$\alpha$	$CR$	$AVE$	$\Omega$
KIDSCREEN	.91	.89	.674	.92
PANASN-PA	.70	.77	.502	.72
PANASN-NA	.74	.76	.519	.77
TEIQue-ASF	.71	.70	.503	.79
SAS-T	.85	.80	.687	.87

237 Note:  $\alpha$  = Cronbach's Alpha;  $CR$  = Composite reliability,  $AVE$  = Average Variance Extracted;  $\Omega$  =  
 238 McDonald's Omega index.

### 239 3.2. Effects of the programme

240 The ANOVA results obtained in the pretest stage (see Table 4) revealed that there were no  
 241 statistically significant differences in any of the dependent variables in the study before the  
 242 programme began, except for the variable trait emotional intelligence (TEI) in which the EG obtained  
 243 a significantly higher score than the CG. The size of the effect ( $d$  of Cohen) was low in the TEI ( $d =$   
 244 .39). Thereupon, the analysis of covariance (ANCOVA) of the dependent variables in this study  
 245 during the posttest stage was subsequently carried out. In order to assess the magnitude of these  
 246 differences, the effect size for each variable was calculated by  $d$  of Cohen (see Table 4).

247 3.2.1. Effects on the subjective well-being

248 The results gave evidence of significant improvements on HRQL in favour of the EG (see Table  
249 4). The size of the effect ( $d$  of Cohen) was small ( $d = .31$ )

250 The results from the analyses confirmed a significant increase in PA scores and a significant  
251 decrease in NA scores, in favour of EG (see Table 4). The size of the effect ( $d$  of Cohen) was moderate  
252 in PA ( $d = .57$ ) and in NA ( $d = .48$ ).

253 3.2.2. Effects on trait emotional intelligence

254 Concerning the TEI variable, results revealed significant improvements on TEI in favour of the  
255 EG, with a large size ( $d = .86$ ) of the effect ( $d$  of Cohen) (see Table 4).

256 3.2.3. Effects on social anxiety

257 Lastly, as far as the variable SAS-T is concerned, the analysed results did not reveal significant  
258 differences between the EG and the CG. However, the SAS-T variable is close to the statistical  
259 significance ( $p = .062$ ) (see Table 4).

260 **4. Discussion**

261 The main aim of this study has been to assess the impact of a physical-sport intervention  
262 programme within the framework of QPE, and materialised through the SE, with Compulsory  
263 Secondary Education students, on the variables of subjective well-being, trait emotional intelligence  
264 and social anxiety.

265 The results obtained in this study revealed that this programme based on SE triggered significant  
266 improvements on the SWB for the EG. Likewise, as far as the quality of life in relation to health (CWB)  
267 is concerned, the EG confirmed a significant improvement with regards to the CG. That is to say, an  
268 improvement on how the students carry out a cognitive evaluation of their lives [12]. These results  
269 contradict those given by other authors [61], which, by means of SE-based experience with  
270 adolescents, do not confirm significant benefits for life satisfaction. However, the results do  
271 emphasise the importance of further research in this field. On the other hand, the findings corroborate  
272 a significant increase in the PA and a significant decrease in the NA, thus improving the AWB.  
273 Namely, an increase in positive emotions and a decrease in negative emotions [11]. These results  
274 verify Hypothesis 1.

275 An explanation for these finding may well be due to the existence of positive connexions  
276 between quality of life and a healthy living through an active participation in physical-sport activities  
277 [40,29]. Another possible explanation would be the improvements achieved with the SE on the  
278 positive emotions, such as enthusiasm in adolescents, in accordance to the findings found in other  
279 studies [61]. In that sense, previous studies establish a connexion between physical activity and  
280 subjective well-being [76]. In the same manner, these findings agree with the research that argues  
281 that active, inclusive and effective teaching and learning processes, applied within the framework of  
282 QPE, can foster a motivating school climate in affective and psychological terms which favours  
283 quality of life, and for that matter, positive affectivity [77,29]. Pedagogical and methodological  
284 aspects that the intervention programme highlights, such as cooperative learning, a feeling of  
285 membership to a team, positive interdependence and the self-management or autonomy (use of

**Table 4.** Arithmetic average (AA), analysis of variance (ANOVA), analysis of co-variance (ANCOVA) and size of the effect (*d* of Cohen) of the variables in the study with regards to the EG and CG, both at the pre-test and post-test stage.

