Cross-Cultural Advancements in Positive Psychology 4
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Marié P. Wissing *Editor*

Well-Being Research in South Africa

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Well-Being Research in South Africa

Cross-Cultural Advancements in Positive Psychology

Volume 4

The aim of the *Cross Cultural Advancements in Positive Psychology* book series is to spread a universal and culture-fair perspective on good life promotion. The series will advance a deeper understanding of the cross-cultural differences in well-being conceptualization. A deeper understanding can affect psychological theories, interventions and social policies in various domains, from health to education, from work to leisure. Books in the series will investigate such issues as enhanced mobility of people across nations, ethnic conflicts and the challenges faced by traditional communities due to the pervasive spreading of modernization trends. New instruments and models will be proposed to identify the crucial components of well-being in the process of acculturation. This series will also explore dimensions and components of happiness that are currently overlooked because happiness research is grounded in the Western tradition, and these dimensions do not belong to the Western cultural frame of mind and values.

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Well-Being Research in South Africa

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Preface

Psychology has had a somewhat uneasy relationship with cross-cultural research. On the one hand, the more biologically and cognitively oriented scholars have little interest, understandably, in cross-cultural data. As their focus is on the workings of the brain, and the brain does not seem to vary from one continent to the next, comparative studies between different cultural or national boundaries are not very relevant. On the other hand, anthropological psychologists (and psychological anthropologists), who are more interested in the mind than in the brain, get fascinated not only by large differences between human groups but also by minute variations in the way people in different cultures think and behave. At both extremes, it is easy to miss the forest for the trees.

Positive Psychology, in the short dozen years of its existence, has been producing important and intriguing findings that avoid either extremes. It is clear to researchers in this field that basic emotions like joy, cheerfulness, happiness, elevation, and contentment are quite universal, regardless of culture, and that the conditions producing such emotions are also reasonably constant. At the same time, we also know that in different social and cultural contexts the conditions that affect positive emotions often vary drastically, thus moderating the quality of subjective experience that is readily available.

Currently there are two centers of research in Positive Psychology that have developed a special focus on cross-cultural research. The oldest one was started at the University of Milan by Professor Fausto Massimini. He and his students visited many different cultures, from Angola to Nicaragua, from the Navajo Nation to northern India, interviewing and surveying the local populations with a view of establishing the parameters of optimal experience. Nowadays the Milan group continues this work under the leadership of Dr. Antonella Delle Fave and, in a different unit of the University, of Dr. Paolo Inghilleri. (The Milan psychologists are unusual in that they all have medical degrees in addition to PhDs.)

The second center that has distinguished itself in doing cross-cultural studies of Positive Psychology is the one whose work is collected in the present volume. Marié Wissing, the animating force of this group, is one of the earliest and most

stalwart pioneers of this new approach to psychology. The research that she and her colleagues have assembled gives a fascinating glimpse into human groups that few psychologists have heard of, let alone studied. The composition of South African society, where different layers of African cultures coexist with different groups descendent from European colonial nations, provides what amounts to a unique natural laboratory for comparing an enormous range of cognitive and emotional adaptations to the challenges of existence. Saint Augustine might have been right in that one can see the entire universe in a grain of sand, or a drop of water, but how much more can we learn from a human group that covers such a huge gamut of languages, habits, values, and specialized adaptations!

The contributors to this volume have more than lived up to the opportunity given them by their location. Each chapter opens up a new vista to ways of experiencing life that most of us have never imagined. Some of the conditions described are difficult to envision by those who have only lived in "first-world" environments. Yet each chapter adds to our understanding of the wealth of potentialities hidden in the human condition. It is only to be hoped that this volume will inspire psychologists from all over the world to record the wisdom of passing cultures and the ways they have found to adapt to their environments. For a long time, this volume will serve as a trusted map to those who will take up that challenge.

Claremont California
September 2012

Mihaly Csikszentmihalyi

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Chapter 1
Introduction

Marié P. Wissing

Scholarly interest in positive psychology has grown explosively over the past several years (Hart & Sasso, 2011; Jarden, 2012a; Waterman, 2012; Wong, 2011; Yen, 2011), and has moved from describing the nature and dynamics of well-being to also exploring and evaluating the ways in which well-being can be achieved (e.g., Cohn & Fredrickson, 2010; Lyubomirsky, 2008; Mazzucchelli, Kane, & Rees, 2010; Proctor et al., 2011). Positive psychology has expanded from a focus on subjective well-being, satisfaction with life, and hedonic happiness, to a focus on meaning and other facets as understood from an eudaimonic well-being perspective, as well as currently also attention to the integration of hedonic and eudaimonic facets (Henderson & Knight, 2012). Positive psychology has also broaden its' scope to now include—apart from positive aspects of human functioning—negative experiences that are inherently part of being human (Park, 2011; Ryff, 2012; Uchida, 2011; Ungar, 2011; Wong, 2011). However, most of the research conducted in positive psychology and reported in mainstream journals was from a Western perspective, focused on individuals, assumed individualistic cultural orientation and value systems, and neglected contextual influences (Bermant, Talwar, & Rozin, 2011; Christopher & Hickinbottom, 2008; Marks, as cited in Jarden, 2012b; Slife & Richardson, 2008).

Although some studies indicated the important role of culture and cultural differences in the understanding and expression of well-being (e.g., Christopher, 1999; Diener & Suh, 2000; Iwasaki, 2008; Oishi, 2010), and some indicated differences between collectivist East Asian and individualistic Western expressions of well-being (e.g., Schimmack, Oishi, & Diener, 2002; Suh, Diener, Oishi, & Triandis, 1998; Uchida & Kitayama, 2009), very little is known about well-being in a more collectivistic African and multicultural South African context. Eastern and African

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collectivism cannot be assumed to be the same because the expression of well-being seems to be more 'sunny' in the African context, whereas Eastern expressions are more tempered (Wissing & Temane, 2008). Studies conducted in East Asia and Africa often have focused on the evaluation of Western concepts and theories of well-being within these specific contexts, and only recently have more developed indigenous concepts of what well-being entails, how it is expressed, and how it can be enhanced have come into focus. Therefore, this volume on well-being research in South Africa will focus on mainstream positive psychology research as conducted in South Africa, but will also specifically show what this means in an African context, and will highlight the contributions made from an African and a multicultural context to a deeper understanding of positive psychology within this cultural context.

The unreflective exportation of Western notions of well-being to all contexts disregards and undermines other cultural traditions and meaning-making systems, as already indicated several years ago by researchers such as Gergen, Gulerce, Lock, and Misra (1996). The latter authors argued strongly for a multicultural psychology that takes into account the rich multiplicity of indigenous conceptualizations along with the use of a variety of methods. This also applies to knowledge generation and application in positive psychology. The multicultural South African context provides, in this regard, many opportunities and challenges. Taking language as an indicator of culture, it can be said that a richness of cultures coexist within South Africa. South Africa has 11 official languages, as the following percentages of language groupings in the 2001 census data indicate: Zulu = 23.8 %; Xhosa = 17.6 %; Afrikaans = 13.3 %; Northern Sotho = 9.4 %; Tswana = 8.2, English = 8.2; Sotho = 7.9 %; Tsonga = 4.4 %; Swati = 2.7 %; Venda = 2.3 %; Ndebele = 1.6 %; other languages = 0.5 %. This multilingual, multicultural context poses a wonderful opportunity to explore the meaning and manifestations of well-being in a great variety of cultural contexts (which share many other potentially confounding socioeconomic and environmental variables) in order to understand similarities and differences, but also the opportunity to explore what well-being means in a multicultural context (which is different from comparing understandings and manifestations across specific cultures). Of course, language is not the sole criteria for culture, which can also be conceptualized in terms of patterns of associations over time and place, shared experiences and values, religious practices, residential habits, and broader socioeconomic and global dynamics.

The role of culture in mental illness and pathology has long been explored in an African and South African context (e.g., Aina & Morakinyo, 2011; Ngubane, 1977; Swartz, 1998), but studies on well-being and optimal functioning had been lacking, as had been the case elsewhere. Initial research on both well-being and quality of life in South Africa developed at the same time, with little integration. Spearheading research on quality of life was conducted by Møller and colleagues (e.g., Møller, 1997a, 1997b, 1998; Møller & Schlemmer, 1989; Schlemmer & Møller, 1997), who focused strongly on sociodemographic and contextual variables. Early work in South Africa that specifically focused on psychosocial well-being and optimal functioning started in the 1980s and 1990s, and linked to the views of Rogers on optimal

functioning, Antonovsky's conceptualization of sense of coherence, and various other perspectives on personality functioning, such as those of Fromm, Jahoda, Allport, Maslow, and other approaches in humanistic psychology (e.g., Strümpfer, 1990, 1995, 2005; Strümpfer, Viviers, & Gouws, 1998; Strümpfer & Wissing, 1998; Wissing, 1986, 1998, 2000; Wissing & van Eeden, 1997a, 1997b, 2002). Initial empirical studies were conducted among others in the work domain (e.g., Cilliers & Wissing, 1993; Strümpfer & Mlonzi, 2001) and on the link between facets of neuropsychological functioning and optimal psychological health (e.g., Wissing & Guse, 1991; Wissing & Sander, 1993). The emerging scientific field was then named *Psychofortology* (i.e., the science of psychological strengths; *forté* = strength; Wissing & van Eeden, 1997a, 1997b), and was viewed as a new subdiscipline in psychology. The name *positive psychology* was not yet coined—that was done in Seligman's famous presidential speech at the APA in 1998, where he announced his vision for a research focus on what is well with people, rather than what is wrong with them. Further research in South Africa in psychofortology/positive psychology focused, to a great extent, on the clarification of the nature and patterns of psychological well-being, the validation of well-being measures, the prevalence of levels of well-being, and the enhancement of psychosocial well-being in a South African context, as well as on coping and resilience, optimal functioning in a work context, and diversity and culturally contextual factors, and finally, on well-being's dynamics and biological correlates. In more recent years, some integration between research on quality of life and psychosocial well-being have begun to develop (e.g., Higgs, 2007; Neff, 2007).

This volume reflects basic as well as applied well-being research in the multicultural South African context, as conducted in various contexts and with a variety of methods and foci. Theoretical, review, and empirical research contributions are made, reflecting positivist to constructivist approaches, and include quantitative, qualitative, and mixed-method approaches. Chapters report on well-being research conducted in the domains of education, work, health, and family, and in clinical, urban vs. rural, and unicultural vs. multicultural contexts. These studies span the well-being of adolescents, adults, and older people, and topics include resilience in individuals, families, and groups, as well as measurement issues and coping processes. Additional topics include the role of personal and contextual variables, and facets such as hope, spirituality, relational importance, self-regulation, and interventions.

Each chapter in this volume deals with a specific facet or overview and evaluation of findings from larger research programmes, and are, as such, exemplary of well-being research in the multicultural context of South Africa. The included studies are only examples, as many new projects are being developed, and many postgraduate students are currently conducting research on various facets of bio-psychosocial health in various domains of life and age cohorts. The development and implementation in South Africa of postgraduate courses in positive psychology and bio-psychosocial health contribute not only to advanced training and to a broader knowledge base in positive psychology, but specifically, to focused basic research in positive psychology and evaluation of applications in practice in order

to build an evidence-based basis for preventive and promotive interventions to enhancement of well-being, from the individual to groups and communities. In a concluding chapter, challenges, gaps, and paradoxes in well-being research in general, and specific in the South African context, will be highlighted, and challenges for further research will be suggested.

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References

Aina, O. F., & Morakinyo, O. (2011). Culture-bound syndromes and neglect of cultural factors in psychopathologies among Africans. *African Journal of Psychiatry, 14*, 278–285.

Bermant, G., Talwar, C., & Rozin, P. (2011). To celebrate positive psychology and extend its horizons. In K. M. Sheldon, T. B. Kashdan, & M. F. Steger (Eds.), *Designing positive psychology: Taking stock and moving forward* (pp. 430–438). New York: Oxford University Press.

Christopher, J. C. (1999). Situating psychological well-being: Exploring the cultural roots of its theory and research. *Journal of Counseling and Development, 77*, 141–152.

Christopher, J. C., & Hickinbottom, S. (2008). Positive psychology, ethnocentrism, and the disguised ideology of individualism. *Theory and Psychology, 18*, 563–589.

Cilliers, F. V. N., & Wissing, M. P. (1993). Sensitiewe relasievorming as bestuursdimensie: Die evaluering van 'n ontwikkelingsprogram [Sensitive relationship forming as a managerial dimension: The evaluation of a developmental programme]. *Tydskrif vir Bedryfsielkunde/ Journal of Industrial Psychology, 19*(1), 5–10.

Cohn, M. A., & Fredrickson, B. L. (2010). In search of durable positive psychology interventions: Predictors and consequences of long-term positive behavior change. *The Journal of Positive Psychology, 5*(5), 355–366.

Diener, E., & Suh, E. M. (2000). *Culture and subjective well-being*. Cambridge, MA/London: MIT Press.
Gergen, K. J., Gulerce, A., Lock, A., & Misra, G. (1996). Psychological science in cultural context. *American Psychologist, 51*(5), 496–503.
Hart, K. H., & Sasso, T. (2011). Mapping the contours of contemporary positive psychology. *Canadian Psychology, 52*, 82–92.
Henderson, L. W., & Knight, T. (2012). Integrating the hedonic and eudaimonic perspectives to more comprehensively understand wellbeing and pathways to wellbeing. *International Journal of Wellbeing, 2*(3), 196–221.
Higgs, N. T. (2007). Measuring and understanding the well-being of South Africans: Everyday quality of life in South Africa. *Social Indicators Research, 81*, 331–356.
Iwasaki, Y. (2008). Pathways to meaning-making through leisure-like pursuits in global contexts. *Journal of Leisure Research, 40*(2), 231–249.
Jarden, A. (2012a). Positive psychologists on positive psychology: Introduction. *International Journal of Wellbeing, 2*(2), 70–71. doi:10.5502/ijw.v2i2.1.
Jarden, A. (2012b). Positive psychologists on positive psychology: Nic Marks. *International Journal of Wellbeing, 2*(2), 110–115. doi:10.5502/ijw.v2i2.9.
Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. New York: Penguin Press.
Mazzucchelli, T. G., Kane, R. T., & Rees, C. S. (2010). Behavioral activation interventions for well-being: A meta-analysis. *The Journal of Positive Psychology, 5*(2), 105–121.
Møller, V. (1997a). *Quality of life in South Africa*. Dordrecht, The Netherlands: Kluwer.
Møller, V. (1997b). South Africa's emergent "social indicators movement". *Social Indicators Research, 41*(1–3), 1–14.
Møller, V. (1998). Quality of life in South Africa: Post-apartheid trends. *Social Indicators Research, 43*(1–2), 27–68.
Møller, V., & Schlemmer, L. (1989). South African quality of life: A research note. *Social Indicators Research, 21*(3), 279–291.
Neff, D. F. (2007). Subjective well-being, poverty and ethnicity in South Africa: Insights from an exploratory analysis. *Social Indicators Research, 80*, 313–341.
Ngubane, H. (1977). *Body and mind in Zulu medicine: An ethnography of health and disease in Nyaswa-Zulu thought and practice*. London: Academic Press.
Oishi, S. (2010). Culture and well-being: Conceptual and methodological issues. In E. Diener, J. F. Helliwell, & D. Kahneman (Eds.), *International differences in well-being* (pp. 34–69). New York: Oxford University Press.
Park, C. L. (2011). Meaning and growth within positive psychology: Toward a more complete understanding. In K. M. Sheldon, T. B. Kashdan, & M. F. Steger (Eds.), *Designing positive psychology: Taking stock and moving forward* (pp. 324–334). New York: Oxford University Press.
Proctor, C., Tsukayama, E., Wood, A. M., Maltby, J., Eades, J. F., & Linley, P. A. (2011). Strengths gym: The impact of a character strengths-based intervention on the life satisfaction and well-being of adolescents. *The Journal of Positive Psychology, 6*(5), 377–388.
Ryff, C. (2012, June). *A contradiction at the core of Positive Psychology: The essential role of the negative in adaptive human functioning*. Keynote address at the 6th European conference on Positive Psychology, Moscow, Russia.
Schimmack, U., Oishi, S., & Diener, E. (2002). Cultural influences on the relation between pleasant emotions and unpleasant emotions: Asian dialectic philosophies or individualism-collectivism? *Cognition and Emotion, 16*(6), 705–719.
Schlemmer, L., & Møller, V. (1997). The shape of South African society and its challenges. *Social Indicators Research, 41*(1–3), 15–50.
Slife, B. D., & Richardson, F. C. (2008). Problematic ontological underpinnings of positive psychology. *Theory and Psychology, 18*(5), 699–723.
Strümpfer, D. J. W. (1990). Salutogenesis: A new paradigm. *South African Journal of Psychology, 20*(4), 265–276.

Strümpfer, D. J. W. (1995). The origins of health and strength: From salutogenesis to fortigenesis. *South African Journal of Psychology, 25*(2), 81–89.
Strümpfer, D. J. W. (2005). Standing on the shoulders of giants: Notes on early positive psychology (Psychofortology). *South African Journal of Psychology, 35*(1), 21–45.
Strümpfer, D. J. W., & Mlonzi, E. N. (2001). Antonovsky's sense of coherence scale and job attitudes: Three studies. *South African Journal of Psychology, 31*(2), 30–37.
Strümpfer, D. J. W., Viviers, M. R., & Gouws, J. F. (1998). Antonovsky's sense of coherence scale related to negative and positive affectivity. *European Journal of Personality, 12*, 457–480.
Strümpfer, D. J. W., & Wissing, M. P. (1998, September). *Review of South African data on the sense of coherence scale as a measure of fortigenesis and salutogenesis*. Fourth Annual Congress of the Psychological Society of South Africa, Cape Town, South Africa.
Suh, E. M., Diener, E., Oishi, S., & Triandis, H. (1998). The shifting basis of life satisfaction judgments across cultures: Emotions versus norms. *Journal of Personality and Social Psychology, 74*(2), 482–493.
Swartz, L. (1998). *Culture and mental health: A southern African view*. Oxford, UK: Oxford University Press.
Uchida, Y. (2011). A holistic view of happiness: Belief in the negative side of happiness is more prevalent in Japan than in the United States. *Psychologia, 53*, 4.
Uchida, Y., & Kitayama, S. (2009). Happiness and unhappiness in East and West: Themes and variations. *Emotion, 9*(4), 441–456.
Ungar, M. (2011). The social ecology of resilience: Addressing contextualand cultural ambiguity of a nascent construct. *The American Journal of Orthopsychiatry, 81*(1), 1–17.
Waterman, A. (Ed.). (2012). *The best within us: Positive psychology perspectives on Eudaimonic functioning*. Washington, DC: American Psychological Association.
Wissing, M. P. (1986). *Psigologiese gesondheid en optimale funksionering* [Psychological well-being and optimal functioning]. Potchefstroom, Wesvalia.
Wissing, M. P. (1998, May). *Health psychology and psychological health: Explicating the (not so) obvious*. Second Dutch Conference on Psychology and Health, Kerkrade, The Netherlands.
Wissing, M. P. (2000, May). *Wellness: Construct clarification and a framework for future research and practices*. Keynote address: First South African National Wellness Conference, Port Elizabeth.
Wissing, M. P., & Guse, T. (1991). Functional hemispheric asymmetry and psychological differentiation. *South African Journal of Psychology, 21*(2), 103–111.
Wissing, M. P., & Sander, E. (1993). Functional hemispheric asymmetry and impaired vs. optimal psychological functioning: Evaluation of a model. *Suid-Afrikaanse Tydskrif vir Sielkunde/ South African Journal of Psychology, 23*(1), 24–31.
Wissing, M. P., & Temane, Q. M. (2008). The structure of psychological well-being in cultural context: Towards a hierarchical model of psychological health. *Journal of Psychology in Africa, 18*(1), 45–56.
Wissing, M. P., & van Eeden, C. (1997a, July). *Facing the challenge to explicate mental health salutogenically: Sense of coherence and psychological well-being*. In 55th Annual Convention of the International Council of Psychology, Graz, Austria.
Wissing, M. P., & van Eeden, C. (1997b, September). *Psychological well-being: A fortigenic conceptualization and empirical clarification*. In Third Annual Congress of the Psychological Society of South Africa, Durban, South Africa.
Wissing, M. P., & van Eeden, C. (2002). Empirical clarification of the nature of psychological well-being. *South African Journal of Psychology, 32*, 32–44.
Wong, P. T. P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology, 52*, 69–81.
Yen, J. (2011). Authorizing happiness: Rhetorical demarcation of science and society in historical narratives of positive psychology. *Journal of Theoretical and Philosophical Psychology, 30*, 67–78.

Chapter 2
Towards Fortigenesis and Fortology: An Informed Essay

Deodandus J.W. Strümpfer

When we try to pick out anything by itself, we find it hitched to everything else in the Universe

– John Muir (1911).

The purpose of this chapter is to present the diversity of the origins of strength, or *fortigenesis*. However, to do this in entirety poses a problem in that each facet of the whole is, in turn, large enough to warrant a chapter-length presentation. Therefore, only some of these facets will be presented herein, and then merely as snapshots.

The central theoretical constructs of fortigenesis will be presented first. *Salutogenesis* was Antonovsky's (1979) concept to describe the origins of health; it is characterized by good physical, psychological, and social health, although frequently the concern is with the first of the three. Fortigenesis is an expansion of salutogenesis; it is an attempt to more pointedly describe a condition of strength at multiple endpoints, more than just health alone. *Fortology* is the study of fortigenesis. A following section deals with *resiling* (the verb form of resilience); in the present view, fortigenesis is considered as being supported by resiling, as an active process. Resiling, in turn, may be strengthened by a range of characteristics and behaviors, for instance, agency, engagement, gratitude, hope, locus of control, maturity, mindfulness, optimism, self-esteem, sense of humor, spirituality, wisdom, and more, in addition to health-promoting activities. Among this diverse range of variables, only *sense of coherence*, *general psychosocial well-being*, *self-efficacy*, and *social support* will be considered in any detail. I chose self-efficacy and social support to represent the

Dedicated with deep gratitude to Rita Kellerman, who planted a seed in about 1982, which grew into fortigenesis, but also for nurturing me and my work into mature age. Thank you, Malan Heyns, Bok Marais, Pieter Strümpfer, and two reviewers, for comments on earlier drafts.

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individual and social sides of human functioning, respectively.[1] As girding the psychological variables, some *genetic* and *cultural* aspects will receive attention in an attempt to go somewhat beyond individual and social psychology.

In the end, I suggest virtually non-sequence, since theoretically I assume that one is dealing with a *system* (or *holos*) characterized by complexity and emergence. To present a complex web of interdependent variables in independent sections is contrary to systems thinking. Yet a unitary presentation, with all cross connections, is practically impossible in this linear medium. That is my testimony to poverty.

Central Constructs

Salutogenesis

Antonovsky's (e.g., 1979, 1987) work concerning the origins of health is an early link in the chain of greater attention to the positive in social sciences. Surprisingly, up to now he has been largely ignored by positive psychologists. He was an American-born and -educated Israeli sociologist of health at the Ben-Gurion University in Beer-Sheva, Israel. He died in 1994. He proposed studying the origins of health rather than of disease.

In 1979, Antonovsky presented extensive morbidity data which led him to comment that the question inevitably arises as to how—given the ubiquity and diversity of pathogens—"anyone ever stays alive" (p. 14). Yet later he writes, "most of us, most of the time, are not on our deathbeds, are not in hospital, and are more or less healthy". This quandary led him to the construct of salutogenesis (Latin *salus* = health + Greek *genesis* = origin). It describes a coping resource that is presumed to mitigate life stress by affecting the overall quality of one's cognitive and emotional appraisal of impacting stimuli. This, in turn, engenders, sustains, and enhances physical health too. He commented that the problem of salutogenesis has to be confronted; otherwise, the problems of pathogenesis are likely to turn into a Sisyphean task.

Fortigenesis

Arguing that Antonovsky struggled with a much more encompassing problem than the factors that affect physical health, I (Strümpfer, 1995) expanded the construct of salutogenesis to fortigenesis (Latin *fortis* = strong), concerning strength at more

[1] Lifespan development is only referred to. Five/Six-factor personality variables are denied the attention they deserve, but see Bogg and Roberts (2004), Friedman and Martin (2011), and Kern and Friedman (2011).

endpoints than merely just the endpoint of health.[2] In the fortigenic context, strength means being aware of a demand, a goal, and a direction in which to act. It also means having the inherent ability and energy to make the effort to do what is required. And then it requires motivation, determination, steadfastness, and endurance to continue acting, and even to recuperate when the potency falters.

Like its predecessor concept, salutogenesis, the notion of fortigenesis holds an element of dynamism. The word *genesis* derives from the Greek *gen-*, meaning "to be produced", which is the root of *gignomai*, meaning "to become". It thus refers to sources of strength that have been developed or are currently being developed where such were not before, or where some were only developed to a lesser extent. Hence, demands can be endured, resiled, and even harnessed towards personal growth and steeling, leading the individual to attain greater heights than before. It implies a continuum rather than a static condition.

Beyond health, fortigenesis is also likely to contribute to effectiveness with regard to work, family life, friendships, community involvement, spiritual expression, and economic and political functioning. Fortigenesis is thus more embracing than *saluto*genesis, especially when *salus* is used in its literal sense of freedom from physical disease. Speaking figuratively about health—as in contexts of work and organizations, communities and societies, or even nations—overburdens its meaning unnecessarily. The strength conception thus seems to be more descriptive of the Antonovskian paradigm.

Saleeby (1992) introduced the description of *strength perspective* into Social Work, which I borrowed (Strümpfer, 2006). A strengths perspective is not foreign to Antonovsky's way of thinking. Indeed, in 1991 he devoted a chapter to "the structural sources of salutogenic strengths". In 1995, I highlighted Antonovsky's own writings that indicated that he often used the word *strength* in a variety of contexts. To me, the most personal consideration appeared in the prologue to his 1979 book, where he wrote "I began groping toward the question that occurs to one when examining lives such as those of my parents: Whence the strength?" (p. 7).

In a seminal study, Antonovsky, Moaz, Dowty, and Wijsenbeek (1971) examined Israeli female survivors of Nazi concentration camps 25 years after the Holocaust, with respect to their physical, psychological, and social health status. Although these women were generally ailing more than were the controls, "a not-inconsiderable number" (p. 190) of them were found to be well-adapted. The authors' question was "What, we must ask, has given these women the *strength*, despite their experience, to maintain what would seem to be the capacity not only to function well but even to be happy, at least on some level" (p. 190–191, emphasis added).

Antonovsky (1987) presents many thoughts about the context of work. Along with others, he wrote about the developmental tasks of retirement (Antonovsky & Sagy, 1990; Antonovsky, Sagy, Adler, & Vissel, 1990). It seems self-evident that fortigenesis is likely to come to the fore in all signature life events: marriage,

[2]Emeritus Professor R.A. Whitaker, Department of Classics, University of Cape Town, suggested this term.

pregnancy, child birth, parenthood, divorce, and bereavement; also in employment, job loss, mid-career transition, retirement, and post-career living.

An emphasis on strengths is inherent in other constructs in the general paradigm; for instance, *personality hardiness* (Kobasa, 1982; Maddi, Khoshaba, Harvey, Fazel, & Resurreccion, 2011), Rosenbaum's (1990) *learned resourcefulness*, Ryan and Frederick's (1997) *vitality*, Schaufeli and Bakker's (2001) *engagement*, Shirom's (2006) *vigor*, and Wissing and Temane's (2008) *general psychological well-being*—all of which could be considered as fortigenic strengths.

Salutogenesis remains the favored term, probably since in the majority of studies (e.g., in the Scandinavian countries), physical or psychological health is the typical criterion (see e.g. Eriksson, 2007).[3]

Fortology

Wissing (1998) and Wissing and van Eeden (1997, 2002) suggested the need for a new subdiscipline in which "not only the origins of psychological well-being should/will be studied, but also the nature, manifestations, and consequently, ways to enhance psychological well-being and develop human capacities" (1997, p. 5). To this end, they expanded fortigenesis into *psychofortology* (or more generally fortology). Wissing (1998) pointed out a range of calls for more attention to resilience, strengths, and resources (or capacities) of people. However, she noted that research in this area was still fragmented and in need of integration. "The explication and differentiation of metatheoretical, theoretical, and empirical aspects are necessary" (p. 13). Furthermore, the designation of the domain of psychofortology could help to coordinate outputs and focus inputs. It may also help to enhance theory building that could be used as a background for the development of prevention, capacity building, and empowerment programs from a strength perspective at the individual, group, and community levels.

Continua

Antonovsky rejected the traditional dualistic view that a person can only be either ill or well. As an alternative, he introduced the more embracing construct of a bipolar continuum of *dis-ease—health-ease*, along which individuals can move forwards or backwards as their health waxes and wanes.[4]

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[3] A search on Google Scholar (8 June 2011) referred to "about 170" references to *fortigenesis* found. Apart from self-references, about 60 journal or PDF articles were found published in South Africa, 47 references to South African doctoral or masters theses, 20 references to journal articles and three dissertations from abroad.

[4] I surmise that Antonovsky probably wrote "health ease/dis-ease", this way around, under the influence of Hebrew writing from right to left; I prefer to reverse the direction, in view of the positive in the Greek-Roman tradition usually being represented on the right.

Thinking fortigenically, Antonovsky's continuum needs generalization to one of *weakness–strength*. From this generalized continuum, one could consider a variety of continua applicable to other endpoints: *hostility–love*, *neglect–care*, *ignorance* (or *nescience*)*–learn-ease*, and *fecklessness* (or *sloth*)*–work-well.* Such generalization opens vistas that remain hidden within the preoccupation with salus. At the *ease* end of the continuum, the concept of *coherence* remains viable and useful within all of these contexts, as does the concept of *breakdown* (Antonovsky, 1972) at the other end.

Positive Psychology

In their millennial article, Seligman and Csikszentmihalyi (2000) bemoaned the fact that "psychology became a victimology" (p. 6), and that "psychologists have scant knowledge of what makes life worth living" (p. 5). They intended that psychology should change focus so as to build positive qualities; namely, a science of human strength.

The Positive Psychology website carries the banner *Authentic Happiness*. Seligman's biography there notes that he involved himself in "training Positive Psychologists … whose practice will make the world a happier place" (2011). In early positive psychology, and still in much popular writing, there was/is an almost excessive emphasis on happiness. It suited a subculture around the ideal of happiness present in much of the Western world.

As time went on, Duckworth, Steen, and Seligman (2005, p. 630) described positive psychology as "the scientific study of positive experiences and positive individual traits, and the institutions that facilitate their development". Biswas-Diener (2011, p. 24) referred to it as "the study of human flourishing". In-depth presentations of the "science of happiness" noted that happiness is an unwieldy concept for scientific purposes. Instead, three domains are distinguished: the pleasant life (positive emotions), the engaged life (positive character), and the meaningful life (belonging to and serving in institutions that enable flourishing) (Duckworth et al., 2005; Seligman, Steen, Park, & Peterson, 2005).

With positive psychology now in its adolescence, there is currently debate among positive psychologists about the meaning of *positive*, the study of positive topics, and an integrated approach that maintains positive and negative in a balanced perspective (e.g., McNulty & Fincham, 2012). Wong (2011) elaborated on a distinction between a happiness orientation and a meaning orientation—eudaimonia. He pointed out the importance of a meaning orientation, not only in life in general—where development of character strengths and resilience may benefit from prior experience of overcoming negative conditions—but particularly for "the suffering masses" (p. 76). He accentuated shifting "the focus away from individual happiness and success to a meaning centered approach to making life better for all people" (p. 77). In his opinion, if the complexities of life are to be understood, the study of the paradoxical and interactive effects of positives and negatives is a more promising approach. This has indeed been an emerging trend.

Hart and Sasso (2011) quantified the accelerated interest in positive psychology from the year 1998, when Seligman inaugurated it, until to 2010, and illustrated its exponential growth. However, when they classified publications into five subdomains, the number of publications on resilience and synonymous concepts showed a sharper, and still rising, incline than the rest; they suggested tentatively that this category of research "may prove to be the Alpha dog" (p. 85).

Three avowed positive psychologists, Lyobomirsky, King, and Diener (2005, p. 844), pointed out that "an exclusively happy life is not only unrealistic—it is not necessarily the most desirable life", and that happiness will, at times, be most adaptive, but "other times may require a level of misery or at least discontent". These authors' presented evidence indicating that happy people are also successful and flourishing people. In part, this could be due to success leading to happiness. However, their review brought the opposite direction of causation to the fore: in cross-sectional, longitudinal, and experimental studies that they reviewed, there was repeated support for the conviction that positive affect *causes* success. The review showed that happy people, compared to their less happy peers, "are more likely to have fulfilling marriages and relationships, high incomes, superior work performance, community involvement, robust health, and a long life" (p. 846). They suggested that happy people can occasionally experience negative emotions and, when the situation is really serious, "withdraw, conserve resources, or otherwise avoid harm" (p. 844).

Biswas-Diener (2011) was outspoken in saying that positive psychology is an applied science. His first plea was for a shift in focus, from individual happiness to group level well-being, with interventions that target families, workplaces, and communities. As an example of work group interventions, he pointed to Appreciative Inquiry (e.g., Cooperrider & Sekerka, 2003). Secondly, he pleaded for a shift towards greater emphasis on understanding personal and situational contextual factors that could affect the effectiveness of interventions.

Despite criticism, positive psychology has made important and extensive contributions, as are clear from the contents of the *Journal of Positive Psychology*, the *Journal of Happiness Studies*, and publications in general psychology journals, as well as the successes of international and national conferences.

A special issue of the *American Psychologist* (2011, Vol. 66, Issue 1) on comprehensive soldier fitness presents what could probably be called positive psychology's most ambitious and most comprehensive venture. Seligman and Fowler (2011) commented on the unprecedented levels of post-traumatic stress disorder (PTSD), depression, suicide, and anxiety in the U.S. Army; they proposed the training of a resilient army. To this effect, a large team of positive psychologists are cooperating in the development and implementation of tests, fitness courses, and resilience training.[5]

Rand and Snyder (2003) expressed the opinion that positive psychology may eventually be integrated into psychology in general, as researchers habituate to its ideas; but then they foresaw "the more important possibility… that researchers will

[5]This issue elicited responses from five critics, on moral and other grounds, see: *American Psychologist*, 2011, *66* (7), 641–645. Seligman's rejoinder appeared on pp. 646–647.

routinely investigate their world from a positive along with a negative frame of reference" (p. 149). Of course, such a consideration applies equally to fortigenic thinking in the future.

Antonovsky a Positive Psychologist?

Antonovsky is sometimes wrongly thought of as a positive psychologist in view of his deep involvement with the positive end of his continuum. He was, however, also consistently and deeply heedful of the negative end; that is, of weakness, distress, and disease. As far back as a conference paper in 1968 (published in 1972), he introduced the concept of breakdown. In a medical context, he specified it as a state, or condition, which (1) is painful to the individual, and/or (2) functionally limits an individual in the exercise of faculties or performance of social roles, (3) is characterized by a kind and degree of acuteness-chronicity with a given degree of threat to life, and (4) is recognized by the medical institution of society as requiring care under its direction. He stated that: "I by no means advocate abandonment of the pathogenic orientation" (1979, p. 13). A counterbalancing emphasis on comfortless *stress* is equally characteristic of his writings. His contention was clear: stressors are omnipresent in human existence. He wrote, "My thesis … is that all of us throughout life, even in the most benign and sheltered of environments, are fairly continuously exposed to what we call stressors" (p. 77). In 1987 he wrote that central to the salutogenic view is a "fundamental philosophic view of the human organism as prototypically being in a dynamic state of heterostatic disequilibrium" (p. 130). His insistence on awareness of pathogenesis and negative aspects of life did not, however, imply joylessness, but merely a well-balanced perspective on sadness and happiness, and on both weakness and strength. With voices calling for an integrated perspective on the positive with the negative, a reassessment of Antonovsky's views could enrich the field of positive psychology.

Antonovsky (1987) developed the *Orientation to Life Questionnaire* (OLQ) and an indication of his commitment to keep both negative and positive constantly in mind is not often noted in the OLQ. The items are bipolar, with a negative and a positive end. It is scored in the positive direction but it could also be scored in the negative direction to obtain a Neg-SOC score, leaving practitioners to ask how much pathology is present here, or how little strength?

Sense of Coherence and Generalized Resistance Resources

My expansion of salutogenesis into fortigenesis did not change the rest of the Antonovskian model, namely his core construct of sense of coherence (SOC) and what he called *generalized resistance resources*. These, too, remain valid within the wider sphere.

Antonovsky's oft-quoted definition of SOC is as follows:

> The sense of coherence is a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement (1987, p. 19, italics deleted).

The three numbered components are labeled *comprehensibility*, *manageability*, and *meaningfulness*. Comprehensibility is enhanced during childhood and adolescence by consistency in life experiences, manageability through an appraisal that there are sufficient resources to deal with the environment, and meaningfulness through belonging and participation in decision making. SOC is not a particular coping style but rather an approach to choosing a coping strategy appropriate to a given stressor or combination of stressors. On the weakness–strength continuum, SOC explains moving away from the weakness end to the strengths end.

In the world of work, crucial variables for both preservation and continued development of SOC are: substantive complexity (including load balance rather than overload), which contributes to comprehensibility; job security, which contributes to predictability and manageability; and social relations within the work group. Among these, participation in socially and culturally valued decision making is perhaps the most important as it contributes to meaningfulness. Sagy and Antonovsky (2000) noted that even in childhood, participation in shaping outcomes is the most relevant experience related to adult SOC.

Jellesma, Rieffe, Terwogt, and Westenberg (2011) placed the start of the establishment of SOC in middle childhood, around the age of 10, when children develop independence from adults. This is when they begin to evaluate their behaviour and its consequences. Antonovsky (1979) noted that we emerge from childhood with some formed sense of coherence, though tentative. In his opinion, by the time one reaches young adulthood and the early years of employment, a tentative level of SOC begins to be established and one's location on the SOC continuum begins to show. It continues to strengthen in the presence of the conditions presented above, so that after the age of about 30, Antonovsky (1987, 1994) considered SOC to have become more or less fixed.

Referring to the term *dynamic* in the definition of SOC, he remarked that he was not committed to an understanding of SOC as "being determined forever and anon by genes or early childhood experience. It is shaped and tested, reinforced and modified not only in childhood but throughout one's life" (1979, p. 125). He noted that "a chance encounter, a courageous decision, or even an externally imposed change" (1987, p. 123), as well as "a radical change in one's structural situation" (1979, p. 125), such as in occupation, marital status, or place of residence, could all result in a significant change in SOC. Such ups and downs occur largely around a stable location on the SOC continuum. However, he also noted the possibility of cataclysmic stressors (p. 188) that hold the potential of a wide variety of unpredictable transforming experiences that weaken SOC.

The role of life experiences has to be introduced, too, in considering SOC changes over long periods of time. Antonovsky reasoned that a person who, in early adulthood, has a moderate level of SOC, will tend to move to a still lower level over time, since "selection of SOC-reinforcing situations and avoidance of SOC-debilitating situations will be less successful" (1987, p. 122). For a person with a weak SOC, the situation turns into a vicious circle because "the 'loser' continues to lose", and life contains less and less of the three component of SOC. Smith, Breslin, and Beaton's (2003) findings support this reasoning: they reported that people in unskilled occupations showed decline in SOC levels from 1994 to 1998, in both females and males, in a Canadian population health survey sample. In contrast, Antonovsky argued that a person with a strong SOC selects coping strategies that tend to reinforce SOC over time. Smith et al. (2003) found no support for this proposition. Contrary findings came from Eriksson and Lindström (2005): based on cross-sectional studies, they showed that, in general, SOC tends to increase somewhat with age over an entire lifetime.

Proceeding from there, Antonovsky (1979, p. 189) asked, if the sense of coherence is shaped by life experiences, what shapes life experiences? His answer was generalized resistance resources (GRRs; with generalized resistance *deficits* regarded as the antonym). GRRs refer to any characteristic of an individual, primary group, subculture, or society that is effective in avoiding or combating a wide variety of stressors, thus preventing tension from being transformed into stress. He considered physical, biochemical, artefactual-material, cognitive (including knowledge/intellectual), emotional (particularly ego identity), interpersonal-relational, valuative-attitudinal, and macro-sociocultural GRRs.

Antonovsky brought these considerations into play in dealing with SOC and disease—health-ease: they lead the person with a strong SOC to select the coping strategy that appears most appropriate for dealing with a particular stressor. Perhaps the selection is even in terms of what is appropriate for a given individual or at a given point in time.

General Psychosocial Well-Being

Although Keyes (2002, 2005a, 2007) does not present general psychosocial well-being as such, it appears to be an extension of Antonovsky's work. Keyes produced an even more variegated representation than Antonovsky's continuum. He produced empirical support for one continuum that represents mental ill-health and another that represents mental health. The first continuum is the traditional field of pathogenesis and psychopathology. However, he reasoned that "mental health, like mental illness, is a syndrome of symptoms of subjective well-being" (2007, p. 396).

In this model, complete mental health consists of the absence of diagnosable mental disorder and the presence of *flourishing*. Individuals who are purely flourishing experience high levels of emotional well-being and function well both psychologically and socially; they show enthusiasm for life and are actively and productively involved. In one study, flourishers "functioned superior to all others in terms of the fewest workdays missed, fewest half-day or less cutbacks of work, lowest level of

health limitations of activities of daily living, the fewest chronic physical diseases and conditions, the lowest health care utilization, and the highest levels of psychosocial functioning" (Keyes, 2007, p. 100; Keyes & Grywacz, 2002). Furthermore, this group was characterized by the highest level of functional goals, the highest level of self-reported resilience, the highest level of intimacy, and the lowest level of perceived helplessness. They generally functioned better than moderately mentally healthy adults who, in turn, functioned better than purely languishing adults.[6]

At the other end of this continuum are individuals in pure *languishing*. They are at the bottom levels of emotional, psychological, and social well-being. They experience emptiness, stagnation, and quiet despair. Notwithstanding their low levels of functioning, languishers still function in psychological and social contexts to an extent that cannot be described as mental illness.

Since mental illness, languishing, and flourishing are not permanent and stable conditions, one could hypothesize that—due to both a variety of subjective, personal, and external social experiences—people could move up and down along both continua. Along the first continuum, people who have previously been well become mentally ill, but people also recover from pure forms of a mental illness to an absence of such illness. Along the other continuum, people could theoretically move from pure languishing to pure flourishing, or in the opposite direction.

To measure his well-being construct, Keyes developed a Mental Health Continuum Scale, first in a long form (2002, 2005a), and later in a short form (2005b). Based on confirmatory factor analysis, he defined a three-factor model; namely, Emotional Well-being (or Positive Affect), Psychological Well-being, and Social Well-being. This three-factor structure has been confirmed in a Setswana-speaking South African sample by Keyes et al. (2008) and by Robitschek and Keyes (2009) in two U.S. college student samples.

Wissing and Temane (2008) factor analyzed data from several sets and from a diverse set of measures of constructs with various perspectives, all operationalizing facets of psychological well-being (but not including a Keyes' measure). The measures overlapped partially between samples and also between Black and White samples. They identified a general well-being factor in all data sets. It was viewed as an emergent property of a variety of specific psychological strengths, as an evolutionally developed, domain-specific adaptation for coping with novel or extreme psychological challenges. It could also be viewed as the basic contributor to resiling and the opposite of a general neuroticism or risk/vulnerability factor.

Resiling

Definitions of resilience emphasize an inordinately demanding or detrimental situation, or collection of factors, from which an individual or a group rebounds without breaking down, and afterwards maintaining a level of competent functioning—sometimes with

[6]Karl Menninger (Menninger, Mayman, & Pruyser, 1963, pp. 406–409) used the colorful expression of "weller than well" to describe something of the kind.

the additional requirement of being strengthened by the experience. The Latin roots of "resile" are *re-* and *salire*, reflecting a process of jumping or bouncing back, or returning to the original condition.[7] The imagery of jumping or bouncing brings to mind a certain roughness of reaction; however, resilient behaviour could also manifest in a calm evening-out of bumps, and as smoothing the road of life. While resilience is frequently considered in the context of extraordinary or risky circumstances, Masten (2001) described it as "ordinary magic", emerging from "ordinary, normative human resources" (p. 235).

Walsh (2002) added another dimension to the construct. She noted that after an event of the magnitude of the September 11 attacks, there is no way to go back to "normal" as it was before. "Our world has changed and we must change with it" (p. 35). A new sense of normality needs to be constructed, "as we have to recalibrate our lives to face unanticipated challenges ahead". For these reasons, she proposed a concept of *bouncing forward*, rather than back. Major disasters, such as wars, earthquakes, tsunamis, tornados on the scale of the Joplin, Missouri one of 22 May, 2011, and the attacks in Oslo and Utoya on July 22, 2011, all have such implications. Walsh's (2007) emphasis is, furthermore, on multisystemic approaches in order to create family and community resilience.

Rutter (2006, p. 10) was outspoken, stating that "resilience is not a general quality that represents a trait of the individual"; for this reason, "research has to focus on the processes underlying individual differences in response to environmental hazards". Commenting on long-living members in their study, Friedman and Martin (2011, p. 211) noted that: "Resilience was not a trait they were born with, nor an inner insight, but a process of perseverance and hard work".

I described resilience as a pattern of *activity*, starting with the appraisal of demands, which arouses a motive to be strong in the face of inordinate demands, followed by goal-directed behavior of coping and rebounding, with accompanying emotions and cognitions (Strümpfer, 2004). The process is under the influence of various circumstances, opportunities, and contexts, as well as internal characteristics of the individual. The motive is a disposition that is activated temporarily by passing situational influences in the immediate environment, but which otherwise remains latent until activated. The individual will persevere with resiling behavior as long as the situational demands endure, but will thereafter become quiescent. How likely the motive is to be activated will vary from person to person. This model needs elaboration in terms of an existential striving towards flourishing. The very experience of distress could arouse a need for personal growth beyond overcoming or survival. It could be simply to prevent repetition of the experience, but even more, to reach previously nonexistent or unanticipated goals in functioning and being.

That a variety of variables commingle in resilience implies a huge potential for combinations and the likelihood that individuals have unique ways of resiling,

[7] This meaning is reflected in words in other languages too, such as, in the Afrikaans noun *veerkrag* (strength to bounce back) and verb *terugveer* (bounce back). In Zulu *bekezela* literally means springing up and down like a pliable pole, or more generally to being forbearing, long-suffering, and patient in time of trouble. "*Bekezela*" was used as a message of encouragement in the days of the Struggle against Apartheid.

including variations over time. No one can be competent at everything either—attempting to be a Jack-of-all-resiliences would turn one into a master of none.

The concept of resilience is used in other fields, too, such as ecosystems, physics, and engineering. The difference in usage is that in human resiling people are changed through learning new knowledge and skills, strengthening their abilities, and forming new social ties.

The history of resilience in psychology started in the 1970s, mainly with studies of children from aversive, corrosive contexts, for instance, children of schizophrenic or substance-abusing parents; such studies are still ongoing, and now include child soldiers. Invariably it has been found that some of these children subsequently mastered their drawbacks and functioned competently, robustly, and resourcefully. Garmezy pioneered such studies (see obituary by Masten, Nuechterlein & Wright, 2011); other pioneers include Werner and Smith (1982), Anthony and Cohler (1987) in the United States, and Rutter (2006) in the United Kingdom. Keyes (personal communication, May 21, 2007) remarked that the blind spot in all of this early research was that it focused on protective factors against illness, and assumed that not being ill in the face of adversity amounted to being healthy. They were mostly, if not entirely, focused on prevention of pathology, which is not salutogenic (fortigenic), strictly speaking.

Rutter (2006) noted a *steeling* effect of resistance to later stress, which sometimes arises out of earlier experience of stress and adversity. An example is Elder's (1974, 2005) study of children of the Great Depression, whose lives were marked by economic hardship: children who had coped successfully with poverty developed resilient life trajectories.

Research on how adults resile has also developed apace, particularly in connection with catastrophic events. Bonanno and his associates' extensive studies on bereavement (e.g., Bonanno, Moskowitz, Papa, & Folkman, 2005) and on disaster victims can serve to illustrate the area. Bonanno's (2004) research concerned the ability of adults to maintain relatively stable, healthy levels of both psychological and physical functioning when they were exposed to an isolated and potentially highly disruptive event, while in otherwise normal circumstances. In this work he observed that resilient individuals "may experience transient perturbations in normal functioning, but generally exhibit a stable trajectory of healthy functioning across time, as well as the capacity for generative experiences and positive emotions" (p. 2l). Bonanno and Mancini (2008, p. 37l) commented that resilient individuals, too, may experience some mild or moderate, mostly short-term stress reactions, which usually do not upset their ability to function. However, Bonanno (2005) noted that resilient individuals tend to continue functioning near or at their usual levels, for example, in fulfilling responsibilities and in engaging in new relationships and creative activities. He also showed that resilience is more prevalent than generally accepted in the literature, being the most common behavioral outcome after potentially traumatic events. He maintained that resilience and recovery reveal discrete and empirically separate outcome trajectories. Bonanno, Rennicke, and Dekel (2005) noted that people who exhibit a recovery trajectory experience psychological symptoms at threshold or subthreshold levels, as well as significant

disruption in their daily functioning; they struggle with these for many months before returning to their baseline, pre-trauma levels.

An interview study 6 months after the September 11 attack provided an example. Bonanno, Galea, Bucciarelli, and Vlahof (2006, p. 184) found that 65 % of the sample ($n = 2{,}752$) reported one or no PTSD symptom, their criterion for resilience. This number decreased as people experienced greater exposure; for example, 33 % of individuals physically injured, and 33 % of individuals who lost a friend or relative and saw the attack. Recovery covered persons with two PTSD symptoms, with 29 % classified as such.[8] Bonanno and Mancini (2008, p. 37l) concluded that: "Our point is merely that as undesirable as [potentially traumatic events] might be, many people cope with such events extremely well and are able to continue meeting the normal daily demands of their lives".

Self-efficacy

In Antonovsky's conception of sense of coherence, the first of the sources of strength is *resources under control of self*. It is akin to self-efficacy. Bandura (e.g. 1977, 1997) is the father of the self-efficacy construct. It concerns the belief that one has the capability to mobilize the motivation, cognitive resources, and courses of action that are required to execute a specific behavior successfully, in order to attain a certain outcome. It influences one's choice of activities regarding the expenditure of effort, the degree of persistence in the face of obstacles, and the performance of the task at hand. The greater the level of self-efficacy, the greater will be both the goal striving and the actual pursuit of the challenge. Furthermore, once persons high in self-efficacy have taken action, they invest more effort and persist longer than those who are low in it; when they run into setbacks, they are likely to recover more rapidly and maintain their commitment to their goals. There is also an effect of reinforcement in that experiences of mastery strengthen future self-efficacy. Whether in a health, work, educational, sport, or other context, self-efficacy serves as a moderator between demands and outcome (e.g., Williams, Wissing, Rothman, & Temane, 2010).

Self-efficacy has two components. First, the *efficacy expectation* is a belief that *I myself can* successfully produce the behavior that is required to generate the outcome. Bandura (1977) listed four major sources of efficacy expectations: performance accomplishments, vicarious experiences, verbal persuasion, and emotional arousal. Second, the *outcome expectation* is a person's estimate that a given behavior will lead to a particular outcome. People fear and avoid situations that they estimate as exceeding their coping skills, but they confidently enter situations they believe

[8] Neria, DiGrande, and Adams (2011), by implication, indicated a limitation of these findings. They excluded from their review studies that reported an incomplete assessment of PTSD, such as two or three symptoms. They applied the inclusion rules of a strict clinical assessment, following the DSM of Mental Disorders (4th ed., rev.), also excluding persons with a previous history of PTSD.

they can master. The distinction between the two components is important, since I may well believe that a particular action will lead to a particular outcome, but I may doubt whether I can produce that action. Williams (2010) reviewed the literature on the debate of whether the relationship between self-efficacy expectation and outcome expectation is only in this direction, as Bandura has theorized, or bidirectional, as others have argued—both sides with experimental data.

Generalized perceived self-efficacy pertains to global optimistic beliefs about being able to cope with a wide variety of demanding situations. The Schwarzer and Jerusalem General Self-efficacy Scale (Scholz, Doña, Sud, & Schwartzer, 2002; Schwarzer, Mueller, & Greenglass, 1999), and the Chen, Gully, and Eden (2001) General Self-Efficacy Scale both have this aim. However, Bandura's (1997) conceptualization is that self-efficacy is situation specific, which implies that in its measurement, the item wording should refer to the particular challenges to be met. The Coping Self-efficacy Scale (Chesney, Neilands, Chambers, Taylor, & Folkman, 2006) is an example. Schwartzer and Lusczynka's (2008) scales to measure aspects of health self-efficacy are even more specific; namely, scales for nutrition, physical exercise, alcohol resistance, smoking cessation, condom use, and medication adherence. McAuley et al. (2011) provided other examples; namely, measures of barriers to self-efficacy and self-efficacy for walking.

Typically, self-efficacy refers to individual performance, but there is also literature on *collective-efficacy* that can refer to teams, departments, organizations, or even nations (Gully, Incalcaterra, Joski, & Beaubien, 2002). Bandura (2010, p. 165) wrote that "People do not live their lives in individual autonomy. Many things they seek are achievable only by working together through interdependent effort". Collective-efficacy is a shared belief in the capabilities of the particular collective to pool and organize their knowledge, skills, and resources, to execute the required activity. Team self-efficacy, for instance, refers to what people as a team will choose to do, the effort they will put into that choice, and their staying power when their collective efforts fail; it involves coordinating, interweaving, and reciprocating their mutual influences (Bandura, 1997).

Over time, meta-analyses on the effects of self-efficacy in various areas of activity have demonstrated that it is a robust predictor of behavior (Williams, 2010). Some examples concern team -self-efficacy (Gully et al., 2002), reducing chronic disability (Marks, Allegante, & Lorig, 2005), sport performance (Moritz, Feltz, Fahrbach, & Mack, 2000), academic outcome (Multon, Brown, & Lent, 1991), health-related physical activity (Nickel & Spink, 2010), and work-related performance (Stajkovic & Luthans, 1998).

Genetics and Neuroscience

An important area in genetics and neuroscience pertinent to resiling (and fortigenesis) is that of gene-by-environment interaction (G×E), as it impacts the individual. Rutter (2006, p. 6) emphasized that "the influence of the genes was only shown

through demonstration of the *interaction* with the environmental hazard" (emphasis added). "Gene-environment interactions occur when the effect of exposure to an environmental pathogen on a person's health is conditioned on his or her genotype" (Caspi & Moffitt, 2006, p. 583). These authors argued that collaboration between G×E research and experimental neuroscience could solve the greatest mystery of human psychopathology (and additionally, fortigenesis): "How does an environmental factor, external to the person, get inside the nervous system and alter its elements to generate the symptoms of a disordered mind" (or to promote a healthy, well-functioning mind)? Cicchetti, Rogosch, and Sturge-Apple (2007, p. 1162) commented that "Genes are equally likely to serve a protective function against environmental insults for some individuals", and that, for instance, "not all maltreated children are aggressive or develop antisocial behavior". G×E is a rapidly developing area of research and I have to limit this discussion to just a small area.

Recent advances in rapid genome sequencing favor research of this kind. The protocol of G×E research is to tease out the relationship between variation in specific genes and the impact of specific environmental risks on specified psychopathology, versus reduced pathology (if not fortigenesis), in persons exposed to the same environmental risks (Kim-Cohen & Gold, 2009). In this connection, persons who are risk-exposed and have increased levels of psychopathology have typically been shown to carry a vulnerability version of the gene. Persons with comparable risk-exposure, but with reduced levels of psychopathology—or who resile more against the source of the risk—have been shown to carry a protective version of the gene. The polymorphism of two genes which influence, respectively, the production of monoamine oxidase A (*MAOA*) and the serotonin transporter (*5-HTT*), moderate early maturation of the brain, as well as the continuing regulation of the stress response, behavior, and mood (Kim-Cohen & Gold, 2009).

Neuroscience, on the other hand, has provided technologies of neuroimaging—namely, EEG, functional magnetic resonance (fMRI), and positron emission tomography (PET)—by means of which brain structure and function can be assayed. Such technology is making it possible to observe the functional impact of different forms of polymorphic genes, but also to identify neural pathways through which the different forms contribute to different outcomes.

Serotonin, norepinephrine, and dopamine are selectively degraded by *MAOA* to regulate behavior (Kim-Cohen et al., 2006). In a large sample, Caspi et al. (2002) demonstrated that boys who had been maltreated and were characterized by a genotype that conferred low levels of *MAOA* expression grew up developing conduct disorder, antisocial personality, and violent criminality in adolescence and adulthood. Similarly risk-exposed boys who had a genotype that conferred a high level of *MAOA* expression were less likely to develop antisocial problems. Kim-Cohen et al. (2006) demonstrated that the moderating effect of *MAOA* also takes place at ages closer in time to the experiences of maltreatment. In a sample of 7-year-old boys who had been exposed to physical abuse, a significant main effect of abuse on mental health problems was demonstrated. This effect was significantly smaller among boys who had high *MAOA* activity than among those with low *MAOA* activity.

It has been found, too, that a normal heritable variation in serotonin signaling, associated with the serotonin transporter *5-HTT* gene, can result in increased amygdala response to threatening environmental stimuli (Hariri & Brown, 2006). In a prospective longitudinal study, Caspi et al. (2003) demonstrated that individuals who had experienced childhood neglect, maltreatment, or stressful experiences, and who had one or two copies of the relatively low-expressing "short" allele (S/S) of the *5-HTT* gene, developed depressive symptoms, diagnosable depression, or suicidality. Similarly risk-exposed individuals who had two copies of the "long" allele (L/L) of the *5-HTT* gene did not have the same vulnerability to distress.

In an extensive replication and extension of the Caspi et al. (2003) study, Kendler, Kuhn, Vittum, Prescott, and Riley (2005) obtained samples from a large twin study (using one member of a twin pair) and an equal number of females and males. Diagnostic criteria for major depression and generalized anxiety syndrome were in DSM-III-R terms. Stressful life events were in terms of events identified during interviews and were classified as minor, low moderate, high moderate, and severe. Genotyping was as S/S, S/L and L/L on the *5-HHT* gene.[9] Event exposure was found to have nearly a twofold risk for major depression in participants with S/L and L/L alleles; for those with S/S alleles, the hazard risk was over sixfold, indicating a significantly increased sensitivity to depressogenic effects.

Suomi (2006) reviewed four studies on risk, resilience, and G x E interactions in rhesus monkeys. The studies compared baby monkeys reared with their mothers and peers (MP-rearing) and others reared from birth away from their mothers and other adults but continuously in the presence of three to four like-reared others (PO-rearing) with whom they rapidly develop attachments. It was found that monkeys who were carriers of the S/S *5-HTT* gene showed "delayed early neurobiological development, impaired serotonergic functioning, and excessive aggression, HPA reactivity, and alcohol consumption as they were growing up—*but only if they had been PO-reared*" (p. 864, italics in original).

Caspi, Hariri, Holmes, Uher, and Moffitt (2010) commented that subsequent to the Caspi et al. (2003) publication, the G x E interaction at the *5-HTT* has become the most investigated gene variant in psychiatry and psychology. They provided an impressive review of the research, concluding that the initial finding had been thoroughly replicated. Tharpar, Harold, Rice, Langley, and O'Donovan (2006) concluded that the evidence has been most convincing with respect to depression and antisocial behavior.

Cicchetti et al. (2007) investigated the joint role of polymorphism of *MAOA* and *5-HTT* genes. The interaction of maltreatment and depressive symptomatology was studied in samples of adolescents from low socioeconomic background; they were classified as with and without maltreatment as children. Extensively maltreated adolescents with low *MAOA* activity showed heightened depressive symptoms, whereas similarly risk-exposed adolescents with high *MAOA* activity showed fewer

[9]Hariri and Brown (2006), reported that, in Caucasians, the frequencies of these genotypes are approximately l6 % S/S, 48 % S/L, and 36 % L/L.

depressive symptoms. Sexually abused youths with the S/S version of the *5-HTT* gene were characterized by higher depression, anxiety, and somatic symptoms, but this interaction was moderated by their *MAOA* levels. Both sets of finding highlight the complex, multilayered background to resiling.

This field of research, along with adjacent fields in genetics and neuroscience, is explosive in the volume of research performed in the most sophisticated of methodologies and techniques. It is a pity that the emphasis is most frequently on pathogenesis rather than fortigenesis. Unfortunately no simple conclusions are possible: genes tend to function in suites, which tend, in turn, to function to determine characteristics and behaviors. Genetics and the environment (with its own vast variations) interact everywhere.

This section is incomplete with respect to both genetics and neuropsychology. However, it is even more inadequate in representing the biological sphere which girds *all* human functioning. Cicchetti and Blender (2006) devoted attention to mechanisms of neural plasticity integral to the anatomical structures of cortical tissue, which cause the formation of the brain to be an extended malleable process. Kebza and Šolcová (2011) noted the role of the immune system on resilience. Luthar and Brown (2007) noted, *inter alia*, the role of the HPA axis. In connection with appraisal, I reviewed some information on neuroanatomy and neurochemistry (particularly oxytocin; Strümpfer, 2007; but see Campbell, 2010, for a recent review).

Culture

In the past, psychology has often functioned without a cultural perspective. An inordinate amount of psychological knowledge, research, and publication has been based on a Western perspective, with relatively little acknowledgement of the reality that matters may be different in Oriental, African, South American, and other cultures, as indicated below. Yet culture interpenetrates, to a greater or lesser degree, virtually all aspects of psychological functioning.

Independent and Dependent Construals

Markus and Kitayama (1991, 1994) introduced the concepts of independent and interdependent construals of the self. In the *independent* (ideocentric) construal, the normative imperative is "to become independent from others and to discover and express one's unique attributes" (1991, p. 226). Being true to one's own preferences, goals, convictions, and rights, and to be confident and efficacious, are central (Markus & Kitayama, 1994). Interpersonal and social interactions and relationships are considered to be matters of relatively independent personal choice, with relatively few obligations towards others.

In the *interdependent* (allocentric) construal, the normative imperative is to maintain interdependence among individuals, to find ways "to fit in with relevant others, to fulfill and create obligation … to become part of various interpersonal relationships" (1991, p. 227). The self is determined by relationships, and by mutual and group dependencies. The self becomes whole in interaction with others, so that there is no self without the collective. Individual needs are experienced as secondary and subordinate to social relationships, group norms, and solidarity. Compromise and consensus are the bases of decision making. Attention to the needs, desires, and goals of others is not indiscriminate, though, but directed towards those who share a common fate, such as family members or a work group. The authors refer to Africans, Japanese, Chinese, and Hindu cultures, as well as to religious groups, such as Quakers, to illustrate aspects of this conception of the self (1991).

Ancestors are included in some interdependent cultures, for instance, in African, Aboriginal, and Chinese cultures. In Southern Africa, a significant proportion of Black people accept relatedness to ancestral spirits, which could be experienced in dreams and through divination by a *sangoma/inyanga*. The ancestors are considered to remain concerned about their living relatives, and to know the cause of their problems and how these could be remedied.

In African cultures, the concept of *ubuntu* is also encapsulated within the interdependence sphere. The term derives from a Zulu aphorism that means "People are people because of other people", or "through other persons" (Groenewald, 1996). It implies that a person cannot exist in isolation, and it calls for the pursuit of consensus and reconciliation. Terms used in explaining *ubuntu* are human(e)ness, interconnectedness, and communalism. "It can be interpreted as both a factual description and a rule of conduct or social ethic. It both describes humans being as 'being-with-others' and prescribes what 'being-with-others' should be all about" (Louw, 2005, p. 2). Equivalent expressions exist in other African languages, too. The concept has entered English, to some extent, under the influence of Archbishop Desmond Tutu.

When *essentialism* refers to underlying, immutable, and identity-defining causal factors, it is a threat to the concepts of independence, interdependence, and *ubuntu*. In popularizing the *ubuntu* concept, there has been a tendency to both over-include and oversimplify when using this lens to view behaviors that are in reality more complex; it has suffered through a view that any African person possesses that set of characteristics (Van der Waal, C.S., personal communication, November 25, 2010). *Ubuntu* is not the essence of being African. For instance, an African professional in a Western-dominated technological, scientific, or business environment could—depending on situational demands—practice both independent and *ubuntu* values, whereas a totally urbanized colleague may experience none of the traditional interdependence values (Strümpfer, 2007).

Markus and Kitayama (1991) emphasized general tendencies within a culture as a whole while at the same time acknowledging individual and subgroup differences. They noted, too, that in the West, somewhat marginalized groups (e.g., women, the poor, the elderly, and the unschooled) tend to reveal more interdependence (Markus & Kitayama, 1991). In the past, Afrikaners in South Africa developed an interdependent inclination through experiences of the Anglo-Boer War, the Great Depression,

poverty, mining, and industrialization; it typically includes attachment and respect for ancestors. Similarities could be found, for instance, in Ireland and Israel. As with much else, the effect of individuals' lifespan development (Elder, 1974, 2005) and of the sociohistorical state of the culture they happen to be exposed to, exert their influence here as well. A prominent consideration is that modernization and economic growth tend to increase individualism (Hamamura, 2011).

Personality assessment in Chinese and African cultures revealed the prominence of considerations of interdependence. In assessing the Five Factor Model of personality, Cheung et al. (2001) found that in the Chinese culture, a sixth factor of interpersonal relatedness was needed. The authors labeled the components of this factor relatedness, reciprocity orientation, harmony, and face. In an ongoing study, Valchev et al. (2011) collected personality-descriptive terms based on free descriptions of target persons by samples from the three main Nguni cultural-linguistic groups in South Africa: Zulu, Xhosa, and Swati. From these, they developed 26 clusters of descriptive terms. To obtain a coherent picture of the clusters as personality concepts, they projected them onto the Five Factor personality dimensions as a template. Variations on an Agreeableness theme included 11 clusters, by far the most prominent among Nguni personality concepts. By comparison, other themes were Emotional Stability (3 clusters), Extraversion (2), Openness (2), Conscientiousness (2), and Honesty (2). The authors commented that clusters that related to harmonious functioning in the social environment, virtues of empathy and benevolence, and successful socialization, were larger in number, more elaborated, and based on larger arrays of responses.

Social Support

In an analytic presentation, social support should have been presented earlier. Thinking systemically, it largely belongs after the section on culture and partially overlaps with it.

De Saint-Exupéry (1995, p. 21), a pioneer airline pilot over the Sahara, commented: "There is only one true form of wealth, that of human contact". Togetherness with others—in dyads, in families, in neighborhoods, in communities, and in large units—provides individuals with immense support in resiling.

Social support is a coping resource on which people can draw when handling stressors. It is about networks of communication and mutual obligations within relationships. In an attempt to reduce the negative effect of a stressful situation, people are likely to seek information, reassurance, and even consolation from those near to them (Taylor, Welch, Kim, & Sherman, 2007). In general, it refers to the awareness that one is loved, cared for, esteemed, and valued in intimate relationships, as well as in less intense ways as social relationships extend further out. Its reverse is social isolation, leading to feelings of loneliness and even despair.

Taylor et al. (2007) defined implicit social support as "the emotional comfort one can obtain from social networks without disclosing or discussing one's problems

vis-à-vis specific stressful events" (p. 832). It refers to "the advice, instrumental aid, or emotional comfort one can recruit from social networks" (p. 832). This means that one can be in the company of close others, or just remind oneself of close others, without bringing one's problems out into the open.

Social support has received extensive attention in research in a cultural context; clearly in the Markus-Kitayama mode. Kim, Sherman, Ko, and Taylor (2006) reviewed research which compared Asian-Americans and Asians with Euro-Americans. In the Oriental category they referred to research on Chinese, Japanese, Korean, Vietnamese, Indian, and Filipino samples. Compared to Euro-Americans, all of these groups showed significantly greater caution in explicitly enlisting social support from those close to them. They tended instead to accept implicit forms of support, without disclosing distress. There also appeared to be an assumption that people should anticipate the needs of close others, thus providing support without any need for explicit requests. Three reasons could be behind this orientation: a stronger belief that individuals are responsible to solve their problems independently; sensitivity to the potential of negative consequences for relationships, such as losing face, disrupting harmony within the group, or provoking criticism; and unsolicited support being more freely available, due to an obligation on others to provide. Euro-Americans, by contrast, tended to seek social support more explicitly, and seemed to assume that they are free to do so, and that others are free to provide this support or not.

Taylor et al. (2007) demonstrated experimentally that in samples of Asian-Americans and Asians, compared to Euro-Americans, tasks that required imagining receiving social support that is inappropriate to one's cultural group elicited negative physiological reactions.

Three concerns need to be raised about the findings reported above. The first was indicated by Taylor et al. (2004): the findings involved Asian and Asian-American participants, but not samples from Latin and Mediterranean interdependent cultures; they could have added African and Arab cultures (though Uchida, Kitayama, Mesquita, Reyes, & Morling, 2008, first used adults from Japan and the United States, and second, students from Japan, the Philippines, and the United States, obtaining reminiscent results). The second concern is the nature of the support consistently referred to; *recruiting* social networks for help (Taylor et al., 2004, p. 361) or social support *seeking* (Kim, Sherman, Ko, & Taylor, 2006). Findings presented below indicated that perceived support availability without actually utilizing it, and even invisible support, may be more beneficial than actual enacted support, whereas in the two studies quoted there, receiving support was found to not be conducive (see also Bolger & Amarel, 2007). A more refined conception of the social support entity would sharpen these conclusions. The third concern is the perennial one about students as participants. In this particular context, Uchida et al. (2008) remarked on complicating variables in adolescence and in first- and second-year students.

Two noteworthy publications involving Ghanaian participants concern the grounding of personal relationships along cultural lines. Anderson, Adams, and Plaut (2008) described that in *voluntaristic-independent* construals, "people experience relationship as the discretionary product of free agents" (p. 364), but as "an environmental affordance" in *embedded-interdependent* construals (p. 362). Adams

and Plaut (2003) reported that Euro-Americans indicated a preference for a large network of friendships, characterized by companionship and emotional support; Ghanaians' preferences were instead for small friendship groups, caution towards friends, and with an emphasis on practical assistance. Among American students, Anderson et al. (2008) found that the influence of a target's attractiveness on expectations about desirable life outcomes (e.g., achievements, abilities, and career progress) was much more evident among American than Ghanaian students, where they were either ambiguous or absent.

W. Stroebe and Stroebe (1996) reviewed how social support became a fashionable topic for research when health researchers became aware of the health consequences of being socially integrated, particularly through findings from prospective studies which indicated that social support reduced mortality (also Kim et al., 2008). Conversely, social isolation has been linked, at least in part, to the probability of a coronary condition (Sorkin, Rook, & Lu, 2002). A multitude of studies, particularly in the 1980–1990s, have attempted to elucidate the complexities of these relationships. Confusion resulted from not distinguishing between different conceptions of social support. Anticipation of receiving (or seeking) social support and providing social support emerged as useful distinctions.

Anticipated support (Krause, 1997), or the perceived availability of support, could be tied into Antonovsky's (1987) concept of manageability through resources under the control of others. It implies a more general orientation; that is, one believes that strengths, capabilities, talents, and means in the hands of legitimate, reliable, and trusted others are at one's disposal. Bolger, Zuckerman, and Kessler (2000), and Taylor et al. (2004) noted that perceived support availability, yet without utilizing it, may actually be more beneficial than mobilizing it. In fact, actual support transactions may not improve adjustment to distress. Taylor et al. suggested three possible reasons: the support provided may be different from what is needed, overly intrusive support may exacerbate distress, and efforts to provide support may be perceived as interfering and controlling. Bolger et al. (2000) added the suggestion that received support may be ineffective since it involves a cost to the recipient's self-esteem in that it makes salient the difficulty in coping with the stressor. Empirical data have also highlighted the differential effects of providing and receiving social support. In a study of graduating law students and their partners, Bolger et al. found that the most beneficial support against depression was support that remained invisible to the recipient, who thus benefited without incurring the cost of receiving it.

Receiving social support has not proved to be consistently beneficial. The older literature (often with cross-sectional, correlational approaches) reflected inconsistent findings, but more recent research (employing more complex designs) has brought explanations concerning the negative effects of receiving social support. In contrast, providing support (also referred to as instrumental support) has been found to have salutary effects. In a sample of older married adults, Brown, Nesse, Vinokur, and Smith (2003) found that receiving instrumental support from others had no effect on mortality when providing support was controlled, and it even appeared to increase the risk of mortality. However, they found that older adults who reported providing support to others reduced their own risk of mortality.

Warner, Schütz, Worm, Ziegelmann, and Tesch-Romer (2010) used both physical and mental quality of life (QoL), in terms of multimorbidity, as criteria in an elderly sample. Their working mechanisms included received, anticipated, and provided emotional support, with self-esteem and control beliefs as moderators. Received support was associated negatively with both physical and mental QoL; the findings were, however, complexly influenced by the moderators. Anticipated support and providing support were both associated positively with physical QoL.

Implications of Culture for Conceptualization

Looking back at the culture constructs presented above, it is clear that they would manifest differently when embedded in cultures with predominantly independent or interdependent construals; that is, none of them would remain untouched by the distinction.

- In contrast to an individualistic construal, under an interdependent construal, *salus* and *fortis* would, firstly, refer to mutually experienced conditions, as would salutogenesis and fortigenesis.
- An interconnected SOC is rather different from what is understood in typical Western psychology and sociology. Who and what coheres, and how? When the essential nature of a person's existence is perceived differently, what do comprehensibility, manageability, and meaningfulness refer to?
- What does *general* well-being mean in a community, compared to an individual? Health and illness under interdependence are largely concerns of the social unit, with the individual's experience being largely a submerged part of the whole. When calamity strikes, the whole social unit experiences languishing, and when it is a time of boon, all are likely to flourish. To languish or flourish individually may hardly be a consideration.
- The emphasis on *self* in self-efficacy brands it as an extreme characteristic of independent construal. Above, I indicated collective-efficacy, where an interdependent perspective presumes that the social unit strives to be efficacious, with the individual serving to increase communal efficacy.
- Concerning agency, Markus and Kitayama (2004) and Markus, Uchida, Omoregie, Townsend, and Kitayama (2006) illustrated how the models of agency differ in these two cultural contexts, providing disparate guidelines for behavior.
- Concerning resilience, though the present section on culture is limited in its coverage, it is clear that culture is a powerful variable that affects all the rest. The social support studies referred to demonstrated that culture moderated relationships between social support and several other variables, with resiling being potentially dependent on all of the variables studied. With the huge number of cultures that constitutes humanity, and the diversity of variables that affect resiling, much more still awaits to be learned.

Implications of Culture for Positive Thinking

The role of culture in the development of positive psychology is obvious. To a large extent, it is a product of American culture, as well as any similar subculture where there is American influence, for example, through the cinema, popular publications, and music.

Basing his arguments on the constructs introduced above, Suh (2002) posited that in individualist cultures there is a wish to view the self in positive terms. He used this argument to explain why self-reports of subjective well-being are so high among North Americans. He wrote about psychological pressure in the culture, which motivates its members to "invest a considerable amount of effort to convince both the self and others that they are happy, self-confident, and in full control of their lives" (p. 74). By contrast, Suh (2007, p. l326) argued that the "cultural ethos in East Asia reinforces and chronically rewards the primitive human need to belong". Excessive relational concerns and sensitive reactions to the social context become the key to the self.

Soros (2007, p. xxiii) asserted that the United States has become a "feel-good" society, unwilling to face reality. Other authors have suggested that an emphasis on positivity has long been present in the United States' culture. In an article on "the tyranny of the positive attitude in America", Held (2002, p. 966) illustrated from historical writings how "Americans have always been famous for their optimism" and for "accentuation of the positive". But she also illustrated how "the push for the positive attitude in turn-of-the-century America is on the rise" (p. 965), under pressure, not only from cultural sources, but also from the media and professional thinking. By way of illustration, she quoted commonly used positive aphorisms, popular music, iconography, and the "huge and growing inventory of self-help books" (p. 368).

In a disturbing book, Ehrenreich (2009) developed the theme of "how positive thinking is undermining America", devoting chapters to topics such as business motivation, "God wants you to be rich", positive psychology, and "How positive thinking destroyed the economy". A vast amount of advice is given in all connections—from cancer, to top management, to religion—and concerns changing one's attitude and revising one's emotional responses. In her criticism of positive psychology, she warned against correlational studies that do not indicate causality, and criticized several key studies on, among other grounds, unsuccessful replication. "In the world of positive thinking, the challenges are all interior and easily overcome through an effort of the will" (p. 5l). It reminds one of Rod Stewart's (2009) "Smile/Though your heart is aching/…/Even though it's breaking/…/Through your fear and sorrow …" It also reminds of Rushdie's (2010, pp. 37–38) fantasy comment about how "[p]eople wanted to feel good even when there wasn't much to feel good about, and so the sadness factories had been shut down and turned into Obliviums, giant malls where everyone went to dance, shop, pretend and forget". One of Ehrenreich's (2009, p. 6) sharp condemnations was that "[t]here is a vast difference between positive thinking and existential courage".

Superficial emphasis on happiness as an all-embracing purpose in life reflects tunnel vision. Dante's deeply moving statement, "In the journey of our life I found myself in a dark wood" (http://www.tltgroup.org/resources/rdarkwood.html), describes an experience that comes to most of us sooner or later. Encouragement by means of a yellow happy face, or "Don't worry, be happy!" would be farcical under such circumstances. Philosopher Grayling (2002), made two sardonic remarks about happiness: (1) that "the fact that a serial killer is made happy by killing people is no justification for doing it" (p. 71); and (2) "If life's goal really is happiness, then we can easily achieve it for all mankind by pouring a happiness-inducing chemical into the world's water supply" (p. 73). Elsewhere (2005, p. 6), he described it as an epiphenomenon, always a by-product of something else, and commented that "the surest way to be unhappy is to think that happiness can be directly sought".

Theologian De Grouchy (2006, pp. 40–41) commented that "[l]ife is not possible without death, without the pain of shedding blood and tears at both birth and death". He also commented on "dimensions of being human, some of them sobering, others encouraging and sometimes simply astonishing" (p. 39).

Systems Thinking

My epigraph—from a 100-year-old source—provides a proper closing thought too. A similar idea was expressed by Umberto Eco (1989, pp. 463–464), writing about "a whirling network of kinships, where everything pointed to everything else, everything explained everything else". As a philosophy of science approach, s*ystems thinking* needs no rationalization, except to ward off impoverishing reductionism. The great South African, Jan Smuts (1987/1926) opened the door to subsequent systems thinking when he coined the term and introduced the philosophy of *holism*. His guiding principle was to view everything as part of a greater whole which emerges when smaller parts cmmingle, interact, and coalesce (without being destroyed or lost in the process) into a new intimate union: a *holos* (p. 98). But that larger whole, in turn, repeats the process into the emergence of a still larger system—it is simultaneously a whole and a part, and every new *holos* is a subsystem of a still greater supra-system. However, the features of each system constitute an environment which influences the interaction of all single components; thus, emergence produces unanticipated consequences.

I have tried to illustrate the enrichment of the fortigenesis construct when it is put into the context of interrelated, associated, and supporting constructs, though limited. With fortigenesis participating among so many aspects of functioning, there is, of course, immense individual variation in its presentation.

There is a certain sequence in my presentation, but it is illusory. I present instead an "analysis", which derives from a Greek root meaning "to set free", and which is precisely the opposite of what systems thinking does. Within the totality, one could virtually start the description at any point, or in any sequence, and still provide a realistic presentation. That is why I initially spoke of having "non-sequence". There is no fixed causal or temporal sequence to the totality of facets, even among the few I have included.

Additionally, the limited way in which each facet was presented for present purposes makes it clear that each of these topics is a multifaceted subsystem and demands further elaboration. What is missing, too, are descriptions of the elusive and specific ways in which the facets interact and influence each other throughout the totality. Lastly, it should be equally clear that fortigenesis, as a system, is a part of larger systems (e.g., personality) and that it again interacts in far-extending ways with those larger systems.

In quoting Biswas-Diener (2011), I did not include his third plea; I want to generalize it here to fortigenesis. He argued for a greater integration of various levels of research information with typical individual psychological approaches; evolutionary theory, neuroscience, animal models, and social psychological studies. Cicchetti and Blender (2006) made a similar plea for a multiple-levels-of-analysis perspective. Fortigenesis, in particular, has tended to be rather narrowly focused on individuals. I attempted to include more than "pure" psychology. But as psychologists, our training, theorizing, research, and interventions should sweep in far greater enrichment from other areas of scientific endeavor, in order to bring about true emergence.

Two lines from Robert Frost (Lathem, 1969) could provide closure at this point: "Won't almost any theory bear revision?" (p. 279). But then, with more hope, he says "We have ideas yet that we haven't tried" (p. 268).

References

Adams, G., & Plaut, V. C. (2003). The cultural grounding of personal relationship: Friendship in North American and West African worlds. *Personal Relationships, 10*, 333–347.

Anderson, S. L., Adams, G., & Plaut, V. C. (2008). The cultural grounding of personal relationships: The importance of attractiveness in everyday life. *Journal of Personality and Social Psychology, 95*, 352–368.

Anthony, E. J., & Cohler, B. J. (1987). *The invulnerable child*. New York: Guildford.

Antonovsky, A. (1972). Breakdown: A needed fourth step in the conceptual armamentarium of modern medicine. *Social Science & Medicine, 6*, 537–544.

Antonovsky, A. (1979). *Health, stress, and coping: New perspectives on mental and physical well-being*. San Francisco: Jossey-Bass.

Antonovsky, A. (1987). *Unraveling the mystery of health: How people manage stress and stay well*. San Francisco: Jossey-Bass.

Antonovsky, A. (1991). The structural sources of salutogemic strengths. In C. L. Cooper & R. Payne (Eds.), *Personality and stress: Individual differences in the stress process* (pp. 67–104). Chichester, UK: Wiley.

Antonovsky, A. (1994). The sense of coherence: An historical and future perspective. In H. L. McCubin, E. A. Thompson, A. I. Thompson, & J. E. Fromer (Eds.), *Sense of coherence and resiliency: Stress, coping, and health* (pp. 3–20). Madison, WI: University of Wisconsin System.

Antonovsky, A., Moaz, B., Dowty, N., & Wijsenbeek, H. (1971). Twenty-five years later: A limited study of the sequelae of the concentration camp experience. *Social Psychiatry, 6*, 186–193.

Antonovsky, A., & Sagy, S. (1990). Confronting developmental tasks in the retirement transition. *Gerontology, 30*, 362–368.

Antonovsky, A., Sagy, S., Adler, I., & Vissel, R. (1990). Attitudes toward retirement in an Israeli cohort. *International Journal of Aging & Human Development, 31*, 57–77.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*, 191–215.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.
Bandura, A. (2010). Toward a psychology of human agency. *Perspectives on Psychological Science, 1*, 164–180.
Biswas-Diener, R. (2011). Applied positive psychology: Progress and challenges. *European Health Psychologist, 13*(June), 24–26.
Bogg, T., & Roberts, B.W. (2004). Conscientiousness and health-related behaviors: A meta-analysis of the leading behavioral contributors to mortality. *Psychological Bulletin, 130*, 887–919.
Bolger, N., & Amarel, D. (2007). Effect of social support visibility on adjustment and stress: Experimental evidence. *Journal of Personality and Social Psychology, 92*, 458–475.
Bolger, N., Zuckerman, A., & Kessler, R. C. (2000). Invisible support and adjustment to stress. *Journal of Personality and Social Psychology, 79*, 953–961.
Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*, 20–28.
Bonanno, G. A. (2005). Resilience in the face of potential trauma. *Current Directions in Psychological Science, 14*, 135–138.
Bonanno, G. A., Galea, S., Bucciarelli, A., & Vlahof, D. (2006). Psychological resilience after disaster: New York City in the aftermath of the September 11th terrorist attack. *Psychological Science, 17*, 181–186.
Bonanno, G. A., & Mancini, A. D. (2008). The human capacity to thrive in the face of potential trauma. *Pediatrics, 121*, 369–375.
Bonanno, G. A., Moskowitz, J. T., Papa, A., & Folkman, S. (2005). Resilience to loss in bereaved spouses, bereaved parents, and bereaved gay men. *Journal of Personality and Social Psychology, 88*, 827–843.
Bonanno, G. A., Rennicke, C., & Dekel, S. (2005). Self-enhancement among high-exposure survivors of the September 11th terrorist attack: Resilience or maladjustment? *Journal of Personality and Social Psychology, 88*, 984–998.
Brown, S. L., Nesse, R. M., Vinokur, A. D., & Smith, D. M. (2003). Providing social support may be more beneficial than receiving it: Results from a prospective study of mortality. *Psychological Science, 14*, 320–327.
Campbell, A. (2010). Oxytocin and human social behavior. *Personality and Social Psychology Review, 14*, 281–295.
Caspi, A., Hariri, A. R., Holmes, A., Uher, R., & Moffit, T. E. (2010). Genetic sensitivity to the environment: The case of the serotonin transporter gene and its implications for studying complex diseases and traits. *The American Journal of Psychiatry, 167*, 509–527.
Caspi, A., McClay, J., Moffitt, T. E., Mill, J., Martin, J., Craig, I. W., et al. (2002). Role of genotype in the cycle of violence in maltreated children. *Science, 297*, 851–854.
Caspi, A., & Moffitt, T. E. (2006). Gene-environment interactions in psychiatry: Joining forces with neuroscience. *Nature Reviews Neuroscience, 7*, 583–590.
Caspi, A., Sugden, K., Moffitt, T. E., Taylor, A., Craig, I. W., Harrington, H., et al. (2003). Influence of life stress on depression: Moderation by a polymorphism in the 5-HTT gene. *Science, 301*, 386–389.
Chen, G., Gully, S. M., & Eden, D. (2001). Validation of a new general self-efficacy scale. *Organizational Research Methods, 4*, 62–83.
Chesney, M. A., Neilands, T. B., Chambers, D. B., Taylor, J. M., & Folkman, S. (2006). A validity and reliability study of the coping self-efficacy scale. *British Journal of Health Psychology, 11*, 421–437.
Cheung, F. M., Leung, K., Zhang, J.-X., Sun, H.-F., Gan, Y.-Q., & Zie, D. (2001). Indigenous Chinese personality constructs: Is the five-factor model complete? *Journal of Cross Cultural Psychology, 32*, 407–433.
Cicchetti, D., & Blender, J. A. (2006). A multiple-level-of-analysis perspective of resilience: Implications for the developing brain, neural plasticity, and preventive interventions. *Annals of the New York Academy of Sciences, 1994*, 248–258.
Cicchetti, D., Rogosch, F. A., & Sturge-Apple, M. L. (2007). Interactions of child maltreatment and 5-HTT and monoamine oxidase A polymorphisms: Depressive symptomatology among

adolescents from low-socioeconomic status backgrounds. *Development and Psychopathology, 19*, 1161–1180.
Cooperrider, D. L., & Sekerka, L. E. (2003). Toward a theory of positive organizational change. In K. S. Cameron, J. E. Dutton, & R. E. Quinn (Eds.), *Positive organizational scholarship: Foundations of a new discipline* (pp. 225–240). San Francisco: Berrett- Koehler.
De Grouchy, J. W. (2006). *Being human: Confessions of a christian humanist*. London: SCM Press.
De Saint-Exupéry, A. (1995). *Wind, sand and stars*. London: Penguin.
Duckworth, A. L., Steen, T. A., & Seligman, M. E. P. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology, 1*, 629–651.
Eco, U. (1989). *Foucault's pendulum*. London: Picador.
Ehrenreich, B. (2009). *Bright-sided: How positive thinking is undermining America*. New York: Picador.
Elder, G. H. (1974). *Children of the great depression: Social change in life experience*. Chicago: University of Chicago Press.
Elder, G. H. (2005). *The life course and human development*. Retrieved August 26, 2011, from http://www.cpc.unc.edu/projects/lifecourse/elder_research
Eriksson, M. (2007). *Unravelling the mystery of salutogenesis: The evidence base of the salutogenic research as measured by Antonovsky's sense of coherence scale*. Helsinki, Finland: Folkshälsan Research Centre.
Eriksson, M., & Lindström, B. (2005). Validity of Antonovsky's sense of coherence scale: A systematic review. *Journal of Epidemiology and Community Health, 59*, 460–466.
Friedman, H. S., & Martin, L. R. (2011). *Surprising discoveries for long life from the landmark eight-decade study*. New York: Hudson Street Press.
Grayling, A. C. (2002). *The meaning of things: Applying philosophy to life*. London: Phoenix.
Groenewald, H. J. (1996). Intercultural communication: "Risking" a change of heart. In M. E. Steyn & K. B. Motshabi (Eds.), *Cultural synergy in South Africa: Weaving strands of Africa and Europe* (pp. 13–26). Randburg, South Africa: Knowledge Resources.
Gully, S. M., Incalcaterra, K. A., Joshy, A., & Baubien, J. M. (2002). A meta-analysis of team-efficacy, potency, and performance: Interdependence and levels of analysis as moderators of observed relationships. *Journal of Applied Psychology, 87*, 819–832.
Hamamura, T. (2011). Are cultures becoming individualistic? A cross-temporal comparison of individualism-collectivism in the United States and Japan. *Personality and Social Psychology Review, 16*, 3–24.
Hariri, A. R., & Brown, S. M. (2006). Images in neuroscience: Serotonin. *The American Journal of Psychiatry, 163*, 12.
Hart, K. B., & Sasso, T. (2011). Mapping the contours of contemporary positive psychology. *Canadian Psychology, 52*, 82–92.
Held, B. S. (2002). The tyranny of the positive attitude in America: Observation and speculation. *Journal of Clinical Psychology, 58*, 965–991.
Jellesma, F. C., Rieffe, C., Terwogt, M. N. M., & Westenberg, P. M. (2011). Children's sense of coherence and trait emotional intelligence: A longitudinal study exploring the development of somatic complaints. *Psychology and Health, 26*, 307–320.
Kebza, V., & Šolcová, I. (2011). Main trends in resilience in children, adolescents, families, and trauma recovery. In M. J. Celinski & K. M. Gow (Eds.), *Wayfinding through life's challenges: Coping and survival* (pp. 13–30). New York: Nova Science.
Kendler, K. S., Kuhn, J. W., Vittum, J., Prescott, C. A., & Riley, B. (2005). The interaction of stressful life events and serotonin transporter polymorphism in the prediction of episodes of major depression: A replication. *Archives of General Psychiatry, 62*, 529–535.
Kern, M. L., & Friedman, H. S. (2011). Personality and differences in health and longevity. In T. Chamorro-Premuzic, S. von Stumm, & A. Furnam (Eds.), *The Wiley-Blackwell handbook of individual differences*. Oxford, UK: Blackwell.
Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Research, 43*, 207–222.

Keyes, C. L. M. (2005a). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*, 539–548.
Keyes, C. L. M. (2005b). The subjective well-being of America's youth: Toward a comprehensive assessment. *Adolescent and Family Health, 4*(1), 3–11.
Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist, 62*, 95–108.
Keyes, C. L. M., & Grywacz, J. G. (2002). Complete health: Prevalence and predictors among U.S. adults in 1995. *American Journal of Health Promotion, 17*, 122–131.
Keyes, C. L. M., Wissing, M. P., Potgieter, J. P., Temane, M., Kruger, A., & Van Rooy, S. (2008). Evaluation of the mental health continuum – Short form (MHC-SF) in Setswana-speaking South Africans. *Clinical Psychology & Psychotherapy, 15*, 181–192.
Kim, H. S., Sherman, D. K., Ko, D., & Taylor, S. E. (2006). Pursuit of comfort and pursuit of harmony: Culture, relationships, and social support seeking. *Personality and Social Psychology Bulletin, 32*, 1595–1607.
Kim-Cohen, J., Caspi, A., Taylor, A., Williams, B., Newcombe, R., Craig, I. W., et al. (2006). MAOA, maltreatment, and gene-environment interaction predicting children's mental health: New evidence and a meta-analysis. *Molecular Psychiatry, 11*, 903–913.
Kim-Cohen, J., & Gold, A. L. (2009). Measured gene-environment interactions and mechanisms promoting resilient development. *Current Directions in Psychological Science, 18*, 138–142.
Kobasa, S. C. (1982). The hardy personality: Toward a social psychology of stress and health. In G. S. Sanders & J. Suls (Eds.), *Social psychology of health and illness* (pp. 3–32). Hillsdale, NJ: Erlbaum.
Krause, N. (1997). Anticipated support, received support, and economic stress among older adults. *Journal of Gerontology: Social Sciences, 52B*, P284–P293.
Lathem, D. C. (1969). *The poetry of Robert Frost*. New York: Holt, Rinehart & Winston.
Louw, D. J. (2005). *Ubuntu: An African assessment of the religious other*. Retrieved November 21, 2010, from http://www.ngkerk.org.za/forumdocs/Ubuntu-filosofie.doc
Luthar, S. S., & Brown, P. J. (2007). Maximizing resilience through diverse levels of inquiry: Prevailing paradigms, possibilities, and priorities for the future. *Development and Psychopathology, 19*, 931–955.
Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin, 131*, 803–855.
Maddi, S. R., Khoshaba, D. M., Harvey, R. H., Fazel, M., & Resurreccion, N. (2011). The personality construct of hardiness, V: Relationships with the construction of existential meaning in life. *Journal of Humanistic Psychology, 51*, 369–388.
Marks, R., Allegrante, J. P., & Lorig, K. (2005). A review and synthesis of research evidence for self-efficacy-enhancing interventions for reducing chronic disability: Implications for health education practice (Part II). *Health Promotion Practice, 6*, 148–156.
Markus, H. R., & Kitayama, S. (1991). Culture and self: Implications for cognition, emotion, and motivation. *Psychological Review, 98*, 224–253.
Markus, H. R., & Kitayama, S. (1994). A collective fear of the collective: Implications for selves and theories of selves. *Personality and Social Psychology Bulletin, 20*, 568–579.
Markus, H. R., & Kitayama, S. (2004). Models of agency: Sociocultural diversity in the construction of action. In V. Murphy-Berman & J. Berman (Eds.), *The 49th annual Nebraska symposium for motivation: Cross-cultural differences in perspectives on self* (pp. 1–57). Lincoln, NE: University of Nebraska Press.
Markus, H. R., Uchida, Y., Omoregie, H., Townsend, S. S. M., & Kitayama, S. (2006). Going for gold: Models of agency in Japanese and American contexts. *Psychological Science, 17*, 103–112.
Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227–238.
Masten, A. S., Nuechterlein, K. H., & Wright, M. O.'. D. (2011). Norman Garmezy (1918–2009). *American Psychologist, 66*, 140–141.
McAuley, E., Mailey, E. L., Mullen, S. P., Szabo, A. N., Wójcicki, T. R., & Kramer, A. F. (2011). Growth trajectories of exercise self-efficacy in older adults: Influence of measures and initial status. *Health Psychology, 30*, 75–83.

McNulty, J. K., & Fincham, F. D. (2012). Beyond positive psychology? Toward a contextual view of psychological processes and well-being. *American Psychologist, 67*, 101–110.
Menninger, K., Mayman, M., & Pruyser, P. (1963). *The vital balance: The life process in mental health and illness*. New York: Viking.
Moritz, S. E., Feltz, D. L., Fahrbach, K. R., & Mack, D. E. (2000). The relation of self-efficacy measures to sport performance: A meta-analytic review. *Research Quarterly for Exercise and Sport, 71*, 280–294.
Muir, J. (1911). *John Muir*. Retrieved June 19, 2011, from the World Wide Web: http://en.wikiquote.org/wiki/John_Muir
Multon, K. D., Brown, S. D., & Lent, R. W. (1991). Relation of self-efficacy beliefs to academic outcomes: A meta-analytic investigation. *Journal of Counseling Psychology, 38*, 30–38.
Neria, Y., DiGrande, L., & Adams, B. G. (2011). Posttraumatic stress disorder following the September 11, 2001, terror attacks. *American Psychologist, 66*, 429–446.
Nickel, D., & Spink, K. S. (2010). Attributions and self-regulatory efficacy for health-related physical activity. *Journal of Health Psychology, 15*, 53–63.
Rand, K. L., & Snyder, C. R. (2003). A reply to Lazarus: The evocator emeritus. *Psychological Inquiry, 14*, 148–153.
Robitschek, C., & Keyes, C. L. M. (2009). Keyes's model of mental health with personal growth initiative as a parsimonious predictor. *Journal of Counseling Psychology, 56*, 321–329.
Rosenbaum, M. (Ed.). (1990). *Learned resourcefulness: On coping skills, self control and adaptive behavior*. New York: Springer.
Rushdie, S. (2010). *Luka and the fire of life*. London: Jonathan Cape.
Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences, 1094*, 1–12.
Ryan, R. M., & Frederick, C. (1997). On energy, personality, and health: Subjective vitality as a dynamic reflection of well-being. *Journal of Personality, 65*, 529–565.
Sagy, S., & Antonovsky, A. (2000). The development of the sense of coherence: A retrospective study of early life experiences in the family. *International Journal of Aging & Human Development, 51*, 155–166.
Saleeby, D. (1992). *The strengths perspective in Social Work*. New York: Longman.
Schaufeli, W. B., & Bakker, A. (2001). Werk en welbevinden: Naar een positieve benadering in de arbeids- en gezondheidspsigologie [Work and well-being: Towards a positive occupational and health psychology]. *Gedrag en Organizatie*, *14*, 229–253.
Scholz, U., Doña, B. G., Sud, S., & Schwartzer, R. (2002). Is general self-efficacy a universal construct? Psychometric findings from 25 countries. *European Journal of Psychological Assessment, 18*, 242–251.
Schwarzer, R., & Luszczynska, A. (2008). *Health-specific self-efficacy scales*. Retrieved October 5, 2010, from the World Wide Web: http://userpage.fu-berlin.de/~health/healself.pdf
Schwarzer, R., Mueller, J., & Greenglass, E. (1999). Assessment of perceived general self- efficacy on the internet: Data collection in cyberspace. *Anxiety, Stress and Coping, 12*, 145–161.
Seligman, M. E. P. (2011). *Biography*. Retrieved January 3, 2011, from the World Wide Web: http://www.authentichappiness.sas.upenn.edu/Default.aspx
Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5–14.
Seligman, M. E. P., & Fowler, R. D. (2011). Comprehensive soldier fitness and the future of psychology. *American Psychologist, 66*, 82–86.
Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*, 410–421.
Shirom, A. (2006). Explaining vigor: On the antecedents and consequences of vigor as a positive affect at work. In C. L. Cooper & D. Nelson (Eds.), *Organizational behavior: Accentuating the positive at work*. Thousand Oaks, CA: Sage.
Smith, P. M., Breslin, E. C., & Beaton, D. E. (2003). Questioning the stability of sense of coherence. *Social Psychiatry and Psychiatric Epidemiology, 38*, 475–484.
Smuts, J. C. (1987). *Holism and evolution*. Cape Town, South Africa: N & S Press. (Original work published 1926).

Sorkin, D., Rook, K. S., & Lu, J. L. (2002). Loneliness, lack of social support, lack of companionship, and the likelihood of having a heart condition in an elderly sample. *Annals of Behavioral Medicine, 24*, 290–298.

Soros, G. (2007). *The age of fallibility: The consequences of the war on terror*. London: Phoenix.

Stajkovic, A. D., & Luthans, F. (1998). Self-efficacy and work-related performance: A meta-analysis. *Psychological Bulletin, 124*, 240–261.

Stewart, R. (2009). *Smile*. Retrieved July 12, 2009, from the World Wide Web: http://www.azlyrics.com/lyrics/rodstewart/smile.html.

Stroebe, W., & Stroebe, M. (1996). The social psychology of social support. In E. T. Higgins & A. W. Kruglanski (Eds.), *Social psychology: Handbook of basic principles* (pp. 596–621). New York: Guilford.

Strümpfer, D. J. W. (1995). The origins of health and strength: From "salutogenesis" to "fortigenesis". *South African Journal of Psychology, 25*, 81–89.

Strümpfer, D. J. W. (2004). A different way of viewing adult resilience. *International Review of the Armed Forces Medical Services, 77*, 247–250, 252–260.

Strümpfer, D. J. W. (2006). The strengths perspective: Fortigenesis in adult life. *Social Indicators Research, 77*, 11–36.

Strümpfer, D. J. W. (2007). What contributes to fortigenic appraisal of inordinate demands? Everything! *South African Journal of Psychology, 37*, 491–517.

Suh, E. M. (2002). Self, the hyphen between culture and subjective well-being. In E. Diener & E. M. Suh (Eds.), *Culture and subjective well-being* (pp. 63–86). Cambridge, MA: MIT Press.

Suh, E. M. (2007). Downsides of an *overly* context-sensitive self: Implications from the culture and subjective well-being research. *Journal of Personality, 75*, 1321–1343.

Suomi, S. (2006). Risk, resilience, and Gene × Environment interaction in rhesus monkeys. *Annals of the New York Academy of Sciences, 1094*, 52–62.

Taylor, S. E., Sherman, D. K., Kim, H. S., Jarcho, J., Takagi, K., & Dunagan, M. S. (2004). Culture and social support: Who seeks it and why? *Journal of Personality and Social Psychology, 87*, 354–362.

Taylor, S. E., Welch, W. T., Kim, H. S., & Sherman, D. K. (2007). Cultural differences in the impact of social support on psychological and biological stress responses. *Psychological Science, 18*, 831–837.

Tharpar, A., Harold, G., Rice, F., Langley, K., & O'Donovan, M. (2006). The contribution of gene-environment interaction to psychopathology. *Development and Psychopathology, 19*, 989–1004.

Uchida, Y., Kitayama, S., Mesquita, B., Reyes, J. A., & Morling, B. (2008). Is perceived emotional support beneficial? Well being and health in independent and interdependent cultures. *Personality and Social Psychology Bulletin, 34*, 741–754.

Valchev, V. H., van de Vijver, F. J. R., Nel, J. A., Rothmann, S., Meiring, D., & de Bruin, G. P. (2011). Implicit personality conceptions of the Nguni cultural-linguistic groups of South Africa. *Cross-Cultural Research, 45*, 235–266.

Walsh, F. (2002). Bouncing forward: Resilience in the aftermath of September 11. *Family Process, 41*, 34–36.

Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process, 46*, 207–227.

Warner, L. M., Schüz, B., Wurm, S., Ziegelmann, J. P., & Tesch-Römer, C. (2010). Giving and taking—Differential effects of providing, receiving and anticipating emotional support on quality of life in adults with multiple illnesses. *Journal of Health Psychology, 15*, 660–670.

Werner, E. E., & Smith, R. S. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: McGraw-Hill.

Williams, D. M. (2010). Outcome expectancy and self-efficacy: Theoretical implications of an unresolved contradiction. *Personality and Social Psychology Review, 14*, 417–425.

Williams, S. A., Wissing, M. P., Rothman, S., & Temane, M. (2010). Self-efficacy, work, and psychological outcomes in a public service context. *Journal of Psychology in Africa, 20*, 43–52.

Wissing, M. P. (1998, May). *Health psychology and psychological health: Explicating the (not so) obvious*. Paper presented at Second Dutch Conference on Psychology and Health, Kerkrade, The Netherlands.

Wissing, M. P., & Temane, Q. M. (2008). The structure of psychological well-being in cultural context: Towards a hierarchical model of psychological health. *Journal of Psychology in Africa, 18*, 45–56.

Wissing, M. P., & van Eeden, C. (1997, September). *Psychological well-being: A fortigenic conceptualization and empirical clarification*. Paper presented at Annual Congress of the Psychological Society of South Africa, Durban.

Wissing, M. P., & van Eeden, C. (2002). Empirical clarification of the nature of psychological well-being. *South African Journal of Psychology, 32*, 32–44.

Wong, P. J. P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology, 52*, 69–81.

Chapter 3
Positive Psychology and Education

Irma Eloff

There is a natural affinity between the central constructs of positive psychology and the educational principle of working with strengths and capacities. In this chapter, the confluence between the movement towards positive psychology and an emerging stream of educational studies that focus on constructive, positive aspects of education will be explored.

Worldwide, the educational challenges we face are significant. International studies have reported increasing dropout rates from school, teenage depression, violence, suicidal ideation among adolescents, and a moderate to high risk for mental health problems among youth (Conoley & Conoley, 2009).

In South Africa, specific concerns have arisen around low student performance in reading and mathematics on internationally benchmarked evaluations (e.g., TIMSS, PIRLS), underqualified teachers in classrooms, teacher absenteeism, the academic quality of school graduates, systemic challenges in the postschool system, low teacher morale, poor school infrastructure, and numerous quality and effectiveness challenges in terms of teaching and learning (Deacon, 2010). The challenges of providing adequate learning support to vulnerable children have also been recorded (Bouwer, 2005; Donald, Lazarus, & Lolwana, 1997).

This chapter explores how these challenges are being addressed by pursuing positive approaches. The detrimental effects of persistent deficit-approaches have been established (Magyar-Moe, 2009). As a result, the departure point for this chapter will be an assumption that positive, strength-based approaches are not only needed, but their development is the most appropriate response to the dire needs and challenges in education.

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Positive Psychology Within Education

Positive psychology is the scientific study of what goes right in life (Peterson, 2009; Seligman & Csikszentmihalyi, 2000), while education as a discipline refers to the cumulative experiences that shape the teaching–learning processes of individuals and groups, including what goes right. Teaching–learning processes take place in a variety of contexts across a lifespan. These teaching–learning experiences impact the knowledge, moral, social, emotional, cognitive, and behavioural development of the individuals involved. The learning experiences, which may include *traditional* and/or *psychological learning processes*, also impact the mastery of skills and attitudes as well as overall mental health. The definition of education, however, should not be oversimplified. Education, as such, has always been a highly contested field for scholars and researchers. Progressive scholars such as Dewey (1916) have argued that education is inherently a process that transcends the individual. It is, in essence, *communal*. By coupling education and democracy, Dewey (1916) foregrounded the connectedness of individuals to the systems and groups within which they function and learn. The complications of communality are described even further in the writings of Freire (1987) when he asks the following questions: "What are the knowledge and skills worth learning? How is knowledge different from belief? What is a human being?" Freire (1987) asked further specific questions about the nature of learning. In his theory of transmission, for example, he specifically questioned the role of the teacher and emphasized the need for learning on the side of the teacher as well. He stated that "Learning is a process where knowledge is presented to us, then shaped through understanding, discussion, and reflection" (Freire, 1987).

This inherent symbiosis between the individual and the social context, so often highlighted in education, finds a slightly modified expression within psychology. Social context may refer to families, classrooms, schools, districts, socioeconomic strata, countries, and even continents. In psychology, contextual factors have often been used to explain individual matters of mental illness and/or mental health. It is clear, however, that the complexities that this symbiosis creates is equally challenging within the field of psychology. A study by Temane and Wissing (2006), for instance, demonstrated how the subjective perception of health mediates the relationship between context and psychological well-being, where they illustrated that the importance of health to psychological well-being can override the differentials that may be suggested by contextual factors.

Areas of communality between education and psychology therefore seem to be, among others, the centrality of learning, the complexity of reciprocity between the individual and group(s), and the understanding of the essence of human nature. Both of these social science fields embrace complexities and have evolved over time by acknowledging disparate perspectives of social phenomena.

Peterson reminds us that, "Most generally, positive psychology reframes how one looks at children. It is good to remind the larger world that 'the kids are alright.' Most are happy and healthy. They love their parents. They appreciate their teachers.

They are passionately interested in cultivating good character, in doing the right thing, and in making a difference. […] Positive psychology is not Pollyannaism … but …problems coexist with assets and strengths" (2009, p. 9). While Peterson's contention may be valid within a developed context, greater complexities exist, however, within developing contexts such as South Africa. Many South African children strive to be happy and healthy, but those same children also find themselves struggling on a daily basis to do so. Overcoming the restrictions of poverty, HIV/AIDS, and crime pose significant challenges in the lives of children. A nuanced interpretation of Peterson's reasoning would therefore perhaps call for an acknowledgment of the high prevalence of strengths and capacities in children when we view them, but to also keep the coexistence of problems and strengths in mind.

It is interesting however that the zeitgeist in both disciplines and professions (education and psychology) have precipitated a teaching–learning approach towards strengths and capacities as well as towards the constructive and the positive. In the next section, the natural overlap between the efficacy of positive psychological interventions and the inherent inclination in education to *teach* and facilitate learning is illustrated.

The Potential of Teaching Positive Psychology

The natural affinity between positive psychology and education is enhanced by the fact that positive psychology as a subject field can be taught, and deep learning about the field can be facilitated. It is well-known that the basic tenets, assumptions, and strategies of positive psychology can be described and explained to large groups of people, even with limited acknowledgment of their existing professional backgrounds (Biswas-Diener & Patterson, 2011; Jayawickreme & Forgeard, 2011; Thomas & McPherson, 2011). The teaching–learning process in this regard is often participatory, reflective, and group-based—a reciprocal teaching–learning cycle. Also known as the "fifth pillar" of positive psychology (Fineburg, 2009), the teaching of positive psychology has manifested as separate modules in psychology training and/or infused into existing psychology curricula. It may take the form of broad overviews of themes such as happiness, flow, optimism, and subjective well-being, or it can focus on one theme and explore it in depth.

On an indirect level, positive psychological interventions can be implemented after the necessary orientation has been provided. Lessons can be learned, and learning can be facilitated for revised positive psychological strategies. This can be done with different groups of people who may not necessarily have a background in psychology. Therein lies the beauty of the natural synergy between positive psychology and education.

In a study by He (2009), she demonstrated how strength-based theories can be used to offer an alternative to the traditional teacher mentoring approaches (i.e., traditional in the sense that the lecturer tends to be the advice-giver and the student tends to be the advice-taker). With strength-based approaches, the focus is instead

on academic optimism and on both individual's positive experiences and strengths. Additionally, *collective* efficacy is foregrounded with strength-based approaches. In this instance, the strength-based approach extends beyond the individuals using it; that is, it is a transactional process between individuals, based on social interactions, and its influence reaches wider than the immediate participants. In a similar vein, a study (Horner et al., 2004) on positive behaviour support illustrated how a school-wide evaluation tool (SET) can potentially improve the social culture, behavioural climate, and safety in a school. Within this approach, positive behavioural expectations are first defined and then *actively taught to all children* in a school by utilizing facilitative learning processes. This strategy aligns with the trend during the last two decades to engage in both the prevention of challenging behaviour and the investment in school-wide practices. Although the relationships between a school-wide intervention and more fine-grained variables (i.e., the impact on academic performance, increased attendance, and decreased need for disciplinary actions) still need to be determined, the findings from this study are encouraging.

Morris (2009) aligned himself with a perspicuous description of facilitating learning in well-being (e.g., positive psychology). He described a three-stage, cyclical process of Awareness (Notice), Intervention (Act), and Evaluation (Reflect). In this approach, the tumescent effect of requiring children to simply notice aspects about themselves and their surrounding world is leveraged to increase awareness about well-being. Children are therefore asked to tap into the primary skill of well-being: knowing that things are going well or not going well in order to make a change in their lives. In the second stage, the children take action steps that will make them flourish and be happy and healthy. During the evaluation and reflection stage, children can assess how well the action steps worked. Morris (2009) distinguished between experiential and reflective techniques for teaching positive psychology. Experiential techniques may include game playing, re-enactments, and taking on the role of a scientist who is experimenting with interventions. Reflective techniques may include journal-keeping, sharing, discussing, biographical learning, developing scenarios, testing, or using visual stimuli.

Some programmes which facilitate learning on the principles of positive psychology—with a focus on celebrating strengths—support the existing curriculum in a school. The work of Eades (2008) is designed to meet multiple curriculum goals, such as improving listening skills, utilizing thinking skills, developing teamwork, and learning about presentation skills. All of this is attained while developing the language of strengths.

On a cautionary note, Krovetz (2008) pointed out that the teaching of particular positive psychological aspects should avoid being too narrow in its interpretation. In referring to the teaching of resilience, for instance, he reiterates that the broader building of a positive culture within which resilience can be strengthened and the creation of situations where resilience (and the development of other positive psychological traits) can be fostered should be of equal importance.

While a clear distinction needs to be made between the teaching of positive psychology as a scientific field and the teaching of positive psychological constructs for a specific interventionist purpose, it seems evident that the teaching of positive

psychology provides a synergistic space where education and psychology converge effectively. The inherent didactic and pedagogical value of positive psychological constructs lends itself to a broad range of possible applications.

The Broaden-and-Build Theory

The broaden-and-build theory postulated by Frederickson (2001) has been widely described and used in positive psychology. In education, the focus has been more on the mobilization of existing strengths and assets via relationships and systemic interventions rather than on the broaden-and-build concept of the deliberate elicitation of positive emotion in order to enhance performance in subsequent tasks and endeavours. Basically the broaden-and-build theory garners the notion that positive *affect* promotes adaptive behaviour and also improves an individual's thought repertoire. By thus purposefully eliciting positive affect, overall adaptive behaviour is enhanced.

The broaden-and-build theory subscribes to three empirically supported premises (Cohn & Frederickson, 2009):

1. Positive emotions broaden the range of thoughts and actions to which people are inclined.
2. This broadened repertoire of thoughts and actions helps to build enduring resources.
3. Positive emotions evolved in order to help build resources rather than to focus exclusively on immediate concerns.

Positive affect, or mild elation, has been shown to facilitate cognitive flexibility, as indicated by Strümpfer (2006) when he paraphrases some experiments in positive psychology. Cognitive flexibility, in turn, contributes to creative problem solving, innovation, and thought patterns that are more diverse, thorough, efficient, and integrative. According to Strümpfer (2006), positive feelings also guide memory, facilitate recall of positive material, and contribute to greater efficiencies—completing a cycle which then, again, enhances further flexible thinking.

Huebner, Gilman, Reschly, and Hall (2009) stated that positive affect enhances adaptive behaviour through the construction of a wide array of positive social relationships, personal resources, healthy coping behaviours, and learning opportunities. They also indicated that frequent positive affect has been shown to be a predictor of success in marriage, vocation, friendships, and income, as well as a promoter of physical and mental health.

It seems then that opportunities exist to explore the notion of broaden-and-build within the field of education as well. Some studies (Ebersöhn, 2006, 2007; Ferreira, 2006, 2008; Joubert, 2009; Loots, 2005, 2008; Loots & Mnguni, 2008; Lubbe & Mampane, 2008; Mohangi, 2008; Theron, 2006) in education, however, have focused on strengths and capacities. The elicitation of positive affect is most likely to have been an inherent (while unmeasured) consequence of the focus of strengths

and capacities within these processes. Overall, it seems that there is a paucity of studies that utilize the broaden-and-build methodology in education, specifically in terms of a research methodology or a teaching–learning strategy.

Strengths in Individuals and Systems

Eades (2008) celebrated the strengths of individuals, classrooms, and the wider school when she brought positive psychology to education. The goal of highlighting strengths in school systems is to contribute to the well-being, and ultimately the flourishing of the individuals in the system. She actively promoted the broaden-and-build principle by introducing mood-boosters and strengths-builders. Strategies such as philosophy for children, good memories sessions, positive storytelling, and a focus on flow in the classroom all contribute to identifying strengths in individuals and systems.

As stated, numerous national studies (Ebersöhn, 2006, 2007; Ferreira, 2006, 2008; Joubert, 2009; Theron, 2006) that have focused on strengths in individuals and educational systems can be found in South African education. For example, Ebersöhn's work (2006, 2007) over the last decade has been groundbreaking in the education field. By shifting the predominantly deficit-focus of educational psychological studies within school contexts, she has uncovered insights about strengths in individuals and educational systems (e.g., classrooms, schools, education districts) that have previously been neglected. She actively pursued nuanced understandings of asset-based approaches within schools, and she persisted in seeking avenues of inquiry that highlighted capacity rather than scarcity. As a result, we now know that resilience can be promoted in low resource school settings when teachers create networks to access existing services in order to mediate the effects of cumulative and chronic risk. Prerequisites to drive and sustain resilience promotion include prioritizing both risk and resources, and engaging in relationships that are rich in the required resources in order to address the prevailing risk.

In turn, Ferreira (2006) has shown how asset-based approaches can change the nature of educational psychological interventions. She has incorporated swaths of service-learning and participatory rural appraisal (PRA) in studies conducted in South African schools. As a result, new understandings of the way in which interventions can take place within challenging environments have been created. Her research has specifically shown that insight into the underlying philosophy of the asset-based approach among teachers can result in the teachers taking ownership of challenges experienced within school-communities. Once this stage has been reached, change and development can be facilitated through initiatives by teachers themselves, or for that matter, by any other stakeholders within the community. Such processes of change therefore require people at the ground level who first become aware of the strengths and assets in the immediate environment, who could be relied upon in addressing challenges and overcoming problems, and who put plans in place to utilize these resources. In addition, Ferreira's work (2008) has

pointed out that external assistance for the sake of facilitating such awareness and action can be provided by means of intervention research.

Ferreira's work aligns well with that of Huebner et al. (2009). In their work on school satisfaction, they point out that research has shown that the quality of support that is provided to children by teachers is positively related to children's engagement and participation in school. Teachers who lead predictable classrooms, where choice and autonomy are promoted within curricula and where goals are emphasized, facilitate satisfaction with school in children. However, it is also important to note that when teachers pay more attention to negative behaviour and when they are overly controlling, children's school satisfaction is reduced (Huebner et al., 2009).

Applied educational research as a field, of course, extends beyond the school level. As pointed out by Schreiner, Hulme, Hetzel, and Lopez (2009), positive psychology needs to contribute to and inform higher education as well. The principles of positive psychology can be (and have been) applied to the work of university students, tertiary education staff, leaders, and managers (Kranzler, Parks, & Gillham, 2011; McGovern, 2011; Parks, 2011). Institutional effectiveness, student throughput, and success can all be positively impacted by applying the triptych of individual strengths, systemic capacities, and positive interactional dynamics.

In terms of interactional dynamics, the specific quality of the interaction between lecturers and students has consistently been one of the best predictors of student success and throughput at universities (Pascarella & Terenzini, 2005). Yet ironically, this is a factor of academic life that is seldom emphasized in strategic planning or performance agreements. In addition, higher education often focuses on surviving rather than on thriving and flourishing (Schreiner et al., 2009). A focus on deficits and weakness can also often be detected in annual planning and performance indicators. Luthans and Youssef (2009) have strongly advocated that we should not only be fixing what is wrong in systems and workplaces (e.g., in this instance, university contexts), but that we should also be taking a positive, strengths-based approach to organizational development.

In 2002, Luthans defined the approach of positive organizational behaviour (POB) by stating that it is "the study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement in today's workplace" (Luthans, 2002, p. 59). This definition allows for the complexities of human productivity to be integrated into understandings of optimal organizational states. Tertiary education today, however, is confronted with major challenges in terms of funding, student preparedness, reduced employee loyalty, anti-intellectual movements, stress, competitiveness, and increasing demands on the expanding roles of academics. Yet as Luthans and Youssef (2009, p. 580) rightly pointed out, there have been "frequent calls for shifting attention away from a narrow, short-term, management-by-exception orientation, with its predominant emphasis on mistakes, deficits, shortages, weaknesses, and dysfunctional behaviours, to proactive positive perspectives and approaches recognizing the value of human assets".

In terms of applying positive psychology to the academic life of students, Schreiner et al. (2009) made several proactive suggestions. For instance, by building

on empirical evidence (Snyder, Wikland, & Cheavens, 1999) that students with higher levels of hope were more likely to graduate, they recommended that students' hope should be built actively by teaching them to set goals that align with their personal values and strengths. They also suggest that students' resilience should be strengthened by equipping them with a healthy explanatory style. In support, they refer to the study by Pintrich and Zusho (2002), which indicated that students with a positive explanatory style show higher levels of academic performance because they are more likely to engage in learning processes.

Assessing for Strengths

The assessment of strengths and capacities has increased exponentially in the last decade. While the purpose of this chapter is not to focus explicitly on assessment per se, the discussion on positive psychology as it relates to education necessitates at least some reference to current trends.

In terms of the convergence and symbiosis between positive psychology and education that is discussed in this chapter, it is important to note the difference between the assessment of individual strengths and the assessment of systemic strengths and capacities. Traditionally, psychology has had a strong inclination towards individual assessment. Contextual factors were considered in terms of individual functioning, but not necessarily assessed in and of themselves. Collectivism as a construct has, however, infused the way in which individuals are viewed and assessed in psychology. This social model, in which individuals are viewed in terms of social embeddedness and collective identity, has highlighted the importance of groups and broader social systems. It also supports the view that strengths are generated from groups rather than from individuals. Positive individual attributes, such as equity, generosity, and good interpersonal relationships, have also been linked to collectivism (Donald et al., 1997; Pedrotti, 2009).

Along a similar line of development, educational assessment has moreover seen a strong emphasis on individual performance in the last four decades. Yet as with psychology, education has also seen shifts towards broader and more inclusive systemic assessment. Not only are systems assessed in terms of effectiveness, but individual performance is assessed as *indicators* of systemic effectiveness (Coe, 2009).

Today, instruments such as the Clifton Youth Strengths Explorer (Lopez & Owens, 2009) focus on constructs such as achieving, caring, competing, confidence, dependability, discovering, future thinking, organizing, presenting, and relating. These constructs present a fusion of individualistic and communal (e.g., collectivistic) attributes, but this particular instrument elicits data from individuals. The instrument was developed with the purpose of discovering what would happen if a study of what is right with youth (aged 10–14 years) was conducted. Preceded by the Clifton Strengths Finder, this instrument counteracted the predominant deficit assessments of youth. It also allowed teachers, parents, and youth themselves to label youth in a positive and constructive manner, while also nurturing activities that have subsequent positive effects.

Similarly, the Values in Action (VIA) Classification of Strengths focuses on what is right about individuals, but then specifically teases out the character strengths that makes a good life possible (Park, 2009). The VIA Classification presents a set of virtues that is acknowledged as being broadly important in psychology. These include virtues such as wisdom and knowledge, courage, humanity, justice, temperance, and transcendence.

While appreciating the shift towards positive psychological assessment of children and youth, educational psychologists who work in the education sector have focused strongly on systemic assessments in recent years. They may work with entire schools, grade groups, or education districts. They may also work directly with young children, adolescents, teachers, school principals, or community organizations (Lowe & Raad, 2009), while assessing strength and capacity (Ferreira & Ebersöhn, 2011).

Specific educational challenges, such as learning support to children with disabilities or to vulnerable children, can specifically be addressed if assessments are done for strengths in both individuals and systems (Eloff, Ebersöhn, & Viljoen, 2007; Williams & Eloff, 2007). Not only does this type of assessment provide a type of *indirect* broaden-and-build effect, but it has been proven to yield long-term gains in terms of sustainability and autonomy (Ferreira & Ebersöhn, 2011).

The Need to Understand Cultural Interpretations

Conceptual variety within positive psychology, as well as in the field of education, has led to numerous researchers pointing to the need to understand positive psychological constructs within a pluralistic society (Christopher, Richardson, & Slife, 2008; Conoley & Conoley, 2009; Pedrotti, 2011; Temane & Wissing, 2006).

Adams and Salter (2009) rightly pointed out that definitions of culture vary greatly across different scientific fields and theories. They emphasized the complicated fact that culture is often equated with particular groups. As an alternative, they adopted a definition of culture that focuses more on *patterned worlds* that are sometimes—but not consistently—associated with specific groups. Within this view of culture as patterns, they enunciate explicit (e.g., well-defined) and implicit patterns, such as diffuse associations within religious practices, residential habits, and broader economic and global forces. They also acknowledge temporal dynamics within cultural patterns and the fact that patterns are often historically derived. This dynamic process necessitates mutual constitution and connects with the psychological processes of reproducing, maintaining, and extending specific cultural patterns.

As such, the fact that children do not develop and learn in culturally-neutral worlds, but rather in culturally patterned worlds, led them to propose that cultural identity should be viewed as a *resource*. They stated that "Besides providing a less pathologized account of psychological experience, a cultural perspective directs attention to the reproduction of everyday worlds that promote optimal psychological experience" (Adams & Salter, 2009). If this position is viewed along with

Essed's proposition that "we belong to many groups" (Essed, 2011), then cultural identity can, in fact, be viewed as *multiple resources*. The fact that we all associate with many different groups may therefore lead to numerous internal and personal resources and strengths (if viewed as such).

Beyond the Reactionary Phase

By virtue of its provenance, positive psychology is reactionary. It originated as a reaction to the preponderance of deficit-based approaches that dominated psychology for decades—even though the search for the positive can be traced back to almost a century earlier. However, the momentum gained in the last decade has provided a platform that can move the field beyond a reaction to that which came before.

In education as a discipline, an exclusive focus on what is positive can, in fact, hinder educational effectiveness. As indicated by many (Ebersöhn, 2006, 2007; Ferreira, 2006, 2008; Theron, 2006; Walker, 2011), strength-based approaches do provide avenues for addressing challenges (e.g., negatives) via different pathways. At the same time, they prevent potential negative effects of a continued focus on negatives.

However, be it positive psychology in itself or strength-based approaches in related fields, the time has come to move beyond the reactionary phase in order to further the development of positive psychology. An internal gaze that investigates the tenets of a strongly emerging field within psychology can serve as a first step.

Conclusion

In the years to come, the constructive intersection between positive psychology and education will most probably continue to grow. Education is one of the areas within which positive psychology has flourished. However, more needs to be done in terms of both implementation research and the synthesis of a variety of approaches that have similar underlying philosophies (Parks-Sheiner, 2009). Nonetheless, the synergies that have been tapped so far bode well for the future.

References

Adams, G., & Salter, P. (2009). Culture. In S. J. Lopez (Ed.), *The encyclopedia of positive psychology*. Chichester, UK: Wiley-Blackwell.

Biswas-Diener, R., & Patterson, L. (2011). An experiential approach to teaching positive psychology to undergraduates. *The Journal of Positive Psychology, 6*(6), 477–481.

Bouwer, C. (2005). Identification and assessment of barriers to learning. In E. Landsberg, D. Krüger, & N. Nel (Eds.), *Addressing barriers to learning: A South African perspective*. Pretoria, South Africa: Van Schaik.

Christopher, J., Richardson, F. C., & Slife, B. D. (2008). Thinking through positive psychology. *Theory & Psychology, 18*(5), 555–561.

Coe, R. (2009). School improvement: Reality and illusion. *British Journal of Educational Studies, 57*(4), 363–379.

Cohn, M. A., & Frederickson, B. L. (2009). Broaden-and-build theory of positive emotions. In S. J. Lopez (Ed.), *The encyclopedia of positive psychology*. Chichester, UK: Wiley-Blackwell.

Conoley, C. W., & Conoley, J. C. (2009). Positive psychology for educators. In R. Gilman, E. S. Huebner, & M. J. Furlong (Eds.), *Handbook of positive psychology in the schools* (pp. 463–476). Oxford, UK: Taylor & Francis.

Deacon, R. (2010). Educating the educators: Challenges facing teacher education & development in SA. In F. Antonie (Ed.), *Focus: Making SA work: Universalising competence*. Parktown, South Africa: The Helen Suzman Foundation.

Dewey, J. (1916). *Democracy and education*. Los Angeles, CA: IndoEuropean Publishing. (Reprint 2010)

Donald, D., Lazarus, S., & Lolwana, P. (1997). *Educational psychology in social context: Challenges of development, social issues, special needs in Southern Africa – A teacher's resource*. Cape Town, South Africa: Oxford University Press Southern Africa.

Eades, J. M. F. (2008). *Celebrating strengths: Building strength-based schools*. Coventry, UK: CAPP Press.

Ebersöhn, L. (2006). *A school-based project supporting communities to cope with HIV&AIDS*. Pretoria, South Africa: ABSA Foundation Research Report.

Ebersöhn, L. (2007). *A school-based project supporting communities to cope with HIV&AIDS*. Pretoria, South Africa: ABSA Foundation Research Report.

Eloff, I., Ebersöhn, L., & Viljoen, J. (2007). Reconceptualising vulnerable children by acknowledging their assets. *African Journal of AIDS Research, 6*(1), 79–86.

Essed, P. (2011, September 5). *Social justice: A shared responsibility*. Honorary doctoral address, University of Pretoria, Pretoria, South Africa.

Ferreira, R. (2006). *Contemplating the relationship between coping with HIV/AIDS and the asset-based approach*. Unpublished PhD-thesis, University van Pretoria, Pretoria.

Ferreira, R. (2008). Using intervention research to facilitate community-based coping with HIV & AIDS. In L. Ebersöhn (Ed.), *From microscope to kaleidoscope. Reconsidering educational aspects related to children in the HIV&AIDS pandemic* (pp. 83–98). Rotterdam, The Netherlands: Sense.

Ferreira, R., & Ebersöhn, L. (2011). Formative evaluation of the STAR-intervention: Improving teachers' ability to provide psychosocial support for vulnerable individuals in the school community. *African Journal of AIDS Research, 10*(1), 63–72.

Fineburg, A. C. (2009). Teaching positive psychology. In S. J. Lopez (Ed.), *The encyclopedia of positive psychology*. Chichester, UK: Wiley-Blackwell.

Frederickson, B. L. (2001). The role of positive emotions in positive psychology: The Broaden-and-build theory of positive emotions. *American Psychologist, 56*, 218–226.

Freire, P. (1987). *Pedagogy of the oppressed* (Myra Bergman Ramos, Trans.). New York: The Continuum Publishing Corporation.

He, Y. (2009). Strength-based mentoring in pre-service teacher education: A literature review. *Mentoring & Tutoring: Partnership in Learning, 17*(3), 263–275.

Horner, R. H., Todd, A. W., Lewis-Palmer, T., Irvin, L. K., Sugai, G., & Boland, J. B. (2004). The school-wide evaluation tool (SET): A research instrument for assessing school-wide positive behavior support. *Journal of Positive Behavior Interventions, 6*(1), 3–12.

Huebner, E. S., Gilman, R., Reschly, A. L., & Hall, R. (2009). Positive schools. In S. J. Lopez & C. R. Snyder (Eds.), *Oxford handbook of positive psychology* (2nd ed.). Cape Town, South Africa: Oxford University Press.

Jayawickreme, E., & Forgeard, M. J. C. (2011). Insight or data: Using non-scientific sources to teach positive psychology. *The Journal of Positive Psychology, 6*(6), 499–505.

Joubert, I. (2009). *South Africa is my best world*. New York: Peter Lang.

Kranzler, A., Parks, A. C., & Gillham, J. (2011). Illustrating positive psychology concepts through service learning: Penn teaches resilience. *The Journal of Positive Psychology, 6*(6), 482–486.

Krovetz, M. L. (2008). *Fostering resilience: Expecting all students to use their hearts and minds well*. Thousand Oaks, CA: Corwin Press.

Loots, M. C. (2005). *'n Verkenning van opvoeders se mobilisering van bates ter ondersteuning van gemeenskapshantering van MIV/VIGS*. Unpublished MEd dissertation, University of Pretoria, Pretoria.

Loots, M. C. (2008). Facilitating agency for school-based support in teachers through asset mobilisation. In L. Ebersöhn (Ed.), *From microscope to kaleidoscope. Reconsidering educational aspects related to children in the HIV&AIDS pandemic* (pp. 27–48). Rotterdam, The Netherlands: Sense.

Loots, M. C., & Mnguni, M. (2008). Pastoral support competencies of teachers subsequent to memory-box making. In L. Ebersöhn (Ed.), *From microscope to kaleidoscope. Reconsidering educational aspects related to children in the HIV&AIDS pandemic* (pp. 63–82). Rotterdam, The Netherlands: Sense.

Lopez, S. J., & Owens, R. L. (2009). Clifton youth strengths explorer. In *The encyclopedia of positive psychology*. Chichester, UK: Wiley-Blackwell.

Lowe, P. A., & Raad, J. M. (2009). School psychology. In S. J. Lopez (Ed.), *The encyclopedia of positive psychology*. Chichester, UK: Wiley-Blackwell.

Lubbe, C., & Mampane, M. R. (2008). Voicing children's perceptions of safety and unsafety in their life-worlds. In L. Ebersöhn (Ed.), *From microscope to kaleidoscope. Reconsidering educational aspects related to children in the HIV&AIDS pandemic* (pp. 127–143). Rotterdam, The Netherlands: Sense.

Luthans, F. (2002). Positive organizational behaviour: Developing and managing psychological strengths. *The Academy of Management Executive, 16*(1), 57–72.

Luthans, F., & Youssef, C. M. (2009). Positive workplaces. In S. J. Lopez & C. R. Snyder (Eds.), *Oxford handbook of positive psychology* (2nd ed.). Cape Town, South Africa: Oxford University Press.

Magyar-Moe, J. L. (2009). Labeling. In S. J. Lopez (Ed.), *The encyclopedia of positive psychology*. Chichester, UK: Wiley-Blackwell.

McGovern, T. V. (2011). Virtues and character strengths for sustainable faculty development. *The Journal of Positive Psychology, 6*(6), 446–450.

Mohangi, K. (2008). *Finding roses amongst thorns: How children negotiate pathways to well-being while affected by HIV/AIDS*. Unpublished PhD thesis, University of Pretoria, Pretoria.

Morris, I. (2009). *Teaching happiness and well-being in schools*. New York: Continuum International Publishing Group.

Park, N. (2009). Character Strengths. In S. J. Lopez (Ed.), *The encyclopedia of positive psychology*. Chichester, UK: Wiley-Blackwell.

Parks, A. C. (2011). The state of positive psychology in higher education: Introduction to the special issue (editorial). *The Journal of Positive Psychology, 6*(6), 429–431.

Parks-Sheiner, A. C. (2009). Applied positive psychology. In S. J. Lopez (Ed.), *The encyclopedia of positive psychology*. Chichester, UK: Wiley-Blackwell.

Pascarella, E. T., & Terenzini, P. T. (2005). *How college affects students: A third decade of research* (Vol. 2). San Francisco: Jossey-Bass.

Pedrotti, J. T. (2009). Collectivism. In S. J. Lopez (Ed.), *The encyclopedia of positive psychology*. Chichester ,UK: Wiley-Blackwell.

Pedrotti, J. T. (2011). Broadening perspectives: Strategies to infuse multiculturalism into a positive psychology course. *The Journal of Positive Psychology, 6*(6), 506–513.

Peterson, C. (2009). Positive psychology. *Reclaiming Children and Youth, 18*(2), 3–7.

Pintrich, P. R., & Zusho, A. (2002). Student motivation and self-regulated learning in the college classroom. In J. C. Smart & W. G. Tierney (Eds.), *Higher education: Handbook of theory and research* (Vol. xvi, pp. 55–128). Dordrecht, The Netherlands: Springer.

Schreiner, L. A., Hulme, E., Hetzel, R., & Lopez, S. J. (2009). Positive psychology on campus. In S. J. Lopez & C. R. Snyder (Eds.), *Oxford handbook of positive psychology* (2nd ed.). Cape Town, South Africa: Oxford University Press.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5–14.

Snyder, C. R., Wikland, C., & Cheavens, J. (1999). *Hope and success in college*. Paper presented at the American Psychological Association annual meeting, Boston.

Strümpfer, D. J. W. (2006). The strengths perspective: Fortigenesis in adult life. *Social Indicators Research, 77*, 11–36.

Temane, Q. M., & Wissing, M. P. (2006). The role of subjective perception of health in the dynamics of context and psychological well-being. *Psychotherapy and Psychosomatics, 75*(2), 85–95.

Theron, L. C. (2006). Critique of an intervention programme to promote resilience among learners with specific learning difficulties. *South African Journal of Education, 26*(2), 199–214.

Thomas, M. D., & McPherson, B. J. (2011). Teaching positive psychology using team-based learning. *The Journal of Positive Psychology, 6*(6), 487–491.

Walker, C. J. (2011). Classroom assessment techniques for promoting more positive experiences in teaching and learning. *The Journal of Positive Psychology, 6*(6), 440–445.

Williams, C., & Eloff, I. (2007). Is there a bright side? The positive emotional responses of mothers of children with learning difficulties. *Education as Change, 11*(1), 21–41.

Chapter 4
Life Design: An Approach to Managing Diversity in South Africa

Jacobus G. Maree

Society's attempts to respond to the glacier effects of the evolving fourth wave in the global economy have been disappointing (Maree, 2010a; Maree & Pollard, 2009). This wave is accompanied by changes in society, communities, and the workplace, and with regard to work content, technology, values, and perceptions of work. The world of work has changed markedly in recent years, necessitating another major paradigm shift in career counselling in terms of theory and practice. In the past, the practice of career counselling was based on a predominantly quantitative (*test-and-tell* or *person-environment fit*) approach, but a gradual shift has occurred over time, especial ly in the United States, England, and Australia. During the past few decades, qualitative approaches have come to the fore which have been based largely on the elicitation of life stories and personal narratives (Cochran, 1997). The consensus now is that a combined qualitative–quantitative approach—based on a sense of respect for clients, an emphasis on the meaning clients need to find in their lives, the difference they need to make in society, and their personal stories—can be used by practitioners to address previous shortcomings in the profession and to help clients design their lives.

In addition to global influences, the sociopolitical and economic culture in South Africa is also influencing advances in the epistemology (theory) and practice of career counselling. This chapter will therefore discuss the culture of sharing (*ubuntu*) and collectivistic needs that characterize the everyday life of most South Africans in particular. At the same time, it should be borne in mind that South

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Africa is in a state of flux and turbulence, as evidenced by recent xenophobic attacks, high and rising unemployment rates, pandemic corruption, spiralling crime levels, increasing socioeconomic inequality, and signs that the frustration of the impoverished majority is dangerously high.

Goals of the Chapter

This chapter surveys the new narrative approaches to career counselling and seeks to answer the following questions:

a. In what ways have the different waves in psychology and the economy influenced helping models in career counselling and prompted paradigm shifts in the theoretical approach and in the practical ways in which career counselling is administered?
b. What is the value of life design in South Africa in the twenty-first century, as a possible strategy counsellors can use to deal with the diversity divide in the country and as a contributor to the ideal of creating a serving environment in the country?

Reason for Narrative Approaches

There are clear reasons for the emergence of a novel paradigmatic approach in career counselling over the past two decades. Schultheiss and Van Esbroeck (2009, p. 366) contend that the career counselling profession is at a crossroads and that the "longevity and viability of current theories, practices, training and research" are being challenged. It has become progressively difficult to predict the future and to determine the factors that will co-determine career and life success. Gone are the days of the predictable movement from school to work and then to retirement (Peavy, as cited in Campbell & Ungar, 2004). It is generally agreed that objective tests do not fully and accurately measure interests, personalities, and values, and that they do not take into account the fact that changes take place over time, often rendering the initial career choices of young adults (and others) unsatisfactory later in life (Borchard, 1995). Furthermore, the world is currently in the midst of the most transformative time in recent economic history (Savickas, 2006a), with individuals being forced to accept responsibility for their lives: The stable, post-industrial world of work no longer exists, and security and stability in the workplace are no longer guaranteed (Maree, 2002). The impact of changes in clients' lifestyles on career counselling theory and practice is discussed next.

Impact of Global Changes in the Workplace on People's Lifestyles

Radical changes in people's lifestyles and career planning, arising from technological advances and the information explosion of the twenty-first century, have resulted in new challenges for career counselling theory and practice. People today rarely remain in one job throughout their lives (Savickas, 2006a; Watts, 2008). New careers requiring new skills and attitudes are constantly emerging, and career counselling has to keep abreast of these developments if it is to remain effective and relevant in postmodern society (Savickas, 2006a; Watson, 2004). Naicker (1994) claims that people in the major developed economies change careers an average of five times during their career lifetimes. Savickas (2006b) states that individuals in the United States born between 1957 and 1964 had an average of ten jobs between the ages of 18 and 38. While these figures cannot summarily be applied to all contexts, the general trend globally is for employees to migrate between jobs more regularly. Short-term assignments, rather than staying in one job in one company on a permanent basis, are becoming common. Of central importance is the need to examine the widening gap between what is currently offered in training and the skills needed to execute a job successfully.

It was correctly predicted some time ago that a small core of permanent employees, a sizeable number of workers whose sought-after skills were bought, and a large number of temporary workers would become commonplace in companies by the year 2000 (Handy, in Hughes, 1997). Today, in order to keep abreast of technological changes, employees have to become lifelong learners, receive ongoing training, and acquire the skill to adapt to changing career contexts and to deal with repeated transitions. They need to master cutting-edge technological skills in order to remain relevant in a highly competitive job market. Multi-skilling, for instance, will be crucial. The twenty-first century labour market should dictate assessment strategies and control feedback to workers who should be encouraged to become critical thinkers, creative problem solvers, and skilled decision makers in order to become employable instead of being trained linearly for only one specific job. Career counsellors can help clients in challenging twenty-first century work situations by guiding them not only to enter society as people in search of an occupation but also to find a way to serve others (making social contributions). Career counsellors consequently need to be familiar with the different helping models that have informed career counselling over time. Of particular importance to the practice of career counselling in the postmodern world is the interplay between the previously discussed transformative movements or waves—this will be discussed next.

Overview of the Interplay Between the Waves in Psychology, the Economy, and Career Counselling Over the Past 120 Years

Because of the impact of changes in the global economy on helping models in career counselling, this issue will be discussed first. Where possible, key references will be given in subheadings for readers who wish to do additional studying on their own.

Link Between Helping Models in Career Counselling and Economic Waves (Molitor, 1999, 2000; Savickas, 2006a, 2006b, 2007b, 2007c)

The first helping model (ca. 1850–1910) was referred to as Friendly Volunteers (Savickas, 2006a, 2007b). In this era (agricultural era: first economic wave), workers grew up on farms and generally knew what they wanted to do in their lives. Those who wanted to leave the farms could obtain guidance from a self-styled friendly volunteer. Vocational guidance (the second helping model) occurred during the second economic wave (industrial era: ca. 1900–1950) when numerous jobs became available and people flocked to the cities. After World War II, during the third economic wave, and with the establishment of large international corporations characterized by bureaucratic hierarchies (service era: ca. 1940–1990), career counselling (the third helping model) emerged. Career counsellors advised clients on how to choose an occupation and develop a career by climbing the traditional corporate ladder (Savickas, 2006b). Since the 1990s, with the emergence of the knowledge economy and information communications technology (the fourth economic wave or information era: 1990 to the present), uncertainty among workers about the permanency of their jobs has given rise to career construction for life designing (the fourth helping model), with its emphasis on empowering people to find make meaning in their work, write their own life stories, and construct their own careers and futures instead of simply choosing them.

For an understanding of why career construction, in particular, emerged so strongly over approximately two decades as a theoretical base for career counselling, one first has to understand the factors that drove the career counselling profession during each of the four waves discussed above.

Factors Emphasized During Each of the Four Economic Waves and Concurrent Helping Models in Career Counselling (Savickas, 2006a, 2006b, 2007b)

The first economic wave occurred in the romantic atmosphere of the nineteenth century. A career was seen as a vocation; character was valued (e.g. self-sufficiency, humility, and frugality) and was demonstrated through self-expression and individual effort

(craftspeople and farmers were considered the workers; family traditions were honoured; Savickas, 1993). People were, by and large, expected to be the same and to have the same values. The second economic wave was characterized by empire builders who organized craftspeople into companies and built large cities. Along with technological advances and the emphasis on an objective approach to the pure sciences, career counsellors developed *objective* assessment instruments to assess personality and interests. Career counselling thus had an objective (positivist) aura. Parsons (in Savickas, 1993) states that whereas scientists objectified the world, counsellors objectified interests, values, and abilities through inventories and tests. During the third economic wave, logical positivism started giving way to subjective perspectives (Savickas, 2003, 2004, 2005, 2006b), and meaning making began to emerge. In the fourth economic wave, identity rather than personality and vocational personality types is foregrounded, and the tendency is to help people make sense of their lives. According to Savickas (2008), a stable identity includes knowing one's story, having a clear and stable picture of oneself, and understanding the world of work. The increased emphasis on identity coincides with a decrease in emphasis on the concept of maturity, or development, and a stronger focus on career adaptability and lifelong learning. The epistemological approaches that have underpinned career counselling over the past 120 years[1] are considered below.

Epistemological Approaches That Have Underpinned the Practice of Career Counselling

History has shown that the underlying paradigm in career counselling shifts approximately once every 50 years, with a resultant influence on the practice of career counselling (Savickas, 2006b). To illustrate this, I will first refer briefly to the traditional approach.

The Traditional Approach to Career Counselling

Watson (2004) contends that, for some time, career counselling, career research, and career education have been hamstrung by the view that the greater the extent to which a discipline can empirically validate its findings in terms of numerical quantifiers, the more valuable it is. Ever since its inception at the beginning of the twentieth century, career counselling has had an objective (positivist) orientation. The rapidly changing career scenario, however, demands a contemporary approach where career counsellors

[1] Allocating time frames is often a highly debatable exercise It is extremely difficult to generalise in terms of time frames. One type of time frame may, for instance, apply to North America and Europe world, whilst a totally different time frame may for instance apply in the non-Western world. On top of this time frames overlap.

are cognizant of the changes and adapt their academic discipline to accommodate the changes. But there is insufficient evidence of the development of decision-making abilities, and indecision and a lack of realism in career choice are perpetuated. An approach where clients are seen as the sole experts on their own lives appears to be a better basis for helping clients negotiate transitions, choose careers, and design their lives. Counsellors should be useful to clients by, for example, offering spaces where clients can discover their personal characteristics and develop and share past and current stories (experiences) as they endeavour to navigate transitions and transcend past and current weaknesses. The latter threaten their chances of making a decent living, establishing social connections, and becoming self-determined (Blustein, 2010); that is, designing successful lives and making valuable social contributions (Savickas et al., 2009). In the next section, I will elaborate on some basic principles that underlie the fourth wave approach to career counselling.

A Qualitative (Narrative) Approach to Career Counselling

Interest in qualitative assessment strategies and techniques (used in conjunction with traditional techniques) has grown over the past decade. Narrative theoretical assumptions about career counselling are derived from the naturalistic (interpretive) paradigm described by, among others, Savickas (2005, 2006a, 2007a) and Hartung (2007). These assumptions are based largely on Savickas' (2005) hallmark contribution; namely, career construction theory, which blends the major career counselling theories into one grand theory and holds that people construct their own lives and careers by identifying (imposing meaning on) their vocational (work-related) behaviour and experiences in the workplace. The general aim of narrative career counselling is to help clients script their own life story—an approach that can help them explore personal meanings and find holding environments (see Photograph 4.1).

An attempt is made to facilitate personal agency by regarding clients as active agents in their own personal development and by emphasizing their emotions and passions (Savickas, 2007b). The answers to the following questions put to clients during career counselling sessions could be illuminating in this regard (Pomerantz, 2008).

a. How do we encourage people to tell their life story in a way that informs counselling?
b. How do we put a story into a perspective or a context?
c. How do we overcome a script or a stereotype that is written by others or that is unhelpful or counterproductive?
d. How can we enable clients to better construct and share their stories to enable them to design successful lives and make contributions at a social level?
e. How do we attend to issues that are overlooked or marginalized?

Social constructionism, which is central to the qualitative approach, will now be elucidated briefly, after which I will focus explicitly on Mark Savickas' (2006a, 2006b) views on this approach.

Photograph 4.1 Starting a vegetable garden in an impoverished region

Social Constructionism

According to social constructivist theory, knowledge and meaning are actively constructed through social interaction and relationships within a specific context. The meaning an individual attaches to a specific experience is accordingly inseparable from the context in which the experience takes place (Blustein, Palladino Schultheiss, & Flum, 2004; Maree, 2004; Palladino Schultheiss, 2005).

Savickas' Theory of Career Construction Counselling for Life Designing

The theory of life design counselling is linked closely to the theory of career construction. The role of stories in the counselling process is accordingly discussed in more detail below.

Savickas' Career Construction Theory

This theory holds that the individual's career is potentially a central part of life and stresses the importance of the construction of career meaning in a unique context. The theory implies that individuals can identify the manner in which they want to fit

a career into their lives. The focus is on career choice, (career) adaptability, and development as integrated processes. Four core concepts are emphasized: life structure, career personality, career adaptability, and life themes (Savickas, 2005, 2008). Savickas (2002, 2005) argues that career construction offers not only a sound theoretical framework for understanding occupational behaviour but also provides a counselling strategy and methods that clients can use as they strive to heal themselves and make social contributions through their work. Hartung (2007, 2010) believes that career construction theory updates and integrates Super's (1957, 1983) life-span/life-space theory and, more specifically, his portrayal of the developmental perspective on vocational choice and adjustment. Savickas (2005) and Hartung (2007) attribute this successful integration to the development of the following four vital dimensions of occupational and vocational behavior: (a) life *structure* (the assemblage of work and other roles that constitute a person's life), (b) career adaptability *strategies* (the coping mechanisms used by individuals to negotiate developmental tasks and environmental changes that accumulate in the course of a lifetime), (c) thematic life *stories* (the motivations and driving forces that pattern lives), and (d) personality *style* (personality traits such as abilities, needs, values, interests, and other traits that typify a person's self-concept). Career construction theory uses the narrative paradigm to transform these four theoretical dimensions into practice. It comprises a constructivist career counselling strategy and methods that encourage clients to (re-)author their lives and career stories. In achieving this, they enhance their opportunity to experience work as a personally meaningful endeavour, as a context for further development, and as a means of making a social contribution.

Career construction theory and practice serve as a grand meta-theory that blends three core career theoretical traditions: individual development (the developmental approach), psychodynamic motivation (life themes and the narrative approach), and individual differences (the differential approach or person-environment fit) into an overarching theory of occupational and vocational behaviour. In addition, the process, patterns, and content of career choice and development are dealt with effectively (Savickas & Lent, 1994).

In blending these three traditions, Savickas (2002, 2005) has responded to repeated calls (prior to and after 1992) for convergence in career development theories. In summary, several dominant perspectives on occupational behaviour and career are fused into a single meta-theory that takes into account (a) life structure and career adaptability (*how* people organize their life roles and deal with career developmental tasks), (b) life themes (*why* people move in a particular life career direction), and (c) vocational personalities (*what* traits a person possesses; Hartung, 2007; Savickas, 2002, 2005).

Life Design

Three models of life design counselling can be identified in the literature. The first model (Campbell & Ungar, 2004) facilitates individuals' movement through seven underlying phases or episodes: (a) knowing what they want, (b) knowing what they

have, (c) knowing what they hear, (d) knowing what is limiting them, (e) planning their preferred future, (f) growing into their story, and (g) growing out of their story. The second model uses narrative techniques (e.g., lifeline, collage, role identification, and fantasy) to help individuals design their lives (Zunker, 1998). Interactive group discussions that focus on the personal application of these techniques enhance the life design process (Zunker, 1998). Central to both models is the construction of meaning through communication.

Regarding the third model, Savickas et al. (2009) maintain that the new social arrangement of work poses a series of questions and challenges to people who attempt to help as they develop their working lives. These authors explain that life designing for career intervention is based on five assumptions about people and their working lives; namely, (a) contextual possibilities, (b) dynamic processes, (c) nonlinear progression, (d) multiple perspectives, and (e) personal patterns. Because their life design framework for career counselling puts into practice Guichard's (2005) theory of self-constructing and Savickas' (2005) theory of career construction—both of which describe occupational behaviour and its development—it is structured to be lifelong, holistic, contextual, and preventive.

Individuals who need to adapt to continuous change have to develop various skills that can facilitate adaptation, not only in their careers, but also in their lives (Schreuder & Coetzee, 2006). Career and life planning should be an action-oriented, constructive process that can be executed in accordance with other aspects of an individual's life, such as personal beliefs and needs (Greene, 2006). A career can be seen as a central part of life design, not an isolated part of a person's life, and should therefore be integrated into the individual's lifestyle instead of decontextualized.

Factors That Can Influence the Life Design Counselling Process

Savickas et al. (2009) state that because occupational prospects are far less definable and predictable nowadays, job transitions have become more frequent and complicated. Workers have to develop skills and competences that differ widely from those that were needed to find an occupation and design a life in the previous century. Several unique factors play a role in the process of (and actually encourage) life design counselling. Greene (2006) identifies these factors as an individual's potential and ability, interests, personality and characteristics, membership of a particular population group, and the expectations of significant others. According to Zunker (1998), an individual's perception of success, motivation to work, and need for intrinsic satisfaction, different roles, and relationships, as well as developmental and contextual changes, play a key role in life design. Career adaptability, in particular, is a fundamental aim in career counselling for life designing (Maree, 2010c) and will be discussed next.

Career Adaptability

Savickas et al. (2009) maintain that the usefulness of career counselling can be measured by its ability to effect important changes in the life stories of individuals (Soresi, Nota, Ferrari, & Solberg, 2008). To achieve important changes in such life stories, adaptability, narratability (the ability to articulate a life story), activity, and intentionality (the intention to make meaning in one's life) have to be promoted. Adaptability is crucial in postmodern society and impacts an individual's general well-being (Schreuder & Coetzee, 2006). Individuals are considered adaptable when they act in an appropriate manner in a specific situation. Different coping mechanisms are implemented by different individuals to promote their adaptability to different situations, and such coping mechanisms tend to be consistent and include problem-focused coping, emotion-focused coping, and avoidance behaviour (Kohn, O'Brien-Wood, Pickering, & Decicco, 2003). Adaptability can be further divided into a number of dimensions, such as creative problem solving, handling of unpredictable situations, mastery of new assignments, demonstration of personal and cultural ability to adapt to changes, and ability to handle work stress and crisis situations (Pulakos et al., 2002). In the next section, I will discuss some practical implications of the movement towards a combined qualitative–quantitative approach to career counselling.

Practical Implications of the Movement Towards a Qualitative–Quantitative Approach to Career Counselling

General Orientation

Career counselling in South Africa traditionally favoured an objective (positivist) approach, and career counsellors traditionally relied on proven assessment methods (Stead & Watson, 1998). Sophisticated media such as psychometric tests, work sheets, and computer programs were used to create an objective image of an individual. The image was then matched with the character traits suited to a specific career. If the values, personality traits (with the emphasis on interests), and abilities of the individual were considered congruent with the requirements of a specific career, it was assumed that the individual would find that career stable, productive, and satisfying. This matching and objective' image was accepted as real and true (Watson, 2004).

Career Counselling Failing Non-European Clients

Career theory, practice, and assessment globally have been accused of failing to meet the needs of non-white, non-Western, and non-standard populations (McMahon & Patton, 2002). According to Maree, Bester, Lubbe, and Beck (2001), counsellors

Photograph 4.2 Anton and Anthony working at a local orphanage in an extremely impoverished township

who implement current career-counselling models rely mainly on the results and profiles of psychometric tests that are problematic in diverse contexts because the majority of these tests were developed in contexts that differ widely from, for instance, developing country contexts. Furthermore, even in 2012, the value of the test results is often exaggerated, and career counsellors are regarded as experts whose recommendations should be accepted almost without question. Clients often tend to avoid the responsibility of making their own future career choices and are often deprived of the opportunity to find out about themselves, to understand the importance of personal meaning-making and mattering to society in their search for viable career and life choices, and to become more adaptable. In summary, career counselling needs to embrace an approach that recognizes individuals' social and historical backgrounds (See Photograph 4.2 above, taken at a local orphanage in an extremely impoverished township).

Imbalances in the South African Economy

Similar to the situation in most developing countries, the South African economy is marked by serious imbalances (Maree, 2013). Unemployment—already unacceptably high—is escalating, and education goals have not been achieved. The situation is at its worst in the poorest regions of the country. Motlanthe (2011), for instance, warns that unqualified youths are a time-bomb of repressed emotions that has the capacity to explode, causing havoc. According to him, South Africa has ca.

2.8 million unemployed youths aged 18–24 that are not receiving any training. A bleak picture, indeed, is painted by the rising socioeconomic deprivation in the country and the millions of undereducated, untrained, and undernourished citizens. Yet, as has been the case for many decades (Nicholas, Pretorius, & Naidoo, 1999), even in 2012, career counselling in South Africa is still available primarily only to those who can afford this often expensive service.

The Need for a More Appropriate Theoretical and Practical Base for Career Counselling in South Africa

A need exists to reconsider the theoretical base and practical implementation of career counselling and to initiate this service in the myriad of South African schools where this type of service is not offered currently. Disadvantaged youths have to be empowered to become qualified and motivated professionals and to contribute to the transformation of South African society (Maree, Ebersöhn, & Biagione-Cerone, 2010). Encouragement and hope have to be instilled in the hearts and minds of millions of people who are striving to make a decent living and to design successful lives. This aim, to a large extent, can be achieved through the commitment of researchers and practitioners who understand and share the cultural and linguistic expressions of their clients. An approach is needed that will address pressing twenty-first century psychological problems, such as burnout, anxiety, stress, and lack of empathy and social support (Maree, 2010b). What is needed is not only psychological support but also psychosocial support for the most vulnerable sections of society: the poorest of the poor, the marginalized, and the "voiceless". Psychologists can play a leading role in the facilitation of psychological and psychosocial services in South Africa's diverse communities. Organized health, psychological, educational, and welfare services have largely failed to develop a theoretical and practical framework for psychosocial services in South Africa, which is cause for deep concern as psychosocial needs impact all facets of humanitarian work (Health and Community Care, 2010). The following comment can help contextualize the above problems: Southern Africa is "the site of the worst humanitarian crisis in the world today" (James Morris, UN Special Envoy for Humanitarian Needs in Southern Africa, in Tromp, 2004, p. 2).

Addressing the Psychosocial Needs of the South African Population

Against the background of escalating socioeconomic deprivation, malnutrition, a dysfunctional education system, joblessness (millions of South Africans require government grants to survive), and high crime levels, the question needs to be asked: Why are the psychosocial needs of the population not being met? Psychologists should take the initiative and involve themselves in issues beyond private practice

Photograph 4.3 Providing a holding environment for rape victims

activities. Also, training institutions should better prepare psychologists to deal with the complex issues confronting South African society.

In South Africa today, an approach to counselling is needed that will enable psychologists to answer the following questions:

> How would this approach be useful to a man who has been sentenced to spend the rest of his days in prison; or someone who consumes a bottle of gin a day and lives on the streets; or a gang member in an urban ghetto; or a single mother with four children living in abject poverty? (Winslade, 2011, p. 52).

I should like to add these questions: How would this approach be useful to a blind girl in a remote rural village in the Eastern Cape? To a 15-year-old boy from Soshanguve who sells newspapers to support his seven siblings? To a homeless learner in rural Sekhukuneland who lives next to a shebeen that is open 24/7? To a man who suffered brain damage in the war in Darfur? To a child soldier who lost his entire family in the Congo? To a mentally challenged woman who spends her days in abject poverty in a squatter camp outside Cape Town? To a criminal serving a lengthy prison sentence? To orphaned rape victims (see Photograph 4.3 above)?

Framework for Career Counselling in South Africa

What is needed in a country like South Africa is a theoretical framework that combines facets of a quantitative approach with stories, narratives, and qualitative assessment (a narrative approach). Furthermore, an approach is needed that can be applied in group contexts. Such a framework should promote counselling in

Photograph 4.4 Displaying ubuntu: Respecting the dignity of all people

traditional African society, where the focus is on the group (see Photograph 4.4 above), story-telling, and *ubuntu* (respect for the dignity of other people). This kind of approach would be appropriate for clients other than upper- and middle-class individuals who have access to state-of-the-art counselling and a wide range of careers (Winslade, 2011).

However, Savickas (1993, p. 210) stresses that it is not a matter of accepting either a quantitative or a qualitative approach. Quite the opposite: objective methods—the legacy of the modern era—should be integrated into the narrative career counselling context: "To foster self-developers, we need to augment these objective constructs, not replace them." Whereas McMahon and Patton (2002) argue that both approaches should be key elements of the assessment process, Amundson (2003, 2006) contends that the counselling continuum should start with some of the more traditional counselling and assessment methods and then go beyond them to include other, more dynamic approaches. He uses the image of one pillar of Super's Archway bearing the more quantitative counselling methods, and the other pillar bearing more dynamic methods, such as the use of metaphors and story-telling.

A Word of Caution: State of the African Economy

A word of caution needs to be expressed on the way career counselling is presented in countries other than those with first world economies. While the world at large is currently experiencing the fourth economic wave, Africa is often described as a predominantly developing (third world) continent, with sizeable first world sectors

Photograph 4.5 Struggling to make ends meet in dire economic conditions

and populations in certain countries. The grave lack of skilled workers and the growing number of unskilled, inappropriately skilled, and low-skilled workers in Africa is well documented. The way in which Africa's economy is currently structured (see Photograph 4.5 above) has a direct influence on and, in fact, co-dictates the way in which career counselling is presented.

Whereas the typical one-to-one counselling paradigm may work well in first world countries, it is not yet feasible for Africa. Savickas (2006b) remarks:

> I keep repeating that the vocational guidance model is a superb model for countries that are still organized the way we were from 1900 to 1950. I am not saying any of these models are no good; it depends though, which type of economy you are working in.

Value of Life Design Counselling in South Africa

Career counselling for life designing can help professionals deal with the divisions brought about by diversity because it

(a) facilitates understanding of individual and collective strengths and barriers in personal and career development, (b) assists people from all walks of life to utilize strengths and negotiate barriers in order to succeed in life, (c) enhances assessment (and employment) opportunities for all people, (d) helps people negotiate major life transitions, (e) assists people to take their rightful place in society, and (f) links life stories and life's fundamental choices (Savickas, 2005, 2007c).

Conclusion

Career counselling as a profession has been influenced by four main paradigm shifts in psychology and the global economy over the past 120 years. Even though the career counselling situation abroad cannot summarily be equated with that in South Africa over the past 120 years, career counselling and practice here has tended to uncritically apply models and instruments developed in North America and Europe to South Africa. A paradigm is needed that can be applied to the large majority of South Africans who remain in desperate need of any form of career counselling.

The twenty-first century psychology ethos emphasizes culturally relevant theory and models and the need to respect diversity and eradicate discrimination in all forms. Accordingly, we need to rethink our existing theory base and practice. A theory base is required that will enable researchers to develop twenty-first century-appropriate assessment instruments and approaches that will help all South Africans design successful lives. This includes finding meaning in their careers, accepting responsibility for their actions, adapting to new demands, and finding new holding environments and new ways to make social contributions (serve others). The gap between the practice and theory of career counselling in South Africa must be narrowed. Clients' subjective experiences should be considered during career counselling, as should the objective results obtained through (often antiquated) instruments and the consideration of (often obsolete) career orientations. The ultimate aim is to resolve deficiencies in contemporary career counselling theory and practice (Porfeli, 2003). Most importantly, the diverse career counselling needs of South Africa's population have to be met.

A counselling model developed from an individualistic need perspective, instead of a collectivistic need perspective, is not viable in South Africa. A workable approach is needed that yields results that are clearly linked to the work and life success of the majority of the South African population. The emphasis in these matters needs to be shifted to enable people to find meaning in their work and living environments, and in making social contributions. Savickas (personal communication with the author, 2010) maintains that the emphasis should be shifted to individuals themselves and away from individual differences. Career counselling, so administered, will enable clients to deal with the complexities of negotiating career pathways and motivate them to realize specific, achievable goals that can contribute to their career and life development. The definitive aim is to help clients as they attempt to master repeated transitions. Several studies on the dynamics of career adaptability are under way. The life design model can be applied in different contexts, allows for the use of narrative techniques, and is based on the narrative approach that includes the use of stories. It is a way of sharing experiences and providing guidance (Chope & Consoli, 2011) in diverse contexts. The importance of empowering people to design lives that are experienced as satisfactory, and that can be redesigned as needs, interests, and life experiences change, cannot be overstressed (Campbell & Ungar, 2004; Savickas, 1993).

In (South) Africa, much still needs to be done in a situation described by Flederman (2008, p. 22) in the following terms:

> The need for help in creating bridges for learners that begin where they are and effectively link to opportunities is enormous and left largely to the private sector. While this means a diversity of big and small initiatives and an entrepreneurial spirit, leadership is lacking and a "thundershower" (type of psychosocial services) provision has resulted insome good quality information and services reaching small pockets of people. For some pockets of people the thundershower helps a garden blossom; for those on steep barren slopes it doesn't.

Scholars across the globe have been collaborating to develop a universal technique for assessing career adaptability (Savickas et al., 2009), and, in (South) Africa, more research is needed on career counselling, specifically on life design and its relationship with career adaptability. Much more needs to be done before the diverse needs of the (South) African population are catered to satisfactorily. We need to rethink our theory and practice base from a life design perspective. This will, among other things, call for the fine tuning of the logistical aspects of implementing this approach throughout (South) Africa.

I conclude this chapter by expressing the hope that life design will be used to manage diversity in South Africa. This can be achieved by career counselors who strive to help clients in challenging twenty-first century work situations that constantly require new skills, by enabling them to make meaning in their lives, create holding environments, and heal themselves by not only entering society as people in search of an occupation, but also by finding a way to serve others (making social contributions).

References

Amundson, N. E. (2003). *Active engagement: Enhancing the career counselling process* (2nd ed.). Richmond, BC: Ergon Communications.

Amundson, N. E. (2006, August 25). *Bridge over troubled waters: Guidance crosses*. In IAEVG conference, Denmark. Keynote presentation.

Blustein, D. L. (2010, July 19). *Vocational psychology: State of the art*. In Keynote paper, International conference on Assessment in Psychology, Melbourne.

Blustein, D. L., Palladino Schultheiss, D., & Flum, H. (2004). Toward a relational perspective of the psychology of careers and working. A social constructionist analysis. *Journal of Vocational Behavior, 64*, 423–440.

Borchard, D. C. (1995, January–February). Planning for career and life: Job surfing on the tidal waves of change. *The Futurist*, 8–12.

Campbell, C., & Ungar, M. (2004). Constructing a life that works: Part 1: Blending postmodern family therapy and career counseling. *The Career Development Quarterly, 53*, 16–27.

Chope, R. C., & Consoli, A. J. (2011). A storied approach to multicultural career counselling. In K. Maree (Ed.), *Shaping the story: A guide to facilitating narrative counselling* (pp. 163–175). Rotterdam: Sense.

Cochran, L. (1997). *Career counselling: A narrative approach*. Thousand Oaks, CA: Sage.

Flederman, P. (2008). *Navigational tools for learners, really? What is available, what are the challenges and what should be done* (Study undertaken on behalf of SAQA (South African Qualifications Authority)). Pretoria, South Africa: SAQA.

Greene, M. J. (2006). Helping build lives: Career and life development of gifted and talented students. *Professional School Counselling, 10*(1), 34–2.

Guichard, J. (2005). Life-long self-construction. *International Journal for Educational and Vocational Guidance, 5*, 111–124.

Hartung, P. J. (2007). Career construction: Principles and practice. In K. Maree (Ed.), *Shaping the story: A guide to facilitating narrative counselling* (pp. 103–120). Pretoria, South Africa: Van Schaik.

Hartung, P. J. (2010). Identifying life–career themes with the career-story questionnaire. In K. Maree (Ed.), *Career counselling: Methods that work* (pp. 176–180). Cape Town, South Africa: Juta Academic.

Health and Community care. (2010). Retrieved from http://www.ifrc.org/what/health/psycholog/index.asp?gclid=CMDevb_MwqACFZh4wodNBzcaQ

Hughes, P. (1997). Education and work: Dialogue between two worlds. *Prospects, Xxvii*(1), 7–15.

Kohn, P. M., O'Brien-Wood, C., Pickering, D. I., & Decicco, T. L. (2003). The personal functioning inventory: A reliable and valid measure of adaptiveness in coping. *Canadian Journal of Behavioral Science, 35*(2), 111–123.

Maree, K. (2002). Theoretical approaches: An overview. In K. Maree & L. Ebersöhn (Eds.), *Lifeskills and career counselling* (pp. 3–32). Sandton, South Africa: Heineman.

Maree, K. (2004). Theoretical approaches in psychology. In I. Eloff & L. Ebersöhn (Eds.), *Keys to educational psychology* (pp. 387–411). Cape Town, South Africa: UCT Press.

Maree, J. G. (2010a). Brief overview of the advancement of postmodern approaches to career counseling. *Journal of Psychology in Africa, 20*(3), 361–369.

Maree, J. G. (2010b). Reconsidering psychosocial reality in the 21st century: The need for psychosocial services. *SA Journal of Psychology, 40*(2), 1–5.

Maree, J. G. (2010c). Career-story interviewing using the three anecdotes technique. *Journal of Psychology in Africa, 20*(3), 369–381.

Maree, J. G. (2013). Creating a sense of hope: The essence of career construction for life designing in a developing country context. In M. Pope, L. Y. Flores & P. J. Rottinghaus (Eds.), *The role of values in careers.* Greensboro, NC: Information Age Publishing.

Maree, J. G., Bester, S. E., Lubbe, C., & Beck, C. (2001). Post-modern career counselling to a gifted black youth: A case study. *Gifted Education International, 15*(3), 324–338.

Maree, J. G., Ebersöhn, L. E., & Biagione-Cerone, A. (2010). The effect of narrative career facilitation on the personal growth of a disadvantaged student: A case study. *Journal of Psychology in Africa, 20*(3), 403–412.

Maree, J. G., & Pollard, Z. (2009). The impact of life design counselling on adolescents. *Journal of Psychology in Africa, 19*(2), 169–176.

McMahon, M., & Patton, W. (2002). Using qualitative assessment in career counselling. *International Journal for Educational and Vocational Guidance, 2*, 51–66.

Molitor, G. T. T. (1999). The next 1000 years: The "Big Five" engines of economic growth. *The Futurist*. Retrieved from http://www.allbusiness.com/professional-scientific/scientific-research/347945-1-1html

Molitor, G. T. T. (2000). Emerging economic sectors in the third millennium: Introduction and overview of the 'Big Five'. *The Journal of Future studies, Strategic Thinking and Policy*. Retrieved from http://www.emeraldinsight.com/Insight/viewPDF.jsp;jsessionid-DD31AFBC442D21EA8F242C5E5FA91E6C?Filename=html/Output/{Published/EmeraldFullTextArticle/Pdf/2730020307.pdf

Motlanthe, K. (2011). *Motlanthe warns of jobless 'timebomb'*. Retrieved from http://www.fin24.com/Economy/Motlanthe-warns-of-jobless-timebomb-20110902

Naicker, A. (1994). The psycho-social context of career counselling in S.A. schools. *South African Journal of Psychology, 24*(1), 7–34.

Nicholas, L., Pretorius, T. B., & Naidoo, A. V. (1999). Historical perspectives of career psychology in South Africa. In G. B. Stead & M. B. Watson (Eds.), *Career psychology in the South African context* (pp. 1–10). Pretoria, South Africa: Van Schaik.

Niles, S. G., & Harris-Bowlsbey, J. (2002). *Career development interventions in the 21st century*. Upper Saddle River, NJ: Merrill Prentice-Hall.

Painter, D., & Terre Blanche, M. (2004). *Critical psychology in South Africa: Looking back and looking forwards*. In Draft of a paper written for the Greek journal *Utopia*. Retrieved from http://www.criticalmethods.org/collab/critpsy.htm

Palladino Schultheiss, D. E. (2005). Qualitative relational career assessment: A constructivist paradigm. *Journal of Career Assessment, 13*(4), 381–394.

Pomerantz, M. (2008). Extended review for gifted education international: Shaping the story: A guide to facilitating narrative counselling. *Gifted Education International, 25*(1), 98–101.

Porfeli, E. J. (2003). Designing lives and empowering clients: The case of Sue. *Career Development Quarterly, 51*, 300–305.

Pulakos, E. D., Schmitt, N., Dorsey, D. W., Arad, S., Hedge, J. W., & Bornman, W. C. (2002). Predicting adaptive performance: Further tests of a model of adaptability. *Human Performance, 15*(4), 299–323.

Savickas, M. L. (1993). Career counselling in the postmodern era. *Journal of Cognitive Psychotherapy: An International Quarterly, 7*(3), 205–215.

Savickas, M. L. (2002). Career construction: A developmental theory of vocational behavior. In D. Brown (Ed.), *Career choice and development* (4th ed., pp. 149–205). San Francisco: Jossey-Bass.

Savickas, M. L. (2003). Advancing the career counseling profession: Objectives and strategies for the next decade. *The Career Development Quarterly, 52*, 87–95.

Savickas, M. L. (2004, April 14). *Career as story. Using life themes in counseling*. In 13th AACC National conference, Coolangatta, Australia.

Savickas, M. L. (2005). The theory and practice of career construction. In S. Brown & R. Lent (Eds.), *Career development and counseling: Putting theory and research to work* (pp. 42–70). New York: Wiley.

Savickas, M. L. (2006a, April 18). *Counseling for career construction (facilitating the storied approach in [career] counseling: Practical implementation*). In 15th Australian Career Counselling Conference, Sydney.

Savickas, M. L. (2006b, April). *A vocational psychology for the global economy*. Keynote presentation, APA, New Orleans.

Savickas, M. L. (2007a). Reshaping the story of career counselling. In K. Maree (Ed.), *Shaping the story: A guide to facilitating narrative counselling* (pp. 1–3). Pretoria, South Africa: Van Schaik.

Savickas, M. L. (2007b). Internationalisation of counselling psychology: Constructing cross-national consensus and collaboration. *Applied Psychology: An International Review, 5691*, 182–188.

Savickas, M. L. (2007c). Foreword: The maturation of mentoring research. In T. D. Allen & T. E. Lillian (Eds.), *The Blackwell handbook of mentoring: A multiple perspectives approach* (pp. 1–3). New York: Blackwell.

Savickas, M. L. (2008). *Interactive workshop on life design counseling*. In XXXIX International Congress of Psychology, Berlin, Germany.

Savickas, M. L., & Lent, R. L. (Eds.). (1994). *Convergence in career development theories: Implications for science and practice*. Palo Alto, CA: CPP Books.

Savickas, M. L., Nota, L., Rossier, J., Dauwalder, J., Duarte, M. E., Guichard, J., et al. (2009). Life designing: A paradigm for career construction in the 21st century. *Journal of Vocational Behavior*. doi:10.1016/j.jvb.2009.04.004.

Schreuder, A. M. G., & Coetzee, M. (Eds.). (2006). *Careers: An organisational perspective* (3rd ed.). Lansdowne, South Africa: Juta.

Schultheiss, D. E. P., & Van Esbroeck, R. (2009). Vocational psychology and career guidance: An international partnership. *Career Development Quarterly, 57*, 366–377.

Soresi, S., Nota, L., Ferrari, L., & Solberg, S. (2008). Career guidance for persons with disabilities. In J. A. Athanasou & R. van Esbroeck (Eds.), *International handbook of career guidance* (pp. 405–417). Dordrecht, the Netherlands: Springer Science.

Stead, G. B., & Watson, M. B. (1998). Career research in South Africa: Challenges for the future. *Journal of Vocational Behavior, 52*, 289–299.

Super, D. E. (1957). *The psychology of careers*. New York: Harper and Row.

Super, D. E. (1983). Assessment in career guidance: Toward truly developmental counselling. *Personnel and Guidance Journal, 61*, 555–562.

Tromp, B. (2004, June 23). Centre of crisis is in Southern Africa. *Pretoria News*, 2.

Watson, M. B. (2004). Post-modern (narrative) career counselling and education. *Perspectives in Education, 22*(1), 169–170.

Watts, A. G. (2008, October 1). *Career guidance: Challenges and opportunities*. Invited presentation at the Sandton Convention Centre, Johannesburg, South Africa.

Winslade, J. (2011). Constructing a career narrative through the care of the self. In K. Maree (Ed.), *Shaping the story: A guide to facilitate narrative counselling* (pp. 52–62). Rotterdam, the Netherlands: Sense.

Zunker, V. G. (1998). *Career counseling: Applied concepts of life planning* (5th ed.). Pacific Grove, CA: Brooks/Cole.

Chapter 5
Teacher Pathways to Resilience: Interpretations of Teacher Adjustment to HIV/AIDS-Related Challenges

Linda C. Theron

Resilience, or the capacity to adapt positively to adversity (Masten, 2001), has intrigued researchers for almost half a century. Although conceptualizations of resilience have been much debated (Luthar, Cicchetti, & Becker, 2000), resilience is most often understood to denote patterns and processes of positive adaptation in the presence of significant risk (Masten, 2001; Masten & Wright, 2010; Obrist, Pfeiffer, & Henley, 2010).

Teaching in the age of HIV&AIDS is conceptualized as a significant challenge that places teachers at risk for negative personal and professional outcomes (Bhana, Morrell, Epstein, & Moletsane, 2006; Hall, Altman, Nkomo, Peltzer, & Zuma, 2005; Theron, 2009; Theron, Geyer, Strydom, & Delport, 2008). The age of HIV&AIDS assails teachers with tangible knowledge of pupils, colleagues, and school communities that are suffering. Teachers repeatedly witness and are distressed by pupils who are mourning AIDS-related losses, who head households that are parentless, and who are physically and psychologically vulnerable in the face of their own and significant others' HIV infection. Teachers often grapple helplessly with HIV&AIDS-related pupil absenteeism and concomitant educational deterioration. Teachers frequently wrestle with unmanageable workloads as their colleagues absent themselves for HIV&AIDS-related reasons or as they themselves become absent for HIV&AIDS-related reasons. These and other lived experiences of the brutality of the HIV&AIDS pandemic typically leave affected teachers defenseless, exhausted, and grieving.

It has been shown that interventions have the power to encourage participants placed at risk by challenging circumstances towards greater resilience (Jackson, Firtko, & Edenborough, 2007; Masten & Wright, 2010). As a result, the intervention program known as Resilient Educators (REds; Theron et al., 2008) was introduced to South

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African teachers challenged by the realities of HIV&AIDS. Between 2006 and 2009, approximately 300 teachers that were affected negatively by HIV&AIDS participated in REds interventions. These teachers came from six of South Africa's nine provinces (i.e., Eastern Cape, Free State, Gauteng, Northern Cape, North West, Mpumalanga) and from Lesotho. In most instances, researchers implementing REds in collaboration with these teacher participants drew empirically-based conclusions that participating in REds was associated with greater teacher resilience (Baker, 2009; Delport, Strydom, Theron & Geyer, 2011; Esterhuizen, 2007; Kupa, 2008; Malan, 2010; Moeketsi, 2010; Ntaote, 2011; Radebe, 2010; Theron et al., 2008; Theron, Geyer, Strydom, & Delport, 2010; Theron, Mabitsela, & Esterhuizen, 2009; Van der Waal, 2010).

Using three case studies (three teacher groups drawn from the 2008 and 2009 REds participants), this chapter explores the nature of teacher pathways to resilience following teachers' participation in REds. Rather than comment on how well REds encouraged teacher resilience, this chapter theorizes on the multifaceted character of teacher resilience in this age of HIV&AIDS. There is a dearth of deep understanding of teacher resilience reported in the resilience literature (Brunetti, 2006), and so this chapter aims to address this gap. Moreover, it aims to comment critically on how such an understanding challenges dominant discourses that position teachers as at-risk beings in need of intervention (Hall et al., 2005), or as indomitable professionals that rise to social challenges (Hall, 2004).

The REds intervention has been described in previous publications and dissertations (see, for example, Baker, 2009; Esterhuizen, 2007; Radebe, 2010; Theron et al., 2008). Therefore, it will not be described in depth in this chapter. Suffice it to say that the REds intervention is facilitated by a trained facilitator who invites a small group of HIV&AIDS-affected teachers to participate in the REds program. The program consists of nine interactive sessions that ideally take place once a week for a period of 9 consecutive weeks. Each session takes approximately 2 h, has a health- and wellness-promoting focus, and includes participatory opportunities to actively access information (e.g., biomedical facts, supportive local and national networks, grants available for orphans and vulnerable children (OVC), and HIV-related policy) and/or develop skills (e.g., health care of HIV+ individuals, bereavement counselling, coping with stress, time management, and resilient networking) that have the potential to encourage resilience in the face of the multiple challenges of being a teacher in the age of HIV&AIDS.

Pathways to Resilience: A Conceptualization

Multiple studies have suggested that resilience results from dynamic, bidirectional, person←→context transactions (Lerner, 2006) that require an individual to steer towards resilience-promoting resources, and that simultaneously demand culturally appropriate provisions of resilience-promoting resources by the individual's social ecology (Ungar, 2011). In other words, for resilience to occur, an individual must take action to engage support, *and* the environment in which the individual is

embedded must actively offer support. The capacity to engage support and adjust positively is facilitated by resources within the individual, and the capacity to offer support that nurtures positive adaptation is facilitated by resources within families, communities, and broader environmental resources, as well as by values, traditions, and belief systems (Gunnestad, 2006; Masten & Wright, 2010). This two-way transactional understanding of resilience emerged from criticisms of earlier conceptualizations of resilience as a constant, person-centered construct (Masten & Wright, 2010; Ungar, 2011). One of the greatest shortcomings in the person-centered understandings of resilience lay in the potential for individuals to be blamed if they *failed* to resile, and in the concomitant chance for social ecologies to shirk their responsibility of co-partnering resilience processes (Ungar, 2011).

This newer understanding of resilience does not negate the role of individuals in the resilience process, however. Individuals who transact with their social ecologies in order to adapt positively to whatever may be threatening their wellness typically possess a number of positive traits and skills. Amongst others, resilient individuals have robust personalities characterized by traits such as empathy, autonomy, and optimism. Resilient individuals also demonstrate a sense of self-worth and capacities to problem solve and self-regulate (Masten & Wright, 2010; Werner & Smith, 1992). These intrapsychic constructs encourage individual agency towards, and petition for, resilience-promoting resources that encourage resilient outcomes.

Although resilience is still understood to hinge, in part, on intrapsychic constructs, Ungar (2011) has emphasized the importance of decentering the individual in explanations of positive adaptation. Concurrently, therefore, resilience is promoted when the sociocultural milieu offers individuals wellness-promoting resources. Most typically, such resources can be found in relational networks and in existential support systems (Gunnestad, 2006). For example, resilient individuals have positive attachments to significant others and to people who offer care and support, such as affirmative peers, counselors, or mentors (Masten & Wright, 2010). Existential support systems (such as cultural traditions, religion, or spirituality) offer values, beliefs, and rituals that facilitate the formation of meaning, encourage self-regulation, and sustain health-affirming attitudes and behaviours (Masten & Wright, 2010). By factoring in the social ecology in which the individual is supported towards resilience, explanations of resilience must show cognizance of the "complexity, atypicality, and cultural relativity" (Ungar, 2011, p. 4) of processes of positive adaptation.

In summary, the pathways to resilience can be found in active, shared adjustments to adversity: Resilience results from the adaptive synergy between individuals and the systems in which they are situated. The working together of individual and environment optimizes access to, and use of, resilience-promoting resources that encourage culturally-embedded processes of healthy coping with adversity (Gunnestad, 2006; Rutter, 1990; Ungar, 2011). This transactional, socially constructed understanding of resilience frames how resilience will be conceptualized in this chapter. Of course, this conceptualization implies that resilience should not be interpreted as a stable construct, and emphasizes that resilience may vary across contexts and time, depending on the capacities and interface of individuals and social ecologies (Gu & Day, 2007; Masten & Wright, 2010; Ungar, 2011).

This changeability demands that theories of resilience be sensitive to temporality, and to the sociocultural ecology of individuals: it would be foolhardy to offer a generic, or absolute, explanation that ignores the complex cultural and contextual influences of diverse social ecologies, or their fluidity (Ungar, 2011).

Pathways to Teacher Resilience

Most resilience research has focused on understanding child and youth resilience, although it has recently become more fashionable to study adult resilience (Masten & Wright, 2010). Despite the emerging attention to adult resilience, studies of teacher resilience are not commonplace (Brunetti, 2006). The handful of studies on the trajectories of teacher resilience includes teachers placed at risk by the challenging nature of the modern teaching profession (Gu & Day, 2007; Le Cornu, 2009); by the challenges of urban and/or inner-city schools (Brunetti, 2006; Patterson, Collins, & Abbott, 2004); by the gendered nature of science education (Taylor & Swetnam, 2000); by the demands of early childhood education contexts (Sumsion, 2003, 2004); and by the strains of teaching in high needs areas, such as special education (Castro, Kelly, & Shih, 2010), or contexts of HIV&AIDS (Theron, 2007, 2009), or terror and war (Brody & Baum, 2007).