	PRETEST					POSTTEST				
	EXPERIMENTAL		CONTROL			EXPERIMENTAL		CONTROL		
	<i>Mean (SD)</i>	<i>Mean (SD)</i>	<i>F</i>	<i>p</i>	<i>d</i>	<i>Mean (SD)</i>	<i>Mean (SD)</i>	<i>F</i>	<i>p</i>	<i>d</i>
<b>KIDSCREEN</b>										
HRQL	35.18 (5.84)	35.09 (6.01)	1.414	.697	.02	36.94 (6.14)	35.04 (5.99)	1.975	.018	.31
<b>PANASN</b>										
PA	21.43 (3.90)	20.02 (4.21)	3.293	.07	.35	21.95 (2.78)	20.33 (2.88)	5.438	.017	.57
NA	11.23 (3.54)	11.58 (3.58)	.251	.62	.10	9.96 (2.95)	11.62 (3.86)	7.044	.010	.48
<b>TEIQUE-ASF</b>										
TEI	4.82 (.60)	4.58 (.64)	4.368	.04	.39	5.02 (.63)	4.52 (.53)	16.394	.000	.86
<b>SAS</b>										
SAS-T	2.61 (.67)	2.64 (.68)	.040	.84	-.04	2.38 (.63)	2.58 (.62)	3.419	.062	.38

Note: HRQL = Health-Related Quality of Life; PA = positive affect; NA = negative affect; TEI = Trait Emotional Intelligence; SAS-T = Total Social Anxiety Scale.



287 responsibility roles) could have had an influence on these results as well. Furthermore, a motivating  
288 school context, enabled by the implementation of the SE [60], could also be strengthening affective  
289 bonding in adolescents [40].

290 With regards to the results on the TEI, significant improvements were observed in favour of the  
291 EG, thus verifying Hypothesis 2. The results converge with those given by other authors [60]. In that  
292 sense, the existing relations between the TEI and SWB [7,16], as well as between the TEI and physical  
293 and psychological health [15] could be triggering these improvements in adolescents. Confirming  
294 that a suitable TEI promotes positive emotional states and a reduction of negative moods, positively  
295 impacting on well-being and health [16].

296 Conversely, no significant improvements on social anxiety in students were proved. These  
297 findings do not confirm Hypothesis 3. In the same direction as the results obtained by different  
298 authors in variables of social relation [51,52]. Nevertheless, the results contradict the findings in other  
299 studies [57,58,55,53,54,59]. Further research into the effects of the SE would therefore be necessary,  
300 given the theoretical specificity of social anxiety and its incidence on social relations among  
301 adolescents. However, social anxiety can present two opposing consequences. It can have positive  
302 effects on some individuals in terms of social relations, whereas it can have negative effects on others,  
303 characterised by great anguish and social avoidance [78].

304 Despite these promising results, this study presents the following limitations. In the first place,  
305 the sampling procedure has been chosen for convenience reasons and not by random procedures.  
306 Nevertheless, allocating the students either on EG or CG has been done randomly on the grounds on  
307 the class group they belonged to at school. Secondly, widening the sample further has proved to be  
308 necessary in order to minimise the biases on the results and to favour the generalization processes  
309 with regards to the results in other sociocultural contexts. Thirdly, the answers that the students  
310 provided turned out to be self-reports that may well have been influenced by their own worries of  
311 social acceptance which all adolescents share. It would be necessary to make use of high-performance  
312 tests or evaluation hetero-reports that minimise that potential bias. Likewise, the differences in the  
313 TEI pretest scores between the EG and the CG could also have had an impact on our results. Lastly,  
314 it is necessary to highlight the difficulties encountered when following all the recommendations for  
315 the implementation of the SE [47].

316 With reference to future lines of investigation, several aspects can be suggested: on the one hand,  
317 to widen the number of participants, as well as to diversify their sociocultural background. On the  
318 other hand, to analyse the impact of the programme on other variables such as academic performance  
319 and social and school adjustment. In the same way, it would be interesting to carry out a follow-up  
320 evaluation, so as to assess the sustainability of the effects of the programme.

321 For all these reasons, this study presents innovative contributions both at a theoretical and  
322 practical level. At a theoretical level, the contribution is related to the lack of physical activity in  
323 individuals, which can have a harmful effect on health and is currently one of the most important  
324 public health concerns [79]. In this respect, the UNESCO [29] emphasises the importance of fostering  
325 and promoting active behaviours [34] in all the contexts, especially at schools. Consequently, it is to  
326 be noted that there is a positive connexion between health and physical activity: sedentarism is  
327 currently one of the highest risks of mortality, thus causing a great concern for the prevalence of  
328 sedentarism and socio-educative patterns of inactivity, especially within school contexts. At a  
329 practical level, the findings revealed in this study may help the teaching staff in their tasks at school,  
330 as it provides them with a tool which can be used in their teaching practice. In addition, it opens up  
331 interesting fields of research for the future in terms of the application of the SE, mainly as far as its  
332 impact on psychological variables is concerned.

## 333 5. Conclusions

334 In conclusion, the findings in this study confirm that the programme has been successfully and  
335 effectively implemented for the improvement of the SWB and the TEI, but not for that of social  
336 anxiety in adolescents. In consequence, the implementation of these programmes within the  
337 framework of QPE and the approach of SEL is advisable, due to its potential psychological benefits

338 in adolescents in a school context. It is very likely that the commitment to sports and other options of  
339 physical-sport activities, within the framework of QPE and efficiently applied by means of relevant  
340 pedagogical models like SE, play an important role in the students' integral development [80,81].

341 **Author Contributions:** P.L., J.G. and J.C. conceived and designed the experiments; P.L., J.G. and J.C.  
342 performed the experiments; P.L., J.G. and J.C. analysed the data; P.L., J.G. and J.C. contributed  
343 reagents/materials/analysis tools; P.L., J.G. and J.C. wrote the paper.

344 **Conflicts of Interest:** The authors declare no conflict of interest.

## 345 References

- 346 1. World Health Organization. Estrategia Mundial sobre Régimen Alimentario, Actividad  
347 Física y Salud (resolución mediante la que se aprobó: WHA57.17). Available online:  
348 [https://www.who.int/dietphysicalactivity/strategy/eb11344/strategy\\_spanish\\_web.pdf](https://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_spanish_web.pdf)  
349 (accessed on 5 October 2018).
- 350 2. World Health Organization. Documentos básicos (2014). Constitución de la Organización  
351 mundial de la salud. Available online: [http://apps.who.int/gb/bd/PDF/bd48/basic-](http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-sp.pdf?ua=1#page=7)  