Although the aforementioned studies included diverse contexts of teacher risk, a review of these studies suggests a number of common pathways to resilience. These pathways reflect understandings of resilience as a socially constructed phenomenon, as reported in child, youth, and emerging adult studies of resilience (Masten & Wright, 2010). Accordingly, I have used this conceptualization to summarize what is known about teacher resilience.

Intrapersonal Pathways to Resilience

Teacher resilience, as explored in the above mentioned studies, was encouraged by a number of intrapsychic qualities. These included being strongly *solution-oriented* and seeking out ways to solve problems while simultaneously believing that it was possible to overcome difficulties (Castro et al., 2010; Patterson et al., 2004; Sumsion, 2004; Taylor & Swetnam, 2000; Theron, 2007). Resilient teachers were also *assertive* and displayed *agency* (Sumsion, 2003; Taylor & Swetnam, 2000; Theron, 2007), which encouraged these teachers to seek out professional opportunities that would be rewarding (Sumsion, 2003), to assert themselves so that their situation might become more tolerable (Theron, 2007), or to purposefully ask for assistance and guidance (Castro et al., 2010). Likewise, these teachers displayed an *orientation to mastery*, which included commitment to ongoing learning and perseverance (Patterson et al., 2004; Sumsion, 2003, 2004; Taylor & Swetnam, 2000). The teachers who adapted well to varied challenges within their teaching contexts were also able to *make meaning* of the status quo (Sumsion, 2003, 2004; Taylor &

Swetnam, 2000; Theron, 2007). For example, teachers who were confronted by HIV&AIDS-related suffering clung to the hope that someday this misery would end (Theron, 2007); others in male-dominated and biased contexts used humour to maintain perspective (Taylor & Swetnam, 2000). Finally, teachers who did well despite the risks facing them took *definitive steps to sustain their wellbeing* (Brody & Baum, 2007; Castro et al., 2010; Sumsion, 2004; Theron, 2007), including talking openly about distressing events and topics (Brody & Baum, 2007; Theron, 2007), purposefully seeking out allies who might buffer risk (Castro et al., 2010), and actively avoiding risk (Castro et al., 2010), including engaging in numbing tactics (Brody & Baum, 2007).

Interpersonal Pathways to Resilience

In addition to the intrapersonal resilience-promoting resources described above, resilient teachers reported being strengthened by socially constructed and socially embedded resources. *External recognition* (e.g., promotion) encouraged teachers to keep going despite difficult professional contexts (Gu & Day, 2007; Sumsion, 2003). However, the most commonly reported resilience-promoting resource was *supportive networks*, including supportive colleagues and experiences of collegiality (Castro et al., 2010; Gu & Day, 2007; Patterson et al., 2004; Sumsion, 2003; Theron, 2007); supportive and effective school leadership (Brunetti, 2006; Gu & Day, 2007; Sumsion, 2003); supportive and positive relationships with pupils (Brody & Baum, 2007; Brunetti, 2006); being mentored and acting as a mentor (Castro et al., 2010; Patterson et al., 2004; Sumsion, 2004); having personal sources of support (e.g., friends; significant others; Castro et al., 2010; Gu & Day, 2007; Patterson et al., 2004); and having access to professional sources of support, such as counselors (Theron, 2007) or enabling university projects (Patterson et al., 2004). Finally, resilient teachers reported being strengthened when they had *access to information* that equipped them to cope better with the challenges facing them, and/or opportunities for self-development (Brody & Baum, 2007; Castro et al., 2010; Patterson et al., 2004; Sumsion, 2004; Theron, 2007).

Existential Pathways to Resilience

In addition to intrinsic (intrapersonal) and extrinsic (interpersonal) resilience-promoting resources, studies of teacher resilience report existential resources (Gunnestad, 2006) that have buoyed teacher resilience. In contexts of imminent loss and or death (e.g., terror, war, the HIV&AIDS pandemic), this included robust *faith and spirituality* and active participation in religious practices, such as prayer (Brody & Baum, 2007; Theron, 2007).

Existential pathways also include dedication to an agenda characterized by a *social justice orientation* (Brunetti, 2006; Patterson et al., 2004; Sumsion, 2004). This value system was often reported by teachers as a *calling* (Patterson et al., 2004, p. 6) that

encouraged them to view themselves as needed by their pupils. Resilient teachers were *devoted* to their profession, to their pupils, and to the possibility of making a difference, particularly when youth faced contextual adversity (Brunetti, 2006; Patterson et al., 2004; Theron, 2007). Sumsion (2004) referred to this as "the moral purpose underpinning their work" (p. 282). This commitment and sense of purpose sustained teacher well-being, both personal and professional, despite challenging contexts.

Thus, in summary, the reported pathways of teacher resilience reflect conceptualizations of resilience as a transactional, ecologically embedded phenomenon that partly relies on teacher-embedded resources and partly on system-embedded resources. The question that frames the contents of this chapter flows from this transactional understanding; namely, what are the pathways to resilience that teachers reported following their participation in the REds intervention, and how can these emerging findings be used to theorize about the nature of teacher resilience in the context of HIV&AIDS?

Method

Before I describe the method used to answer the above question, it is important to note the assumption with which I have approached the data below. As noted at the outset of this chapter, evaluations of REds have concluded that most teachers who participated in REds interventions developed (greater) resilience. Likewise, similar conclusions were drawn about the teacher participants whose post-REds drawings and reflections constitute the data that underpin this chapter (Baker, 2009; Moeketsi, 2010; Radebe, 2010). I have accepted these conclusions (as did the examiners of the dissertations in which these data were used). Thus, I assume that the post-REds data generated by the teachers in these studies contain illustrations of teacher resilience that will allow deeper understanding of the pathways to teacher resilience in the context of HIV&AIDS.

Research Design

In order to answer the above question, I will introduce a multiple case study (Mertens, 2010) drawn from the greater cohort of REds participants. My rationale for choosing the three case studies that make up this collective case study is two-fold: first, none of these cases were included in previous REds-related publications (Delport et al., 2011; Theron et al., 2008, 2009, 2010), and second, each is typical of other groups of HIV&AIDS-affected educators who participated in REds, and offers a rich understanding of teacher pathways to resilience (Mertens, 2010). Inclusion criteria for typicality included cases that consisted primarily of Black female teachers (middle-aged, on average) from primary schools that were overwhelmed by HIV&AIDS-related challenges.

The cases reported in this chapter were peopled by teachers from the Free State province of South Africa. In all instances, these teachers were invited to participate by fieldworkers within the REds project (i.e., postgraduate students). Invitations were limited to teachers who had lived experiences of being affected by the HIV&AIDS pandemic. In other words, participants had loved ones, colleagues, and pupils who were HIV+, or had lost loved ones, colleagues, or pupils to AIDS. While this purposive recruitment (Creswell, 2009) limits the transferability of findings, it was essential for the greater purposes of the REds project (see Theron et al., 2008) and was well suited to answering the question that governs this chapter.

The fieldworkers approached schools that were accessible to them, and a gatekeeper facilitated an informed invitation to eligible teachers to participate. Teachers who volunteered to participate were then formally and ethically recruited to the project (Strydom, 2005). Ethical procedures included written consent following detailed information about the potential benefits (e.g., the opportunity to learn coping skills), demands (e.g., time and activities that participation would involve), and risks (e.g., no guarantee of anonymity; emotive potential of HIV&AIDS-related focus) of group participation in the REds intervention. All participants were advised of their right to withdraw.

Case One

Case One (see Moeketsi, 2010) was drawn from a primary school in a resource-poor, rural area in the Eastern Free State. It comprised eight female teachers between the ages of 35 and 50. All the participants were Sesotho-speaking, and all had lived experiences of the negative effects of the HIV&AIDS pandemic. All eight had HIV+ loved ones, seven of the eight taught OVCs, six had lost loved ones to AIDS, and two reported having HIV+ colleagues. The participants reported conservative cultural beliefs, including the conviction that sex, sexual practices, and diseases that could be associated with sex (including HIV&AIDS), are a private matter and should not be discussed publically. The participants reported having strong Christian faith. At the outset of their participation in the REds intervention, the participants did not demonstrate resilience, but showed their vulnerability by being preoccupied with death, helplessly aware of and concerned for OVCs, and overwhelmed by negative affect (e.g., helplessness, hopelessness, fearfulness, and intense sadness). In addition, they reported diminished physical well-being typically associated with stress (Moeketsi, 2010).

Case Two

Case Two (see Radebe, 2010) was similar to Case One; it consisted of ten female, Sesotho-speaking teachers from a different primary school in an impoverished rural community in the Eastern Free State. The participants' ages ranged from 35 to 56. All ten participants reported having HIV+ loved ones as well as daily experiences

of teaching OVCs. As in Case One, the participants reported conservative cultural beliefs as well as strong Christian faith. A baseline (i.e., prior to the commencement of REds) qualitative assessment of these participants' resilience to the pandemic's challenges suggested that they were more inclined towards vulnerability than resilience: Themes of negative affect, powerlessness, isolation and poor physical health (like sleeplessness, nightmares, and poor appetite) predominated (Radebe, 2010).

Case Three

Case Three (see Baker, 2009) was made up of 12 primary school teachers drawn from two urban schools in the Sasolburg district of the Free State. All the participants were responsible for the learning area of Life Orientation. All 12 were Sesotho-speaking and their ages ranged from 25 to 43 years. Eleven of the 12 participants were female. Teaching OVCs was a reality for every participant, and each participant reported having lost pupils to AIDS. In addition, 10 reported having HIV+ friends, and eight reported having HIV+ family members as well as having lost family members and friends to AIDS. As with Case One and Two, an initial exploration of how resiliently these participants were coping with the challenges of the pandemic suggested acceptance of the reality of HIV&AIDS, but also a pervasive sense of being flooded by negative affect and preoccupations with death and bleak futures (Baker, 2009).

Data Generation and Analysis

For the purposes of this chapter, I have included the qualitative data generated by the participants of each case immediately after the REds intervention was concluded (approximately 9 weeks after the first set of data was produced). This data included drawings that symbolized perceptions and experiences of the HIV&AIDS pandemic, participant explanations of their drawings (Guillemin, 2004), and written reflections in response to prompts (Creswell, 2009; e.g., "How is the HIV/AIDS pandemic affecting you?", "How are you coping with the HIV/AIDS pandemic?", "Please write the story of your life as a teacher in the age of HIV/AIDS") or written responses to incomplete sentences (Reber & Reber, 2001; e.g., "Giving up …" or, "I can …" or, "When things go wrong …"). Although drawings are considered by some researchers as somewhat simplistic, and by others as overly interpretive, the REds methodology purposefully included drawings since drawings characteristically offer opportunity to access and concretely capture sensitive information—particularly in HIV&AIDS-challenged milieus—that words frequently fail to fully capture (Mitchell, Theron, Stuart, Smith, & Campell, 2011).

I used iterative, inductive content analysis (Creswell, 2009; Mertens, 2010) to understand what the visual and written data were communicating about the pathways to resilience encouraged by the REds intervention. Although I repeatedly immersed myself in the data to understand which resilience themes emerged from these data,

I was sensitized to generic pathways to resilience by prior readings of resilience-focused studies, and so the analysis of the data was probably both inductive and deductive, as is commonly found in content analyses (Creswell, 2009).

The trustworthiness of the data analysis is supported by having the original participants check that their data were accurately recorded. My analysis of the data was reviewed and confirmed by two of the fieldworkers involved in the REds project and by an independent researcher.

Findings

There are three groupings of findings that illustrate how the teachers who participated in REds navigated towards resilience at the close of the intervention. The first grouping illustrates personal strengths that encouraged resilient responses (entitled, *Teacher-embedded Strengths*). The second grouping demonstrates ecological resources that supported resilient responses (entitled, *System-embedded Strengths*). The third cluster of findings shows that existential resources (entitled, *Belief-supported Strengths*) nurtured teacher resilience in the face of HIV&AIDS-related troubles. Each is presented separately below.

Teacher-Embedded Strengths

Teachers' resilient adjustment to the heartache of losing loved ones to AIDS, to the exhaustion and apprehension flowing from HIV+ loved ones and friends, and to being careworn from daily contact with defenseless and needy OVCs, was nurtured by personal strengths. These included being inclined to develop control over the challenges facing them, making meaning of the challenges facing them, and accepting responsibility for self care.

Inclination to Develop control

In all three cases, this proclivity towards mastering the challenges associated with the pandemic could be inferred from the participants' willingness to participate in the REds intervention. Their participation took up at least 2 h of their time (excluding travel time) per week for 9 weeks, but despite such personal costs, the participants engaged actively and eagerly with the REds material, the facilitators, and other participants. The participants were unequivocal about the need to learn and to master the material. For example, a participant in Case Two joined the first session although she had not confirmed her participation with the facilitator. She pleaded for continued participation by saying, "I just need information, I will listen and I don't mind if I can't get a certificate".[1]

A participant (Participant Seven) from Case One reflected on the value of participating in REds in order to gain control of what was facing her: "HIV&AIDS has affected me tremendously, but I am learning to cope with this and I feel strong." In Case Two, a participant echoed this mastery orientation when she said:

> I am responsible for the orphan project, farm school hostel project, learners experiencing barriers to learning and development, and sports. I am also expected to teach four learning areas in different classes in different grades. I was complaining to the principal, but from now on I am going to be like a green twig: even in hardship I will not break—I will work hard and produce good results.

In Case Three, the participants revealed their orientation towards mastery when asked to complete the statement "Giving up …". Their responses were overwhelmingly reflective of doggedness (e.g., "Giving up is not what I do" or "Giving up is not a solution"). Further discussions with the participants emphasized their tenacity, and how being flexible informed this quest to gain control over the pandemic's challenges. Participant Two explained, "When things go wrong, I don't lose hope. I know it is a challenge to me and I have to make a change".

It was important for participants to pass this orientation on to their students. For example, Participant Three (also from Case Three) wrote:

> I use the knowledge that I gain with REds to motivate learners, encourage them to talk about the problems that they encountered at home. …. Others wanted to leave/quit attending school because of what is happening at their home …. I try to convince them that life is in their hands. They must nurture it so that they live meaningful [sic] and exciting life ahead.

Making Meaning of the Challenges

In all three cases, participants succeeded in making meaning primarily by accepting the status quo and by hoping that someday the status quo would be transformed.

Acceptance

Acceptance of the status quo included accepting the reality of the pandemic as well as being tolerant towards those who were HIV+ or HIV-affected. For example, in Case One, Participant Two expressed this acceptance when she wrote, "I am still not completely open about the pandemic, but I have accepted that it is real, and we need to deal with its challenges". Her friend's comment (Participant Three) illustrated that acceptance encouraged tolerance: "I now know that HIV is like any other disease; people need to support each other." In Case Two, Participant Seven's comments on the painful reality of the status quo aligned well with the experiences of the other participants both within and across cases:

> It is very easy to be infected by HIV and it is difficult to know when and how you were infected and by whom. It is painful to us as we are sending our kids to universities, trying to give them a better future, but only to find that after their completion they only work for

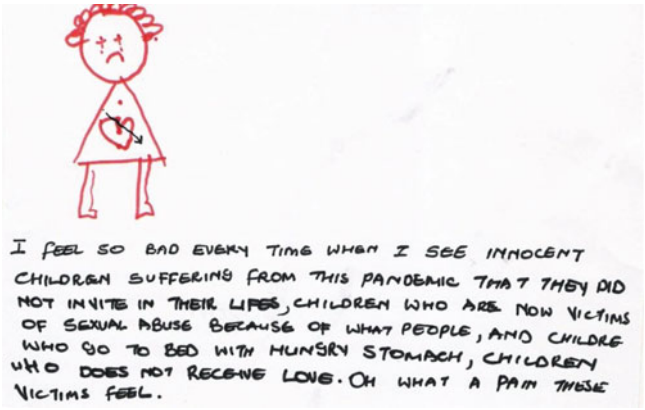

Fig. 5.1 Acceptance of the reality of HIV/AIDS

two years and become ill and they die. It means we are educating them to be better-educated corpses. When they marry or start working, they just live for two to three years; after that they die. Nowadays we celebrate funerals rather than weddings. We are all affected by HIV/AIDS, and in many ways.

The participants in Case Three were equally accepting of the sad reality of HIV&AIDS, and unequivocal that it could not, and should not, be denied. This acceptance was eloquently expressed in a drawing made by one of the participants (see Fig. 5.1 above).

Optimism

Despite their awareness and acceptance of the daily loss of life and livelihoods related to HIV&AIDS, the participants reported hopefulness. In Case One, half of the participants made drawings that illustrated hope for a better future (see Fig. 5.2, below, as an example). In all instances, the participants explained that researchers and/or medical science would provide a cure sooner or later, and that they were confident that the pandemic would eventually be halted. This belief gave these participants the impetus to persevere.

In Case Two, almost half of the drawings also reflected hope that a cure would be found for HIV, and in many instances, this hope was interwoven with participants' religious faith that God would save people from their HIV-embroiled fate. In other instances, this optimism was linked to having acquired skills to deal with the challenges of the pandemic. For example, another participant wrote, "I am emotionally positive as I am empowered on how to deal with this problem [the challenges of the HIV&AIDS pandemic] and have hope".

Some of the drawings made by participants in Case Three echoed the aforementioned connection between hope and knowledge acquisition, and/or interventions,

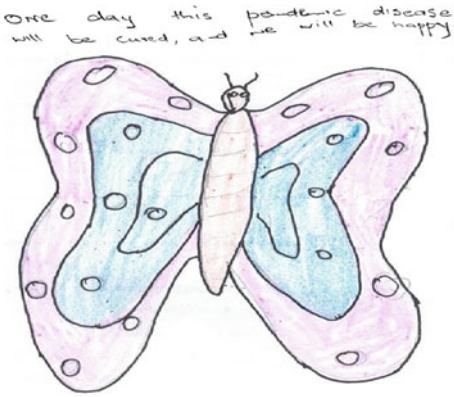

Fig. 5.2 Illustration of hope for a better future

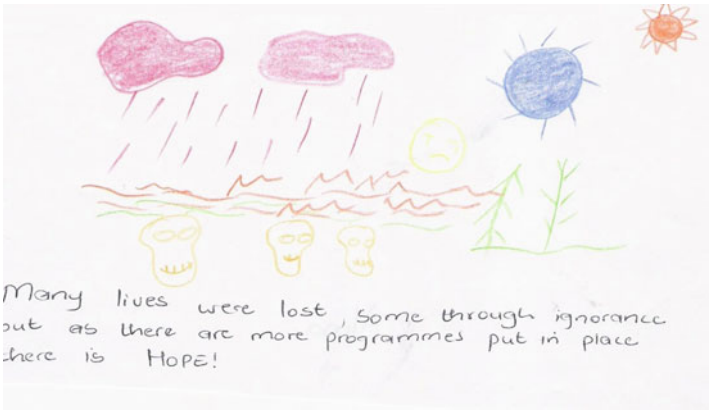

Fig. 5.3 An illustration that reflects the connection of hope and knowledge acquisition

and clearly illustrated the current reality, as well as a promising alternative (see Fig. 5.3 below): The availability of opportunities to gain health-promoting knowledge facilitated expectations of an altered status quo. For some (such as Participant Two), their hope was closer to certainty: "I believe that one day we will overcome this pandemic and poverty and the coming generation will be free from stress, abuse, disease and stigma." In many instances in Case Three, participants were buoyed by the opportunity to share this hope and to encourage others towards hopefulness. For example, Participant Four wrote, "… we must assist so that they [others] can have that hope".

Accepting Responsibility for Self Care

Teacher resilience was nurtured by active steps to sustain their own well-being. In the words of Participant Eight (Case Three), "The most helpful thing is that I must give myself a self care …". This self care included talking openly about the pandemic and its challenges, and purposefully seeking out support to cope with pandemic-associated difficulties.

Talking Openly

Despite the fact that all the participants in all the cases came from backgrounds that discouraged public discussion of sex or sex-related phenomena, such as HIV/AIDS or other taboo topics (e.g., death), there was consensus that unrestricted conversation encouraged positive adaptation to the heinous actuality of the pandemic. For example, in Case One, Participant One noted, "After REds came to my school, I feel better and I can talk free about HIV&AIDS to my colleagues". Equally, in Case Two, Participant Four wrote, "What helped me to cope is when we talk about it with my colleagues and learners. This brings about a relief". A final example, from Case Three, illustrates the enabling power of sharing taboo topics, such as death:

> My father died … I thought that was the end of the world because my father did everything for me … I *talked* about this in a REds project meeting. I've realised [sic] that I must move on, not close myself in a bottle—that won't help me. I have to fall, stand up, and move forward.

Seeking Support

In all three cases, participants emphasized that coping well with the pandemic was related to actively hunting for and engaging support. The type of support was less important than having a willingness to navigate to people and places that could bulwark participants against the varied hazards of the pandemic. For example, Participant Seven from Case One wrote, "I know places where I can get support. I go there". In Case Two, Participant Nine urged the others towards support-seeking with the following words: "Please, friends, don't be shy if you undergo a difficult time like myself, stand up and find help, otherwise you will explode!"

In Case Three, the ubiquity of support was illustrated in a drawing (see Fig. 5.4 below), but the emphasis was on the individual's agency in accessing such support. Likewise, Participant Nine wrote, "When things go wrong, I will always ask help from other people, like the group I was in REds". Like others, Participant Two reflected on the centrality of her support seeking in her adjusting to her daughter's HIV status:

> My child is HIV positive. She closed herself in a cage. I never knew what to do. REds played an important part because I opened [up] to other educators and [to] my facilitator. They listened. They helped me with… advice.

Fig. 5.4 Illustration of confidence in the availability of external support

System-Embedded Strengths

Teachers' resilient coping with the heartaches and stresses concomitant with the pandemic was also informed by resources in the social system in which they were nested. These included opportunities to access information and to acquire coping skills, as well as the availability of supportive networks.

Access to Information and Opportunities to Acquire Coping Skills

Many of the participants from Case One explained how learning the facts of HIV infection had empowered them to feel less fear and to be more comfortable when socializing with HIV+ people. For example, one participant reflected the following: "When I touch someone with the disease, I feel like [I am] touching anybody; I feel free!" A second participant elaborated on how having access to information (both to biomedical facts and to where to engage support for herself and others) had encouraged her to feel more positive about the difficulties the pandemic brought: "Education that I have with the pandemic makes me positive towards it."

Participant Four from Case Two reiterated the enabling role of knowledge acquisition in her resilience. She wrote, "I sleep well even after having contact with an infected person. Because I have the knowledge on how HIV/AIDS infect[s] people, I can eat, sleep and play with them". Likewise, Participant Two wrote, "Being work-shopped about the disease has helped the mind to be prepared not to fear the monster". Participant Six clarified the enabling role of information, and access to information, further:

> Having the knowledge about it helps a lot for coping. Its causes, prevention, symptoms, how to deal with it. The knowledge that everybody is at risk for this pandemic compels me to talk about it—sometimes being not so easy because of the reality of the situation one finds oneself in. Still, the information or knowledge I gathered from AIDS workshops,

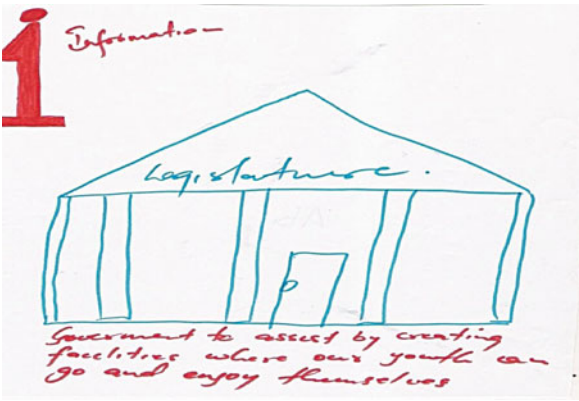

Fig. 5.5 Illustration of government actively creating opportunities for youth

> AIDS awareness activities, AIDS days, LOVE Life activities and REds workshops helped me a lot to cope with the situation.

Finally, Participant Eight summarized the resilience-promoting power of opportunities to develop when she commented, "I have gained skills on how to cope, adapt, and to go on, even in hard times".

In Case Three, the salience of information to resilience was illustrated in a drawing made by Participant 3 (see Fig. 5.5 below). In addition to the emphasis on accessible sources of information, this participant communicated that systemic resources (in this instance, government) were needed to make youth facilities available. He explained that resilience was encouraged by knowledge, but also by opportunities to be meaningfully occupied, which lessened the occasion for risk-taking behaviours. Also, healthier youth would enable resilience in teachers, as there would be less cause for concern.

Likewise, Participant Six wrote, "I hope that all people can learn about healthy living styles and practice them on a daily basis and teach them to everyone". She explained how her having access to such information enabled her to realize the aforementioned hope: "Because I attended REds, I can be able to give advice to help people to take care of themselves and advise them to visit helpful centers". In other words, she (like others) coped adaptively with the challenges of the pandemic, not only because she was able to gain information that encouraged her well-being, but because she experienced relief and empowerment when she could pass this information on to others and encourage their health and well-being.

Opportunities to acquire knowledge and coping skills were also empowering on a personal level. For example, Participant Eleven reflected:

> I lost my friend, she was very sick … I was so hurt and sad … Immediately I said to myself, let me thank God for giving her life and letting her to be my friend. Then I realized that it was through REds that I understand how to cope with [the] death of my friend. I even managed to visit her two daughters after burial, of which I wouldn't have managed before I attended REds Course. I wish this course could be given to all educators in South Africa, in order to ensure that the pandemic will be controllable.

Supportive Networks

In Cases One and Two, the larger community of teachers (from which these participants came) sang a song that included the following words: "United against AIDS, with love and care, we'll conquer all" (Radebe, 2010, p. 138). These words epitomized the importance of supportive networks in coping well in the age of AIDS. In Case One, Participant Five captured the importance of supportive connections in a written reflection on being a teacher in the age of AIDS:

> Being a teacher in the age of HIV is very difficult, stressful, and tiring. Sometimes I feel like quitting education and looking for work somewhere else where there are no orphans or vulnerable learners whom one has to care for all the time. But, through workshops and the adverts from the media, I have realized that we all need each other. We, I, will be OK if we stand together.

Similarly, in Case Three, Participant Seven reflected the following: "REds taught me that I am a person and I am not living in isolation. There are people in the community that need my assistance and vice-versa. Meaning, we depend on each other …"

It was clear that the participants believed in the importance of relational networks. Their experience of supportive networks related mainly to externally organized networks, such as NGO- facilitated support groups, health services, and education district support teams that organized workshops and the AIDS helpline. There was some reference to support from positive colleagues and optimistic community members, and occasionally from counsellors. There was no mention of families functioning as supportive networks for the participating teachers, possibly because they came from families with high HIV infection rates that tapped the participants for support.

In Case Two, Participant Eight highlighted how networks function as resources when she wrote, "I had to visit and help those learners affected and infected by HIV. But now that I have resources that I can turn to when I am overloaded, my stress level will be reduced".

Belief-Supported Strengths

Teachers reported existential resources that enabled them to adapt to the rigors of the pandemic. These resources included deep spiritual faith as well as profound belief in, and commitment to, their profession.

Spiritual Faith

In Cases One and Two, almost half of the participants made drawings of religious symbols and linked their coping to their faith (see Fig. 5.6 below). As mentioned earlier, many participants expressed hope for a better future that was allied to religious faith, but they also referred to their faith and religious practices (e.g., prayer,

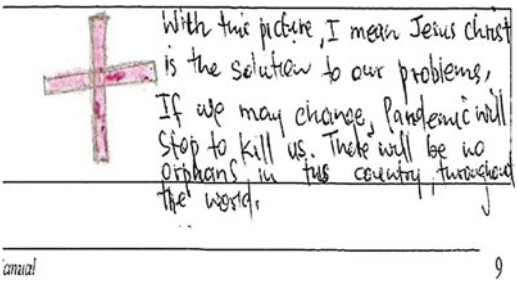

Fig. 5.6 Expression of hope in alignment with religious faith

attending church services) as a chance to recoup and to make optimistic meaning. For example, Participant Seven (Case One) explained it this way: "The pandemic is taught about in churches to uplift the spiritual being and gives hope …"

This sentiment was reiterated by Participant Eight (Case Three), who commented, "If we could have faith and trust in God and live life honestly, we would be a growing nation". Her group shared this commitment to religious values as a recipe for flourishing.

Devotion

Across all three cases, participants expressed belief in the meaning of their profession, particularly in the age of AIDS. Participants concurred that teachers had a life-altering role to play with regard to students, to their broader communities, and to their own families. Their devotion was evident in the empathy that they expressed, but also in terms of actions taken to share knowledge and material resources, and to provide comfort. Many participants in Cases One and Two depicted this devotion in their drawings of AIDS ribbons (see Fig. 5.7 below).

This commitment to care was reinforced by supportive networks (as reported above), and noted as participants' overriding goal. For example, Participant Five (Case Three) wrote, "I have realized that I cannot do things on my own. I have to share with others. And [I have realized that] as educators we are helpers and counselors in our classes and in our communities".

Devotion to students was captured by Participant Nine (Case Two) when she spoke out during a REds session about the need for teachers to champion infected and affected students: "It is high time that we do something about HIV&AIDS; if we say it's not our fault about the OVCs, [then] really we are going nowhere!" In Case One, Participant Four echoed this devotion when she wrote:

> All these learners need support and care, which takes a lot of my time. Sometimes I am so tired that I don't have time for my family. During my leisure time, I organize games for those learners to keep them busy and help them forget about their pain … I buy healthy food for them that will keep their bodies balanced. So, this is how I climatise [sic] to this pandemic—I look after these learners.

Fig. 5.7 Illustration depicting devotion

Of interest was that a number of the participants linked the importance of coping with the challenges of the pandemic to their communities. For example, Participant Five (Case Three) wrote, "Giving up is not what I do because if I can do it, some people will not benefit from what I have learned". Other participants extended their dedication to also making a difference to their families. This took many forms, including sharing knowledge, encouraging family members to disclose and to be more accepting, and comforting family members following incidents of rape or death. Experiences of meaningful interaction with family members gave participants confidence to continue being dedicated to making a difference. For example, Participant Six (Case Three) reflected:

> I was able to share the knowledge I had with my brother in law. He was diagnosed with HIV … He couldn't talk about it to anyone, and was not properly looking after himself…He finally told me about his status, we talked a lot about how he would feel if he could open up and talk about it freely; eventually through my help he was able to tell the whole family. Now he talks openly about it, and he is stronger than before. I'm glad I was able to make him realise that [having] HIV does not mean you are a bad person …. I wish I could have known earlier—maybe things could have been different. But, I am happy because I know some day I will be of much more help to someone.

In follow-up discussions with participants, they explained that this concern for others reframed the bleakness of the pandemic and provided a constructive manner of countering stigma and hardship, which was, in turn, also personally uplifting. It became clear that devotion brought rewards because when empathic actions empowered students and loved ones, participants were strengthened too. For example, Participant Two (Case Two) wrote that "I can be nearer, be kind and talk with them [OVCs]. Since I am connected with those affected, I feel a pleasure seeing them coping, adjusting … I am being recharged when bringing back their smile…".

Discussion

I preface this discussion with unambiguous acknowledgement of the limited transferability of findings flowing from a case study. Nevertheless, the emerging findings offer insight into how participating teachers managed positive adjustment to the multiple challenges of HIV&AIDS, following their participation in the REds

intervention. This, in turn, provides rich fuel for working hypotheses about the nature of teacher resilience in the contexts of HIV&AIDS.

Situating South African Teachers' Pathways to Resilience

The findings emerging from the three case studies reviewed in this chapter align well with conceptualizations of resilience as a multifaceted phenomenon (Gunnestad, 2006; Masten & Wright, 2010; Ungar, 2011). Across all three cases, resilient teachers were buoyed by personal strengths along with systemic supports and allegiance to positive existential values. In many instances, the personal, external, and existential resources feeding the resilience of the participating teachers reflected previous explanations of teacher resilience.

As was found in earlier studies, resilient teachers sought control over the challenges confronting them, and in this sense, demonstrated an orientation to mastery (Patterson et al., 2004; Sumsion, 2003, 2004; Taylor & Swetnam, 2000). In each case, teachers also demonstrated the capacity to make meaning (Sumsion, 2003, 2004; Taylor & Swetnam, 2000; Theron, 2007) of the daily dreadfulness of the pandemic. They also took definite steps to self-care, and in so doing, sustained their own well-being (Brody & Baum, 2007; Castro et al., 2010; Sumsion, 2004; Theron, 2007). Significantly, talking openly as a means of ensuring well-being was previously only reported in studies of teacher resilience, where teachers faced life-and-death challenges, such as war (Brody & Baum, 2007) and HIV&AIDS (Theron, 2007).

The interpersonal pathways to resilience reported by the teachers overlapped, to some extent, with those of resilient teachers in prior studies. The participants in this study were silent about the resilience-promoting value of external recognition (Gu & Day, 2007; Sumsion, 2003), but they did report supportive networks as valuable. Resilient teachers reported supportive networks that included university projects (i.e., REds), professional sources of support, and supportive colleagues (Castro et al., 2010; Gu & Day, 2007; Patterson et al., 2004; Sumsion, 2003; Theron, 2007). Significantly, across all three cases, resilient teachers were silent about effective school leadership, support from pupils, mentoring, or personal sources of support (e.g., family or significant others) as foundations for resilience.

The interpersonal resource of accessible information and of opportunities to develop further were robustly reported across all three cases (Brody & Baum, 2007; Castro et al., 2010; Patterson et al., 2004; Sumsion, 2004; Theron, 2007). Of note was teachers' emphasis on access to HIV-specific information and on opportunities to develop tolerance and adaptive coping skills (including how to counsel, cope with grief, and cope with death).

Finally, as in studies by Brody and Baum (2007) and Theron (2007), teachers in this study reported faith and spirituality as being resilience-promoting. The emphasis was, however, on the buffering worth of believing in teaching as an opportunity to make a difference to vulnerable students, relatives, and communities (Brunetti, 2006; Patterson et al., 2004; Theron, 2007).

Theorizing About South African Teachers' Pathways to Resilience

Three important lessons emerge from this case study. These lessons should be interpreted cautiously, particularly because resilience is complex in nature, and variably shaped by context, culture, and time (Ungar, 2011). Nonetheless, if these lessons are accepted as tentative, they offer insight into the mechanisms of resilience as reported in this current case study.

First, in this study, the resources buoying teacher resilience were risk and context specific. For example, teachers relied on factual information that challenged the myths and stigma of HIV-infection, and in so doing, helped them to adjust the risk. Likewise they relied on organized supportive networks more than on colleagues (who were probably similarly challenged) or families (who were mostly HIV-infected and affected). The relief of talking openly about socially embargoed topics such as HIV and death, or the enablement of accepting the reality of HIV&AIDS, speaks volumes about sociocultural informants of support. This suggests that although there appear to be generic pathways to teacher resilience, in the age of HIV&AIDS, teachers require specific systemic opportunities and supports that address the risks (physical, psychological, social) of HIV&AIDS, and speak to the particular social ecologies of teachers affected by HIV&AIDS. It also implies that what teachers require to adjust well to HIV&AIDS-related challenges might well change as time progresses, and social ecologies evolve (or regress).

The second lesson—namely, the dynamic mutuality of the resources associated with teacher resilience—has implications for teachers and their social ecologies. No single cluster of resources was pivotal to teachers' resilience to the unrelenting demands of HIV&AIDS. Allied to this interdependence was shared agency across the clusters of resources. The emphasis here is on deeds evidenced in each resource-cluster: teacher strengths were embedded in actions (i.e., teachers *developed* control, *made* meaning by accepting and by hoping, and *took* responsibility for their well-being by voicing their experiences and by seeking support). Equally, environmental support was entrenched in action (i.e., social ecologies *made* relevant information available, *offered* opportunity for teachers to develop adaptive skill, *believed* in the importance of unity and networks, and *organized* supportive networks). Furthermore, teachers and their sociocultural ecologies subscribed to a meaning system that included spiritual and social justice values and beliefs. More importantly, there was opportunity to act on these beliefs (i.e., to *go* to church, to *pray*, to *demonstrate* compassion). This collective, interrelated agency implies that teacher resilience is rooted in multidimensional activity.

Resilience-promoting processes spring from this multidimensional activity—this is the third implication of this exploration of teacher resilience. When the three cases of teachers who participated in REds are reviewed, the processes of their resilience surface: the value-driven, reciprocal actions of teachers and their social ecologies encouraged processes of risk amelioration, self-worth, and future orientation (Gunnestad, 2006; Rutter, 1990). Teachers could ameliorate risks associated with the pandemic, both for themselves (e.g., they coped better with the fear of

infection when they had learned the facts) and for others (e.g., they helped students and family members to cope better with deprivation and death using knowledge and skills made available by their environments). The experience of risk adjustment for others was personally beneficial to teachers who experienced deep satisfaction when others coped better. This was allied to the second resilience-promoting process of self-worth. Teacher actions, mostly supported by environmentally facilitated knowledge and skill, offered teachers the opportunity to value themselves, as individuals (e.g., they felt good about themselves when they could support family members towards acceptance and disclosure of an HIV+ status) and as professionals (e.g., they were convinced of the worth of their teacher role when it offered opportunity to support OVCs). In addition to these experiences of competence, resilient teachers engaged in looking forward. Their hopeful future orientation was supported by faith-based value systems and by socio-ecological capital, such as scientists and medical researchers. Their future orientation was also encouraged by experiences of competence, which prompted expectations of continued and improved risk amelioration for themselves and others.

In summary, the actions of teachers and of the external and existential systems in which they were situated prompted opportunities to lessen risk, to experience personal and professional competence, and to hope that the hardships associated with HIV&AIDS would be finite. These processes helped teachers to feel more powerful in the face of the pandemic, counteracted helplessness, and galvanized their positive adaptation.

Conclusion

There is a caveat to theorizing that teacher resilience in the age of HIV&AIDS relates to risk- and context-specific inter- and intrapersonal resources that support teacher and systemic actions, which, in turn, collectively prompt dynamic resilience-promoting processes. The aforementioned working assumption may not be used to pigeonhole or pass judgment on teachers. It may not be used to marginalize teachers who cope less well with the severe realities of HIV&AIDS, as has often happened in response to resilience studies (Obrist et al., 2010), or to confirm discourses that suggest teachers are disinclined to ride out the rigors of the education profession (Hall et al., 2005). Instead, it should be used to understand the pathways to resilience that teachers threatened by the impacts of HIV&AIDS may take, and to comment on our collective responsibility to teacher navigation of these pathways.

Sumsion (2004) used her findings of what encouraged early childhood teacher resilience to "complicate conceptions of what sustains early childhood teachers" and to "disrupt traditional, or dominant … scripts and discourses" (p. 287) relating to these teachers. Likewise, the complex understanding of teacher resilience in the age of HIV&AIDS, which has emerged in this chapter, challenges understandings of teacher resilience as a personal or private task. While teachers bring personal strengths to their stories of resilience, they are actively partnered by colleagues,

NGOs, government departments, value systems, developmental opportunities, school communities, and university-based researchers. This partnership deserves the spotlight in understanding how teachers reach a destination of resilience.

At the same time this teacher-ecology alliance in the interests of resilience calls discourses of teacher vulnerability into question—not to query the reality of teacher jeopardy in the age of HIV&AIDS, but to interrogate the roles of systemic partners in teacher vulnerability. Given that teacher resilience can be understood as a collectively generated and collectively sustained process (i.e., teacher ↔ system), are school communities, community organizations, faith-based organizations, NGOs, universities, government, and policy makers joining hands with teachers in this troubling age of HIV&AIDS? In what ways are they joining hands? Why did resilient South African teachers in the cases included above not refer to school leadership or mentors or systemic recognition as resilience-promoting resources when giving accounts of their resilience? What is the nature of systemic co-responsibility for teacher resilience? How do these practices vary over time? What are the best practices of co-commitment to teacher resilience? These, and similar questions, must be answered if teacher, student, and community well-being is to flourish, and if teacher resilience in the age of HIV&AIDS is to continue.

Note

1. REds participants were informed during the informed consent process that they would receive a certificate of attendance at the close of the intervention.

References

Baker, C. E. (2009). *REds*: *Bemagtiging van Lewensörienteringonderwysers in Sasolburg wat deur MIV/VIGS geaffekteer word*. Unpublished masters dissertation, North-West University, South Africa.

Bhana, D., Morrell, R., Epstein, D., & Moletsane, R. (2006). The hidden work of caring: Teachers and the maturing AIDS epidemic in diverse secondary schools in Durban. *Journal of Education, 38*, 5–24. Retrieved from http://dbnweb2.ukzn.ac.za/joe/

Brody, D., & Baum, N. L. (2007). Israeli kindergarten teachers cope with terror and war: Two implicit models of resilience. *Curriculum Inquiry, 37*(1), 9–31. doi:10.1111/j.1467-873X.2007.00379.x.

Brunetti, G. J. (2006). Resilience under fire: Perspectives on the work of experienced, inner city high school teachers in the United States. *Teaching and Teacher Education, 22*, 812–825. doi:org/10.1016/j.tate.2006.04.027.

Castro, A. J., Kelly, J., & Shih, M. (2010). Resilience strategies for new teachers in high-needs areas. *Teaching and Teacher education, 26*, 622–629. doi.org/10.1016/j.tate.2009.09.010

Creswell, J. W. (2009). *Research design. Qualitative, quantitative and mixed methods approaches*. Thousand Oaks, CA: Sage.

Delport, C. S. L., Strydom, H., Theron, L. C., & Geyer, S. (2011). Voices of HIV- and Aids-affected educators: How they are psychosocially affected and how REds enabled them towards resilience. *AIDScare, 23*(1), 121–126. doi:10.1080/09540121.2010.498857.

Esterhuizen, S. M. (2007). *Critique of an intervention programme for educators affected by the HIV/Aids pandemic*. Unpublished masters dissertation, North-West University, South Africa.

Gu, Q., & Day, C. (2007). Teachers' resilience: A necessary condition for effectiveness. *Teaching and Teacher Education, 23*, 1302–1316. doi.org/10.1016/j.tate.2006.06.006

Guillemin, M. (2004). Understanding illness: Using drawings as a research method. *Qualitative Health Research, 14*(2), 272–289. doi:10.1177/1049732303260445.

Gunnestad, A. (2006). Resilience in a cross-cultural perspective: How resilience is generated in different cultures. *Journal of Intercultural Communication*, *11*. Retrieved from http://www.immi.se/jicc/index.php/jicc/article/view/99/68

Hall, C. (2004). Theorising changes in teachers' work. *Canadian Journal of Educational Administration and Policy, 32*, 1–14. Retrieved from http://www.umanitoba.ca/publications/cjeap/

Hall, E., Altman, M., Nkomo, N., Peltzer, K., & Zuma, Z. (2005). *Potential attrition in education. The impact of job satisfaction, morale, workload and HIV/AIDS*. Cape Town, South Africa: HSRC.

Jackson, D., Firtko, A., & Edenborough, M. (2007). Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. *Journal of Advanced Nursing, 60*, 1–9. doi:10.1111/j.1365-2648.2007.04412.x.

Kupa, V. (2008). *An evaluation of the effectiveness of resilient educators support programme among HIV and AIDS affected educators in Mpumalanga*. Unpublished masters dissertation, Pretoria University, South Africa.

Le Cornu, R. (2009). Building resilience in pre-service teachers. *Teaching and Teacher Education, 25*, 717–723. doi.org/10.1016/j.tate.2008.11.016

Lerner, R. M. (2006). Resilience as an attribute of the developmental system: Comments on the papers of Professors Masten & Wachs. In B. M. Lester, A. S. Masten, & B. McEwen (Eds.), *Resilience in children* (pp. 40–51). Boston: Blackwell.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*, 543–562. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1885202/

Malan, H. (2010). *An empowerment programme for social work students regarding HIV and AIDs*: *an adapted REds programme*. Unpublished doctoral dissertation, North-West University, South Africa.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227–238. doi:10.1037/0003-066X.56.3.227.

Masten, A. S., & Wright, M. O. (2010). Resilience over the lifespan: Developmental perspectives on resistance, recovery and transformation. In J. W. Reich (Ed.), *Handbook of adult resilience* (pp. 213–237). New York: Guilford.

Mertens, D. M. (2010). *Research and evaluation in education and psychology. Integrating diversity with quantitative, qualitative and mixed methods* (3rd ed.). Thousand Oaks, CA: Sage.

Mitchell, C., Theron, L. C., Stuart, J., Smith, A., & Campbell, Z. (2011). Drawings as research method. In L. C. Theron, C. Mitchell, A. Smith, & J. Stuart (Eds.), *Picturing research: Drawings as visual methodology* (pp. 19–36). Rotterdam, the Netherlands: Sense.

Moeketsi, N. V. (2010). *Targeting educator resilience – an intervention program for Free State primary school educators affected by the HIV/AIDS pandemic*. Unpublished masters dissertation, North-West University, South Africa.

Ntaote, G. M. (2011). *Exploring ways to assist Lesotho educators to offer care and support to children orphaned and rendered vulnerable by HIV and AIDS*. Unpublished doctoral dissertation, Nelson Mandela Metropolitan University, South Africa.

Obrist, B., Pfeiffer, C., & Henley, R. (2010). Multi-layered social resilience: A new approach in mitigation research. *Progress in Development Studies, 10*, 283–293. Retrieved from http://web.ebscohost.com.nwulib.nwu.ac.za

Patterson, J. H., Collins, L., & Abbott, G. (2004). A study of teacher resilience in urban schools. *Journal of Instructional Psychology, 31*(1), 3–11. Retrieved from http://web.ebscohost.com.nwulib.nwu.ac.za

Radebe, N. L. (2010). *An improved support program for Free State educators affected by the HIV/AIDS pandemic – Pre-experimental research towards educator resilience*. Unpublished masters dissertation, North-West University, South Africa.

Reber, A. S., & Reber, E. S. (2001). *Dictionary of psychology*. London: Penguin.

Rutter, M. (1990). Psychosocial resilience and protective mechanisms. In J. Rolf, A. S. Masten, D. Cicchetti, K. N. Neuchterlein, & S. Weintraub (Eds.), *Risk and protective factors in the development of psychopathology* (pp. 181–214). New York: Cambridge University Press.

Strydom, H. (2005). Ethical aspects of research in the social sciences and human service professions. In A. S. De Vos, H. Strydom, C. B. Fouche, & C. S. L. Delport (Eds.), *Research at grass roots for the social sciences and human service professions* (pp. 56–85). Pretoria, South Africa: Van Schaik.

Sumsion, J. (2003). Bad days don't kill you; they just make you stronger. A case study of an early childhood educator's resilience. *International Journal of Early Years Education, 11*(2), 141–154. doi:10.1080/0966976032000116194.

Sumsion, J. (2004). Early childhood teachers constructions of their resilience and thriving: A continuing investigation. *International Journal of Early Years Education, 12*(3), 275–290. doi:10.1080/0966976042000268735.

Taylor, M. J., & Swetnam, L. (2000). Building resilience in a gendered journey: A study of women's paths to science teaching. *Equity and Excellence in Education, 33*(1), 36–47. doi:10.1080/1066568000330107.

Theron, L. C. (2007). The impact of the HIV epidemic on the composite wellbeing of educators in South Africa: A qualitative study. *African Journal of Aids Research, 6*(2), 175–186. doi:10.2989/16085900709490412.

Theron, L. C. (2009). The support needs of South African educators affected by HIV and AIDS. *African Journal of Aids Research, 8*(2), 231–242. doi:10.2989/AJAR.2009.8.2.11.863.

Theron, L. C., Geyer, S., Strydom, H., & Delport, C. S. L. (2008). The roots of REds: A rationale for the support of educators affected by the HIV and Aids pandemic. *Health SA Gesondheid, 13*(4), 77–88.

Theron, L. C., Geyer, S., Strydom, H., & Delport, C. S. L. (2010). Visual methodology to build a resilient 'communitas'. *Education as Change, 14*(1), S85–S101. Retrieved from http://hsag.co.za/index.php/HSAG/article/viewArticle/406

Theron, L. C., Mabitsela, M., & Esterhuizen. S. M. (2009). 'REds empowered me. I am resilient. Maybe I will bend, but I will not break.' The piloting of Resilient Educators (REds): an intervention program to empower educators affected by the HIV and AIDS pandemic. *Journal of Education, 46*, 127–158. Retrieved from http://dbnweb2.ukzn.ac.za/joe/

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*, 1–17. doi:10.1111/j.1939-0025.2010.01067.x.

Van der Waal, W. (2010). *Evaluation of the effectiveness of the Resilient Educators Support Programme among HIV and AIDS affected educators in Gauteng*. Unpublished masters dissertation, University of Pretoria, South Africa.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.

Chapter 6
Building Generative Theory from Case Work: The Relationship-Resourced Resilience Model

Liesel Ebersöhn

How is resilience manifested and sustained in school settings that are faced with chronic and cumulative adversity and where there is limited availability and access to resources? In this chapter, I explain how I built a generative theory on resilience in low-resource education settings based on longitudinal case study research, and specifically, on intervention research.[1] I posit the relationship-resourced resilience (RRR) model as a generative theory emerging from case study research (Richmond, 1975). When faced with extended hardship, teachers were found to use relationships as a way to offset challenges. Relationships demonstrated to be stockpiles of available resources in decidedly resource-scarce settings. I found that teachers enabled resilience *for all* (as a collective endeavour) by navigating towards—and negotiating access to—relationships that host the required resources, as well as by networking to amass resources and nurturing relationships with a variety of relationship skills to sustain resilience.

I emphasize the empirical issues of resilience theory building by explaining how evidence from longitudinal research contradicted a theoretical assumption; namely, that in promoting resilience in low-resource schools, teachers did not mobilize *mapped assets*. Rather, to buoy resilience, teachers *identified relationships* that could grant them access to required resources. In effect, in low-resource school communities that faced cumulative and chronic adversity, *who they knew* provided teachers with access to a veritable overflow of resources. A prelude to my ongoing theoretical work on relationship-resourced resilience was thus the development, implementation,

[1]The longitudinal intervention case study research that served as data for the generative theory on relationship-based resilience is the STAR (Supportive Teachers, Assets and Resilience) study co-steered by myself and Ronél Ferreira, together with various postgraduate students acting as co-researchers (Ferreira & Ebersöhn, 2012).

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and replication of STAR (Supportive Teachers, Assets, and Resilience), as well as dissemination research to determine the fidelity of STAR. For the sake of thoroughness, I have structured this chapter around the procedural steps identified by Eisenhardt and Graebner (2007) to induct theory using case studies. I explain the onset of the case studies whereby I induced theory from data, and reflect on the specific cases selected for the intervention study. An overview is provided of the relevant instruments and protocols crafted for the longitudinal case studies, followed by an explanation of how I and my team entered the various sites (field). I proceed by describing how I analysed data and shaped hypotheses related to the generative theory. I compare RRR to literature—in particular, to resilience theory from an ecological and process-oriented perspective, as well as social capital and relatedness knowledge bases.

Conceptual and Epistemological Frames

Resilience denotes the presence of both significant risk as well as positive adaptation. In the RRR model, I maintain that positive adaptation results from transactional-ecological processes (Ungar, 2011). This means that RRR falls within resilience thinking, where the environment is able to cradle resilience through interaction—in this instance, by using contextual relationships and resources to foster resilience. Additionally, RRR explains how relationships can reconfigure a risk-ecology; that is, how individuals can engage in bidirectional (Lerner, 2006; Masten, 2002; Ungar, 2011), transactional (Sameroff, 2009) processes so that an ecology can support positive adjustment. The RRR model is a framework to understand how individuals interact as a collective in an ecology (characterized by chronic and cumulative adversity) to initiate and maintain cooperative support as a way to mediate the effects of adversity and enable flourishing. In the RRR model, it is acknowledged that contexts with few resources hold challenges. The same contexts hold opportunity; specifically, resources, assets, and strengths are nested in every system. The opportunity is present in available resources and relationships, and individuals are linked to resources. Individuals are also linked to other individuals in terms of relationships. This means that relationships link available resources. Such interwoven resources are similar to a swimming pool net that provides protection even though the threat of the water continues. In RRR, the ecology's buffering is strengthened by privileging, what Gunnestad's (2006) posits as existential supports (indigenous knowledge akin to the ubuntu philosophy of solidarity, i.e., meaning, values, and faith). This indigenous knowledge is manifested in external supports (relationships as resilience-promoting networks giving realization to embedded knowledge/philosophies of solidarity). The manifestation of the existential support (ubuntu) in the use of external support (relationships) is facilitated by using internal supports (relationship skills). Resilience is the result of a solidarity process which links people to their ability to use what they have to cope with adversity. Positive adaptation is thus possible when individuals use acquaintances (external supports) to build on inherent strengths in systems, and thereby restructure the ecology of adversity.

Wilkinson and Picket's (2009) thinking merits mention. They convincingly established that equality in terms of economic variables correlates with health and happiness in societies. They specifically explain how maladaptation due to chronic stressors can be exacerbated by low social status, early life stress, and lack of friends. However, especially having friends and not being isolated make individuals able to resist (resilience) stress. As in the RRR model, I have found that relationships could equalize inequality gaps by linking resources. Being supported increases trust. Greater trust leads to cooperation, cohesion, and a sense of belonging. Greater trust also affects well-being as individuals feel secure. When individuals have less to worry about, they become more cooperative and less competitive. Social integration impacts positively on social status (identity) when individuals can feel good about who they are amongst the people they know. Social equality gained in this manner likewise correlates positively with health and happiness levels. In the RRR model, (early) life stress continues, but the impact is mediated by being supported and *being someone* in the setting where you live. Instead of being stressed, unsupported, and feeling shamed because individuals view themselves as being poor, the premise in the RRR model is that in a stressed society, individuals can be integrated in their community life and evaluate their social status as good, and thus have pride.

A theoretical framework guides the development of a generative theory. I favour transcendental realism to provide epistemological and ontological parameters for my theory design. I acknowledge that the world can be contained within an intransitive frame outside of individuals, and can simultaneously be construed in a transitive manner, dependent on changing dimensions, historical conceptions, and scientific experiences. This means that objects exist entirely independent of humans. Our relationship to the world is socially mediated, and science can learn about systems existing in the absence of human existence. Accordingly, humans can have direct access to objects. The process according to which humans discover objects, or know their causal powers, is socially mediated. Meso-level interactions thus form the unit of analysis in RRR and are firmly embedded in the theoretical framework I used in the theory development. Regarding causality, I make claims of impressions, not of regular or lawful conjunctions, in positing the RRR model. From a transcendental realist standpoint, I do not claim that one event will invariably follow another. Instead, rather than upholding causes and causality, I prefer mechanisms, structures, and powers which seem to provide capacity for objects to act.

Step 1: Getting Started

As Eisenhardt and Graebner (2007) explained, building theory from case study research can happen in the *presence* or *absence* of theory and hypotheses. Whereas the presence of research questions and a priori constructs focus research efforts and ground constructs, the absence of theory and hypotheses suggests theoretical flexibility. My induction of a generative resilience theory from STAR based on transcendental realist assumptions was an incidental, inductive process, signifying conceptual plasticity.

While a specific research question guided Ferreira and me in 2003 when we developed and implemented an asset-based intervention (STAR) with an initial (pilot) teacher cohort,[2] I had not preformulated a specific question related to resilience per se. In the same way, although certain a priori constructs guided our investigation of the research question, particular resilience-related understandings were absent.

Initial Constructs: HIV/AIDS, Coping, and Communities

The initial intervention study research questions, as indicated in Ferreira's (2006) doctoral thesis, under my supervision, included a descriptive question (e.g., "How is a South African informal settlement community coping with HIV/AIDS by relying on existing assets and local resources") and an intervention-related research question (e.g., "How can an activist intervention approach to research facilitate change in a South African informal settlement community coping with HIV/AIDS"). These questions already allude to underpinning assumptions and a priori constructs. The theoretical assumptions were that HIV/AIDS is prevalent in a South African informal settlement community; a community facing HIV/AIDS is coping; activist intervention research can facilitate change; and change (in coping) will occur by relying on existing assets and local resources, as evident in the intervention premised on asset-based approach knowledge. In addition, the specific constructs (directing STAR and grounding the construct measures) are signified in the above research questions, as well as in Ferreira's (2006) thesis title: *The relationship between coping with HIV/AIDS and the asset-based approach*. The relevant bodies of knowledge incorporated the asset-based approach (including assets and resources as core constructs), HIV/AIDS-related challenges, coping theory, and participatory reflection and action as research methodology for community development.

Based on the above assumptions and constructs, we anticipated that when community members (in this instance, teachers) participated in the STAR intervention, they would acquire knowledge of the asset-based approach and of asset-based activities, such as asset mapping of resources in their environment. We assumed that participants would (a) be aware of assets, (b) prioritize needs, and (c) access and mobilize mapped assets to address needs. These assumptions directed the STAR intervention phases (Ferreira & Ebersöhn, 2011). With regard to coping, we assumed that (d) HIV/AIDS was a signature challenge,[3] that (e) children especially would need assistance with coping, and that (f) coping support would target children in a stand-alone fashion.

However, what I came to realize over time (2003–2011) across the 12 cases[4] differed from these theoretical assumptions. Yes, teachers did attach particular value to assets in their environments subsequent to participation in an asset-based

[2]Teacher cohort indicates the specific group of teachers who participated per case (school) and longitudinally constitutes 12 teacher cohorts.

[3]With *signature challenge* I mean that HIV&AI DS would be present as a markedly obvious and priority challenge.

[4]Cases refer to the various schools participating in STAR since 2003.

Table 6.1 Towards conceptualizing a generative theory: relationship-resourced resilience

Initial (theoretically assumed) constructs	→	Relationship-resourced resilience constructs (data-induced)
Understanding coping		Understanding resilience
Assets		Protective resources
Barriers, stressors		Risk factors
Community members coping		Teachers promoting resilience
HIV/AIDS as signature challenge		Cumulative, chronic adversity (high need and high risk)
Community affected by HIV/AIDS		Low-resource (school) community
Individually appraised risk		Communally appraised risk
Support individual (child) in need		Support communal (family) system in need
Individual coping (positive adaptation)		Collective coping (positive adaptation)
Psychosocial support		Wide-ranging support services
Individuals (teachers) as supporters		Individuals (teachers) as collaborative partners (collective positive adaptation via networked support)
Identify and prioritise needs		*Identify and prioritise needs*
Awareness of available assets		*Awareness of available assets* (*resources*)
		Awareness of available relationships
		Prioritize required resources to address needs
Mapping assets		Mapping relationships based on required resources

intervention. And, yes, teachers did prioritize identified barriers. However, as I stated earlier, the process of using assets to address barriers was quite unexpected. In addition, in the iterative processes of understanding data, I needed to revisit the assumed relevance of constructs.

Generative Theory Constructs; Relationship Mapping, Resilience, Cumulative and Chronic Adversity, School Communities, and Teachers

In the replication phases of STAR (Ebersöhn & Ferreira, 2011; Loots, 2010; Olivier, 2010), I became uncomfortable with using coping, assets, HIV/AIDS, and communities as core constructs. In particular, from our engagement with participants and data, it became apparent that these constructs were restrictive. For example, HIV/AIDS could not be singled out as prioritized adversity as it coexisted with equally compelling barriers, such as poverty, illiteracy, and abuse. Communities became too vague a construct, demanding specification as school communities. In particular, however, the chronic and cumulative nature of barriers required team readings on resilience to extend initial thoughts related purely to coping.

What followed was a process of creating a new theoretical space peppered with applicable constructs to understand the vast database, and conversely, theorizing as to unexpected associations between constructs. In Table 6.1, I indicate how data-pertinent constructs evolved based on longitudinal STAR data.

As stated earlier, I refocused my meaning making in terms of resilience (rather than coping) theory. To my mind, the data generated did not give me access to intrapersonal coping-related constructs, but rather, typified ways in which, ecologically (Ungar, 2008), teachers promoted resilience by navigating towards protective resources and by negotiating access to such protective resources—thus mediating the effect of risk factors. I also decided to specify how teachers, in particular, promote resilience in school communities, and do not simply refer to community (a somewhat overextended and murky construct).

In addition, I expanded an initially oversimplified emphasis on HIV/AIDS-related challenges to the exclusion of an awareness of complex adversities that require resilience in school communities (Ebersöhn, 2008). I opted for resilience-related constructs, such as chronic and cumulative risk factors, as a way to characterise the high risk and need synonymous with a range of adversities present in the data. Poverty was notably present and was indicated by high levels of unemployment of parents, low household incomes, an inability to financially contribute to schools, absence of school uniforms or uniforms in disrepair, hungry children and family members, ill health, and lack of concentration in classes. Illiteracy was similarly problematic (Loots, Ebersöhn, Ferreira, & Eloff, 2010). Not only were parents unable to assist children with homework or play a significant role in school readiness (early literacy and numeracy), but many parents were also unaware of supportive health and social services, or lacked competence and confidence to make use of (move towards, access) health and social support services. Furthermore, together with these risk factors, the chronic, pervasive presence of HIV/AIDS was apparent in school communities. This was indicated by a hesitancy to speak about HIV/AIDS due to fear of stigma and discrimination, fear of knowing and disclosing an HIV status, lack of knowledge on how to access medical care and psychosocial support for those infected and affected by HIV/AIDS, and emotional psychopathology related to HIV/AIDS (including anxiety, grief, and depression; Ebersöhn, Ferreira, & Blankenship, 2006). In the end, I opted to describe environments where I observed RRR as *low-resource communities* (to signify the lack of resources, compounded by the presence of cumulative and chronic risk/adversity).

I also replaced assumed individual (child)-centred support with another generative theory construct; namely, *communal* (*family*)*-centred support*. As per established coping theory we expected individuals to appraise, and subsequently adapt to, risk in individualised processes. We also we assumed that teachers would single out children for support as the most vulnerable because of HIV/AIDS. However, what data indicated was that teachers promoted resilience by centring on the individual-in-relationship(s): as risk was perceived as joint challenges, appraisal also occurred in terms of pooled stressors. In addition, initially we assumed that support would focus on the psychosocial level. However longitudinal data indicated that resilience was promoted by accessing relationships to provide support for positive adjustment by tapping into a variety of resources; financial support, nutrition, a place to belong, health and medical care, and psychosocial support (Ebersöhn & Ferreira, 2009). Just as the appraisal of risk was communal, so the positive adaptation included and benefited the collective. Accessing relationships for resources

also meant that individuals (teachers) did not have to be the main (re-)source for support. Rather than *individuals* (*teachers*) *as supporters*, it appeared that *individuals* (*teachers*) *as collaborative partners* within existing relationships were able to provide support to mediate adversity.

In Table 6.1, I used *italics* to indicate constructs which remained unchanged from initial theoretical assumptions. Evidence indicated that the identification and prioritizing of needs (because of risk) remained a requirement in relationship-resourced resilience. Naturally—as was obvious in resilience literature (Dent & Cameron, 2003; Mandleco & Peery, 2000)—the presence of adversity would indicate specific needs to be addressed in mitigating the effect of risk. In addition, awareness of existing systemic assets remained a given in data, and thus remained as a premise in RRR. However, I added awareness of existing relationships as a principle. The awareness of available relationships runs concurrent with the recognition of resources that require priority. Questions characteristically guiding such relationship mapping could be (a) which needs are prioritized, (b) which resources are priorities to address such needs, and (c)which relationships can be a source of these required resources? Asset mapping served the purpose of raising awareness of existing resources that coexist in the space of cumulative adversity. However, relationship mapping proved to be a mechanism to access, mobilize, and sustain support (resilience).

Most significantly, longitudinal data indicated that teachers made use of what I view as a type of virtual (mental) *relationship mapping* rather than asset mapping. Instead of relying on anticipated processes to establish which mapped resources were available, teachers determined which resources they required to address specific needs, and then tried to ascertain who they knew (collectively) that could provide either the resource or a link to another relationship which could potentially provide access to such a required resource.

Step 2: Selecting Cases

Initially in STAR (Ferreira, 2006) we selected a specified population (teachers in schools where communities live with chronic, cumulative risk and low resources). For theory building, this sampling strategy naturally constrains extraneous variation and sharpens external validity (Eisenhardt & Graebner, 2007). However, in subsequent phases we replicated STAR in three additional schools, and disseminated STAR in eight additional schools. In this way, RRR was strengthened by the use of theoretical sampling in STAR (Glaser & Strauss, 1967).

In Table 6.2, I outline the time frame and details of schools selected as cases in STAR—the cases from which I built theory on RRR. These cases are significant for defining parameters for generalizing RRR and for controlling for variation to populations not pertinent to the STAR population. To further extend RRR as a generative theory, additional theoretical sampling forms part of future STAR selection strategies. In Table 6.2, it is apparent that 12 schools (ten teachers/school, n = 120

Table 6.2 Cases: Schools

School	Primary	High	Urban	Rural	Province	Pilot	Replication	Dissemination	Years	Ongoing
1	✓		✓		A	✓			2003–	✓
2		✓		✓	B		✓		2005–	✓
3	✓		✓		C		✓		2005–	
4	✓		✓		C		✓		2005–2007	✓
5	✓		✓		A			✓	2008–	✓
6	✓		✓		A			✓	2008–	✓
7	✓			✓	B			✓	2010–	✓
8	✓			✓	B			✓	2010–	✓
9	✓		✓		C			✓	2010	
10	✓		✓		C			✓	2010	
11		✓	✓		A			✓	2010–2011	✓
12		✓	✓		A				2010	
Total	9	3	9	3		1	3	7		8

teachers) from three South African provinces served as cases, of which nine were primary and three were high schools. Of the primary schools, seven were in urban settings and two in remote and rural settings. One high school was from a rural setting and the two other high schools were from the same urban environment. School 1 formed part of the pilot phase (De Jager, 2007; Ferreira, 2006; Loots, 2005; McCallaghan, 2007; Mnguni, 2007; Odendaal, 2007). Replication occurred in Schools 2–4 (Loots, 2010; Olivier, 2010). Dissemination research followed from 2008 to 2010 in Schools 5–12 (Bagherpour, 2010; Beukes, 2010; Dempster, 2010; Joubert, 2010). Of the 12 case schools, resilience STAR-based strategies were *not sustained* in four of the schools (Schools 3, 9, 10, 12). We trained teachers (16) representative of the three provinces (Schools 1, 2, 3) as STAR facilitators, and these persons subsequently selected neighbouring schools (Schools 5–12) in which they trained peers to promote resilience in their own school communities.

In all of the cases, chronic and cumulative risk was prevalent. In Loots's (2010) study, we documented that all the case schools characteristically faced high poverty levels, numerous unemployed parents of school-going children, and generally low household incomes. Thus, many families were dependent on social welfare grants and services. Also, according to teachers, parents' literacy levels were low—a fact that hampered their children's school readiness and the possibility of them providing meaningful after-school support with homework. In many households, various ailments (many related to HIV/AIDS) meant that families were used to illness and were in need of health care. Discourses synonymous with HIV/AIDS were apparent in all school cases. Foremost of these was resistance to disclosure and testing because of fears related to stigma and discrimination. Whereas rural schools additionally faced resource challenges because they were too isolated to access services, urban schools typically had to tackle multiple instances of abuse (substance, violence) and crime.

I conclude this section by summarizing that RRR emerged from low-resourced school-based communities in three South African provinces where multiple ongoing adversities are experienced. Resilience based on the mobilization of resources via relationships was evident in both stressed urban and rural schools. As resilience strategies were maintained in two-thirds of case schools, I conjecture that RRR explains how resilience can be initiated and sustained in similar school settings.

Step 3: Crafting Instruments and Protocols

Characteristic of theory building, RRR-related data was generated by making use of multiple data collection methods, especially participatory methods. In addition, as multiple investigators generated data, divergent perspectives were fostered and further reinforced the grounding of RRR. I present an overview of qualitative and participatory methods to generate data in Table 6.3. As Eisenhardt and Graebner (2007) noted, the qualitative data sources both suggested theory and were useful for understanding the rationale (RRR theory) that underlay relationships revealed in the

Table 6.3 Multiple data collection methods in the longitudinal study

Data collection method	Purpose	Documentation
Focus groups with teachers	Baseline data of case schools in terms of risk factors and resilience promotion	Audio recording Verbatim transcriptions Field notes
Focus groups with teachers	Group data of ways in which resilience was promoted in schools	Audio recording Verbatim transcriptions Field notes
Informal conversational interviews with teachers	Ad hoc exploration of teachers' individual perspectives of ways in which resilience was promoted in schools	Field notes
Semi-structured interviews with teachers	Formal exploration of teachers' individual perspectives of ways in which resilience was promoted in schools	Audio recording Verbatim transcriptions Field notes
Observation	Observation of school settings over time to document the presence of change (or not) Observation during STAR intervention sessions to understand insider perspectives on risk factors, resource availability, resilience-promoting ideas Observation of teacher interactions in schools and during intervention sessions to understand relationships	Field notes Visual data
Visual methods	Longitudinal evidence base of school settings to establish presence/absence of change (implementation and sustainment of strategies to promote resilience) Document intervention artefacts (e.g. asset maps, need priorities, action plans)	Photographs Video recordings
Colloquium presentations	Formal exploration of group experiences of implementing and sustaining strategies to promote resilience in schools	Audio-visual recordings Verbatim transcriptions Field notes

longitudinal data. During the longitudinal intervention study, we made use of focus groups, informal conversations and interviews, semi-structured interviews, observation, visual data, and colloquium presentations to generate data. Because of our use of multiple data collection methods, triangulation provides strong substantiation of RRR-constructs and hypotheses.

As stated earlier, multiple investigators generated the data from which I built RRR theory. From the onset, Ronél Ferreira and I have been (and continue to be) in awe of the way in which participation over time with teachers has contributed to scholarly knowledge creation on well-being in schools. At the same time, participation (as an intervention study) has benefited school communities because the majority of participating teachers made a concerted effort to promote resilience in relationship with others. Many postgraduate students (and their co-supervisors)[5] have also been co-researchers over the 8-year time frame. We used multiple investigator strategies in STAR (Eisenhardt & Graebner, 2007) and visited case study sites in teams whenever we were allowed, to view the school cases as multiple observers. In addition, we embraced varied roles to increase opportunities for investigators to experience case evidence in divergent ways. Examples included investigators conducting interviews while others made an audio-visual recording of the interview, and some documenting observations in field notes while others co-facilitated the interview. A first advantage of utilizing multiple researchers was that the creative potential of theory building from case work was extended (Eisenhardt & Graebner, 2007), as team members offered complementary insights. In this way, richness was added to the data and the different perspectives increased the way in which I could understand fresh insights and generate RRR theory. Moreover, convergence of observations from multiple researchers augmented the trustworthiness of findings (Eisenhardt & Graebner, 2007) and added to the empirical grounding of different RRR hypotheses. Conflicting understandings were equally valuable and served to prevent premature RRR closure.

Step 4: Entering the Field

Building theory from case studies often means that data collection and analysis coincide. According to Eisenhardt and Graebner (2007), this iterative process accelerate analyses and uncover useful tweaking in ongoing data collection. Informal conversational interviews and collection of visual data also presented opportunities to take advantage of emergent themes and unique case features as I began to conceptualize RRR. I often conducted first-level analysis immediately after interviews or observations, which I then documented in my field notes. Van Maanen (1988) describes the advantage of stream-of-consciousness treatises in field notes as a way of monitoring one's presence in qualitative inquiry.

[5]Tilda Loots, Hermien Olivier, Maria Mnguni, Malize McCallaghan, Viona Odendaal, Karien (De Jager) Botha Melanie Joubert, Janna (Beukes) de Gouveia, Sam Bagherpour, Georgina Dempster, Irma Eloff and Kesh Mohangi.

A key feature of theory-building research is, of course, flexibility to modify conceptualizations during data collection. By overlapping data analysis and data collection, I could be flexible in theorizing as we added cases, and this freedom enabled me to probe particular emergent themes. Table 6.1 serves as evidence of such flexibility required to conceptualize RRR, as it documents the *before* and *after* outcome of a bulk of my field notes during data collection and analysis.

Step 5: Analysing Data

Miles and Huberman (1984) also note that data analysis is the heart of building theory from case studies. Although these scholars concur that this is the most tricky and least codified part of generating theory, they agree that several key features of analysis need to be represented. *Within-site/case analysis* is, of course, the first step required, as this strategy enables one to cope with a flood of data—as was the case with the voluminous amount of STAR data.

The fact that STAR constituted many smaller-scale, focused studies by post-graduate students was definitive for within-case analysis and detailed descriptions of each site (and STAR phase). In generating RRR, however, these write-ups were crucial for my systematic generation of insight related to RRR over time. Although no single, standard format for within-case analysis is put forward, according to Eisenhardt (1989, p. 540) "the overall idea is to become intimately familiar with each case as a stand-alone entity [as]… [t]his process allows unique patterns of each case to emerge before investigators push to generalize patterns across cases." In addition, my presence at each site also increased my hands-on familiarity with each school, the teachers, and how they opted to bounce against adversity as well as how they embraced resources and knitted relationships to impose resistance.

Cross-case comparison naturally follows these in-depth case singularities. From the onset, as my dissatisfaction with coping assumptions grew, I started my search for commonalities across cases that could further help me understand how teachers resisted dependency because of risk, and initiated agency to rebound from adversity. The cross-case patterns benefited RRR theory building as I did not jump to conclusions based on limited data: I was not overly influenced by the radiance of resilience strategies implemented by certain teachers and schools, and I could not drop negative instances (what Eisenhardt, 1989, p. 540, refers to as disconfirming evidence). I therefore looked at data in many divergent ways, so as to not reach premature or false conclusions. The way in which I did this was to select categories (based on my evolving conceptualizations, as depicted in Table 6.1) to look for both within-group similarities and intergroup differences. I also selected pairs of cases and listed similarities and differences between each pair. In this way, I grouped rural and urban schools separately, for instance, and looked for similarities and differences in the way teachers identified and accessed people in relationships.

Also, I looked at the way in which teachers were selected (by teachers) for participation in STAR dissemination research. Notably, the convenience sampling of peer schools was also based on existing relationships. In this way, School 5 was selected because the group leader in School 1 knew the principal in School 5. A teacher in School 6 made friends with a School 1 teacher while travelling on a bus. From this relationship followed the selection of School 6 by the School 1 group for peer dissemination.

Step 6: Shaping Hypotheses

In generating RRR, certain themes, concepts, and tentative relationships emerged from variables in the processes of within-site and cross-site analyses. As part of this decidedly iterative method, I systematically compared the emergent RRR frame with individual case data to establish whether my impressions fit well or not. The goal, of course, was to establish theory that most closely fits data by methodical comparison (Eisenhardt, 1989; Glaser & Strauss, 1967).

At the onset, I needed to hone constructs and verify emergent relationships between constructs so as to formulate hypotheses. In this three-part process, I first refined the definitions of constructs (as put forward in Table 6.1), and second, built evidence measuring constructs in the case data. In this last replication process, evidence was sometimes used to revise relationships, sometimes relationships were disconfirmed, and sometimes evidence confirmed ideas. In Table 6.4, I provide sharpened definitions of the constructs at the core of RRR.

In the subsequent section, I provide solid-fit evidence from case data regarding emerged notions. As the data base is extensive, and evolving ideas have been systematically substantiated in previous publications (Ebersöhn & Ferreira, 2011; Ebersöhn, Ferreira, & Mnguni, 2008; Ferreira & Ebersöhn, 2011; Ferreira, Ebersöhn, & Loots, 2008; Ferreira, Ebersöhn & McCallaghan, 2010; Ferreira, Ebersöhn & Odendaal, 2010), I have opted to provide only relevant cross-case evidence here.

Resilience Together: Promoting Resilience, Relationships, and Collaboration

Positive adaptation (as part of resilience) resulted from agency, based on an abundance of resources accessible via relationships, rather than from passive, dependent, and shaming waiting to receive charity. Resilience was apparent in the way that teachers partnered to provide access to resources for children's families. In this regard, teachers did not necessarily provide clothes and food themselves (although this was the case in School 1 and 4). More often than not, teachers established and maintained resilience by steering towards relationships with resources and using relationships as a way to traverse use of resources and manage adversity. Examples are several schools (1, 2, 5) that partnered with parents or school staff (Schools 4 and 6) who had agricultural and entrepreneurial capacity to manage school-based

Table 6.4 Defining RRR constructs

Construct	Definition
Collective resilience and communal positive adjustment	Collective resilience is the result of accessing, mobilizing, networking, and nurturing sustained resource use for communal positive adaptation because of collectively appraised stressors Resilience is collective and interdependent relationship-driven agency to counteract adversity by means of systemic relationships as resource guardians
Promoting collective resilience	Countering of (chronic, cumulative) shared adversity by jointly accessing resource-rich relationships, on the one hand, to mobilize resources for accessible support and, on the other hand, maintain collective resilience by nurturing relationships
Protective resources	Enabling capacity available in *existential* support (collective heritage and strength related to cultural and indigenous knowledge capital; spirituality), individuals' featured strengths (e.g. hope, optimism, positive affect, self-esteem, self-determination of children, teachers, parents, volunteers, and businesspeople), *relationships* (knowing an individual with access to a required resource), *institutions* (such as schools, clinics, non-governmental organizations) and *structures* (social grants, feeding/nutrition programmes, school policies)
Relationship	Conduit of collective resilience by being (a) a vessel of available resources, (b) an envoy to mobilize resources and (c) a structure to sustain resource mobilization for resilience
Risk factors, collective appraisal and communal stressors	Individuals in a risk-setting appraise risk factors collectively as communal stressors requiring joint adjustment. Systemically risk factors may include *intrapersonal risk* (illness, learning disability), *interpersonal risk* (ailing parent, additional household chores, abuse, inability to provide learning support), *systemic* (*school*) *risk* (lack of trained teachers in a school, intolerance in school policy, lack of leadership), *community risk* (high levels of unemployment in a community, high instances of illness and death in a community), and *service level risk*
Cumulative, chronic adversity (high risk)	Prolonged and multiple hardships signifying risk of vulnerability and requiring mediation. Includes poverty, limited opportunity to learn, health risks (foremost of which is HIV/AIDS), unemployment, illiteracy, inability to access supportive and care services (health, social grant, education), and emotional distress
Low-resource (resource scarce) ecology	A low-resource (resource scarce) ecology has limited availability and/or access to resources and may be characterized by physical disrepair, lack of support services (learning, health, social), and individuals, families and neighbourhoods with low household incomes and high health, education, and socioeconomic need

Collective (family) system focus	Collective needs of communities/neighbourhoods (including families) surpass individual (child) needs, implying knowledge of (a) indigenous knowledge systems, (b) community/neighbourhood/family constellations, (c) embedded collective priority needs, (d) encompassing community-required resources, and (e) collective relationship resources
Wide-ranging support for communal positive adaptation	Sustained access to support that provides required resources to the collective as a way to support communal positive adaptation and counter prioritized risk
	Support includes spiritual support (faith-based activities), existential support (access and mobilization of traditional ways of care), social support (friends, support groups, home visits), health support (medical treatment), financial support (social grants and employment), early identification of vulnerability, referral systems, material support (food, clothes)
Collaboration	Individuals in existing (and new) relationships mobilize combined resource sets in a coordinated and ever-growing web to offset prevailing adversity
Collective needs map	Identifying and prioritizing shared needs (risk factors) by being aware of existing, collective deficiencies, adversity, and barriers. Collective decision-making about which needs require prioritised attention. Collective needs can be mapped in a variety of ways, including quadrant mapping and needs analysis
Collective resource map	Identifying and inventorying available communal assets, strengths, and capacities (protective resources). Collective resources can be mapped in a variety of ways, including quadrant mapping and relationship mapping
Resource prioritizing	Prioritize resources required to address prioritized collective needs (risk)
Relationship map	Mapping relationships rich with required resources to establish (a) an awareness of relationships as source of resources, (b) a resource inventory to deal with prioritized risks, (c) a partnership to mobilize resources, and (d) a partnership to sustain the mobilized resource resilience

vegetable gardens as a food source for children's families. In terms of mutuality, individuals involved in the vegetable gardens could access relationship resources available to them by, for example, leveraging an existing relationship with an acquaintance to sell produce (School 5), by making the most of the knowledge of another friend to gain the necessary knowledge on pest control (Schools 2 and 5), or by consulting a further contact to requisition tools or seeds (School 1, 2, 4, 5, 6).

Because of this relationship-driven spirit, resilience was collective. Resilience strategies were in no instance directed only at one individual or even at one individual family. Nor were the resilience strategies initiated or maintained in independent fashion by only one teacher; in fact, groups of *resilience service providers* grew. More and more teachers from schools deposited their resource-suite to collective support endeavours. The most startling example here was an increase in male teachers joining support initiatives at School 2. Whereas the initial ten teachers included only two males, participation increased in 2005 to a total of 14, with eight of these teachers being male. For each of the additional teachers involved in steering support, their existing relationships with embedded resources also became available to buoy resilience.

It goes without saying that the core of RRR is relationships. Viewing resilience from relationship-resourced resilience indicates that relationships are central to (a) the type of resources available, (b) the extent (number) of available resources based on extended relationships of others in a honeycomb of support, (c) the ability to access and mobilize resources in partnerships, and (d) the ability to sustain resource provision for support.

Typically, relationships provided the following types of resources: knowledge (of social grant services, health services, agricultural services, and entrepreneurial strategies), products (e.g., seeds, agricultural implements, food, clothes, and stationary), and access to services (e.g., cooking, labour to clean schools and cultivate gardens, health, social grant, spiritual/faith-based support, and supplies for a school-based soup kitchen). The extent of the relationships predicted the degree of available resources. A school community predictably became less passive when a supportive, people-based web became visible as a wealth of resources present in the people they know. In this way, the reality of scarcity (e.g., poverty, illness, illiteracy) was offset by the reality of on-hand resources, personally attainable in a *one-person-removed* principle. The simplicity, feasibility, and proven success of this strategy were enabling and gave birth to agency to counter adversity.

Because the owner of the resource was the person whom a teacher approached for access to the resource, the sense of ownership became valuable to collaboratively mobilize resources and intervene in the effects of adversity. Similarly, this ownership appeared to have an equally beneficial role in managing the sustained mobilization of resources to work against misfortune. Teachers maintained and nurtured relationships with nurses and clinic administrators, who provided prolonged access to health care at clinics; with acquaintances in agricultural agencies, who supplied agriculture tools, seeds, and information; with friends (who had friends) in government departments, who facilitated social grant applications; and with local businesspersons, who donated ingredients for daily meals to school community members.

The Resilience Is as Far-Reaching as the Adversity

Seeing that I support Ungar's (2008) view of resilience as ecological in its manifestation, I need to provide specific descriptions of the commonalities in school ecologies in which I observed RRR. As explained in the selecting cases section, schools were confronted with a range of adversities that were cumulative and chronic. From 2003 until the time of my writing this chapter, the urgency of challenges did not let up: Teacher-reported unemployment of parents increased in all the school communities, documented instances of HIV/AIDS infection increased (as did referrals, testing, and treatment), and household needs for nutrition and school uniform supply soared. The adversities were especially confounded by the presence of poverty and barriers to service delivery; that is, barriers to accessing required resources in spaces of intense need. Relationship support functioned in the presence and expansion of need, not as a way to *erase the risk*, but as a means to *live collectively and supportively together with adversity*.

Due to the pervasiveness of need, support required equal expansiveness. Via partnerships, teachers established and maintained wide-ranging support for physical well-being (nutrition, home-based care, clothing), for belonging (support groups for vulnerable families, for teachers themselves, and after-school programmes for vulnerable children), and for accessing a variety of services (as discussed previously). The partnerships were established on an I-know-someone-with-this-resource basis, for instance, "I know someone at the clinic who can help us to quickly provide service to a child or parents for testing", or "I know someone in the police who can provide additional safety/protection at our school", or "My sister knows a priest who can help children with their homework after school".

Mapping and Prioritizing as Functions of Collectivist Resilience

It must be said that I never saw a relationship being mapped. I heard talk which made me think of *virtual* (mental) relationship mapping (as apparent in the constructed narrative above), and I saw the outcome of such implied mapping (support provided to scaffold resilience in multiple partnerships). What I did observe, however, was that asset mapping led to teachers' confidence to shape a supportive plan, as a result of prioritized needs and knowledge of available resources (even in spaces of disparity and scarcity). These instances of future orientedness align with Snyder, Rand, and Sigmon's (2002) work on *hope* in terms of positive psychology. It would appear that hope, optimism, and expectancy were key drivers in mobilizing teachers' efforts to partner. For all teachers, initial baseline discussions centred on feelings of helplessness because of the overwhelming nature of omnipresent lack and need. Teachers were tired of problems, felt powerless to do anything to make it better for themselves, their learners and their learners' families, and felt dependent on outsider solutions and assistance to handle circumstances. After mapping, teachers expressed relief: They were able to list risks and prioritize what they wanted to address first. Prioritizing led to a framework of what was wrong and what needed to be addressed

systematically. Awareness of resources brought deliverance from dependency and passivity. Teachers did not look back (nor to researchers, policy makers, or government officials) once they realized that they had resources available to address a list of needs. As they thought of and accessed relationships to mobilize these resources, teachers were agents in buoying resilience. It would be meaningful to determine the extent to which other tools (such as discursive solutions-oriented questions and positive psychology based tasks) were, and could be, considered to sustain remarkable changes from helplessness to hopefulness.

Mapping also meant that teachers built on notions of collective need and benefit as elements that steered their support tactics. Needs with high collective prominence were prioritized—not needs with individual intensity. An example flows from the fact that teachers did not come from the school communities in which they taught. Initial conversations were sprinkled with *us* and *them* dialogue; us/we as teachers, they/them as the community. Following the mapping of needs and resources, teachers' discourses were inclusive of us—knowing, understanding, and taking on collective challenges by means of communal resources. The communal resources usually originated from teachers' social networks. In future studies aimed at enriching RRR, it will be interesting to observe the extent and circumstances in which collective social networks (not only teacher-initiated networks) are used to promote resilience. In this regard, discursive change analysis could be insightful to map trends in exterior and individualistic statements (such as us/them) to more community oriented views (us) to determine other instances and examples of discursive changes. In the same instance, during such an analysis it would be meaningful to understand how and in what basis this might be considered a transformation symptom.

Step 7: Enfolding Literature

Comparing emergent concepts, theory, and hypotheses with extant literature is, of course, an indispensable feature of theory building. In theorizing RRR, I drew extensively on comparisons with cross-national views of resilience as ecological in nature (Ungar, 2008), as well as on social capital theory (Bourdieu, 1986) and relatedness theory (Carsten, 2000, 2004). In this I aspired to understand how RRR may be similar to and contradict knowledge associated with relationships, daily socialized living, and human well-being.

Resilience Literature and RRR

Resilience, viewed ecologically (Brooks, 2006; Ungar, 2008), signifies a propensity to rebound or recover as a response to adversity (Dent & Cameron, 2003; Mandleco & Peery, 2000). Additionally, when embracing resilience as both outcome and process, an ecological perspective of resilience foregrounds dynamic interaction (transactional

relationships) between resource levels. I suggest a collectivist lens to Ungar's (2008) resilience perspective. I concur with his notion of resilience as an ecological process. From a collectivist cosmology, however, I propose that *it is connected groupings of people (not necessarily alone-standing individuals) who appraise risk as stressors to communal wellbeing*. Similarly it is such communal groups who hold promise of resources, who collectively advise direction/navigates towards such resource caches, and who mutually use combined individual (and joint) strengths to negotiate access to, and mobilization and sustained adjustment of resources. *The collective overrides the individual from appraisal to positive adjustment in this interdependent* coping process.

As data indicated that the ecological interconnectedness of systems was significant for resilience, I posit RRR as process-oriented and ecological resilience theory: Need or adversity in one system overflows to challenge in other systems. Similarly, protective resources in one system have value and use in aligned systems. Besides this synergy, I propose that (in RRR) systemic risk factors and protective resources are communal/collective. Thus relationships that hold the key to resources and resilience are also the relationships that make adversity a shared experience. The hardship of one is the hardship of others who are in a relationship with the individual. Also the resources of one are the resources of others who are in a relationship with that individual. I suggest that relationships constitute the dynamic mechanism preferred in circumstances of extended cumulative risk in the ecology of systems and across relationships, and the chronic prevalence of privation. To counter the push and pull of mutual and cross-cutting adversity, relationships proffer a similarly entrenched counterforce of pull and push by mirroring risk with protection. In the same way that adversity is cumulative and chronic, relationships as resource wells are indicated as cumulative and *chronic* (sustained) in terms of resilience.

Therefore, in theorizing RRR, I support Ungar's (2008) ecological views of navigating and negotiating to promote resilience by positioning relationships as the focus of these actions. I found that teachers navigated towards resource-rich relationships (as font of protective resources), and they engaged in and maintained relationships as a way of negotiating the use/mobilization of protective resources. In addition, I extend these resilience actions by positing that for resilience, relationships also serve as knots to *network* in dynamic webs of relationships. Putnam (1995) found evidence of such a network function in terms of social capital. He referred specifically to bridging as a function of social capital to link networks and acquaintances external to one's given community. In this regard, the principal (Person A) in School 5 knew that, among other things, she required agricultural knowledge and tools to establish a vegetable garden. She did not know someone with this knowledge or these tools. She did, however, have an acquaintance (Person B) who knew someone (Person C) in the Department of Agriculture. And the latter knew a coworker (Person D) in that Department with relevant knowledge, and another colleague (Person E) who managed agricultural apparatus. In this way Person A (the principal) became networked with Persons D and E (government employees) via her relationship with Person B (principal's friend). The initial relationship thus served as an access point to navigate towards others with access to

required resources, and the network of relationships meant that use of resources could be negotiated. This networked relationship therefore extended the systemic partnership and mobilization of resources for resilience purposes.

I imagine a honeycomb, or chicken wire, to visualise the way in which relationships are knots/nodules, swollen with resources, that decisively create lines among one another as a connection between people. The rationale for these lines is to network resources and link collective needs with mutual assets. The result is a honeycomb of nurturing relationships that foster resilience; a chicken wire of partnerships to promote protection against adversity. To maintain the strength of the honeycomb and the veracity of the chicken wire (to sustain resilience), relationships require *nurturing*. From the case studies, it was apparent that resilience was dependent on time invested in following up with acquaintances with whom resources were shared (e.g., nurses and teachers phoning one another regularly, or teachers and NGO partners meeting face-to-face prior to after-school activities with children). In this way, a sense of community and belonging in networked relationships (honeycomb metaphor relates) remained strengthened. Putnam (1995) refers to the bonding function of social capital, and Field (2005) explains social relationships as opportunities to give and receive affection. Nurturing also means providing feedback across relationships of resource use: Teachers in School 1 had to communicate to a businessperson how supplies were benefiting unemployed community members, and the after-school care efforts of the preacher and congregation in School 4 were sustained when they heard appreciation from teachers and caregivers alike. In addition, nurturing required renegotiating the use of resources where current practices were not satisfactory. An example was teachers in School 6 who requested partners from the police department to rethink their strategy of being a non threatening presence at the school, rather, to becoming more visibly powerful, to man school gates, and to patrol the school yard.

Relatedness, Social Capital, and RRR

The process-oriented nature of resilience was especially evident in the data. I scrutinized relationships as a hub of dynamic interaction, where the need to address risk culminates in a meeting point of protective resources made available via relationships. From this process stance, relationships (manifesting transactional interaction) constitute a way to modify the effects of adversity. The relationship initially develops between a resource seeker and a resource provider. The relationship is then sought out and initiated by an individual seeking a good fit between a need (risk factor) and available (protective) resources. The resource provider is the beneficiary of conversations to (a) explore the real availability of a required resource, (b) negotiate access to said resource, and (c) mobilize the use of the resource. In this way, relationships leverage the base of available resources to mobilize and promote resilience. The ability to maintain relationships proves to be an important requirement for resilience in RRR in order to sustain access to and use of resources.

It follows that in theorizing RRR, I had to consult readings on kinship. I found the works of Carsten (2000, 2004) particularly insightful. She suggests relatedness as an approach to study relationships in daily life practices. In her view, relatedness

is a dynamic process to be understood in terms of daily interactions between people, together with local networks of connections in particular cultural settings. For my reading of resilience associated with relationships, her work is significant in that she extends traditional insights into kinship relations. Specifically, and meaningfully for resilience, her analysis pertains to the way in which people meet demands of livelihood by virtue of daily practices and interactions with people in given social environments. Van der Geest (2004) extended Carsten's (2000) theorizing by noting people's ability to develop social and cultural values so as to share and exchange things they need in life.

From a resilience perspective, I build on these relatedness assumptions that proclaim value in people's daily interactions, practices, and networks. I specifically argue that relationships exist as a valued, communal commodity for resilience. Due to relationships, people are enabled to act and be agents for resilience because they can share and exchange things they need to meet the demands of their livelihood.

Social capital theory has an even more extended history than relatedness, and equally has meaning for my theorizing. Bourdieu (1986) explained how social capital (resources embedded in relationships) has a way to advance one's own interest and to leverage positional advantage. I argue against the view that social capital serves solely as a source of personal/individual gain and advancement. Rather, in terms of resilience, I argue that social capital is leveraged for mutual support and as a counterforce to extensive adversities. I build on Bourdieu's notion that social capital is interconnected with social inequality. I posit that social capital is also interconnected with social buoyancy to counteract challenges to livelihood and well-being. Like Coleman (1998), I have found that social capital has significant benefits for marginalized—and what he calls poor—communities. I extend his contention with additional evidence and a specific explanation of how social capital can be harnessed for the well-being of individuals and groups. It may be argued that the use of social capital to address adversity may mean that social capital is not only intertwined with social inequality, but that it may very well be a mechanism (via relationships) for achieving social justice.

Relationship-Resourced Resilience: Propositions

Based on the above comparison between case study insights and knowledge bases, I thus submit the following propositions pertaining to relationship-resourced resilience:

- Collectivist resilience is the result of joint accessing, mobilizing, networking, and nurturing sustained resource use by means of systemic relationships as resource guardians.
- In low-resource settings, relationships are a constant supplier of resources.
- Relationships are:
  - a cumulative and sustained (chronic) counterforce to cumulative and chronic risk/adversity.
  - hands-on social capital commodities to enable agency for collectivist resilience.

- Awareness of shared prioritized risk and required resources is required to use relationships as a conduit to enable collectivist resilience.
- Collectivist resilience is established as a counterforce to adversity in that individuals (a) *navigate* towards relationships as resource hosts, (b) use relationships to *negotiate* access to resources, (c) use relationships to *network* with aligned relationships as extended web of resources, and (d) *nurture* relationships to sustain resilience.
- Relationship skills (e.g., being in relationships, negotiating access to resources in relationships, nurturing relationships to maintain access to resources, partnering and networking in relationships) are required to access, mobilize, and sustain collectivist resilience in RRR.
- Collectivist resilience resulting from relationship-based resource sharing enables mutual leverage to counteract communal adversity.
- Relationship resources are associated with social buoyancy to counteract challenges to livelihood and well-being.

Step 8: Reaching Closure

Eisenhardt (1989) argues that potentially generating a novel theory is an advantage of building theory from cases. As a result, RRR as a theory generated from case data with a high probability of empirical validity is testable and embeds readily measurable constructs and hypotheses that may be falsified, whereas theory generated separate from direct data may be problematic to test. This is especially the case as theory-building processes are intimately interwoven and came about because of evidence; thus they are dependent on empirical observation. In this, Eisenhardt (1989, p. 547) explains that "this intimate interaction with actual evidence often produces theory which closely mirrors reality." That having been said, Eisenhardt (1989) warns that the ultimate weakness of building theory from case studies is excessive complexity due to extensive empirical evidence. In an attempt to address this caution, I have aimed for prudence and simplicity of overall perspective by not including overwhelming amounts of data or capturing every data detail that is relevant to emergent thinking.

To bolster RRR as generative theory, additional theoretical sampling (Glaser & Strauss, 1967) forms part of the next phases of investigation. During dissemination research, phases of STAR theoretical sampling already occurred for the purpose of replicating previous cases. Future theoretical sampling will aim at filling theoretical RRR categories and providing examples of polar types. Multiple cases within each category (e.g., additional secondary schools, additional remote schools) can greatly enhance the generalizability of RRR. Also, choosing polar case types can afford insight into variation. Thus, to strengthen the theoretical base of RRR, I can use characteristics of negative instances (e.g., cases where sustained resilience in terms of relationships as resource supply was not evident) as selection criteria to understand circumstances in which RRR is not indicated. I am also particularly interested in determining the extent to which RRR bears up within resource-rich environments and non-school related settings, and to find out if race, class, culture, nationality, and gender may account for variance in RRR.

Future sampling will also focus on selecting settings where asset awareness has not been raised, in order to establish whether RRR will be present in the absence of a strengths-based intervention. For this, I also want to sample polar types; that is, schools known to promote resilience and schools identified as unable to cope with multiple adversities. In both instances, interventions related to assets, resilience, and support should not have been presented to teachers in the school before. In addition, I will expand on data collection protocols by including additional quantitative measures of core constructs (e.g., relationships/relatedness, resilience).

These strategies to consolidate RRR are also aimed at addressing the weakness of a potentially narrow and idiosyncratic theory (Eisenhardt, 1989). Since RRR resulted from a bottom-up approach, data specifics produced generalizations of theory with the risk that RRR is but a peculiar phenomenon, rather than relevant on the level of generality synonymous with theorizing.

References

Bagherpour, S. (2010). *Sustainability of psycho-social support by teachers to enhance resilience in a school*. Unpublished master's dissertation, University of Pretoria, Pretoria, South Africa.

Beukes, J. (2010). *Collaborative partnership trends between teachers and educational psychology researchers*. Unpublished master's dissertation, University of Pretoria, Pretoria, South Africa.

Bourdieu, P. (1986). The forms of capital. In J. G. Richardson (Ed.), *The handbook of theory and research for sociology of education* (pp. 241–258). New York: Greenwood.

Brooks, J. E. (2006). Strengthening resilience in children and youths: Maximising opportunities through the schools. *Children and Schools, 28*(2), 69–76.

Carsten, J. (2000). *Cultures of relatedness: New approaches to the study of kinship*. Cambridge, UK: Cambridge University Press.

Carsten, J. (2004). *After kinship*. Cambridge, UK/New York: Cambridge University Press.

Coleman, J. S. (1998). *Foundations of social theory*. Cambridge, MA: Belknap.

De Jager, K. (2007). *Die ontwikkeling van'n MIV&VIGS-skoolplan vir onderwysers*. Ongepubliseerde M.-verhandeling, Universiteit van Pretoria.

Dempster, G. (2010). *A case study of teachers' implementation of asset-based psychosocial support*. Unpublished master's dissertation, University of Pretoria, Pretoria, South Africa.

Dent, R. J., & Cameron, R. J. S. (2003). Developing resilience in children who are in public care: The educational psychology perspective. *Educational Psychology in Practice, 19*(1), 3–19.

Ebersöhn, L. (2008). Liaising the microscope and kaleidoscope. In L. Ebersöhn (Ed.), *From microscope to kaleidoscope. Reconsidering educational aspects related to children in the HIV&AIDS pandemic*. Rotterdam, the Netherlands: Sense.

Ebersöhn, L., & Ferreira, R. (2009, September). *Teachers as fulcrum of psychosocial support to vulnerable children: A longitudinal participatory reflection and action study*. Presented at AIDS Impacted, Gaborone, Botswana.

Ebersöhn, L., & Ferreira, R. (2011). Coping in an HIV&AIDS-dominated context: Teachers promoting resilience in schools. *Health Education Research, 2011*. doi:10.1093/her/cyr016.

Ebersöhn, L., Ferreira, R., & Blankenship, K. (2006, April 7–11). *Teachers' perceptions of a disability grant in the context of HIV&AIDS: Financial asset and social dilemma*. In AERA, San Francisco.

Ebersöhn, L., Ferreira, R., & Mnguni, M. (2008). Teachers' use of memory-box making to provide psychosocial support in their pastoral role. *Journal of Psychology in Africa, 18*(3), 305–315.

Eisenhardt, K. M. (1989). Building theories from case study research. *Academy of Management Review, 14*(4), 532–550.

Eisenhardt, K. M., & Graebner, M. E. (2007). Theory building from cases: Opportunities and challenges. *Academy of Management Journal, 50*(1), 25–32.
Ferreira, R. (2006). *The relationship between coping with HIV&AIDS and the asset-based approach*. Unpublished doctoral thesis, University of Pretoria, Pretoria, South Africa.
Ferreira, R., & Ebersöhn, L. (2011). Formative evaluation of the STAR intervention: Improving teachers' ability to provide psychosocial support for vulnerable individuals in the school community. *African Journal of AIDS Research, 10*(1), 63–72.
Ferreira, R., & Ebersöhn, L. (2012). *Partnering for resilience*. Pretoria, South Africa: Van Schaik.
Ferreira, R., Ebersöhn, L., & Loots, T. (2008). Bate-mobilisering as moontlike strategie vir die hantering van MIV/VIGS. *Acta Academica, 40*(3), 142–162.
Ferreira, R., Ebersöhn, L., & McCallaghan, M. (2010). Die gebruik van liggaamsportrette deur opvoeders tydens vervulling van hulle pastorale rol. *Tydskrif vir Geesteswetenskappe, 50*(2), 197–215.
Ferreira, R., Ebersöhn, L., & Odendaal, V. (2010). Community-based educational psychology intervention to enhance teachers' support competencies in the HIV&AIDS realm. *Education as Change, 14*(3), 101–111.
Field, J. (2005). *Social capital and lifelong learning*. Bristol, UK: The Policy Press.
Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies of qualitative research*. London: Wiedenfeld/Nicholson.
Gunnestad, A. (2006). Resilience in a cross-cultural perspective: How resilience is generated in different cultures. *Journal of Intercultural Communication*, *11*. Retrieved from http://www.immi.se/jicc/index.php/jicc/article/view/99/68
Joubert, M. (2010). *Dissemination research*: *Teachers as facilitators*. Unpublished master's dissertation, University of Pretoria, Pretoria, South Africa.
Lerner, R. M. (2006). Resilience as an attribute of the developmental system: Comments on the papers of professors Masten & Wachs. In B. M. Lester, A. S. Masten, & B. McEwen (Eds.), *Resilience in children* (pp. 40–51). Boston: Blackwell.
Loots, T. (2005). *Opvoeders se mobilisering van bates ter ondersteuning van gemeenskapshantering van MIV/VIGS*. Ongepubliseerde M.-verhandeling, Universiteit van Pretoria.
Loots, T. (2010). *A comparative case study of educators' implementation of the asset-based approach*. Unpublished doctoral thesis, University of Pretoria, Pretoria, South Africa.
Loots, T., Ebersöhn, L., Ferreira, R., & Eloff, I. (2010, September 13–14). *We find ways of getting through the hurdles*: *Addressing barriers resourcefully as teachers.* In National Symposium HIV&AIDS and Education Research, Nelson Mandela Metropolitan University, Port Elizabeth, South Africa.
Mandleco, B. L., & Peery, J. C. (2000). An organizational framework for conceptualizing resilience in children. *Journal of Child and Adolescent Psychiatric Nursing, 13*(3), 99–111.
Masten, A. S. (2002). Development in resilience. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 257–276). New York: Oxford University Press.
McCallaghan, M. (2007). *Die gebruik van liggaamsportrette deur opvoeders in die vervulling van hulle pastorale rol*. Ongepubliseerde M.-verhandeling, Universiteit van Pretoria.
Miles, M., & Huberman, A. M. (1984). *Qualitative data analysis*. Beverly Hills, CA: Sage.
Mnguni, M. (2007). *Exploring the relationship between counselling skills and memory work with primary school teachers*. Unpublished master's dissertation, University of Pretoria, Pretoria, South Africa.
Odendaal, V. (2007). *Describing an asset-based intervention to equip educators with HIV&AIDS coping and support competencies*. Unpublished master's dissertation, University of Pretoria, Pretoria, South Africa.
Olivier, H. (2010). *Fenomenografiese ondersoek na verhoudinge binne die bate-gebaseerde benadering*. Ongepubliseerde doktorale verhandeling, Universiteit van Pretoria.
Putnam, R. D. (1995). Bowling alone: America's declining social capital. *Journal of Democracy, 6*(1), 65–78.
Richmond, W. K. (1975). *Education and schooling* (p. 124). Fakenham, Norfolk: Cox & Wyman Ltd.

Sameroff, A. J. (2009). *The transactional model of development: How children and contexts shape each other*. Washington, DC: American Psychological Association.

Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2002). Hope theory: A member of the positive psychology family. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 257–276). New York: Oxford University Press.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*, 218–235.

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *The American Journal of Orthopsychiatry, 81*(1), 1–17. doi:10.1111/j.1939-0025.2010.01067.x.

Van der Geest, S. (2004). Grandparents and grandchildren in Kwahu, Ghana: The performance of respect. *Africa, 74*(1), 47–61.

Van Maanen, J. (1988). *Tales of the field: On writing ethnography*. Chicago: University of Chicago Press.

Wilkinson, R. G., & Picket, K. (2009). *The spirit level: Why more equal societies almost always do better*. London: Allen Lane.

Chapter 7
From Happiness to Flourishing at Work: A Southern African Perspective

Sebastiaan Rothmann

Positive psychology is defined as the scientific study of that which enables individuals and institutions to flourish by focusing on the optimal expression of potential through positive well-being, positive traits, and positive institutions (Seligman & Csikszentmihalyi, 2000). The movement towards positive psychology has resulted in a greater awareness of *happiness* of people in work and organizational contexts (Linley, Garcea, Harrington, Trenier, & Minhas, 2011; Stairs & Galpin, 2010). Various disciplines have been developed which focus on the study of happiness at work. These disciplines include positive organizational scholarship (Cameron & Spreitzer, 2012), positive organizational behaviour (Luthans, 2002), and positive organizational psychology (Donaldson & Ko, 2010).

Happiness is a subjective phenomenon, of which the individual should be the final judge (Diener, Suh, Lucas, & Smith, 1999). Measuring happiness of employees and intervening to promote happiness are inherently part of a strategic approach to human resource management (Armstrong, 2006). Although research regarding the happiness of employees is needed, the term happiness is often criticized because it means different things to different people. Therefore, it is necessary to define the term. Seligman (2011) regards the term as unsuitable for science because it has been overused. However, Kashdan and Steger (2011) point out that it is possible to define and measure happiness in a clear and coherent way, but that the problem with happiness arises when people regard it as a primary aim in life. Because the term happiness lacks scientific precision, some researchers instead refer to subjective well-being (Zelenski, Murphy, & Jenkins, 2008).

According to Keyes and Annas (2009), subjective well-being consists of two components—namely, feeling good and functioning well—which could be combined to study the flourishing or languishing of people. The way people experience

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their lives is inherently valuable information, in itself, and an important determinant of policy-relevant behaviour and intervention. According to Huppert and So (2011), people's experiences of their lives might even be more important than the objective facts of their lives because some people have a sense of well-being even when their circumstances are harsh, while for others, their lives are empty and stagnant despite favorable circumstances. Research on flourishing in work and organizational contexts is necessary not only due to the happy-productive worker thesis (Zelenski et al., 2008), but also because evidence shows that many people are not flourishing (Keyes & Annas, 2009; Rothmann, 2008; Stairs & Galpin, 2010).

The focus of positive organizational psychology is to understand and support aspects of individuals and the work environments that foster, develop, and facilitate employee flourishing (Bono, Davies, & Rasch, 2012). The concept *flourishing* is increasingly used in the psychology literature to describe well-being (Huppert & So, 2011; Seligman, 2011), and/or the hedonic and eudaimonic components of happiness (Keyes & Annas, 2009). Although flourishing is highly relevant for work and organizational contexts, no scientific studies were found regarding the conceptualization thereof in these contexts. The scientific study of flourishing requires an accepted definition and good quality scales to measure it (Huppert & So, 2011) in work and organizational contexts or otherwise.

The aim of this study was to identify dimensions of employee flourishing and to investigate the antecedents and outcomes thereof in a southern African work and organizational context.

Happiness Versus Flourishing

In this paragraph, two perspectives that are relevant to happiness are defined; namely, hedonia and eudaimonia. This is followed by a discussion of three approaches to happiness; namely, subjective well-being, psychological well-being, and flourishing.

Hedonia and Eudaimonia

Two perspectives—hedonia and eudaimonia—are relevant when defining happiness (Ryan, Huta, & Deci, 2008). According to the hedonic perspective, happiness is experienced when pleasure is maximized and pain is avoided. However, happiness in the sense of hedonia might include living a life of shallow values, greed, and exploitation of others (Vella-Brodrick, Park, & Peterson, 2009). In contradiction, the eudaimonic perspective focuses on the content of one's life and the processes involved in *living well* (Ryan et al., 2008). The key focus of eudaimonia is for individuals to live well (rather than to only feel good), to engage their best human capacities towards pursuing virtue and excellence, to continuously engage in reflectivity and deliberation concerning their actions

and aims, and to pursue excellence through voluntary actions (Waterman, 2008). Hedonic happiness (defined as the pursuit of pleasure) is regarded as unsustainable over the long term in the absence of eudaimonic well-being (Fisher, 2010).

From the perspectives of hedonia and eudaimonia, three approaches to happiness can be distinguished; namely, subjective well-being (Diener, Kesebir, & Lucas, 2008), psychological well-being (Ryff & Singer, 1998), and flourishing (Keyes, 2005).

Subjective Well-Being

Subjective well-being focuses on the conscious experience of feelings and cognitions of the individual—in other words, whether individuals perceive their life as a *good life* (Diener et al., 2008). It includes subjective judgments of the quality of an individual's life with regards to both the presence and relative frequency of positive and negative moods and emotions over time, one's overall level of life satisfaction, and one's satisfaction with specific domains, such as work, family, health, leisure, finances, the self, and the group (Diener et al., 2008).

Lucas, Diener, and Suh (1996, p. 61) defined life satisfaction as "a global evaluation of a person of his or her life." In making an evaluation of life satisfaction, individuals examine the aspects of their life, weigh the good against the bad, and arrive at a global evaluation of overall satisfaction. Positive affect relates to the frequency or presence of positive or pleasurable emotions, such as joy and happiness. Conversely, the presence of negative affect indicates adverse emotions, such as sadness or feeling dejected. Satisfaction with life entails a cognitive evaluation of one's life (Pavot & Diener, 2008), and although it is related to positive and negative affect, it is partially independent of the affective aspects.

Psychological Well-Being

Psychological well-being focuses on the contents of one's life and the processes involved in living well. It consists of six dimensions; namely, autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff & Singer, 1998). The six dimensions assess the individual's positive functioning. Autonomy refers to self-determination and independence, the ability to resist social pressures to think and act in certain ways, regulation of behaviour from within, and the evaluation of the self by using personal standards. Environmental mastery is defined as people's ability to choose or create environments suitable to their psychic conditions as a characteristic of mental health. Personal growth refers to the continually developing one's potential, seeing the self as growing and expanding, being open to new experiences, realizing one's own potential, and seeing improvement in the self and one's own behaviour over time. Positive relations with others is defined as having warm, satisfying,

and trusting relationships with others; being concerned about the welfare of others; being capable of strong empathy, affection, and intimacy; and understanding the give-and-take of human relationships. Purpose in life refers to having goals and a sense of direction, feeling that there is meaning to the past and present, holding beliefs that give life purpose, and having aims and objectives for living. Self-acceptance is defined as possessing a positive attitude towards the self, acknowledging and accepting multiple aspects of the self (including good and bad qualities), and feeling positive about one's past.

Flourishing

Subjective well-being (also referred to as happiness) is defined as the appraisals individuals make regarding the quality of their lives, which does not only concern feeling good (e.g., satisfaction with life and a positive affect balance), but also functioning well (Keyes & Annas, 2009; Keyes, Shmotkin, & Ryff, 2002).

Using a mental health continuum, Keyes (2005, 2007) argued that measures of mental health and mental illness form two distinct continua, that the absence of flourishing is associated with impairment and burden to the self and society, and that only a small proportion of mentally healthy people are flourishing. Mental health is regarded as a syndrome of symptoms of an individual's subjective well-being. The mental health continuum consists of complete mental health (flourishing) and incomplete mental health (languishing), and individuals' positions on the continuum are determined by their scores on three types of well-being; that is, emotional, psychological, and social well-being (Keyes, 2000). Keyes' (2005) model integrates the subjective and psychological well-being models described above, but adds a social well-being dimension.

Keyes (2007) operationalized flourishing as a pattern of positive feelings and positive functioning in life, summarizing the scales and dimensions of subjective well-being under the following sub-categories: emotional well-being, psychological well-being, and social well-being (see Table 7.1). On the opposite continuum is *languishing*, which can be defined as the absence of mental health. According to Keyes (2007), each measure of subjective well-being is regarded as an outward symptom of an unobservable state. Individuals flourish when they experience high levels of at least one symptom of emotional well-being, as well as high levels of at least six measures of psychological and social well-being. Individuals languish when they experience low levels of at least one symptom of emotional well-being, as well as low levels of at least six measures of psychological and social well-being.

In analysing the results of a study on mental health, Keyes and Annas (2009) found that 48.5 % of the participants measured high on hedonic well-being, 18 % measured high on both types of well-being, while 30.5 % measured high on hedonic well-being (feeling well) and moderate on eudaimonic well-being (functioning well). Individuals who measured high on hedonic well-being and

Table 7.1 Dimensions of flourishing

Dimension	Definition
Emotional well-being	
Positive affect	Is energetic, cheerful, and good-spirited
Satisfaction with life	Shows general satisfaction and happiness with life overall
Psychological well-being	
Self-acceptance	Holds positive attitudes toward self/own personality
Personal growth	Is ambitious, seeks to maximize own potential
Purpose in life	Has meaning and purpose in life
Environmental mastery	Changes and manages personal environment to suit own needs
Autonomy	Has socially acceptable internal standards and values as guidelines in life
Positive relations with others	Establishes trusting interpersonal relationships
Social well-being	
Social acceptance	Is positive towards and accepting of diversity in people
Social actualization	Believes in potential of others (individuals, groups and societies)
Social coherence	Finds society and social life meaningful and comprehensible
Social contribution	Regards own daily activities as adding value to society and others
Social integration	Experiences sense of relatedness, comfort, and support from community

Adapted from Keyes (2007)

moderate on eudaimonic well-being had approximately twice the rate of mental illness than individuals who measured high on both types of well-being. Keyes et al. (2008) confirmed findings about flourishing in a South African study. However, languishing and flourishing are not stable, permanent conditions. Individuals who have been previously well can become mentally ill, while others who have been mentally ill can move towards flourishing (Strümpfer, Hardy, De Villiers, & Rigby, 2009).

Keyes (2007, p. 100) referred to the relatedness of the languishing–flourishing continuum to the occupational context when he stated the following: "Adults who were diagnosed as completely mentally healthy functioned superior to all others in terms of the fewest workdays missed, fewer half-days or less cutbacks of work, lowest level of health limitations of activities of daily living." According to Keyes, Satvinder, Dhingra, and Simoes (2010), gains in level of mental health should decrease the risk of mental illness over time. Losses of mental health increase the risk of mental illness over time.

Seligman (2011), who also conceptualized flourishing, distinguishes between five elements; specifically, positive emotions, engagement, meaning, accomplishment, and positive relations. The term positive emotions refers to having as much pleasure as you can through the experience of positive affect (Peterson, Park, & Seligman, 2005). Engagement results from knowing what your signature strengths are and recrafting your life to use them at work, in love, in leisure, in parenting, and with friendships. Meaning and purpose exist when you know what your highest strengths and talents are and you use them in the service of something you believe

is bigger than you are. Meaning is related to external goals and self-transcendence (Park, Peterson, & Ruch, 2009). Accomplishment refers to pursuing success, winning, achievement, and mastery. The term positive relationship refers to a warm, satisfying, and trusting relationship with others.

Flourishing at Work

The concept *flourishing* (Keyes, 2005) was developed to indicate emotional, psychological, and social well-being in life. However, flourishing can also occur in a work and organizational context. Individuals who flourish feel satisfied with their lives (and different life domains), experience positive emotions, and are psychologically and socially well. According to Bono et al. (2012), flourishing employees prosper and learn, and are happy, engaged, self-motivated, and successful.

In the South African literature, well-being in work and organizational contexts has been studied in terms of constructs, such as work engagement, job satisfaction, psychological well-being, sense of coherence, optimism and meaning at work, psychological strengths, and resilience. Analyses of peer reviewed journal articles concerning well-being and flourishing in South Africa using the electronic databases for Psychology (PsycINFO), EBSCOHOST, ScienceDirect, Emerald, ISI Web of Knowledge, and SAEPublications, as well as previous studies (Coetzee & Viviers, 2007; Viviers & Coetzee, 2007), showed 106 peer-reviewed publications. The numbers of peer-reviewed publications (indicated as percentages of the total) were as follows: work engagement (30 %), job satisfaction (19 %), psychological well-being (10 %), and sense of coherence (9 %). The remaining 32 % of the publications focused on topics, such as positive leadership, optimism at work, meaning at work, psychological strengths, resilience, and the structure of subjective well-being. In none of these studies did the constructs which make up well-being combine into a single study.

In developing a model of flourishing at work, two considerations are important. First, the dimensions of feeling good and functioning well should be included in a multidimensional model of well-being (Keyes & Annas, 2009). Second, the dimensions of flourishing should be regarded as "states", of which at least some part can be influenced by the job context and social relationships, rather than dispositions (see Keyes & Annas, 2009; Macey & Schneider, 2008). The concept of *thriving* (Porath, Spreitzer, Gibson, & Garnett, 2012) is an example of a multidimensional state of well-being at work. Thriving is defined as "… a psychological state in which individuals experience both a sense of vitality and learning" (Porath et al., 2012, p. 250). The importance of a multidimensional perspective is evident when its two dimensions (vitality and learning) are combined to understand behaviour. For example, if an employee is learning but feels depleted, this employee does not thrive. Although thriving captures two essential elements of flourishing (namely, vitality and learning) it does not capture all the dimensions of well-being in work and organizational contexts.

Table 7.2 integrates the dimensions of flourishing of people in work and organizational contexts from the theoretical frameworks of Keyes (2005), Fisher (2010), Huppert and So (2011), Seligman (2011), and Bono et al. (2012).

Table 7.2 shows that job satisfaction and positive emotions are included in most conceptualizations of happiness and flourishing at work. Therefore, these constructs are regarded as part of an emotional well-being (feel good) dimension, although satisfaction might also have a cognitive component (see Keyes et al., 2002). Psychological well-being (positive psychological functioning) is also included in most of the models of happiness and flourishing in Table 7.2. Psychological well-being consists of work engagement (vitality and dedication), meaning and purpose in work, self-determination (e.g., autonomy, competence, and relatedness), and harmony. More research is needed to investigate the inclusion of social well-being (as conceptualized by Keyes, 2005) in the conceptualization of well-being in a work and organizational context.

Next, findings regarding the different dimensions which could indicate flourishing in work and organizational contexts are analysed.

Emotional Well-Being at Work

Emotional well-being at work refers to two types of judgments individuals make: job satisfaction and positive emotions.

Job satisfaction is defined as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" (Locke, 1976, p. 1304). Job satisfaction comprises cognitive and affective components: The cognitive component refers to attitudes towards the job and is represented by an evaluation of concrete and abstract aspects of the job. Employees evaluate the extent to which they like or dislike their jobs relative to their needs and values (Spector, 1997). Cognitive job satisfaction reflects the degree of similarity between their perceptions and standards (Weiss & Cropanzano, 1996). Affective job satisfaction refers to feelings and emotions related to a job.

Affect is central to definitions of job satisfaction. Job satisfaction fluctuates during a work day, partly because of moods and emotions. Mood states last longer, have no causal objects, and are less intense than emotions. Emotions are intense, have causal objects, and are short-lived. Events in the workplace trigger emotions and are more readily recalled than vague moods (Ilies & Judge, 2004). According to affective events theory (Weiss & Cropanzano, 1996), events at work lead to emotions, which can influence job satisfaction.

Positive emotions are critical ingredients for human flourishing because they covary with positive functioning (Fredrickson, 2006). The *broaden-and-build* theory (Fredrickson, 1998) states that positive emotions—including joy, interest, contentment, and happiness—have the ability to broaden an individual's momentary thought-action repertoires, facilitate generativity and behavioural flexibility, and assist in building the individual's enduring personal resources. Positive emotions are central to one's ability to flourish, to prosper mentally, and to grow psychologically.

Table 7.2 Flourishing in life and work

Component	Keyes (2005)	Seligman (2011)	Huppert and So (2011)	Bono et al. (2012)	Flourishing at work
Emotional well-being	Satisfaction with life		Satisfaction with life	Job satisfaction	Job satisfaction
	Positive affect	Positive emotion	Positive emotion	Positive emotion	Positive affect at work
Psychological well-being	Autonomy				Autonomy
	Environmental mastery	Accomplishment, Engagement	Competence Engagement Resilience Vitality	Engagement, Self-determination	Engagement, competence
	Personal growth			Learning	Learning
	Purpose and meaning	Meaning	Meaning Optimism		Purpose and meaning
	Positive relations	Positive relations	Positive relations		Relatedness
	Self-acceptance		Self-esteem Emotional stability		Self-acceptance
Social well-being	Social acceptance				Social acceptance
	Social growth				Social growth
	Social contribution				Social contribution
	Social coherence				Social coherence
	Social integration				Social integration

It is not argued that negative affect should not occur in a work and organizational context. Indeed it has been demonstrated that negative affect is characteristic of human functioning (especially under conditions of change and stress; Keyes, 2000). However, studies have shown that positive emotions build lasting resources in individuals. As pointed out by Fredrickson (2006), an individual's ratio of positive to negative emotions is more important.

Job satisfaction is related to life satisfaction and affect. Swart (2012) reported that satisfaction with life, positive affect, and low negative affect explained 71 % of the variance in job satisfaction. Using the emotional well-being scale developed by Keyes (2005) and Diedericks (2012) found that 17 % of the variance in job satisfaction is explained by the life satisfaction of information technology specialists (compared with 27 %, which was found in the study by Swart). In these studies, it was argued that satisfaction with life and affect will spill over to employees' job satisfaction.

Psychological Well-Being at Work

Next, results of studies regarding psychological well-being at work in terms of work engagement (vitality and dedication), meaning, purpose in work, self-determination, and harmony are analysed.

Work Engagement (Vitality and Dedication)

The contribution of engagement to flourishing is evident in the models of Peterson et al. (2005) and Seligman (2011). According to Peterson et al. (2005), the engaged life results from knowing what your signature strengths are and recrafting your life to use them at work (or in other life contexts). One of the psychological mechanisms underlying engagement might be the state of flow, which occurs when an individual experiences the optimal combination between skills and challenges (Moneta & Csikszentmihalyi, 1996).

Work engagement has been defined from two perspectives; specifically, engagement as an extension of the self to a role (Kahn, 1990), and employees' work activities as a reference for engagement (Bakker, Schaufeli, Leiter, & Taris, 2008). Both perspectives on work engagement have been studied in various South African studies (e.g., Bosman, Buitendach, & Rothmann, 2005; Rothmann & Rothmann, 2010; Rothmann & Welsh, 2013). Kahn (1990, p. 694) defined engagement as the "harnessing of organizational members' selves to their work role by which they employ and express themselves physically, cognitively and emotionally during role performance". Based on this definition, Rothbard and Patil (2012, p. 59) defined engagement as "… an employee's psychological presence in a role". Schaufeli and Bakker (2004) defined work engagement as a positive and fulfilling work-related state of mind, characterized by vigor, dedication, and absorption.

Employee engagement comprises three dimensions; namely, a physical component (being physically involved in a task and showing vitality and a positive affective state), a cognitive component (being alert at work and experiencing absorption and involvement), and an emotional component (being connected to job/others while working and showing dedication and commitment; Kahn, 1990; Schaufeli & Bakker, 2004).

Rothbard and Patil (2012) argued that the engagement construct has its roots in the concept of *authenticity*, which results in individuals investing personal energies into role behaviours and expressing their selves in roles by exhibiting authenticity. They criticize definitions of work engagement that equate it with positive affect (e.g., Bakker & Oerlemans, 2012) and point out that engagement can be associated with both positive and negative affect. Engagement entails the proactive acquiring and application of resources to be energetic, dedicated, and absorbed in one's work.

From this discussion it is clear that work engagement has three dimensions which could add to a multidimensional model of flourishing; that is, vitality, dedication, and absorption in one's work. However, studies have shown that the vitality and dedication dimensions are useful in predicting important outcomes. Absorption was not a significant predictor of important outcomes in work and organizational contexts, presumably because of the fact that it varies strongly, even within a matter of days (Rothmann & Rothmann, 2010). Furthermore, absorption did not appear in other models of flourishing (e.g., Keyes, 2005; Seligman, 2011). Therefore, vitality and dedication are retained in the model of flourishing in work and organizational contexts.

Meaning and Purpose

Meaning refers to the subjective appraisals of events in one's life (and work), the significance attributed to these events in relation to one's goals, and the values, beliefs, and personal identity created by them (Matuska & Christiansen, 2008). Experiencing meaning and purpose at work contributes to meaning in life, especially because people spend a large part of their lives at work (Holbeche & Springett, 2004).

Steger (2009) distinguishes two approaches in conceptualizing meaning in life; specifically, a motivational (or purpose-centered) approach and a cognitive (significance-centered) approach. Meaning as purpose is based on Frankl's (1992) notion that people have some unique purpose for their lives, and meaning is experienced as what people are trying to do to enact their values. Meaning as significance implies that people experience meaning in life when their lives make sense or convey some comprehensible information. The motivational approach explains how people construct short- to long-term goals in life, and the cognitive component considers the conceptualization of how people understand themselves and the world in which they live, and how they prioritize and manage the most important life events. Purpose in life is often sought under circumstances of adversity

(e.g., traumatic experiences and adverse life conditions) and gives direction when such circumstances are present (Matuska & Christiansen, 2008).

Similarly, meaning at work relates to the significance of an individual's experiences in work and organizational contexts, while purpose in work might be sought under circumstances of adversity. Meaning and purpose at work refer to subjective judgments people make that their work is significant, worth doing, valuable, and purposeful (May, Gilson, & Harter, 2004). It reflects a sense of purpose at work where people feel their work is important to them and they care about what they are doing. A lack of meaningfulness in work can lead to apathy and detachment from one's work (Thomas & Velthouse, 1990). Individuals become estranged from their selves under these conditions, and restoration of meaning in work is a method of fostering an individual's motivation and attachment to work (Seeman, 1972).

Self-determination

Four dimensions of psychological well-being in the model of Ryff and Singer (1998) and the mental health continuum (Keyes, 2005)—namely, autonomy, environmental mastery, personal growth, and positive relations—describe the flourishing of people. These four dimensions could be covered by the three dimensions of psychological need satisfaction (i.e., autonomy, competence, and relatedness) in self-determination theory (Deci & Ryan, 1985). The satisfaction of three innate psychological needs of people—namely, autonomy, competence, and relatedness—is associated with flourishing (Deci & Ryan, 1985, 2011). The three psychological needs are not hierarchical and are considered important for people to flourish. Individuals are attracted to situations in which need satisfaction may occur. Work climates that promote satisfaction of the three basic psychological needs will enhance employees' intrinsic motivation and promote internalization of extrinsic motivation (Gagné & Deci, 2005).

The need for *autonomy* refers to the desire to (subjectively) experience freedom and choice when carrying out an activity. Autonomy in self-determination theory is not the same as autonomy as a task characteristic (Hackman & Oldham, 1980; Karasek, 1979). Employees might also experience autonomy satisfaction when they depend on others or follow others' requests (e.g., when a meaningful rationale for requests is given). The need for competence refers to individuals' inherent desire to feel effective in interacting with the environment.

Competence satisfaction, which results from mastering a task, allows employees to adapt to complex and changing environments, while competence frustration results in helplessness and a lack of motivation. Competence also relates to psychological availability (Kahn, 1990; May et al., 2004; Swart, 2012); that is, the sense of having the physical, emotional, or psychological resources to engage at a particular moment. Competence is also one of the dimensions of psychological empowerment (Spreitzer, 1995), and is defined as individuals' beliefs that they have the skills and abilities necessary to perform their work well. Related to the dimension of competence is learning. Learning is an important facet of psychological well-being in

work and organizational contexts because it focuses on individual development and improvement. Learning is defined as "the sense that one is acquiring and can apply knowledge and skills to one's work" (Spreitzer, Lam, & Fritz, 2010).

The need for *relatedness* refers to the innate need of individuals to feel connected to others, to love and care for others, and to be loved and cared for. This need is satisfied when individuals experience a sense of communion and develop close and intimate relationships with others (Deci & Ryan, 2011). A positive relationship is one in which true relatedness and mutuality exists. It is not enough to believe that one is cared for or has others on whom to rely; one must also experience giving and receiving, mutual caring, and safety in times of distress (Dutton & Ragins, 2007).

Harmony

Harmony is defined as balance, inner peace, self-acceptance, and a positive relationship with oneself (Delle Fave, Brdar, Freire, Vella-Brodrick, & Wissing, 2011). This dimension might conceptually overlap with the dimension of self-acceptance (in psychological well-being, Ryff & Singer, 1998), but it is broader. It is an important component of flourishing (Delle Fave et al., 2011). Harmony could also be described in terms of balance. For example, criticizing the orientations to happiness (pleasure, engagement, and meaning; Seligman, 2003), Sirgy and Wu (2009) argue that a balanced life also refers to work/life balance. They defined balance in a hedonic sense as "a state reflecting satisfaction or fulfillment in several important domains with little or no negative affect in other domains" (Sirgy & Wu, 2009, p. 185). In work and organizational psychology, the concept is applicable to balance/imbalance between work and family roles, which results in life satisfaction or dissatisfaction.

Social Well-Being

Positive social functioning includes five dimensions; namely, social acceptance (being positive towards and accepting of diversity in people), social actualization (believing in the potential of others), social coherence (finding society and social life meaningful and comprehensible), social contribution (regarding one's own daily activities as adding value to society and others), and social integration (experiencing a sense of relatedness, comfort, and support from the community).

The social component of well-being is regarded as important in South Africa because it relates to the African concept *Ubuntu*. According to this philosophy, "whatever happens to the individual happens to the entire group, and whatever happens to the entire group happens to the individual" (Mbiti, 1970, p. 108). The social element is clear in the overall understanding of Ubuntu. In a study of personality of

more than 1,200 participants in 11 language groups in South Africa, Nel et al. (2011) found strong evidence for social-relational aspects of personality. More research is needed to identify dimensions of social well-being at work.

Relation Between Flourishing in Work and Nonwork Contexts

In this section, the relation between flourishing in life and work is investigated. Canonical correlation analysis was conducted to investigate the relation between dimensions of life and work flourishing (see Table 7.3). The social well-being dimension was not included in the analysis because it was included in both sets of flourishing variables. Only the results of the first canonical variate are reported.

The canonical correlation between the two sets was .75 (56 % overlapping variance). The first F-test was statistically significant [$F(18, 990) = 33.10, p < .0001$]. With a cut-off correlation of .30, the variables in the work flourishing set that correlated with the first canonical variate were job satisfaction (.70), positive affect (.73), vitality (.81), dedication (.74), meaning (.64), purpose (.70), autonomy satisfaction (.74), competence satisfaction (.59), and relatedness satisfaction (.64). Among the life flourishing set, emotional well-being (.88) and psychological well-being (.94) correlated with the first canonical variate.

These results suggest that although work and life flourishing share a large percentage of the variance, it will be beneficial to study flourishing in a work context as well as the antecedents thereof.

Table 7.3 Flourishing in work and life: a canonical analysis

Set 1: *work flourishing*	Variate 1
Job satisfaction	.70
Positive affect	.73
Vitality	.81
Dedication	.74
Meaning	.64
Purpose	.70
Autonomy	.74
Competence	.59
Relatedness	.64
Adequacy coefficient	.28
Redundancy	.49
Set 2: *life flourishing*	
Emotional well-being	.88
Psychological well-being	.94
Adequacy coefficient	.83
Redundancy	.47
Canonical correlation	.71*

*$p < .01$

Antecedents of Flourishing in a Work and Organizational Context

Various theories and models have been used to understand the effects of job contextual factors on the flourishing of employees in southern Africa. According to the *vitamin model* (Warr, 1987), insufficiency or excess of nine environmental features (i.e., opportunity for control, skill use, interpersonal contact, external goal and task demands, variety, environmental clarity, availability of money, physical security, and valued social position) are responsible for psychological well-being. The *Job Demands-Resources Model* (JD-R; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) assumes that every occupation may have specific work characteristics associated with well-being, such as job demands and job resources. The *Job Characteristics Model* (Hackman & Oldham, 1980) specifies five dimensions of a task (i.e., skill variety, task identity, task significance, autonomy, and feedback) that might affect job satisfaction, work engagement, and other aspects of flourishing. *Social exchange theory* (Blau, 1964) suggests that employees do not have only financial, but also social expectations from their employers (Shore, Coyle-Shapiro, Chen, & Tetrick, 2009).

Regarding the factors that contribute to *job satisfaction*, Smith, Kendall, and Hulin (1969) posited five facets of job satisfaction; namely, work, supervision, coworkers, pay, and advancement. Task had the highest correlation with job satisfaction. Simon, Judge, and Halvorsen-Ganepola (2010) found that coworker satisfaction was positively related to job satisfaction. Furthermore, Judge, Piccolo, Podsakoff, Shaw, and Rich (2010) showed that pay level correlated .15 with job satisfaction and .23 with pay satisfaction. Although pay in isolation will not result in satisfied people, Judge et al. (2010) showed that employees who earn more were slightly more satisfied than those who earn less. However, these studies did not control for other variables (e.g., work engagement) and they were not conducted in developing country contexts.

In South Africa, Swart (2012) showed that when controlling for work engagement, the following factors explained 22 % of the variance in job satisfaction: work role fit; trusting supervisory relations; having the cognitive, physical, and emotional resources to do your job; job security; and pay. Pay was significantly related to job satisfaction ($r = .39$). Diedericks (2012) investigated the effects of information technology specialists' experiences of the psychological contract fulfillment and violation on job satisfaction. A psychological contract refers to an individual's mutual beliefs in obligations between that person and an employer. When controlling for the effects of life satisfaction, positive affect, and work engagement, two dimensions of the psychological contract—namely, the balanced contract (i.e., the fulfillment of employees' expectations for internal career development opportunities) and the relational contract (i.e., the fulfillment of employees' expectations for stability and loyalty)—statistically significantly predicted job satisfaction.

Utilizing the theoretical model of Kahn (1990), the factors that impact *work engagement* (vitality and dedication) include the following (May et al., 2004;

Table 7.4 Antecedents and moderators of work engagement

Variable	Study	R^2
Antecedents (work role fit, job enrichment, supervisor relations, coworker relations, lack of resources, rewards, and organizational support) ($N=309$)	Rothmann and Welsh (2013)	.34*
Job resources ($N=3{,}775$)	Rothmann and Rothmann (2010)	.36*
Leadership empowerment behaviour ($N=179$)	Mendes and Stander (2011)	.16*
Role clarity ($N=179$)	Mendes and Stander (2011)	.16*
Job security ($N=297$)	Bosman et al. (2005)	.12*
Sense of coherence ($N=323$)	Naudé and Rothmann (2006)	.17*

*$p<.01$

Rothmann & Welsh, 2013): work role fit (the perception regarding fit between an individual's self-concept and work role); the intrinsic nature of a job (i.e., whether it allows autonomy, challenge, and learning opportunities); rewarding coworker relations; trusting, supportive supervisor relations; the availability of physical, emotional, and cognitive resources to complete work-related tasks; rewards; and organizational support. Based on social exchange theory, Bakker et al. (2008) argued that job and personal resources are important factors which affect work engagement. Most of the research on engagement from this perspective has utilized the Job Demands-Resources (JD-R) model (Demerouti et al., 2001) and the Conservation of Resources (COR) theory (Hobfoll, 1989, 2001) to study the factors associated with engagement. The results of various studies on employee engagement in South Africa and Namibia are summarized in Table 7.4.

Table 7.4 shows that work engagement was positively related to social support from coworkers and superiors, performance feedback, coaching, job control, task variety, and training facilities. Hence the more job resources available, the more likely it is that employees feel engaged. Leadership empowerment behaviour (consisting of three factors: development of people, authority, and accountability) predicted 16 % of the variance in work engagement. Mendes and Stander (2011) showed that leader behaviour that contributes to the development of employees was a significant predictor of employee engagement. On average, role clarity explained an additional 5 % of the variance in work engagement when controlling for leadership empowerment behaviour.

Four factors—work role fit, the inherent task characteristics, the nature of relations with coworkers, and work beliefs—explain *meaning and purpose* at work (Pratt & Ashforth, 2003; Steger & Dik, 2010). Individuals seek work roles in which they can fully express their authentic selves in creative ways. Fit between an individual's self-concept and work role will lead to a sense of meaning due to the ability of the individual to express personal values and beliefs (Shamir, 1991). Individuals will, in general, find meaning in work when they can participate in activities that are congruent with their strengths. Furthermore, employees experience more meaning

in the work environment when they have rewarding interpersonal interaction with their colleagues (Pratt & Ashforth, 2003). Individuals experience a sense of meaning from their interactions when they are treated with respect and dignity and are valued for their contributions. The level of interaction an individual has with coworkers will also foster a stronger sense of social identity, a sense of belonging, and greater meaning (Kahn, 1990). Swart (2012) found that task characteristics, coworker relations, and work beliefs (career, calling) predicted 18 % of the variance in meaning in life. Work role fit and coworker relations predicted 31 % of the variance in purpose in life. In a sample of teachers in Namibia ($N=500$), Janik and Rothmann (in press) found that work role fit, good coworker relations, and an enriched job explained 39 % of the variance in meaning in work.

Beliefs about the role or function of work in life can shape the meaning of work—in this regard, work orientation, or rather, work as a job, career, or calling (Wrzesniewski, McCauley, Rozin, & Schwartz, 1997; Wrzesniewski & Tosti, 2005). If employees have a job orientation, they are interested in the material benefits from work and do not seek or receive any other type of reward from it. Individuals who have a career orientation have a deeper personal investment in their work and mark their achievements not only through monetary gain, but through advancement within the occupational structure. Individuals with a calling orientation regard their work as inseparable from their lives. They work for the fulfilment work brings. A calling implies that people see their work as socially valuable and involving activities that may, but need not, be pleasurable. Multiple regression analyses showed that work beliefs predicted 13 % and 31 % of the variance in flourishing (emotional, social, and psychological well-being in life) and work engagement, respectively, in a sample of managers in South Africa ($N=507$). A low job orientation ($\beta=-.45$, $p<.01$) and a high calling orientation ($\beta=.20$) statistically significantly predicted flourishing of managers. Similar results were found for educators in Zambia: Having a belief that work is a calling explained 27 % of the variance in psychological meaningfulness (Hamukangandu, 2012).

Based on the research of Deci and Ryan (2011), it can be argued that social-contextual events (e.g., feedback, communications, and rewards) would affect *psychological need satisfaction*. Deci and Ryan found that optimal challenges, effectance-promoting feedback, and freedom from demeaning evaluations facilitate intrinsic motivation. Positive performance feedback enhances intrinsic motivation, whereas negative performance feedback diminishes it, although it seems that these effects are mediated by perceived competence. Furthermore, feelings of competence will not enhance intrinsic motivation unless accompanied by a sense of autonomy. Factors such as the individual's physical, emotional, and cognitive resources or work role insecurities might influence one's perceptions of competence. In a work context, rewarding interpersonal interaction with colleagues and supportive supervisory relations will contribute to need satisfaction. This happens when employees are treated with respect and dignity and are valued for their contributions. Furthermore, the level of interaction an individual experiences with coworkers will also foster a stronger sense of social identity and belonging. Relatedness satisfaction is facilitated by feelings of psychological

Table 7.5 Best predictors of psychological need satisfaction at work

	Psychological need		
Variable	Autonomy	Competence	Relatedness
Work role fit	X		X
Personal resources		X	X
Supervisor relations			X
Coworker relations		X	X
Intrinsic nature of task	X		
Job security	X	X	
Fair pay			X
Advancement		X	

safety (i.e., feeling able to show and employ one's self without fear of negative consequences to self-image, status, or career). A supportive supervisor who is not controlling at work would have subordinates who experience satisfaction of relatedness needs (Edmondson, 2004).

Table 7.5 shows predictors of psychological need satisfaction (Diedericks, 2012; Swart, 2012).

Although the antecedents in Table 7.5 all might affect psychological need satisfaction in a way, research by Swart (2012) showed that satisfaction of autonomy needs is strongly related to work role fit, the intrinsic features of a job, and job security. Satisfaction of the need for competence is strongly related to having the physical, cognitive, and emotional resources to perform a task, to job security, and to fair pay. Furthermore, satisfaction of the need for relatedness is strongly associated with an employee's work role fit; availability of physical, cognitive, and emotional resources; supervisor relations; coworker relations; and fair pay.

The employment relationship could also impact psychological need satisfaction. The psychological contract (which focuses on employee perceptions of reciprocal or mutual obligations between employee and employer) plays an important role in this relationship (Rousseau, 1989, 1990). Diedericks (2012) found that psychological contract fulfillment and non-violation were related to satisfaction of the psychological needs for autonomy, competence, and relatedness in this study. More specifically, analyses showed that fulfillment of the balanced and relational psychological contract impacted autonomy and relatedness satisfaction directly and indirectly via non-violation of the psychological contract. Fulfillment of the balanced psychological contract also impacted competence satisfaction indirectly via non-violation of the psychological contract. Therefore, when the organization provides for fulfillment of expectations regarding career development, continuous learning, a stable wage, a long-term employment contract, and rewards subject to performance, membership, and participation, then employees experience satisfaction of the needs for autonomy, competence, and relatedness; partially because they feel that the organization is not violating the psychological contract, but also because the organization creates a psychological need-fulfilling environment (Deci & Ryan, 2008).

Table 7.6 Work-related factors and work flourishing

Set 1: work flourishing	Variate 1
Job satisfaction	.84
Positive affect	.57
Vitality	.73
Dedication	.72
Meaning	.38
Purpose	.67
Autonomy	.86
Competence	.56
Relatedness	.74
Social well-being	.53
Adequacy coefficient	.45
Redundancy	.33
Set 2: *antecedents*	
Work role fit	.81
Resources (physical, emotional, cognitive)	.67
Supervisor relations	.59
Coworker relations	.73
Intrinsic task characteristics	.66
Pay	.56
Advancement	.43
Job insecurity	−.44
Distributive justice	.60
Procedural justice	.57
Adequacy coefficient	.27
Redundancy	.38
Canonical correlation	.85*

*$p < .01$

These results show that positive relations, at least as far as satisfaction of the psychological need for relatedness is concerned, are associated with the fulfillment of the balanced contract (i.e., employees' experiences that they are assisted in attaining higher goals and advancement, and have development opportunities) and relational contract (need for stability and security, and caring for the well-being of employees). Violation of the psychological contract (which happens when the employee has more negative than positive feelings regarding the fulfillment of the psychological contract), and supervisor support and trust contribute significantly to satisfaction of relatedness needs.

A canonical correlation analysis was performed between work-related factors and flourishing at work (see Table 7.6).

The canonical correlation was .85 (72 % overlapping variance). The first F-test was statistically significant [$F(100, 3{,}484) = 11.17$, $p < .0001$]. With a cut-off correlation of .30, the variables in the work flourishing set that correlated with the first canonical variate were job satisfaction (.84), positive affect (.57), vitality (.73), dedication (.72), meaning (.37), purpose (.67), autonomy satisfaction (.86), competence satisfaction (.56), and relatedness satisfaction (.74). Among the antecedents

set, work role fit (.84), availability of personal resources (.67), supervisor relations (.59), coworker relations (.73), intrinsic task characteristics (.66), pay (.56), advancement (.43), job insecurity (−.44), distributive justice (.60) and procedural justice (.57) correlated with the first canonical variate.

When a canonical analysis was conducted between the above-mentioned antecedents and flourishing in general, a canonical correlation of .63 (39 % overlapping variance) was obtained. The first F-test was statistically significant [$F(30, 1{,}447) = 10.19$, $p < .0001$]. With a cut-off correlation of .30, the variables in the flourishing set that correlated with the first canonical variate were emotional well-being (.93), psychological well-being (.86), and social well-being (.74). Among the antecedents set, work role fit (0.76), availability of personal resources (0.70), supervisor relations (.59), coworker relations (.72), intrinsic task characteristics (.70), pay (.56), advancement (.34), job insecurity (−.50), distributive justice (.61) and procedural justice (.57) correlated with the first canonical variate.

Outcomes of Flourishing at Work

Employee flourishing (defined as frequent experiences of positive emotions) is related to workplace success. According to Boehm and Lyubomirsky (2008), subjective well-being leads to success through the experience of positive affect. Although the exact mechanism is unclear, the following pathway is likely: Positive emotions are associated with *approach-oriented* behaviour. People in a good mood are more likely to enter novel situations, interact with other people, and pursue new goals. According to Fredrickson (1998), a safe and comfortable environment allows a person to broaden and build resources, which can be called on in later times of need. Armed with these resources and primed to pursue new goals, people who experience positive affect are well-suited to experience work success.

In South Africa, claims are often made regarding the value of flourishing of employees. However, experimental studies and longitudinal studies are lacking. The following evidence from cross-sectional studies exists that flourishing employees engage in successful behaviours and are accomplished in the workplace (Boehm & Lyubomirsky, 2008; Seligman, 2008): Withdrawal behaviour (e.g., turnover) is negatively related to positive affect. Therefore flourishing people (compared to languishing people) are less likely to quit their jobs. A study by Swart (2012) showed that 47 % of the variance in low turnover intention of managers is explained by flourishing at work (including job satisfaction; work engagement; psychological competence; autonomy; relatedness; work role fit; supervisor relations; and available physical, cognitive, and emotional resources). Similar results were also found by Diedericks (2012). However, in the latter study, job dissatisfaction and low positive affect balance—specifically regarding the violation of the psychological contract (as experienced by employees)—were strong predictors of turnover intention.

The presence of positive affect predicts behaviour that extends beyond a job description, but that benefits other individuals or the organization itself. Such

Table 7.7 Work flourishing and organizational outcomes

Set 1: work flourishing	Variate 1
Job satisfaction	.90
Positive affect	.61
Vitality	.75
Dedication	.76
Meaning	.35
Purpose	.57
Autonomy	.81
Competence	.63
Relatedness	.69
Social well-being	.49
Adequacy coefficient	.45
Redundancy	.25
Set 2: *organizational outcomes*	
Turnover intention	−.86
Organizational commitment	.86
Organizational citizenship behaviour	.54
Adequacy coefficient	.32
Redundancy	.59
Canonical correlation	.55

*$p < .01$

behaviour has been called organizational citizenship behaviour. Flourishing people are more likely to help fellow workers and customers than those who are not flourishing. In a sample of information technology professionals in South Africa, it was found that flourishing in life (i.e., emotional, psychological, and social well-being), job satisfaction, and work engagement were associated with organizational citizenship behaviour (Diedericks, 2012).

A canonical correlation analysis was performed between work-related factors and flourishing at work (see Table 7.7).

The canonical correlation was .74 (55 % overlapping variance). The first F-test was statistically significant [$F(30, 1{,}447) = 20.11$, $p < .0001$]. With a cut-off correlation of .30, the variables in the work flourishing set that correlated with the first canonical variate were job satisfaction (.904), positive affect (.61), vitality (.75), dedication (.76), meaning (.35), purpose (.57), autonomy satisfaction (.81), competence satisfaction (.63), and relatedness satisfaction (.70). Among the outcomes set, turnover intention (−.86), organizational commitment (.86), and organizational citizenship behaviour (.54) correlated with the first canonical variate.

When a canonical analysis was conducted between the flourishing in general and organizational outcomes, a canonical correlation of .51 (26 % overlapping variance) was obtained. The first F-test was statistically significant [$F(9, 1{,}219) = 21.16$, $p < .0001$]. With a cut-off correlation of .30, the variables in the flourishing set that correlated with the first canonical variate were emotional well-being (.91), psychological well-being (.89), and social well-being (.76). Among the outcomes set, turnover intention (−.56), organizational commitment (0.78), and organizational citizenship behaviour (.67) correlated with the first canonical variate.

Discussion

The aim of this chapter was to review findings of studies regarding happiness and flourishing in order to identify a framework for flourishing in a work and organizational context, and to investigate possible antecedents, dimensions, and outcomes of flourishing in southern Africa. The results showed that flourishing individuals feel good (i.e., are satisfied with their jobs and experience positive emotions at work), function psychologically well (i.e., are energetic, dedicated, and self-determined, and find meaning and purpose at work as well as experience harmony), and function socially well (in terms of social acceptance, social growth, social contribution, social coherence, and social integration). It was found that flourishing in work and organizational contexts, and flourishing in general, shared 54 % of the variance. However, flourishing in work and organizational contexts was better predicted by job contextual factors, and it also predicted organizational outcomes better than flourishing in general.

Research by Keyes (2005) and Keyes and Annas (2009) showed the value of a mental health continuum for promoting mental health in society. These authors found that the absence of flourishing is associated with impairment and burden to the self and society, and that only a small proportion of mentally healthy people are flourishing. The results showed that a multidimensional perspective of the flourishing of people within a work and organizational context should include the dimensions of feeling good (emotional well-being) and functioning well (psychological and social well-being). Table 7.8 shows the symptoms of the dimensions of flourishing.

Concerning emotional well-being, Table 7.8 shows that individuals who flourish at work are satisfied with their jobs and experience positive emotions at work. Regarding the psychological dimension, individuals who flourish at work are energetic (show vitality) and dedicated; experience autonomy, competence, and relatedness satisfaction (self-determination); have a purpose and meaning at work; and experience harmony at work.

As pointed out by Strümpfer et al. (2009), a variety of work and organizational experiences could contribute to flourishing. The above-mentioned results show that the three dimensions of flourishing are strongly related to job satisfaction; positive affect; work engagement (vitality and dedication); meaning and purpose in work; and satisfaction of the needs for autonomy, competence, and relatedness. Antecedents of flourishing in a work and organizational context include proper work role fit of employees; the availability of physical, cognitive, and emotional resources to perform tasks; supportive and trusting relations with supervisors; good coworker relations; challenging and interesting objectives and tasks; role clarity, fair pay, and opportunities to advance by building skills and by being promoted; job security; and perceptions of distributive and procedural justice of decision making in organizations. Regarding outcomes, flourishing at work was related to low turnover intention, and high organizational commitment and organizational citizenship behaviour.

Table 7.8 Flourishing at work

	Job satisfaction	Experiences satisfaction with the intrinsic and extrinsic aspects of their work
Emotional well-being	Positive affect at work	Experiences positive emotions at work
Psychological well-being	Self-determination	Experiences satisfaction of the need for autonomy: Has socially acceptable internal standards and values as guidelines at work; need for experiences of freedom and choice when carrying out an activity is satisfied
		Experiences satisfaction of the need for competence: Need to feel effective in interacting with the environment is satisfied; senses that physical, emotional and cognitive resources are available to engage at work; seeks to maximize own potential
		Experiences satisfaction of the need for relatedness: Need to feel connected to others, to love and care for others, and to be loved and cared for is satisfied; establishes trusting interpersonal relationships
	Engagement	Vitality: Has a high level of energy at work
		Dedication: Is dedicated toward work
	Purpose and meaning	Has purpose and meaning at work
	Harmony	Experiences balance, inner peace, self-acceptance, and a positive relationship with oneself
Social well-being	Social acceptance	Is positive towards and accepting of diversity in people
	Social growth	Believes in potential of others (individuals, groups and societies)
	Social contribution	Finds society and social life meaningful and comprehensible
	Social coherence	Regards own daily activities as adding value to society and others
	Social integration	Experiences sense of relatedness, comfort and support from community

In conclusion, it is necessary to reflect on the following three questions regarding flourishing: First, is there room for a construct such as flourishing at work? Second, is a multidimensional construct necessary? Third, to what extent is flourishing embedded in the work context?

Regarding the first question, studies in various countries around the world have shown that the mental health continuum, which classifies behaviour from flourishing to languishing, is justifiable. Keyes' (2005) construct of flourishing makes it possible to integrate various well-being theories, including positive emotions (Fredrickson, 2006), psychological well-being (Ryff & Singer, 1998), and satisfaction with life and domain satisfaction (Diener et al., 1999), but also includes social well-being, which is regarded as an important dimension of well-being in the African context. The two

dimensions of well-being (i.e., feeling good and functioning psychologically and socially well) predict a range of individual health and motivational outcomes. Studies of Diedericks (2012) and Swart (2012) in South Africa showed that emotional, psychological, and social well-being also predict outcomes such as organizational commitment, organizational citizenship behaviour, and turnover intention of employees in different contexts.

Concerning the second question, the multidimensional nature of flourishing (as a construct) makes it possible to study the interplay between the dimensions. Keyes (2005) pointed out that flourishing and the favorable outcomes thereof occur when individuals experience high levels of at least one symptom of emotional well-being, as well as high levels of at least six symptoms of psychological and social well-being. Applied to flourishing at work, individuals might show engagement and self-determination, but they might experience dissatisfaction with aspects of their jobs (e.g., remuneration) and a lack of positive emotion (e.g., because of a violation of an expectation in the psychological contract). Similarly, aspects of psychological or social well-being at work might be lacking (e.g., relatedness and/or work life interference). Porath et al. (2012) pointed out that not considering the multidimensional nature of well-being might result in behaviour that is detrimental to the long-term well-being of individuals.

Regarding the third question, it is expected that flourishing will be embedded in the work context because individuals spend a large proportion of their lives at work. Second, the results of this study showed that flourishing in life and at work are positively related (52 % of the variance shared), although one could expect that flourishing would spill over from work. However, 48 % of the variance between the two flourishing constructs remains unexplained. Third, it was shown that job contextual factors explained 39 % of flourishing in life, while it explained 72 % of the variance in flourishing at work.

It is necessary to consider flourishing in both nonwork and work contexts in southern Africa. According to Keyes (2009), six dimensions of mental health (i.e., social coherence, social growth, social integration, self-acceptance, autonomy, and environmental mastery) are highly suppressed by discrimination. This is highly relevant for the southern African context with its history of discrimination. Furthermore, employees will judge the overall quality of their lives based on live-ability (Veenhoven, 2011). Factors which impact live-ability include economic affluence, political freedom, rule of law, state of welfare, income equality, and tolerance. Although some of the factors mentioned above improved after the abolishment of apartheid in 1994, it is important to note that live-ability is still problematic for a large percentage of people in South Africa (see Møller, 2007), which might spill over to the work situation. Therefore, the live-ability factors identified by Veenhoven (2011) represent an important starting point for promoting the flourishing of employees in South Africa.

This study had various limitations. First, it is necessary to develop some of the dimensions of flourishing in work and organizational contexts (e.g., positive emotions, harmony, positive relations, and learning) further. Also, a measure of the symptoms of flourishing, which captures the dimensions as suggested here, is

needed. Second, the research findings regarding flourishing in a work context were obtained in cross-sectional rather than longitudinal or experimental studies. In future studies, designs which could indicate causality should be used. Third, this study did not focus on the dispositional bases of flourishing. It has been shown that a substantial percentage of the variance in flourishing is explained by personality dimensions (e.g., conscientiousness and emotional stability; Bono et al., 2012), dispositional optimism (Carver & Scheier, 2002), and sense of coherence (Antonovsky, 1991). Fourth, samples used to study well-being in southern Africa were not representative in terms of gender and cultural groups.

Recommendations

Organizations should invest in promoting flourishing. This can be done by implementing organizational development interventions, group or team interventions, and individual interventions. Resilience and happiness training and coaching can play an important role in this regard. Autonomous motivation should be supported by facilitating psychological need satisfaction. Meaningful work should be promoted through workshops aimed at individual and environmental awareness, achieving person-environment fit, focusing on the purpose and significance of work, and serving the greater good. Positive relationships in organizations in southern Africa should be promoted.

The following recommendations for future research are made based on the results of this study: First, future studies should focus on developing a multidimensional measure of flourishing (including the dimensions as conceptualized in this study) applicable to the work context, using representative samples in terms of gender and cultural groups. The factorial invariance, reliability, construct validity, and predictive validity of such a measure for all cultural groups in southern Africa should be assessed. Second, research is necessary to study how flourishing in work and nonwork contexts interrelate because flourishing at work might spill over to nonwork contexts, Third, it is necessary to study the role of dispositions in flourishing at work (as conceptualized in this study). Fourth, research should be conducted regarding the long term effects of flourishing in work and organizational contexts on employee and organizational outcomes (e.g., health, absenteeism, retention, and performance). Last, intervention programs to promote flourishing in work and organizational contexts should be developed and evaluated.

Note

All scales used in the canonical analyses in this chapter were valid and reliable (see Swart, 2012)

References

Antonovsky, A. (1991). The structural sources of salutogenic strengths. In C. L. Cooper & R. Payne (Eds.), *Personality and stress: Individual differences in the stress process* (pp. 67–104). New York: Wiley.

Armstrong, M. (2006). *Strategic human resources management: A guide to action* (3rd ed.). London: Kogan Page.

Bakker, A. B., & Oerlemans, G. M. (2012). Subjective well-being in organizations. In K. S. Cameron & G. M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 178–189). New York: Oxford University Press.

Bakker, A. B., Schaufeli, W. B., Leiter, M. P., & Taris, T. W. (2008). Work engagement: An emerging concept in occupational health psychology. *Work and Stress, 22*, 187–200.

Blau, P. (1964). *Exchange and power in social life*. New York: Wiley.

Boehm, J. K., & Lyubomirsky, S. (2008). Does happiness promote career success? *Journal of Career Assessment, 16*(1), 101–116.

Bono, J. E., Davies, S. E., & Rasch, R. L. (2012). Some traits associated with flourishing at work. In K. Cameron & G. M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 125–137). New York: Oxford University Press.

Bosman, J., Buitendach, J. H., & Rothmann, S. (2005). Job insecurity, burnout and work engagement: The impact of positive and negative affectivity. *South African Journal of Industrial Psychology, 31*(4), 48–56.

Cameron, K., & Spreitzer, G. M. (2012). What is positive about positive organizational scholarship? In K. Cameron & G. M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 1–16). New York: Oxford University Press.

Carver, C. S., & Scheier, M. F. (2002). Optimism. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 231–243). Oxford, UK: Oxford University Press.

Coetzee, S., & Viviers, A. M. (2007). An overview of research on positive psychology in South Africa. *South African Journal of Psychology, 37*, 470–490.

Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum.

Deci, E. L., & Ryan, R. M. (2008). Hedoinia, eudamonia, and well-being: An introduction. *Journal of Happiness Studies, 9*, 1–11.

Deci, E. L., & Ryan, R. M. (2011). Levels of analysis: Regnant causes of behavior and well-being: The role of psychological needs. *Psychological Inquiry, 22*, 17–22.

Delle Fave, A., Brdar, I., Freire, T., Vella-Brodrick, D., & Wissing, M. P. (2011). The eudaimonic and hedonic components of happiness: Qualitative and quantitative findings. *Social Indicators Research, 100*, 185–207.

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands – Resources model of burnout. *Journal of Applied Psychology, 86*, 499–512.

Diedericks, E. (2012). *Flourishing of employees in the information technology industry in South Africa.* Unpublished doctoral thesis, North-West University, Vanderbijlpark, South Africa.

Diener, E., Kesebir, P., & Lucas, R. (2008). Benefits of accounts of well-being – For societies and for psychological science. *Applied Psychology: An International Journal, 57*, 37–53.

Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin, 125*, 276–302.

Donaldson, S. I., & Ko, I. (2010). Positive organizational psychology, behavior, and scholarship: A review of emerging literature and the evidenc e base. *The Journal of Positive Psychology, 5*, 177–191.

Dutton, J., & Ragins, B. R. (2007). *Exploring positive relationships at work: Building a theoretical and research foundation*. New York: Taylor & Francis.

Edmondson, A. (2004). Psychological safety and learning behaviour in work teams. *Administrative Science Quarterly, 44*, 350–383.

Fisher, C. D. (2010). Happiness at work. *International Journal of Management Reviews, 12*, 384–412.
Frankl, V. E. (1992). *Man's search for meaning* (4th ed.). Boston: Beacon.
Fredrickson, B. L. (1998). What good are positive emotions? *Review of General Psychology, 2*, 300–319.
Fredrickson, B. L. (2006). Unpacking positive emotions: Investigating the seeds of positive emotions. *The Journal of Positive Psychology, 1*, 57–59.
Gagné, M., & Deci, E. L. (2005). Self-determination theory and work motivation. *Journal of Organizational Behavior, 26*, 331–362.
Hackman, J. R., & Oldham, G. R. (1980). *Work redesign*. Reading, MA: Addison-Wesley.
Hamukangandu, L. M. (2012). *Meaning of work and work engagement among educators of Zambia.* Unpublished master's thesis, University of Namibia, Windhoek, Namibia.
Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist, 44*, 513–524.
Hobfoll, S. E. (2001). The influence of culture, community and the nested-self in the stress process: Advancing conservation of resources theory. *Applied Psychology: An International Review, 50*, 337–369.
Holbeche, L., & Springett, N. (2004). *In search of meaning in the workplace*. West-Sussex, UK: Roffey Park Institute.
Huppert, F. A., & So, T. T. C. (2011). Flourishing across Europe: Application of a new conceptual framework for defining well-being. *Social Indicators Research*. doi:10.1007/s11205-0119966-7.
Ilies, R., & Judge, T. A. (2004). An experience-sampling measure of job satisfaction and its relationship with affectivity, mood at work, job beliefs and general job satisfaction. *European Journal of Work and Organizational Psychology, 13*, 367–389.
Janik, M., & Rothmann, S. (in press). *Antecedents and outcomes of work engagement of Namibian secondary school teachers*. Manuscript submitted for publication.
Judge, T. A., Piccolo, R. F., Podsakoff, N. P., Shaw, J. C., & Rich, B. L. (2010). The relationship between pay and job satisfaction: A meta-analysis. *Journal of Vocational Behavior, 77*, 157–167.
Kahn, W. A. (1990). Psychological conditions of personal engagement and disengagement at work. *Academy of Management Journal, 33*, 692–724.
Karasek, R. A. (1979). Job demands, job decision latitude, and mental strain: Implications for job design. *Administrative Science Quarterly, 24*, 285–308.
Kashdan, T. B., & Steger, M. F. (2011). Challenges, pitfalls, and aspirations for positive psychology. In K. M. Sheldon, T. B. Kashdan, & M. F. Steger (Eds.), *Designing positive psychology: Taking stock and moving forward* (pp. 9–24). New York: Oxford University Press.
Keyes, C. L. M. (2000). Subjective change and its consequences for well-being. *Motivation and Emotion, 24*, 67–84.
Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating the axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*, 539–548.
Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist, 62*, 95–108.
Keyes, C. L. M. (2009). The black-white paradox in health: Flourishing in the face of social inequality and discrimination. *Journal of Personality, 77*, 1677–1705.
Keyes, C. L. M., & Annas, J. (2009). Feeling good and functioning well: distinctive concepts in ancient philosophy and contemporary science. *The Journal of Positive Psychology, 4*, 197–201.
Keyes, C. L. M., Satvinder, S., Dhingra, M. P. H., & Simoes, E. J. (2010). Change in level of positive mental health as a predictor of future risk of mental illness. *American Journal of Public Health, 100*, 2366–2371.
Keyes, C. L. M., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology, 82*, 1007–1022.

Keyes, C. L. M., Wissing, M., Potgieter, J. P., Temane, M., Kruger, A., & van Rooy, S. (2008). Evaluation of the Mental Health Continuum–Short Form (MHC–SF) in Setswana-Speaking South Africans. *Clinical Psychology & Psychotherapy, 15*, 181–192.

Linley, P. A., Garcea, N., Harrington, S., Trenier, E., & Minhas, G. (2011). Organizational applications of positive psychology: Taking stock and a research/practice roadmap for the future. In K. M. Sheldon, T. B. Kashdan, & M. F. Steger (Eds.), *Designing positive psychology: Taking stock and moving forward* (pp. 365–384). New York: Oxford University Press.

Locke, E. A. (1976). The nature and causes of job satisfaction. In M. D. Dunette (Ed.), *Handbook of industrial and organizational psychology* (pp. 1297–1343). Chicago: Rand McNally.

Lucas, R. E., Diener, E., & Suh, E. (1996). Discriminant validity of well-being measures. *Journal of Personality and Social Psychology, 71*, 626–628.

Luthans, F. (2002). The need for and meaning of positive organizational behavior. *Journal of Organizational Behavior, 23*, 695–706.

Macey, W. H., & Schneider, B. (2008). The meaning of employee engagement. *Industrial and Organizational Psychology, 1*, 3–30.

Matuska, K. M., & Christiansen, C. H. (2008). A proposed model of lifestyle balance. *Journal of Occupational Science, 15*(1), 9–19.

May, D. R., Gilson, R. L., & Harter, L. M. (2004). The psychological conditions of meaningfulness, safety and availability and the engagement of the human spirit at work. *Journal of Occupational and Organizational Psychology, 77*, 11–37.

Mbiti, J. S. (1970). *Concepts of God in Africa*. London: SPCK.

Mendes, F., & Stander, M. W. (2011). Positive organisation: The role of leader behaviour in employee engagement and turnover intention. *SA Journal of Industrial Psychology, 37*(1), doi:10.4102/sajip.v37i1.900.

Møller, V. (2007). Satisfied and dissatisfied South Africans: Results from the general household survey in international comparison. *Social Indicators Research, 81*, 389–415.

Moneta, G. B., & Csikszentmihalyi, M. (1996). The effect of perceived challenges and skills on the quality of subjective experience. *Journal of Personality, 64*, 275–310.

Naudé, J. L. P., & Rothmann, S. (2006). Work-related well-being of emergency workers in South Africa. *South African Journal of Psychology, 36*(1), 63–81.

Nel, A., Valchev, V. H., Rothmann, S., Van de Vijver, F. J. R., Meiring, D., & De Bruin, G. P. (2011). Exploring the personality structure in the 11 languages of South Africa. *Journal of Personality, 80*(4), 915–948.

Park, N., Peterson, C., & Ruch, W. (2009). Orientations to happiness and life satisfaction in twenty-seven nations. *The Journal of Positive Psychology, 4*, 273–279.

Pavot, W., & Diener, E. (2008). The satisfaction with life scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology, 3*, 137–152.

Peterson, C., Park, N., & Seligman, M. E. P. (2005). Orientations to happiness and life satisfaction: The full life versus the empty life. *Journal of Happiness Studies, 6*, 25–41.

Porath, C., Spreitzer, G., Gibson, C., & Garnett, F. G. (2012). Thriving at work: Toward its measurement, construct validation, and theoretical refinement. *Journal of Organizational Behavior, 33*, 250–275.

Pratt, M. G., & Ashforth, B. E. (2003). Fostering positive meaning at work. In K. S. Cameron, J. E. Dutton, & R. E. Quinn (Eds.), *Positive organizational scholarship: Foundations of a new discipline* (pp. 309–327). San Francisco: Berrett-Koehler.

Rothbard, N. P., & Patil, S. V. (2012). Being there: Work engagement and positive organizational scholarship. In K. S. Cameron & G. M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 56–68). New York: Oxford University Press.

Rothmann, S. (2008). Occupational stress, job satisfaction, burnout and work engagement as components of work-related well-being. *SA Journal of Industrial Psychology, 34*(3), 11–16.

Rothmann, S., & Rothmann, S., Jr. (2010). Factors related to employee engagement in South African organisations. *SA Journal of Industrial Psychology, 36*(2), 1–11. doi:10.4102/sajip.v37i1.895.

Rothmann, S., & Welsh, C. (2013). Employee engagement in Namibia: The role of psychological conditions. *Management Dynamics, 22*(1).

Rousseau, D. M. (1989). Psychological and implicit contracts in organizations. *Employee Responsibilities and Rights Journal, 2*, 121–139.

Rousseau, D. M. (1990). New hire perceptions of their own and their employer's obligations: A study of psychological contacts. *Journal of Organizational Behavior, 11*, 389–400.

Ryan, R. M., Huta, V., & Deci, E. L. (2008). Living well: A self-determination theory perspective on eudaimonia. *Journal of Happiness Studies, 9*, 139–170.

Ryff, C. D., & Singer, B. H. (1998). The contours of positive human health. *Psychological Inquiry, 9*, 1–28.

Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior, 25*, 293–315.

Seeman, M. (1972). Alienation and engagement. In A. Campbell & P. E. Converce (Eds.), *The human meaning of social change* (pp. 467–527). New York: Russell Sage.

Seligman, M. E. P. (2003). *Authentic happiness*. New York: Free Press.

Seligman, M. E. P. (2008). Positive health. *Applied Psychology: An International Journal, 57*, 3–18.

Seligman, M. E. P. (2011). *Flourish: A new understanding of happiness and well-being – And how to achieve them*. London: Nicolas Brealey.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 1–5.

Shamir, B. (1991). Meaning, self and motivation in organizations. *Organization Studies, 12*, 405–424.

Shore, L. M., Coyle-Shapiro, J. A., Chen, X., & Tetrick, L. E. (2009). Social exchange in work settings: Content, process, and mixed models. *Management and Organization Review, 5*, 289–302.

Simon, L. S., Judge, T. A., & Halvorsen-Ganepola, M. D. K. (2010). In good company: A multi-study, multi-level investigation of the effects of coworker relationships on employee well-being. *Journal of Vocational Behavior, 76*, 534–546.

Sirgy, M. J., & Wu, J. (2009). The pleasant life, the engaged life and the meaningful life: What about the balanced life? *Journal of Happiness Studies, 10*, 183–196.

Smith, P. C., Kendall, L. M., & Hulin, C. L. (1969). *The measurement of satisfaction in work and retirement*. Chicago: Rand McNally.

Spector, P. E. (1997). *Job satisfaction: Application, assessment, causes, and consequences*. Thousand Oaks, CA: Sage.

Spreitzer, G. M. (1995). Psychological empowerment in the workplace: Dimensions, measurement and validation. *Academy of Management Journal, 38*, 1442–1465.

Spreitzer, G. M., Lam, C. F., & Fritz, C. (2010). Engagement and human thriving: Complimentary perspectives on energy and connections to work. In A. B. Bakker & M. P. Leiter (Eds.), *Work engagement: A handbook of essential theory and research* (pp. 132–146). New York: Psychology Press.

Stairs, M., & Galpin, M. (2010). Positive engagement: From employee engagement to workplace happiness. In P. A. Linley, S. Harrington, & N. Garcea (Eds.), *Oxford handbook of positive psychology and work* (pp. 143–154). New York: Oxford University Press.

Steger, M. F. (2009). Meaning in life. In S. J. Lopez (Ed.), *Handbook of positive psychology* (2nd ed.). Oxford, UK: Oxford University Press.

Steger, M. F., & Dik, B. J. (2010). Work as meaning. In P. A. Linley, S. Harrington, & N. Page (Eds.), *Oxford handbook of positive psychology and work* (pp. 131–142). Oxford, UK: Oxford University Press.

Strümpfer, D. J. W., Hardy, A., De Villiers, J. S., & Rigby, S. (2009). Organisationally relevant variables and Keyes' mental health continuum scale. *South African Journal of Industrial Psychology, 35*, 1–7.

Swart, J. P. (2012). *Antecedents and outcomes of happiness of managers in the agricultural sector in South Africa.* Unpublished doctoral thesis, North-West University, Vanderbijlpark, South Africa.

Thomas, K. W., & Velthouse, B. A. (1990). Cognitive elements of empowerment: An "interpretive" model of intrinsic task motivation. *Academy of Management Review, 15*, 666–681.

Veenhoven, R. (2011). Greater happiness for a greater number: Is that possible? If so, how? In K. M. Sheldon, T. B. Kashdan, & M. F. Steger (Eds.), *Designing positive psychology: Taking stock and moving forward* (pp. 396–409). New York: Oxford University Press.

Vella-Brodrick, D. A., Park, N., & Peterson, C. (2009). Three ways to be happy: Pleasure, engagement, and meaning – Findings from Australian and US samples. *Social Indicators Research, 90*, 165–179.

Viviers, A. M., & Coetzee, S. (2007). South African universities, research and positive psychology. *South African Journal of Psychology, 21*, 764–780.

Warr, P. B. (1987). *Work, unemployment and mental health*. Oxford, UK: Clarendon.

Waterman, A. S. (2008). Reconsidering happiness: A eudaimonist's perspective. *The Journal of Positive Psychology, 3*, 234–252.

Weiss, H. M., & Cropanzano, R. (1996). Affective events theory: A theoretical discussion of the structure, causes and consequences of affective experiences at work. *Research in Organizational Behavior, 18*, 1–74.

Wrzesniewski, A., McCauley, C., Rozin, P., & Schwartz, B. (1997). Jobs, careers and callings: People's relations to their work. *Journal of Research in Personality, 31*, 21–33.

Wrzesniewski, A., & Tosti, J. (2005). Career as a calling. In J. H. Greenhaus & G. A. Callanan (Eds.), *Encyclopaedia of career development*. Thousand Oaks, CA: Sage.

Zelenski, J. M., Murphy, S. A., & Jenkins, D. A. (2008). The happy-productive worker thesis revisited. *Journal of Happiness Studies, 9*, 521–537.

Chapter 8
Resilience and Thriving Among Health Professionals

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This chapter presents an exploratory study of a group of health care workers and their experiences of resilience and thriving. A large body of research has emphasized the challenges facing health care professionals in South Africa, such as crippling staff shortages, severe work overload, run-down facilities, and a lack of resources including basic medication and equipment (Pillay, 2001). There is a dearth of information about the positive work-related experiences of health professionals who, in spite of demanding working conditions, are committed to delivering high-quality health services and are able to thrive under difficult circumstances (Smit, 2006). These individuals' ability to triumph in the face of adversity gives testimony to the principles of applied positive psychology (Seligman, 2005).

This chapter introduces the concepts of resilience and thriving, its antecedents, and its outcomes. Related constructs, such as engagement and well-being, are linked to resilience and thriving. This is followed by a short overview of the factors that contribute to the challenging working conditions in the South African public health sector and the factors that promote resilience and thriving among health care professionals. Next, the research method and results are discussed, and the chapter is concluded with recommendations and limitations of the study.

Theoretical Framework

The study presented in this chapter is embedded in the domain of positive occupational health psychology. Consistent with the paradigm shift in positive psychology that focuses on optimal human functioning (Strümpfer, 2005) and the strengths and

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virtues that promote well-being, positive occupational health psychology emphasizes the importance of resources and the psychological capacities that enhance thriving in the workplace (Bakker & Derks, 2010; Bartley, Schoon, Mitchell, & Blane, 2011). Luthans, Youssef, and Avolio (2007) have described a number of positive psychological capacities and strengths that are associated with the well-being and optimal functioning of employees. These capacities include efficacy, hope, optimism, and resiliency. This chapter will focus specifically on resiliency and on employees' ability to recover from adversity and to thrive under difficult circumstances. Resilience is defined as "patterns of positive adaptation in the context of significant adversity or risk" (Masten & Reed, 2005, p. 75). Resilience research originated from work with individuals (children and adolescents) who adjusted well despite having faced adverse childhood events, such as trauma, loss, and threat (Masten, Best, & Garmezy, 1990; Rutter, 1985). Gradually, resiliency research extended to individuals of all ages who had achieved positive outcomes after having dealt with adversity in many different life domains, including the workplace and communities (Luthans et al., 2007). The definition of resilience hinges on two conditions: first, the judgment that the individual has been subjected to significant risk or adversity; and second, that the person has achieved a positive outcome or has returned to previous levels of functioning, despite the threat posed by the encountered risk factors (Masten, 2001).

The concept of thriving is strongly associated with resilience (O'Leary, 1998). Carver (1998) distinguished four possible responses to exposure to stressful circumstances. These include two negative outcomes (i.e., succumbing to stress and suffering impairment because of the adverse conditions) and two positive outcomes(i.e., resilience and thriving). According to Carver (1998), a resilient person rebounds to previous levels of functioning after facing stressful circumstances, while the person who thrives surpasses previous levels of functioning. Personal growth and development feature as a prominent dimension of thriving (O'Leary & Ickovics, 1995). Spreitzer, Sutcliffe, Dutton, Sonenstein, and Grant (2005) differentiated between two dimensions of thriving—learning and vitality—which capture both cognitive and affective components of psychological experience. Spreitzer and Sutcliffe (2007) described vitality as a sense of energy and zest, while learning has been described as a continuous process of personal growth. They considered both of these dimensions to be essential parts of thriving.

In this chapter, I have focused on Carver's (1998) conception of thriving as reaching positive outcomes after exposure to significant risk. In the context of the workplace, positive outcomes are associated with high levels of job satisfaction and job engagement (Bakker & Derks, 2010). *Job satisfaction* refers to a positive emotional state, resulting from the positive appraisal of one's job and one's attitude towards it (Weiss, 2002), whereas *work engagement* is defined as "a positive, fulfilling work-related state of mind that is characterized by vigour, dedication, and absorption" (Schaufeli, Bakker, & Salanova, 2006, p. 702). Spreitzer, Lam, and Fritz (2010) argued that there is significant overlap between engagement and thriving, especially with regard to the energy dimension of engagement (vigour) and thriving (vitality). Vigour includes the affective-motivational state of feeling energized, mentally alert, and persistent in the face of challenges, while vitality is more narrowly focused on a sense of having energy available at work. The two additional

components of absorption and dedication distinguish engagement from thriving. The personal growth dimension is associated only with thriving, although Spreitzer et al. (2010) conceded that conclusive evidence of the differences between the two constructs necessitate empirical research that study engagement and thriving in tandem. The association between resilience, thriving, and job satisfaction to a positive outcome has been affirmed by many studies (Carver, 1998; Fritz & Sonnentag, 2006; Spreitzer et al., 2010). I conceptualize thriving in the workplace in terms of positive outcomes, such as job satisfaction and work engagement in times of adversity. Thriving in the workplace does not mean the absence of work-related problems, but rather focuses on how employees deal with these problems and optimize their potential in spite of the challenges they encounter (O'Leary, 1998). According to O'Leary (1998), an important part of thriving entails a transformative process in which work-related challenges force individuals to re-examine their personal priorities and sense of self, resulting in personal growth and the acquisition of effective coping skills

The factors contributing to work engagement and job satisfaction (as potential positive outcomes despite adverse working conditions) are multidimensional and involve the interaction of personal and contextual factors. Personal factors include self-efficacy and a sense of coherence, whereas contextual factors include supportive relationships in the work and home environment as well as remuneration and fringe benefits (Bakker & Schaufeli, 2008; Knoop, 2010; Weiss, 2002).

The ability to rebound and to even thrive during challenging times at work originates from assets and processes that protect the person against risks and enhance the likelihood of positive outcomes (Jackson, Firtko, & Edenborough, 2007). In a review of articles describing the characteristics of the construct of resilience (rebounding after facing adversity), Polk (1997) identified patterns that are dispositional (attributes such as self-efficacy and hardiness), relational (the quality of relationships), situational (appraising and coping with situations), and philosophical (beliefs and principles). Dispositional qualities associated with resilience and thriving include optimism, hope, emotional stability, and self-efficacy (Luthans, Vogelsang, & Lester, 2006; Spreitzer et al., 2010). Relational capacities that enhance a sense of relatedness involve effective communication, trust building, and relationship nurturing. Polk (1997) underlined the role of coping in the adjustment process and highlighted the importance of problem solving as a crucial contributor to resilience and thriving (situational component). On a philosophical level, many authors have mentioned the vital role of finding meaning in life and the pursuit of values that provide meaning, as well as faith or belief in a person's ability to recover from adversity (Bartley et al., 2011; Luthans et al., 2006).

Facing Adversity in Health Care Institutions

Many authors have acknowledged the challenging nature of modern-day work due to increased competition for scarce resources, turbulent financial circumstances, and increased time pressures that affect the well-being of employees (Luthans et al., 2007;

Nickel & Quintini, 2002; Schulte & Vainio, 2010). The health care industry has always been associated with high levels of job stress due to challenges such as worker proximity to the suffering and distress of patients and family members (Bamber, 2007; Tveito & Eriksen, 2008). In South Africa, the public sector has been affected by ongoing reform since the first democratic elections in 1994 (Smit, 2006). This process of transformation has led to an unstable transitional phase characterized by expectations regarding free service delivery that have overwhelmed under-resourced hospitals, job insecurity, severe staff shortages, and heightened stress levels (Van Rensburg, 2004; Walker & Gilson, 2004). Although reform of the health sector has theoretically led to a more equitable distribution of health services and to greater accessibility to such services, the health of many South Africans continues to be influenced by prevailing socioeconomic difficulties associated with the status of South Africa as a developing country, as well as by the HIV/AIDS pandemic. The high HIV/AIDS infection rate stretches the capacity of public sector institutions to its limits and further exacerbates the workload of staff in public health care institutions that are critically understaffed. Reports of mounting staff shortages and resultant work overload have emphasized the importance of investing in the well-being of health professionals because their skills, effort, and commitment play a significant role in the effective provision of health services. In the Free State Department of Health, the vacancies for health professional posts have increased from 40.4 % in 2006 to 50.7 % in 2008. This represents a vacancy rate of 33.8 % for medical practitioners and 51.6 % for professional nursing posts (Van den Berg et al., 2006). Between 2006 and 2008, a marked increase was noticed in the vacancy rate of professional nurses, with an increase from 34 % in 2006 to 51.6 % in 2008. The large proportion of vacant posts has had a significant bearing on the work conditions of staff. In a survey of the work conditions in professional health care facilities in 2006, Van den Berg et al. (2006) found that 40 % of the staff complained that work overload was their biggest job stressor, and rated the lack of resources as their second biggest job stressor.

Bamber (2007) has suggested that the majority of health care professionals enter the profession because of their concern for the well-being of other people and because they are motivated by their need to relieve the suffering of people. According to Bamber (2007), the combination of a high level of idealism and a strong commitment to help others increases health care workers' vulnerability to occupational stress and burnout. Bakker and Leiter (2010) have cautioned that employees with strong commitment to their work may experience problems with their health and/or relationships, especially in work environments where work demands exceed resources. Lin et al. (2008) highlighted that unmanaged stress and low levels of job satisfaction are associated with negative staff health outcomes, threats to the provision of care, and an increased intention to leave the profession and/or organization. A strong pathogenic focus is evident in studies of the work-related adjustment of South African health care workers (Pillay, 2001; Van Rensburg, 2004). Yet, in a study of 313 health care workers from a large regional hospital in the Free State (where the current study was conducted), Smit (2006) found that in spite of very high levels of reported emotional exhaustion, almost 30 % of the participants

reported high levels of compassion satisfaction in their work. This supports the need for more studies that investigate the factors that promote resilience and thriving among health care professionals.

Promoting Resilience and Thriving in Health Care Workers

Resilience and thriving are fluctuating states that can be developed and strengthened in individuals through strategies aimed at reducing personal vulnerability (Luthans et al., 2006). In a study of almost 500 emergency care nurses and physicians, Lin et al. (2008) report that organizational and personal resources affect the well-being of health care professionals. They report very few differences between the nurses and physicians in their sample with regard to the levels and determinants of their job satisfaction and engagement. One of the significant differences is that a sense of accomplishment and opportunities for growth and development play a more significant role in the satisfaction of physicians, while effective communication with colleagues and patients is more important for nurses (Lin et al., 2008). Balch and Copeland (2007) advocate an active approach from health care professionals that will protect and nurture their resilience and thriving on all levels. On the psychological level, various studies support the protective role of dispositional qualities, such as a sense of mastery, or self-efficacy, and optimism in nurses and doctors (O'Leary, 1998; Ramirez, Graham, Richards, Cull,& Gregory, 1996). Jackson et al. (2007) also encouraged people to strive for life balance by cultivating activities outside their work. Shanafelt et al. (2009) proposed a wide range of self-care and leisure activities that rejuvenate the body, mind, and spirit of health care professionals, including adequate sleep, nutrition, exercise, and artistic expression. Active coping processes (involving seeking social support, engaging in continuing professional education, and self-care) seem to be more effective than withdrawal and behavioural disengagement (Bamber, 2007; Bressi et al., 2008). On a relational level, Balch and Copeland (2007) emphasized the importance of building close personal and professional relationships in providing essential social support and a sense of connection. They also made special mention of the importance of mentoring relationships as a resiliency resource. Finding meaning in one's work is considered one of the most crucial elements of resilience (Xanthapoulou et al., 2009). Meaning can be found through acting on personal values and through religious beliefs and spiritual practices. The expression of character strengths and personal virtues, as proposed by Peterson and Park (2004), also provides opportunities to find meaning in life and in work (Chan, 2009). Park, Peterson, and Seligman (2004) defined character strengths as "positive traits reflected in thoughts, feelings, and behaviour" (p. 603). The 24 character strengths described by Peterson and Park (2004) can be organized into six overarching virtues, including wisdom and knowledge, courage, humanity, justice, temperance, and transcendence. The six virtues are associated with optimal functioning and performance, while strengths such as zest, curiosity, gratitude, love, and hope show a strong positive relationship with subjective well-being.