352 [documents-48th-edition-sp.pdf?ua=1#page=7](http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-sp.pdf?ua=1#page=7) (accessed on 6 October 2018).
- 353 3. World Health Organization. Carta de Ottawa para la promoción de la Salud. Available  
354 online: [https://www.paho.org/hq/dmdocuments/2013/Carta-de-ottawa-para-la-](https://www.paho.org/hq/dmdocuments/2013/Carta-de-ottawa-para-la-apromocion-de-la-salud-1986-SP.pdf)  
355 [apromocion-de-la-salud-1986-SP.pdf](https://www.paho.org/hq/dmdocuments/2013/Carta-de-ottawa-para-la-apromocion-de-la-salud-1986-SP.pdf) (accessed on 8 October 2018).
- 356 4. Fredrickson, B.L. *Positivity*; Crown: New York, NY, USA, 2009; ISBN 978-0307393746.
- 357 5. Buss, D.M. The evolution of happiness. *Am. Psychol.* **2000**, *55*, DOI: 10.1037/0003-  
358 066X.55.1.15.
- 359 6. Lyubomirsky, S.; Lepper, H.S. A measure of subjective happiness: Preliminary reliability  
360 and construct validation. *Soc. Indic. Res.* **1999**, *46*, 137-155, DOI: 10.1023/A:1006824100041.
- 361 7. Sánchez-Álvarez, N.; Extremera, N.; Fernández-Berrocal, P. The relation between emotional  
362 intelligence and subjective well-being: A meta-analytic investigation. *J. Posit. Psychol.* **2015**,  
363 *11*, 276-285, DOI: 10.1080/17439760.2015.1058968.
- 364 8. Diener, E. Subjective Well-Being. *Psychol. Bull.* **1984**, *95*, 542-575, DOI: 10.1037/0033-  
365 2909.95.3.542.
- 366 9. Diener, E. El bienestar subjetivo. *Interv. Psicosoc.* **1994**, *3*, 67-113.
- 367 10. Diener, E.; Emmons, R.; Larsen, R.; Griffin, S. The Satisfaction with Life Scale. *J. Pers. Assess.*  
368 **1985**, *49*, 71-75, DOI: 10.1207/s15327752jpa4901\_13.
- 369 11. Diener, E.; Suh, E.M.; Lucas, R.E.; Smith, H.L. Subjective well-being: Three decades of  
370 progress. *Psychol. Bull.* **1999**, *125*, 276-302, DOI: 10.1037/0033-2909.125.2.276.
- 371 12. Pavot, W.; Diener, E. The satisfaction with life scale and the emerging construct of life  
372 satisfaction. *J. Posit. Psychol.* **2008**, *3*, 137-152, DOI: 10.1080/17439760701756946.
- 373 13. Gable, S.L.; Haidt, J. What (and why) is positive psychology? *Rev. Gen. Psychol.* **2005**, *9*, 103-  
374 110, DOI: 10.1037/1089-2680.9.2.103.
- 375 14. Seligman, M.E.P.; Csikszentmihalyi, M. Positive psychology: An introduction. *Am. Psychol.*  
376 **2000**, *55*, 5-14, DOI: 10.1037/0003-066X.55.1.5.
- 377 15. Martins, A.; Ramalho, N.; Morin, E. A comprehensive meta-analysis of the relationship  
378 between emotional intelligence and health. *Pers. Individ. Dif.* **2010**, *49*, 554-564, DOI:  
379 10.1016/j.paid.2010.05.029.
- 380 16. Zeidner, M.; Matthews, G.; Roberts, R. The emotional intelligence, health, and well-being  
381 nexus: What have we learned and what have we missed? *Appl. Psychol. Health Well-Being*  
382 **2012**, *4*, 1-30, DOI: 10.1111/j.1758-0854.2011.01062.x.
- 383 17. Brasseur, S.; Grégoire, J.; Bourdu, R.; Mikolajczak, M. The profile of emotional competence  
384 (PEC): Development and validation of a self-reported measure that fits dimensions of  
385 emotional competence theory. *PLoS One* **2013**, *8*, DOI: 10.1371/journal.pone.0062635.