Apart from the need for more studies of the positive workplace experiences of South African workers (Naudé & Rothmann, 2006), there is a dearth of research involving medical doctors as an occupational category. Accordingly, the aim of this study was to explore the resilience and thriving of health care professionals (nurses and doctors) exposed to challenging work conditions.

Research Method

Participants

I recruited professional nurses and medical practitioners working at a large tertiary hospital in the Motheo district in the Free State Province after presenting a number of workshops on stress management to the hospital staff. The health care facility where the participants worked offers a wide range of secondary and tertiary health care services, including obstetrics, oncology, paediatric care, and general medical and surgical services. Twelve professional nurses and eight medical doctors volunteered to participate in the study. The ages of the 20 participants ranged from 33 to 59 years, with a mean age of 40.6 years. The gender and ethnic representation are similar to that of the population of nurses and doctors employed in the public health sector. Further demographic information pertaining to the participants is presented in Table 8.1.

The invitation to participate was issued to staff members of the hospital at the end of workshops and was followed up with an invitation posted on notice boards in the hospital. Twenty people expressed interest in the study and were invited to attend a focus group discussion on their experiences of resilience and thriving in the workplace and the factors that enhance their work engagement and satisfaction despite challenging work conditions. I provided the interested individuals with an overview of the study, and all of the participants received an information document detailing the purpose of the study, the time commitments involved in the study, and the venue of the intended focus group discussion, as well as issues related to informed consent for the study. Separate focus groups were scheduled for the doctors and nurses to allow sufficient time for both groups to discuss their experiences of the phenomenon. Written consent concerning their willing involvement and the audiotaping of their discussion was obtained from participants. A follow-up appointment was scheduled to review the researcher's summary of the significant themes that emerged during the focus group discussion. This was done for purposes of validation of the researcher's description of the identified themes.

The Study Area

The Free State Province is the third largest of the nine provinces in South Africa. The province is located in central South Africa and has an estimated population of 2.9 million people (South African Government, 2009). The main economic sectors

Table 8.1 Demographic characteristics of respondents

Characteristic	Nurses: frequency and percentage (N = 12)	Doctors: frequency and percentage (N = 8)
Gender:		
Female	11 (91.7)	5 (63.0)
Male	1 (8.3)	3 (7.0)
Ethnicity:		
Black	8 (66.7)	1 (12.5)
Mixed race	1 (8.3)	0
White	3 (25.0)	7 (87.5)
Qualification:		
Grade 12 + Diploma	6 (50.0)	0
Grade 12 + Degree	4 (33.3)	0
Grade 12 + Postgraduate degree/diploma	2 (16.7)	8 (100.0)
Years work experience:		
5–10 years	2 (16.7)	0
11–20 years	7 (58.3)	4 (50.0)
21–30 years	2 (16.7)	3 (37.5)
31–40 years	1 (8.3)	1 (12.5)
Average working hours per day		
8 h	5 (41.7)	0
9–11 h	4 (33.3)	3 (37.5)
12–14 h	3 (25.0)	2 (25.0)
15–17 h	0	3 (37.5)

in the province are agriculture and mining. The province has a slightly higher poverty rate than the rest of the country. The provincial per capita expenditure on primary health care is lower than for the rest of the country, and the clinical workload of nurses in the province (36.3 patients per day) is significantly higher than the average clinical workload of 26.9 patients per day for the average South African nurse (Department of Health, 2006). The HIV prevalence of the province and the HIV infection rate of pregnant women (31.1 %) are the third highest in the country (Department of Health, 2006).

Research Design

A phenomenological, qualitative design was used in this study. The purpose of phenomenology is to develop a composite description of the everyday experiences of participants (Creswell, Hanson, Plano, & Morales, 2007). The psychological phenomenological approach was used specifically in this study, and is also used frequently in research in psychology, education, and health sciences (Cresswell et al., 2007). The following research question guided this study: How does a group of health care professionals experience resilience and thriving in their work environments? The phenomena investigated were resilience and thriving in the public health sector.

Ethical Considerations

The qualitative study reported in this chapter forms part of a more comprehensive, mixed-method study for which ethical approval was obtained from the Ethics Committee of the Faculty of Health Sciences, University of the Free State (ETOVS No 176/2010: Work engagement and quality of work life in health care institutions in the Free State Province). Participants received a project information document explaining the purpose of the study and the data-gathering procedures, as well as the potential risks and benefits of the study. After participants had indicated their interest in participating in the study, I explained the research procedures and informed them of their right to withdraw from the study at any stage. All participants were ensured of the anonymous and confidential nature of their responses. The audio recordings of the focus group discussions were locked in a secure locker in an office with access control. Participants did not receive any monetary rewards for participation. Because of the sensitive nature of the information revealed by some participants, I was available for their debriefing after the group discussion. Information about service providers of psychological services was also made available to one participant who requested such information.

Data Gathering

Information was gathered during two focus group discussions of two and a half hours each (one each for doctors and nurses, respectively). The focus group discussions were conducted in English (the language used for communication purposes among staff in the hospital). Data collection took place between February and March of 2011. The focus groups commenced with a short introduction of participants in order to facilitate a comfortable climate for open communication. After the short introduction, the researcher clarified the ground rules for the focus group discussion with participants. These rules specified that every participant should be treated with respect; that every member should be given the opportunity to speak without interruption; that attention should be paid to other group members' opinions; and that the confidentiality of all information shared during the focus group discussion was of the utmost importance. Before the scheduled focus group discussions, all participants agreed to the ground rules.

The researcher opened the discussion with a brief definition of resilience and thriving as the ability to adjust well, to experience job satisfaction, and to maintain high levels of work engagement under difficult work conditions. Next, the participants were invited to share their experiences regarding the following issues:

- In your own words, describe your experience of job satisfaction and engagement in your current work environment.
- What strategies do you use to stay engaged and satisfied with your job?

During the discussion, the researcher prompted participants to elaborate on the situations, feelings, and thoughts that they had described. The discussion flowed naturally, and many participants expressed their satisfaction with the process. At the end of the session, a date was set to conduct a review 3 weeks later. This entailed a 90-min discussion during which I presented a description of the main themes that had been identified in the focus group discussion. Owing to shift changes, the two groups (nurses and physicians) were divided into four separate groups for the purposes of the review session. This was done to avoid too long a time lapse before the review discussion. Participants endorsed the themes described as a true reflection of the responses presented during the initial focus group discussions.

Analysis of Information

Transcribed information was analysed systematically using thematic content analysis according to the technique of Neumann (1997). This approach involves the following steps:

Step 1: Eliciting significant responses: A total of 234 relevant responses were obtained from the transcripts of the focus group discussions. These were specifically relevant to thriving and the strategies used to enhance a sense of job satisfaction and engagement under challenging circumstances.
Step 2: Creating meaning from responses: The researcher sifted through the data and collated information into broad categories of meaning-generated themes.
Step 3: Aggregating responses into meaningful groups: Related responses were grouped together into ten meaningful themed clusters.
Step 4: Writing descriptions: Recurrent clusters of themes were described, ensuring that all themes that emerged from the discussion were captured.
Step 5: Identifying the fundamental structure of the concept: All descriptions of themes were compiled into a narrative that described the participants' experiences of resilience and thriving.

The trustworthiness of the common themes extracted and described was improved with a review of the responses and a description of the themes by the 20 participants. This allowed for the participants to correct any misrepresentations of the information they had provided.

Results and Discussion

All of the participants' statements associated with their experience of resilience and thriving were extracted from the transcription of the focus group discussion. This resulted in 234 statements. Examples of these statements are presented in the discussion of the ten themed clusters that emerged from the responses. The ten

Table 8.2 Number of responses reflecting the themes identified

Theme clusters	Number of responses
Satisfaction and engagement levels	34
Helping to relieve patients' suffering	31
Positive feedback from patients	27
Relationship with colleagues	25
Pride, self-efficacy and meaning	24
Self-care	23
Coping strategies	21
Training	19
Access to resources	17
Remuneration and working hours	13
Total number of responses	234

clusters identified from the responses (presented from the highest to the lowest frequency) are presented in Table 8.2. The ten themed clusters are discussed in order of the frequency of responses that reflect the theme.

Satisfaction and Engagement Levels

The majority of the doctors and nurses reported that they experienced moderate to high levels of satisfaction and high levels of engagement. The centrality of work in the participants' identity and the influence of their work conditions on their quality of life were evident in the statements. More than 90 % of the participants confirmed that they would choose the same occupation if they were given the opportunity to do so. The reported high levels of satisfaction and engagement in spite of stressful circumstances are consistent with findings by Bressi et al. (2008), who report the propensity for health care professionals to be engaged and satisfied with their work in spite of their acknowledgement of experiencing stress and burnout. This is reflected in the following statement: "Even on days when I feel dogtired, I continue to work long hours because I return home feeling good about myself, knowing that I am doing a good job. This is what I've always wanted to do" (Respondent 16, female doctor).

A theme that dominated participants' accounts of their sense of resilience and thriving is their value-driven engagement with their work. Many participants (from both occupational groups) indicated that their choices of occupation were related to life experiences that instil values in them, such as the need to help others (nurturance and compassion) or to fight for the rights of others (fairness and justice). These life experiences included illness and even the loss of members of their families and friends, as well as exposure to exemplars of kindness, social responsibility, and wisdom that influenced participants' career choices. This theme supports the theory of Park et al. (2004) regarding the relationship between personal virtues and values and well-being. Bamber (2007) suggested that health professionals reconnect with their motives for the pursuit of their specific careers in order to understand the basics

needs that are fulfilled by their work-related activities. The following statement illustrates the influence of life experiences on the values expressed in occupational activities: "My brother was injured in a car accident when I was 12. He never fully recovered, and as the oldest child, I often looked after him while my mother was at work. I felt so helpless. I think that is when I have decided to help people who are suffering" (Respondent 2, female nurse). A difference between the two groups of participants was found in a much stronger focus on wisdom (intellectual stimulation, curiosity, search for knowledge, love of learning and creativity) among the doctors, four of whom stated that their involvement in research projects was an important source of satisfaction and fulfilment. This resonates with the learning dimension of thriving as conceived by Spreitzer et al. (2005), and supports findings by numerous authors (Lin et al., 2008; Ramirez et al., 1996; Shanafelt et al., 2009) who emphasized the positive impact of intellectual stimulation on the satisfaction of physicians. The opportunity to express personal values in their work seemed to contribute to a greater sense of meaning and increased commitment to their work. This can also be associated with Polk's (1997) philosophical pattern of resilience that manifests in the principles, beliefs, and values of people.

Helping Patients to Relieve Suffering

All participants cited that an important source of satisfaction was their belief that they were relieving the suffering of patients. Statements such as "Many patients come in here barely able to walk. They are totally dependent on family, but after a few weeks of ART treatment you would not believe the difference. This makes my job worthwhile" (Respondent 3, female nurse; *ART treatment* refers to Antiretroviral treatment provided to patients suffering from AIDS). It was clear from statements that participants derive a strong sense of satisfaction from witnessing how patients' health improved due to their intervention, counselling, and support. Many of these statements referred specifically to the positive effect of ART treatment and how the initial improvement in the patients' condition was a strong motivational booster for staff. A central theme resonating in the statements of participants is that they had chosen their careers with the intention of helping people and that they had experienced satisfaction when they felt they had succeeded in this purpose. This is clearly reflected in the following statement by Respondent 4 (female nurse): "When it becomes difficult to cope, I start thinking about all those patients who recovered and those who, even though they died, suffered less because I supported them—then I feel I have made the right decision to become a nurse." Statements made by participants include references to the influence that they have had on the physical and psychological well-being of patients and that they see their role as one of supporting patients on physical, emotional, and social levels. This is evident from a statement by Respondent 18 (male doctor): "The best part of my job is when I make my rounds and I talk to patients, make jokes with them, and get to know them. Especially my older patients…I really have a soft spot for them. Some of them show so much

courage, are so grateful even when I can't do much for them." Bressi et al. (2008) found no differences between nurses and doctors with regard to the motivational role of their compassion for patients and their need to relieve the suffering of patients.

Positive Feedback from Patients

The second most prevalent theme in this study focused on the effect of positive feedback from patients on the job satisfaction of health professionals. Patients' expression of their appreciation and gratitude for the treatment and services they received seems to promote positive emotions and increased staff members' motivation to maintain high standards, as can be inferred from the following statement by Respondent 6 (female nurse): "The good relationship with critically ill patients and their families, their smiles and 'thank you's' make me want to try harder." Another respondent (Respondent 5, male nurse) stated, "Happy patients, who are satisfied with our services, make me feel good about myself and what I do in the ward." The positive attitudes of members of the communities towards the implementation of health awareness and preventative campaigns were also mentioned as positive factors that enhance the job satisfaction of participants. A number of participants also referred to the negative effect of their high workload on their relationship with patients: "On days when I have to run between the theatre, recovery room, and other patients, I feel so guilty because I cannot give certain patients my full attention as I want to. This makes me feel very frustrated" (Respondent 19, female doctor). Many authors have stressed the importance of relationships between health care professionals and patients as a potential contributor to job satisfaction and engagement (Ramirez et al., 1996; Shanafelt et al., 2009).

Relationship with Colleagues

The participants described a social climate of mutual support and respect among staff members in their respective wards and how this contributed to their sense of commitment and satisfaction. The following example bears testimony to the positive effect of good interpersonal relationships on the engagement of staff: "I have received so much support from my colleagues and I therefore want to be there for them as well. I would really miss the feeling of being part of a team if I ever have to leave this clinic" (Respondent 11, female nurse). A good relationship with the management and the motivating role of a climate in which hard work is recognized and respect is shown for employees are evident in many statements. Respondent 8 (female nurse) expressed this well: "It feels so good to know that my hard work is recognized and that my supervisor looks after me because she respects my work. In my previous post, I felt that no matter what I did, it would not benefit me because my manager did not seem to notice." The importance of mentoring relationships and

teamwork was emphasized by statements such as the following: “The most rewarding part of my job is to share my knowledge and expertise with younger colleagues and to see how they grow in confidence and skills” (Respondent 12, female nurse). The following statement by Respondent 13 (male doctor) illustrates this clearly: “When I started working here as consultant 12 years ago, I never planned to stay here, but I have learned so much from Dr X. He is a real mentor to me and many other young doctors. I know I can make more money in the private sector, but what’s the chance of working in a team such as this one?” The sense of support and belonging that originates from good relationships with colleagues and management has been identified as an important protective factor during challenging times at work (Bressi et al., 2008; Lin et al., 2008; Shanafelt et al., 2009). A positive communication style, with high levels of encouragement, trust, and mutual respect has been associated with high resilience in organizations (Luthans et al., 2007).

Work-Life Balance and Self Care

A large number of responses referred to the importance of protecting personal resources, such as family relationships, personal health, and emotional energy. Participants showed a definite awareness of the relationship between their health behaviours and well-being and the duration of their careers. The following examples of responses reflect this theme: “In the first few years of my career, I did not protect my family boundaries, but I realized how much I was missing. Now I prioritize my family time—we take weekend breaks and started cycling together. This forces me to make time and I feel more relaxed when I am at home” (Respondent 19, female doctor) and “I take care to get enough sleep, especially when we have difficult patients, because I have better control over my emotions when I get enough sleep” (Respondent 7, female nurse). Many of the participants reported involvement in leisure activities that they felt helped them to release negative emotions, maintain a more balanced perspective on life, and fulfil a range of self-nurturing functions in their lives; for example, creative artistic hobbies (painting and pottery), sporting activities (jogging and cycling),and social and community work activities (volunteering at church or community centres). Many participants mentioned involvement in spiritual and religious activities as an important factor that helped them to sustain their optimism and sense of purpose even when they encountered very challenging conditions at work. This finding supports the work by Luthans et al. (2007), which emphasized the role of values, religion, and a sense of purpose as assets enhancing resilience and thriving.

Pride and Self-efficacy

Many statements reflected the satisfaction that originated from the participants’ experience of self-efficacy and pride when they had completed tasks effectively. These tasks included clinical tasks, managerial tasks, supportive and training tasks,

and administrative tasks. The following statement illustrates these experiences: "I feel useful and effective when I work in antenatal care because I feel I can make a difference to the lives of these mothers and babies" (Respondent 2, female nurse). Another participant stated,"[it] feels good when I help staff members to solve their problems and when they ask me for a second opinion about patients" (Respondent 1, female nurse). A very important source of job satisfaction seemed to be the opportunity to deal with challenging situations in a confident manner and to achieve individual goals. Respondent 14 (male doctor) stated that "nothing beats the feeling of diagnosing a difficult case and seeing the change in the patient's condition once you start with the right treatment". In addition, the opportunity to work with specific patient groups, such as elderly people, children, or cancer patients, contributed to a sense of satisfaction among the participants who described how involvement with a range of activities generated positive feedback and increased their sense of mastery. Statements reflecting this include the following: "It takes a lot of my time to lecture, but the interaction with students is very fulfilling and their feedback makes it worthwhile" (Respondent 10, female nurse) and "The recognition for my research output and the extra funding that I have received for research motivates me to continue even when I have very little free time" (Respondent 13, male doctor). Many authors identify the theme of self-efficacy as an important source of resilience, thriving, job satisfaction, and engagement (Bressi et al., 2008; Shanafelt et al., 2009). Lin et al. (2008) found a very strong relationship between physicians' sense of satisfaction and their experience of growth and accomplishment in the workplace.

Coping Strategies

Participants highlighted the positive influence of the wide array of coping strategies that they used to master the stressors they encountered. Statements revealed a strong preference for active coping strategies, such as planning, taking active steps to eliminate or reduce stressors, and actively seeking social support from work colleagues, family, and friends to deal with challenging situations. A theme that emerged from statements was that participants experienced numerous stressors in their work environment, but that they actively engaged with situations and individuals they perceived as stressors. Situations that they described as especially stressful were those that they perceived to be beyond their control and that clashed with their values. The following statements illustrate this theme: "I get so angry at medical aids administrators who waste time when they deny claims of patients that are in dire need of the insurance to pay for life-saving treatment. I know it is not my job but I feel that I have to do everything I can to help my patient. So I often spend time that I do not have to negotiate with medical funds" (Respondent 13, male doctor). Another doctor stated, "I have learned to use all the resources that I can find to deal with problems. At times I even call the emergency helpline that was implemented to help solve problems, such as the shortage of equipment" (Respondent 18). It is clear from many statements that

participants reflected actively on their coping process and were well aware of the need for active coping strategies. The following statement in particular highlights a tendency to focus on positive issues and not to dwell on issues that cannot be controlled: "On very busy days when we run between patients, some patients get very rude, but I realize that the only way to deal with the situation is to try and stay calm because I will make it worse if I lose my temper. Most patients understand that we are trying our best—there will always be those who do not want to understand. I am not going to let them ruin my day" (Respondent 9, female nurse). Participants also highlighted strategies to relieve the emotional effect of stressful circumstances, such as dealing with distressed relatives and very ill patients. These statements include the following: "After a difficult day, I take a long bath when I get home, just to get a grip on my emotions" (Respondent 20, female doctor) and "I enjoy cooking, and when I feel upset, I would cook a nice meal and usually I feel much better afterwards" (Respondent 7, female nurse). A difference between the doctors and nurses that emerged from the statements is that the nurses (mostly females) were more inclined to seek social support when they encountered stressors. The narratives of participants about the wide range of coping strategies that they use to deal with challenging situations supported Polk's (1997) emphasis on effective problem-solving skills to promote thriving in the workplace.

Developing Knowledge and Skills

Participants expressed a sense of appreciation about the opportunities for in-service training and staff development to which they have access. Both the opportunity to develop new skills and the investment of knowledge and skills by training less experienced colleagues were mentioned as sources of satisfaction and personal growth. This theme supports findings by Shanafelt et al. (2009) and Spreitzer et al. (2010), which call attention to the motivating influence of professional development. Respondent 10 highlighted the positive effect of training on staff in the following statement: "When I return from a workshop, I come back with new ideas and try out new skills—this stimulation helps me to stay interested in my work." Many statements indicated the role of training opportunities as a source of professional support for participants. The following statement offered by Respondent 11 provides a clear illustration: "I enjoy talking to other nurses when I go for training. To hear about their problems and how they solve it makes me feel better about my own situation." The positive effect of access to advanced training and professional development is also evident from the responses of the doctors. The following statement of Respondent 15 (male doctor) clearly reflects the importance of opportunities for professional development: "I know I will not have all these opportunities to attend lectures and demonstrations of the latest technology when I go into private practice. It really gives me the chance to develop cutting edge skills and to become the best in the field."

Remuneration and Fringe Benefits

Extrinsic sources of satisfaction, such as remuneration and fringe benefits, were represented in fewer statements than the references made to intrinsic factors, such as the opportunity to help relieve suffering or the experience of a sense of self-efficacy and meaningful work. The statements related to extrinsic factors included appreciation of convenient working hours and satisfaction with remuneration. Statements also referred to benefits, such as "having weekends and public holidays off" (Respondent 9, female nurse). One participant expressed her perspective as follows: "In these difficult times I realize that having a job is a privilege" (Respondent 12, female nurse). This supports the contribution of external factors to the engagement and satisfaction of employees (Bakker & Schaufeli, 2008).

Access to Sufficient Resources

Lastly, access to sufficient resources, such as a clean, well-organized work environment and sufficient staff and medicines, was also noted as a source of satisfaction. This supports the theory of Bakker and Schaufeli (2008), which suggested that access to sufficient resources contributed significantly to higher levels of engagement and satisfaction. A statement by Respondent 5 (male nurse) reflects the sentiments of other respondents who compared the resources in their clinic with those of other less fortunate facilities: "When I listen to complaints of staff at other clinics, complaints of not even having basic medicines or not having enough staff, I feel very grateful for what we have in our clinic. I do not mean that everything is perfect, but the necessary equipment and medicines are available."

Conclusion

The present study explored the experience of work-related thriving of a group of health care professionals. The challenges facing South African health care professionals are documented extensively in studies on burnout among health care professionals (Gillespie & Melby, 2003; Smit, 2006; Van Niekerk, 2006). Recent studies (Bartley et al., 2011; Luthans et al., 2006) recommended a stronger focus on the strengths, resources, and coping strategies of employees to expand the understanding of the adaptive capacities that enable them to adjust and even thrive despite adverse working conditions. The application of the principles of positive organizational health psychology in the current study adds to the understanding of personal and external resources that enhance the resilience of health professionals.

Most of the participants reported high levels of work engagement and satisfaction with their jobs. The dominant themes that emerged from the statements of participants support the theories of Bakker and Schaufeli (2008), Knoop (2010), and Weiss (2002) about the multitude of personal and external/situational factors that affect job

satisfaction and engagement. The four patterns identified by Polk (1997) in her theory of resilience are also reflected in the most prevalent themes presented by participants. These include dispositional, relational, situational, and philosophical patterns. The most prevalent theme that emerged was the value-driven engagement of participants with their work, which fits well into the philosophical pattern. The three most frequently cited values enhancing their commitment and satisfaction were the importance of helping to relieve patients' suffering, gaining an understanding of the science of medicine and expanding it, and promoting the principle of fairness and justice by providing quality medical services to the poor. This is consistent with findings by Bamber (2007), Ramirez et al. (1996), and Xanthapoulou et al. (2009), which indicated that opportunities to express personal values in work activities promote satisfaction and thriving. It is important to note that Bamber (2007) warned that when values provide meaning, they could become a double-edged sword that, in fact, could increase dissatisfaction and disengagement when work conditions prevent the realization of important values and beliefs in the workplace. Britt, Dickenson, Greene-Shortridge, and McKibben (2007) also cautioned that resilient individuals with high levels of work engagement may suffer negative consequences to their health and relationships if chronic shortages of job resources lead to the depletion of emotional and physical resources. The relational pattern also featured strongly in statements mentioning the important motivating role of positive relationships with patients, family members of patients, colleagues, and superiors. Literature on career resilience has focused strongly on the protective role of support networks in the work and family environment (Jackson et al., 2007; Lin et al., 2008). Lin et al. (2008) found that the quality of professional relationships with colleagues and patients seems to contribute more significantly to the job satisfaction of nurses than to that of doctors. An explanation for this might be that nursing staff spend more time in close contact with patients. Statements about the motivating influence of mastering challenging tasks and building self-confidence were a prevalent theme. This is consistent with the dispositional pattern identified by Polk (1997).

Consistent with the situational pattern, participants reported the use of a wide range of self-care and coping strategies that enhanced their resilience in difficult work conditions. These included involvement in relaxing, restorative activities, such as sport, arts, and social interaction. Participants also emphasized establishing health-enhancing behaviour, including ensuring sufficient sleep, healthy eating habits, and a work-life balance. This confirms research by Balch and Shanafelt (2010) and by Luthans et al. (2007) that resilience and thriving can be enhanced through systematic development of effective coping skills. From the small number of participants who referred to external factors, such as access to work-related resources, remuneration, and work hours as sources of their satisfaction and engagement, it seems as if personal, relational, and spiritual factors were more prominent in participants' experiences of resilience and thriving. This is consistent with the work of Luthans et al. (2007) and Xanthopoulou, Bakker, Demerouti, and Schaufeli (2009), who conclude that personal and relational factors, such as a sense of self-efficacy, meaning in one's work, and the positive influence of social support, mediate the role of job resources. Although Lin et al. (2008) stressed the contribution to job satisfaction of external factors, such as work hours, perceived workload, and status,

numerous studies in positive organizational psychology have indicated that individual and work-related resources interact in the process of dealing with adverse conditions.

Consistent with the findings of Lin et al. (2008), the current study found very few differences between the themes reported by nurses and doctors. The group of nurses involved in the present study reported a stronger tendency to seek social support as a coping strategy, and the doctors emphasized wisdom as an important motivating factor. Lin et al. (2008) found that opportunities for personal growth and accomplishment contributed significantly to job satisfaction in doctors, while job communication contributed more to the satisfaction of nurses.

Nevertheless, the findings of this study must be considered in light of the following limitations. The exploratory, qualitative design used in this study was chosen in light of the dearth of South African research on thriving; specifically on thriving among health care professionals. The lack of quantitative information limited me to a description of the themes described by the participants, and therefore requires further quantitative studies utilizing standard measures of job satisfaction, work engagement, and various personal and work-related resources, to investigate relationships between different resources and coping strategies and the levels of thriving experienced. Longitudinal, prospective studies could avoid the shortcomings of the current study. The small sample recruited from one hospital limits the generalizability of the findings to health care professionals experiencing different work conditions in different hospitals and provinces. The recruitment of participants could also have led to a self-selection bias, with participants who experience higher levels of resilience and thriving showing more interest in participating in the discussion.

Apart from the recommendations aimed at improving the methodological limitations of the current study, the research has the following implications for practice: Many health care professionals find effective ways of coping with their difficult working conditions, and in light of empirical evidence that associates resilience and thriving with high productivity, it is recommended that intervention programmes assist them with sustainable strategies to remain passionate about their work while they protect their personal resources, such as their health and relationships. It is important to focus on the psychological capacity of health care professionals and to help them to develop the competencies to do their work with a sense of vitality, self-efficacy, and confidence, in order to remain optimistic and resilient even when facing adversity at work. Providing opportunities for meaningful interaction with patients and co-workers can enhance their sense of meaning and satisfaction. Opportunities for capacity building and personal growth through training and mentoring can also contribute to higher levels of thriving among health care professionals.

References

Bakker, A. B., & Derks, D. (2010). Positive occupational health psychology. In S. Leka & J. Houdmont (Eds.), *Occupational health psychology* (pp. 194–224). Chichester, UK: Blackwell.

Bakker, A. B., & Leiter, M. P. (2010). Where to go from here: Integration and future research on work engagement. In A. B. Bakker & M. P. Leiter (Eds.), *Work engagement: A handbook of essential theory and research* (pp. 181–196). New York: Psychology Press.

Bakker, A. B., & Schaufeli, W. B. (2008). Positive organisational behaviour: Engaging in flourishing organizations. *Journal of Organizational Behavior, 29*, 147–154.

Balch, C. M., & Copeland, E. (2007). Stress and burnout among surgical oncologists: A call for personal wellness and a supportive workplace environment. *Annals of Surgical Oncology, 14*(11), 3029–3032.

Balch, C. M., & Shanafelt, T. (2010). Combating stress and burnout in surgical practice: A review. *Journal of Medical Systems, 44*, 29–47.

Bamber, M. R. (2007). *CBT for occupational stress in health professionals*. London: Routledge.

Bartley, M., Schoon, I., Mitchell, R., & Blane, D. (2011). *Resilience as an asset for healthy development*. Retrieved from http://www.ucl.ac.uk/capabilityandresilience/resilienceasassetforhealthydevelopment.doc

Bressi, C., Manenti, S., Porcellana, M., Cevales, D., Farina, L., Feliciani, I., et al. (2008). Haemato-oncology and burnout: An Italian survey. *British Journal of Cancer, 98*, 1046–1052.

Britt, T. W., Dickenson, J. M., Greene-Shortridge, T. M., & McKibben, E. S. (2007). Self-engagement at work. In D. L. Nelson & C. L. Cooper (Eds.), *Positive organizational behavior* (pp. 143–158). Thousand Oaks, CA: Sage.

Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues, 54*(2), 245–266.

Chan, D. W. (2009). Burnout and the antithesis of burnout: Developing positive interventions for the well-being of Chinese teachers in Hong Kong. In R. V. Schwartzhoffer (Ed.), *Psychology of burnout* (pp. 39–62). New York: Nova Science.

Cresswell, J. W., Hanson, W. E., Plano, V. L. C., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist, 35*(2), 236–264.

Department of Health. (2006). *Report on HIV and syphilis prevalence survey South Africa 2006*. Pretoria, South Africa: Department of Health.

Fritz, C., & Sonnentag, S. (2006). Recovery, well-being, and performance related outcomes: The role of workload and vacation experiences. *Journal of Applied Psychology, 91*, 936–945.

Gillespie, M., & Melby, V. (2003). Burnout among nursing staff in accident and emergency and acute medicine: A comparative study. *Journal of Clinical Nursing, 12*, 842–851.

Jackson, D., Firtko, A., & Edenborough, M. (2007). Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. *Journal of Advanced Nursing, 60*(1), 1–9.

Knoop, R. (2010). Work values and job satisfaction. *Journal of Psychology, 128*(6), 683–690.

Lin, B. Y., Hsu, C. C., Chao, M., Luh, S., Hung, S., & Breen, G. (2008). Physician and nurse job climates in hospital-based emergency departments in Taiwan: Management and implications. *Journal of Medical Systems, 32*(4), 269–281.

Luthans, F., Vogelsang, G. R., & Lester, P. B. (2006). Developing the psychological capital of resiliency. *Human Resource Development Review, 5*(1), 25–44.

Luthans, F., Youssef, C. M., & Avolio, B. J. (2007). *Psychological capital: Developing the human competitive edge*. New York: Oxford University Press.

Masten, A. S. (2001). Ordinary magic: Resilience processes and development. *American Psychologist, 56*(3), 227–238.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*, 425–444.

Masten, A. S., & Reed, M. J. (2005). Resilience in development. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 74–89). New York: Oxford University Press.

Naudé, J. L., & Rothmann, S. (2006). Work-related well-being of emergency workers in Gauteng. *South African Journal of Psychology, 36*(1), 63–81.

Neumann, W. L. (1997). *Social research methods: Qualitative and quantitative approaches*. Boston: Allyn & Bacon.

Nickel, S., & Quintini, G. (2002). The recent performance of the UK labour market. *Oxford Review of Economic Policy, 18*(2), 202–220.
O'Leary, V. E. (1998). Strength in the face of adversity: Individual and social thriving: Broadening the paradigm beyond illness to health. *Journal of Social Issues, 54*, 425–446.
O'Leary, V. E., & Ickovics, J. R. (1995). Resilience and thriving in response to challenge: An opportunity for a paradigm shift in women's health. *Women's Health Summer, 1*(2), 121–142.
Park, N., Peterson, C., & Seligman, M. E. P. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology, 23*(5), 603–619.
Peterson, C., & Park, N. (2004). Classification and measurement of character strengths: Implications for practice. In A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 433–446). New York: Wiley.
Pillay, Y. (2001). The impact of South Africa's new constitution on the organisation of health services in post-apartheid era. *Journal of Health Politics and Law, 26*(4), 747–766.
Polk, L. (1997). Toward a middle-range theory of resilience. *Advanced Nursing Science, 19*, 1–13.
Ramirez, A. J., Graham, J., Richards, M. A., Cull, A., & Gregory, W. M. (1996). Mental health of hospitals consultants: The effects of stress and satisfaction at work. *Lancet, 347*, 724–728.
Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry, 147*, 598–611.
Schaufeli, W. B., Bakker, A. B., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire: A cross national study. *Educational and Psychological Measurement, 66*(4), 701–716.
Schulte, P., & Vainio, H. (2010). Well-being at work – Overview and perspective. *Scandinavian Journal of Work, Environment and Health, 36*(5), 422–429.
Seligman, M. E. P. (2005). Positive psychology, positive prevention and positive therapy. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 3–12). New York: Oxford University Press.
Shanafelt, T. D., Balch, C. M., Bechamps, G. J., Russle, T., Dyrbye, L., Satele, D., et al. (2009). Burnout and career satisfaction among American surgeons. *Annals of Surgery, 250*(3), 463–471.
Smit, J. (2006). *The influence of coping and stressors on burnout and compassion fatigue among health care professionals*. An unpublished doctoral dissertation, Department of Psychology, University of the Free State, Bloemfontein, South Africa.
South African Government Website. (2009). *Free state province*. Retrieved from http://www.ofs.ac.za
Spreitzer, G. M., Lam, C. F., & Fritz, C. (2010). Engagement and human thriving: Complimentary perspectives on energy and connections to work. In A. B. Bakker & M. P. Leiter (Eds.), *Work engagement: A handbook of essential theory and research* (pp. 132–146). New York: Psychology Press.
Spreitzer, G. M., & Sutcliffe, K. M. (2007). Thriving in organizations. In D. L. Nelson & C. L. Cooper (Eds.), *Positive organizational behavior* (pp. 74–85). Thousand Oaks, CA: Sage.
Spreitzer, G. M., Sutcliffe, K. M., Dutton, J., Sonenshein, S., & Grant, A. M. (2005). A socially embedded model of thriving at work. *Organization Sciences, 16*(5), 537–549.
Strümpfer, D. J. W. (2005). Standing on the shoulder of giants: Notes on early positive psychology (psychofortology). *South African Journal of Psychology, 3*(1), 21–25.
Tveito, T. H., & Eriksen, H. R. (2008). Integrated health programme: A workplace randomized controlled trial. *Journal of Advanced Nursing, 65*(1), 110–119.
Van den Berg, H. S., Bester, C. L., Janse Van Rensburg-Bonthuyzen, E., Engelbrecht, M., Hlophe, H., & van Rensburg, H. C. J. (2006). *Burnout and compassion fatigue in professional nurses: A study in PHC facilities in the free state, with special reference to the antiretroviral treatment programme*. Bloemfontein, South Africa: Centre for Health Systems Research and Development, University of Free State.
Van Niekerk, J. P. (2006). Doctors as migratory labourers. *South African Medical Journal, 96*(3), 155.

Van Rensburg, H. C. J. (2004). The health professions and human resources for health – Status, trends and care issues. In H. C. J. Van Rensburg (Ed.), *Health and health care in South Africa* (pp. 316–376). Pretoria, South Africa: Van Schaik.

Walker, L., & Gilson, L. (2004). "We are bitter but we are satisfied": Nurses as street-level bureaucrats in South Africa. *Social Science & Medicine, 59*, 1251–1261.

Weiss, H. M. (2002). Deconstructing job satisfaction: Separating evaluations, beliefs and affective experiences. *Human Resource Management Review, 12*, 173–194.

Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2009). Reciprocal relationships between job resources, personal resources, and work engagement. *Journal of Vocational Behavior, 74*, 235–244.

Chapter 9
Measuring Happiness: Results of a Cross-National Study

Sebastiaan Rothmann

The importance of measuring well-being has been emphasized in recent years (Diener, Kesebir, & Lucas, 2008). Happiness has been proposed as an important indicator of well-being (Diener & Suh, 1997; Park, Peterson, & Ruch, 2009). Peterson, Park, and Seligman (2005) proposed an integrated model for happiness, flowing from two approaches; the hedonic and eudaimonic approaches. Hedonia focuses on pleasures of the mind and body, as well as the avoidance of pain. Eudaimonia is concerned with a deeper level of perceived happiness (Ryan & Deci, 2001). Peterson et al. (2005) suggest three orientations to happiness: pleasure, meaningfulness, and engagement (the good life). These routes to happiness could be pursued simultaneously, and affect the subjective well-being of individuals (Schueller & Seligman, 2010). While it is clear that happiness has various positive outcomes for individuals and organizations, little scientific information is available regarding the orientations to happiness and life satisfaction of individuals in the African context compared to other contexts.

Before comparing happiness scores obtained across cultures, it is necessary to assess the psychometric properties of the measuring instruments (Van de Vijver & Rothmann, 2004). Park et al. (2009) compared the scores of individuals in 27 cultures, without assessing the possibility of measurement invariance of the measures in the different cultures in their sample. Furthermore, only 92 participants from South Africa were included in their sample, which was mainly obtained through Internet testing. Pavot and Diener (2008) showed that life satisfaction judgments can vary across cultures. Research regarding the psychometric properties of happiness assessment tools is lacking in the multicultural southern African context. The aims

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of this study were to investigate the structural equivalence, item bias, and reliability of the Orientations to Happiness Questionnaire (OHQ), as well as the Satisfaction with Life Scale (SWLS) for samples in South Africa and Namibia.

Orientations to Happiness

The promotion of happiness is an important goal for psychology, and a number of studies of happiness focus on the three routes to happiness that have been identified by Peterson et al. (2005): pleasure (the *pleasant* life), engagement (the *good* life), and meaning (the *meaningful* life).

The first orientation towards happiness is pleasure. A pleasant life consists of having as much pleasure as you can through the experience of positive affect (Peterson et al., 2005). Within limits, individuals can increase their positive affect about the past (by cultivating gratitude and forgiveness), their positive emotions about the present (through savoring and mindfulness), and positive emotions about the future (by building optimism and hope) (Seligman, 2002). Increasing pleasure as orientation towards happiness has its theoretical underpinnings in hedonism (Park et al., 2009). From the perspective of positive psychologists, the pleasant life seems incomplete as an explanation of happiness since pleasure is not under the control of the individual, and is short-lived (Peterson et al., 2005).

The second orientation towards happiness is engagement. A good life refers to being engaged in activities, either at work or play, and intrinsic enjoyment and fulfilment (Peterson et al., 2005). There are no shortcuts to the engaged life as compared to the pleasant life. The engaged life results from knowing what your signature strengths are and recrafting your life to use them at work, in love, in leisure, while parenting, and in friendships. One of the psychological mechanisms underlying engagement might be the state of flow, which occurs when an individual experiences the optimal combination between skills and challenges (Moneta & Csikszentmihalyi, 1996). When an individual experiences flow, time passes quickly, attention is focused on the activity, and the sense of self is lost. According to Peterson et al. (2005), flow is distinct from sensual pleasure. Flow is not immediately present during the activity itself, and might be incompatible with pleasure.

The third orientation to happiness is meaning and purpose. A meaningful life consists of knowing what your highest strengths and talents are and using them in the service of something you believe is bigger than you are (Peterson et al., 2005). Meaning is related to external goals and self-transcendence (Park et al., 2009), builds social connections, and provides purpose (Schueller & Seligman, 2010). In a study of industrial psychologists, Van Zyl, Deacon, and Rothmann (2010) found that experiences of meaning are related to person-environment fit and having a calling orientation towards work. Research links meaning to greater life satisfaction (e.g., Park et al., 2009) and eudaimonic well-being (e.g., Ryff & Singer, 2008).

Peterson et al. (2005) found that the three orientations to happiness (i.e., pleasure, engagement, and meaning) are empirically distinguishable. Not all activities which

Table 9.1 Correlations between orientations to happiness and life satisfaction in previous studies

	Life satisfaction			
Orientation	Peterson et al. (2005)	Peterson et al. (2007)	Vella-Brodrick et al. (2009)	Schueller and Seligman (2010)
Pleasure	.17*	.20*	.20*	.28*
Engagement	.30*	.35*	.36*	.44*
Meaning	.26*	.37*	.38*	.46*

*$p < .01$

are engaging (e.g., practicing a sport) are used in service of something bigger than you are. Conversely, not all activities in service of something bigger than you are (e.g., serving on a committee) will contribute to engagement. Vella-Brodrick, Park, and Peterson (2009) reported that the three orientations to happiness predicted life satisfaction beyond sociodemographical variables and personality in U.S. and Australian samples. Peterson et al. (2005) found that each orientation to happiness (i.e., pleasure, engagement, and meaning) is associated with life satisfaction. Vella-Brodrick et al. found that South African correspondents scored the highest on orientation to pleasure (mean = 3.39 on a five-point scale). Swiss respondents scored highest on orientation to engagement (mean = 3.63). South Korean respondents scored highest on orientation to meaning (mean = 3.72). However, it should be noted that the study of Vella-Brodrick et al. (2009) included small samples in most of the countries they reported on.

Studies have shown that engagement and meaning have stronger relationships with life satisfaction than pleasure (Peterson et al., 2005; Schueller & Seligman, 2010; Vella-Brodrick et al., 2009). Engagement and meaning are understood to be under the control of the individual so as to build social and psychological resources that, in turn, lead to longer lasting fulfilment (Schueller & Seligman, 2010; Seligman, 2002). Pleasure, on the other hand, does not build resources. Although engagement and meaning as routes to happiness are distinct, they can be pursued simultaneously. Table 9.1 shows the correlations between pleasure, engagement, meaning, and life satisfaction in different studies.

All three orientations to happiness showed statistically significant correlations with life satisfaction. Table 9.1 shows that statistically significant correlations varying from .17 to .28 were found between pleasure and life satisfaction in previous studies. Statistically significant correlations varying from .30 to .44 were found between engagement and life satisfaction. Also, statistically significant correlations varying from .26 to .46 were found between meaning and life satisfaction. In the study of Peterson et al. (2005), the same patterns were found in a sample where U.S. respondents were removed.

Orientations to happiness in different countries relate somewhat differently to life satisfaction. Peterson et al. (2005) found that Swiss respondents had lower scores on the meaning subscale than respondents from the United States. Meaning was stronger related to life satisfaction in the Swiss sample than in the U.S. sample. These differences were attributed to national differences in religiousness, which is an important contributor to the sense that one's life has meaning and purpose.

Park et al. (2009) pointed out that it has been found that self-reports of orientations to happiness scores converged with ratings by peers of how much time respondents spent planning pleasurable activities, engaging activities at work, and meaningful activities in a family context.

Life Satisfaction

According to Diener, Suh, Lucas, and Smith (1999), happiness is a subjective phenomenon of which the individual should be the final judge. Based on the subjective well-being approach, happiness refers to the conscious experience of feelings and cognitions of the individual—whether the individual perceives life as a *good life* (Diener & Suh, 1997; Diener et al., 2008; Sirgy & Wu, 2009). Subjective well-being is the judgment over one's own life and its events in three domains; namely, cognitive, positive, and negative affective experiences (Diener et al., 2008). Therefore, happiness is characterized by frequent positive affect, infrequent negative affect, and high life satisfaction. These three constructs are the primary components of subjective well-being, are highly related, and load on a single factor if negative affect has been recoded (Diener et al., 2008; Lyubomirsky Sheldon, & Schkade, 2005).

In this study, satisfaction with life is used as an indicator of subjective well-being. Lucas, Diener, and Suh (1996, p. 61) defined life satisfaction as "a global evaluation of a person of his or her life." In making an evaluation of life satisfaction, individuals examine the aspects of their life, weigh the good against the bad, and arrive at a global evaluation of overall satisfaction. Affect and life satisfaction are interrelated. Therefore, when making judgments about life satisfaction, people occasionally rely on current mood as an indicator of their overall life satisfaction. Individuals' cognitive evaluations of their lives might also affect their positive and negative emotions (Lucas et al., 1996). Life satisfaction entails a cognitive evaluation of one's life (Pavot & Diener, 2008), and although it is related to positive and negative affect (which are also components of subjective well-being), it is partially independent of the affective aspects.

Regarding the nature of life satisfaction, it seems that individuals rely on the same types of information to make life satisfaction judgments over time. Furthermore, although current mood can influence life satisfaction judgments, the effects of mood are small (Pavot & Diener, 2008). Stubbe, Posthuma, Boomsama, and De Geus (2005) found that 38 % of the variance of self-report responses on life satisfaction was attributable to heritability, while the remaining variance could be attributed to environmental factors and measurement error. Specific life events—for example, unemployment, stressful and traumatic experiences, long-term disability, or death of a close family member—might have a lasting impact on life satisfaction (Pavot & Diener, 2008). However, studies (e.g., Fujita & Diener, 2005; Heller, Watson, & Ilies, 2006) showed that substantial intraindividual variation in life satisfaction occurs, which can be linked to factors such as marital and job satisfaction.

According to Diener (1994), domain-specific satisfaction also affects life satisfaction. Satisfaction with life is strongly influenced by social relationships; fulfiling meaningful and important roles at work or at home; satisfaction with the self, religious, or spiritual life; learning and growth; and leisure (Pavot & Diener, 2008). People who score high on life satisfaction tend to have close and supportive family and friends. Furthermore, when an individual enjoys work, and feels that it is meaningful and important, life satisfaction will be higher. Bad working conditions and/or a poor fit with the person's strengths lead to lower life satisfaction. When a person has important goals and is failing to make adequate progress towards them, this too can lead to life dissatisfaction (Diener, 1994).

Measures of life satisfaction might be insensitive to personal growth. Individuals' levels of life satisfaction are a result of their comparisons of the sum of good moments with the sum of bad moments in their lives (Vittersø, Oelman, & Wang, 2009). Compared to interest and engagement, pleasant feelings might be given higher weights on a good–bad scale. Vittersø et al. argue that life satisfaction and personal growth load on different dimensions in factor analytic studies and the results of studies which showed that pleasure and excitement are represented by different structures in the human brain. The results of their study showed that pleasantness (and not engagement) was related to life satisfaction, while engagement (and not pleasantness) correlated with personal growth.

According to Pavot and Diener (2008), measures of life satisfaction are important and useful because they allow people to determine their own criteria for life satisfaction, as well as the weight they want to attach to such criteria. Therefore, various orientations to happiness might contribute to life satisfaction, including pleasures of life (originating from affective experiences), engagement in activities (which might, for instance, result from the opportunity to apply strengths), and meaningfulness (which might, for instance, result from valued life goals).

The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) is a widely used measure of life satisfaction. The SWLS consists of five items which are rated on a seven-point Likert-type response scale. Scores on the SWLS vary from 5 to 35 and can be compared with the scores of an international norm group (see Pavot & Diener, 2008). According to Pavot and Diener (2008), various studies confirmed the internal consistency of the SWLS (with alpha coefficients varying from .79 to .89). Regarding the construct validity of the SWLS, principal-axis factor analysis showed a single factor solution (Diener et al., 1985). The single factor explained 66 % of the total variance. According to Pavot and Diener (2008), various subsequent studies supported the one-factor solution for the SWLS. However, one item ("If I could live my life over, I would change almost nothing") showed a lower factor loading and item-total correlation than the other four items. Pavot and Diener point out that this item refers to the past, and therefore involves a different cognitive search than the other items. This specific item also implies a summary evaluation over years. The other items reflect the present in terms of a horizontal evaluation (e.g., all aspects of my life right now), or a temporal evaluation (e.g., my whole life).

After analysing the results of various studies regarding the cross-cultural applicability of the SWLS, Pavot and Diener (2008) found both differences and similarities

in life satisfaction judgments across diverse sociocultural groups. Their review showed that people in individualistic nations (compared with collectivistic nations) were inclined to weigh self-esteem more in their life satisfaction judgments. Life satisfaction judgments in individualistic nations were strongly related to emotions, but strongly related to social norms in collectivistic countries. Financial satisfaction was a stronger correlate of life satisfaction for people in poor nations than for wealthy nations. Evidence for measurement invariance of the SWLS was also shown in the studies of Tucker, Ozer, Lyubomirsky, and Boehm (2006) and Oishi (2006).

Assessment in Cross-Cultural Contexts

Positive psychological assessment tools should be reliable, valid, and equivalent before direct comparisons can be drawn between cultural groups. Bias refers to the presence of nuisance factors in cross-cultural measurement (Van de Vijver & Leung, 1997). The psychological meaning of biased scores is not invariant across cultures, and differences between cultural groups in assessment outcome are influenced by cultural or measurement artifacts. Equivalence refers to the comparability of questionnaire scores obtained in different cultural groups; it involves the question as to whether scores obtained in different cultures can be meaningfully compared (Van de Vijver & Leung, 1997). Equivalence and bias are related. If scores are unbiased (free from nuisance factors), they are equivalent and (assuming that they are metrical) can be compared across cultures.

Van de Vijver and Leung (1997) draw a hierarchical distinction of three types of equivalence. These three types include (a) structural equivalence, which indicates the extent to which the same construct is measured across all cultural groups studied; (b) measurement unit equivalence, which can be obtained when two metric measures have the same measurement unit but have different origins; and (c) scalar equivalence, which can be obtained when two metric measures have the same measurement unit and the same origin. Equivalence cannot be assumed, but should be established and reported in each study (Van de Vijver & Leung, 1997). Structural, measurement unit, and scalar equivalence are hierarchically ordered. The third presupposes the second, which presupposes the first. As a consequence, higher levels of equivalence are more difficult to establish. It is easier to verify that an instrument measures the same construct in different cultural groups (structural equivalence) than to identify numerical comparability across cultures (scalar equivalence).

If unacceptable structural equivalence is found, item bias should be computed. An item is an unbiased measure of a theoretical construct (e.g., engagement) if people from different cultural backgrounds, who are equally engaged, have the same average score on the item (Van de Vijver & Rothmann, 2004). People with an equal standing on the theoretical construct underlying the instrument should have the same expected score on the item, irrespective of group membership. The definition of bias does not stipulate that the averages of cultural groups should be identical, but only that these averages should be identical across cultural groups for persons who are equally engaged.

Table 9.2 Characteristics of the Namibian participants (N = 216)

Item	Category	Frequency	Percentage
Gender	Male	111	51.40
	Female	105	48.10
Marital status	Single	122	56.5
	Divorced	11	5.1
	Separated	5	2.3
	Widowed	7	3.2
	Married	37	17.1
	Other	34	15.3
Language group	English	29	13.4
	Afrikaans	33	15.3
	Oshiwambo	65	30.1
	Herero	23	10.6
	Damara	21	9.7
	Nama	5	2.3
	Tswana	12	5.6
	Portuguese	1	0.5
	German	3	1.4
	Others	24	10.6

Item bias can be produced by various sources, such as incidental differences in appropriateness of item content, inadequate item formulation, and translations. Bias will lower the equivalence of the measuring instrument. Two types of item bias are distinguished, which are uniformed and non-uniformed bias. The first type refers to the influence of bias on scores that are more or less the same for all score levels. The latter refers to influences that are not identical for all score levels (Van de Vijver & Rothmann, 2004).

Method

Research Design

A quantitative approach was followed in this study. More specifically, a survey design was used. Questionnaires were used to gather data in a non-random field survey.

Participants

The sample includes 216 individuals in organizations in the Khomas and Erongo regions in Namibia (see Table 9.2) and 507 managers in the agricultural sector in South Africa (see Table 9.3). The characteristics of the participants in the Namibian sample are reported in Table 9.2. Table 9.2 shows that 51.4 % of the sample

Table 9.3 Characteristics of the South African participants (N = 507)

Item		Frequency	Percentage
Gender	Male	406	80.1
	Female	101	19.9
Race	White	455	89.7
	African	16	3.2
	Colored	29	5.7
	Indian	5	1.0
	Other	2	0.4
Language	Afrikaans	470	92.7
	English	21	4.1
	African	16	3.2
Education	Grade 12	194	38.3
	College diploma	46	9.1
	Technicon diploma	63	12.4
	University degree	104	20.5
	Postgraduate degree	100	19.7

consisted of males, while 48.1 % were females. Most participants (56.5 %) were single. The mean age of the participants was 32.43 (*SD* = 8.22). A total of 30 % of the participants spoke Oshivambo.

The characteristics of the participants in the Namibian sample are reported in Table 9.3.

In the South African sample, the ages of the participants varied from 23 to 63 (Mean = 42.42, *SD* = 9.45). Table 9.3 shows that males represented 80.1 % of the total sample. A total of 92.7 % of the participants were Afrikaans-speaking, while 4.1 and 3.2 % spoke English and African, respectively.

Measuring Instruments

The *Orientations to Happiness Questionnaire* (OHQ; Peterson et al., 2005) was used to measure an individual's orientation to happiness by the pursuit of pleasure, engagement, and meaning. This questionnaire comprises 18 face-valid items reflecting each of the three orientations initially drafted by Peterson et al. (2005). Examples of the items are as follows: "Life is too short to postpone the pleasures it can provide" (pleasure); "I seek out situations that challenge my skills and abilities" (engagement); "In choosing what to do, I always take into account whether it will benefit other people" (meaning). The OHQ contains a total of 18 items (six items per scale). The participants were instructed to respond to the statements on how they actually live their lives. Each item requires the respondent to answer on a scale which varies from 1 (*very much unlike me*) to 5 (*very much like me*). Peterson et al. (2005) found the following alpha coefficients for the three scales in samples in the United States and Switzerland: pleasure = .84, engagement = .77, and meaning = .88.

The *Satisfaction with Life Scale* (SWLS; Diener et al., 1985) was used to measure the cognitive component of subjective well-being. The SWLS consists of five items which measure the individual's evaluation of satisfaction with life in general (e.g., "I am satisfied with my life" and "If I could live my life over, I would change almost nothing"). Responses range from 1 (*strongly disagree*) to 7 (*strongly agree*) for each question. Responses are then averaged to provide a total life satisfaction score. Research has established acceptable psychometric properties for the SWLS (Diener, 1994). Reliability by means of consistency was satisfactory within a population of 167 participants, of which 67 were retested after 1 month, and a correlation coefficient of .82 and coefficient alpha of .87 was found (Diener et al., 1985).

Research Procedure

The researchers administered a survey questionnaire to the participants. A cover letter explaining the purpose and emphasizing the confidentiality of the research project accompanied the questionnaire. The researchers contacted managers of various organizations to introduce them to the topic and to obtain their participation with regard to tracking down respondents. Participation in the project was voluntary, whereby respondents had the option to withdraw at any stage.

Statistical Analyses

Analyses were conducted to assess the structural equivalence of the OHQ. According to Van de Vijver and Leung (1997), structural equivalence can be investigated with several techniques, such as factor analysis, cluster analysis, and multidimensional scaling or other dimensionality-reducing techniques. The idea behind the application of these techniques is to obtain a structure in each culture, which can then be compared across all cultures involved. Factor analysis is the most frequently employed technique for studying construct equivalence. A principal components analysis was conducted to determine the number of factors of the OHQ in the total sample. Following the procedure of Peterson et al. (2005), a varimax rotation was used to determine the solution for each cultural group. Factors obtained in each group were compared (after target rotation). The agreement was evaluated by a factor congruence coefficient, Tucker's phi (Van de Vijver & Leung, 1997). Values above .90 are taken to point to essential agreement between cultural groups, while values above .95 point to very good agreement. A high agreement implies that the factor loadings of the lower and higher level are equal up to a multiplying constant.

The reliability of the measuring instruments was assessed by means of Cronbach alpha coefficients. Descriptive statistics (means and standard deviations) were computed to describe the data. Pearson product–moment correlation coefficients were used to specify the relationships between the variables. The level of statistical

significance was set at $p < .05$. Effect sizes (Steyn, 1999) were used to decide on the practical significance of the findings. A cut-off point of .30 (medium effect, Cohen, 1988) was set for the practical significance of correlation coefficients.

Analysis of variance was applied to identify item bias (Van de Vijver & Leung, 1997). Bias was examined for each item separately. The item score was the dependent variable, while country (two levels) and score levels were the independent variables. Score groups were composed on the basis of the total score on the OHQ and SWLS, respectively. A total of ten score levels were obtained by making use of percentiles. This made it possible to use score groups with at least 50 persons each. Two effects were tested through analysis of variance; that is, the main effect of country and the interaction of score level and country. When both the main effect of country and the interaction of score level and country are non-significant, the item is taken to be unbiased.

Responses to the items of the three scales of the OHQ and the one scale of the SWLS were fitted to the Rasch rating scale model (Andrich, 1978). Rasch analyses are suitable for analysing Likert-type items. It provides three sets of important results, including (a) item parameters (or item location parameters), which reflect the relative difficulty of agreeing with an item; (b) person parameters, which reflect the relative standing of a person on the latent trait continuum that underlies the scale; and (c) item and person fit statistics.

The outfit mean square statistic indicates the extent to which items fit the requirements of the Rasch model. An outfit mean square statistic value of 1.00 indicates that the data fits the model, while values >1 and <1 indicate underfit and overfit, respectively. Outfit mean squares between .75 and 1.33 are viewed as indicating satisfactory fit, but the fit of items relative to one another is also taken into account in examining fit. Overfit indicates redundancy in item content and is of less concern than underfit, which indicates that variables other than the trait of interest influence responses.

Results

Structural Equivalence of Measures

One of the aims of the study was to assess the structural equivalence of the OHQ and the SWLS in the United States, South Africa, and Namibia. However, the original data for the United States (reported by Peterson et al., 2005) was not available. Therefore an exploratory, rather than a confirmatory, factor analytical approach was used. The rotated component matrix reported by Peterson et al., after employing a principal component analysis with a varimax rotation, was used as input for the equivalence testing. To allow for the comparison of component matrices, a principal component analysis with a varimax rotation was carried out on the 18 items of the OHQ for the Namibian and South African samples separately (see Table 9.4).

Table 9.4 Results of principal component analyses with a Varimax rotation in three countries

	USA ($n=845$)			South Africa($n=508$)			Namibia ($n=208$)		
Item	Factor 1	Factor 2	Factor 3	Factor 1	Factor 2	Factor 3	Factor 1	Factor 2	Factor 3
Life of meaning									
My life serves a higher purpose. (1)	**.75**	.01	.08	**.75**	.09	−.01	**.73**	.03	−.09
In choosing what to do, I always take into account whether it will benefit other people. (4)	**.54**	.01	.32	**.56**	.05	.16	**.47**	−.07	.42
I have a responsibility to make the world a better place. (7)	**.79**	−.01	.05	**.75**	.12	.17	**.56**	−.11	.22
My life has a lasting meaning. (10)	**.82**	.01	.17	**.74**	.13	−.03	**.61**	.07	.24
What I do matters to the society. (13)	**.73**	.01	.11	**.69**	.09	.20	.43	−.05	**.52**
I have spent a lot of time thinking about what life means and how I fit into its big picture. (16)	**.57**	.11	.01	**.46**	.22	−.03	.10	.05	**.77**
Life of pleasure									
Life is too short to postpone the pleasures it can provide. (2)	.22	**.68**	.12	.41	**.57**	−.02	.16	**.66**	−.43
I love to do things that excite my senses. (5)	.12	**.60**	.36	.47	**.53**	−.01	−.04	**.71**	.02
In choosing what to do, I always take into account whether it will be pleasurable. (8)	.00	**.75**	.01	.12	**.72**	.11	.22	**.69**	−.19
I agree with this statement: "Life is short – eat dessert first." (11)	−.01	**.71**	−.01	.01	**.66**	.19	−.10	**.70**	.08
I love to do things that excite my senses. (14)	.16	**.74**	.01	.41	**.50**	.23	.18	**.64**	.04
For me, the good life is pleasurable life. (17)	−.01	**.79**	0	.04	**.73**	−.08	−.01	**.75**	.07
Life of engagement									
Regardless of what I am doing, time passes very quickly. (3)	.23	.00	**.48**	.29	.11	**.40**	**.46**	.28	**.02**
I seek out situations that challenge my skills and abilities. (6)	.40	.12	**.51**	**.62**	.09	.24	**.68**	.08	−.03

(continued)

Table 9.4 (continued)

	USA ($n=845$)			South Africa($n=508$)			Namibia ($n=208$)		
Item	Factor 1	Factor 2	Factor 3	Factor 1	Factor 2	Factor 3	Factor 1	Factor 2	Factor 3
Whether at work or play, I am usually "in a zone" and not conscious of myself. (9)	.00	.01	**.75**	−.01	.36	**.53**	−.24	**.62**	.23
I am always very absorbed in what I do. (12)	.13	.01	**.78**	.27	−.06	**.64**	**.49**	.02	.23
In choosing what to do, I always take into account whether I can lose myself in it. (15)	.16	.41	**.49**	.15	**.58**	.35	.16	.32	**.54**
I am rarely distracted by what is going on around me. (18)	.12	.00	**.61**	−.02	.06	**.56**	.11	**.53**	.10
Eigenvalue	4.96	2.80	1.60	5.20	1.89	1.18	3.92	2.98	1.38
% of variance	28	16	9	29	11	7	22	17	8
Cronbach alpha	.82	.82	.72	.79	.77	.54	.69	.81	.50
Mean	3.42	3.20	3.05	3.76	3.42	3.45	3.85	3.36	3.43
SD	.82	.84	.72	.59	.61	.47	.69	.88	.60

Note. Entries in **bold** represent the factor on which the item loaded most highly

Table 9.5 Equivalence of the factor structures of the OHQ

Factor	US-RSA	US-Namibia	RSA-Namibia
Meaning	.96	.88	.91
Pleasure	.95	.87	.89
Engagement	.89	.56	.48

Table 9.4 reveals that one item ("I have spent a lot of time thinking about what life means and how I fit into its big picture") loaded on engagement rather than meaning in the Namibian sample. The other items measuring meaning and pleasure loaded on the right factors in all three samples. However, various engagement items had low loadings or did not load significantly on the engagement dimension in the South African and Namibian samples.

Exploratory factor analysis and target (Procrustean) rotation were used to determine construct equivalence of the OHQ. The factor loadings of different countries were rotated to one target group. After target rotation had been carried out, factorial agreement was estimated using Tucker's coefficient of agreement (Tucker's phi). Table 9.5 shows the Tucker's phi coefficients of the three factors of the OHQ when the factor structures obtained for respondents in studies in the United States, South Africa, and Namibia were compared.

Inspection of Table 9.5 shows that the Tucker's phi coefficients for two scales of the OHQ (i.e., meaning and pleasure) are acceptable for participants from the United States and South Africa. One scale (i.e., meaning) showed an acceptable Tucker's phi when participants from the South Africa were compared with Namibian participants. The engagement subscale showed unacceptable structural equivalence in the South African and Namibian samples compared to the U.S. sample. Furthermore, the structural equivalence of the OHQ in the South African and Namibian samples was also lower than the guideline of .95. Therefore, it can be deduced that the three factors of the OHQ were not equivalent for the three cultures.

The alpha coefficients of the three factors of the OHQ were acceptable in the U.S. sample ($\alpha > .70$; Nunnally & Bernstein, 1994). Two of the subscales—meaning and pleasure—had acceptable alpha coefficients in the South African and Namibian samples. However, the alpha coefficients of engagement were not acceptable in the South African and Namibian samples (see Table 9.4).

Principal component analyses were also performed on the five items of the SWLS in the South African and Namibian samples. (Note: The component matrix of the SWLS in the U.S. sample (Peterson et al., 2005) was not available to use for comparison purposes.) The results showed that all the items loaded strongly on one component. The alpha coefficients SWLS in the two samples were highly acceptable ($\alpha = .83$ and .88 in Namibia and South Africa, respectively). The proportionality coefficient was .99 (indicating that the structural equivalence of the SWLS for the two countries was highly acceptable).

Table 9.6 Item bias of the OHQ items

Item	Uniform bias	Non-uniform bias
Meaning	*p*	*p*
OHQ1	.29	.29
OHQ4	.00*+	.00*+
OHQ7	.57	.66
OHQ10	.93	.06
OHQ13	.01*	.14
OHQ16	.56	.52
Pleasure		
OHQ2	.24	.27
OHQ5	.13	.00*+
OHQ8	.00*+	.02
OHQ11	.14	.00*
OHQ14	.01*	.01*
OHQ17	.00*+	.00*+
Engage		
OHQ3	.01*	.15
OHQ6	.71	.01*
OHQ9	.70	.78
OHQ12	.02	.28
OHQ15	.01*+	.00*+
OHQ18	.06	.20

*$p < .01$

+$\eta^2 > .01$ – Practically significant (small effect)

Item Bias Analyses

The results of the item bias analyses carried out through analysis of variance for the 18 items of the OHQ are reported in Table 9.6.

Table 9.6 shows that although seven items showed statistically significant uniformed bias and non-uniformed bias, only a few items showed practically significant eta square values (which also were of small effect). No practically significant eta squared values of medium or large effect were found because no comparison could be drawn with the U.S. sample. Figure 9.1 shows the uniformed bias in OHQ4, while Fig. 9.2 shows the non-uniformed bias for OHQ4.

An example of uniform bias is shown in Fig. 9.1. Item 4 ("In choosing what to do, I always take into account whether it will benefit other people") showed uniform bias, but the effect size was low. Therefore, the influence of bias on item 4 was consistent for the different score levels of the item.

Figure 9.2 indicates non-uniformed bias for item 4. This indicates that on all score levels of the item, significantly larger differences in terms of the item exist in the Namibian sample when compared to the South African sample across the different score levels for the specific item.

Item 2 of the SWLS showed uniformed bias for the South African sample compared to the Namibian sample (see Fig. 9.3), but the effect size was low. However, it seems that the influence of bias on SWLS2 was consistent for the different score levels of the item.

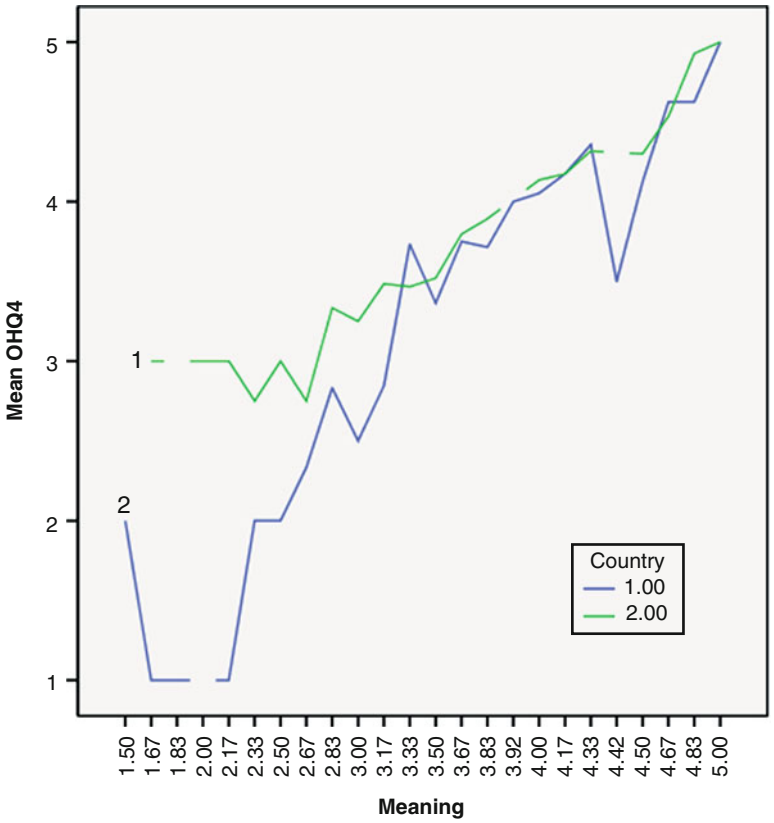

Fig. 9.1 Uniformed bias of OHQ4

Item Analyses

As a first step, the six items of each scale of the OHQ and the five items of the SWLS were fitted (separately) to the Rasch rating scale model (Andrich, 1978) using Winsteps version 3.72 (Linacre, 2010) with the aim of identifying items that produce inconsistent responses conditional on the trait (see Table 9.7).

The Rasch rating scale analysis of the three OHQ scales in the Namibian sample produced person separation reliabilities of .75 (meaning), .73 (pleasure) and .48 (engagement), and the corresponding Cronbach coefficient alphas were .69, .80 and .51, respectively. The person separation reliability for engagement was low, while the reliabilities for meaning and pleasure were acceptable. The average outfit mean squares were 1.02 (meaning), .99 (pleasure), and 1.00 (engagement). The standard deviations for the scales were .17 (meaning), .11 (pleasure), and .10 (engagement), which indicates that there were no large variations in the fit of the individual items. Table 9.7 shows that OHQ16 ("I have spent a lot of time thinking about what life means and how I fit into its big picture") had a large outfit mean square relative to the other items of the scale. The engagement items had low item-measure correlations.

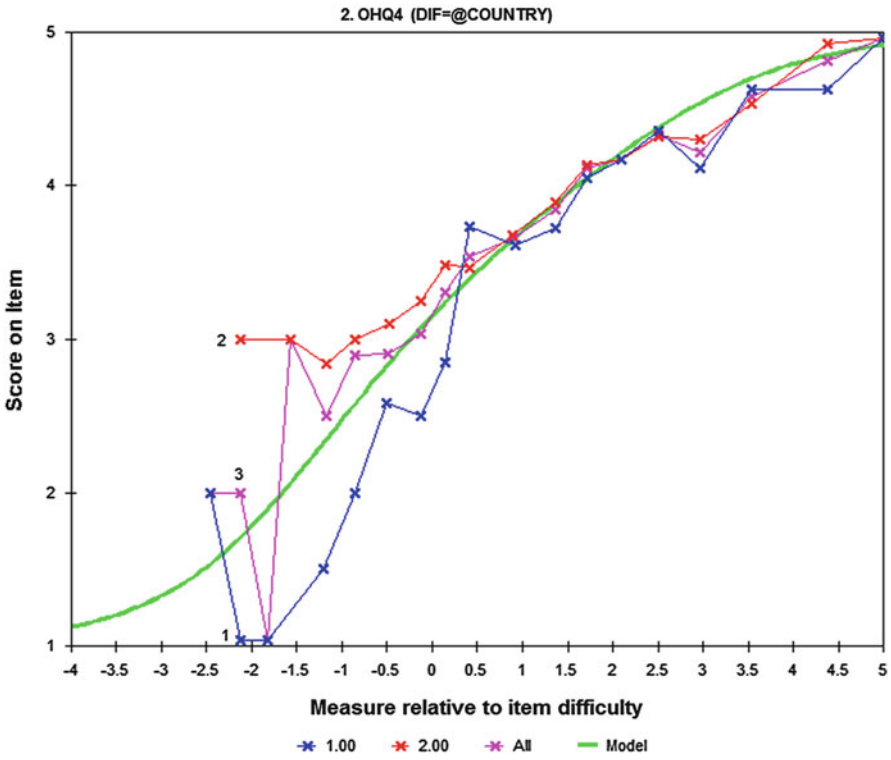

Fig. 9.2 Non-uniformed bias for OHQ4

The Rasch rating scale analysis of the three OHQ scales in the South African sample produced person separation reliabilities of .74 (meaning), .75 (pleasure), and .54 (engagement), and the corresponding Cronbach coefficient alphas were .77, .79, and .54, respectively. The person separation reliability for engagement was low, while the reliabilities for meaning and pleasure were acceptable. The average outfit mean squares were 1.00 (meaning), .99 (pleasure), and 1.01 (engagement). The standard deviations for the scales were .25 (meaning), .11 (pleasure), and .10 (engagement), which indicate that there were no large variations in the fit of the individual items. Table 9.7 shows that OHQ13 ("What I do matters to society") had a large outfit mean square relative to the other items of the scale. The engagement items had low item-measure correlations.

The Rasch rating scale analysis of the SWLS in the Namibian sample produced a person separation reliability of .83, and the corresponding Cronbach coefficient alpha was .86. These coefficients might be described as satisfactory. The average outfit mean squares were .97. The standard deviation for the scales was .38, which indicates that there were no large variations in the fit of the individual items. The Rasch rating scale analysis of the SWLS in the South African sample produced a person separation reliability of .85, and the corresponding Cronbach coefficient

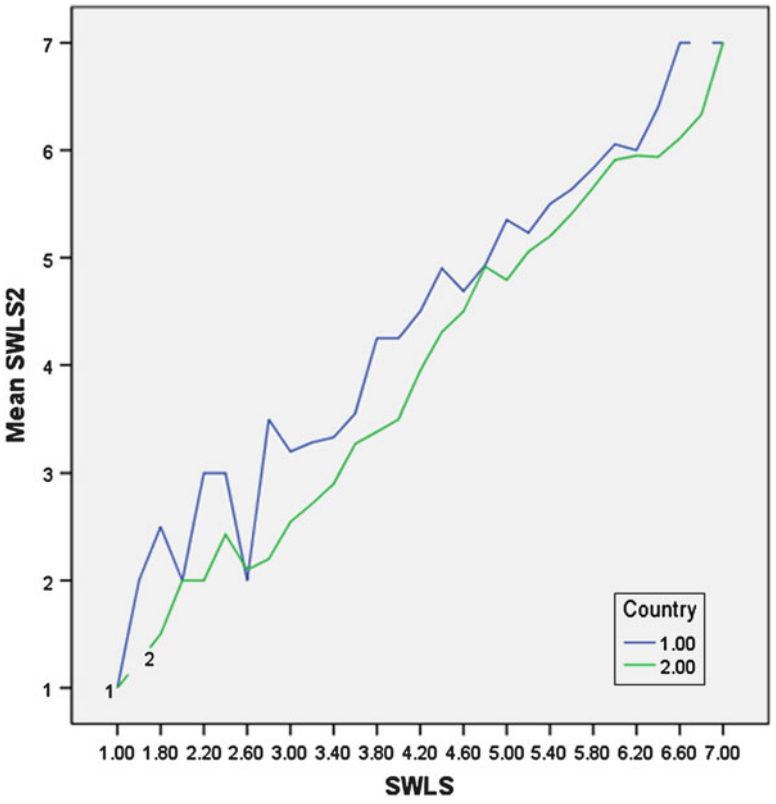

Fig. 9.3 Uniformed bias for SWLS 2

alpha of .88. These coefficients might be described as satisfactory. The average outfit mean squares were .99. The standard deviation for the scales was .35, which indicates that there were no large variations in the fit of the individual items. Table 9.7 shows that item 5 of the SWLS had large outfit mean squares relative to the other items in the scale in both the South African and Namibian samples. This item also had low item-measure correlations relative to the model's expected correlations.

Discussion

The aims of this chapter were to investigate the structural equivalence, item bias, and reliability of the Orientations to Happiness Questionnaire and Satisfaction with Life Scale in the southern African context. The results of this study showed that the three-factor structure of the OHQ was not equivalent for the U.S., South African,

Table 9.7 Rasch item calibrations and fit statistics for the OHQ and SWLS

Item			Outfit		Point measure correlation	
OHQ – meaning	Location	SE	MNSQ	T	Observed	Expected
I have spent a lot of time thinking about what life means and how I fit into its big picture (OHQ16)	.16 (.48)	.08 (.07)	1.36 (.88)	3.20 (−.20)	.54 (.71)	.61 (.71)
What I do matters to the society (OHQ13)	.15 (.70)	.08 (.07)	.87 (1.50)	−1.30 (7.10)	.63 (.62)	.60 (.70)
In choosing what to do, I always take into account whether it will benefit other people (OHQ4)	.12 (−.29)	.08 (.07)	.90 (1.09)	−.90 (1.40)	.62 (.60)	.60 (.68)
I have a responsibility to make the world a better place (OHQ7)	−.09 (−.13)	.08 (.07)	.95 (.78)	−.40 (−3.80)	.62 (.76)	.60 (.68)
My life has a lasting meaning (OHQ10)	−.15 (−.36)	.08 (.07)	1.09 (.82)	.90 (−3.00)	0.58 (.73)	0.57 (.66)
My life serves a higher purpose (OHQ1)	−.22 (−.41)	.08 .(08)	1.09 (.91)	0.90 (−1.40)	0.55 (.72)	0.59 (.67)
Mean	.00 (.00)	.08 (.07)	1.02 (1.00)	.10 (.25)		
SD	.16 (.43)	.00 (.00)	.17 (.25)	1.50 (3.60)		
OHQ – Pleasure						
I agree with this statement: “Life is short – eat dessert first.” (OHQ11)	.54 (.97)	.08 (.07)	1.16 (1.31)	1.70 (4.70)	.69 (.68)	.70 (.69)
I go out of my way to feel excited (OHQ5).	.28 (.36)	.08 (.07)	1.01 (.91)	.10 (−1.50)	.69 (.67)	.69 (.68)
For me, the good life is pleasurable life (OHQ17).	.17 (−.04)	.08 (.07)	.93 (1.01)	−.80 (.10)	.71 (.67)	.69 (.68)
In choosing what to do, I always take into account whether it will be pleasurable (OHQ8).	−.20 (.41)	.08 (.07)	.82 (1.31)	−1.90 (4.70)	.71 (.70)	.68 (.68)
Life is too short to postpone the pleasures it can provide (OHQ2).	−.32 (−.62)	.08 (.07)	.93 (.97)	−.70 (.50)	.68 (.70)	.67 (.66)
I love to do things that excite my senses (OHQ14).	−.47 (−1.07)	.08 (.07)	1.07 (.85)	.70 (−2.40)	.63 (.64)	.67 (.65)
Mean	.00 (.00)	.08 (.07)	.99 (.99)	−.10 (−.30)		
SD	.36 (.68)	.00 (.00)	.11 (.15)	1.10 (2.50)		
OHQ – Engagement						
Whether at work or play, I am usually “in a zone” and not conscious of myself (OHQ9).	.61 (1.17)	.07 (.06)	1.22 (1.12)	2.40 (2.00)	.49 (.60)	.56 (.58)
I am rarely distracted by what is going on around me (OHQ18).	.55 (.79)	.07 (.06)	.99 (1.17)	−.10 (2.80)	.55 (.51)	.56 (.57)

(continued)

In choosing what to do, I always take into account whether I can lose myself in it (OHQ15).	.09 (.63)	.07 (.06)	.94 (.89)	−.60 (−1.90)	.56 (.60)	.53 (.57)
I am always very absorbed in what I do (OHQ12).	−.25 (−.66)	.07 (.06)	.94 (.82)	−.60 (−3.10)	.48 (.51)	.50 (.52)
Regardless of what I am doing, time passes very quickly (OHQ3).	−.48 (−1.13)	.08 (.07)	.96 (1.07)	−0.00 (1.10)	.56 (.51)	.48 (.50)
I seek out situations that challenge my skills and abilities (OHQ6).	−.51 (−.81)	.08 (.07)	.98 (.98)	.20 (−.30)	.47 (.53)	.48 (.51)
Mean	.00 (.00)	.07 (.06)	1.00 (1.01)	.10 (.10)		
SD	.45 (.89)	.00 (.00)	.10 (.10)	1.10 (2.10)		
If I could live my life over, I would change almost nothing (SWLS5)	.56 (.77)	07 (.05)	1.70 (1.66)	6.00 (7.70)	.71 (.74)	.78 (.80)
So far I have gotten the important things I want in life (SWLS4)	.07 (−.33)	.07 (.06)	.93 (.98)	−.70 (−0.20)	.77 (.75)	.76 (.75)
The conditions of my life are excellent (SWLS2)	−.15 (.36)	.07 (.06)	.65 (.70)	−3.90 (−4.60)	.80 (.79)	.76 (.78)
In most ways my life is closely to my ideal (SWLS1)	−.16 (−.40)	.07 (.06)	.89 (.93)	−1.10 (−1.00)	.75 (.77)	.76 (.75)
I am satisfied with my life (SWLS3)	−.31 (−.40)	.07 (.06)	.68 (.69)	−3.50 (−4.60)	.81 (.78)	.75 (.75)
Mean	.00 (.00)	.07 (.06)	.97 (.99)	−.70 (−.60)		
SD	.30 (.48)	.00 (.00)	.38 (.35)	3.60 (4.50)		

and Namibian samples. The engagement subscale of the OHQ was problematic in the South African and Namibian samples, both in terms of its equivalence and reliability. The results showed that some items of the OHQ and SWLS were problematic when applied in the South African and Namibian contexts.

The structural equivalence, item bias, and reliability of two positive psychological assessment instruments—the OHQ and the SWLS—were assessed in this study. The results supported the construct equivalence and reliability of the SWLS in South Africa and Namibia. Regarding the construct validity of the SWLS, principal-axis factor analysis showed a single factor solution (Diener et al., 1985). The results confirmed that one item ("If I could live my life over, I would change almost nothing") showed a lower factor loading and item-total correlation than the other four items. This item refers to the past and implies summary evaluation over years. Therefore, it involves a different cognitive search than the other items. The other items reflect the present in terms of a horizontal evaluation (e.g., all aspects of my life right now), or a temporal evaluation (e.g., my whole life).

However, the results did not support the equivalence of a three-factor model of orientation to happiness (meaning, engagement, and pleasure) as proposed by Peterson et al. (2005) in the Namibian and South African contexts. In the Namibian sample, one item which measures meaning did not load on its supposed factor. The item ("I have spent a lot of time thinking about what life means and how I fit into the big picture") loaded on engagement rather than meaning. It is possible that this item could have been misunderstood by respondents in the Namibian sample. However, another possibility is that meaning and engagement items load on one factor (i.e., eudaimonic well-being).

The subscale of the OHQ which measures engagement proved to be problematic. It was the main cause of a lack of invariance between the factor structures in the three countries. Differences were found, not only between the factor structures of engagement in the three samples, but also between the South African and Namibian samples. The lack of factorial invariance between the Namibian and South African samples could be attributed to differences in qualifications between the two groups. The qualifications in the South African sample were better than in the Namibian sample. The reliabilities of the engagement scale in the South African and Namibian samples were well below the cut-off score of .70 (Nunnally & Bernstein, 1994). Interestingly, Park et al. (2009) also reported alpha coefficients lower than .70 in 12 of the 27 countries included in their study.

The results of the empirical study show that care should be taken before scores on positive psychological assessment measures (such as the OHQ) between different countries are compared. For instance, Vella-Brodrick et al. (2009) tried to analyse differences in the happiness of different nations. However, such comparisons cannot be drawn if the construct equivalence, reliability, and item bias of measures in different cultures have not been assessed. This study showed that factor structure of the OHQ was not invariant between countries, that the internal consistency of the engagement scale was not acceptable in two countries, and that item bias existed (although effect sizes were small).

It is essential that the meaning of positive psychological constructs be taken into account because it might differ between cultures. Evidence from cross-cultural

studies in South Africa have shown that assessment measures lack reliability. Furthermore, factor structures of assessment instruments often lack equivalence when cross-cultural comparisons are drawn (Meiring, Van de Vijver, Rothmann, & Barrick, 2005). Given the fact that assessment instruments were often imposed on people in the past, it is necessary that the cultural context be considered.

It seems necessary to follow a combined etic and emic approach when positive psychological assessment is used. An etic construct is defined similarly across cultures. The etic approach addresses the comparability of variables (e.g., traits) across cultures and requires that the measurement equivalence of imported assessment tools be studied (Cheung, Van de Vijver, & Leong, 2011). An emic construct is defined differently across cultures and requires that a specific construct be studied in a specific culture. In the emic approach, sensitivity to the family as well as social, cultural, and ecological contexts are incorporated. When imported measuring instruments are used, emic aspects of a construct will be hidden. Cheung et al. (2011) suggest that a combined etic and emic approach be used, which combines methodological rigor and cultural sensitivity. Such an approach is helpful in delineating the universal and culture-specific aspects of constructs. The methodology suggested by Nel et al. (2011) could serve as an example for developing and evaluating positive assessment instruments in southern Africa. Unique cultural behaviour can be detected when an emic approach is used.

Cultural or measurement artifacts may contribute to constructs not being invariant between cultures. Therefore, bias and equivalence should be assessed when measuring instruments are applied cross-culturally. Van de Vijver and Leung (1997) distinguished between construct, method, and item bias. Construct bias occurs when the construct measured is not equal across cultural groups, method bias emanates from the methods and procedures used in a study, and item bias occurs when groups with the same standing on a construct do not have the same mean scores on items. Regarding equivalence, it is important to report the structural equivalence of measures in studies.

This study had various limitations. First, the data for the OHQ and SWLS was not available for the U.S. sample. It was not possible to assess the item bias of the measures in the South African and Namibian samples compared to the U.S. sample. Furthermore, it was not possible to test alternative factor structures because the U.S. data was not available. Second, the size of the Namibian sample was substantially lower than those of the other two countries.

Recommendations

Based on the findings of the study, it is recommended that measuring instruments of positive psychological assessment be carefully evaluated before they are used in southern Africa. This study showed that more research and development are needed before instruments such as the OHQ are used in countries in southern Africa. The engagement scale of the OHQ did not show acceptable psychometric properties. It is recommended that a combined etic and emic approach be followed when

positive psychological assessment is used in southern Africa. Future studies should focus on the assessment of the construct validity, internal consistency, and construct equivalence of the happiness measures employed in this study, utilizing larger samples and more cultural groups in southern Africa.

References

Andrich, D. (1978). A rating formulation for ordered response categories. *Psychometrika, 43*, 561–574.

Cheung, F. M., Van de Vijver, F. J. R., & Leong, F. T. L. (2011). Toward a new approach to the study of personality in culture. *American Psychologist, 66*(7), 593–603.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (Rev. ed.). Orlando, FL: Academic Press.

Diener, E. (1994). Assessing subjective well-being: Progress and opportunities. *Social Indicators Research, 31*, 103–157.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49*, 71–75.

Diener, E., Kesebir, P., & Lucas, R. (2008). Benefits of accounts of well-being – For societies and for psychological science. *Applied Psychology: An International Journal, 57*, 37–53.

Diener, E., & Suh, E. (1997). Measuring quality of life: Economic, social and subjective indicators. *Indicator Research, 40*, 189–216.

Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin, 125*, 276–302.

Fujita, F., & Diener, E. (2005). Life satisfaction set point: Stability and change. *Journal of Personality and Social Psychology, 88*, 158–164.

Heller, D., Watson, D., & Ilies, R. (2006). The dynamic process of life satisfaction. *Journal of Personality, 74*, 1421–1450.

Linacre, J. M. (2010). Winsteps® (Version 3.70.0) [Computer Software]. Beaverton, OR: Winsteps.com. Retrieved January 1, 2011. Available from http://www.winsteps.com/

Lucas, R. E., Diener, E., & Suh, E. (1996). Discriminant validity of well-being measures. *Journal of Personality and Social Psychology, 71*, 626–628.

Lyubomirsky, S., Sheldon, K. M., & Schkade, D. (2005). Pursuing happiness: The architecture of sustainable change. *Review of General Psychology, 9*, 111–131.

Meiring, D., Van de Vijver, A. J. R., Rothmann, S., & Barrick, M. R. (2005). Construct, item, and method bias of cognitive and personality measures in South Africa. *South African Journal of Industrial Psychology, 31*(1), 1–8.

Moneta, G. B., & Csikszentmihalyi, M. (1996). The effect of perceived challenges and skills on the quality of subjective experience. *Journal of Personality, 64*, 275–310.

Nel, A., Valchev, V. H., Rothmann, S., Van de Vijver, F. J. R., Meiring, D., & De Bruin, G. P. (2011). Exploring the personality structure in the 11 languages of South Africa. *Journal of Personality, 80*(4), 915–948.

Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). New York: McGraw-Hill.

Oishi, S. (2006). The concept of life satisfaction across cultures: An IRT analysis. *Journal of Research in Personality, 40*, 411–423.

Park, N., Peterson, C., & Ruch, W. (2009). Orientations to happiness and life satisfaction in twenty-seven nations. *The Journal of Positive Psychology, 4*, 273–279.

Pavot, W., & Diener, E. (2008). The satisfaction with life scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology, 3*, 137–152.

Peterson, C., Park, N., & Seligman, M. E. P. (2005). Orientations to happiness and life satisfaction: The full life versus the empty life. *Journal of Happiness Studies, 6*, 25–41.
Peterson, C., Ruch, W., Beermann, U., Park, N., & Seligman, M. E. P. (2007). Strengths of character, orientations to happiness and life satisfaction. *Journal of Positive Psychology*, *2*, 149–156.
Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology, 52*, 141–166.
Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: An eudiamonic approach to psychological well-being. *Journal of Happiness Studies, 9*, 13–39.
Schueller, S. M., & Seligman, M. E. P. (2010). Pursuit of pleasure, engagement, and meaning: Relationships to subjective and objective measures of well-being. *The Journal of Positive Psychology, 5*, 253–263.
Seligman, M. E. P. (2002). *Authentic happiness*. New York: Free Press.
Sirgy, M. J., & Wu, J. (2009). The pleasant life, the engaged life and the meaningful life: What about the balanced life? *Journal of Happiness Studies, 10*, 183–196.
Steyn, H. S. (1999). *Praktiese betekenisvolheid: Die gebruik van effekgroottes.* Wetenskaplike bydraes – Reeks B: Natuurwetenskappe Nr. 117. Potchefstroom, South Africa: PU vir CHO.
Stubbe, J. H., Posthuma, D., Boomsma, D. I., & De Geus, E. J. C. (2005). Heritability of life satisfaction in adults: A twin-family study. *Psychological Medicine, 35*, 1–8.
Tucker, K. L., Qzer, D. J., Lyubomirsky, S., & Boehm, J. K. (2006). Testing the measurement invariance in the satisfaction with life scale: A comparison of Russians and North Americans. *Social Indicators Research, 78*, 341–360.
Van de Vijver, F., & Leung, K. (1997). *Methods and data analysis for cross-cultural research*. Thousand Oaks, CA: Sage.
Van de Vijver, A. J. R., & Rothmann, S. (2004). Assessment in multicultural groups: The South African case. *South African Journal of Industrial Psychology, 30*(4), 1–7.
Van Zyl, L., Deacon, E., & Rothmann, S. (2010). Towards happiness: Work-role fit, meaningfulness and engagement of industrial/organisational psychologists in South Africa. *SA Journal of Industrial Psychology, 36*(1), 1–8. doi:10.4102/sajip.v36i1.890.
Vella-Brodrick, D. A., Park, N., & Peterson, C. (2009). Three ways to be happy: Pleasure, engagement, and meaning – Findings from Australian and US samples. *Social Indicators Research, 90*, 165–179.
Vittersø, J., Oelman, H. I., & Wang, A. L. (2009). Life satisfaction is not a balanced estimator of the good life: Evidence from the reaction time measures and self-reported emotions. *Journal of Happiness Studies, 10*, 1–17.

Chapter 10
Further Validation of the General Psychological Well-Being Scale Among a Setswana-Speaking Group

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The complexity of psychological well-being as a construct is rooted in its multifaceted nature, which includes dimensions from both the hedonic and eudaimonic perspectives (Ryan & Deci, 2001). Kashdan, Biswas-Diener, and King (2008) viewed the study of well-being as having come to consist of "two conceptual camps", where the distinction between hedonic and eudaimonic approaches has gained general acceptance. Accordingly, hedonic well-being focuses on the subjective experience of happiness or pleasure (Diener, 1984, 2000; Ryan & Deci, 2001), which includes the judgement of good or bad elements of life, and can also be derived from the attainment of goals. Conversely, eudaimonic well-being focuses on meaningful living, authenticity, and striving for one's potential (Ryff & Singer, 2008; Waterman, 1993). Waterman (2005) further asserts that eudaimonia occurs when people's life activities are most congruent with their deeply held values, and when people are holistically fully engaged. According to Kashdan et al. (2008), the separate study of the two dimensions as distinct approaches has been costly to well-being research.

Beyond this distinction, Ryan and Deci (2001) have suggested that well-being is probably best conceived as multidimensional and as consisting of both hedonic and eudaimonic conceptions of well-being. The assessment of the extent to which a person feels good, content, and satisfied is not sufficient in explaining and measuring psychological well-being (Ryff & Singer, 2008).

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Kashdan et al. (2008) have questioned the existence of two forms of happiness that would be qualitatively different and have encouraged the empirical study of the similarities and complementary facets of hedonic and eudaimonic models. In line with this thinking, models such as general psychological well-being (GPW; Wissing & Temane, 2008; Wissing & Van Eeden, 2002) and the Mental Health Continuum (MHC; Keyes, 2002) capture the essence of psychological well-being as comprised of intertwined and overlapping dimensions of hedonia and eudaimonia.

General Psychological Well-Being

General psychological well-being (Wissing & Temane, 2008; Wissing & Van Eeden, 2002) was empirically derived, and denotes an overlap of facets of hedonic well-being as represented by positive affect balance (Kammann & Flett, 1983) and life satisfaction (Diener, Emmons, Larsen, & Griffen, 1985), and eudaimonic dimension as represented by sense of coherence (Antonovsky, 1987, 1993). It emerged from an empirical exploration of multiple aspects of well-being (see Wissing & Van Eeden, 2002). In fact, GPW captures the essential complexity of well-being and projects itself as a flexible, multifaceted, and evolving construct in consideration of context. The GPW construct is a higher-order factor that cumulatively reflects an individual who is satisfied with life, who experiences positive affect, who has a belief of being capable, who experiences life as meaningful, and who has good interpersonal relationships, social support, and a sense of belonging (Wissing & Temane, 2008; Wissing & Van Eeden, 2002). These specific facets of well-being constitute the first level of the hierarchical organization of the GPW construct (see Wissing & Temane, 2008). The second level comprises (a) intrapersonal well-being, (b) self-efficacy/behavioural readiness, and (c) social satisfaction/belonging. At the third and apex level of the hierarchy is GPW, which is a holistic integration of the specific facets from both the hedonic and eudaimonic well-being dimensions in an intertwined and fluid manner.

In a study involving the General Psychological Well-being Scale (GPWS; Khumalo, Temane, & Wissing, 2010), an exploratory factor analysis produced four latent factors: (a) positive affect and meaningful satisfaction, (b) negative affect and poor coping, (c) positive meaningful relatedness, and (d) vitality. It is clear therefore that GPW is not only the sum of the multiple facets, but it is an integrated construct characterized by an intertwined and dynamic hybrid of overlapping dimensions, whose manifestation patterns may take different forms across various cultural contexts (Wissing & Temane, 2008). This attests to the assertions that psychological well-being is a dynamic process (Kashdan et al., 2008), and that contextual and cultural factors influence its manifestation (Christopher, 1999; Wissing & Temane, 2008). Contextual factors also influence the distribution of opportunities for self-realization as well as individuals' life experiences and outcomes (Ryff & Singer, 2008; Smith, 2004).

Sociocultural Context

Smith (2004) described culture as an entity that provides individuals with shared meanings, characterizes groupings at all levels, and subsequently influences their experience of the world. Sociocultural contexts have been categorized into collectivistic and individualistic cultural orientations (Triandis, 1995; Traindis & Gelfand, 1998; Triandis, McCuster, & Hui, 1990), albeit with variations across and within contexts. This categorization can also be differentiated in South Africa (Allik & McCrae, 2004; Wissing & Temane, 2008). The Afrikaans and English speaking white groups with a western European cultural value system mainly subscribe to a more individualistic cultural orientation. The traditional black South African societies, have a more collectivistic cultural orientation, where in-group norms are a priority and the self is interdependently defined (Wissing & Temane, 2008). The present study took place among an African Setswana-speaking adult group. According to the value structure theory of Schwartz (1994), values define and differentiate cultural groups and subsequently influence a number of societal outcomes, including socioeconomic development, gender equality, social and moral attitudes, justice perceptions, and optimism (Vauclair, Hanke, Fischer, & Fontaine, 2011). Although with context-based differences, collectivism is more prevalent in Africa, Asia, and Latin America (Triandis et al., 1990). Mbiti (1990, 1991) and Nsamenang (2002) agree that Africans mainly subscribe to a collectivistic cultural orientation. Such context-specific differentiation in the nature and manifestation of general psychological well-being has been found in studies involving African samples (e.g., Khumalo, Temane, & Wissing, 2012; Wissing & Temane, 2008).

Wissing and Temane (2008) found different patterns of GPW manifestation between the more individualistic and the more collectivistic groups in a South African context. A dimension of self-efficacy or behavioural readiness was unique to the more individualistic group. In contrast, the more collectivistic group had social/contextual satisfaction as a unique factor. Intrapersonal well-being was a common dimension in both groups. According to Wissing and Temane (2008), behavioural readiness is reminiscent of the competence component, while social satisfaction is reminiscent of the relatedness component, both of the Self-Determination Theory (SDT; Ryan & Deci, 2000). In a subsequent study, Khumalo et al. (2012) explored the interaction of sociodemographic variables with the GPW construct and found that contextual and social variables play a significant role in the levels of general psychological well-being. They found urban living, employment, educational attainment, and marital status (i.e., being married) to positively predict general psychological well-being.

Scale Development and Psychometric Properties

General psychological well-being, and subsequently the GPWS, resulted from a shared variance between the Affectometter (AFM; Kammann & Flett, 1983), Sense of Coherence (SOC; Antonovsky, 1987, 1993), and Satisfaction With Life Scale

(SWLS; Diener et al., 1985). These measuring instruments were developed in a western context and were adopted for use in an African context (see Wissing et al., 2010). Therefore, the initial development and validation of the GPWS followed a combined etic–emic approach that resulted in a self-report measure of general psychological well-being in an African context (Khumalo et al., 2010). Self-report measures are considered essential in the study of well-being, and in fact are the best way of inquiring about a person's level of well-being (Diener & Ryan, 2009; Haeffel & Howard, 2010; Kashdan et al., 2008). A need exists, however, to develop and further validate measures of psychological well-being in various contexts and in different languages (Christopher, 1999; Wissing et al., 2010). The development and validation of the GPWS in an African context, yet from components previously conceptualized and measured in a western context, is in line with Christopher's (1999) assertion that even when psychological well-being components can be shared across cultures, their interpretation may take different forms and arrangements in different contexts.

Construct validity, informed by theoretical background and previous empirical findings (e.g., Khumalo et al., 2010, 2012; Wissing & Temane, 2008; Wissing & Van Eeden, 2002) is a more emphasized psychometric characteristic in the present study. According to Clark and Watson (1995), the most precise and efficient measures are those with established construct validity. Such measures would be a manifestation of their target construct as optimally articulated in theory, and would be well supported by empirical data. In addition to construct validity, the scale's reliability, criterion-related validity, item functioning, as well as the manifestation and dynamics of the latent trait/construct were explored (cf. Clark & Watson, 1995; John & Benet-Martínez, 2000; Paunonen & Ashton, 1998). Through this process, the quality of measurement regarding to the ability of the GPWS to be replicated and make sense so that meaningful inferences can be made will be explored (cf. John & Benet-Martínez, 2000).

Aim of the Study

The aim of the chapter is therefore to explore and report on the validity of the General Psychological Well-being Scale as a measure of GPW in an African context. The psychometric properties of the GPWS and the manifestation of GPW are explored in a Setswana-speaking group. Recommendations regarding the structure and item content of the GPWS, as applied in an African context, are given.

Method

Design

The study was a quantitative cross-sectional survey among a sample of adult community members. A cross-sectional survey allowed us to collect data from a sample drawn from a well-defined target population. Although it was, as by

definition, a single time point data collection exercise, it does allow for more that just the reporting of the prevalence of phenomena, but the study associations and relationships between variables are possible (see Visser, Krosnick, & Lavrakas, 2000).

Participants

Members of the general community from two settings in the North West Province, South Africa participated in the study. The total sample consisted of 1,275 participants and came from a rural village named Ganyesa (n = 697), which is near Vrybug, and from an urbanized residential area named Ikageng (n = 553) that is adjacent the town of Potchefstroom. The sample consisted of male (33 %) and female (67 %) adults aged between 30 and 97 years, with the mean age of 55 years. They completed Setswana versions of the scale batteries in the form of structured interviews conducted by trained bilingual field workers. Vryburg is a semirural town, which is characterized by agricultural activity. Potchefstroom, in contrast, is an urbanized and well-resourced town that hosts a university and is nearer to other metropolitan areas (Temane & Wissing, 2006). Table 10.1 gives a description of the total sample, the rural and urban groups, and their description according to gender and age, as well as the GPWS total score descriptive statistics according to the sample groups.

Measuring Instruments

General Psychological Well-Being Scale

The GPWS is a 20-item scale designed as a unidimensional measure of general psychological well-being on a 7-point agreement response scale (1 = *strongly disagree*; 7 = *strongly agree*). In its development and validation study, favourable psychometric properties were found. The scale was found to be reliable in a Setswana-speaking sample, attaining a Cronbach's alpha of .89. The one factor structure was supported by confirmatory factor analysis, but not exploratory factor analysis. Exploratory factor analysis yielded four latent factors. In a subsequent study, Structural Equation Modelling supported this four factor model while the IRT Rasch model showed the one-factor solution to have good fit (Khumalo, Temane, & Wissing, 2011). However, the Rasch model—as a one-parameter logic model—works on a testable specification of unidimensionality (Cella & Chang, 2000). Criterion-related validity was demonstrated by interscale correlations with other indices of positive and negative well-being. In the present study, the GPWS attained a Cronbach's alpha value of .87. In its development and validation study, the GPWS was translated into Setswana using the Brislin (1970, 1990) back-translation research committee approach (Maneesriwongul & Dixon, 2004). The present study used the Setswana version.

Table 10.1 Descriptive statistics and reliability indices of the general psychological well-being scale (GPWS) per sample

Group	N	Male (%)	Female (%)	Mean age (sd)	GPWS Mean	SD	Range Min.	Range Max.	GPWS Kurtosis	GPWS Skewness	Cronbach alpha
Combined community	1,268	407 (33 %)	836 (67 %)	54.80 (10.18)	83.88	21.76	29	140	−.74	−.05	.87
Rural community	694	205 (30 %)	481 (70 %)	54.00 (9.70)	80.13	20.96	29	140	−.65	.08	.85
Urban community	556	202 (36 %)	142 (64 %)	55.70 (10.68)	88.73	22.00	30	136	−.67	−.28	.88

Mental Health Continuum–Short Form

The Mental Health Continuum–Short Form (MHC–SF; Keyes, 2002, 2005b) is a 14-item scale designed to measure mental health along a continuum of categories of languishing, moderate mental health, and flourishing. It consists of three subscales: emotional well-being, social well-being, and psychological well-being. It uses a response format of a 6-point frequency scale (0 = *never*; 5 = *everyday*). The Setswana version of the MHC–SF has been found to be reliable and valid (Keyes et al., 2008). Keyes et al. (2008) reported a Cronbach's alpha of .74 in a Setswana-speaking sample. In the present study a Cronbach's alpha coefficient of .78 for the community sample was found.

Patient Health Questionnaire

The Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, & Williams, 2001) is a 9-item self-report depression scale used to establish a diagnosis of unipolar depressive disorder as well as to grade the severity of depressive symptoms. Kroenke et al. (2001) found the scale to be reliable and reported a Cronbach's alpha of .89, as well as satisfactory criterion-related and construct validity. Among Nigerian university students, Adewuya, Ola, and Afolabi (2006) found a Cronbach's alpha of .85. A previous study among a Setswana-speaking sample yielded a Cronbach's alpha of .81 (Khumalo et al., 2010). The current samples yielded Cronbach's alpha coefficients of .81.

General Health Questionnaire

The GHQ is a 28-item scale that consists of four subscales measuring somatic symptoms, anxiety, insomnia, social dysfunction, and depression, and is suitable for detecting specific symptoms that are indicative of mental illness and psychological distress (Goldberg & Hillier, 1979; Werneke, Goldberg, Yalcin, & Ustun, 2000). In previous studies, Wissing and Van Eeden (2002) found a Cronbach's alpha of .91, and Keyes et al. (2008) found a Cronbach's alpha of .89 for the total scale in a Setswana-speaking sample. The GHQ was found to be reliable in the present study's sample, yielding a Cronbach's alpha of .89.

Warwick-Edinburg Mental Well-Being Scale

The Warwick-Edinburg Mental Well-Being Scale (WEMWBS; Tennant et al., 2007) is a 14 item, 5-point Likert-type scale (1 = *none of the time*; 5 = *all of the time*) developed to measure positive mental well-being. All of its items are positively worded and focus on the positive. Mental well-being is intended to be a unitary single construct that explores a wide conception of well-being, including

affective-emotional aspects, cognitive-evaluative dimensions, and psychological functioning. In its original validation study, WEMWBS was found to have good construct and criterion-related validity. Its reliability was supported by Cronbach's alpha values of .89 for the student sample and .91 for the general population sample, as well as test-retest (after 1 week) reliability coefficient of .83 ($p < 0.01$). The present study found a Cronbach's alpha index of .88 for the Setswana version.

Coping Self-efficacy Scale

The Coping Self-Efficacy Scale (CSES; Chesney, Neilands, Chambers, Taylor, & Folkman, 2006) is a 26-item scale designed to measure perceived confidence in coping with challenges and threats. It is measured on an 11-point response scale with three anchor points (0 = *cannot do at all*; 5 = *moderately certain can do*; 10 = *certain can do*). For each of the items, the scale asks to what extent participants are able to perform certain behaviours when things are not going well for them or when they have problems. In the original validity and reliability study, Chesney et al. (2006) found a reliability index of .95. The present study found a reliability index of .89 for the Setswana version. Among other multicultural South African groups, Wissing et al. (2011) reported Cronbach's alphas of .86 and .88 for the CSES.

Procedure

Data was collected within a cross-sectional survey that involved two research projects: the PURE-SA (*Prospective Urban and Rural Epidemiological study – South Africa)* coordinated by Kruger (2005), and the FORT-3 (*Understanding and promoting psychosocial health, resilience, and strengths in an African context)* coordinated by Wissing (2008). After obtaining informed consent, trained field workers assisted participants in completing paper and pencil batteries by way of structured interviews. All the completed responses were captured as data and subsequently analysed by using SPSS, AMOS, and Winsteps statistical software programs.

Ethical Aspects

The data was collected as part of the joint collaboration between two research projects; FORT-3 (Wissing, 2008) and PURE-SA (Kruger, 2005). Both research projects were registered with the research ethics committee of the North-West University and have been awarded ethics approval numbers; namely, NWU-00002-07-A2 for FORT-3 and 04M10 for PURE-SA. Research ethical aspects such as confidentiality,

informed consent, voluntary participation, the right to withdraw, and the demarcation of the use of data were observed during all the stages of the research process.

Data Analysis

In exploring the reliability and validity of the GPWS, Classical Test Theory (CTT), Structural Equation Modelling (SEM), and Item Response Theory (IRT) approaches were used. The CTT methods reported descriptive statistics, Cronbach's reliability coefficients, confirmatory and exploratory factor analyses, interscale correlations, *t*-test mean comparisons, ANOVA, and regression analyses. SEM reported fit indices for the measurement models of the scale. The Rasch model of IRT was used to report item characteristics including difficulty parameters, model fit, and response scale thresholds.

Classical Test Theory

The following measurement properties for the GPWS were reported; namely, reliability indices, descriptive statistics, construct validity, and convergent and discriminant validity, as well as relationships with relevant independent variables (cf. Clark & Watson, 1995; John & Benet-Martínez, 2000; Paunonen & Ashton, 1998; Zickar, 1998). A psychometrically sound measuring instrument must have adequate means and variances, reliabilities, factor structures, and correlations with other indices (Clark & Watson, 1995; Paunonen & Ashton, 1998). Confirmatory and exploratory factor analyses were employed to explore the GPWS's construct validity and factor structure. Maximum likelihood factor extraction method and non-orthogonal (direct oblimin) rotation were also used (cf. Costello & Osborne, 2005).

Structural Equation Modelling

We used SEM to test the underlying theoretical construct in the present data. The fit indices (c.f. Byrne, 2001; Clara, Cox, Enns, Murray, & Torgrudc, 2003; Kline, 2011) for the theoretically guided model (a unidimensional factor solution) and the plausible alternative models (two and three factor solutions) were computed and compared. Wissing and Temane (2008) and Wissing and Van Eeden (2002) presented GPW as a higher-order, unidimensional construct with underlying facets. Therefore, for the one-factor model, all 20 items of the GPWS were treated as first-order indicator variables for the higher-order variable GPW.

The following fit indices (see Byrne, 2001; Hu & Bentler, 1999) were reported: Comparative Fit Index (CFI), Root Mean Square Error of Approximation (RMSEA),

Chi square (X^2), Chi square/degrees of freedom ratio (X^2/df), Tucker-Lewis Index (TLI), and Akaike Information Criterion (AIC). Comparative Fit Index compares the hypothesized model to the independent model, and values above .90 indicate good fit. Root Mean Square Error of Approximation assesses the amount of misfit and should preferably be a value less than .05 for an acceptable fit (Byrne, 2001; Forster, Barkus, & Yavorsky, 2006). A chi square index compares the obtained covariance structure with the predicted structure, and a nonsignificant value is indicative of a good fit (Forster et al., 2006). A chi square/degrees of freedom ratio (X^2/df) value closer to 1 is indicative of good fit. Values below 5 are regarded as acceptable. The TLI is an incremental fit index, compares a common baseline model with the specified model, and is supposed to be close to 1 for good model fit (Byrne, 2001; Forster et al., 2006; Hu & Bentler, 1999). The AIC is a predictive fit index, according to which a better fitting model would be less complex and have fewer fit parameters (Kline, 2011). According to Martens (2005), TLI, RMSEA, and CFI, among others, are less likely to be affected by external factors such as sample size.

Item Response Theory (IRT)–Rasch Model

The Rasch model (Dawis, 1987, 2000; De Bruin, 2004; Linacre, 2002, 2003; Rasch, 1960) is also known as the one-parameter logistic model. It was used to examine the functioning of each item of the GPWS through computing difficulty estimates (Rasch calibrations), fit indices (infit and outfit mean square values), and thresholds of rating scale categorizations for each item (De Bruin, 2004; Linacre, 2002; Rasch, 1960; Van der Walt & Steyn, 2007). It examines the psychometric properties of a scale at item level, and works on a testable specification of unidimensionality (Cella & Chang, 2000). Infit and outfit mean square values (reported in Table 10.7) indicate the degree to which the items measure the same latent trait.

The infit mean square value had an expected value of 1.0; when it is above 1.0, it indicates greater variation and when below 1.0, it indicates less variation. Values above 1.3 are regarded as indicating significant misfit, while significant overfit is indicated by values less than .75 (see Van der Walt & Steyn, 2007). The infit mean square values for most of the items except for GPWS19 (infit MNSQ = 1.42) and GPWS20 (infit MNSQ = 1.54) were within an acceptable range for variation in scores. Items 19 and 20 demonstrated significant misfit from the rest of the items when measuring GPW as a unidimensional construct.

Related to infit, the outfit mean square is determined by dividing the chi-square by the number of participants (N). Values below 1.0 indicate that an item overfits the model while values above 1.0 show less than desirable fit. A range between 0.7 and 1.4 demonstrates adequate fit (see De Bruin, 2004; Linacre, 2002). Except for GPWS19 (outfit MNSQ = 1.89) and GPWS20 (outfit MNSQ = 1.45), items of the GPWS in the present data demonstrated adequate fit.

In the present study, the Rasch one-parameter logistic model using the Winsteps programme (Linacre, 2003) was applied for analysis. It is, however, noted that multidimensional IRT models are better suited for assessing broad and complex constructs, whether they be hierarchical or nonhierarchical (Reise, Morizot, & Hays, 2007). The GPW is proposed as a hierarchical model.

Results

Reliability and Descriptive Statistics

Cronbach's alpha reliability indices and descriptive statistics are reported in Table 10.2. The GPWS yielded a high Cronbach's alpha index (α = .87) for the total sample. This reliability score was comparable with that found in a previous study involving the GPWS among a Setswana-speaking group (see Khumalo et al., 2010). Nunnally (1978), Nunnally and Bernstein (1994), and Streiner (2003) recommend a Cronbach's alpha coefficient range of between .70 and .90 as being satisfactory or good. Values above .90 indicate redundancy in item content (Streiner, 2003). A reliability coefficient that is lower than .70 indicates that the items are not sufficiently coherent as a measure of the same construct, and therefore may be tapping peripheral constructs.

The total sample obtained a mean score of 83.88. The score range for the GPWS total was between a minimum of 29 and a maximum of 140. A significant difference was found between the rural ($M = 80.13$) and urban ($M = 88.73$) residents, with a *t*-test score of $t(1,241) = 7.03$, $p = .00$. The distribution is reported by way of kurtoses and skewness values (cf. Pallant, 2011). The total sample yielded a more flat distribution of scores, characterized by a kurtosis of −.74, and a skewness close to zero (−.05). The rural group yielded a positively skewed distribution of .08, while the urban group yielded a negative skewness of −.28, and both of their kurtoses were negative, indicating a flat distribution. Positive skewness values reflect a clustering of scores to the left, which is the low end of the distribution, while negative ones reflect clustering at the high end (Pallant, 2011).

At item level, the response scale for the GPWS ranges between 1 (*strongly disagree*) and 7 (*strongly agree*). In the present study, the item mean scores ranged between 2.94 for GPWS1 ("My life seems stuck") and 6.13 for GPWS20 ("I find strength in my faith and spiritual beliefs"). The largest standard deviation for any of the items was 2.28, obtained for GPWS15, which had a mean score of 3.90. Standard deviation is an estimate of the average variability, demonstrating the degree to which scores cluster close to the mean of the measured variable (Field, 2005). Item-total correlations ranged between .25 for GPWS19 ("I experience personal relationships that provide support") and .72 for GPWS12 ("My life is full of interest"). In addition, all items except for GPWS19 ($r = .16$) and GPWS20 (.27) yielded item-total correlation coefficients above .30. All items, except for GPWS20, had negative kurtoses. Both positive and negative skewness values were within the −1 and +1 range, except for GPWS 19 with −1.16, and GPWS20 with −2.59.

Table 10.2 Descriptive statistics, Pearson item-total correlations per item of the GPWS among the Setswana-speaking community sample (N = 1,275)

			Range				Item-total	Cronbach alpha if item
Item	M	SD	Minimum	Maximum	Skewness	Kurtosis	Correlation	deleted
GPWS 1	2.94	1.98	1	7	.95	−.66	.43**	.86
GPWS 2	4.78	2.10	1	7	−.70	−1.15	.57**	.86
GPWS 3	3.80	2.17	1	7	.20	−1.69	.43**	.86
GPWS 4	4.47	2.05	1	7	−.50	−1.38	.67**	.85
GPWS 5	4.51	2.06	1	7	−.50	−1.33	.67**	.85
GPWS 6	4.65	2.00	1	7	−.66	−1.13	.67**	.85
GPWS 7	3.92	2.20	1	7	.06	−1.64	.65**	.86
GPWS 8	3.79	2.13	1	7	.20	−1.60	.57**	.86
GPWS 9	4.42	2.05	1	7	−.50	−1.40	.54**	.86
GPWS10	3.29	2.09	1	7	.73	−1.16	.45**	.86
GPWS 11	3.75	2.21	1	7	.28	−1.17	.52**	.86
GPWS 12	4.36	2.09	1	7	−.32	−1.51	.72**	.85
GPWS 13	3.85	2.15	1	7	.16	−1.65	.51**	.86
GPWS 14	4.81	1.89	1	7	−.79	−.89	.55**	.86
GPWS 15	3.90	2.28	1	7	.12	−1.74	.56**	.86
GPWS 16	3.59	2.14	1	7	.38	−1.51	.56**	.86
GPWS 17	4.21	1.99	1	7	−.20	−1.36	.41**	.86
GPWS 18	3.55	2.00	1	7	.36	−1.46	.50**	.86
GPWS 19	5.16	1.91	1	7	−1.16	−.22	.25**	.87
GPWS 20	6.13	1.31	1	7	−2.59	6.78	.32**	.86
GPWS-T	83.88	21.76	29	140	−.05	−.74	.	.

Note: GPWS = General psychological well-being scale
** Correlation is significant at the 0.01 level (2-tailed)

Dynamics of General Psychological Well-Being

In examining the manifestation and dynamics of the GPW construct, its interaction with gender, age, environmental setting, depression, and positive mental health were examined. The PHQ-9 (Kroenke et al., 2001) and MHC–SF (Keyes, 2002, 2005b) were used as indices of depression and positive mental health, respectively. Linear regression analyses indicating the influence of these variables are reported in Table 10.3.

Gender

The male participants in the study attained a mean score of 83.72 ($SD = 22.04$), while the female participants scored 84.13 ($SD = 21.76$). The t-test score of $t(1,240) = -.313$, $p = .754$ indicated that there is not a significant difference in the levels of general psychological well-being between men and women in this sample. The regression analysis demonstrated that gender obtained a beta coefficient of .01 ($p = .75$), and explained no variance (R^2) in the GPWS. The Spearman rho

Table 10.3 Linear regression analysis for GPWS with gender, age, environmental setting, positive mental health, and depression among a Setswana-speaking community sample (n = 1,275)

	Coefficients of correlation and regression						
Independent variable	r/r_s	R^2	Adjusted R^2	B	Beta	F	Sig. (ρ)
Gender	.01/.01	.00	.00	.41	.01	.10	.75
Age	.06*/.05	.00	.00	.14	.06	4.83	.03
Environmental setting	−.20**/−.20**	.04	.04	−8.60	−.20	49.42	.00
Positive mental health	.41**/.40**	.17	.17	14.91	.41	261.79	.00
Depression	−.39**/−.39**	.15	.15	−6.33	−.39	218.87	.00

Note: GPWS = General psychological well-being scale
* Correlation is significant at the 0.05 level (2-tailed), ** Correlation is significant at the 0.01 level (2-tailed)

correlation coefficient ($r_s = .01$) between gender and the GPWS also indicated an insignificant association between the two.

Age

The association between age and the GPWS is indicated by a small positive Pearson correlation coefficient of .06 (significant at the 0.05 level) and a regression equation with a beta coefficient of .06 (p = .03). However, age accounted for 0 % ($R^2 = .00$) of the variance in the GPWS. This result demonstrates an inconclusive relationship between age and general psychological well-being.

Environmental Setting

Whether an individual lived in a rural or urban setting accounted for 4 % of the variance ($R^2 = .038$) in their level of general psychological well-being. The Spearman rho coefficient of −.20 describing the association between the GPWS and environmental setting was significant at the 0.01 level. The *t*-test score of t(1,241) = 7.03, p = .000 demonstrated a significant difference between the rural ($M = 80.13$, $SD = 20.96$) and urban ($M = 88.13$, $SD = 22.00$) groups, showing the urban residents to be doing better than their rural counterparts.

Depression

The association between GPW and depression is illustrated in Fig. 10.1. Levels of depression were graded according to PHQ cutoff criteria (Kroenke & Spitzer, 2002) for the categories no depression, mild, moderate, moderately severe, and severe depression. Analysis of variance (ANOVA) yielded significant results, F(4) = 57.05, p = .000, indicating a significant difference between the categories, with general

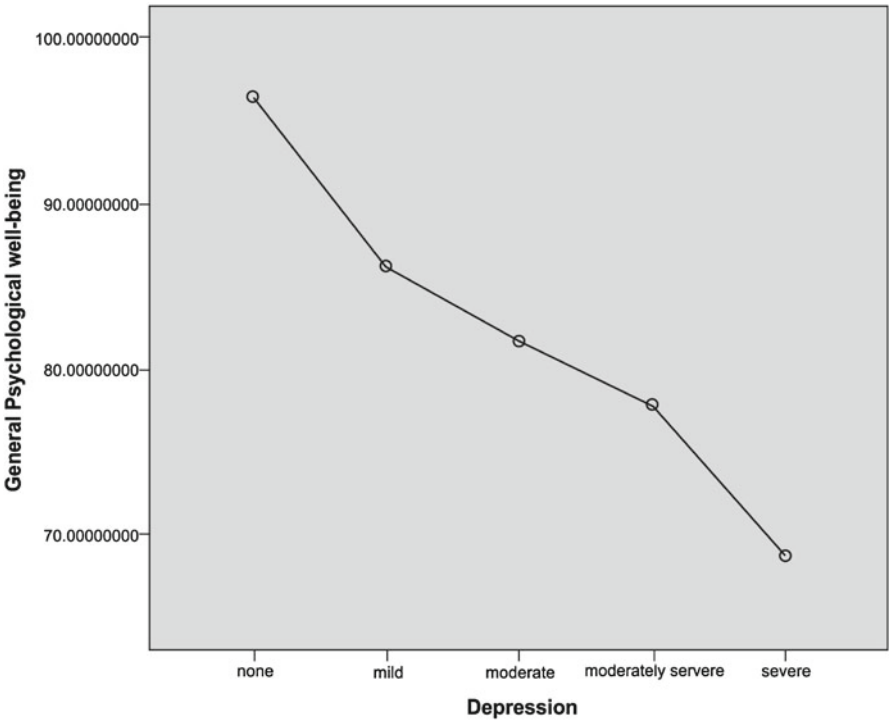

Fig. 10.1 General psychological well-being (GPWS) and levels of depression (PHQ-9)

psychological well-being decreasing with the severity of depression ($r_s = -.39$). The relationship between GPW and depression was further characterized by a standardized beta coefficient of −.39 (p = .00), with a coefficient of determination (R^2) of .15 (15 % of the variance).

Positive Mental Health

The association between GPW and positive mental health is illustrated in Fig. 10.2. Positive mental health categories were determined as specified along the Mental Health Continuum: They are languishing, moderate mental health, and flourishing. A significant difference, F(2) = 130.91, p = .000, in the GPWS mean scores was found between the categories along the continuum. The association between the two indices of well-being is given by a Spearman rho of .40, significant at a 0.01 level. The flourishing group attained the highest GPWS mean score, followed by the moderately mentally healthy group; the languishing group scored the lowest. A standardized beta coefficient of .41 (p = .00) defined the straight line drawn between GPW and MHC, with positive mental health explaining 17 % of the variance in general psychological well-being.

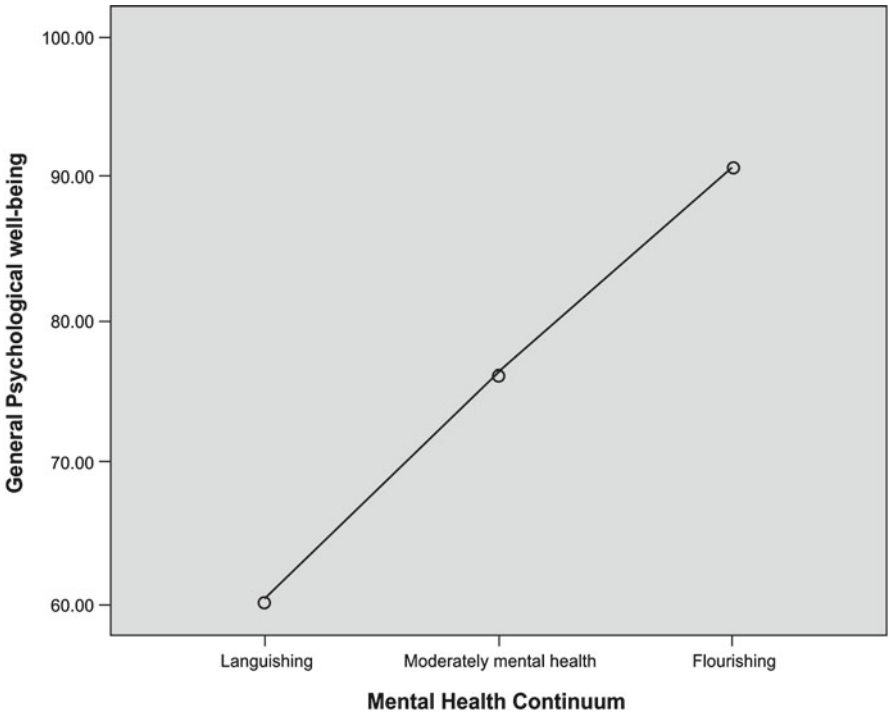

Fig. 10.2 General psychological well-being (GPWS) and mental health continuum (MHC-SF)

Validity

Convergent and Discriminant Validity

Pearson correlation coefficients are reported in Table 10.4 as an indication of the relationship between the GPWS and positive well-being, measured using MHC–SF, CSES, and WEMWBS, as well as negative well-being measured using PHQ and GHQ. Additionally, the GPWS yielded positive associations with positive well-being measures and negative associations with negative well-being measures, with all correlation coefficients being significant at the 0.01 level. The correlation coefficients between the GPWS and MHC-SWB (r = .28), CSES-SFF (r = .18) and GHQ-SD (r = −.25) were, however, below .30.

Construct Validity and Factor Structure

Confirmatory and exploratory factor analyses results are reported in Table 10.5 and SEM measurement model fit indices are reported in Table 10.6. Confirmatory factor analysis with specification for one factor yielded a factor with an eigenvalue of 5.91,

Table 10.4 Criterion-related validity: Pearson coefficient correlations between the GPWS and other indices of positive and negative psychological well-being in the community sample

Variable (valid N)	Pearson correlation
MHC-T (1,266)	.48**
MHC-EWB (1,266)	.51**
MHC-PWB (1,266)	.31**
MHC-SWB (1,266)	.28**
PHQ-T (1,261)	−.41**
CSES-T (1,264)	.31**
CSES-SFF (1,262)	.18**
CSES-PFC (1,263)	.30**
CSES-SUE (1,264)	.30**
WEMWBS (1,258)	.42**
GHQ-T (1,261)	−.45**
GHQ-SS (1,261)	−.33**
GHQ-AS (1,261)	−.34**
GHQ-SD (1,260)	−.25**
GHQ-DS (1,260)	−.38**

Note: ** Correlation is significant at the 0.01 level (2-tailed)

Table 10.5 Maximum likelihood confirmatory factor analysis and exploratory factor analysis with direct oblimin rotation on items of GPWS in the Setswana-speaking community sample (n = 1,275)

	CFA (factor matrix)		EFA (pattern matrix)				
Item	Factor loading	Comm.	F1	F2	F3	F4	Comm.
GPWS 1	.34	.16	–	.32	–	–	.16
GPWS 2	.58	.34	.61	–	–	–	.34
GPWS 3	.33	.21	–	.45	–	–	.21
GPWS 4	.72	.53	.82	–	–	–	.53
GPWS 5	.73	.54	.84	–	–	–	.54
GPWS 6	.71	.49	.73	–	–	–	.49
GPWS 7	.59	.39	–	.48	–	–	.39
GPWS 8	.50	.31	–	.48	–	–	.31
GPWS 9	.56	.32	.55	–	–	–	.32
GPWS10	.33	.23	–	.56	–	–	.23
GPWS11	.43	.33	–	.64	–	−.36	.33
GPWS 12	.75	.52	.60	–	–	–	.52
GPWS 13	.40	.23	–	.51	–	–	.23
GPWS 14	.54	.30	.34	–	–	–	.30
GPWS 15	.46	.32	–	.58	–	–	.32
GPWS 16	.45	.35	–	.63	–	–	.35
GPWS 17	.35	.14	–	–	.32	–	.14
GPWS 18	.48	.24	.35	–	–	–	.24
GPWS 19	–	.10	–	–	.39	–	.10
GPWS 20	–	.13	–	–	.32	–	.13
Eigenvalue	5.91	–	5.91	1.92	1.19	1.02	–
% variance explained	29.53	–	29.53	9.58	5.95	5.08	

Note: GPWS = General psychological well-being scale
Values less than 0.3 are not displayed

Table 10.6 Goodness of fit estimates for GPWS among the Setswana-speaking community sample

Latent model	X^2	*Df*	CFI >.90	RMSEA <.05	TLI >.90	AIC Smaller	X^2//*df*
One factor	1504.97	170	.800	.079	.753	1624.97	8.85
Two factor	406.25	103	.950	.048	.934	504.25	3.94
Three factor	416.87	116	.952	.045	.936	524.87	3.59

Note: *X2* Chi square, *df* degrees of freedom, *TLI* Tucker-Lewis Index, *CFI* Comparative fit index, *REMSEA* Root Mean Square of approximation, *AIC* Akaike's Information Criterion, *X2//df* Chi square degrees of freedom ratio

and explained 29.53 % of the variance. However, only 18 of the 20 items of the GPWS had significant loadings on this factor. Items 19 and 20 obtained factor loadings below .32. According to Costello and Osborne (2005), the determination that an item belongs to a factor is indicated by a factor loading above .32. In an earlier study by Wissing and Van Eeden (2002) in their exploration of the GPW construct, exploratory factor analysis yielded a primary factor with an eigenvalue of 6.48 and explaining 16.4 % of the variance.

Exploratory factor analysis yielded four factors with an eigenvalue above one. Following the guidelines of Costello and Osborne (2005) and Worthington and Whittaker (2006), the first three factors were considered as major and therefore were also considered for interpretation. The fourth factor was excluded due to its having only one item that was also cross-loading; namely, GPWS11: "I feel there must be something wrong with me." A factor with fewer than three items is considered weak and unstable (Costello & Osborne, 2005). In the case of such a factor and cross-loading item(s), the item and/or factor should be deleted (Costello & Osborne, 2005; Worthington & Whittaker, 2006). Therefore, only the first three factors were retained. The first factor, which consisted of 8 items, can be named *positive affect and meaningful satisfaction* (α=.86), the second factor with 9 items can be named *negative affect and poor social support* (α=.79), and the third factor with 3 items can be named *meaningful connectedness and vitality* (α=.35). Although the initial development and validation study (see Khumalo et al., 2010) found four factors from EFA, the three factors emerging from the present study's exploratory factor analysis reflected similar findings.

Structural Equation Modelling

The measurement models based on confirmatory factor analyses were explored. They yielded the relations between latent variables and their indicator variables (cf. Oishi, 2007); in this case the GPWS-total and its items. Three measurement models were tested for fit. The one-factor solution model (X^2=1504.97; CFI=.800; TLI=.753; RMSEA=.079) was compared with the two-factor solution (X^2=406.25; CFI=.950; TLI=.934; RMSEA=.048) and the three-factor solution (X^2=416.87; CFI=.952; TLI=.936; RMSEA=.045). The two and three factor solutions demonstrated fitting the present data better than the single factor solution. Similarly, Khumalo et al. (2011) had found fit indices that supported a four factor solution for the GPWS, as opposed to the unidimensional

model that demonstrated to be a poor fitting model. This finding suggests that data supports a hierarchical multidimensional model of the general psychological well-being construct (see Wissing & Temane, 2008).

Item Functioning

Item Response Theory

Using the Rasch-model, item difficulty estimates (b parameters) and item rating scale response thresholds were computed, and are reported in Table 10.7. Difficulty estimates, which refer to the probability of endorsement or scoring high on an item (Hays, Morales, & Reise, 2000) ranged between −.89 for GPWS20 and .43 for GPWS1. According to Hays et al. (2000), most trait score and difficulty estimates range between −2 and 2. Those items with large positive difficulty estimates are endorsed only by participants with a large positive latent construct (θ), whereas items with large negative b parameters will be endorsed by everyone except people with the most extreme construct (Zickar, 1998).

Since rating scales are an extension of the item content (Cella & Chang, 2000), the pattern of responding to items by computing thresholds at each rating scale category (Linacre, 2002) is reported. For the GPWS, the items are expected to have thresholds that increase monotonically because the ratings form a progression with increased manifestation of the latent construct (see Hahn, Cella, Bode, & Hanrahan, 2010; Linacre, 2002). Consistent with expectations, the results of the present study demonstrated a general pattern of increasing threshold values with increased manifestation of general psychological well-being.

Discussion

The aim of the present study was to explore the psychometric properties of the General Psychological Well-being Scale as a measure of general psychological well-being in a Setswana-speaking community sample. It was therefore concerned with the content and structure of the GPW construct and its operationalization, as well as the contextual dynamics within which it is experienced. In addition to the reliability, validity, and item functioning, the study also explored the application of the scale and the manifestation of the construct based on sociodemographic variables; namely, age, gender, and environmental setting. The findings indicated that the GPWS is a reliable measure, with good convergent and discriminant validity. Its factor structure, as indicated by CFA and EFA, using CTT and SEM approaches, indicated a multifaceted, hierarchically organized construct. Therefore, in the present data, the GPWS was not found to be a unidimensional measure of general psychological well-being.

Table 10.7 General psychological well-being scale (GPWS) item statistics in Rasch 1-parameter model among a Setswana-speaking community sample (N = 1,275)

Item	Measure	Error	Infit MNSQ	Outfit MNSQ	Item-score correlation	Response thresholds						
						1	2	3	4	5	6	7
GPWS1	.43	.02	1.18	1.32	.35	−.12	.00	.12	.18	.35	.28	.63
GPWS2	−.17	.02	1.00	.99	.50	−.34	−.19	−.18	−.02	.04	.20	.33
GPWS3	.14	.02	1.21	1.36	.35	−.18	−.06	.02	.11	.21	.21	.44
GPWS4	−.07	.02	.75	.75	.61	−.32	−.24	−.08	.02	.12	.25	.45
GPWS5	−.08	.02	.76	.72	.61	−.37	−.23	−.03	.05	.12	.24	.45
GPWS6	−.13	.02	.73	.72	.61	−.38	−.24	−.10	−.02	.05	.23	.45
GPWS7	.10	.02	.88	.91	.59	−.26	−.14	.00	.11	.06	.30	.47
GPWS8	.14	.02	.95	1.12	.50	−.25	−.10	.03	.09	.07	.03	.44
GPWS9	−.06	.02	.95	.98	.46	−.30	−.16	.00	.11	.12	.20	.46
GPWS10	.30	.02	1.14	1.24	.37	−.11	−.05	.02	.18	.27	.31	.43
GPWS11	.15	.02	1.11	1.24	.44	−.22	−.07	.05	.12	.14	.26	.41
GPWS12	−.04	.02	.70	.66	.67	−.42	−.21	−.04	.08	.12	.27	.46
GPWS13	.12	.02	1.08	1.21	.43	−.22	−.08	.00	.06	.09	.25	.43
GPWS14	−.18	.02	.84	.89	.48	−.41	−.21	−.06	−.03	.05	.20	.38
GPWS15	.11	.02	1.11	1.11	.48	−.24	−.09	.04	.08	.07	.27	.39
GPWS16	.21	.02	.98	1.12	.49	−.24	−.07	.09	.11	.17	.32	.43
GPWS17	.01	.02	1.07	1.17	.33	−.23	−.11	.06	.07	.11	.22	.34
GPWS18	.22	.02	.98	1.18	.43	−.26	−.06	.16	.21	.15	.25	.57
GPWS19	−.31	.02	1.42	1.89	.17	−.16	−.06	−.07	−.16	.01	.11	.24
GPWS20	−.89	.03	1.54	1.45	.26	−.46	−.33	−.19	−.11	−.06	.06	.17

The high Cronbach's alpha attests to its reliability in this sample. The scale yielded comparable mean scores across age and gender, and significant differences across the urban–rural divide. Its correlation with other indices of positive (MHC; Keyes, 2002, 2005b; WEMWBS; Tennant et al., 2007; CSES; Chesney et al., 2006) and negative (PHQ-9; Kroeke et al., 2001; GHQ; Goldberg & Hillier, 1979) well-being attests to its convergent and discriminant validity. The level of GPW at different degrees of depression (Kroenke et al., 2001) and the categories of the mental health continuum (Keyes, 2002) were consistent with theoretical expectations. Factor analyses and fit indices did not support the unidimensional factor solution. However, they did support a multifaceted construct with a hierarchical organization, as well as a positive and negative well-being dichotomy. As proposed by Wissing and Temane (2008), the GPW is at the apex of this hierarchy.

Factor Structure and Item Functioning

General psychological well-being (Wissing & Temane, 2008; Wissing & Van Eeden, 2002) is conceptualized as a multifaceted yet unidimensional construct that is organized in a hierarchical fashion and that is flexibly combined in complex ways across different sociocultural contexts. In the present study, CFA yielded one primary factor consisting of 18 of the 20 items of the scale. This finding was also supported by the infit and outfit mean square values from the Rasch model.

Most—but not all—of the items were found to function coherently as indicator variables of the GPW construct. More specifically, items 19 ("I experience personal relations that provide support") and 20 ("I find strength in my faith and spiritual beliefs") demonstrated poor fit. The content of these items represent interpersonal and spiritual relatedness. This could refer to spiritual well-being, which involves religious and social components as vertical and horizontal dimensions (cf. Ellison, 1983; Ellison & Smith, 1991).

Structural equation modelling indicated that the two and three factor solution models fitted the data better than the single factor solution. Overall, EFA retained all 20 items of the scale, but yielded three major factors in support of the constituting facets of general psychological well-being. The emergent three-factor structure represents the following dimensions: positive affect and meaningful satisfaction ($\alpha = .86$); negative affect and poor social support ($\alpha = .79$); and meaningful connectedness and vitality ($\alpha = .35$). The first factor is indicative of the interrelatedness of subjective happiness and the experience of meaningfulness. According to Fredrickson (2000), positive meaning elicits positive emotions in much the same way as happiness may play a role in predisposing people to positive meaning. Steger (2009) also reports that people prosper when they engage in intrinsically meaningful activity. The second factor illustrates the co-occurrence of negative affect and the perception of poor social support. Social support is accepted as a positive resource that contributes to well-being (Pretorius, 1998). The third factor includes vitality, which is the positive and restorative emotional state associated with a sense of enthusiasm and energy (Ryan & Frederick, 1997). It occurs within the context of social and spiritual relatedness.

The two factor solution shows the independence of positive and negative well-being. This is in line with the findings of Keyes (2005a) and Huppert and Whittington (2003), who empirically found that health and illness does not form a single bipolar dimension, but instead found that the two are distinct yet correlated factors. Therefore, psychological well-being and mental health are more than just the absence of symptoms of ill-being (Keyes, 2002; Wissing & Van Eeden, 2002). Using the Mental Health Continuum, Keyes (2005a) found that the best fitting models supported the idea that measures of mental illness and mental health form separate, correlated axes. Positive and negative well-being components are differentially influenced by demographic, health, and social factors (Huppert & Whittington, 2003). Assessment of subjective well-being includes both positive and negative affect (Diener, 2000), and a valid measure includes both positive and negative well-being content (Huppert & Whittington, 2003).

Associations with Related Constructs

The GPWS correlated positively and highly with other indices of positive well-being, and the inverse was true for the negative well-being indices. General psychological well-being was positively associated with positive mental well-being (Tennant et al.,

2007), coping self-efficacy (Chesney et al., 2006), and flourishing (Keyes, 2002; Keyes et al., 2008). Inversely, it was negatively associated with depression (Kroenke et al., 2001), social dysfunction, anxiety, insomnia, and the perception of somatic symptoms (Goldberg & Hillier, 1979). Analysis of variance also showed that GPW is associated with depression and positive mental health at varying degrees along their spectra.

Gender, Age, and the Rural–Urban Divide

Consistent with the findings of Wissing et al., (2013), the present study found individuals in the urban area to experience higher levels of psychological well-being than those in the rural area. It is hypothesized that urban areas are well resourced in that they have greater economic status, social support, and self-efficacy as compared to the rural areas (Tsuno & Yamazaki, 2007). No conclusive differences in psychological well-being between male and female participants and across the age span were found in the present study. Similar results were found for GPWS in a previous study (see Khumalo et al., 2012). The shared conditions of living can explain the lack of difference in general psychological well-being between men and women and across age.

Recommendations

These findings highlight positive aspects and limitations of the GPWS. The findings of the present study and those of previous studies (e.g., Khumalo et al., 2010, 2011) give an indication of recommendations for further refinement of the GPWS. To achieve greater balance between the interrelated dimensions, items with overrepresentation need to be systematically excluded (Clark & Watson, 1995). The decrease of the rating scale categories of the GPWS from seven to five (see Linacre, 2002) could improve its measurement consistency. A large number of response rating categories have the potential to be confusing and irritating to participants (Linacre, 2002). Because of the complex nature of the GPW construct as a hierarchically organized model and the present study's finding that the GPWS is not a unidimensional measure, future studies should consider multidimensional IRT models (Reise et al., 2007) instead of the unidimensional Rasch model.

Qualitative research methods should be employed for the improvement of item content, especially in determining the culturally embedded meaning making of the measured constructs (cf. Camfield, Crivello, & Woodhead, 2009; Pedrotti, Edwards, & Lopez, 2009). The positive wording/phrasing of the items without reverse scoring (e.g., Tennant et al., 2007) will improve the accuracy of participants' responses and scale coherence. Cutoff points for the categories of degrees or levels of well-being (e.g., Keyes, 2002, 2005b; Keyes et al., 2008) will allow for individual and population,

or sample, categorization according to levels of functioning. The development of norms according to age and gender is a recommendation for further study. Correlation with objective indices of health and well-being is recommended as a criterion-related validity measure. Finally, it is recommended that future studies should apply the GPWS in samples from other language groups and regional areas, and especially across the individualism–collectivism divide.

Conclusion

In presenting the findings regarding the nature and structure of GPW, as well as the psychometric properties of its measure (i.e., the GPWS), this chapter has shed light on GPW as experienced, conceptualized, and measured in an African context. The understanding of a well-being construct relies on its proper operationalization (Lucas, 2007). The GPWS is a promising self-report measurement of general psychological well-being as a complex, integrated construct of holistic psychological well-being that includes dimensions from both the hedonic and eudaimonic well-being perspectives. It is also an illustration of the optimal conceptualisation and operationalization of well-being, as embedded in the sociocultural context within which people live. Christopher (1999) and Sokoya, Muthukrishna, and Collings (2005) agree that the meaning and experience of well-being are culturally rooted and socially constructed. Moreover, the African context has often been neglected and little is known in the positive psychology research about African populations (Ryff & Singer, 1998; Suh & Oishi, 2004). Lastly, the way that well-being is defined and measured influences most of the spheres of life that concern improving human function, including practices of government, teaching, therapy, parenting, and even preaching (Ryan & Deci, 2001).

References

Adewuya, A. O., Ola, B. A., & Afolabi, O. O. (2006). Validity of the patient health questionnaire (PHQ-9) as a screening tool for depression amongst Nigerian university students. *Journal of Affective Disorders, 96*, 89–93.

Allik, J., & McCrae, R. R. (2004). Towards a geography of personality traits: Patterns of profiles across 36 cultures. *Journal of Cross-Cultural Psychology, 35*(1), 13–27.

Antonovsky, A. (1987). *Unravelling the mystery of health: How people manage stress and stay well*. San Francisco: Jossey-Bass.

Antonovsky, A. (1993). The structure and properties of the sense of coherence scale. *Social Science & Medicine, 36*, 725–733.

Brislin, R. W. (1970). Back-translation for cross-cultural research. *Journal of Cross-Cultural Psychology, 1*, 185–216.

Brislin, R. W. (1990). *Cross-cultural research and methodology series* (Vol. 14). Thousand Oaks, CA: Sage.

Byrne, B. M. (2001). *Structural equation modeling with AMOS: Basic concepts, applications, and programming*. Mahwah, NJ: Lawrence Erlbaum Associates.

Camfield, L., Crivello, G., & Woodhead, M. (2009). Wellbeing research in developing countries: Reviewing the role of qualitative methods. *Social Indicators Research, 90*, 5–31.
Cella, D., & Chang, C. (2000). A discussion of item response theory and its applications in health status assessment. *Medical Care, 38*(9 Suppl.), II66–II72.
Chesney, M. A., Neilands, T. B., Chambers, D. B., Taylor, J. M., & Folkman, S. (2006). A validity and reliability study of the coping self-efficacy scale. *British Journal of Health Psychology, 11*, 421–437.
Christopher, W. C. (1999). Toward a tripartite factor structure of mental health: Subjective well-being, personal growth and religiosity. *The Journal of Psychology, 135*(5), 486–500.
Clara, I. P., Cox, B. J., Enns, M. W., Murray, L. T., & Torgrudc, L. J. (2003). Confirmatory factor analysis of the multidimensional scale of perceived social support in clinically distressed and student samples. *Journal of Personality Assessment, 81*(3), 265–270.
Clark, L. A., & Watson, D. (1995). Construct validity: Basic issues in objective scale development. *Psychological Assessment, 7*(3), 309–319.
Costello, A. B., & Osborne, J. W. (2005). Best practices in exploratory factor analysis: Four recommendations for getting the most from your analysis. *Practical Assessment Research & Evaluation, 10*(7), 1–9.
Dawis, R. V. (1987). Scale construction. *Journal of Counseling Psychology, 34*(4), 481–489.
Dawis, R. V. (2000). Scale construction and psychometric considerations. In H. E. A. Tinsley & S. D. Brown (Eds.), *Handbook of multivariate statistics and mathematical modeling* (pp. 65–94). San Diago, CA: Academic.
De Bruin, G. P. (2004). Problems with the factors analysis of items: Solutions based on items response theory and item parcelling. *South African Journal of Industrial Psychology, 30*(4), 16–26.
Diener, E. (1984). Subjective well-being. *Psychological Bulletin, 95*, 542–575.
Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist, 55*, 34–43.
Diener, E., Emmons, R. A., Larsen, R. J., & Griffen, S. (1985). Satisfaction with life scale. *Journal of Personality Assessment, 49*, 71–75.
Diener, E., & Ryan, K. (2009). Subjective well-being: A general overview. *South African Journal of Psychology, 39*(4), 391–406.
Ellison, C. W. (1983). Spiritual well-being: Conceptualisation and measurement. *Journal of Psychology and Theology, 11*(4), 330–340.
Ellison, C. W., & Smith, J. (1991). Towards an integrative measure of health and well-being. *Journal of Psychology and Theology, 19*(1), 35–48.
Field, A. (2005). *Discovering statistics using SPSS* (2nd ed.). London: Sage.
Forster, J., Barkus, E., & Yavorsky, C. (2006). *Understanding and using advanced statistics*. London: Sage.
Fredrickson, B. L. (2000). Cultivating positive emotions to optimize health and well-being. *Prevention and Treatment, 3*, 1–24.
Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the general health questionnaire. *Psychological Medicine, 9*, 139–145.
Haeffel, G. J., & Howard, G. S. (2010). Self-report: Psychology's four-letter word. *The American Journal of Psychology, 123*(2), 181–188.
Hahn, E. A., Cella, D., Bode, R. K., & Hanrahan, R. T. (2010). Measuring social well-being in people with chronic illness. *Social Indicators Research, 96*, 381–401. doi:10.1007/s11205-009-9484-z.
Hays, R. D., Morales, L. S., & Reise, S. P. (2000). Item response theory and health outcomes measurement in the 21st century. *Medical Care, 38*(9 Suppl), II28–II42.
Hu, L.-T., & Bentler, P. M. (1999). Cut off criteria for fit indices in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal, 6*, 1–55.
Huppert, F. A., & Whittington, J. E. (2003). Evidence for the independence of positive and negative well-being: Implications for quality of life assessment. *British Journal of Health Psychology, 8*, 107–122.

John, O. P., & Benet-Martínez, V. (2000). Measurement: Reliability, construct validation, and scale construction. In H. T. Reis & C. M. Judd (Eds.), *Handbook of research methods in social and personality psychology* (pp. 339–369). Cambridge, UK: Cambridge University Press.

Kammann, R., & Flett, R. (1983). Affectometer 2: A scale to measure current level of general happiness. *Australian Journal of Psychology, 35*(2), 259–265.

Kashdan, T. B., Biswas-Diener, R., & King, L. A. (2008). Reconsidering happiness: The costs of distinguishing between hedonics and eudaimonia. *The Journal of Positive Psychology, 3*(4), 219–233.

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Research, 43*, 207–222.

Keyes, C. L. M. (2005a). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*(3), 539–548.

Keyes, C. L. M. (2005b). Chronic physical conditions and aging: Is mental health a potential protective factor? *Aging International, 30*(1), 88–104.

Keyes, C. L. M., Wissing, M. P., Potgieter, J. P., Temane, Q. M., Kruger, A., & Van Rooy, S. (2008). Evaluation of the mental health continuum – Short form (MHC–SF) in Setswana-speaking South Africans. *Clinical Psychology & Psychotherapy, 15*, 181–192.

Khumalo, I. P., Temane, Q. M., & Wissing, M. P. (2010). Development and initial validation of a general psychological well-being Scale (GPWS) in an African context. *Journal of Psychology in Africa, 20*(1), 13–22.

Khumalo, I. P., Temane, Q. M., & Wissing, M. P. (2011). Well-being in the Batswana cultural context: Constructs and measures. *Journal of Psychology in Africa, 21*(2), 277–286.

Khumalo, I. P., Temane, Q. M., & Wissing, M. P. (2012). Socio-demographic variables, general psychological well-being and the mental health continuum in an African context. *Social Indicators Research, 105*(3), 419–442.

Kline, R. B. (2011). *Principles and practice of structural equation modelling* (3rd ed.). New York: The Guilford Press.

Kroenke, K., & Spitzer, R. L. (2002). A new depression diagnostic and severity measure. *Psychiatric Annals, 32*(9), 509–515.

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ–9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*, 606–613.

Kruger, A. (2005). *Prospective urban and rural epidemiological study for South Africa*. Research project – Protocol and instruction manual, North-West University, Potchefstroom, South Africa.

Linacre, J. M. (2002). Optimizing rating scale category effectiveness. *Journal of Applied Measurement, 3*(1), 85–106.

Linacre, J. M. (2003). *Winsteps*. Chicago: MESA Press.

Lucas, R. E. (2007). Using structural equation modelling to validate measures of positive emotions. In A. D. Ong & M. H. M. Van Dulmen (Eds.), *Oxford handbook of methods in positive psychology* (pp. 111–125). Oxford: Oxford University Press.

Maneesriwongul, W., & Dixon, J. K. (2004). Instrument translation process: A methods review. *Journal of Advanced Nursing, 48*(2), 175–186.

Martens, M. P. (2005). The use of structural equation modelling in counselling psychology research. *The Counseling Psychologist, 3*(33), 269–298.

Mbiti, J. S. (1990). *African religions and philosophy*. London: Clays Ltd.

Mbiti, J. S. (1991). *Introduction to African religion* (2nd ed.). Oxford: Heinemann.

Nsamenang, A. B. (2002). Adolescence in Sub-Saharan Africa: An image constructed from Africa's triple inheritance. In B. B. Brown, R. W. Larson, & T. S. Saraswathi (Eds.), *The world's youth: Adolescence in eight regions of the globe* (pp. 61–104). Cambridge, UK: Cambridge University Press.

Nunnally, J. C. (1978). *Psychometric theory* (2nd ed.). New York: McGraw-Hill.

Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). New York: McGraw-Hill.

Oishi, S. (2007). The application of structural equation modelling and item response theory to cross-cultural positive psychology research. In A. D. Ong & M. H. M. Van Dulmen (Eds.),

Oxford handbook of methods in positive psychology (pp. 126–138). Oxford: Oxford University Press.
Pallant, J. (2011). *SPSS survival manual: A step by step guide to data analysis using SPSS for windows* (4th ed.). Berkshire, UK: McGraw Hill Open University Press.
Paunonen, S. V., & Ashton, M. C. (1998). The structured assessment of personality across cultures. *Journal of Cross-Cultural Psychology, 29*(1), 150–170.
Pedrotti, J. T., Edwards, L. M., & Lopez, S. J. (2009). Positive psychology within a cultural context. In S. J. Lopez & C. R. Snyder (Eds.), *Oxford handbook of positive psychology* (pp. 49–57). Oxford: Oxford University Press.
Pretorius, T. B. (1998). *Fortitude as stress resistance: Development and validation of the fortitude questionnaire*. Belville, South Africa: University of Western Cape.
Rasch, G. (1960). *Probabilistic models for some intelligence and attainment tests*. Copenhagen, Denmark: Denmarks Paedogogiske Institut. (Chicago: University of Chicago Press, 1980)
Reise, S. P., Morizot, J., & Hays, R. D. (2007). The role of the bifactor model in resolving dimensionality issues in health outcomes measures. *Quality of Life Research, 16*, 19–31.
Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(1), 68–78.
Ryan, R. M., & Deci, E. L. (2001). On happiness and human potential: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology, 52*, 141–166.
Ryan, R. M., & Frederick, C. (1997). On energy, personality, and health: Subjective vitality as a dynamic reflection of well-being. *Journal of Personality, 65*(3), 529–565.
Ryff, C. D., & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry, 9*, 1–28.
Ryff, C. D., & Singer, B. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies, 9*, 13–39.
Schwartz, S. H. (1994). Beyond individualism/collectivism. New cultural dimensions of values. In U. Kim, H. C. Triandis, C. Kagitcibasi, S. Choi, & G. Yoon (Eds.), *Individualism and collectivism: Theory, method and applications* (pp. 85–119). Thousand Oaks, CA: Sage.
Smith, P. B. (2004). Nations, cultures, and individuals: New perspectives and old dilemmas. *Journal of Cross Cultural Psychology, 35*(1), 6–12.
Sokoya, G. O., Muthukrishna, N., & Collings, S. J. (2005). Afrocentric and gendered construction of psychological well-being in Nigeria: A case study. *Journal of Psychology in Africa, 15*(1), 31–40.
Steger, M. F. (2009). Meaning in life. In S. J. Lopez & C. R. Snyder (Eds.), *Oxford handbook of positive psychology* (pp. 679–687). Oxford: Oxford University Press.
Streiner, D. L. (2003). Starting at the beginning: An introduction to Coefficient Alpha and internal consistency. *Journal of Personality Assessment, 80*(1), 99–103.
Suh, E. M., & Oishi, S. (2004). Culture and subjective well-being. *Journal of Happiness Studies, 5*, 219–222.
Temane, Q. M., & Wissing, M. P. (2006). The role of subjective perception of health in the dynamics of context and psychological well-being. *South African Journal of Psychology, 36*(3), 564–581.
Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., et al. (2007). The Warwick-Edinburg mental well-being scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes, 5*, 63. doi:10.1186/1477-7525-5-63.
Triandis, H. C. (1995). *Individualism and collectivism*. Boulder, CO: Westview Press.
Traindis, H. C., & Gelfand, M. J. (1998). Converging measurement of horizontal and vertical individualism and collectivism. *Journal of Personality and Social Psychology, 74*(1), 118–128.
Triandis, H. C., McCuster, C., & Hui, C. H. (1990). Multimethod probes of individualism and collectivism. *Journal of Personality and Social Psychology, 59*(5), 1006–1020.
Tsuno, Y. S., & Yamazaki, Y. (2007). A comparative study of sense of coherence (SOC) and related psychological factors among urban versus rural residents in Japan. *Personality and Individual Differences, 43*, 449–461.
Van der Walt, J. L., & Steyn, H. S. (2007). Pragmatic validation of a test of academic literacy at tertiary level. *Ensovoort: Jaargang, 11*(2), 138–153.

Vauclair, C.-M., Hanke, K., Fischer, R., & Fontaine, J. (2011). The structure of human values at the culture level: A meta-analytical replication of Schwartz's value orientations using the Rokeach value survey. *Journal of Cross-Cultural Psychology, 42*(2), 186–205.

Visser, P. S., Krosnick, J. A., & Lavrakas, P. J. (2000). Survey research. In H. T. Reis & C. M. Judd (Eds.), *Handbook of research methods in social and personality psychology* (pp. 223–252). Cambridge, UK: Cambridge University Press.

Waterman, A. S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (Eudaimonia) and hedonic enjoyment. *Journal of Personality and Social Psychology, 64*(4), 678–691.

Waterman, A. S. (2005). When effort is enjoyed: Two studies if intrinsic motivation for personally salient activities. *Motivation and Emotion, 29*(3), 165–188.

Werneke, U., Goldberg, D. P., Yalcin, I., & Ustun, B. T. (2000). The stability of the general health questionnaire. *Psychological Medicine, 30*, 823–829.

Wissing, M. P. (2008). *The prevalence of levels of psychosocial health: Dynamics and relationships with biomarkers of (ill)health in South African social contexts (FORT3)*. NRF Research Project – Protocol, NWU, Potchefstroom, South Africa.

Wissing, M. P., & Temane, Q. M. (2008). The structure of psychological well-being in cultural context: Towards a hierarchical model of psychological health. *Journal of Psychology in Africa, 18*(1), 45–56.

Wissing, M. P., Thekiso, S. M., Stableberg, R., Van Quickelberg, L., Choabi, P., Moroeng, C. et al. (2010). Validation of three Setswana measures for psychological wellbeing. *South African Journal of Industrial Psychology*, *36*(2), Art. #860, 8 p. doi: 10.4102?sajip.v36i2.860.

Wissing, M. P., & Van Eeden, C. (2002). Empirical classification of the nature of psychological well-being. *South African Journal of Psychology, 32*, 32–44.

Wissing, M. P., Khumalo, I. T., Oosthuizen, C. M., Nienaber, A. W., Kruger, A., Potgieter, J. C., et al. (2011). Coping self-efficacy as mediator in the dynamics of psychological well-being in various contexts. *Journal of Psychology in Africa, 21*(2), 165–172. http://psycnet.apa.org/index.cfm?fa=search.displayRecord&uid=2011-19364-001.

Wissing, M. P., Temane, Q. M., Khumalo, I. P., Kruger, A., & Vorster, H. H. (2013). Psychosocial health: Disparities between urban and rural communities. In M. P. Wissing (Ed.), *Well-being research in South Africa, Cross-cultural advances in positive psychology* 4 (pp. 415–438). Dordrecht: Springer doi:10.1007/978-94-007-6368-5_10.

Worthington, R. L., & Whittaker, T. A. (2006). Scale development research: A content analysis and recommendations for best practices. *The Counseling Psychologist, 34*(6), 806–838.

Zickar, M. J. (1998). Modelling item-level data with item response theory. *Current Directions in Psychology, 7*(4), 104–109.

Chapter 11
Feeling Good, Functioning Well, and Being True: Reflections on Selected Findings from the FORT Research Programme

Marié P. Wissing and Q. Michael Temane

The aim of this chapter is to review and reflect on selected findings from the FORT research programme (forté = strength) through the lens of *feeling good*, *functioning well*, and *being true/good*. The prominence of the feeling good and functioning well distinction developed relatively late in the field of positive psychology, and there is still much debate about it. The idea of being true/good is new in the field of positive psychology (although long known in the field of philosophy) and refers to character strengths and meta-theoretical ethical assumptions on the relationship between values and behaviour. The criteria for selection of studies from the FORT research programme that will be reviewed and reflected upon were that they should include measures of feeling good and functioning well (as generally conceptualized), and/or virtues. The FORT research programme started before reflections about the abovementioned distinctions came into vogue.

Focus and Main Constructs

Feeling Good, Functioning Well, and Being True/Good

A distinction can be made between feeling good and functioning well as two moderately related, but empirically distinct, varieties of psychosocial well-being (Keyes & Annas, 2009; Keyes, Myers, & Kendler, 2010). These forms of what it

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means to be well have also been described in related constructs, such as *subjective well-being* versus *psychological well-being* (Keyes, 2006; Keyes, Shmotkin, & Ryff, 2002), and as *hedonic* versus *eudaimonic* well-being (Ryan & Deci, 2001; Waterman, Schwartz, & Conti, 2008). The feeling good component is typically conceptualized and operationalized in terms of happiness/positive–negative affect balance and satisfaction with life (cf. Bradburn, 1969; Diener, Emmons, Larsen, & Griffin, 1985; Kammann & Flett, 1983; Keyes, 2006), and the functioning well component in terms of realization of human potential and perceived thriving in the context of existential life challenges (e.g., seeking meaningful goals, quality ties to others, personal growth); that is, functioning well is more about human development, meaning, managing life challenges, and expressing the best within the self (Keyes et al., 2002; Ryff, 1989; Waterman, 2007). However, researchers are still trying to unravel under which contexts one or the other facets will be a better predictor of health and well-being, or to what degree the phenomena referred to are distinct, overlapping, or similar (Delle Fave, Brdar, Freire, Vella-Brodrick, & Wissing, 2011; Forgeard, Jayawickreme, Kern, & Seligman, 2011; Kashdan, Biswas-Diener, & King, 2008; Waterman et al., 2010). McMahan and Estes (2011) contend that this area of research is still in its infancy. Both feeling good and functioning well may be antecedents, consequents, or mediating variables for each other (Keyes et al., 2002) and other facets of biopsychosocial life. Their simultaneous or different roles in the dynamics of well-being are not yet well understood and need to be explored further. Most of the research in this regard has thus far been conducted in a western context. The manifestations, patterns, and dynamics of psychosocial well-being may differ in various cultural contexts (Christopher, 1999; Flores & Obasi, 2003; Temane & Wissing, 2006a, 2006b; Wissing & Temane, 2008), and need to also be explored in nonwestern cultural contexts.

In this chapter, being true/good refers to a moral and motivational/conative facet of being and acting, and may be expressed on an empirical level in manifestations of character strengths. On an empirical level, being true can be viewed as part of functioning well, but these higher level categorizations of well-being may differ in philosophical assumptions. We will try to post hoc analyse to what extent a deontological, teleological, or a virtue-ethics position with regard to the assumed relationship between values and behaviour can be identified in previous South African studies within the FORT research programme. Being true may mean that an individual will endeavour to live and act according to a value system that shows the way towards a life worth living, and from which it can be deduced how best to act, which is fitting given the specific circumstances. Being good may also mean that the consequences of behaviour will show whether that behaviour was "good" or "bad". Although the underlying value systems for being true are part of meta-theoretical views on humanity, reality, and what science can offer us, and although the exploration of an ethics perspective is part of a broad branch of philosophy, behavioural sciences and positive psychology in particular—which explore psychosocial well-being on an empirical level—always presuppose a formal philosophical account of well-being that determines what is to be measured and explored. In the same way, finding empirically

what is meaningful for people, what their goals are, or what the characteristics of flourishing or thriving are, may point in the direction of important values.

Value systems are, to an extent, imbedded in cultural factors and socialized behaviours. Cross-cultural studies have shown that well-being and its' constituents are tailored by culture (Tiberius, 2004). Fowers (2008) argued that there is already a strong set of ideals at the core of cultural tradition—before any intellectual reflection thereupon. Individuals are shaped by culture, and therefore various cultural groups may differ in their understanding of well-being and of what it means to be true or good in a particular context. From a philosophical ethics perspective, teleological, deontological, and virtue-ethics views are all concerned with what *the good life* is, but differ in how they perceive the relation between values and behaviour. From an Aristotelian ethics perspective the constructs of virtues and the good life entail one another—virtues are the excellences that make it possible to live the good life (Fowers, 2012). These perspectives are usually only implicitly present in empirical research on well-being. In this review of some studies in the FORT research programme, previous studies will retrospectively be analysed to try to deduct the implicit ethical views in which they were grounded, and/or what the implications of findings may suggest to perspectives on ethics.

The FORT Research Programme

Selected findings from the FORT research programme (forté = strength) will be reviewed while exploring the validity, manifestations, meaning, and dynamics of the feeling good and functioning well facets of psychosocial well-being in the multicultural South African context, and reflecting on probable underlying philosophical assumptions. The FORT research programme was initially developed as a trans-university research programme in Fortology (fortology = the science of strengths) by Wissing, Pretorius, and Heyns (1997), and included participants from the Potchefstroom University (now North-West University), the University of the Orange Free State (now the Free State University), and the University of the Western Cape in South Africa. The overall aims of the FORT research programme were to clarify the nature of psychosocial strengths through a comparison of different constructs and their operationalizations; investigate the psychometric properties of scales measuring psychological and biopsychosocial strengths in various cultural contexts; investigate the manifestations of psychosocial strengths over the life-span (i.e., childhood, adolescence, adulthood, old age); investigate the manifestations of psychosocial well-being on different levels (individual, group, community); investigate the manifestations of biopsychosocial well-being in different contexts (e.g., work, cultural groups); determine whether different patterns of psychological or psychosocial well-being can be established; analyse the dynamics of life context, individual differences, coping strategies, and psychosocial well-being; and develop and evaluate interventions aimed at the enhancement of strengths and psychosocial well-being (Wissing, 2000).

The trans-university research programme in Fortology developed into three subprojects: (a) clarification and advancement of psychosocial well-being and strengths (FORT1; Wissing, 1998); (b) Understanding and Promoting Psychosocial Health, Resilience, and Strengths in an African context (FORT2; Wissing, 2005); and (c) The Prevalence of Levels of Psychosocial Health: Dynamics and Relationships with Biomarkers of (Ill) Health in South African Social Contexts (FORT3; Wissing, 2008), in which many colleagues and students participated. These research projects were also linked to other multidisciplinary projects in the Africa Unit for Transdisciplinary Health Research (AUTHeR), such as the THUSA-project (THUSA = Transition and Health during Urbanization of South Africans—cf. Vorster, 1996; Vorster et al., 2000), FLAGH (= Farm Labour, Agriculture and General Health—Kruger, 2001), POWIRS (= Profiles of Obese Women with Insulin Resistance Syndrome—Schutte, Kruger, Wissing, Underhay, & Vorster, 2005), and PURE (PURE = Prospective Urban and Rural Epidemiology; Kruger, 2005), as well as to the international Eudaimonic–Hedonic Happiness Investigation (EHHI; Delle Fave et al., 2011).

Selected findings from the abovementioned FORT projects will be reviewed with a view to post hoc disentanglement and understanding of the manifestations and dynamics of feeling good and functioning well in a South African multicultural context. We use the construct psychological well-being/psychosocial well-being in this chapter as an umbrella construct for wellness, and define health in terms of the World Health Organization's (WHO, 1999) definition as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". Psychological well-being as a higher order umbrella construct includes feeling good and functioning well, which in turn may rely on further lower-order constructs, such as sense of coherence, satisfaction with life, relatedness, and many more (cf. Wissing & Temane, 2008). Studies from the FORT research programme to be reflected upon in this chapter included measures of feeling good and functioning well, and/or virtues.

Reflection on Selected Findings from the FORT Research Programme

In the 1980s and early 1990s, a new urge towards a better understanding of what is well with people, instead of what is wrong with them, developed in South Africa (cf. Strümpfer, 1990; Wissing, 1986, 2000; Wissing & Van Eeden, 1997a, 1997b), linking, to a great extent, with the work of Antonovsky on sense of coherence (SOC, e.g., Du Toit, Wissing, & Randall, 1998; Strümpfer, 1995; Strümpfer & Wissing, 1998), and implementing his SOC scale that can post hoc be viewed as a measure of functioning well, as conceptualized by Keyes (Keyes, 2007; Keyes & Annas, 2009). Research in the FORT programme focused on the validation of various measures, a clarification of the nature and patterns of psychological well-being,

and the prevalence of levels of well-being, as well as it's dynamics, contextual factors, biological correlates, and enhancement of psychosocial well-being in a South African context.

Validation of Measures

Feeling Good and Functioning Well

Various measures of feeling good and functioning well were validated in an African context without explicitly keeping this distinction in mind at that time. In the overlap of the FORT 1 project and the THUSA project, Wissing et al. (1999) validated the Setswana versions of the Satisfaction With Life Scale (SWLS; Diener et al., 1985), the Affectometer 2—both feeling good measures (short version; AFM; Kammann & Flett, 1983), and the Sense of Coherence Scale—a functioning well measure (SOC; Antonovsky, 1987), as well as the General Health Questionnaire (GHQ; Goldberg & Hillier, 1979) and the Perceived Stress Scale—as measures of pathology and for purposes of criterion related discriminant validity (PSS; Cohen, Kamarck, & Merwelstein, 1983) in a group of 738 Batswana participants from various demographic strata. Findings indicated that the Setswana versions of the SWLS, AFM, SOC, and GHQ were reliable and valid for use in this African group, but the PSS had insufficient reliability (Cronbach's alpha = .20), and could not be recommended for further use. The feeling good measures had slightly lower reliability indices (SWLS = .67, AFM = .68) than the functioning well/not functioning well measures (SOC = .70, GHQ = .86). Although confirmatory principal components factor analysis supported the hypothesized factor structures, the percentages of variance explained were not very high (between 11 and 44 %), with the SWLS explaining the largest percentage. Wissing, Temane, Khumalo, Kruger, and Vorster (2010) confirmed these findings for the SWLS, AFM, and SOC in a Setswana-speaking group, and now also reported on construct validity through testing of structural equation models (SWLS: RMSEA = .035, GFI = .995; AFM: RMSEA = .052, GFI = .935; SOC: RMSEA = .055, GFI = .899) that showed good construct validity for both the feeling good and functioning well measures.

Coping strategies can be viewed as indicators of functioning well or as manifestations of dysfunctional behaviour. Stapelberg and Wissing (1999) validated the Setswana versions of the COPE (Carver, Scheier, & Weintraub, 1989) and Strategic Approach to Coping Scale (SACS) (Hobfoll, Dunahoo, & Monnier, 1994/5) which were developed in a western context. Although the means and variances of the COPE in this Setswana-speaking community sample were very similar to those reported by Carver et al. (1989) for U.S. student samples, and to those reported in another South African multicultural student group (Van der Wateren, 1997), the reliabilities for subscale scores were low to moderate, and range from 0.38 (Positive Reinterpretation and Growth) to 0.63 (Turning to Religion). A confirmatory factor analysis identified six major factors similar to those hypothesized by Carver et al.

(1989), and a further six mixed factors with significant markers of factors hypothesized by the scale developers. In an exploratory factor analysis of the COPE, three well-defined and reliable superordinate factors emerged, which reflect unique cultural coping strategies. These are Active Reaching out to Helpful Others ($\alpha = 0.85$), Resignation ($\alpha = 0.70$), and Overt Expression of Distress ($\alpha = 0.58$), with good to acceptable reliability indices for the first two. A great deal of invariance of psychometric properties thus exists cross-culturally, and coping strategies were shown to be uniquely and culture-specifically organized. Paunonen and Ashton (1998) indicated that the factor structure of variables underlying an inventory could be different across cultures without this necessarily meaning that the inventory is not appropriate for use in the new culture. The Setswana COPE (=S-COPE) was further validated and found acceptable for use in an African context. It was subsequently used in several multidisciplinary projects and rendered meaningful information (e.g., Malan, Malan, Wissing, & Seedat, 2008; Malan et al., 2006). The SACS also showed low reliabilities for the specific hypothesized strategies, and confirmatory factor analysis did not support the intended factor pattern. Another, perhaps culturally more unique factor pattern emerged (Stapelberg & Wissing, 1999). These findings indicate that functioning well as indicated by coping strategies may be variously expressed in different cultural contexts.

J.A.B. Wissing, Wissing, Du Toit, and Temane (2008) validated the English versions of various measures of cognitive, affective, conative, social, and spiritual psychological well-being for use with participants from a relatively individualistic cultural group and in a relatively collectivistic cultural group. Psychometric properties of measures varied from acceptable to unacceptable for use in a specific group. In the case of both groups, the findings supported the reliability and validity of the English versions of the SOC, AFM, SWLS and GHQ, but reliability indices for both the feeling good and functioning well measures were relatively lower in the case of the collectivist group in comparison to that of the individualist group. This may reflect the fact that these scales were originally developed in a western context and may not reflect the most relevant issues for a collectivist group. In the case of the feeling good measures, Cronbach's alpha indices for individualist and collectivist groups were.83 and .64, respectively, for the Positive Affect subscale of the AFM, and .85 and .66 for the SWLS. In the case of the functioning well measures, indices for the individualist and collectivist groups were .88 and .72 for the SOC, and .91 and .86 for the GHQ. Findings on validity of measures varied, to some extent, depending on the method of analysis applied, but were satisfactory.

The Cognitive Flexibility Scale (CFS; a measure of a facet of functioning well) showed acceptable reliability coefficients for both groups, as well as concurrent validity, but construct validity was only found in the case of the collectivist group, as shown by a good RMSEA fit (J. A. B. Wissing et al., 2008). The Life Orientation Test (LOT) that measures the degree of optimistic attitude (a personality disposition for feeling good), the Hope Scale (HS), and the General Self-Efficacy Scale (GSE), showed acceptable reliability coefficients in the individualist group, but not in the collectivist group. However, Van Straten, Temane, Wissing, and Potgieter (2008) found that the Community Collective Efficacy Scale (CCES; a measure of functioning

well in a group context) was reliable and valid in a relatively collectivistic African cultural context. These findings indicate that an exploration of the manifestation and dynamics of feeling well and functioning well measures need to take cultural factors into account.

Supporting the above conclusion, it can be seen in the findings of J. A. B. Wissing et al. (2008) that the strength of correlations between feeling good and functioning well measures differed between relatively individualist groups and relatively collectivistic African groups. The individualist group manifested stronger correlations. The latter group had correlations of .63 and .74 of the SWLS and the SOC, respectively, whereas these correlations were .25 and .53, respectively, in the case of the collectivist group.

Keyes et al. (2008) validated the Mental Health Continuum Short Form (MHC–SF) in Setswana-speaking (culturally relatively collectivistic) South African group (n = 1,050), and found similar correlations between the SWLS and subscales of the MHC–SF; namely, .39 with Emotional Well-Being (feeling good) and .16 with Psychological Well-Being (functioning well on the individual level), and .31 with Social Well-Being (functioning well on a social level). The MHC–SF integrates feeling good and functioning well facets, and thereby provides a relatively holistic evaluation instrument. Khumalo, Temane, and Wissing (2010) developed and validated the General Psychological Well-being Scale (GPWS) based on a general psychological well-being factor identified by Wissing and Van Eeden (2002), and found similar properties for the GPWS as a holistic measure in an African context, unlike that reported by Keyes et al. (2008) for the MHC–SF (cf. Khumalo, Temane, & Wissing, 2011).

Values and Virtues

Van der Wateren (1997) established that Schwartz's (1992, 1994) Value Survey (VS) and the underlying theoretical model of value clusters is applicable in the South African context in the case of white students, but that the hypothesized values cluster differently in the case of black students, and that further research is indicated in this regard.

Khumalo, Wissing, and Temane (2008) validated the English version of the Virtues in Action Inventory of Strengths (VIA-IS) in an availability sample of African participants (n = 256). The VIA-IS measures 24 character strengths (manifested on a behavioural psychological level), which are clustered according to Peterson and Seligman (2004) in six virtue clusters. These virtue clusters and their included strengths are: (a) Wisdom and Knowledge—Curiosity, Love of Learning, Open Mindedness, Creativity, Perspective; (b) Courage—Valour/Bravery, Persistence, Integrity, Zest/Vitality; (c) Humanity and Love—Love, Kindness, Social Intelligence; (d) Justice—Citizenship, Fairness, Leadership; (e) Temperance—Self-regulation, Prudence, Forgiveness and Mercy, Modesty and Humility; and (f) Transcendence—Appreciation of Beauty and Excellence, Gratitude, Hope, Humour and Playfulness, and Spirituality. Khumalo et al. (2008) established that the character strengths do not

cluster as hypothesized in the VIA-model (Peterson & Seligman, 2004) in this African group, but formed an emic factor pattern consisting of three components: the Integrity in Group Context component and the Intrapersonal and Relationship Strengths, which consists of two sub-clusters; namely, Intrapersonal Strengths, and Horizontal and Vertical Relationship Strengths. Being virtues as measured with the VIA-IS thus seemed to reflect a unique underlying value system in an African context. Noteworthy, all virtues significantly correlated in this African group of participants with indices of feeling well (AFM Positive Affect, SWLS) and functioning well (SOC), but much higher with the former than the latter, which is different from what might have been expected on the grounds of the theoretical link between virtues and eudaimonic conceptualizations of well-being.

In a study with a multicultural (n = 1,362) group of learners, Van Eeden, Wissing, Dreyer, Park, and Peterson (2008) also found that the VIA-Youth form did not manifest the theoretically hypothesized six-virtue cluster model of character strengths. In this study, it was found that the VIA-Youth is more homogeneous or unidimensional than multidimensional. Many character strengths correlated significantly with both indices of feeling good (AFM-PA, SWLS) and functioning well (ERS = Ego Resilience Scale; Block & Kremen, 1996). The highest correlations were found in both instances with Vitality and Hope, but in the case of the ERS (functioning well), high correlations with Wisdom and Social intelligence was also found. Various character strengths (i.e., Curiosity, Kindness, Fairness, Forgiveness, Appreciation of Beauty, and Humour) correlated significantly with ERS, but not with the measures of feeling well. Feeling good and functioning well measures are thus, to some extent, differently associated with character strengths. If it can be assumed that the VIA, as a measure, is based on a virtue-ethics meta-theoretical perspective, it thus shows that being true/good, as manifested in character strengths, is more strongly associated with functioning well than with only feeling good, as reported on an empirical level. The studies referred to above, however, did not reflect on the meta-theoretical assumptions implied.

Clarification of the Nature of Psychological Well-Being

Several sub-studies in the FORT research programme explored the nature, dynamics, and correlates of various facets of psychological well-being, including, personality, affective, cognitive, spiritual, behavioural, and other components. These sub-studies also implemented measures of feeling good (AFM and SWLS) and functioning well (SOC), among others.

General Psychological Well-Being

In view of the diverse conceptualizations of psychological well-being that existed from early on in the domain of positive psychology, Wissing and Van Eeden (1997a,

1997b, 2002) explored the empirical manifestations of well-being, as determined with measures from various theoretical backgrounds, in a multicultural group (n = 550) of adults. Measures included the AFM, SOC, SWLS, the POI(= Personal Orientation Inventory; Shostrom, 1974), the Attitudes About Reality Scale (AAR; Jackson & Jeffers, 1989), the Coping Strategy Indicator (CSI; Amirkhan, 1990), the Generalized Self-efficacy Scale (GSE; Tipton & Worthington, 1984), the Perceived Social Support Scale (PSS; Procidano & Heller, 1983), and the Profile of Adaptation to Life (PAL; Ellsworth, 1981). A second-order factor analysis revealed a strong, multidimensional, general psychological well-being factor, including a combination of specific affective, cognitive, and behavioural qualities manifested in various domains of life (intra- and interpersonal, social and contextual, in love, work, and recreation). The SOC, SWLS, and AFM were the strongest predictors of this factor. Findings thus showed that although psychological well-being is conceptualized divergently from different theoretical perspectives, these conceptualizations refer, to an extent, to the same multidimensional phenomenon on an empirical level, and that indices of feeling good and functioning well may be complementary in this regard.

Personality Facets and Emotional Intelligence

Van der Walt (1997) found in a multicultural group of young adults that in the case of personality facets as measured by the NEO Personality Inventory – Revised (NEO-PI-R), the SOC (a measure of functioning well) was more strongly related to the facets of Neuroticism, Extraversion, Agreeableness, and Conscientiousness (r = −.67, .43, .25, and .39, respectively) than measures of feeling well (SWLS: −.41, .40, .18, and .25, respectively; and AFM-PA: −.50, .50, .18, and .34, respectively). Neither feeling good nor functioning well measures showed significant correlations with Openness as a personality facet. Also, SOC correlated more strongly with emotional intelligence (r = .70), as measured with the Bar-On Emotional Quotient Inventory (EQ-I; Bar-On, 1997), than SWLS (r = .55), as reported by Walker (2000). This was specifically clear in the case of the subscales EQ-Independence (r = .45 and .28, respectively) and EQ-Impulse control (r = .45 and .28, respectively), but both the SOC and SWLS showed a .58 correlation in the case of the EQ-Happiness subscale.

Cognitive Well-Being

Brown (2002) explored the cognitive component of psychological well-being in a group of young adults (75 % Caucasian), and showed that 68.8 % of variance in psychological well-being, as expressed in the mean of the standard scores of the SOC, SWLS, and AFM-PA, was predicted by cognitive variables. General constructive thinking, as measured by the Constructive Thinking Inventory (CTI) of Epstein and Meier (1989), showed a stronger association with functioning well

(SOC; r = .71) than with positive affect (AFM-PA; r = .57) or SWLS (r = .54). However, automatic positive thinking, as measured with the Automatic Thoughts Questionnaire – Positive from Ingram and Wisnicki (1988), was more strongly associated with the feeling good measures (AFM: r = .78, and SWLS: r = .64) than with the SOC (r = .56). The difference may be explained by the possibility that general constructive thinking is measured as more an antecedent of psychological well-being, whereas automatic positive thinking may be a consequence of well-being. Cognitive flexibility, as measured by Martin and Rubin's (1995) Cognitive Flexibility Scale, was equally strongly related (r = .56) to AFM and SOC, and slightly lower with SWLS. The same applied to optimism, as measured by the Life Orientation Scale of Scheier and Carver (1987); namely, AFM = .43, SOC = .42, and SWLS = .38.

Stressors, Resources, and Coping Strategies

J.A.B. Wissing (1997) found significant correlations between indices of well-being, stressors, and resources in various life domains, as measured by the Life Stressors and Social Resources Inventory –Youth Form of R. Moos and Moos (1994). Practical significant negative correlations were found between the SOC and stressors in the domain of University Life (r = −.34), and the SWLS and stressors in the domains of Home and Money (r = −.30), and Parents (r = −.31). With regard to social resources, the SOC showed practical significant correlations with the domains Parents (r = .32) and Friends (r = .36), and the SWLS with Parents (r = .38) and AFM-PA with Friends (.35). Interestingly, both the measures of feeling good and functioning well correlated statistically significantly and negatively with negative daily experiences, but had no association with positive daily experiences. The latter would have been expected in terms of efforts to enhance well-being by increasing daily positive experiences (cf., Fredrickson & Joiner, 2002; Lyobomirsky, King, & Diener, 2005).

Findings from the above studies indicate that indices of feeling good and functioning well as two distinct varieties of well-being are both significantly associated with various facets of functioning—similarly in some instances, but differently in others.

Feeling Good and Functioning Well: FORT—EHHI Findings

In the overlap of the FORT research programme and the Eudaimonic–Hedonic Happiness Investigation (EHHI) research programme (cf. Delle Fave et al., 2011), the nature of well-being was explored in a mixed method design in data from different countries. Data were collected on what ordinary lay people conceptualize as happiness, what their most meaningful experiences are, what goals they have, how these phenomena are manifested across life domains, and how they connect. For purposes of this chapter, only some findings on the South African subsamples will be reviewed.

Coetzee, Wissing, and Temane (2010) explored the role of meaning in life and indicated with qualitative and quantitative findings that Family and Spirituality as life domains provided the most meaning to a group of relatively individualistic Afrikaans and English speaking participants. The latter finding seems to be typical in the South African context for both individualistic and collectivistic cultural groups, as well as for various other sociodemographic groups (e.g., Oosthuizen & Wissing, 2005; Patel, Ramgoon, & Paruk, 2009; Temane & Wissing, 2006b), and is different from that reported for other countries as part of the EHHI project (Brdar et al., 2008). The other domains of life that were important resources for meaning in the South African subgroup were Work, Health, Interpersonal Relations, and Personal Growth. The life domains that proved to have relatively little meaning in the respondents' lives were Leisure/Relaxation, Standard of Living, and activities involving the community and society.

As part of the second wave of data-collection in the EHHI research programme, Wissing and Coetzee (2011) explored the conceptualizations and experiences of well-being (as expressed in happiness, meaningfulness, and goals) in flourishing and languishing people across domains of life, and facets of well-being in a multicultural group of South Africans. Findings indicated that flourishing and languishing participants, as defined and measured with Keyes' (2006) MHC scale, differed in degree of happiness in all domains of life (except Health), but only in some life domains in the degree of meaningfulness experienced (Family, Growth, Spirituality, and Community). They also differ in the prominence of specific life domains as resources for both happiness and meaning, as expressed in rank orders and in the integration of happiness and meaning within life domains. This indicates that happiness and meaning, as expressions of feeling good and functioning well, are different but related facets of well-being, and that theories of well-being should take the differential and complementary roles of feeling good and functioning well into account as manifested in various life domains. Findings showed that happiness and meaning are harmoniously integrated across life domains in flourishing people, but lack congruence in languishing participants. This indicates that feeling good and functioning well are well-integrated in high-functioning people, but not in the case of low-functioning people, and that not only the components but also the structure or relationships among components of well-being need to be taken into consideration in theories of well-being. An implication of these findings for practice is that for enhancement of well-being, both facilitation of positive feelings and reflection on and clarification of values should be taken into consideration.