- 386  
387  
388  
389  
390  
391  
392  
393  
394  
395  
396  
397  
398  
399  
400  
401  
402  
403  
404  
405  
406  
407  
408  
409  
410  
411  
412  
413  
414  
415  
416  
417  
418  
419  
420  
421  
422  
423  
424  
425  
426  
427  
428  
429  
430  
431  
432  
433  
434  
435  
436
18. Wersebe, H.; Lieb, R.; Meyer, A.H.; Miche, M.; Mikoteit, T.; Imboden, C.; Hoyer, J.; Bader, K.; Hatzinger, M.; Gloster, A.T. Well-being in major depression and social phobia with and without comorbidity. *Int. J. Clin. Health Psychol.* **2018**, *18*, 201-208, DOI: 10.1016/j.ijchp.2018.06.004.
  19. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed.; American Psychiatric Publishing: Arlington, VA, USA, 2013.
  20. Beidel, D.C.; Turner, S.M.; Young, B.J.; Ammerman, R.T.; Sallee, F.R.; Crosby, L. Psychopathology of Adolescent Social Phobia. *J. Psychopathol. Behav. Assess.* **2007**, *29*, 46–53, DOI: 10.1007/s10862-006-9021-1.
  21. Inglés, C.J.; Delgado, B.; García-Fernández, J.M.; Ruiz-Esteban, C.; Díaz-Herrero, A. Sociometric Types and Social Interaction Styles in a Sample of Spanish Adolescents. *Span. J. Psychol.* **2010**, *13*, 730–740, DOI: 10.1017/S1138741600002390.
  22. Landoll, R.R.; La Greca, A.M.; Lai, B.S.; Chan, S.F.; Herge, W.M. Cyber victimization by peers: Prospective associations with adolescent social anxiety and depressive symptoms. *J. Adolesc.* **2015**, *42*, 77–86, DOI: 10.1016/j.adolescence.2015.04.002.
  23. Cejudo, J.; Rodrigo-Ruiz, D.; López-Delgado, M.L.; Losada, L. Emotional intelligence and its relationship with levels of social anxiety and stress in adolescents. *Int. J. Environ. Res. Public Health* **2018**, *15*, 1073, DOI: 0.3390/ijerph15061073.
  24. World Health Organization. *Social determinants of mental health*; WHO Press: Geneva, SW, 2014; ISBN 978-92-4-150680-9.
  25. Domitrovich, C.E.; Durlak, J.A.; Staley, K.C.; Weissberg, R.P. Social-emotional competence: An essential factor for promoting positive adjustment and reducing risk in school children. *Child dev.* **2017**, *88*, 408-416, DOI: 10.1111/cdve.12739.
  26. Kimber, B.; Sandell, R.; Bremberg, S. Social and emotional training in Swedish schools for the promotion of mental health: an effectiveness study of 5 years of intervention. *Health Educ. Res.* **2008**, *23*, 931-940. DOI: 10.1093/her/cyn040.
  27. Ecclestone, K. From emotional and psychological well-being to character education: challenging policy discourses of behavioural science and ‘vulnerability’. *Research Papers in Education*, **2012**, *27*, 463-480, DOI: 10.1080/02671522.2012.690241.
  28. Baker, J.A.; Dilly, L.J.; Aupperlee, J.L.; Patil, S.A. The developmental context of school satisfaction: Schools as psychologically healthy environments. *Sch. Psychol. Q.* **2003**, *18*, DOI: 10.1521/scpq.18.2.206.21861.
  29. UNESCO. Educación Física de Calidad (EFC). Guía para los responsables políticos. Available online: <http://unesdoc.unesco.org/images/0023/002313/231340s.pdf>. (accessed on 4 October 2018).
  30. Association for Physical Education: Health Position Paper (2015). Available online: [http://www.afpe.org.uk/physical-education/wp-content/uploads/afPE\\_Health\\_Position\\_Paper\\_Web\\_Version2015.pdf](http://www.afpe.org.uk/physical-education/wp-content/uploads/afPE_Health_Position_Paper_Web_Version2015.pdf) (accessed on 4 October 2018).
  31. De Corby, K.; Halas, J.; Dixon, S.; Wintrup, L.; Janzen, H. Classroom teachers and the challenges of delivering quality physical education. *J. Educ. Res.* **2005**, *98*, 208-220, DOI: 10.3200/JOER.98.4.208-221.
  32. Le Masurier, G.; Corbin, B. Top 10 reasons for quality physical education. *Am.J. Health Educ.* **2006**, *77*, DOI: 10.1080/07303084.2006.10597894.
  33. Keegan, R.J.; Keegan, S.L.; Daley, S.; Ordway, C.; Edwards, A. *Getting Australia moving: establishing a physically literate and active nation (game plan)*; University of Canberra: Canberra, Australia, 2013; ISBN 978-1740883719.
  34. Whitehead, M. *Physical Literacy throughout the Lifecourse*; Routledge: London, UK, 2010; ISBN 978-0415487436.
  35. Whitehead, M. The Concept of Physical Literacy. *European Journal of Physical Education* **2001**, *6*, 127-138, DOI: 10.1080/1740898010060205.