Patterns of Well-Being

In an exploration of the manifestation of well-being in relatively more individualistic and collectivistic cultural groups in South Africa, M. P. Wissing, Wissing, Du Toit, and Temane (2006), and Wissing and Temane (2008) found culture-specific patterns which were reflected in differential associations of measures of feeling

good and functioning well, among others. The broad categories of individualistic and collectivistic cultural contexts and associated worldviews, as identified by Christopher (1999), Diener and Suh (2000), Ebigbo, Oluka, Ezenwa, Obidigo, and Okwaraji (1996), Ikuenobe (1998), and others, can be distinguished in the South African context. Allik and McCrae (2004) empirically confirmed the categorization of white South Africans as more individualistic, and black South Africans as more collectivistic in cultural orientation, but of course this does not apply to every individual. M. P. Wissing et al. (2006) conducted secondary analyses on four data sets, including 1,909 participants from a relatively more individualistic cultural background (white South Africans, Afrikaans, and English speakers), and a relatively more collectivistic South African cultural background (black South Africans, mainly Setswana-speaking). Sub-studies had cross sectional survey designs, and trained fieldworkers assisted in administering the questionnaires in small groups or else individually in a structured interview format (in cases of illiterate participants from rural areas in the THUSA study). Indices measured, among others, SOC, satisfaction with life, affect balance, emotional intelligence, self-concept, fortitude, constructive thinking, cognitive flexibility, automatic positive thoughts, optimism, hope, self-efficacy, spiritual well-being, attributional style, perceived social support, and general (ill)health. Measures tapped facets of affective, cognitive, physical, spiritual, interpersonal, and social well-being. Among the scales implemented were the AFM and SWLS (feeling good), as well as the SOC, CTI, and GSE (functioning well).

Results indicated a general psychological well-being factor identified in both cultural groups, explaining a large percentage of the total variance. This general psychological well-being factor was comprised of various components, such as intrapersonal, affective, cognitive, spiritual, and physical facets, and included both feeling good and functioning well facets. For the white/individualist groups, this factor also included interpersonal and social facets. Factor analysis also identified a secondary conative, action-readiness factor in the case of individualist groups, which was characterized by general self-efficacy beliefs, goal/future-directedness, and flexibility in behaviour in order to reach goals. In the black/collectivist groups, the general psychological well-being component also included conative facets. In the case of the collectivist group, a clear secondary social satisfaction factor emerged, comprised of awareness of social support, satisfaction with life, and PA. This pattern was identified in various data sets, but was more prominent in rural or rural–urban areas than in urban groups, where cultural blending and individualization typical of urban areas might have taken place. Wissing and Temane (2008) noted that this pattern may be typical of an African collectivism that differs in some respects from that in an Asian context: The African collectivistic orientation is more expressive and sunny, whereas Asian collectivism is often expressed in a more tempered manner.

Feeling good measures were thus associated with indices of functioning well in social contexts for the collectivist group, but with indices of functioning well on intrapsychological levels for the individualist groups. The relationship between feeling good and functioning well is thus influenced by cultural contexts. Wissing

and Temane (2008) contended that the second level of a suggested three-level hierarchical model of well-being will specifically manifest the clustering of variables as influenced by cultural factors. It is here that feeling good facets are more strongly associated with intrapsychological, future-directed, agency-related variables in individualist groups, and with functioning well in interpersonal and social contexts for collectivist groups. Interventions to enhance psychosocial health and well-being must thus be sensitive to cultural contexts, and indigenous knowledge of what contributes to feeling good and functioning well should be integrated in efforts to promote healthy life styles and quality of life.

Prevalence and Levels of Feeling Good and Functioning Well

The prevalence of feeling good and functioning well varied in several different South African contexts. The percentages of flourishing, moderately mentally healthy, and languishing participants, as established with a joint measure of feeling good and functioning well (Keyes' MHC–SF), varied from 13.9 % (rural adult Setswana-speaking group) to 60.8 % (multicultural group of college students) for flourishing, and 1.5 % (multicultural group of teachers) to 9 % (adult, urban Setswana-speaking group) for languishing (Wissing & Temane, 2013). In general, all student groups showed higher percentages of flourishing participants than adult groups. This is in line with Keyes' (2006, 2007, Keyes et al., 2010) finding that more youth are flourishing than adults, and that ways should be found to prevent loss of psychosocial well-being as youth become adults. We also found that more black adults are flourishing than white adults (supporting Keyes', 2007 finding) and that contextual and situational factors may play a role (e.g., much higher percentages of participants were flourishing during the year of the Soccer World Cup in South Africa than before and after; Wissing & Temane, 2013).

Van Schalkwyk and Wissing (2010) established that a multicultural group of adolescents (15–17 years of age) manifested 42 % flourishing, 53 % moderately mentally healthy, and 5 % languishing participants, which is very similar to the percentages found by Keyes (2006, 2007); namely, 38 % flourishing, 56 % moderately mentally healthy, and 6 % languishing.

The mean scores for measures of feeling good and functioning well differ, to some extent, among various groups. Wissing, Temane et al. (2010) reported a mean score of 121.86 (SD = 20.2) for the SOC (functioning well measure) in a stratified, randomly selected sample of urban (M = 123.5) and rural (M = 120.0) Setswana-speaking participants (n = 738). This is in the midrange of means, as found by Antonovsky (1993) for 26 studies. However, it is much lower than the mean score of 137 calculated by Strümpfer and Wissing (1998) for 27 studies conducted in South Africa on a total of 3,979 participants. The latter studies were conducted on urban, white, and multicultural samples. The SOC score obtained by Setswana adults (121.86; Wissing, Thekiso et al., 2010) is more or less in line with that reported by J.A.B. Wissing et al. (2008) for Setswana-speaking students with the English

version; namely, a score of 119.8. In a systematic review of 124 international studies, Eriksson and Lindström (2005) reported mean scores for the SOC between 100.5 and 164.5. Generally, the South African mean scores for the Setswana and English versions of the SOC are in the midrange of scores reported. However, there is also great variability: Randomly selected stratified groups of Setswana-speaking participants in urban and rural areas differ, and scores differed over time. Data collection during the years 1998, 2005, and 2008 showed mean scores on the SOC for urban people of 123, 125.5, and 130, respectively, whereas rural participants showed mean scores of 120.1, 125, and 121, respectively (Wissing, Thekiso et al., 2010). Wissing and Coetzee (2011) reported a mean score of 153 for a multicultural group of flourishing participants, and of 85.8 for languishing participants. A group of South African academics had a mean score of 143 (N. T. Malan et al., 2003).

The SWLS is one of the measures of feeling good. Mean scores on this scale varied in South African groups between *dissatisfied* (scores of 10–14) to *satisfied* (scores 26–30), as categorized by Diener (Pavot & Diener, 2008). The lowest scores were obtained in a group of farm workers (M = 13.9, SD = 7.3). J. A. B. Wissing et al. (2008) reported a mean score in the *slightly satisfied* bracket for the English version in a Setswana-speaking group of students (24.2, SD 5.2). In data collection during 1998, 2005, and 2008, randomly selected and stratified groups of Setswana-speaking participants manifested SWLS mean scores in urban areas of 23, 19.8, and 21.9 respectively, whereas rural participants showed mean SWLS scores of 21.2, 15.5, and 14.8, respectively, which demonstrated a decline in feeling well scores of rural people over time (Wissing, Thekiso et al., 2010) Higher mean scores are usually reported in western and more affluent groups (Pavot & Diener, 2008). Wissing and Coetzee (2011) reported a mean score of 26.9 for a multicultural group of flourishing participants, and of 13.7 for languishing participants on the SWLS.

The value of the distinction between feeling good and functioning well measures is shown by the findings that during data collection over time, randomly selected groups of Setswana-speaking participants in urban and rural areas showed differential patterns: the participants showed a decline in feeling well, but not in functioning well over time. This decline in feeling well may be attributed to unfulfilled expectations in the new democratic South Africa, in which rural areas were still very much underserved and under-resourced.

The Dynamics of Feeling Good, Functioning Well, and Being Virtuous

Van der Wateren (1997) explored—in line with predictions from existing literature—whether direct, active coping strategies mediate between individualistic values, as defined in Schwartz's (1992) model, and psychological well-being, as operationalized in terms of measures of both feeling good (AFM and SWLS) and functioning well (SOC). Findings in a multicultural group of students (n = 481) showed that individualistic values did not have a direct effect on the level of psychological

well-being, but that it significantly influenced well-being via direct, active, and constructive coping strategies. The model showed a better fit in the white group than in the black group of students, if evaluated separately. Van der Wateren (1997) also explored whether indirect, passive coping strategies mediate between collectivistic values, as defined in Schwartz's model, and psychological well-being (defined and measured in terms of both feeling good and functioning well). Findings showed that indirect coping strategies did not mediate between collectivistic values and psychological well-being, but that indirect coping strategies were associated with lower levels of psychological well-being.

J.A.B. Wissing (1997) explored the dynamics of stress, resources, coping strategies, and psychological well-being in a multicultural group of youths. Stress, resources, and coping mechanisms were significant predictors of psychological well-being (mean of standardized scores of the SOC, AFM-PA, and SWLS), but the specific stressors, coping strategies, and domains of resources differed in the case of men and women, and especially between white Caucasian and black African participants. Coping strategies, as measured by the Coping Responses Inventory—Youth Form (Moos, 1993), the Coping Strategy Indicator (Amirkhan, 1990), and the Strategic Approach to Coping Scale (Hobfoll et al., 1994/5) mediated significantly between resources and psychological well-being, as well as between stressors and psychological well-being, as indicated by testing of structural equation models.

Temane and Wissing (2006a, 2006b, 2008) explored the dynamics of subjective perceptions of health, spirituality, and personality factors in the relationship between psychological well-being and two different social contexts that are stratified by socioeconomic differentials pertaining to race, socioeconomic indices, and infrastructural resources, by testing various models (in which well-being was defined in terms of feeling good in some models, or functioning well operationalizations in other models). An availability sample of 514 participants from a relatively individualistic, well-resourced context (n = 384, mainly white participants) and from a relatively collectivistic context with poor infrastructure and resources (n = 130, mainly black participants) took part in the study.

Temane and Wissing (2006a) found that subjective perceptions of health mediated the relationship between context and psychological well-being. Model fit varied in relation to the definition of psychological well-being in terms of the general psychological well-being factor (in line with the conceptualization of Wissing & Van Eeden, 2002, which includes feeling good [AFM, SWLS] as well as functioning well [SOC] indices) and in terms of the feeling good (SWLS and AFM) operationalization of psychological well-being, and a model variant consisting of SOC and affect balance. Positive affect was central in the latter models. Satisfaction with life introduced variation in the viability of the model fit. Regression analyses showed that subjective perceptions of health predict satisfaction with life to a lesser extent than SOC and general psychological well-being, and especially so in the case of the relatively more collectivistic African group. This may be linked to the fact that in a traditionally more collectivistic cultural group, satisfaction with life is more strongly associated with social and interpersonal facets than with typical intrapsychological

components (cf. Wissing, Wissing, Temane, & Du Toit, 2004). Findings also indicated that subjective perceptions of health predicted affect balance more strongly than the case with SOC and satisfaction with life. Conceptualization and operationalizations of psychological well-being in terms of feeling good/positive affect thus led to a different pattern of dynamics than models in which well-being was construed in more eudaimonic/functioning well terms. Positive affect played an important role, specifically in the case of the African participants, and in this instance, underscores the importance of Fredrickson's (2001) Broaden and Build model of positive emotion, which argues that positive emotions and affect are the most basic ingredients of psychological well-being. Dynamics also thus differed in the relatively more individualistic and relatively collectivistic contexts involved.

Spirituality mediates the relationship between context and psychological well-being (Temane & Wissing, 2006b). Through the testing of structural equation models, Temane and Wissing found that spirituality explained different amounts of variance when the different conceptualizations of psychological well-being were implemented. The model in which psychological well-being was conceptualized and operationalized in terms of feeling good indices explained the highest amount of variance compared to that explained when the models were conceptualized in terms of functioning well operationalizations, or a combination of feeling good and functioning well measures (general psychological well-being factor). Findings indicated that the hedonic (feeling good) model yielded the highest amounts of variance. This finding was unexpected, as spirituality is generally assumed to be more about meaning. The results also showed that spirituality differentially predicted psychological well-being across the two groups participating in this study, explaining more variance in the African, relatively collectivistic, and under-resourced group. Further research in this regard is indicated.

The dynamics of personality, context, and psychological well-being were explored by Temane and Wissing (2008). They found that both agreeableness and extraversion mediate the relationship between context and psychological well-being. Findings indicated that the feeling good (hedonic) model again comparatively yielded the highest percentage of variance explained in all contexts, as compared to the general factor (feeling good and functioning well) and eudaimonic (functioning well) models. The fit indices for structural equation models showed that the feeling good model best mediated the relationship between context and psychological well-being for both agreeableness and extraversion. These findings indicate the very important role of positive affect, which in this instance may be specifically linked to the phenomenon of positive connections among people, as manifested via the expression of extraversion and agreeableness as personality factors.

Williams, Wissing, Rothmann, and Temane (2009) explored the role of emotional intelligence in the relationship between work context (conceptualized and operationalized as job demands and job resources) and psychological outcomes (conceptualized and operationalized as engagement and psychological well-being) in a multicultural group of public sector employees (n = 459). Psychological well-being was measured by the SWLS and the AFM, which represent a feeling good

conceptualization and operationalization. Findings showed that emotional intelligence moderated the effects of work context on psychological outcomes in this model. Williams, Wissing, Rothmann, and Temane (2010) also explored the role of general self-efficacy in the relationship between work and psychological well-being, where psychological well-being was conceptualized and operationalized in terms of a feeling good model (following earlier findings by Temane & Wissing, 2006a, 2006b) in a group of public sector employees. Findings showed that general self-efficacy significantly predicted both psychological well-being and work engagement, and that general self-efficacy moderated the relationship between work context and psychological outcomes (measured with the SWLS and AFM).

Wissing et al. (2011) explored the role of coping self-efficacy as a mediator between distress (stress and depression) and psychosocial well-being, as measured with Keyes' MHC–SF. This measure combines feeling good and functioning well indicators, but the emphasis is more on the eudaimonic or functioning well components. Data were collected from four groups of participants: Two multicultural student groups who completed the English versions of measures (n1 = 568; n2 = 1,480) and two community groups of Setswana-speaking adults who completed the validated Setswana versions of measures (n3 = 477; n4 = 1,275). Findings showed that coping self-efficacy mediated significantly between symptoms of stress as well as depression, on the one hand, and level of psychosocial well-being, on the other hand, in all groups. This was, however only a partial mediation since the direct pathway between distress and psychosocial well-being was also significant. This partial mediating effect is a robust phenomenon since the same was found in data from various groups from different sociodemographic contexts.

Biological Correlates of Feeling Good and Functioning Well

Botha, Wissing, Ellis, and Vorster (2007) found an association between facets of psychological well-being and the metabolic syndrome in an urban sample, with different manifested patterns for black and white women. The metabolic syndrome (MS), also called the insulin resistance syndrome, refers to a cluster of metabolic, hemodynamic, and anthropometric disorders, such as visceral obesity, hyperglycemia, dyslipidemia, insulin resistance, and high blood pressure (these disorders increase the risk of non-insulin-dependent diabetes mellitus and cardiovascular diseases). Both black and white women who were with and without the metabolic syndrome showed unique patterns of differences on indices of feeling well and functioning well. African women with and without the metabolic syndrome did not differ significantly on the functioning well measures, such as SOC, nor on the AFM feeling good index. They, however, did differ practically significantly on the Positive Relations subscale of Ryff's (1989) scale, with lower scores in the case of those with MS. In contrast, Caucasian women with and without the MS differed practically significantly on several measures of functioning well (lower scores in the case of MS), such as the SOC scale, and the Positive Relations, Environmental Mastery,

and Purpose in Life subscales of Ryff's (1989) SPWB measure, as well as on the feeling good measure (AFM). The feeling good and functioning well measures thus showed differential relationships with biological markers in the case of MS and psychological well-being in different population groups.

L. Malan et al. (2006, 2008) explored the relationship between coping strategies (indices of functioning well/constructively) and physiological indicators of ill-health in urban and rural participants. They found that urban men with an active coping style (problem-solving focused) had, contrary to conventional expectations, a less healthy cardiovascular profile. The cardiovascular responses of the urban men who coped actively were dissociated from the "normal" or typical active coping physiological responses and showed a typical passive coping physiological pattern (α-adrenergic). It seems that although they handle the stress constructively and actively in terms of behaviour, their physiological response reflects a profile of uncontrollable stress. However, the rural participants who subjectively perceived poorer physical health than the urban participants showed a healthier cardiovascular profile. Functioning well on a behavioural level thus manifested different associations with functioning well on a physical (cardiovascular) level in urban and rural participants. These findings showed the importance of contextual factors, and specifically of the urbanization process, but also showed the sensitivity of functioning well indices in detecting these differences. Unfortunately, these studies did not include measures of feeling good for comparison purposes.

Maré, Wissing, Watson, and Ellis (2011) investigated the psychosocial health profiles of participants with and without HIV/AIDS before their infection status was known to them (n = 1,025; males = 386, females = 639; age range = 32–87 years; infected = 153). Participants completed various functioning well measures (CCES and SOC scale) and measures of feeling good (Affectometer 2 and SWLS), among others. They were then also tested for HIV, and feedback was provided. This study was conducted on the interface of the FORT 3 and PURE-SA projects. In the total group as well as in the separate urban and rural groups, participants who were infected with HIV showed lower scores on functioning well indices (SOC scale and CCES) than the participants not infected with HIV. The participants not infected with HIV were functioning better on a psychosocial level, as shown in a significantly higher SOC (a sense of comprehensibility, manageability, and meaningfulness) and a significantly greater capacity to succeed in joint community activities than the participants infected with HIV. In the case of the rural group, the participants infected with HIV unexpectedly manifested significantly higher levels of positive affect. Maré et al. (2011) explained the differences between infected and noninfected participants from a psychosocial and behavioural perspective as follows: It may be that participants with a relatively low sense of integration, social coherence, and cooperation towards collectively achieving meaningful goals—as found in the group of HIV-infected participants—were more inclined to manifest behaviours that would lead to detrimental consequences (in this case HIV infection) for themselves and others. From a biological perspective, the findings show that mental health and quality of life are compromised in some

ways even before HIV status is known and overt symptoms of infection are noticed. The higher level of positive affect in participants with HIV infection in rural areas supports the importance of the distinction between feeling good (i.e., positive affect and satisfaction with life) and functioning well (having a purpose, experiencing meaningfulness, engaging in social contexts), as argued by Keyes (2007).

Wissing, Temane et al. (2010) reported differential associations between various nutritional components and indices of feeling good and functioning well. However, different patterns were also found in rural and urban areas, which indicates that the association between nutrition, context, and dimensions of psychosocial well-being is complex. The same complexity was found in the case of other biological indicators; for example, SWLS was positively associated with waist circumference and body mass index (BMI) only in urban participants, whereas only rural participants showed a negative association between SOC and heart rate.

Enhancing Feeling Good and Functioning Well: Programme Evaluation

In a study to evaluate the effect of a prenatal hypnotherapeutic programme (integrating principles from Ericksonian and ego state therapy, developmental psychology, and positive psychology) on the postnatal psychological well-being of first-time mothers, Guse, Wissing, and Hartmann (2006) included measures of feeling good (AFM and SWLS) and functioning well (SOC and GSE scales). The programme focused on activating and utilizing inner resources, such as hope and optimism, and stressed maintaining health and well-being while also preparing for change and growth. The results indicated that the hypnotherapeutic intervention had a significant impact on first time mothers' psychosocial well-being at 2-weeks postpartum, and that this improvement was maintained 10 weeks later in comparison to a control group, as shown on all measures of feeling good and functioning well. Findings such as these indicate that some programmes, such as this one by Guse et al. (2006), may be able to enhance both the hedonic (feeling good) and more eudaimonic (functioning well) components of well-being.

Van Schalkwyk and Wissing (this volume) evaluated the effect of a programme to enhance psychosocial well-being in a group of 10th-grade students in a mixed method design. This programme focused on the development of skills linked to selected strengths, such as persistence, perspective, self-regulation, gratitude, enthusiasm, and kindness; that is, facets of functioning well. Findings showed that the programme enhanced some facets of functioning well and decreased symptoms of depression and stress. However, not all facets of functioning well were equally changed, which indicates that within the functioning well and feeling well dimensions, many differences may exist in facets of these broad categories.

Conclusion

The FORT research programme included several measures of functioning well and feeling good in the various subprojects, which provided the opportunity to explore the relevance and possible differential roles of the feeling good and functioning well dimensions in the understanding of psychosocial well-being and the relationships thereof with other facets of human functioning. In general, findings in an African context also show that the feeling good and functioning well distinction is valuable in understanding the complexity of psychosocial well-being and its dynamics. However, very few sub-studies and indices related to values (being true) were included, and much more research is needed on values, meta-theoretical perspectives, and the implications thereof. Being true, as conceptualized in this chapter, can of course also be seen as a facet of functioning well, and as a part of the eudaimonic approach to well-being. However, research on character strengths and values related to well-being are more linked to a virtue-ethics perspective on a meta-theoretical level, whereas other eudaimonic and functioning well empirical studies are more in line with a teleological or consequential approach to moral philosophy. Most of the studies in the FORT research programme did not explicitly comment on meta-theoretical positions with regard to ontological assumptions, assumptions with regard to the philosophy of science, or an ethical point-of-departure. The focus was mostly on the theoretical/hypothetical and empirical levels. Contributions were made in the validation and development of measures to evaluate psychosocial well-being in an African context; on the clarification of the nature of psychosocial well-being; establishing unique patterns of well-being in an African, more collectivistic context versus patterns found in typical western, more individualistic contexts; the dynamics of well-being; and some biological correlates of well-being. In all of these studies, the feeling good and functioning well distinction contribute to a more comprehensive understanding of the phenomena involved.

Future research should pay more attention to the confluence of meta-theoretical assumptions (especially ethical assumptions on the relationship between values and behaviour), theory, and empirical findings, and the implications thereof. Much more research is also needed on meaning, meaning-making, goals, and values (elements of functioning well and being true, as conceptualized from an eudaimonic perspective) in an African context, and on the interplay of functioning well and feeling good, in order to understand the complexity of psychosocial well-being, health, and quality of life in the unique, multicultural South African context. Research is specifically needed on what feeling good, functioning well, and being true mean in a multicultural context, and how that could be enhanced to also build positive communities, societies, and a positive nation.

References

Allik, J., & McCrae, R. R. (2004). Toward a geography of personality traits: Patterns of profiles across 36 cultures. *Journal of Cross-Cultural Psychology, 35*(1), 13–28.

Amirkhan, J. (1990). A factor analytically derived measure of coping: The coping strategy indicator. *Journal of Personality and Social Psychology, 59*(5), 1066–1074.

Antonovsky, A. (1987). *Unravelling the mystery of health: How people manage stress and stay well*. San Francisco: Jossey-Bass.

Antonovsky, A. (1993). The measure and properties of the sense of coherence scale. *Social Science & Medicine, 36*, 725–733.

Bar-On, R. (1997). *Bar-on emotional quotient inventory administrator's guide*. Toronto, ON: Multi-Health Systems.

Block, J., & Kremen, A. M. (1996). IQ & ego-resiliency: Conceptual & empirical connections and separateness. *Journal of Personality and Social Psychology, 70*, 349–351.

Botha, E. M., Wissing, M. P., Ellis, S. M., & Vorster, H. H. (2007). Psychological well-being and the metabolic syndrome in African and Caucasian women. *Journal of Psychology in Africa, 17*(1), 85–92.

Bradburn, N. M. (1969). *The structure of psychological well-being*. Chicago: Aldine.

Brdar, I., Delle Fave, A., Engeser, S., Freire, T., Vella-Brodrick, D., Wissing, M. P., & Zaccagnini, J. L. (2008, July). *Eudaimonic happiness and the Eudaimonic Happiness Inventory: A cross-cultural investigation.* Paper presented at the 4th European Conference on Positive Psychology, Opatje/Rijeka, Croatia.

Brown, C. (2002). *Klarifikasie van die kognitiewe komponent van psigologiese welsyn* [Clarification of the cognitive component of psychological well-being]. Unpublished maters dissertation, Potchefstroom University, Potchefstroom, South Africa.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 57*(2), 276–283.

Christopher, J. C. (1999). Situating psychological well-being: Exploring the cultural roots of its theory and research. *Journal of Counseling and Development, 71*, 149–156.

Coetzee, H. K., Wissing, M. P., & Temane, Q. M. (2010). Die belewing van betekenisvolheid deur 'n groep Suid-Afrikaners (Meaningfulness as experienced by a group of South Africans). *Tydskrif vir Geesteswetenskappe/Journal of Humanities, 50*(3), 293–312.

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior, 24*, 385–396.

Delle Fave, A., Brdar, I., Freire, T., Vella-Brodrick, D., & Wissing, M. P. (2011). The eudaimonic and hedonic components of happiness. *Social Indicators Research, 100*(2), 158–207.

Diener, E., Emmons, R., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment, 49*(1), 71–75.

Diener, E., & Suh, E. M. (2000). Measuring subjective well-being to compare the quality of life of cultures. In E. Diener & E. M. Suh (Eds.), *Culture and subjective well-being* (pp. 4–12). Cambridge, MA: MIT Press.

Du Toit, M. M., Wissing, M. P., & Randall, P. B. (1998). Sense of coherence (SOC), personality and mental health. In L. Schlebusch (Ed.), *South Africa beyond transition: Psychological well-being. Proceedings of the Third Annual Congress of the Psychological Society of South Africa* (pp. 61–66). Pretoria, South Africa: PsySSA.

Ebigbo, P. O., Oluka, J. I., Ezenwa, M. O., Obidigbo, G. C., & Okwaraji, F. E. (1996). Clinical psychology in Sub-Saharan Africa. *World Psychology, 2*(1), 87–102.

Ellsworth, R. B. (1981). *Profile of adaptation to life: Clinical scale manual*. Palo Alto, CA: Consulting Psychologists Press.

Epstein, S., & Meier, P. (1989). Constructive thinking: A broad coping variable with specific components. *Journal of Personality and Social Psychology, 57*(2), 332–350.

Eriksson, M., & Lindström, B. (2005). Validity of Antonovsky's sense of coherence scale: A systematic review. *Journal of Epidemiology and Community Health, 59*, 460–466.

Flores, L. Y., & Obasi, E. M. (2003). Positive psychological assessment in an increasingly diverse world. In S. J. Lopez & C. R. Snyder (Eds.), *Positive psychological assessment: A handbook of models and measures* (pp. 41–54). Washington, DC: American Psychological Association.

Forgeard, M. J. C., Jayawickreme, E., Kern, M., & Seligman, M. E. P. (2011). Doing the right thing: Measuring well-being for public policy. *International Journal of Well-Being, 1*(1), 79–106. doi:10.5502/ijw.v1i1.15.

Fowers, B. J. (2008). From continence to virtue: Rediscovering goodness, character unity, and character types for positive psychology. *Theory & Psychology, 18*, 629–653.

Fowers, B. J. (2012). Placing virtue and the human good in psychology. *Journal of Theoretical and Philosophical Psychology, 32*(1), 1–9.
Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist, 56*(3), 218–226.
Fredrickson, B. L., & Joiner, T. (2002). Positive emotions trigger upward spirals toward emotional well-being. *Psychological Science, 13*(2), 172–175.
Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the general health questionnaire. *Psychological Medicine, 9*, 139–145.
Guse, C., Wissing, M. P., & Hartman, W. (2006). The effect of a prenatal hypnotherapeutic program on postnatal maternal psychological well-being. *Journal of Reproductive and Infant Psychology, 24*(2), 163–177.
Hobfoll, S. E., Dunahoo, C. L. Y., & Monnier, J. (1994/5). *Preliminary test manual: Strategic approach to coping (SACS)*. Kent, OH: Applied Psychology Center, Kent State University.
Ikuenobe, P. (1998). Moral education and moral reasoning in traditional African cultures. *Journal of Value Inquiry, 32*, 25–42.
Ingram, R. E., & Wisnicki, K. S. (1988). Assessment of positive automatic cognition. *Journal of Consulting and Clinical Psychology, 56*(6), 698–902.
Jackson, L. A., & Jeffers, D. L. (1989). The attitudes about reality scale: A new measure of personal epistemology. *Journal of Personality Assessment, 53*(2), 352–365.
Kammann, N. R., & Flett, R. (1983). Affectometer 2: A scale to measure current level of general happiness. *Australian Journal of Psychology, 35*(2), 259–265.
Kashdan, T. B., Biswas-Diener, R., & King, L. A. (2008). Reconsidering happiness: The costs of distinguishing between hedonics end eudaimonia. *The Journal of Positive Psychology, 3*(4), 219–233.
Keyes, C. L. M. (2006). The subjective well-being of America's youth: Towards a comprehensive assessment. *Adolescent & Family Health, 4*(1), 3–11.
Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist, 62*(2), 95–108.
Keyes, C. L. M., & Annas, J. (2009). Feeling good and functioning well: Distinctive concepts in ancient philosophy and contemporary science. *The Journal of Positive Psychology, 4*(3), 197–201.
Keyes, C. L. M., Myers, J. M., & Kendler, K. S. (2010). The structure of the genetic and environmental influences on mental well-being. *American Journal of Public Health, 100*(12), 2379–2384. doi:10.2105/AJPH.2010.193615.
Keyes, C. L. M., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology, 82*(6), 1007–1022.
Keyes, C. L. M., Wissing, M. P., Potgieter, J., Temane, Q. M., Kruger, A., & Van Rooy, S. (2008). Evaluation of the mental health continuum short form (MHC-SF) in Setswana speaking South Africans. *Clinical Psychology and Psychotherapy: International Journal of Theory and Practice, 15*, 181–192.
Khumalo, I. P., Temane, Q. M., & Wissing, M. P. (2010). Development and initial validation of a general psychological well-being scale (GPWS) in an African Context. *Journal of Psychology in Africa, 20*(1), 13–22.
Khumalo, I. P., Temane, Q. M., & Wissing, M. P. (2011). Well-being in the Batswana cultural context: Constructs and measures. *Journal of Psychology in Africa, 21*(2), 277–286.
Khumalo, I. P., Wissing, M. P., & Temane, Q. M. (2008). Exploring the validity of the VIA-inventory of strengths in an African context. *Journal of Psychology in Africa, 18*(1), 133–144.
Kruger, A. (2001). *Protocol of the FLAGH study*. Unpublished document. PU for CHE, Potchefstroom, South Africa.
Kruger, A. (2005). *Prospective urban and rural epidemiological study (PURE): Instruction manual for South Africa* (2nd draft). Potchefstroom, South Africa: North-West University.
Lyobomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin, 131*(6), 803–855.
Malan, L., Malan, N. T., Wissing, M. P., & Seedat, Y. K. (2008). Coping with urbanization: A cardiometabolic risk? The THUSA study. *Biological Psychology, 79*, 323–328.

Malan, L., Schutte, A. E., Malan, N. T., Wissing, M. P., Vorster, H. H., Steyn, H. S., et al. (2006). Specific coping strategies of Africans during urbanization: Comparing cardiovascular responses and perception of health data. *Journal of Biological Psychology, 72*(3), 305–310.

Malan, N. T., Wissing, M. P., Schutte, A. E., Van der Merwe, H. J., Scholtz, C. F., Van Rooyen, J. M., et al. (2003). *Die Psigofisiologiese gesondheidsprofiel van personeel aan die PU vir CHO soos blyk uit die SOPP-projek* [The psycho-physiological health profile of staff members of the Potchefstroom University as indicated in the SOPP-project]. Internal report to the Management Committee.

Maré, L., Wissing, M. P., Watson, M., & Ellis, S. M. (2011). Psychosocial health of an African group before awareness of HIV status: A comparative study. *Journal of Psychology in Africa, 21*(1), 7–14.

Martin, M. M., & Rubin, R. B. (1995). A new measurement of cognitive flexibility. *Psychological Reports, 76*, 623–626.

McMahan, E. A., & Estes, D. (2011). Hedonic versus eudaimonic conceptions of well-being: Evidence of differential associations with self-reported well-being. *Social Indicators Research, 103*, 93–108. doi:10.1007/s11205-010-9698-0.

Moos, R. H. (1993). *Coping responses inventory: Youth form manual*. Odessa, FL: Psychological Assessment Resources.

Moos, R., & Moos, B. (1994). *Life stressors and social resources inventory: Youth form professional manual*. Odessa, FL: Psychological Assessment Resources.

Oosthuizen, C. M., & Wissing, M. P. (2005). Prevalence of violence against women: Distress, coping and psychological well-being – Surviving the fire? *South African Journal of Psychology, 4*, 637–656.

Patel, C. J., Ramgoon, S., & Paruk, Z. (2009). Exploring religion, race and gender as factors in the life satisfaction and religiosity of young South African adults. *South African Journal of Psychology, 39*(3), 266–274.

Paunonen, S. V., & Ashton, M. C. (1998). The structured assessment of personality across cultures. *Journal of Cross-Cultural Psychology, 29*(1), 50–170.

Pavot, W., & Diener, E. (2008). The satisfaction with life scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology, 3*(2), 137–152. doi:10.1080/17439760701756946.

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. New York: American Psychological Association/Oxford University Press.

Procidano, M. E., & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology, 11*(1), 1–4.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology, 52*, 141–166.

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069–1081.

Scheier, M. F., & Carver, C. S. (1987). Dispositional optimism and physical well-being: The influence of generalized outcome expectancies on health. *Journal of Personality, 55*(2), 169–210.

Schutte, A. E., Kruger, H. S., Wissing, M. P., Underhay, C., & Vorster, H. H. (2005). The emergence of the metabolic syndrome in urban obese African women: The POWIRS study. *South African Journal of Science, 101*(1/2), 61–67.

Schwartz, S. H. (1992). Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries. In M. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 25, pp. 1–66). New York: Academic.

Schwartz, S. H. (1994). *Packet for participation in cross-cultural research on values*. Jerusalem, Israel: Department of Psychology, Hebrew University.

Shostrom, E. L. (1974). *Manual: Personal orientation inventory: An inventory for the measurement of self-actualization*. San Diego, CA: EdITS.

Stapelberg, R., & Wissing, M. P. (1999, July 18–23). *The psychometric properties of the COPE and strategic approach to coping scale (SACS) in a Setswana speaking group*. Paper delivered at the first International Psychology Congress in Africa (IU PsyS, IAAP, IACCP, PsySSA).

Strümpfer, D. J. W. (1990). Salutogenesis: A new paradigm. *South African Journal of Psychology, 20*(4), 265–276.

Strümpfer, D. J. W. (1995). The origins of health and strength: From salutogenesis to fortigenesis. *South African Journal of Psychology, 25*(2), 81–89.

Strümpfer, D. J. W., & Wissing, M. P. (1998, September). *Review of South African data on the sense of coherence scale as a measure of fortigenesis and salutogenesis*. Paper presented at the Fourth Annual Congress of the Psychological Society of South Africa, Cape Town, South Africa.

Temane, Q. M., & Wissing, M. P. (2006a). The role of subjective perception of health in the dynamics of context and psychological well-being. *South African Journal of Psychology, 36*(3), 564–581.

Temane, Q. M., & Wissing, M. P. (2006b). The role of spirituality as a mediator for psychological well-being across different contexts. *South African Journal of Psychology, 36*(3), 582–597.

Temane, Q. M., & Wissing, M. P. (2008). The role of personality factors in the dynamics of context and psychological well-being. *Journal of Psychology in Africa, 18*(1), 105–114.

Tiberius, V. (2004). Cultural differences and philosophical accounts of well-being. *Journal of Happiness Studies, 5*(3), 293–314. doi:10.1007/s10902-004-8791-y.

Tipton, R. M., & Worthington, E. L. (1984). The measurement of generalized self-efficacy: A study of construct validity. *Journal of Personality Assessment, 48*(5), 545–548.

Van der Walt, T. S. P. (1997). *Die dinamiek van persoonlikheidsfaktore, coping-prosesse en psigologiese welsyn by jeugdiges* [The dynamics of personality factors, coping processes and psychological well-being in youths]. Unpublished master's dissertation, Potchefstroom University, Potchefstroom, South Africa.

Van der Wateren, E. (1997). *Die dinamiek van waardes, coping style en psigologiese gesondheid by 'n groep jeugdiges* [The dynamics of values, coping style and psychological well-being in a group of youths]. Unpublished master's dissertation, Potchefstroom University, Potchefstroom, South Africa.

Van Eeden, C., Wissing, M. P., Dreyer, J., Park, N., & Peterson, C. (2008). Validation of the values in action inventory of strengths for youth (VIA-Youth) among South African learners. *Journal of Psychology in Africa, 18*(1), 145–156.

Van Schalkwyk, I., & Wissing, M. P. (2010). A mixed method study of psychological well-being in a group of South African adolescents. *Journal of Psychology in Africa, 20*(1), 53–60.

Van Straten, W., Temane, Q. M., Wissing, M. P., & Potgieter, J. (2008). Validation of a community collective efficacy scale in an African context. *Journal of Psychology in Africa, 18*(2), 237–244.

Vorster, H. H. (1996). *Transition and health during urbanization of South Africans (THUSA)*. Unpublished research protocol, Potchefstroom University for CHE.

Vorster, H. H., Wissing, M. P., Venter, C. S., Kruger, H. S., Kruger, A., Malan, N. T., et al. (2000). The impact of urbanization on physical and mental health of Africans in the Northwest Province of South Africa: The THUSA study. *S.A. Journal of Science, 96*, 505–514.

Walker, H. (2000). *Clarification of the affective component of psychological well-being*. Unpublished master's dissertation, Potchefstroom University, Potchefstroom, South Africa.

Waterman, A. S. (2007). Doing well: The relationship of identity status to three conceptions of well-being. *Identity: International Journal of Theory and Research, 7*, 289–308.

Waterman, A. S., Schwartz, S. J., & Conti, R. (2008). The implications of two conceptions of happiness (hedonic enjoyment and eudaimonia) for the understanding of intrinsic motivation. *Journal of Happiness Studies, 9*, 41–79.

Waterman, A. S., Schwartz, S. J., Zamboanga, B. L., Ravert, R. D., Williams, M. K., Bede Agocha, V., et al. (2010). The questionnaire for eudaimonic well-being: Psychometric properties, demographic comparisons, and evidence of validity. *The Journal of Positive Psychology, 5*(1), 41–61. doi:10.1080/17439760903435208.

Williams, S.-A., Wissing, M. P., Rothmann, S., & Temane, Q. M. (2009). Emotional intelligence, work, and psychological outcomes in a public service context. *Journal of Psychology in Africa, 19*(4), 531–540.

Williams, S.-A., Wissing, M. P., Rothmann, S., & Temane, Q. M. (2010). Self-efficacy, work, and psychological outcomes in a public service context. *Journal of Psychology in Africa, 20*(1), 43–52.

Wissing, J. A. B. (1997). *Die dinamiek van stres, bronne, coping en psigologiese welsyn by jeugdiges* [The dynamics of stress, resources, coping and psychological well-being in youths]. Unpublished master's dissertation, Potchefstroom University, Potchefstroom, South Africa.

Wissing, J. A. B., Wissing, M. P., Du Toit, M. M., & Temane, Q. M. (2008). Psychometric properties of various scales measuring psychological well-being in a South African context: The FORT 1 project. *Journal of Psychology in Africa, 18*(4), 511–520.

Wissing, M. P. (1986). *Psigologiese gesondheid en optimale funksionering* [Psychological well-being and optimal functioning]. Potchefstroom, South Africa: Wesvalia.

Wissing, M. P. (1998). *Clarification and advancement of psychosocial well-being and strengths (FORT1).* Unpublished research protocol, Potchefstroom University, Potchefstroom, South Africa.

Wissing, M. P. (2000, May 2–5). *Wellness: Construct clarification and a framework for future research and practice.* Keynote address presented at the 1st South African National Wellness Conference, UPE, Port Elizabeth.

Wissing, M. P. (2005). *Understanding and promoting psychosocial health, resilience and strengths in an African context (FORT2).* Unpublished research protocol, Funded by the National Research Foundation of South Africa.

Wissing, M. P. (2008). *The prevalence of levels of psychosocial health: Dynamics and relationships with biomarkers of (ill)health in the South African contexts (FORT3).* Unpublished research protocol, Funded by the National Research Foundation of South Africa.

Wissing, M. P., & Coetzee, H. (2011, July 23–26). *Well-being: Perspectives of people who are flourishing or languishing.* Paper presented at the Second International Positive Psychology Conference, Philadelphia.

Wissing, M. P., Khumalo, I. T., Oosthuizen, C. M., Nienaber, A. W., Kruger, A., Potgieter, J. C., et al. (2011). Coping self-efficacy as mediator in the dynamics of psychological well-being in various contexts. *Journal of Psychology in Africa, 21*(2), 165–172.

Wissing, M. P., Pretorius, T., & Heyns, M. (1997). *A Trans-University research programme in Fortology.* Unpublished research protocol, Potchefstroom, South Africa.

Wissing, M. P., & Temane, Q. M. (2008). The structure of psychological well-being in cultural context: Towards a hierarchical model of psychological health. *Journal of Psychology in Africa, 18*(1), 45–56.

Wissing, M. P., & Temane, Q. M. (2013). The prevalence of levels of well-being revisited in an African context. In C. L. M. Keyes (Ed.), *Mental well-being: International contributions to the study of positive mental health* (Chapter 4: pp. 71–90). Dordrecht, The Netherlands: Springer.

Wissing, M. P., Temane, M., Khumalo, T., Kruger, A., & Vorster, E. (2010, June 23–26). *Urbanization and psychosocial well-being: The case of rural versus urban health.* Paper presented at the 5th European Conference on Positive Psychology, Copenhagen, Denmark.

Wissing, M. P., Thekiso, S., Stapelberg, R., Van Quickelberge, L., Choabi, P., Moroeng, C., et al. (1999, July). *Psychometric properties of scales measuring psychological well-being in an African group.* Paper presented at the first International Psychology Congress in Africa (IU PsyS, IAAP, IACCP, PsySSA), Durban.

Wissing, M. P., Thekiso, S. M., Stapelberg, R.,Van Quickelberge, L., Choabi, P., Moroeng, C., et al. (2010). Validation of three Setswana measures for psychological well-being. *SA Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde*, *36(2)*, Art. #860, 1–8. doi:10.4102/sajip.v36i2.860

Wissing, M. P., & Van Eeden, C. (1997a, July 14–18). *Facing the challenge to explicate mental health salutogenically: Sense of coherence and psychological well-being*. Paper delivered at the 55th Annual Convention of the International Council of Psychology, Graz, Austria.

Wissing, M. P., & Van Eeden, C. (1997b, September 10–12). *Psychological well-being: A fortigenic conceptualization and empirical clarification*. Paper delivered at the 3rd annual congress of Psychological Society of South Africa, Durban.

Wissing, M. P., & Van Eeden, C. (2002). Empirical clarification of the nature of psychological well-being. *South African Journal of Psychology, 32*, 32–44.

Wissing, M. P., Wissing, J. A. B., Du Toit, M. M., & Temane, Q. M. (2006). Patterns of psychological well-being and satisfaction with life in cultural context. In A. Delle Fave (Ed.), *Dimensions of well-being: Research and intervention* (pp. 14–33). Milano, Italy: Franco Angeli.

Wissing, M. P., Wissing, J. A. B. & Temane, Q. M. (2004, July 5–8). *Psychological well-being: identifying a G-factor in various cultural contexts*. Paper presented at the 2nd European Conference on Positive Psychology, Verbania Pallanza, Italy.

World Health Organization. (1999). *Definition of health.* Retrieved from https://apps.who.int/aboutwho/en/definition.html

Chapter 12
Coping and Cultural Context: Implications for Psychological Health and Well-Being

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The adverse effects of stress on the physiological health and psychological well-being of individuals has a long research history (Kyriacou, 1987; Selye, 1975). Chronic distress, which results from situations where environmental or emotional demands are perceived by individuals as exceeding their adaptive resources, has been shown to reduce psychological well-being (Bach, 2000) and eventually lead to burnout, cynicism, and exhaustion (Mearns & Cain, 2003). Physiologically, stress has been associated with suppressed immune sufficiency and an increase in disease susceptibility (De Kooker, 2008; Folkman, & Moskowitz, 2000), as well as an increase in cardiovascular risk factors (Mashele, Van Rooyen, Malan, & Potgieter, 2010). Importantly, the large degree of individual variance that exists with regard to the extent of adverse effects of stress on individual's health and well-being (Heppner et al., 2006) has emphasized the complexity of this relation. An individual's reaction to stress and trauma is obviously influenced by the nature and severity of the stressor.

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Within the rapidly growing movement of positive psychology, increasing research attention has also been given to the individual's ability to utilize psychological resources in order to reduce stress and improve health (Baumgardner & Crothers, 2009). This has stimulated renewed efforts to identify character strengths and coping strategies that can aid in the development and maintenance of psychological health (Valle, Heubner & Saldo, 2006).

Coping can be defined as a variety of behavioural and cognitive strategies that individuals employ in order to manage their stress (Folkman & Moskowitz, 2004). The effective implementation of coping strategies has been found to buffer the negative effect of stress (Ben-Zur, 1999; Law, 2004), and has thus been suggested to have a positive influence on both individual functioning in the short term, and long-term physical health and psychological well-being (Skinner, Edge, Altman, & Sherwood, 2003). Conversely, it has been found that the absence of effective coping strategies often leads to negative emotions and poor overall functioning and work performance (Brown, Westbrook, & Challagalla, 2005). Moreover, when individuals turn to negative coping behaviour, such as smoking, binge eating, and alcohol use (Folkman & Moskowitz, 2004; Olivier & Venter, 2003), this often impacts negatively on their physical health. According to the 2007 Guidelines for the Management of Arterial Hypertension, smoking and the use of alcohol increases blood pressure levels and the prevalence of hypertension, which causes an increased risk of a stroke. Hamer, Molloy, and Stamatakis (2008) have also found that dysfunctional coping behaviour and strategies explain up to 60 % of the relation between distress and CVD events. Thus, the combined negative impact of high stress levels and ineffective coping behaviour on the physical health and psychological well-being of individuals is evident.

In spite of the apparent importance of coping for our overall health and well-being, research attempts aimed at unravelling this association have been seriously hampered by a number of factors. Pearlin and Schooler (1987) remarked decades ago that "coping needs more detailed specification… because of the bewildering richness of behaviour relevant to it" (p. 4). The subsequent identification of literally hundreds of potential coping responses, measured by the vast array of coping assessments that have been developed (Skinner et al., 2003), is one factor that has contributed to coping literature's seemingly poor integration. Another challenge facing coping research is the realization that coping is far more than a stable set of individual strategies. Increasingly, coping is referred to with terms highlighting its complexity and its dynamic nature, such as an *organizational construct* (Skinner et al., 2003, p. 217), or as *regulation under stress* (Skinner & Zimmer-Gembeck, 2007, p. 107). This is due in part to the realization that the coping process and choice of coping response is not an individual affair, but is often shaped by numerous factors, including the nature and severity of the stressor, social relationships, and contexts (Compas, 1987), as well as cultural factors (Chang, 1996). The latter, however, represents what has been identified as one of the biggest challenges facing coping research.

Despite the extensive research attention given to the coping process, literature that addresses cultural variation in the coping process and its effect on psychological well-being and physical health is scarce. The vast majority of research on stress and

coping has emanated from a Western context, which is characterized as adhering to an individualistic world view. Heppner et al. (2006), for instance, cite a substantial body of research that, in the past 20 years, indicates that "applied problem solving plays a crucial adaptive role in dealing with stressful life events and often mediates or moderates the relationship between both psychological and physical health" (p. 107). Research conducted in non-Western contexts, however, has emphasized the impact of cultural and contextual factors on the assumed relations between personal control, stress, and psychological well-being (Daly, Jennings, Beckett, & Leashore, 1995; Van der Walt, Potgieter, Wissing, & Temane, 2008). For instance, research by O'Connor and Shumizu (2002) has demonstrated differences in coping styles between British (individualistic) and Japanese (collectivistic) groups, with the latter showing a coping style focused significantly less on problem solving and personal control, and the greater use of emotion-focused coping strategies when compared to their British counterparts. Similar differences between individualistic and collectivistic groups were identified by Utsey, Adams, and Bolden (2000), as well as Heppner et al. (2006). Baumgardner and Crothers (2009) are of the opinion that the issue of universality vs. cultural relativity of various constructs that contribute to a "good life" or psychological well-being will likely be a major part of (positive) psychology's future research agenda.

The South African context poses various unique challenges to the maintenance of psychological well-being. These are sighted by Van der Walt et al. (2008) and by Vosloo, Potgieter, and Temane (2009) as, amongst others, the pervasive effects of Apartheid and racism, poverty, HIV/AIDS, and rapid urbanization. While this provides the ideal laboratory for investigating stress, the coping process, and its impact on individuals' health and well-being in all its complexity, this population consists of a variety of cultural groups ranging from white South Africans—who typically exhibit a more individualistic orientation—to traditionally black South Africans—who exhibit a more collectivistic cultural orientation (Wissing & Temane, 2008). Given the idiosyncrasies of this context, and increasing recognition of the *social embeddedness* (p. 230) of the coping process (Skinner et al, 2003), it would be risky to assume that coping resources with a proven effect on well-being in Western—and even more collectivistic Asian contexts—would also be effective in the maintenance of psychological well-being in the black South African context.

The absence of research in this regard highlights the importance of studies that give eminence to the use of certain types of coping behaviour among black South Africans, and how these coping strategies affect the psychophysiological health and well-being of these individuals. We were thus interested in examining the coping preferences of an African group, as well as the impact of preferred coping strategies on these individuals' stress perception and psychological well-being. In line with existing literature on coping in collectivistic cultural contexts, we hypothesized that the use of emotion-focused coping and seeking social support would more frequently be endorsed by the African group, and that these preferred coping styles would be positively associated with their psychological well-being. The aim of this research was thus to examine the effects of coping behaviour on stress perception and the psychological well-being of a cohort of African individuals.

Method

Design

The current study was conducted as part of the SABPA (Sympathetic Activity and Ambulatory Blood Pressure in Africans) and FORT 3 (Psychosocial Health and Biomarkers) projects. Data for the SABPA project was collected through the use of a cross-sectional target population design. Statisticians from the North-West University Statistical Consulting Services were involved in the statistical analysis of the data.

Participants

The research sample consisted of 200 urbanized African secondary school educators residing in the Kenneth Kahunda district of the North West Province, South Africa. The homogenous nature of this group methodologically controlled for a number of potential confounders, such as average income and years of formal education. The majority of participants were Tswana-speaking (n = 184), with a small number of Sotho- (n = 15) and Zulu- (n = 1) speaking individuals. Despite the fact that a degree of acculturation had taken place, all participants were from a traditionally more collectivistic cultural orientation (Wissing & Temane, 2008). This group was subdivided into male (n = 101) and female (n = 99) subgroups. Participants' ages ranged between 25 and 63 years. Exclusion criteria regarding the SABPA project consisted of the following: being pregnant or lactating, current or recent use of alpha- and beta-blockers or other psychotropic substances, having a temperature above 37° C, and having donated blood or having been vaccinated in the 3 months prior to the study (Mashele et al., 2010).

Measures

Coping Strategy Indicator (CSI; Amirkhan, 1990)

The Coping Strategy Indicator (CSI) was applied to reveal the general coping strategies (Amirkhan, 1990) utilized by participants in response to stressful situations. Participants were requested to read through a list of 33 coping strategies, and then to indicate the extent to which a particular strategy was used during a recent (i.e., within the last 6 months) stressful event on a 3-point Likert-type scale that included the response options *a lot*, *a little*, and *not at all*.

The CSI identifies three general coping strategies which, although not exhaustive, seem to resemble the most basic human reactions to threat. This includes problem

solving (a strategy of *direct assault*, referring to primitive fight tendencies), avoidance (representative of *escape responses* and *ancient flight inclinations*), and seeking support (which refers to the *need for human contact in times of duress*; Amirkhan, 1990, p. 1073). These coping responses are represented by three independent subscales which, according to the author, should be free from demographic influences.

Validity and reliability of this measure have been established (Amirkhan, 1990). The internal consistency of subscales in this study was high for the problem-solving subscale ($\alpha = 0.83$) and seeking social support subscale ($\alpha = .87$), and slightly lower for the avoidance subscale ($\alpha = 0.63$). The chi-square test statistic divided by the degree of freedom was 1.59, which is less than the guideline value of 2. The Tucker-Lewis index was 0.78 and the RMSEA was 0.04, with a 90 % confidence interval of [0.03; 0.04], which was lower than the guideline value of 0.06. These measures could be taken as an indication of a satisfactory fit.

The Teacher Stress Inventory (TSI; Boyle, Borg, Falzon & Baglioni, 1995)

The Teacher Stress Inventory (TSI) measures the level of occupational stress experienced by teachers. Participants were presented with different stressors and then requested to answer the question, "As a teacher, how great a source of stress are these factors to you?" The scale uses a 5-point Likert-type response format, which includes the response options *no stress*, *mild stress*, *moderate stress*, *much stress*, and *extreme stress*.

This 20-item self-report scale was derived from the 51 sources of stress identified by Kyriacou and Suthcliff (1978). Factor analysis conducted by Boyle et al. (1995) produced five factors that meaningfully contributed to the level of stress experienced by teachers, which included workload, student misbehaviour, poor colleague relationships, professional recognition (or lack thereof), and time/resource difficulties. Within the current population, only two factors emerged (i.e., *general* stressors and *learner* related stressor), which produced Cronbach's alpha values of 0.84 and 0.82, respectively. A Cronbach's alpha reliability index of 0.91 was produced for the total scale score. Confirmatory Factor Analysis (CFA) for this study revealed a Tucker-Lewis index of 0.71, which was smaller than the guideline value of 0.9. A chi-square value of 2.96 was reported with a RMSEA of 0.07 and a 90 % confidence interval of [0.06; 0.08], for which the lower confidence limit is equal to the guideline value of 0.06. These measures can be taken as an indication of a satisfactory fit.

The Mental Health Continuum-Short Form (MHC–SF; Keyes, 2006)

The Mental Health Continuum–Short Form (MHC–SF) was included as a measure of participants' positive mental health. This 14-item self-report questionnaire contains symptoms of mental health that participants have to rate using a six point Likert-type response format, ranging from *never* (0) to *every day* (6). Results are

used to place an individual's mental health on a continuum ranging from complete mental health (flourishing, optimal emotional, social, and psychological functioning) to incomplete mental health (languishing and stagnation).

The MHC–SF consists of three subscales that measure different facets of mental health. These include emotional well-being (items 1–3), as defined by the absence of negative affect and the presence of positive affect and life satisfaction; psychological well-being (items 4–8), representing aspects such as personal growth, autonomy, and environmental mastery; and social well-being (items 9–14), which represent aspects such as social integration, actualization, and contribution.

The psychometric properties of the MHC–SF was recently investigated within a South African context by Keyes et al. (2008), who found that the MHC–SF replicated the three-factor structure found in U.S. samples, and that it was a reliable measure in an African sample, yielding a Cronbach's alpha of 0.74. In the current study, the MHC–SF also revealed itself to be a reliable measure of well-being, with a Cronbach's alpha of 0.72. Further fit indices revealed the following: The chi-square test statistic divided by the degree of freedom was 1.63, which was less than the guideline value of 2. The Tucker-Lewis index was 0.88 and the RMSEA was 0.04, with a 90 % confidence interval of [0; 0.05]. These measures can be taken as an indication of a satisfactory fit.

The General Health Questionnaire (GHQ–28; Goldberg & Hillier, 1979)

The GHQ–28 was included as a measure of psychological symptomatology. This 28-item self-report scale is aimed at detecting common symptoms that are encountered in the various syndromes of mental disorders, and thus differentiates individuals with psychopathology as a general class from those who are considered to be without psychopathology (Goldberg & Hillier, 1979). It was deemed necessary to include a measure of *negative* mental health because of recent findings by Keyes (2005) and others that psychological health and well-being, on the one hand, and psychological ill-health and disorder, on the other, are relatively independent states of being, and that one should, for instance, be careful to make inferences about the presence of mental health when measuring only symptoms of psychopathology, and vice versa.

In this study, the *GHQ method* (Goldberg & Hillier, 1979) of scoring was used rather than the 4-point Likert-type scoring. Also referred to as the *binary* scoring method, responses are scored 0-0-1-1, producing a scale minimum of 0 and a maximum of 28. A total score is obtained, as well as subscale scores for Somatic Symptoms (SS), Anxiety and Insomnia (AS), Social Dysfunction (SD), and Severe Depression (DS). Goldberg and Hillier (1979) report internal consistency coefficients of 0.69–0.90. Good reliability and validity indices for the GHQ across various cultures were reported by Goldberg and colleagues (Goldberg et al., 1997) and similar reliabilities have been indicated in a South African context (Wissing et al., 1999; Wissing & Van Eeden, 2002). Cronbach's alpha reliability indices in the current study were 0.78 (SS), 0.85 (AS), 0.80 (SD), 0.82 (DS), and 0.91 (total scale).

Procedure

This study is a hybrid of the SABPA (Sympathetic Activity and Ambulatory Blood Pressure in Africans) and FORT3 (Psychosocial Health and Biomarkers) projects, conducted within AUTHeR (Africa Unit for Transdisciplinary Health Research). Data was collected from 200 urban African teachers within the same socioeconomic status. Recruitment was done by two of the researchers at secondary schools in and around Potchefstroom in the North West Province, South Africa. Data was collected from a maximum of four participants per day within a period of 50 working days (February to May 2008) to avoid the possible effects of seasonal change. After completion of their day's work, participants were transported to the metabolic unit research facility of the North-West University. During their stay at the unit, data gathering took place in well-ventilated rooms at a comfortable temperature.

The psychosocial test battery was administered shortly after their arrival at the metabolic unit. One part of the battery was completed before dinner and the last part was completed after dinner in order to avoid the effects of participant fatigue. The sequence in which the questionnaires were completed was also organized in such a manner as to lessen the effects of fatigue and boredom. Data was gathered by fieldworkers with postgraduate training in psychology and under the supervision of registered psychologists.

After completion of the total test battery, the participants spent the night at the metabolic unit and were woken up at 06:00 the next morning in order to take physiological measurements. This phase included a biographical questionnaire, which also enquired about participants' alcohol consumption and smoking status, as well as their general health status. After completion of the morning's procedures, participants had breakfast and were transported back to their schools.

Data Analysis

The SPSS (version 17) statistical software package was used to conduct both descriptive and inferential statistical analyses. Means, standard deviations, and reliability coefficients, such as Cronbach's coefficient alphas, were computed as indicators of internal consistency and homogeneity of the instruments under discussion. T-tests and ANOVA were used to compare the self-reported stress levels of individuals that made use of so-called dysfunctional coping strategies (i.e., alcohol consumption, smoking, and obesity/overeating) to those that abstained from these activities (Field, 2009). Structural Equation Modelling (SEM) was subsequently performed in order to determine the relation that exists between coping strategies, as measured with the CSI, and the self-reported stress (TSI) and well-being (MHC and GHQ) of participants. In particular, SEM is a statistical technique for testing and estimating causal relations between variables (Kline, 2005). It provides confirmatory data rather than explanatory data, and is thus applicable and well-suited to this research project as its function is to validate measurement models and to fit

structural models through indices, such as chi-square, Root Mean Square Error of Approximation (RMSEA), and Comparative Fit Index (CFI). The AMOS-application within the SPSS statistical software package was used to explore different models (Schumacker & Lomax, 1996).

Ethical Considerations

Ethical approval was obtained from the Ethics Committee of the North-West University, Potchefstroom Campus (NWU-00036-07-S6; Approval date: 12 November, 2007) prior to the collection of data. Research was conducted in compliance with the protocol for human participants set out by the Declaration of Helsinki (World Medical Association, 2008). Participant numbers were used to ensure confidentiality, and informed consent was obtained from all the participants for participation in both the physiological and psychological aspects of the research. Psychologists or trained interns were present throughout the period of administration to answer questions and to ensure that the battery was completed correctly and in a consistent environment. Feedback regarding the physiological measurements was provided within 1 week of testing. The results from the psychological battery were discussed at a stress management workshop that was conducted at a later date, and to which all participants were invited.

Results

Preliminary Analysis

The descriptive statistics in Table 12.1 serve as an indication of the participants' level of use of three distinct coping styles (CSI) and stress levels (TSI), as well as the level of mental health (MHC-SF) and dysfunction (GHQ) of the group as a whole. The Cronbach's alpha reliability coefficients for the subscales of the CSI ranged between 0.87 (seeking social support) and 0.63 (avoidance). Because the subscales for the CSI measure different coping strategies, the CSI does not provide a total scale score. The two subscales of the TSI—as validated for the South African context by Boshoff (2010)—produced Cronbach's alpha values of 0.84 and 0.82, respectively, and the total scale score of TSI yielded a Cronbach's alpha reliability of 0.91. For the MHC–SF, Cronbach's alpha values ranged between 0.84 (personal well-being) and 0.79 (social well-being). The GHQ total scale score, along with its contributing subscales, also produced Cronbach's alpha values of 0.78 and above, which attest to its internal consistency. According to the guidelines set by Nunally and Bernstein (1994), it can be deduced that the abovementioned measures produced results that lend themselves to further interpretation.

Table 12.1 Descriptive statistics and reliability indices for the MHC-SF, TSI, and the CSI of African participants

Scales	M	SD	Min	Max	Kurt	Skew	α
CSI -PS	28.15	4.09	15	33	0.14	−0.88	0.83
-SSS	25.66	5.01	11	33	0.37	−0.74	0.87
-A	21.07	3.78	11	31	0.11	−0.01	0.63
TSI -Gen	3.91	0.69	2	5	−0.37	−0.44	0.84
-Lea	3.96	0.72	2	5	−0.58	−0.42	0.82
-Tot	77.1	13.03	47	100	−0.61	−0.28	0.91
MHC -EWB	3.38*	1.00	0	15	0.40	−0.85	0.83
-SWB	3.00*	1.06	0	25	0.47	−0.29	0.79
-PWB	3.90*	0.83	6	30	0.44	−0.89	0.84
-Tot	48.29	10.94	11	70	−0.44	−0.18	0.72
GHQ -SS	2.54	2.19	0	7	−1.10	0.39	0.78
-AS	2.64	2.45	0	7	−1.16	0.44	0.85
-SD	2.04	2.13	0	7	−0.53	0.81	0.80
-DS	1.09	1.85	0	7	2.40	1.83	0.82
-Tot	8.21	6.63	0	28	−0.54	0.60	0.91

Note. *N* 200, *M* mean, *SD* standard deviation, *MIN* minimum values, *MAX* maximum values, *Kurt* kurtosis, *Skew* skewness, *α* Cronbach's Alpha, *CSI-PS* coping strategy indicator – problem solving subscale, *CSI-SSS* coping strategy indicator – seeking social support subscale, *CSI-A* coping strategy indicator – avoidance subscale, *TSI-Tot* teacher stress inventory – total scale score, *MHC-EWB* mental health continuum – emotional well-being subscale, *MHC-SWB* mental health continuum – social well-being subscale, *MHC-PWB* mental health continuum – psychological well-being subscale, *MHC-Tot* mental health continuum – total scale score, *GHQ-SS* general health questionnaire – somatic symptoms subscale, *GHQ-AS* general health questionnaire – anxiety and insomnia subscale, *GHQ-SD* general health questionnaire – social dysfunction subscale, *GHQ-DS* General health questionnaire – depression symptoms subscale
*Mean per item (i.e., mean score for subscales divided by amount of items per subscale)

According to norms set by Amirkhan (1990), the mean scores for the problem-solving (m = 28.15, SD = 4.09), seeking social support (m = 25.66, SD = 5.00), and avoidance (m = 21.07, SD = 3.78) subscales of the CSI indicate this group of participants' average to high propensity to adopt all three of these coping styles during times of duress. The total scale score of the TSI yielded a mean of 77.66 (SD = 12.86). In light of the interpretation made by Colangelo (2004) that a much lower TSI score of 55.05 obtained in a U.S. study was indicative of significant stress, this group of participants seemed to be experiencing very high stress levels.

When evaluating this group of participants' level of mental health, as measured with the MHC–SF (Keyes et al., 2008), mean scores ranged between a high of 3.90 (psychological and personal well-being) and a low of 3.00 (social well-being). According to Keyes' (2002) guidelines, 2 % of this group of teachers were languishing, 70 % were moderately mentally healthy, and 28 % were flourishing. In contrast to the above measure of mental health, the GHQ gives an indication of the occurrence of common mental health problems, such as depression, anxiety, insomnia, somatic symptoms, and social withdrawal (Goldberg & Hillier, 1979). When using the suggested score of 4 to distinguish between the relative absence of mental health

problems (scores lower than 4) and *psychiatric cases* (scores above 4), it is clear that this group reported symptoms of possible mental disorder at more than twice the degree that would normally warrant psychiatric intervention.

In summary, it seems clear that this group of participants was experiencing significant levels of stress. In line with this, there was a strong presence of symptoms which are typically encountered in the various syndromes of mental disorders (Goldberg & Hillier, 1979). A surprising finding has been, however, that this group was generally moderately mentally healthy, with almost a third of the individuals experiencing optimal mental health (i.e., flourishing), and only a small percentage reported being in a state of incomplete mental health (i.e., languishing). The possible reasons for this will receive more attention in the discussion section. With regard to the coping results, it is evident that participants cope with their stress by making above-average use of all three of the styles of coping (PS, SSS, A), as measured with the CSI.

The associations among the abovementioned constructs that would be included in path analyses are indicated in Table 12.2. Associations between the various subscales of the CSI were small, indicating the relative independence of the three measured coping styles. As expected, the avoidance and problem-solving subscales were negatively associated. We found statistically significant positive associations between all of the subscales of the MHC–SF and GHQ, respectively. Correlations between the different scales indicate that the problem-solving coping style correlated positively with participants' psychological and social well-being scores on the MHC–SF ($p < 0.01$). The coping style of seeking social support also showed a significant positive correlation with the social well-being scale of the MHC–SF ($p < 0.05$), and interestingly, also with the anxiety and insomnia, and somatic, symptoms subscales of the GHQ ($p < 0.05$). Adopting avoidance as a coping style revealed a statistically significant ($p < 0.01$) negative association with the emotional well-being subscale of the MHC–SF, and was positively associated with the anxiety and insomnia, depression ($p < 0.01$), and social dysfunction ($p < 0.05$) subscales of the GHQ. From the results in Table 12.2, it appears that the levels of stress reported by participants showed virtually no association with the coping styles adopted by participants, barring a small positive correlation ($p < 0.05$) between learner-related stress and the seeking social support subscale of the CSI. No significant associations were found between the self-reported stress levels of participants and their levels of mental health, as reported on the MHC–SF.

Correlations, t-tests, and ANOVA were performed to determine whether or not the demographic variables age and gender, as well as certain generally used—though often dysfunctional (Bjorntorp, 2001; Olivier & Venter, 2003)—coping behaviours (i.e., smoking, alcohol use, and overeating) were significantly related to the measures central to this study. This was done to determine the effect of potential confounding variables on participants' functioning, in order to establish the necessity to investigate more than one structural model for different subgroups when performing the SEM analysis. Descriptive information with regard to these variables is provided in Fig. 12.1.

Table 12.2 Pearson correlations between scales and subscales of African participants

	CSI-PS	CSI-SSS	CSI-A	TSI-Gen	TSI-Lea	TSI-Tot	MHC-EWB	MHC-SWB	MHC-PWB	GHQ-AS	GHQ-SS	GHQ-SD	GHQ-DS
CSI-PS	1												
CSI-SSS	0.16*	1											
CSI-A	−0.16*	0.05	1										
TSI-Gen	0.11	0.10	0.13	1									
TSI-Lea	0.05	0.15*	0.07	0.66**	1								
TSI-Tot	0.12	0.13	0.12	0.92**	0.87**	1							
MHC-EWB	0.13	−0.09	−0.23**	0.02	−0.01	0.00	1						
MHC-SWB	0.20**	0.14*	−0.06	0.07	−0.05	−0.03	0.41**	1					
MHC-PWB	0.24**	0.07	−0.08	0.03	−0.02	0.02	0.49**	0.55**	1				
GHQ-AS	−0.11	0.14*	0.32**	0.19**	0.20**	0.22**	−0.44**	−0.11	−0.16*	1			
GHQ-SS	−0.11	0.15*	0.21*	0.06	0.10	0.09	−0.40**	−0.10	−0.11	0.57**	1		
GHQ-SD	−0.11	−0.01	0.12	0.14	0.14*	0.16*	−0.37**	−0.10	−0.19**	0.42**	0.41**	1	
GHQ-DS	−0.05	0.09	0.27**	0.12	0.15*	0.13	−0.45**	−0.07	−0.23**	0.46**	0.32**	0.46**	1

Note. *CSI-PS* coping strategy indicator – problem solving subscale, *CSI-SSS* coping strategy indicator – seeking social support subscale, *CSI-A* coping strategy indicator – avoidance subscale, *TSI-Tot* teacher stress inventory – total score, *MHC-EWB* mental health continuum – emotional well-being subscale, *MHC-SWB* mental health continuum – social well-being subscale, *MHC-PWB* mental health continuum – psychological well-being subscale, *MHC-Tot* mental health continuum – total scale score, *GHQ-SS* general health questionnaire – somatic symptoms subscale, *GHQ-AS* general health questionnaire – anxiety and insomnia subscale, *GHQ-SD* general health questionnaire – social dysfunction subscale, *GHQ-DS* general health questionnaire – depression symptoms subscale
*Correlation is significant at the 0.05 level (2 tailed); **Correlation is significant at the 0.01 level (2 tailed)

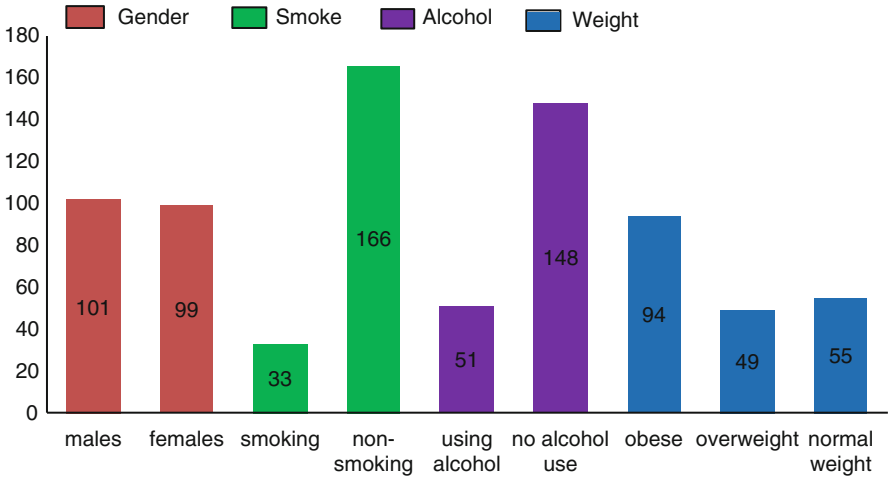

Fig. 12.1 Descriptive statistics for gender and the use of 'dysfunctional' coping strategies (*Note*. Classification of BMI: Obese = 30 kg/m^2 and above, overweight = ≥25 kg/m^2, and normal = 18.5–24.9 kg/m^2)

Correlation results showed a small, positive correlation between age and the level of self-reported stress. Although this correlation was statistically significant ($p<0.01$), it was of only small practical consequence ($r=0.17$). Results regarding gender indicated that, on average, women made slightly more use of seeking social support ($m=26.5$) than their male counterparts ($m=24.9$), as indicated by the CSI. These results were, however, also only of small practical significance ($d=0.29$). Results also indicated that, on average, females experienced more stress ($m=79.7$) than males ($m=74.5$), as measured with the TSI. This difference was of medium practical significance ($d=0.4$).

With regard to the use of so-called dysfunctional or potentially unhealthy coping behaviours, results interestingly revealed that participants that smoked ($m=73$) reported significantly less stress ($t=-1.9$, $p<0.05$) on the TSI than non-smokers ($m=78$). This difference was, however, only of small to medium practical significance ($d=0.4$), and further investigation is still needed. T-tests for alcohol use indicated that participants that made regular use of alcohol ($m=72$) reported significantly less stress ($t=3.4$, $p<0.01$) on the TSI than non-drinkers ($m=79$). The differences between the reported stress levels of these groups were of medium practical significance ($d=0.5$). In order to determine the association between participants' eating behaviour and their self-reported levels of stress, coping, and mental health, the total group was divided into three subgroups according to their BMI, which is calculated by dividing body weight in kilograms by height in metres squared (i.e., BMI = kg/m^2). Overall, BMI is considered a reliable indicator of obesity in adults (Bjorntorp, 2001). The three groups were classified according to the guidelines for the World Health Organization (WHO, 2009) as *obese* (BMI of 30 kg/m^2 and above), *overweight* (BMI of ≥25 kg/m^2), and *normal* (BMI of 18.5–24.9 kg/m^2). After an ANOVA was performed on these subgroups, results revealed that, on average,

obese individuals experienced more stress—as measured with the TSI—than the normal weight group. This result was of both statistical ($p<0.05$) and of small to medium practical ($d=0.4$) significance. Overweight individuals seemingly made more use of seeking social support as a coping strategy than obese individuals. This difference was of small to medium practical significance ($d=0.4$). These results also revealed that average weight individuals experience more emotional well-being than obese individuals, as measured with the MHC–SF. This difference was also of small practical significance ($d=0.3$).

In summary, it seems that the teachers who were using coping behaviours that are generally seen as dysfunctional and unhealthy, such as smoking and alcohol use, reported lower levels of stress than those who were not using these coping behaviours. In spite of the existence of differences between subgroups, these were found to be of only small to medium practical significance. Hence, it was thought appropriate to test one generic model for the group as a whole.

Structural Equation Modelling (SEM)

In accordance with the main aim of the study, various structural models were evaluated with the use of SEM before deciding on one that represented a best fit to the data. Two specified paths were examined: a direct path representing the direct effect that the choice of a specific coping strategy could have on well-being, and an indirect path that represents the indirect effect that coping could have on well-being through its effect on teacher stress. After initial estimation of the full model, this model was then reduced to report only the results of significant paths (Fig. 12.2). Following careful evaluation, it was decided that the model presented in Fig. 12.2 was statistically and theoretically the best fit to the data. Fit indices from the SEM are shown in Table 12.3.

When fitting structural models, it is considered good practice to report multiple fit indices, typically from three broad classes (Hancock & Mueller, 2010). The Incremental Fit Index for the chosen structural model was 0.85, and the Tucker-Lewis index was 0.70. The Comparative Fit Index of 0.84 came close to the guideline value of 0.9, which Mueller (1996) describes as indicative of a good overall fit. Interpretation of the chi-square test statistic divided by the degree of freedom depends, to a large extent, on the viewpoint of the investigator. In view of the fact that, in practice, ratios as high as 3, 4, or even 5 are often interpreted as still representing a good model fit (Mueller, 1996), the ratio of 2.64 seems satisfactory. The RMSEA was 0.09, with 90 % confidence interval of [0.07; 0.10]. Blunch (2008) states that models with RMSEA values of 0.10 and larger should not be accepted. In combination, these measures could be taken as an indication of a satisfactory fit of the current model with our data.

Results of the path analysis are shown in Fig. 12.2. The model revealed a number of ways in which coping behaviour could have a direct effect on participants' well-being. Standardized regression weights showed the problem-solving style of coping

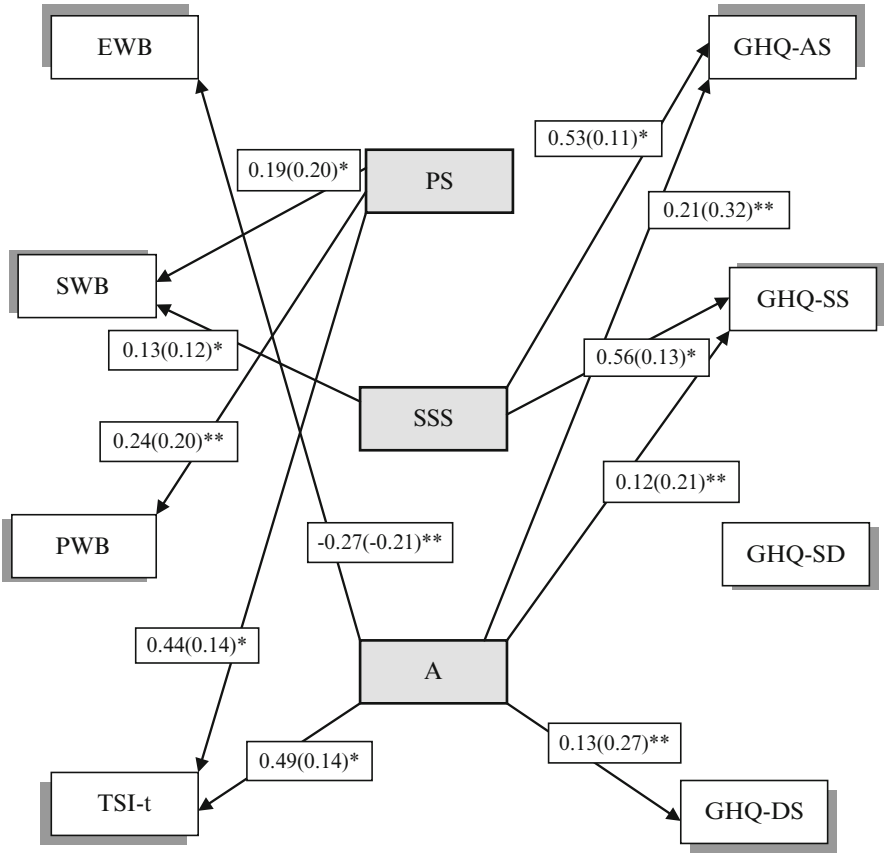

Fig. 12.2 Reduced model relating coping, stress and well-being in African participants (*Note*. *CSI-PS* coping strategy indicator – problem solving subscale, *CSI-SSS* coping strategy indicator – seeking social support subscale, *CSI-A* coping strategy indicator – avoidance subscale, *TSI-Tot* teacher stress inventory – total score, *MHC-EWB* mental health continuum – emotional well-being subscale, *MHC-SWB* Mental health continuum – social well-being subscale, *MHC-PWB* mental health continuum – psychological well-being subscale, *MHC-Tot* mental health continuum – total scale score, *GHQ-SS* General health questionnaire – somatic symptoms subscale, *GHQ-AS* general health questionnaire – anxiety and insomnia subscale, *GHQ-SD* general health questionnaire – social dysfunction subscale, *GHQ-DS* general health questionnaire – depression symptoms subscale. *p < 0.05; **p < 0.01. The numbers on the paths represent the regression weights, and the numbers between brackets are the standardized regression coefficients)

Table 12.3 Goodness of fit indices for structural model

CMIN	DF	CMIN/DF	IFI	TLI	CFI	RMSEA [90 % conf.]
110.89	42	2.64	0.85	0.70	0.84	0.09 [0.07; 0.10]

Note. *CMIN* minimum sample discrepancy, *DF* degrees of freedom, *IFI* incremental fit index, *TLI* Tucker-Lewis index, *CFI* comparative fit index, *RMSEA* root mean square error of approximation

to be a significant predictor of both social and personal/psychological well-being (β = 0.20). Conversely, using an avoidant style of coping had a direct and statistically significant negative influence on the emotional well-being of this group of teachers (β = −0.21), and was also a significant predictor of the GHQ measures of anxiety and insomnia (β = 0.32), somatic symptoms (β = 0.21), and depression (β = 0.27). Coping through seeking social support had a direct and positive influence on the level of social well-being (β = 0.12) reported by participants. Interestingly though, the use of this style of coping was also a significant predictor of the occurrence of both somatic symptoms (β = 0.13) and anxiety and insomnia (β = 0.11), as measured with the GHQ.

Results indicating the possible indirect effect that coping could have on well-being through its effect on teacher stress interestingly showed that the adoption of a problem-solving approach to coping had a direct, positive effect on the amount of stress participants experienced within the working context (β = 0.14). The use of avoidance as a coping mechanism was also a significant predictor of the level of work-related stress experienced by teachers (β = 0.14). Importantly, the results indicated that there was no direct relation between stress and well-being. Possible explanations for these results will be provided in the discussion section.

Discussion

The aim of this study was to examine the coping behaviours of a cohort of African participants and the behaviours' association with the participants' self-reported levels of stress and psychological well-being. Analysis of the psychometric properties of the scales used in this study indicated that these measures were all reliable. Confirmatory factor analysis also revealed that the fit indices for all the measures were satisfactory, and results were thus deemed interpretable.

With regard to participants' stress experience, mean scores for the TSI indicated that the group, as a whole, was experiencing significant levels of stress in at least their work environment. As reported previously, the stress levels reported by these individuals were substantially higher than that of a U.S. sample using the TSI in a study by Colangelo (2004). These results confirm the findings of Olivier and Venter (2003), who reported that more than two thirds of teachers in their South African sample experienced their work environment as a major stressor in their lives, and reported that they experienced physical and behavioural manifestations of stress. The inference is thus made that the teachers who participated in the current study were experiencing substantial levels of stress.

Perhaps reflecting the high levels of stress reported by these teachers, participants' endorsement of the distinct, fundamental modes of response measured by the CSI indicated that they made above-average use of all three of the coping styles that were measured; namely, problem solving, seeking social support, and avoidance. Although much has been written about individualistic versus collectivistic cultural orientations and their impact on individual behaviour during times of duress, studies

which focus on the intercultural differences in coping, and specifically on the identification of possible emic coping patterns inherent in the African context, are relatively scarce. What does exist would lead one to believe that problem solving (i.e., problem-focused coping) represents a healthy way of coping with problems in Western culture, and that the more collectivistic and spiritual African cultures would tend to place more emphasis on emotion-focused coping, and seeking social support from their community (Utsey et al., 2000). The fact that these participants, although from an African descent, are just as prone to employ problem solving as they are to seek social support during times of duress might indicate the degree of Westernization of this particular group. One should, however, keep in mind that coping is a dynamic process of stress regulation, and is strongly influenced by the data from the CSI, which only reported the frequency of endorsement of certain coping strategies, and not its effectiveness in resolving the problem.

As one might predict from the aforementioned levels of self-reported stress, participants reported experiencing symptoms of possible mental disorder at more than twice the level that would normally require psychiatric intervention, with somatic symptoms, anxiety and insomnia, and depression contributing most significantly to the GHQ total score. It was therefore surprising—when considering participants' scores on the MHC–SF—that most of them (70 %) reported moderate mental health. Only a few individuals were found to be languishing (2 %), and indeed, almost one third of the participants (28 %) were found to be flourishing, according to Keyes' (2007) criteria. Compared to a study done by Keyes (2002) in the United States—where it was found that 26 % of the participants were languishing, 57 % were moderately mentally healthy, and only 17 % were flourishing—it appears that our group of participants was experiencing significantly better mental health than was found in a Western context, in spite of their high stress levels. Research by Ryff, Keyes, and Hughes (2003) has however shown that it is not unusual for black individuals to report higher levels of well-being than Westernized individuals on all of the MHC subscales. A study by Keyes et al. (2008) that was conducted with Setswana-speaking adults from both rural and urban areas in the North West Province produced comparable, albeit slightly lower levels of mental health than was found in the current study. Results should be compared with caution, as these differences could be due to the fact that most participants in the current study have a higher mean socioeconomic status than those involved in the study done by Keyes et al. (2008). These high scores might also be a consequence of the self-report format that was used during the research, as the teachers could have tried to answer in a socially acceptable way. It nonetheless does seem that this group of participants was able to maintain relatively good mental health, in spite of the severity of work-related stress they faced. Although more research is needed to contextualize the mental health scores of this group of participants, the question arises as to what possible role coping played in their unexpectedly high levels of mental health.

Before path analysis could be undertaken to shed some light on the association between stress, psychological well-being, and the possible role of participants' coping responses, it was important to ascertain whether the above results could be taken as a representation of the functioning of the entire group. Results from t-tests and an

ANOVA regarding intragroup differences related to gender, age, smoking, alcohol use, BMI, and well-being revealed differences, with only small to medium practical significance, and it was thus deemed appropriate to proceed with correlational and path analysis. These findings, however, warrant further investigation regarding the impact of so-called dysfunctional coping behaviours on stress, as well as the influence of age and gender on individuals' endorsement of specific coping responses.

Correlation analysis revealed that stress, as measured through the TSI, had no significant association with either coping or well-being. In fact, the only association that proved significant at the 1 % level was between stress and the anxiety and insomnia subconstructs of the GHQ. According to these results, the amount of stress that these individuals experienced, although excessive, was only poorly associated with their psychological well-being or their chosen style of coping. A number of positive correlations, however, were found between coping strategies employed by participants and certain aspects of their mental health. More specifically, the use of problem solving as a coping strategy correlated positively with both social and psychological well-being. Expectedly, a negative association was found between the problem-solving and avoidance coping styles. Avoidance also showed a negative correlation with emotional well-being, and positive correlations with the anxiety and insomnia and depression subscales of the GHQ; all significant at the 1 % level. These results seem to be in line with existing literature in which the negative effect of long-term use of an avoidant style of coping on psychological well-being has been well-documented (Matheson, Skomorovsky, Fiocco, & Anisman, 2007; Moos & Holahan, 2003). Although these correlations provide some insight into the relation between some of the constructs central to this study, no causality could, of course, be assumed. A path analysis was therefore conducted in order to shed more light on the possible influences that these constructs exert on each other.

Results obtained through SEM provided evidence that the adoption of a specific style of coping (avoidance, seeking social support, and problem solving) predicts both positive mental health and some of the symptoms of psychological disorder. More specifically, the adoption of an active or problem-solving approach seems to be a significant predictor of both the social and psychological well-being experienced by participants. According to Amirkhan (1990), the problem-solving subscale of the CSI measures strategies that are instrumental in nature, involving manipulation rather than simple awareness of the stressor. It thus mirrors the approach- or problem-focused dimension often found in coping literature. Results from the current study showed that participants experienced self acceptance, personal growth, purpose in life, and autonomy when adopting this approach. This seems to be in line with research results from Western contexts, which showed a strong association between the problem-solving approach and reduced symptomatology (Amirkhan, 1990), and higher levels of well-being (Smith, 2003). According to Martin and Dahlen (2005), this established association could be ascribed to the fact that problem solving helps to maintain and enhance a more positive outlook on life, and generates a feeling of being in control. With regard to the positive effects of problem solving on social well-being, it was clear that this style of coping also predicted enhanced feelings of social integration, social

contribution, and social acceptance. These results seem to be in line with coping research conducted in Western contexts, which has emphasized that problem solving as a coping method has an adaptive and effective influence in dealing with stressors (Sideridis, 2006). Moos and Holahan (2003) stated that problem solving can help to moderate the adverse effects that role stressors have on psychological functioning. Our results, however, also allude to the existence of a significant path and positive relation between problem solving and the amount of stress that participants experience. While this finding is in contrast with what has previously been found in Western cultures (Martin & Dahlen, 2005), it is not unexpected given recent results from studies conducted in the South African context. In their study on the relation between coping and metabolic syndrome indicators in Africans, Malan, Malan, Wissing, and Seedat (2008), as well as Du Plessis, Malan, and Malan (2010), found that the adoption of an active or instrumental style of coping led to higher values in hypertension prevalence, plasma glucose levels, and fibrinogen. This seems to be in line with our results, which suggest that although African participants that adopt a problem-solving approach to coping report higher levels of psychological well-being, they also experience higher self-reported stress levels. Intuitively, it certainly makes sense that a strategy of direct assault or confrontation of the problem could lead to an enhanced sense of psychological well-being, due in part to its social acceptability within a Western context, while at the same time increasing awareness of stressors and the reality thereof. Thoits (1995) argued that problem solving would only aid in adaptive functioning if it is a realistic option. Given that there are clearly different opinions regarding the outcomes of problem solving as a coping response, a follow-up study focusing on its situational utility, as well as the associated psychological and physiological health outcomes in different cultural contexts, is called for.

Seeking social support also revealed itself to be a significant predictor of the level of social well-being reported by participants. This suggests that teachers' use of social support as a coping strategy enhances their experience of social integration, social coherence, and social acceptance. As stated by Post and Weddington (1997), social support is an important part of the collectivistic consciousness in African cultures, whereby everything in the universe is seen as connected (Utsey et al., 2000) and individuals can be seen as an extension of their environment. Through this collective consciousness, emphasis is placed on group cohesion and social support, which leads to the importance of the group as a support system (Utsey et al., 2000). It seems counterintuitive then, that the endorsement of this style of coping was also shown to be a significant predictor of anxiety and insomnia, as well as the occurrence of somatic symptoms as measured with the GHQ. This result is nevertheless not totally unique, as Amirkhan (1990) also found an association between seeking social support and increased symptomatology during validation of the CSI. It is also not an artefact of this specific scale, as shown in research by Vitaliano, Russo, Carr, Maiuro, and Becker (1985) while reviewing the psychometric properties of the Ways of Coping Checklist. According to Amirkhan (1990), other plausible explanations include the notion that social supports might not be as consistently beneficial as the literature would suggest, that ambiguity in terms of the

direction of causality might play a role, or that support seekers are not necessarily satisfied with the quality of help received (p. 1068). Given the importance of group cohesion in the cultural context that our participants are traditionally from, it would be expected that human contact is sought and valued by them as a means of coping with stress. Living in an urban environment, however, and working in a Westernized context where individual performance and achievement is valued might frustrate their efforts to mobilize social support as an effective means of coping. More research is needed to substantiate and explore the current findings.

The avoidance subscale of the CSI taps a subset of emotion-focused coping strategies, entailing a form of withdrawal (Amirkhan, 1990). Results revealed an avoidant style of coping as being a significant predictor of lowered emotional well-being. The use of avoidant coping thus has a negative influence on participants' experience of satisfaction with life, absence of negative affect, and the presence of positive affect. In addition, this style of coping was also a significant predictor of self-reported stress levels, and a variety of symptoms of mental disorder, including anxiety and insomnia, somatic symptoms, and depression. These results are in line with the findings of Matheson et al. (2007), which revealed that, although avoidance could be effective in giving immediate relief to an ongoing stressor, in the long run, it has a negative influence on well-being.

Conclusion

The objective of the current study was not to separate "good" from "bad" forms of coping. The only distinction that is made has been based on the psychological health outcomes of each style of coping in this particular cohort of participants. The resultant structural model, indeed, suggests that the way in which stressors were approached by this group of participants (i.e., their chosen coping strategies) was a more important determinant of their well-being than the amount of stress that they experienced. The finding that there were no significant relations between the amount of stress that these participants reported and their mental health warrants further attention. Results also suggest that coping styles (e.g., problem solving and seeking social support) that have been well-researched in Western contexts might be associated with psychological well-being in unique ways in the African cultural context. This cohort of African teachers can, however, by no means be considered a representative sample of the African context. Although the homogenous nature of the current research sample holds some benefits in terms of controlling for possible confounders, such as socioeconomic status, level of education, and degree of urbanization, future research in this regard should use larger and more representative samples if conclusions are to be drawn regarding coping in an African context. Another limitation of the current study is the small number of coping responses considered. Amirkhan (1990) himself is well aware that the three coping styles measured with the CSI, although representative of the "modes of coping most widely used across individuals and events" (p. 1069), is not exhaustive of the virtually

limitless number of potential coping responses. In the African context, where coping has been defined as the maintenance of a balance between spirituality and physical well-being (Utsey et al., 2000), future research should consider the impact of spiritual and other culture-specific coping mechanisms on the well-being of individuals. This could be achieved through an emic approach that allows for the identification of coping mechanisms that are effective in the maintenance and improvement of well-being within this specific cultural setting.

References

Amirkhan, J. H. (1990). A factor analytically derived measure of coping: The coping strategy indicator. *Journal of Personality and Social Psychology, 59*(5), 1066–1074.