- 437 36. Hallal, P.C.; Andersen, L.B.; Bull, F.C.; Guthold, R.; Haskell, W.; Ekelund, U. Lancet Physical  
438 Activity Series Working Group. Global physical activity levels: surveillance progress, pitfalls  
439 and prospects. *Lancet* **2012**, *380*, 247-57, DOI: 10.1016/S0140-6736(12)60646-1.
- 440 37. World Health Organization. Recomendaciones mundiales sobre actividad física para la  
441 salud. Available online:  
442 [http://apps.who.int/iris/bitstream/handle/10665/44441/9789243599977\\_spa.pdf;jsessionid=D](http://apps.who.int/iris/bitstream/handle/10665/44441/9789243599977_spa.pdf;jsessionid=D0530DDFA8910637132BC6D75745E29C?sequence=1)  
443 [0530DDFA8910637132BC6D75745E29C?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/44441/9789243599977_spa.pdf;jsessionid=D0530DDFA8910637132BC6D75745E29C?sequence=1) (accessed on 5 October 2018).
- 444 38. National Association for Sport and Physical Education (NASPE) y American Heart  
445 Association (AHA), 2012. Shape of the Nation Report: Status of Physical Education in the  
446 USA. Available online: [http://www.shapeamerica.org/advocacy/son/2012/upload/2012-](http://www.shapeamerica.org/advocacy/son/2012/upload/2012-Shape-of-Nation-full-report-web.pdf)  
447 [Shape-of-Nation-full-report-web.pdf](http://www.shapeamerica.org/advocacy/son/2012/upload/2012-Shape-of-Nation-full-report-web.pdf) (accessed on 4 October 2018).
- 448 39. Armour, K.; Sandford, R.; Duncombe R. Positive youth development and physical  
449 activity/sport interventions: mechanisms leading to sustained impact. *Phys. Educ. Sport*  
450 *Pedagogy* **2013**, *18*, 256-281, DOI: 10.1080/17408989.2012.666791.
- 451 40. Bailey, R.; Armour, K.; Kirk, D.; Jess, M.; Pickup, I.; Sandford, R. The educational benefits  
452 claimed for physical education and school sport: an academic review. *Res. Pap. Educ.* **2009**,  
453 *24*, 1-27, DOI: 10.1080/02671520701809817.
- 454 41. Knowles, A.; Wallhead, T.L.; Readdy, T. Exploring the Synergy Between Sport Education  
455 and In-School Sport Participation. *J. Teach. Phys. Educ.* **2018**, *37*, 113-122, DOI:  
456 10.1123/jtpe.2017-0123.
- 457 42. Spittle, M.; Byrne, K. The influence of Sport Education on student motivation in physical  
458 education. *Phys. Educ. Sport Pedagogy* **2009**, *14*, 253-266, DOI: 10.1080/17408980801995239.
- 459 43. Decorby, K.; Halas, J.; Dixon, S.; Wintrup, L.; Janzen, H. Classroom Teachers and the  
460 Challenges of Delivering Quality Physical Education. *J. Educ. Res.* **2005**, *98*, 208-221, DOI:  
461 10.3200/JOER.98.4.208-221.
- 462 44. Metzler, M.W. *Instructional models for physical education*; Allyn and Bacon: Boston, MA, USA,  
463 2000; ISBN 978-1934432136.
- 464 45. Siedentop, D. *Sport education: Quality PE through positive sport experiences*; Human Kinetics:  
465 Champaign, IL, USA, 1994; ISBN 978-0873224352.
- 466 46. Siedentop, D.; Hastie P.A.; Van der Mars, H. *Complete guide to sport education*, 2<sup>a</sup> ed.; Human  
467 Kinetics: Champaign, IL, USA, 2011; ISBN 978-0736098380.
- 468 47. Hastie, P.A.; Casey, A. Fidelity in Models-Based Practice Research in Sport Pedagogy: A  
469 Guide for Future Investigations. *J. Teach. Phys. Educ.* **2014**, *33*, 422-431, DOI:  
470 10.1123/jtpe.2013-0141.
- 471 48. Hastie, P.; Sluder, J.B.; Buchanan, A.M.; Wadsworth, D.D. The Impact of an Obstacle Course  
472 Sport Education Season on Students' Aerobic Fitness Levels. *Res. Q. Exerc. Sport* **2009**, *80*,  
473 788-791, DOI: 10.1080/02701367.2009.10599620.
- 474 49. Pill, S. A teachers' perceptions of the Sport Education model as an alternative for upper  
475 primary school physical education. *ACHPER Australia Healthy Lifestyles Journal* **2008**, *55*, 23-  
476 29.
- 477 50. Walh-Alexander, Z.; Chomentowski, P. Impact of a university physical conditioning sport  
478 education season on students' fitness levels. *Health Educ. J.* **2018**, *77*, 828-836, DOI:  
479 10.1177/0017896918776340.
- 480 51. Méndez-Giménez, A.; Fernández-Río, J.; Méndez-Alonso, D. Sport Education model versus  
481 Traditional model: effects on motivation and sportsmanship. *Rev. Int. Med. Cienc. Ac.* **2015**,  
482 *15*, 449-466, DOI: 10.15366/rimcafd2015.59.004.
- 483 52. Cuevas, R.; García L.M.; Contreras, O. Influencia del modelo de Educación Deportiva en las  
484 necesidades psicológicas básicas. *Cuadernos de Psicología del Deporte* **2015**, *15*, 155-162.
- 485 53. Perlman, D. Change in Affect and Needs Satisfaction for Amotivated Students within the  
486 Sport Education Model. *J. Teach. Phys. Educ.* **2010**, *29*, 433-445, DOI: 10.1123/jtpe.29.4.433.

- 487  
488  
489  
490  
491  
492  
493  
494  
495  
496  
497  
498  
499  
500  
501  
502  
503  
504  
505  
506  
507  
508  
509  
510  
511  
512  
513  
514  
515  
516  
517  
518  
519  
520  
521  
522  
523  
524  
525  
526  
527  
528  
529  
530  
531  
532  
533  
534  
535  
536  
537  
538  
539
54. Perlman, D. Examination of Self-Determination within the Sport Education Model. *Asia-Pacific Journal of Health, Sport & Physical Education* **2011**, *2*, 79-92, DOI: 10.1080/18377122.2011.9730345.
  55. Menéndez-Santurio, J.I.; Fernández-Río, J. Violencia, responsabilidad, amistad y necesidades psicológicas básicas: efectos de un programa de Educación Deportiva y Responsabilidad Personal y Social. *Rev. de Psicodidáctica* **2016**, *21*, 245-260, DOI: 10.1387/RevPsicodidact.15269.
  56. Sinelnikov, O.A.; Hastie, P.A. A motivational analysis of a season of Sport Education. *Phys Educ Sport Pedagogy* **2010**, *15*, 55-69, DOI: 10.1080/17408980902729362.
  57. García López, L.M.; Gutiérrez, D.; González, S.; Valero, A. Cambios en la Empatía, la Asertividad y las Relaciones Sociales por la Aplicación del Modelo de Instrucción Educación Deportiva. *Rev. Psicología Deporte* **2012**, *21*, 321-330.
  58. Méndez-Giménez, A.; Martínez de Ojeda, D.; Valverde, J.J. Valoración del alumnado y profesorado del material convencional y auto-construido: estudio longitudinal de diseño cruzado en Educación Deportiva. *Retos Nuevas tendencias en Educación Física, Deporte y recreación* **2016**, *30*, 20-25.
  59. Wallhead, T.L.; Garn, A.C.; C. Vidoni, C. Effect of a Sport Education Program on Motivation for Physical Education and Leisure-Time Physical Activity. *Res. Q. Exerc. Sport* **2014**, *85*, 478-487, DOI: 10.1080/02701367.2014.961051.
  60. Méndez-Giménez, A.; Martínez de Ojeda, D.; Valverde-Pérez, J.J. Inteligencia emocional y mediadores motivacionales en una temporada de Educación Deportiva sobre mimo. *Ágora para la Educación Física y el Deporte* **2017**, *19*, 52-72, DOI: 10.24197/aefd.1.2017.52-72.
  61. Puente-Maxera, F.; Méndez-Giménez, A.; Martínez de Ojeda, D.; Liarte, J.P. El modelo de Educación Deportiva y la orientación. Efectos en la satisfacción con la vida, las inteligencias múltiples, las necesidades psicológicas básicas y las percepciones sobre el modelo de los adolescentes. *SPORT-TK Revista Euroamericana de Ciencias del Deporte* **2018**, *7*, 115-128.
  62. Hastie, P.; Martínez de Ojeda, D.; Calderón, A. A review of research on Sport Education: 2004 to the present. *Physical Education and Sport Pedagogy* **2011**, *16*, 103-132, DOI: 10.1080/17408989.2010.535202.
  63. Detmar, S.B.; Bruil, J.; Ravens-Sieberer, U., Gosch, A.; Bisegger, C. The use of focus groups in the development of the KIDSCREEN HRQL questionnaire. *Qual. Life Res.* **2006**, *15*, 1345-1353, DOI: 10.1007/s11136-006-0022-z.
  64. Watson, D.; Clark, L.A.; Tellegen, A. Development and validation of brief measures of positive and negative affect: The PANAS scales. *J. Pers. Soc. Psychol.* **1998**, *54*, 1063-1070, DOI: 10.1037/0022-3514.54.6.1063.
  65. Sandin, B. Escalas PANAS de afecto positivo y negativo para niños y adolescentes (PANASN). *Revista de Psicopatología y Psicología Clínica* **2003**, *8*, 173-182, DOI: 10.5944/rppc.vol.8.num.2.2003.3953.
  66. Petrides, K.V.; Sangareau, Y.; Furnham, A.; Frederickson, N. Trait Emotional Intelligence and Children's Peer Relations at School. *Soc. Dev.* **2006**, *15*, 537-547, DOI: 10.1111/j.1467-9507.2006.00355.x.
  67. Ferrando, M.; Prieto, M.D.; Almeida, L.S.; Ferrándiz, C.; Bermejo, R.; López-Pina, J.A.; Hernández, D.; Sáinz, M.; Fernández, M.C. Trait Emotional Intelligence and Academic Performance: Controlling for the Effects of IQ, Personality, and Self-Concept. *J. Psychoeduc. Assess.* **2011**, *29*, 150-159, DOI: 10.1177/0734282910374707.
  68. Petrides, K.V.; Furnham, A. Trait emotional intelligence: Psychometric investigation with reference to established trait taxonomies. *Eur. J. Personal.* **2001**, *15*, 425-448, DOI: 10.1002/per.416.
  69. La Greca, A.M.; López, N. Social anxiety among adolescents: linkages with peer relations and friendships. *J. Abnorm. Child Psychol.* **1988**, *26*, 83-94, DOI: 10.1023/A:1022684520514.
  70. Olivares, J.; Ruiz, J.; Hidalgo, M.D.; García-López, L.J.; Rosa, A.I.; Piqueras, J.A. Social Anxiety Scale for Adolescents (SAS-A): Psychometric properties in a Spanish-speaking population. *I. J. Clin. Health Psychol.* **2005**, *5*, 85-97.

- 540 71. Méndez-Giménez, A. Una iniciación deportiva de calidad con materiales autoconstruidos.  
541 El ejemplo del ringo en el marco de un modelo comprensivo estructural. *Tandem. Didáctica*  
542 *de la Educación Física* **2005**, *18*, 61-69.
- 543 72. Méndez-Giménez, A. *Modelos actuales de iniciación deportiva: unidades didácticas sobre juegos y*  
544 *deportes de cancha dividida*; Wanceulen: Sevilla, España, 2011; ISBN 978-84-9823-827-3.
- 545 73. Delgado-Noguera, M.A. Los estilos de enseñanza de la Educación Física y el Deporte a través  
546 de 40 años de vida profesional. *RETOS. Nuevas Tendencias en Educación Física, Deporte y*  
547 *Recreación* **2015**, *28*, 20-27.
- 548 74. García López, L.M.; Gutiérrez, D. The effects of a sport education season on empathy and  
549 assertiveness. *Phys. Educ. Sport Pedagogy* **2013**, *20*, 1-16, DOI: 10.1080/17408989.2013.780592.
- 550 75. Cohen, J. *Statistical power analysis for the behavioral sciences*, 2<sup>a</sup>ed.; Psychology Press: New  
551 York, NY, USA, 1998; ISBN 978-0805802832.
- 552 76. Biddle, S.J.H.; Fox, K.R.; Boutcher, H. *Physical activity and psychological wellbeing*; Routledge:  
553 London, UK, 2000; ISBN 978-0415234818.
- 554 77. Standage, M.; Gillison, F. Students' motivational responses toward school physical  
555 education and their relationship to general self-esteem and health-related quality of life.  
556 *Psychol. Sport Exerc.* **2007**, *8*, 704-721, DOI: 10.1016/j.psychsport.2006.12.004.
- 557 78. La Greca, A.M.; Stone, W.L. Social anxiety scale for children-revised: Factor structure and  
558 concurrent validity. *Journal of Clinical Child Psychology*, **1993**, *22*, 17-27, DOI:  
559 10.1207/s15374424jccp2201\_2.
- 560 79. Haskell, W.L.; Blair, S.N.; Hill, J.O. Physical activity: Health outcomes and importance for  
561 public health policy. *Prev. Med.* **2009**, *49*, 280-282, DOI: 10.1016/j.ypmed.2009.05.002.
- 562 80. Eley, D.; Kir, D. Developing Citizenship through Sport: The Impact of a Sport-Based  
563 Volunteer Programme on Young Sport Leaders. *Sport Educ. Soc.* **2002**, *7*, 151-166, DOI:  
564 10.1080/1357332022000018841.
- 565 81. Russell, I. M. *A national framework for youth action and engagement*; HMSO: London, UK, 2005.