Bach, M. (2000). *Stress*, *coping*, *social support and psychological and physical well-being in a group of academics*. Unpublished master's dissertation, Department of Psychology, North-West University, Potchefstroom Campus, South Africa.

Baumgardner, S. R., & Crothers, M. K. (2009). *Positive psychology*. Upper Saddle River, NJ: Pearson Education Inc.

Ben-Zur, H. (1999). The effectiveness of coping meta-strategies: Perceived efficiency, emotional correlates and cognitive performance. *Personality and Individual Differences, 26*, 923–939.

Bjorntorp, P. (2001). *International textbook of obesity*. New York: Wiley.

Blunch, N. J. (2008). *Introduction to structural equation modelling using SPSS and AMOS*. London: Sage.

Boshoff, S. (2010). *Validation of the teacher stress inventory in a South African context.* Unpublished masters dissertation submitted at the Department of Psychology, North-West University, Potchefstroom Campus, South Africa.

Boyle, G. J., Borg, M. G., Falzon, J. M., & Baglioni, A. J. (1995). A structural model of the dimensions of teacher stress. *The British Journal of Educational Psychology, 65*(1), 29–67.

Brown, S. P., Westbrook, R. A., & Challagalla, G. (2005). Good cope, bad cope: Adaptive and maladaptive coping strategies following a critical negative work event. *Journal of Applied Psychology, 90*(4), 792–298.

Chang, E. C. (1996). Cultural differences in optimism, pessimism, and coping: Predictors of subsequent adjustment in Asian American and Caucasian American college students. *Journal of Counselling Psychology, 43*(1), 113–123.

Colangelo, M. T. (2004). *Teacher stress and burnout and the role of physical activity and parent involvement.* Unpublished master's thesis, Department of Psychology, Central Connecticut State University, New Britain.

Compas, B. E. (1987). Coping with stress during childhood and adolescence. *Psychological Bulletin, 101*, 393–403.

Daly, A., Jennings, J., Beckett, J. O., & Leashore, B. R. (1995). Effective coping strategies of African Americans. *Social Work, 40*, 240–248.

De Kooker, M. (2008). Mind, immunity and health: The science and clinical application of psychoneuroimmunology. *Continuing Medical Education, 26*(1), 18–20.

Du Plessis, A., Malan, L., & Malan, N. T. (2010). Coping and metabolic syndrome indicators in urban, black South African men: The SABPA study. *Cardiovascular Journal of Africa, 21*, 268–273.

Field, A. (2009). *Discovering statistics using SPSS*. London: Sage.

Folkman, S., & Moskowitz, J. T. (2000). Stress, positive emotion and coping. *Current directions in Psychological Science, 9*, 115–118. Reprinted in *The Western Psychologist*, October 2000.

Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology, 55*, 74–745.

Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the general health questionnaire. *Psychological Medicine, 9*, 139–145.
Goldberg, D. P., Gater, R., Sartorius, N., Ustun, T. B., Piccinelli, N., Gureje, O., et al. (1997). The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological Medicine, 27*, 191–197.
Mancia G., De Backer G., Dominiczak A., Cifkova R., Fagard R., Germano G., et al. (2007). Guidelines for the management of arterial hypertension. Management of Arterial Hypertension of the European Society of Hypertension; European Society of Cardiology. *Journal of Hypertension*, *25*, 1105–1187.
Hamer, M., Molloy, G. J., & Stamatakis, E. (2008). Psychological distress as a risk factor for cardiovascular events: Pathophysiological and behavioral mechanisms. *Journal of American College of Cardiology, 52*, 2156–2162.
Hancock, G. R., & Mueller, R. O. (2010). *The reviewer's guide to quantitative methods in the social sciences*. New York: Routledge.
Heppner, P. P., Heppner, M. J., Lee, D., Wang, Y., Park, H., & Wang, L. (2006). Development and validation of a collectivist coping styles inventory. *Journal of Counseling Psychology, 53*(1), 107–125.
Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Research, 43*, 207–222.
Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating the axioms of the complete state of mental health. *Journal of Counseling and Clinical Psychology, 73*, 539–548.
Keyes, C. L. M. (2006). *If health matters: When will we stop saying one thing and doing another*? Keynote address presented at the South African Conference on Positive Psychology: Individual, social and work wellness, Potchefstroom, South Africa.
Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complimentary strategy for improving national mental health. *American Psychologist, 62*(2), 95–108.
Keyes, C. L. M., Wissing, M., Potgieter, J. C., Temane, M., Kruger, A., & Van Rooy, A. (2008). Evaluation of the mental health continuum-short form (MHC-SF) in Setswana speaking South Africans. *Journal of Clinical Psychology and Psychotherapy, 15*(3), 181–192.
Kline, R. B. (2005). *Equation modelling: Principles and practice of structural equation modelling*. Retrieved July 6, 2009, from www.guilford.com/pr/kline.htm
Kyriacou, C. (1987). Teacher stress and burnout: An international review. *Educational Research, 29*, 146–152.
Kyriacou, C., & Sutcliffe, J. (1978). Teacher stress: Prevalence, sources and symptoms. *British Journal of Educational Psychology, 48*, 159–167.
Law, C. A. (2004). *Emotional intelligence*, *sense of coherence and coping behaviour*. Unpublished masters dissertation submitted at the Department of Psychology, North-West University, Vaal Triangle Campus, South Africa.
Malan, L., Malan, N. T., Wissing, M. P., & Seedat, Y. K. (2008). Coping with urbanization: A cardiometabolic risk? *Biological Psychology, 79*, 323–328.
Martin, R. C., & Dahlen, E. R. (2005). Cognitive emotion regulation in the prediction of depression, anxiety, stress and anger. *Personality and Individual Differences, 39*, 1249–1260.
Mashele, N., Van Rooyen, J. M., Malan, L., & Potgieter, J. C. (2010). Cardiovascular function and psychological distress in urbanized black South Africans: The SABPA study. *Cardiovascular Journal of Africa, 21*(4), 206–211.
Matheson, K., Skomorovsky, A., Fiocco, A., & Anisman, H. (2007). The limits of 'adaptive' coping: Well-being and mood reactions to stressors among women in abusive dating relationships. *Stress, 10*(1), 75–91.
Mearns, J., & Cain, J. E. (2003). Relationship between teachers' occupational stress and their burnout and distress: Roles of coping and negative mood regulation expectancies. *Anxiety, Stress and Coping, 16*(1), 71–82.
Moos, R. H., & Holahan, C. J. (2003). Dispositional and contextual perspectives on coping: Toward an integrative Framework. *Journal of Clinical Psychology, 59*, 1387–1403.
Mueller, R. O. (1996). *Basic principles of structural equation modelling: An introduction to LISREL and EQS*. New York: Springer.

Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). New York: McGraw-Hill.

O'Connor, D. B., & Shimizu, M. (2002). Sense of personal control, stress and coping style: A cross-cultural study. *Stress and Health, 18*, 173–183.

Olivier, M. A. J., & Venter, D. J. L. (2003). The extent and causes of stress in teachers in the George region. *South African Journal of Education, 23*(3), 168–192.

Pearlin, L. I., & Schooler, C. (1987). The structure of coping. In E. A. Skinner, K. Edge, J. Altman & H. Sherwood (Eds.) (2003), *Searching for the structure of coping: A review and critique of category systems for classifying ways of coping*. *Psychological Bulletin*, *129*, 216–269.

Post, D. M., & Weddington, W. (1997). The impact of culture on physician stress and coping. *Journal of the National Medical Association, 89*, 585–590.

Ryff, C. D., Keyes, C. L. M., & Hughes, D. (2003). Status inequalities, perceived discrimination, and eudaimonic well-being: Do the challenges of minority life hone purpose and growth? *Journal of Health and Social Behavior, 44*, 275–291.

Schumacker, R. E., & Lomax, R. G. (1996). *A beginner's guide to structural equation modelling*. Mahwah, NJ: Lawrence Erlbaum Associates.

Selye, H. (1975). Confusion and controversy in the stress field. *Journal of Human Stress, 1*, 37–44.

Sideridis, G. D. (2006). Coping is not an 'either' 'or': The interaction of coping strategies in regulating affect arousal and performance. *Stress and Health, 22*, 315–327.

Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin, 129*, 216–269.

Skinner, E. A., & Zimmer-Gembeck, M. J. (2007). The development of coping. *Annual Review of Psychology, 58*, 119–144.

Smith, D. C. (2003). Problem solving as an element of development well-being. In B. H. Bornstein & L. Davidson (Eds.), *Well-being: Positive development across the life course* (pp. 312–330). Mahwah, NJ: Lawrence Erlbaum.

Tendera, M., Widimsky, P., Zamorano, J. L., Erdine, S., Kiowski, W., & Agabiti-Rosei, E. (2007). Guidelines for the management of arterial hypertension. *Journal of Hypertension*, 25, 1105–1187.

Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior, 35*, 53–79.

Utsey, S. O., Adams, E. P., & Bolden, M. (2000). Development and validation of the agricultural coping systems inventory. *Journal of Black Psychology, 26*(2), 194–215.

Valle, M. F., Heubner, E. S., & Saldo, S. M. (2006). *An analysis of hope as a psychological strength*. Department of Psychology, University of South Carolina, Columbia, USA.

Van der Walt, C., Potgieter, J. C., Wissing, M. P., & Temane, M. Q. (2008). Validation of a coping scale in an African context. *Journal of Psychology in Africa, 18*(1), 157–168.

Vitaliano, P. P., Russo, J., Carr, J. E., Maiuro, R. D., & Becker, J. (1985). Ways of coping checklist: Revision and psychometric properties. *Multivariate Behavioural Research, 20*, 3–26.

Vosloo, M., Potgieter, J. C., & Temane, Q. M. (2009). *Validation of the short self-regulation questionnaire* (*SSRQ*) *in an African context*: *The SABPA study*. Unpublished master's dissertation, Department of Psychology, North-West University, Potchefstroom Campus, South Africa.

Wissing, M. P., & Temane, Q. M. (2008). The structure of psychological well-being in cultural context: Towards a hierarchical model of psychological health. *Journal of Psychology in Africa, 18*(1), 45–56.

Wissing, M. P., Thekiso, S., Stapelberg, R., Van Quickelberge, L., Choabi, P., Moroeng, C., et al. (1999, July). *The psychometric properties of scales measuring psychological well-being in an African group: The THUSA study.* Paper presented at the International Africa Psychology Congress, Durban, South Africa.

Wissing, M. P., & Van Eeden, C. (2002). Empirical clarifications of the nature of psychological well-being. *South African Journal of Psychology, 32*(1), 32–44.

World Health Organization. (2009). *Body mass index*. Retrieved October 11, 2009, from http://www.euro.who.int/nutrition/20030507_1

World Medical Association, Ethics Unit. Declaration of Helsinki. (2008). Retrieved October 9, 2009, from www.wma.net/e/ethicsunit/helsinki.htm

Chapter 13
Aspects of Family Resilience in Various Groups of South African Families

Abraham P. Greeff

The diversity of the South African society is reflected in the many different family forms, structures, and ways of family life. Traditions, values, political events, economic developments, modernization, and globalization contribute in a complex way to ever-changing family forms and family relationships. Greater economic independence for some has resulted in more nuclear families while for others, poorer conditions have forced families to unite for the sake of survival and in order to emotionally and economically support one another (Smith, 2006). All these dynamic and influencing forces constitute related and overlapping concepts, such as the biological family, blended family, extended family, nuclear family, and single-parent family.

All families encounter crises during their journey through the family life cycle. Some of these crises may be powerful experiences that shake the foundation of family life and leave no member unaffected. Life crises and constant stressors can derail the functioning of a family, causing ripple effects on the individual family members and their respective relationships (Walsh, 2003). Depending on the nature of the crisis and the family, the family as a unit is required to utilize its resources in order to adequately cope with the event and to maintain balance and harmony in its daily functioning (M. A. McCubbin & McCubbin, 1996). In the past, the focus of family researchers and practitioners was not on how families managed to achieve this, but rather on the negative impact of crises on the family (Hawley & DeHaan, 1996). Since the 1990s there has been a research shift from the dominant, pathogenic paradigm to a salutogenic paradigm that focuses on diversity in functioning patterns, on changes in functioning with the passing of time, and on the interaction between individual, family, and environmental factors that promote or restrain family adaptation (Smith, 1999). Greater emphasis is being placed on positive characteristics and strengths that contribute towards the growth and development of

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a system rather than on weaknesses, shortcomings, and dysfunctions. By viewing and describing families as resilient, the potential and ability of such families to recover by themselves is emphasized.

In this chapter, a brief review is presented of research findings on the types and prevalence of family resilience qualities in various groups of South African families who have faced a crisis. For the purpose of this overview, a family is defined as the "kinship unit consisting of a group of individuals united by blood or by marital, adoptive, or other intimate ties" (VandenBos, 2007, p. 366). Although this chapter may represent a limited scope of the vastness of possible definable family constellations, it provides a glimpse of qualities and characteristics of family variables associated with adaptation after being confronted with both expected and unexpected life crises.

Paradigm Shifts, Theories, and Definitions

Although the history of the development of the family resilience construct is comparatively recent, three very significant paradigm shifts have already taken place (Patterson, 2002). First, the limited focus of the pathogenic paradigm – stating that a person is *either* in a state of health or of illness – became the main motivation for many researchers wanting to create an approach that took into account the continuum of human experience, held less stigma, and focused more on strengths than on weaknesses. One of the forerunners in this field was Antonovsky (1979), who coined the term *salutogenesis* – literally meaning origins (genesis) of health (saluto) – in the development of his paradigm that looks at the origin of health. This paradigm can be seen either as a paradigm in its own right or as an example of the biopsychosocial approach (Antonovsky, 1987). According to this paradigm, stressors are part of human existence, and it is just as important to investigate successful coping as it is to investigate the origin of pathology (Antonovsky & Sourani, 1988). The salutogenic perspective focuses primarily on characteristics that contribute towards healthy functioning rather than on factors that are associated with shortcomings (Hawley & DeHaan, 1996). From a salutogenic perspective, the myth of a problem-free family is questioned, and family reconstruction and the ability to regenerate are emphasized (Greeff & Human, 2004).

The second major paradigm shift started during the 1970s, when many social scientists began to ask the question: "What accounts for why some people stay healthy and do well in the face of risk and adversity while others do not?" (Patterson, 2002). Resilience means to jump (or bounce) back, thus implying an ability to return to an original form after being bent, compressed, or stretched, as well as being able to rise above adversity and to survive stress (Hawley & DeHaan, 1996; Walsh, 2003). This focus on identifying resilience in individuals has laid the groundwork for yet another shift in conceptualization: the shift from a deficit model to a resiliency model that focuses on resilience and adaptation (Hawley & DeHaan, 1996).

The third shift came when resilience theory, which initially focused primarily on the individual (Walsh, 2003), was extended to include families. This particular shift has taken place in the past three decades and has led to the development of the term

family resilience. There are a number of definitions for family resilience that each encompass various aspects of the concept; however, the leaders in this field (H. I. McCubbin, Thompson, & McCubbin, 1996) define it as "characteristics, dimensions, and properties of families which help them to be resistant to disruption in the face of change and adaptive in the face of crisis situations" (H. I. McCubbin, Thompson, et al., p. 247).

Family resilience theory emphasizes the role that family characteristics, behaviour patterns, and capabilities play in cushioning the impact of stressful life events and in assisting the family to recover from crises (H. I. McCubbin, Thompson, et al., 1996). According to Walsh (2003), resilience does not mean that the family recovers from the crisis unscathed. The family's structure and functioning may very well have changed, but resilience may be evident in the process involved in effectively working through the hardship, learning from it, and integrating the experience into the family's life story. This emphasizes the view that instead of referring to resilience as *bouncing back*, a more appropriate metaphor would be *bouncing forward* (Walsh, 2003).

Family resilience implies a family's ability to surmount crisis, prevail in the presence of adversity, rebound strengthened, and emerge triumphant. It is restorative in that it has the potential to restore a certain family status (Vasquez, 2000; Wolin & Wolin, 1993). Resilience is constructive in terms of restructuring lives and innovative in terms of opening up new and previously unforeseen possibilities. When possibilities become realities, hope is instilled and a sense of pride and achievement is bred (Siqueira & Diaz, 2004).

One of the earliest models to be proposed that has addressed the linkage between a crisis and a family response – the pre-crisis ABCX Model of Hill (1949) – emphasizes the interaction between the stressor (A), a resource (B), and the definition of the stressor (C), which mediate and protect families in crisis situations (X). Following Hill's ABCX Model, studies that focus on pre- and post-crisis factors, which are present when families face adversity, are reflected in the Double ABCX Model and the Family Adjustment and Adaptation Response (FAAR) Model developed by H. I. McCubbin and Patterson (H. I. McCubbin, Thompson et al., 1996). The Typology Model of Family Adjustment and Adaptation came next, developed by H. I. McCubbin and McCubbin (H. I. McCubbin, Thompson, et al.), which provides added emphasis on the family patterns of functioning and the role thereof in adjustment and adaptation in the face of adversity and crisis. However, it became evident that ethnicity, culture, and diversity in family structure have become important variables in the understanding of family adaptation and resilience. The Resiliency Model of Family Stress, Adjustment and Adaptation (henceforth referred to as Resiliency Model; M. A. McCubbin & McCubbin, 1996), in addition to acknowledging these factors, introduced the family processes of harmony and balance, thereby expanding the aspect of family appraisal and emphasizing the family's relational processes of adjustment and adaptation. The model offers a systemic framework for understanding family resilience as it recognizes that the family system exists within the context of its social environment, community, society, nation, and the world. This latest model was used as the theoretical basis in the studies discussed in this chapter.

The main assumption of the Resiliency Model is that change and adversity will challenge all families as a normal part of the life cycle. When a stressor occurs, be

it normative or non-normative, four key domains of family functioning are affected. These are: (a) interpersonal relationships; (b) community relationships; (c) development, well-being and spirituality; and (d) structure and function. When challenged, the main goals of the family during a crisis are to achieve harmony and balance. The Resiliency Model consists of two related phases of a family's response to stress. Firstly, the adjustment phase describes the family's pre-crisis functioning and the influence of protective or resistance factors (H. I. McCubbin, McCubbin, Thompson, Han, & Chad, 1997). When the family is faced with normative stressors, strain, and transition, it makes minor short-term adjustments to manage the relevant demands with the least possible amount of disruption to the family structure (Der Kinderen & Greeff, 2003). Secondly, upon the advent of a family crisis, the family enters into the adaptation phase. This phase involves the functioning of recovery factors, referring to the family's ability to adapt in a family crisis situation (H. I. McCubbin, et al., 1997). Adjustment involves changes in the patterns of family functioning to utilize protective factors, while adaptation focuses on changes in external systems – as well as in the family's relationships to these systems – to utilize recovery factors. In the face of family stressors, the family first moves through the adjustment phase, which, according to the Resiliency Model, is followed by the adaptation phase (H. I. McCubbin, Thompson, et al., 1996). The indication of the degree to which the family is successful in minimizing the impact of the stressor on the family is evident in their level of adaptation (Lee et al., 2003).

Walsh (2003) has a slightly different approach to family resilience. She explains it in terms of nine key family processes within three broad domains of functioning: family belief systems, organizational patterns, and communication patterns. Consistent with this paradigm, a family's recuperation under conditions that favour corrosion is determined by their ability to tap into these domains. The key processes that Walsh describes in the domain of family belief systems relate to the manner in which families attach meaning to hardship and on the effects of a positive outlook on life, transcendence, and spirituality. According to Walsh, resilience is cultivated through shared beliefs that help family members to attach meaning to crisis situations and to form a hopeful, positive outlook. Strengths and resources empower individuals and families to react successfully to crises and continuous challenges. These shared belief systems, in turn, organize family processes and the family's approach to crisis situations (Walsh, 2003). According to Walsh (1998), resilience may be conveyed by (a) an encouragement of family belief systems, (b) a community environment that increases hope and possibilities, (c) collaboration and mutual support, (d) a perspective that adversity is to be expected as a normal part of life, and (e) convictions regarding families' self-worth and potential.

Family organization patterns refer to the family's flexibility, connectedness, and social and economic resources (Walsh, 2003). In times of crisis, families need to reorganize themselves and activate their resources in order to meet challenges. Flexibility is a core quality, and flexible families are able to change when necessary while maintaining their stability through their existing patterns of functioning (Walsh, 1998). Connectedness within the family allows for mutual support and collaboration while also respecting differences, boundaries, and autonomy (Greeff & Thiel, 2012). Kin and social networks are vital in crisis times as they can offer

emotional and practical support (H. I. McCubbin et al., 1997; Suarez & Baker, 1997), which is why isolated families typically struggle to deal with a crisis.

Walsh's (2003) final domain of family functioning that affects family resilience is communication. Here, the term *communication* includes clarity, open emotional expression, and collaborative problem solving. In times of crisis, it is crucial to clarify the stressful situation as much as possible in order to enhance the decision-making process and to facilitate a shared understanding among family members. Communication helps bring clarity to the family's situation in that it facilitates the process of making meaning of the crisis and its consequences. Vague communication may contribute to confusion and misunderstanding (Walsh, 1998). A crisis can arouse a wide range of feelings and intense emotions, creating situations in which conflict is likely to erupt. In many instances, the expressing of emotions is important for dealing with a continuing crisis, while the constricting of accompanying emotions may obstruct the communication process (Walsh, 1998). Direct and clear communication also enhances problem solving by way of open disagreement and appropriate problem-solving skills (Greeff & Thiel, 2012). Collaborative problem solving and creative brainstorming open up possibilities for overcoming the crisis and allow the family to become proactive in their decisions and actions (Walsh, 2003). Ignoring and avoiding problems could lead to unresolved issues that may become even more disruptive in the future.

In contrast to M. A. McCubbin and McCubbin (1996), Walsh (2003) does not include any reference to a previous or established level of family functioning. Both these frameworks, however, acknowledge the importance of family resilience when adjusting to a stressor and continuing to live life. Similar to Walsh's (2003) framework, M. A. McCubbin and McCubbin's (1996) model does not represent a rigid model or blueprint for successful family adaptation, but rather provides a theoretical framework for identifying qualities and resources central to family resilience, and the processes by which these resilience resources foster family adaptation. It follows from both theoretical frameworks that family resilience is a complex construct, instigated and sustained by interrelated processes between personal, familial, and environmental qualities and factors available to and utilized by the family unit in order to adapt to circumstances and events caused by the family crisis.

The initial work on the origin of (mental) health (Antonovsky, 1979, 1987) – together with the awareness of, and increased emphasis on, the resilience of individuals and families (Patterson, 2002) – must be viewed as contributing to the increasing awareness and developments of positive psychology. Similarly, the points of departure, assumptions, planning, and execution of the research that is reported in this chapter should be seen as part of positive psychology in that salutogenic family qualities are identified in order to gain an understanding of everything that contributes to the wellness and positive development of individuals and families (Strümpfer, 2005).

Families are viewed as developing, functioning units that experience stress and crises throughout their life span and adjust to these in order to continue existing as a unit. In agreement with thinking arising from positive psychology, the focus in this chapter is also on family systems that adapt successfully so that fundamental qualities that contribute to this successful adaptation can be identified, described, and thereby better understood (Walsh & McGoldrick, 2004).

Theoretical Operationalization in Reported Research

In all the studies reported in this chapter, the Resiliency Model (M. A. McCubbin & McCubbin, 1996) was operationalized in terms of measureable family variables, explaining parts of complex theoretical structures distinguished in the model that may contribute in whatever way to the family's ability to adjust and adapt to crises. To allow comparison of the results (see Table 13.1), the same questionnaires were used in the distinct studies discussed in this chapter. In all instances, the Family Attachment Changeability Index 8 (FACI8) was used to measure the dependent variable (family adaptation), and the following six questionnaires were used to measure variables considered to be independent variables: The Family Hardiness Index (FHI), The Social Support Index (SSI), The Relative and Friend Support Index RFSI, The Family Crisis Oriented Personal Evaluation Scales (F-COPES), The Family Problem Solving and Communication Scale (FPSC), and the Family Time and Routine Index (FTRI) (H. I. McCubbin, Thompson, et al., 1996).

Through correlational analyses, those variables that were statistically significantly correlated with family adaptation were considered to be family resilience qualities. Although causality could not be implied, it is argued that it is possible to say that the more (or less, in the case of a significant negative correlation) a particular quality/characteristic was present in a given family that participated in the study, the better the family adaptation was in that family. The simple correlational analyses were usually followed up with more sophisticated regression analyses.

In most of the studies, quantitative data collection and analyses were complemented with qualitative data and analyses in mixed-methods designs. The following open-ended question was posed to participants in all the mixed-method studies: "What would you say helped your family to adapt to the crisis?" Although confirmation was usually found for some of the quantitative results, additional aspects were identified through qualitative analyses. Contradictory results were sometimes found, which then required a more in-depth analysis and interpretation of the opposing results. Family qualities that were quantitatively identified as significantly related to family resilience within the different studies are reported in the following section.

Empirical Findings of Family Resilience Qualities in Various South African Family Populations

In the summary of findings about family resilience qualities in South African families, a brief description of the participating families, as well as particulars of the family representatives, is given (see Table 13.1). This is followed by numbers representing quantitatively measured and identified family resilience qualities, which are described in more detail in the section that follows Table 13.1. The family resilience qualities are: *Community integration* = 1, *Use of relative and friend support* = 2, *Family problem solving communication* = 3, *Affirming communication* = 4, *Incendiary communication* = 5, *Family hardiness* = 6, *Viewing crises as a challenge* = 7, *Having a sense of control of*

Table 13.1 Summary of 12 studies conducted in South Africa that focused on the identification of family resilience qualities

	Title of study	Participants	Qualities quantitatively identified	Qualities qualitatively identified
1	Resilience in families that have experienced heart-related trauma (Greeff & Wentworth, 2009)	Participants (N = 22) were married and had been hospitalized in a private hospital for a heart-related illness no less than 6 months prior to the study. Their mean age was 50, they had been married for an average of 22 years, the majority of families were economically viable, 73 % were Afrikaans and 27 % were English speaking and at least one child was living with them.	1; 3; 4; 6; 15; 16; 17	Emotional support among family members, practical support – changing roles, sharing responsibilities, individual qualities – acceptance, positive outlook, understanding
2	Resilience in families with an autistic child (Greeff & Van der Walt, 2010)	Twenty-four females, four males and six parents who did not indicate their gender represented two-parent and single-parent families (N = 34) with an autistic child not older than 10 years. Mean age was 36 and length of marriage was 9.5 years. Eighteen of the families were English speaking, 11 were Afrikaans speaking and five spoke an African language. Four families were of a lower, eight of a middle, and 21 of a higher socioeconomic status. One parent did not indicate socioeconomic status.	3; 4; 5[a]; 7; 8; 9; 11; 12; 16; 19; 20; 21	School and treatment programmes; knowledge of autism; acceptance of the diagnosis; support and involvement of extended family; and faith in God
3	Resilience in remarried families (Greeff & Du Toit, 2009)	Thirty-four females and four males (N = 38) with a mean age of 43 represented families that adhere to the following criteria: remarried between 1 and 5 years previously, at least one spouse's second marriage, at least one child presently at school, and no major changes in work or living environment. The mean length of the current marriage was 3.4 years. The majority of the participants had tertiary education (63 %) and a permanent job (76 %). Of the 21 participating children, 57 % were girls and 43 % were boys. The mean age of the participating children was 16 years.	1; 2; 4; 5[a]; 6; 7; 8; 9; 12; 13; 15	

(continued)

Table 13.1 (continued)

	Title of study	Participants	Qualities quantitatively identified	Qualities qualitatively identified
4	The prevalence of resilience in migrant families (Greeff & Holtzkamp, 2007)	Sixty-eight white families of middle and upper socioeconomic status, 62 % Afrikaans and 38 % English speaking, migrated to another town or city in South Africa. Eighty-two percent of the participants were female and 18 % were male (mean age 45), while 71 % of the participating children (mean age 17) were female and 29 % were male. Migration took place between 1 and 4 years previously, at least one family member was still attending school, and the family unit migrated as a whole.	1; 3; 4; 6; 7; 9; 10; 11; 12; 16; 17; 18; 19	Emotional and practical support amongst family members; individual qualities – sense of humour, reaching out to others, positive attitude; open and honest communication Social support from extended family and friends; religion and spirituality – activities and beliefs
5	Resilience factors in families living with people with mental illnesses (Jonker & Greeff, 2009)	Participants were adults (mean age 48) that represented 34 low-income families (30 coloured and four white) that lived with a patient (at least 21 years old – mean age was 33) receiving treatment for an Axis I mental illness at a local community psychiatric clinic.	3; 4; 5[a]; 6; 9; 11	Religion and spirituality – church activities, prayer, faith in God; individual qualities – attitude, hope, acceptance; emotional and practical support Social support from extended family, friends and neighbours
6	Resilience in families in which a parent has died (Greeff & Human, 2004)	A parent and an adolescent of 39 single-parent families that adhered to the following criteria took part in this study: the eldest child had to be an adolescent (12–19 years old) and still living at home; the death of a parent had to have taken place 1–4 years previously; the surviving parent should not currently be involved in a committed relationship or have remarried. Of the participating families, 59 % were Afrikaans and 41 % were English speaking, 82 % of the participating adults (mean age 46) were female (18 % male), while of the adolescent participants (mean age 16), 67 % were girls and	1; 6; 11	Emotional and practical support amongst family members; individual qualities – self-support, reaching out to others, acceptance of situation, open and honest communication Social support from extended family and friends; religion and spirituality – activities and beliefs

7	Variables associated with resilience in divorced families (Greeff & Van der Merwe, 2004)	A parent and an adolescent of 98 middle-income single-parent families that adhered to the following criteria took part in this study: the eldest child had to be an adolescent (12- to 19-years-old) and still living at home. The trauma (divorce) had to have occurred 1–4 years prior; and the parent could not be in a steady relationship or have remarried. The mean age of the parents was 42, they had been married for an average of 15 years, the average length of single parenthood was 3.5 years, and on average there were two children per family. Most participating parents were female (91 %) and all parents were employed.	1; 2; 6;11; 22[a]; 23	Intrafamily support, faith in a higher power; open communication between family members, a positive attitude towards the family's future Extended-family support, and the support of friends
8	Resiliency in poor single-parent families (Greeff & Fillis, 2009)	A minister identified 32 single-parent families from his congregation according to the following criteria: had to have been a single parent for at least 2 years; the child who participated had to be the eldest child living in the home still attending school; the single parent should not have been involved in another intimate relationship or be remarried; and the total income of the household should not be more than R1,500.00 per month. A further 19 families were identified making use of snowball sampling. The average age of the parents ($n=51$) was 35 and that of the	1; 6; 8; 14	Emotional and practical support amongst family members, faith and spirituality; an internal locus of control; pride in the family; optimism in family; commitment to family; open communication between family members Extended-family support, and the support of friends

(continued)

Table 13.1 (continued)

	Title of study	Participants	Qualities quantitatively identified	Qualities qualitatively identified
9	Resilience in families of husbands with prostate cancer (Greeff & Thiel, 2012)	Families were identified during a support group meeting at a healthcare facility, after which 25 patients and their wives represented families that adhered to the following criteria: the diagnosis of prostate cancer had been made at least 6 months prior to the study, the patient had to be between the ages of 55 and 80, and the couple had to be married. The mean age of the males was 68, while the mean age of the females was 64. The mean length of marriage was 40 years. All the couples had children, but only six of the couples still had a dependant living at home. English-speaking couples made up 62 % of the sample, while 38 % were Afrikaans speaking. Sixty-six percent of the males and 24 % of the females had tertiary education and indicated having received a university education. Seventy-one percent of the males and 33.3 % of the females were retired.	1; 4; 5[a]; 6; 7; 9; 15	Practical and emotional support within the family; open and honest communication
10	Resilience in families after having lost a home in a shack fire (Greeff & Lawrence, 2011)	Of the 38 adult family representatives, 82 % were female and 18 % were male. In 21 % of the families the parent was single, in 53 % the parent was in a relationship, and in 26 % the participating parent was married. Fifty percent of the participating families had four family members, 42 % had two children and 37 % had one child. Most of the families earned between R501 and R1,000 per month (68 %), and 95 % of the participants were Xhosa speaking. All the families had lost their homes in the same big fire.	3; 5[a]; 6; 9	Support from municipality (municipality initiative to provide material); working together as a family (e.g. organizing family members and designating tasks in order to rebuild their homes); Support from extended family (in-laws, parents, siblings, cousins, uncles, etc.)

11	Spirituality as a resiliency quality in Xhosa-speaking families in South Africa (Greeff & Loubser, 2008)	Parents (mean age = 47), 45 females and six males, represented 51 Xhosa-speaking families with at least one adolescent child and living in the rural area of the Eastern Cape. Each family had experienced either the death of a child or a serious financial setback. Twenty-five percent of the parents were single, while the majority (68 %) were in their first marriage and 7 % were in their second marriage. Twelve parents were employed permanently, 16 had only part-time employment, three were pensioners, six were unemployed and the work status of 14 was unknown. The majority of the participating parents had a high school qualification (n = 28; 54 %), while 23 (46 %) had obtained tertiary education. Twenty-nine (57 %) of the families that participated in the study reported an annual income of under R20,000 per year, while all the others, with the exception of one family, earned between R20,000 and R100,000 per year. Of the 7.9 million Xhosa-speaking members of the South African population, 5.9 million earn no income (Statistics South Africa, 2005).	The following six categories (with subcategories) of spirituality were identified: (1) gifts from God – the family, and love; (2) guidance – a source in periods of crisis and hardship; (3) God's works – as provider, presence, mobilizes, assisted and carries burdens; (4) God's plan – a plan for the life of each individual, which gives hope; (5) prayer – worship, a dialogue with God, interpersonal in nature, requests and experienced results; (6) faith – faith, hope and trust in God, the practice and effects of faith on participants' existence
12	Optimism in family resilience (Greeff & De Villiers, 2008)	Each of 22 single-parent families was represented by a child (a first-year Psychology student). The death of the parent should have occurred 1–4 years prior to the study and the surviving parent should not currently be involved in either a committed relationship or have remarried.	The positive attitudes of individual family members, an inclination to move on, mutual support, closeness within the family, focusing on the positive, religious beliefs, striving towards personal success and improving the self, appreciation for what they have, and humour were all manifestations of positivity and optimism in a family. The most important manifestation seems to be the individual family member's personal characteristic of optimism and how this influenced the rest of the family

[a]An inverse relationship between that variable and family adaptation

the family's own fate = 8, *Commitment to family* = 9, *Availability of sufficient coping strategies* = 10, *Passive appraisal of a crisis situation* = 11, *Seeking social support* = 12, *Mobilization of the family* = 13, *Seeking spiritual support* = 14, *Reframing a crisis situation* = 15, *Togetherness of the parent and child* = 16, *Family chores* = 17, *Connection with relatives* = 18, *Family togetherness* = 19, *Socioeconomic status* = 20, *Age of autistic child* = 21, *Years married* = 22, and *Years divorced* = 23.

Finally, family resilience qualities identified through thematic analysis are summarized in the last column of Table 13.1. In the last two studies reported in Table 13.1, two specific family resilience qualities were investigated and explored qualitatively in more depth. Given the numerous family resilience qualities that were identified (quantitatively and qualitatively) in the reported studies, further exploration of identified family resilience qualities was a natural development in the expansion of this research programme.

It follows from Table 13.1 that some of the family resilience qualities appeared in most of the studies, while others appeared somewhat randomly. The question arises as to whether some family qualities are of generic importance while others only become important once very specific circumstances prevail. In the next section, the identified variables are organized according to the frequency they appeared in the reported studies (see Table 13.1).

What Are the Family Resilience Qualities?

Although possible patterns may be found in how the family resilience qualities group together or are more relevant, depending on the type of crisis and the combination of important family variables (e.g., structure, socioeconomic status, stage of family development), a description of each family quality and an indication of the studies in which each was, in fact, identified as a family resilience quality will suffice here. Please note that the quality number (from 1 to 19) that is indicated between brackets holds a nominal and not an ordinal value.

Family hardiness (quality 6, evident in studies 1, 3, 4, 5, 6, 7, 8, 9 and 10). The Family Hardiness Index (FHI) developed by H. I. McCubbin, Thompson, et al. (1996) was used to measure family strength and the durability of the family unit. Family hardiness refers to the ability to have a sense of control over the outcomes of life events and to take an active approach when dealing with crises and challenges. Family hardiness serves as a buffer against crises through the family working together and confronting their challenges as a unit, which gives them the belief that they are in control of their own destiny.

Community integration (quality 1, evident in studies 1, 3, 4, 6, 7, 8 and 9). The Social Support Index (SSI) developed by H. I. McCubbin, Patterson, and Glynn (1982) was used to assess the extent to which the families have been integrated into their communities; the degree to which the families find support in their community; and the degree to which they make use of community resources for emotional

support, esteem support (affection), and network support (i.e., their relationships with relatives; H. I. McCubbin, Thompson, et al., 1996). Being integrated into the community is a protective as well as a recovery factor for the family. In the face of crises, the availability of a social network can offer practical and emotional support to withstand and overcome challenges (H. I. McCubbin et al., 1997). Aguirre, Meyers, and Varkey (2002) concur, as they regard social support as insulating families against the detrimental influence of stressors that may threaten optimal family functioning and as promoting the successful adaptation of the family.

Commitment to family (quality 9, evident in studies 2, 3, 4, 5, 9 and 10). The commitment subscale of the Family Hardiness Index (H. I. McCubbin, Thompson, et al., 1996) was used to measure a families' ability to work together, their dependability, and their sense of internal strengths. Commitment is when family members feel they can depend on each other and work together to overcome adversity. Commitment bolsters resilience, as committed families are better able to adjust to hardships and to work together towards confronting challenges as a united front (M. A. McCubbin & McCubbin, 1996).

Affirming communication (quality 4, evident in studies 1, 2, 3, 4, 5 and 9). The Affirming communication subscale of the Family Problem Solving and Communication scale (FPSC) was used to measure the extent to which communication that conveys support and care is present in the family (H. I. McCubbin, Thompson, et al., 1996). The use of communication patterns that express support and caring is an essential resource, as it aids families in the management of stressors and strains (M. A. McCubbin & McCubbin, 1996).

Passive appraisal of a crisis situation (quality 11, evident in studies 2, 4, 5, 6 and 7). A subscale of the Family Crisis Oriented Personal Evaluation Scales (F-COPES) was used to measure the extent to which families make use of passive appraisal as a strategy to accept situations for what they are, since they lack the confidence in their own ability to change the outcome. Being passive and doing nothing about the crisis while time passes, as well as finding new solutions, fresh insights, or unexpected help, may change the family's view of the nature and consequences of the crisis. To be passive when necessary is essential for family resilience, and is functional in terms of minimizing reactivity and enhancing recovery (Greeff & Human, 2004). Furthermore, it may also be an indication of inner strength in the family, enabling the assimilation of the crisis. This coping style may partly reflect the inverse of impulsive or ill-considered behaviour.

Incendiary communication (quality 5, evident in studies 2, 3, 5, 9 and 10). The Incendiary communication subscale of the FPSC was used to measure the extent to which communication that tends to exacerbate a stressful situation occurs in the family (H. I. McCubbin, Thompson, et al., 1996). Ambiguity, negativity, and uncertainty hamper the understanding and mastery of a crisis. The less this type of communication is present in the family, the better the family's adaptation. This is the only identified quality that should not be considered as a family resilience quality, as its absence is associated with better family adaptation.

Family problem solving communication (quality 3, evident in studies 1, 2, 4, 5 and 10). The FPSC (M. A. McCubbin, McCubbin, Thompson, & Elver, 1996) was

used to measure the positive and negative communication patterns used by families during stressful situations. It gives a measure of the extent to which family communication is considered to be helpful when a family experiences a crisis. Clear and comprehensive information about a situation enables the family to make meaning of it, and to make informed decisions about appropriate actions. Resilience will be enhanced if family members are able to communicate openly with each other, both about their current circumstances and the accompanying emotions (Walsh, 2003). This supports a shared understanding of the crisis, allows individuals to feel supported, and facilitates collaborative problem-solving.

Viewing crises as a challenge (quality 7, evident in studies 2, 3, 4 and 9). The challenge subscale of the Family Hardiness Index (H. I. McCubbin, Thompson, et al., 1996) was used to measure the family's efforts to learn, to positively reframe crises, to be innovative, and to actively seek out new experiences. Specific qualities that would prevail in the family include displaying a positive attitude, reaching out to other family members, sharing advice, being an example to one another, uplifting family members' spirits, and being more hopeful regarding the future (Holtzkamp, 2010).

Having a sense of control of the family's own fate (quality 8, evident in studies 2, 3 and 8). The control subscale of the Family Hardiness Index (H. I. McCubbin, Thompson, et al., 1996) was used to measure the family's sense of being in control of life rather than being shaped by outside events and circumstances. This relates to family qualities such as not being overwhelmed by problems, feeling that nothing is too difficult to handle, being able to face challenges, and believing in their capacity to face challenges. Specifically, being in control refers to not giving up hope, feeling more confident and stable, being more patient, calm, and responsible, and having more wisdom to face crises (Holtzkamp, 2010).

Seeking social support (quality 12, evident in studies 2, 3 and 4). A subscale of F-COPES was used to measure the extent to which families make use of the strategy to actively seek out social support from relatives, neighbours, and friends.

Reframing a crisis situation (quality 15, evident in studies 1, 3 and 9). A subscale of F-COPES was used to measure the extent to which families make use of the strategy to redefine, or reformulate, a crisis situation to make it more meaningful for them.

Togetherness of the parent and a child (quality 16, evident in studies 1, 2 and 4). A subscale of the Family Time and Routine Index (FTRI) was used to measure the family's emphasis on developing predictable communication patterns between parents and their children. This quality reflects the level and importance of communication in the family and is predictive of the quality of family relationships that may exist in the future.

Family togetherness (quality 19, evident in studies 2 and 4). A subscale of the FTRI was used to measure the emphasis that a family places on togetherness by including activities such as family time, quiet time, and special events in their routine. Resilient families enjoy spending time together and creating daily routines, as well as special traditions and celebrations, which affirm family membership and connect them to their family roots (Silliman, 1995). A sense of togetherness among family members reduces the effects of risk factors and the likelihood of maladaptation.

Family chores (quality 17, evident in studies 1 and 4). A subscale of the FTRI was used to measure the family's efforts in establishing routines that encourage child and adolescent responsibilities within the home environment. Family routines, rituals, and participation in household chores are significant enhancers of adaptation in times of crisis (H. I. McCubbin, Thompson, et al., 1996).

Use of relative and friend support (quality 2, evident in studies 3 and 7). The Relative and Friend Support Index (RFSI) developed by H. I. McCubbin, Larsen, and Olson (1982) was employed to assess the degree to which families make use of friend and relative support to help them cope. The availability of support from relatives and friends facilitates positive perceptions because the family members feel that they have external resources they can depend on in order to cope with the situation, either in terms of practical help or emotional support (Hastings & Taunt, 2002). Rather than being overwhelmed by the crisis, it appears manageable, and families can focus on the positive aspects thereof. The social support also provides families with a sense of worth and integration.

Mobilization of the family (quality 13, evident in study 3). A subscale of F-COPES was used to measure the extent to which families make use of the strategy to mobilize the family to acquire and accept help from community resources.

Seeking spiritual support (quality 14, evident in study 8). A subscale of F-COPES was used to measure the extent to which families make use of the strategy to actively seek spiritual support. According to Mahoney, Murray-Swank, Murray-Swank, and Pargament (2003), spirituality and religious beliefs add a deeper sense of meaning and significance to family life, as well as enhance the satisfaction and meaning derived from family relationships. Similarly, according to Vandsburger, Harrigan, and Biggerstaff (2008), religion helps families to make meaning of adversity and provides guidance and inspiration regarding the changes necessary to overcome hardship.

Availability of sufficient coping strategies (quality 10, evident in study 4). The F-COPES developed by H. I. McCubbin, Larsen, and Olson (1981) was used to identify the problem-solving and behavioural strategies families use in difficult situations. This aspect gives an indication of whether the respondent believes that the family has appropriate and sufficient coping strategies.

Connection with relatives (quality 18, evident in study 4). A subscale of the FTRI was used to measure the family's efforts in establishing routines that promote meaningful relationships with their relatives. The existence of a support system, especially in the form of relatives, is an important aspect in the prevention of functional problems and is also a major predictor of successful coping in families facing adversity (Greeff & Holtzkamp, 2007). Families that have strong family safety nets (referring to relatives and extended family) are less likely to become destitute. It is important to note that families that have these safety nets are less likely to have the need to rely on other formal or informal sources of help.

In each of the two qualitative studies that are reported in Table 13.1 (Greeff & De Villiers, 2008; Greeff & Loubser, 2008), the scope and meaning of the relevant quality (optimism and spirituality, respectively) for families that were exposed to a crisis were analysed and described in more detail. This more in-depth exploration

and description of the investigated constructs creates numerous possibilities for further research, or for the planning and development of family-directed interventions.

Conclusion and Further Research Developments

Family resilience is a complex construct that presents a number of challenges to the researcher. However, the existence of two well-developed theoretical frameworks (M. A. McCubbin & McCubbin, 1996; Walsh, 2003) makes it possible to design research studies that focus on the understanding and explanation of important elements and processes in family dynamics. To meaningfully plan and conduct research within this framework, it is necessary to be familiar with assumptions and constructs in the rapidly developing field of positive psychology, as well as Family Systems Theory. When integrated, the preceding theoretical aspects unlock unlimited research possibilities that make contributions possible on an academic/expert and applied level.

Various family resilience qualities are reported in the context of the families that took part in the distinct studies (see Table 13.1). From the reported findings, it follows that a family's ability to have a sense of control over the outcome of events, while using an active approach in dealing with crises, can be considered a resilience quality in many kinds of crisis situations. In contrast, a family's efforts to establish routines with the aim of having meaningful relationships with relatives was found to be supportive only to a specific group of families (migrant families) exposed to a very specific crisis. The aforementioned two examples support the existence of generic and specific family resilience qualities that come into play given the unique circumstances that may prevail.

Every family's uniqueness is determined by, among other factors, its individual members, structure, composition, developmental stage, values, cultural practices, and traditions, as well as its contact and interaction with other systems in the community. For the purpose of minimizing the effect of important confounding variables and, where possible, to eliminate them, it was necessary to clearly define and delineate family study populations. Consequently, the presence of family resilience qualities could be identified with greater certainty for the families already mentioned. At the same time, it needs to be taken into account that the *type* of family crisis makes specific demands on the adjustment and adaptation abilities and resources of the family. Therefore, it is essential that family resilience studies are conducted in well-defined populations that have been exposed to a specific crisis.

A logical further step in family resilience research projects would be the development, implementation, and evaluation of intervention programmes aimed at the enhancement of family resilience in specific family populations. Examples of studies in which the aforementioned was done in the South African context include: the development, implementation, and evaluation of a family communication workshop for families with a parent living with a major depressive disorder (Bester, 2009); a programme to enhance community integration in families in which a child has a

hearing loss (Ahlert, 2009); and a programme to enhance family hardiness in poor families (Holtzkamp, 2010). Studies that focus on the development, implementation, and evaluation of interventions directed at family routines and affirming communication are currently under way in the Department of Psychology, University of Stellenbosch.

If researchers take into account that different types of crises exist, of which the impact may be short lived (e.g., where the breadwinner loses work) or drawn out (e.g., when caring for somebody with a chronic illness), as well as take into account all the other important family-level variables (e.g., family form, socioeconomic status, cultural group to which the family belongs), then they can focus future studies on those groups of families or family crises that are accessible or reflect their research interests. This will result in making contributions that enable a better understanding of family dynamics on an academic level, while families will be able to derive value from the development of family resilience qualities in their everyday lives.

References

Aguirre, A. M., Meyers, S. A., & Varkey, S. (2002). Ecological correlates of family functioning. *The American Journal of Family Therapy, 30*, 257–273.

Ahlert, I. A. (2009). *A programme to enhance resilience in families in which a child has a hearing loss*. Unpublished doctoral dissertation, University of Stellenbosch, Stellenbosch, South Africa.

Antonovsky, A. (1979). *Health, stress and coping: new perspectives on mental and physical well-being*. San Francisco: Jossey-Bass.

Antonovsky, A. (1987). The salutogenic perspective: Toward a new view of health and illness. *Advances, 4*(1), 47–55.

Antonovsky, A., & Sourani, T. (1988). Family sense of coherence and family adaptation. *Journal of Marriage and the Family, 50*, 79–92.

Bester, C. (2009). *The identification of resilience in, and the development of, a corresponding intervention programme for families with a parent living with major depressive disorder*. Unpublished doctoral dissertation, University of Stellenbosch, Stellenbosch, South Africa.

Der Kinderen, S., & Greeff, A. P. (2003). Resilience among families where a parent accepted a voluntary teacher's retrenchment package. *South African Journal of Psychology, 33*(2), 86–94.

Greeff, A. P., & De Villiers, M. (2008). Optimism in family resilience. *The Social Work Practitioner-Researcher, 20*(1), 21–34.

Greeff, A. P., & Du Toit, C. (2009). Resilience in remarried families. *The American Journal of Family Therapy, 37*(2), 114–126.

Greeff, A. P., & Fillis, A. J.-A. (2009). Resiliency in poor single-parent families. *Families in Society, 90*(3), 279–285.

Greeff, A. P., & Holtzkamp, J. (2007). The prevalence of resilience in migrant families. *Family & Community Health, 30*(3), 189–200.

Greeff, A. P., & Human, B. (2004). Resilience in families in which a parent has died. *The American Journal of Family Therapy, 32*(1), 27–42.

Greeff, A. P., & Lawrence, J. (2011). Resilience in families after having lost a home in a shack fire. *Journal of Community & Applied Social Psychology*. doi:10.1002/casp.1108 [Published online in Wiley Online Library].

Greeff, A. P., & Loubser, K. (2008). Spirituality as a resiliency quality in Xhosa-speaking families in South Africa. *Journal of Religion and Health, 47*(3), 288–301.

Greeff, A. P., & Thiel, C. (2012). Resilience in families of husbands with prostate cancer. *Educational Gerontology, 38*(3), 179–189.
Greeff, A. P., & Van der Merwe, S. (2004). Variables associated with resilience in divorced families. *Social Indicators Research, 68*(1), 59–75.
Greeff, A. P., & Van der Walt, K.-J. (2010). Resilience in families with an autistic child. *Education and Training in Developmental Disabilities, 45*(3), 347–355.
Greeff, A. P., & Wentworth, A. (2009). Resilience in families that have experienced heart-related trauma. *Current Psychology, 28*(4), 302–314.
Hastings, R. P., & Taunt, H. M. (2002). Positive perceptions of families of children with developmental disabilities. *American Journal on Mental Retardation, 107*(2), 116–127.
Hawley, D. R., & DeHaan, L. (1996). Toward a definition of family resilience: Integrating life-span and family perspectives. *Family Process, 35*(3), 283–298.
Hill, R. (1949). *Families under stress*. New York: Harper.
Holtzkamp, J. (2010). *The development and assessment of a family resilience-enhancement programme*. Unpublished doctoral dissertation, University of Stellenbosch, Stellenbosch, South Africa.
Jonker, L., & Greeff, A. P. (2009). Resilience factors in families living with people with mental illnesses. *Journal of Community Psychology, 37*(7), 859–873.
Lee, I., Lee, E., Kim, H. S., Park, Y. S., Song, M., & Park, Y. H. (2003). Concept development of family resilience: A study of Korean families with a chronically ill child. *Journal of Clinical Nursing, 13*, 636–645.
Mahoney, A., Murray-Swank, A., Murray-Swank, N., & Pargament, K. I. (2003). Religion and the sanctification of family relationships [Religious and spiritual development: Special issue, March 2003]. *Review of Religious Research, 44*(3), 220–236. Retrieved September 15, 2008, from http://www.jstor.org/stable/3512384
McCubbin, H. I., Larsen, A., & Olson, D. (1981). Family Crisis Oriented Personal Scales (F-COPES). In H. I. McCubbin, A. I. Thompson, & M. A. McCubbin (Eds.), *Family assessment: Resiliency, coping, and adaptation – inventories for research and practice* (pp. 455–507). Madison, WI: University of Wisconsin System.
McCubbin, H. I., Larsen, A., & Olson, D. H. (1982). The Relative and Friend Support Index. In D. H. Olson, H. I. McCubbin, H. Barnes, A. Larsen, M. Muxen, & M. Wilson (Eds.), *Family inventories* (pp. 143–157). St Paul, MN: University of Minnesota.
McCubbin, M. A., & McCubbin, H. I. (1996). Resiliency in families: A conceptual model of family adjustment and adaptation in response to stress and crises. In H. I. McCubbin, A. I. Thompson, & M. A. McCubbin (Eds.), *Family assessment: Resiliency, coping, and adaptation – Inventories for research and practice* (pp. 1–64). Madison, WI: University of Wisconsin System.
McCubbin, M. A., McCubbin, H. I., Thompson, A. I., & Elver, K. M. (1996). FPSC: Family problem solving communication. In H. I. McCubbin, A. I. Thompson, & M. A. McCubbin (Eds.), *Family assessment: Resiliency, coping, and adaptation – Inventories for research and practice* (pp. 639–688). Madison, WI: University of Wisconsin System.
McCubbin, H. I., McCubbin, M. A., Thompson, A. I., Han, S., & Chad, T. (1997). Families under stress: What makes them resilient. *AAFCS Commemorative Lecture.* Retrieved August 5, 2004, from http://www.cyfernet.org/research.resilient.html
McCubbin, H. I., Patterson, J. M., & Glynn, T. (1982). Social Support Index (SSI). In H. I. McCubbin, A. I. Thompson, & M. A. McCubbin (Eds.), *Family assessment: Resiliency, coping, and adaptation – Inventories for research and practice* (pp. 357–389). Madison, WI: University of Wisconsin System.
McCubbin, H. I., Thompson, A. I., & McCubbin, M. A. (1996). *Family assessment: Resiliency, coping, and adaptation – Inventories for research and practice*. Madison, WI: University of Wisconsin.
Patterson, J. M. (2002). Understanding family resilience. *Journal of Clinical Psychology, 58*(3), 233–246.

Silliman, B. (1995). *Resilient families: Qualities of families who survive and thrive*. Laramie, WY: Department of Home Economics, Cooperative Extension Service, University of Wyoming. Retrieved January 10, 2007, from www.nc4h.org

Siqueira, L. M., & Diaz, A. (2004). Fostering resilience in adolescent females. *The Mount Sinai Journal of Medicine, 71*(3), 148–154.

Smith, G. (1999). Resilience concept and findings: Implications for family therapy. *Journal of Family Therapy, 21*, 154–158.

Smith, P. N. (2006). *Resilience in Xhosa families*. Unpublished doctoral dissertation, University of Stellenbosch, Stellenbosch, South Africa.

Statistics South Africa. (2005, October 24). *Census 2001: Monthly income for person weighted* [Available from: Space-Time Research Online support: support@str.com.au]. Pretoria, South Africa: Statistics South Africa.

Strümpfer, D. J. W. (2005). Standing on the shoulders of giants: Notes on early positive psychology (psychofortology). *South African Journal of Psychology, 35*(1), 21–45.

Suarez, L. M., & Baker, B. L. (1997). Child externalizing behaviour and parent's stress: The role of social support. *Family Relations, 46*(4), 373–381.

VandenBos, G. R. (2007). *APA dictionary of psychology*. Washington, DC: American Psychological Association.

Vandsburger, E., Harrigan, M., & Biggerstaff, M. (2008). In spite of all, we make it: Themes of stress and resiliency as told by women in families living in poverty. *Journal of Family Social Work, 11*(1), 17–35.

Vasquez, G. (2000). Resiliency: juvenile offenders recognize their strengths to change their lives. *Corrections Today, 62*(3), 106–111.

Walsh, F. (1998). Belief, spirituality and transcendence: keys to family resilience. In M. McGoldrick (Ed.), *Re-visioning family therapy: Race, culture and gender in clinical practice* (pp. 62–77). New York: Guildford Press.

Walsh, F. (2003). *Normal family processes: Growing diversity and complexity*. New York: The Guilford Press.

Walsh, F., & McGoldrick, M. (Eds.). (2004). *Living beyond loss: Death in the family* (2nd ed.). New York: W. W. Norton.

Wolin, S. J., & Wolin, S. (1993). *The resilient self: How survivors of troubled families rise above adversity*. New York: Villard Books.

Chapter 14
Psychological Well-Being, Physical Health, and the Quality of Life of a Group of Farm Workers in South Africa: The FLAGH Study

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This study focuses on the health profile of a group of farm workers in the North West Province of South Africa and the relation between psychological well-being, physical health, and quality of life. The study was motivated by findings of the THUSA (Transition and Health during Urbanization of South Africans) study (Vorster et al., 2000), in which farm workers were identified as the most vulnerable group regarding psychological well-being, physical health, and inadequate diets in comparison to people living in the different strata of urbanization. In South Africa, farm workers have historically experienced poor living conditions, received low wages, and were exposed to inadequate housing, poor sanitation, inadequate water supplies, and unfair labour practices. They are observed to be generally in a situation where they are locked into a cycle of poverty and dependence, with serious adverse effects on their health and that of their families (Higgs, 2007; London, Nell, Thompson, & Myers, 1998; Moseley, 2006).

Information on the reasons and factors contributing to the poor health of the farm workers is not yet clear (Vorster et al., 2000). Furthermore, at present there is a lack of adequate baseline data on the physical and psychological well-being and the quality of life of farm workers in South Africa, due to a lack of studies on their lives from

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a health promotion perspective. The present study forms part of the multidisciplinary FLAGH (Farm Labour And General Health) study (Kruger, 2001), in which the objective is to develop an intersectoral, interdisciplinary intervention programme to improve—on a sustainable basis—the nutritional, physical, and psychosocial well-being of farm dwellers in the North West Province.

In the current study, health is conceptualized in terms of the World Health Organization's definition, as "a state of complete physical, mental, and social well-being and not merely the absence of infirmity" (WHO, 1999). People reaching a state of complete physical, mental, and social well-being, according to WHO (1986), will be able to identify and realize aspirations, satisfy needs, and change or cope with the environment.

Psychological well-being is conceptualized from a positive psychology perspective, where the focus is on strengths, capacities, mental well-being, or psychological health, with positive contributions towards prevention and the enhancement of quality of life (Wissing & Van Eeden, 1997). However, we are in agreement with the notion that it is important to understand both the negative and positive experiences of people's lives, as suggested, among others, by Park (2011) and Wong (2011).

We believe this will provide a more integrated and holistic understanding of human functioning. We also assume that there are various degrees of mental health, as described by Keyes' (2005, 2007) in his Mental Health Continuum model, and that pathology and well-being are two different, but both important dimensions of human functioning, as shown in previous studies. The importance of taking both positive and negative aspects of people's lives into consideration is also illustrated by research in positive psychology that has shown that people can survive, and even grow, despite all the stressors and traumas of life. According to Wissing and Van Eeden (1994, 2002), general psychological well-being is well operationalized in terms of the degree of sense of coherence (SOC), as measured by the SOC Scale (Antonovsky, 1987); satisfaction with life, as measured by the Satisfaction With Life Scale (Diener, Emmons, Larsen, & Griffin, 1985); and affect-balance, as measured by the Affectometer (Kammann & Flett, 1983); thus including both eudaimonic (SOC) and hedonic (satisfaction with life; positive affect) facets (cf. Ryan & Deci, 2001; Waterman, Schwartz, & Conti, 2008). Findings by Wissing et al. (1999) indicate that general psychological well-being, as operationalized above, correlates negatively with indices of ill-health in an African group.

Deci and Ryan (2000) argue that a full understanding of psychological development, well-being, and integrity requires fulfillment of three basic psychological needs. In their Self-Determination Theory (SDT), Deci and Ryan postulated that the three basic psychological needs are the need for autonomy, competence, and relatedness. They describe autonomy as explaining people's feelings of volition, agency, and initiative; competence as explaining people's feelings of curiosity, challenge, and efficacy; and relatedness as explaining feeling connected to and cared for by another. According to the SDT, there is a proportional relation between need satisfaction and well-being. Psychological well-being is a direct function of the satisfaction of basic psychological needs. Therefore, an exploration of fulfillment of these needs in farm workers is included in this study.

The feeling of vitality, as operationalized in the Subjective Vitality Scale (Ryan & Frederick, 1997), is also important for an organism's perceived well-being. Ryan and Frederick describe vitality as a positive sense of aliveness and energy, referring to more than merely being active, aroused, or even having stored caloric reserves. They posit that vitality concerns a specific psychological experience of possessing enthusiasm and spirit. Furthermore, individuals are perceived to vary in their experience of vitality as a function of physical influences (e.g., states of illness and fatigue) and psychological factors (e.g., being in love, having a mission, being effective). It is noteworthy that subjective vitality related independently to positive and negative affect (Ryan & Frederick). Vitality also reflects physical and psychological well-being (Ryff, 1995; Walsh, 2011). The possible role of vitality in the well-being of farm workers is investigated in this study.

Finally, quality of life indicates the global well-being of individuals in various life domains (Higgs, 2007; McCoy & Filson, 1996). Best, Cummins, and Lo (2000) identified material welfare, health, productivity, intimacy, security, status in society, and emotional well-being as indices of quality of life, while Westaway and Gumede (2001) include health status, well-being, ratings of personal quality of life, satisfaction with life, and satisfaction with environmental quality of life (which includes housing, schools, health services, safety and security, and roads and transport). Quality of life is also defined as the degree to which the person enjoys the important possibilities (needs, goals, wishes) of life, as is operationalized by the Quality of Life Inventory (Frisch, 1994). Frisch (1994) notes that reduced quality of life is considered a key symptom of most psychological and physical disturbances, and that biological measures of health must be supplemented with quality of life measures to adequately represent the health of an individual or group.

The use of Western models and measures of well-being in an African context may be problematic, as validity cannot be assumed. Allwood and Berry (2006) indicate that the indigenous psychology approach to psychology, which reflects social and cultural premises, represents an important challenge to mainstream Western psychology's traditional self-image of neutrality and objectivity, specifically as Western psychology does not typically recognize a particular group's language, philosophical and ethical frameworks, sacred beliefs, and social structural arrangements. The current study took note of these concerns by implementing a mixed method research design in which qualitative data complement and verify quantitative data, implementing measures that were culturally and sensitively translated (with a research committee approach, as suggested by Van de Vijver & Leung, 1997) into the mother tongue of participants (no indigenously developed applicable measures were available at the time of data collection), adherence to the Helsinki's declaration as far as ethical matters are concerned, and cautious interpretations of findings. The aim of the present study is to describe the psychological well-being, physical health status, and quality of life in a group of farm dwellers in the North West Province, and to explore the relations among these variables in this group. The satisfaction of their psychological needs and relations with their feelings of vitality, quality of life, physical health, and well-being will also be assessed. The obtained

information may be used to assist in the design of immediate and future intervention plans, as well as the implementation and evaluation thereof.

Method

Design

A mixed methods sequential explanatory design (Creswell, 2008; Ivankova, Creswell, & Stick, 2006) was used with triangulation of quantitative and qualitative data gathering and analysis methods. The rationale for mixing both kinds of data within one study is grounded in the idea that neither quantitative nor qualitative methods are sufficient, by themselves, to capture the trends and details of a situation (Creswell, 2008; Ivankova et al., 2006). When used in combination, these methods complement each other and allow for a more robust analysis, taking advantage of the strengths of each. In this design, a researcher first collects and analyses the quantitative (numeric) data. The qualitative (text) data are then collected and analysed to refine and explain the statistical results by exploring participants' views in more depth.

Participants

Three commercial farms in the Potchefstroom municipal area in the North West Province of South Africa were targeted for the study. The total population on these farms is 136, including children and those not working. For this study, however, participants consisted of the population of all 52 farm labourers, male and female, between the ages of 18 and 60. They were all Setswana speaking and their education level ranged from illiterate (especially among the elderly participants) to secondary school education (especially among the younger participants). All participants completed quantitative measures, while interviews were conducted with a random sample of 25 participants.

Procedure

Three commercial farms were selected, and approval from farm owners was obtained to do the research. Third-year and honours degree students in psychology were trained as fieldworkers to assist with data gathering. All participants were fully informed, verbally and in writing, about the objectives and procedures of the study in their native language. Confidentiality and anonymity were ensured, and informed

consent was obtained. Illiterate participants gave consent with an "X". The questionnaires were administered during structured individual interviews conducted by the researchers and fieldworkers in the language of the participants' choice. The final step was to conduct the qualitative interviews with a random sample of 25 participants.

The three questionnaires that were not previously validated for a Setswana speaking group in the targeted area (Need Satisfaction Scale, Subjective Vitality Scale, and Quality of Life Inventory) were adapted by translating them from English into Setswana by accredited translators and Setswana-speaking co-researchers, using Brislin's (1970) translation-back-translation principles. Brislin's method was further adapted while taking into account cultural differences in the use of idiomatic language, noticing that the literal translation of idioms could yield inappropriate and incomprehensive items. The back-translated phrases were again studied by a group of psychologists to determine whether the basic meaning had remained intact, using the implementation of the committee-approach (cf. Van de Vijver & Leung, 1997). The questionnaires were then administered on a pilot group from the target population to verify comprehensibility before the final administration to the target group. Reliability indices as found in the current study for all measures are reported

The Ethics Committee of the North-West University has approved the study without constraints (ethics no.00 m21).

Data Gathering

Quantitative Measures

A structured self-compiled Biographical Questionnaire on socioeconomic and sociodemographic status was administered in face-to-face interviews covering other variables, such as age, education, income, housing, sanitation, and electricity. The Sense of Coherence (SOC) Scale was developed by Antonovsky (1987) to evaluate the core components of SOC—namely, comprehensibility, manageability, and meaningfulness—on a quantitative level. For the purposes of this study, only a 29-item version of the scale was used. Antonovsky (1993) states that the SOC is a universally valid construct that is applicable for various social groups, cultures, and genders. Very good reliability and validity indices for the SOC scale have been reported extensively among others in a Setswana speaking group (Thekiso, 1999; J. A. B. Wissing, Wissing, Du Toit, & Temane, 2008; Wissing & Van Eeden, 2002; Wissing et al., 2010).

The Satisfaction with Life Scale (SWLS; Diener et al., 1985) is a 5-item self-report measure developed to determine global satisfaction with life. Good psychometric properties of the scale also have been recorded in a Setswana group, among others (Wissing et al., 2008; Wissing et al., 2010; Wissing & Du Toit, 1994). The Affectometer 2 (AFM; Kammann & Flett, 1983) indicates an individual's general feelings of happiness or sense of well-being as experienced on an affective level,

and is based on the balance of positive and negative emotions. In this research, the 20-item version was used. Ten items measure Positive Affect (PA), and ten items measure Negative Affect (NA), and Positive-Negative-Affect Balance (PNB) is calculated by PA-NA = PNB (Kammann & Flett, 1983). The AFM has been found to be a very reliable and valid measure, also in a Setswana group, among others (Wissing & Van Eeden, 1994; Wissing et al., 2008; Wissing et al., 2010)

The Need Satisfaction Scale (NSC) is a 9-item scale which includes three items each for autonomy, competence, and relatedness (La Guardia, Ryan, Couchman, & Deci, 2000). Individuals' psychological needs are assessed regarding how well their basic needs are met when they are with specific target figures. At the time of this study, no South African data on the usage of the scale locally could be traced.

For the purpose of practical use in the South African context, an adapted 7-item version of the Subjective Vitality Scale (SVS), which assesses individuals' vitality (Ryan & Frederick, 1997), was used. The SVS's validity testing has been done in numerous studies with very good reliability indices (Kasser & Ryan, 1999; La Guardia et al., 2000; Nix, Ryan, Manly & Deci, 1999).

The Quality of Life Inventory (QoLI; Frisch, 1994) is a 32-item questionnaire developed to provide a more comprehensive picture of psychological and physical well-being, according to quality of life in 16 life domains: health, self-esteem, goals and values, money, work, play, learning, creativity, helping, love, friends, children, relatives, home, neighborhood, and community and general quality of life. Satisfactory psychometric properties of the instrument were reported by Frisch (1994) and Steenkamp (2002).

The General Health Questionnaire (GHQ; Goldberg & Hiller, 1979) is a screening questionnaire aimed at detecting individuals with diagnosable psychiatric disorders. It detects common symptoms that are encountered in the various syndromes of mental disorders, and differentiates individuals with psychopathology from those who are considered to be normal. The GHQ is also used by the WHO for studies on general health and psychopathology (WHO, 1999). The GHQ has 28 items with four subscales: Somatic Symptoms (SS), Anxiety and Insomnia (AI), Social Dysfunction (SD), and Severe Depression (DS). The GHQ has also shown good reliability and validity indices in a Setswana group, among others (Wissing & Van Eeden, 2002; Wissing et al., 1999). This study implemented the GHQ-scoring method (0-0-1-1).

Physical indices included a Sphygmomanometer, Model ALPK 2, Tycos USA (Van Rooyen et al., 2000), used to measure blood pressure (BP) in terms of systolic (SBP) and diastolic (DBP) pressure. Two readings were taken with the device after a period of 5 min rest and in between. A Polar S-series heart rate monitor and step test respiratory function with a spirometer (Van Rooyen et al., 2000) were used to measure fitness in terms of heart rate (HR). Body mass index (BMI) was calculated, with being overweight represented by BMI > 25 and obesity by BMI > 30, according to the guidelines of the Obesity Task Force of the WHO (2005). As age was recorded in years only, months were calculated by multiplying the age in years by 12 and adding 6. Waist-to-hip-ratio (WHR) was calculated from waist and hip circumferences (Kruger, Venter, Vorster, & Margetts, 2002). Weight of all participants was

measured to the nearest 0.1 kg on a portable electronic scale (Precision; A&D Company, Japan) in light clothing by trained biokineticists.

A validated Quantitative Food Frequency Questionnaire (QFFQ; Vorster et al., 2000) was used for measuring nutritional intake. Nutrient intakes were analysed by means of a programme based on the South African Food Composition Tables (Langenhoven, Kruger, Gouws, & Faber, 1991). The ratio of total energy intake to basal metabolic rate was calculated to assess accuracy of dietary reporting. A ratio below 1.2 was regarded as representing an energy intake too low for the maintenance of body weight. The method of Willet, Howe, and Kushi (1997) was used to adjust for underreported energy intake.

Qualitative Data Gathering

As stipulated by Miller and Crabtree (1999), semi-structured, in-depth individual interviews were used to obtain information on the subjective experiences of participants concerning the meaning and value of their lives on the farm. The standard question took the form of the following invitation: "Tell us about your life here on the farm." Facilitation then took place to clarify the participants' responses to the questions. The interviews were recorded on audio tape, and subsequently transcribed as text data.

Data Analysis

Quantitative Analysis

Statistica (version 6) and SPSS 2.0 for windows (SPSS, Inc., Chicago, IL, USA) were used for statistical analysis. Descriptive statistics were calculated for all the scales. These included the means, variances, ranges of scores, Cronbach's alpha coefficients, and differences between men and women. The sample size was too small to do confirmatory principal components factor analysis for each scale in order to test construct validity. Exploratory factor analysis was then conducted with the extraction of principal components for each of the three groups of psychological, nutritional, and physiological measures. Correlations were then calculated among the factors that emerged.

Qualitative Analysis

The interview data were analysed qualitatively from a content analysis approach. A method using both inductive and deductive approaches was used, as proposed by Berg (1998) and Neuman (1997). A thorough reading of data was initially done, followed by the process of coding, defined as "tags or labels for assigning units of

meaning to the qualitative data" (Miles & Huberman, as cited by Neuman, 1997, p. 422). First, open coding was done in an attempt to condense the data into smaller categories. Axial coding was then applied by focusing on the initial codes rather than on the raw data, in order to create themes or subthemes. Selective coding was not applied in this research, as a grounded theory approach was not followed and the researchers were not interested in creating a core theme as such.

Trustworthiness was ensured by applying the following of Guba's guidelines (Krefting, 1991): Triangulation of data sources, including interviews, participant observation, and literature control, was done in order to check on all aspects of the farm workers' experiences. Member checking was applied by doing follow-up interviews with the participants to verify themes and subthemes that emerge from the data. The first two authors independently followed a code-recode procedure with consensus discussions afterwards. Finally, an audit trial was done based on field notes and continuous reflection on the research process.

Results

Quantitative Results

Table 14.1 shows the descriptive statistics and reliability indices for the measures used in the study. The obtained Cronbach's alpha reliability indices for the psychosocial variables vary between scales, with some reliabilities slightly lower than those reported elsewhere. On the basis that a small convenience sample was tested, measures with a Cronbach's alpha coefficient of larger than 0.5 was considered in further analyses since it showed a correlation that can be viewed as important in practice (Field, 2005). Although the alphas may be statistically acceptable, the results of the variables with notably lower values require careful interpretation.

The obtained mean SOC scores of 113.8 and 111.6 for both gender groups are relatively lower than the 117–152 reported elsewhere (Antonovsky, 1993; Wissing & Van Eeden, 1994; Wissing et al., 2010). The obtained mean SWLS scores of 13.7 and 14.9 are notably low in comparison to the range of 22.27–23.94 in other South African studies (Wissing & Van Eeden, 1994; Wissing et al., 1999) and falls in the *dissatisfied* bracket, according to proposed norms (cf. Pavot & Diener, 2008) . The PNB score is also significantly lower than that reported in other groups (Kammann & Flett, 1983; Vorster et al., 2000; Wissing & Van Eeden, 1994;). The difference between the reported PA and PNB between men and women is also significant, with women reporting lower scores. The NSC mean score is lower than that obtained in a study reported by La Guardia et al. (2000), thereby indicating possible problems in relatedness, autonomy, and competency in the group. The reported SVS is lower than that reported in previous studies (cf. Nix et al., 1999; Ryan & Frederick, 1997). In interpreting the findings of the NSC and the SVS, it is worth noting that the data used for comparison were data obtained from western population groups, as no

Table 14.1 Descriptive statistics, gender differences and reliability indices of the measuring instruments (N = 52)

	Total		Male		Female			
Variable	Ave	SD	M	SD	M	SD	d	α
Psychosocial health								
SOC	113.5	21.8	113.8	19.4	111.6	25.4	–0.08	0.70
SWL	13.9	7.3	13.7	6.4	14.9	9.25	0.14	0.64
AFM PA	36.4	6.3	38.2	6.2	33.0	5.5	–0.84	0.56
AFM NA	29.0	6.6	28.5	6.6	30.7	7.0	0.31	0.53
AFM PNB	7.4	10.1	9.72	10.0	2.3	9.5	–0.74	*
NSC A	10.1	2.6	10.0	2.60	9.8	2.81	–0.08	–
NSC N	10.2	2.5	11.3	2.4	10.7	2.77	–0.24	–
NSC R	10.4	2.3	10.5	2.1	10.3	2.4	–0.08	–
NSC TOTAL	31.5	5.2	31.8	4.7	30.7	6.3	–0.17	0.63
SVS	24.4	3.3	24.5	3.2	23.7	3.8	–0.24	0.51
QOLI	1.7	9.3	87.7	9.7	85.9	7.7	–0.19	0.65
GHQ SS	1.9	1.9	1.7	1.7	2.0	2.4	0.11	–
GHQ AS	1.5	1.7	1.5	1.7	1.6	2.0	0.07	–
GHQ SD	1.2	1.7	1.3	1.5	1.2	1.4	0.09	–
GHQ DS	2.2	2.0	2.0	1.9	3.1	2.3	0.49	–
GHQ TOTAL	6.8	5.2	6.5	4.6	7.9	6.8	0.20	0.86
Physical health								
SBP	30.2	16.1	132.0	16.8	125.7	14.2	0.38	**
DBP	79.2	9.8	78.9	8.6	80.1	12.7	0.10	**
HR	74.2	0.1	69.4	12.0	85.3	13.0	1.22	**
WHR	0.8	0.1	0.9	0.1	0.8	0.1	–1.85	**
BMI	21.0	3.2	20.7	2.7	23.7	5.1	0.58	**
Nutritional health								
QFFQ energy	1015.9	4686.9	9968.5	4949.9	1019.6	5081.0	0.04	**
QFFQ fat	45.1	33.9	44.0	36.2	52.0	38.8	0.21	**
QFFQ alcohol	17.6	29.9	18.2	27.8	7.2	22.9	–0.39	**
QFFQ protein	70.7	39.3	69.3	42.1	78.6	49.7	0.19	**
QFFQ carbo-hydr	378.9	145.3	371.9	165.7	373.4	166.2	0.01	**

Note. *SOC* sense of coherence, *SWL* satisfaction with life, *AFM* affectometer, *PA* positive affect, *NA* negative affect, *PNB* positive-negative-affect balance, *NS* need satisfaction, *A* autonomy, *N* relatedness, *C* competence, *NSC* need satisfaction scale, *SVS* subjective vitality scale, *QOLI* quality of life inventory, *GHQ* general health questionnaire, *SS* somatic symptoms, *AS* anxiety and insomnia, *SD* social dysfunction, *DS* severe depression, *BP* blood pressure, *SBP* systolic blood pressure, *DBP* diastolic blood pressure, *HR* heart rate, *WHR* waist-hip ratio, *BMI* body mass index, *QFFQ* quantity food frequency questionnaire, *Carbohydr* carbohydrate, *SD* standard deviation, *d* effect size, α Cronbach alpha

*Cronbach alpha for PNB could not be calculated because this value consists of the sum of PA (Positive Affect) and NA (Negative Affect); **standardized and valid

comparative local data were available. The reported mean QOLI score was found to be in the very low range (Frisch, 1994), indicating low satisfaction in the various life domains. The obtained total mean GHQ-score of 6.5 and 7.9 is much higher than the range of 3.75 and 5.25, reported by Wissing and Van Eeden (1994) and Nienaber, De Jager, Oosthuizen, and Wissing (1999), but it is less than the 9.32 reported by Wissing et al. (1999) in another study on Setswana-speaking farm workers in the same province. There is also a notable difference between men and women in the SD subscale, with women reporting relatively higher scores.

The mean BP index was within the average ranges and acceptable standards (WHO, 1999), and lower than results obtained with urbanized participants (Vorster et al., 2000). The mean HR for males was comparable to that reported in similar studies, although that reported for women was much higher (M'Buyamba-Kabungu, Fagard, Staessen, Lijnen, & Amery, 1987; Vorster et al., 2000). The obtained waist-hip-ratio (WHR) score for both women and men did not exceed the respective cut-off points of 0.80 and 0.95, which is comparable to that found in similar studies (Van Rooyen et al., 2000; Vorster et al., 2000). The respective mean age-adjusted BMI of 20.7 and 23.7 for men and women show that obesity, as defined in the WHO criteria (WHO, 2005), is not a problem in this community. There are no marked differences on the nutritional intakes between men and women, except for some milder variation in the relatively higher alcohol consumption by men. The mean self-reported fat intake was observed to be notably higher in this group in comparison to findings in other similar studies (Van Rooyen et al., 2000). The mean daily reported alcohol intakes, calculated for all alcoholic beverages, were notably higher than reported by Langenhoven et al. (1991) in the group under investigation, especially in the group of men.

Exploratory factor analysis of psychological health measures (SVS, SOC, SWLS, PNB, GHQ) yielded five factors, with the first three considered acceptable (according to the scree plot), explaining 84.5 % of the total variance. Factor 1 (general psychological well-being—cf. Wissing & Van Eeden, 1997, 2002) had an eigenvalue of 2.4 and explained 48.9 % of the variance. It included GHQ, SOC, and PNB. The second factor showed an eigenvalue of .98 and explained 19.6 % of the variance, and consisted mainly of SWLS. The third factor (eigenvalue .80) explained 16 % of variance and reflected SVS. The nutrition measures yielded five factors, with the first two acceptable factors explaining 89.9 % of the variance. Factor 1 had an eigenvalue of 3.5 and explained 70.9 % of the total variance. It included total energy, fat, protein, and carbohydrate intakes. Factor two only represented alcohol intake (eigenvalue .94, and explained 18.8 % of variance). Physiological measures yielded three factors, explaining 78 % of variance. Factor 1 had an eigenvalue of 2.4 and explained 40.7 % of variance. It represented systolic and diastolic BP as well as BMI. Factor 2 (eigenvalue 1.3, explaining 22.4 % of variance) represented age and WHR, and factor 3 represented HR.

Correlations among psychological, physiological, and nutritional factors—as obtained in factor analyses—as well as the total score of the QOLI (experienced quality of life) and the NSC (need fulfillment measure), showed some clear associations. Correlations larger than 0.3, indicate visible associations and those larger than

0.5 indicate practical significant associations (Thompson, 2001; Wilkinson & Task Force on Statistical Inference, 1999). The QOLI shows visible positive associations with the HR factor and factor 2 of the physiological measures (WHR and age), and relatively less positive association with the general psychological well-being factor (SOC, PNB, GHQ). It shows visible negative associations with the BP factor. The need satisfaction component (NSC) shows a positive, practically significant association with the general psychological well-being factor (SOC, PNB, GHQ), a visible positive association with the satisfaction with life factor (SWLS), and a negative association with BP and the nutritional factor consisting of total energy, fat, protein, and carbohydrate intakes. Blood pressure shows a negative visible association with alcohol intake, with experienced quality of life (QOLI; as indicated above), and the general psychological well-being factor (SOC, PNB, GHQ).

The factors emerging from factor analyses on psychological health, nutrition, and physiological variables were highly significant predictors of need satisfaction (NSC) as the dependent variable, as shown in regression analysis $F(8, 20) = 11.05$, $p < .0001$; $R^2 = .81$. The general psychological well-being factor (SOC, PNB, GHQ) was the best predictor ($p = .000$), followed by satisfaction with life (SWLS; $p = .002$), subjective vitality (SVS; .01), and heart rate (HR; .05), with the nutritional factors close to significance in their contribution (.07 and .08). In a stepwise regression of the same factors on quality of life as the dependent variable, only HR ($p = .01$) and age/WHR ($p = .04$) were significant predictors, $F(8,20) = 2.29$, $p < .06$; $R^2 = .48$.

Qualitative Results

The results of the qualitative analyses are reported in order of identified themes and clustered in first and second order categories.

Physical Health

Firstly, participants indicated a general sense of vulnerability in that they felt exposed to and concerned about a number of disease/illness risks. The majority of these included high BP and tuberculosis, whereas HIV, bronchitis, cardiac failure, liver toxification, diabetes, and cervical cancer were mentioned to a lesser extent.

Limited knowledge about these different disease types did not prevent them from identifying specific factors they felt put them at risk. These included, firstly, an unprotected working environment, which was perceived to cause “skin irritation, feelings of an unhealthy heart and general feelings of ill-health”; and secondly, poor quality of food, which was associated with limited food choices, eating the meat of “…animals possibly killed by unknown diseases…”, and “drinking contaminated water”. Escalating food prices, inaccessibility of supermarkets, and transport infrastructure difficulties were perceived to exacerbate the situation. Poor dietary tendencies, high alcohol intake, and usage of cannabis are also linked to the disease

risk, as evidenced by "… I think it increases his blood pressure… when he drinks a lot, and eats too much salt."

Secondly, infrastructure linked to health care was perceived to be "non-existent", as there is no primary health care clinic, hospital, or transport means to access health care facilities or health care personnel, except for a mobile clinic that occasionally visits the farms. Emergency response services reportedly rarely responded, and if so, they arrive very late, and very often too late to save lives when so required. Similarly, there is a general lack of primary health education. As compared to the older, the younger members of the community seem better informed through related educational programmes at school and by watching TV. There seems to be a lack of awareness on the role of physical fitness to stress management, constructive free-time, and other such factors related to physical health. Younger men, however, occasionally jogged or played soccer with employees from the neighbouring farms, but this seemed highly inconsistent, unstructured, uncoordinated, and rather as an act of *winding time* than a target of fitness. Transportation difficulties were experienced regarding accessing various sporting destinations.

It seemed that the participants experience their environment as a limiting factor to their realization of better physical health. They had a general sense of disease vulnerability, especially related to working conditions and poor diet.

Psychological Well-Being

Participants focused much more on psychological ill-health than on psychological well-being, and tended to have a concrete, simplistic perception of both. In general, they had difficulty finding words to express positive emotions, as well as a lack of activities, habits, or behaviours aimed at promoting psychological well-being, and they generally had few plans for the future. There also seemed to be confusion regarding what is and what ought to be; that is, a conflict between one's own values and the values of the employer. This is associated with lack of autonomy and competency, feelings of unhappiness, anxiety, hopelessness about the future, and self-degradation. One farm worker summed it up when he stated: "… you may not talk back, …the boss is your father, …the madam is your mother. We black people do not have good ideas."

Difficulties with effective problem-solving strategies influenced the psychological well-being of the participants. When confronted with stressful situations, participants report crying, sleeping, "to die inside", talking with someone, and/or using humour. Talking about problems seemed the least preferred way due to perceived lack of confidentiality, lack of practical solutions, and feelings of shame.

Amidst the negativity and apparent ill-health, some evidence of strengths also emerged. The most important strength related to interpersonal relationships, which helped them to forget hard times, especially when having fun and laughing together; for example, "When socializing, you forget the difficulties…", and "When chatting with my friends, I feel better." Also, loved ones provide meaning to life and work on the farm: "When I get home and my wife is cooking, I help her. We chat all the time.

It is nice being at home." A second important strength is religion and spirituality. To them, in times of difficulty, God is recognized as the Healer "… the Father has healed me"; therefore, prayer is considered to be very important. In addition, going to church provides joy, meaning, and a sense of community to many participants.

Lesser strengths include a positive experience of leisure time, specifically when engaging in crafts like needlework and playing football. These activities helped them to forget hardship, and provided them with a way of bonding with others. A small group of participants loved their work despite it being hard, and also experienced gratitude for having a job at all, given the scarcity of available work. Finally, even though they generally have few plans, some participants are optimistic about the future.

Despite these glimpses of strengths, the participants generally seemed to experience their lives as encapsulating. They generally expressed the desire to "break free": emotionally, by improving their lives; and physically, by leaving the farm for better possibilities.

Quality of Life

Financial and occupational challenges included too little income for too much work and responsibilities; paying for things earlier obtained for free (e.g., maize meal); having little control over one's own income spending; and the lack of financial management skills associated with negative implications for future planning. One participant indicated that "They (fellow farm workers) don't look into the future, only today, they don't think of tomorrow." There were, however, indications despite the stated dissatisfactions that some activities offer the opportunity to experience positive feelings, as one participant said: "…I feel that when I'm busy with something that I enjoy, like sewing blankets, then it feels good. It feels peaceful to do that which I'm doing."

Quality of interpersonal relationships was the second issue identified to be of influence on the quality of life of the participants. Although interpersonal relations often provide a way of feeling good, poor relations among farm workers, poor relations with the farm owners, and domestic difficulties among family members also negatively influenced their quality of life. The relationships between parents and children were often negative, as indicated by "children don't listen" and "parents are weak role models". Poor interpersonal relationships seem exacerbated by themes of alcohol abuse, conflicting expectations, problems of trust, and perceptions of prevalent unfair labour practices, as well as insecurities of work, income, and shelter.

The third factor that seemed to influence the quality of life of the participants was physical, transport, and leisure infrastructure. Most of the participants lived in brick houses and they often complained that "houses leak when it rains", that individuals lack the knowledge and means to control it, and that there was at times overcrowding in some houses, as adults share a single room with children. Sanitation facilities have been installed but "they are most of the time in poor working condition". They also stated a lack of other social amenities, such as churches, recreational facilities,

and transport. The lack of recreational facilities and "free time" is associated with feelings of despair and frustration. They express desire for "skills development projects, society schemes, and night school for adult literacy", but lack the required capacity and time to do so.

Discussions and Conclusions

The aim of this study was to describe the psychological well-being, physical health status, and quality of life of a group of farm dwellers in the North West Province, as well as the relations among these variables. Data were gathered in a mixed method approach. Qualitative data supported and explained the quantitative findings. Overall, findings showed that farm workers in this group experienced poor psychological well-being, health problems, low quality of life, and many unfulfilled needs at the time of data gathering. Psychological and physical (nutritional and physiological) findings correlated in many instances and pointed to a group in a trap of poverty and destitution, with structural problems that cause isolation and hamper development, and with compelling psychosocial, health, and economic needs. These findings confirm earlier observations (Vorster et al., 2000) that farm workers had very low levels of well-being, and contribute to the further explanation of these findings as applicable in this specific group of farm dwellers. An integrated discussion of the quantitative and qualitative findings is presented in the following section.

The relatively low level of sense of coherence manifested by this group of farm workers (in comparison to that reported in other groups in South Africa) reflects an experience of little comprehensibility, manageability, and meaningfulness in their lives and in the context in which they live. It can, to some extent, be explained in terms of historical circumstances of farm workers in South Africa (Ellis, 2001; South African Department of Agriculture, 2003; Van Onselen, 1996), where they were dependent on farm owners and had little options in life. In this instance, context—as conceptualized in terms of race, socioeconomic indices, and infrastructural resources (Temane & Wissing, 2006)—might have influenced the experience of these farm workers. Inaccessibility of clinics, schools, and other public services has negative implications for the health and education of the farm dwellers, including insecurity of land tenure.

The comparatively low (cf. Wissing et al., 1999; Wissing et al., 2010) scores reported for life satisfaction suggest that the farm workers in the current study experience the subjective assessment of their global quality of life as very unsatisfactory. Components of poor interpersonal relations on the various relational levels were also reported in qualitative findings. The expressed resolution to the situation seems to lie in the opportunity to "break free" and possibly leave the current place of living for a better one.

The participants reported an experience of low quality of life, especially among women. Farm workers thus have a negative affective and cognitive evaluation of

their quality of life. This negative evaluation is at an objective level, corroborated by the reports of negative physical health indices, poor living standards, and general lack of required health and social infrastructure and accessibility of important social amenities. These aforementioned living conditions are typically characteristic of the historical circumstances of black South Africa in general, and that of farm workers in particular (Ellis, 2001; South African Department of Agriculture, 2003; Van Onselen, 1996), with regard to the poor working and living context as perpetuated by the apartheid legacy. It is noteworthy that these circumstances occur concomitantly with the participants' vulnerability and feelings of exposure to disease or illness risks, due to their occupational and home environment, as well as inaccessible health amenities and lack of knowledge about mental health. It is perhaps a cumulative effect of these factors and more that could account for reported experiences of depression, distress, and feelings of unhappiness and hopelessness about the future. Results showing women as more vulnerable and suffering more could serve as a motivation for targeted programmes and policies aimed at alleviating the burden experienced by the female population.

The reported low levels of experienced vitality among the participants correlate with the low levels of sense of coherence reported in this study, and relatively high alcohol intake. A high level of sense of coherence is associated with high levels of feelings of vitality, and a higher level of psychological and physical symptoms is associated with decreased vitality (Kasser & Ryan, 1999; Ryan & Frederick, 1997). Given the low levels of sense of coherence of the farm workers, and high levels of psychological and physical symptoms as revealed in this study, it is to be expected that the participants will also experience relatively low levels of vitality feelings.

Individuals whose basic psychological needs are better satisfied experience significantly lower frequencies of somatic and mental symptoms, and conversely in situations where these needs are poorly attended, experiences of physical and mental symptoms strongly surface (Chirkov & Ryan, 2001; Deci & Ryan, 2000). The fact that such high levels of symptoms were found in the community under investigation supports the finding of the low levels of psychological need satisfaction. This finding is further corroborated by experiences of breakdown in both occupational and domestic interpersonal relationships, and isolation from significant others and the broader world. More specifically, decreased feelings of competence and autonomy could be linked to the lack of specialized occupational skills and employers' demands, respectively. That is, according to London et al. (1998), farm workers represent a repository for a controllable working population with low skill and high-morbidity. The situation further calls for the consideration of the role of power relations in dealing with the health and human rights concerns of the farm workers (London, 2003).

Hypertension does not seem to be a disease of immediate concern among the participants in rural areas, despite it being a typical problem in Africans, especially in urban areas (cf. Malan et al., 2006). Using the South African age-specific coronary heart disease risk level indicators (Rossouw, 1983), more participants in the study fall into the low-risk category. In the current study, blood pressure is observed to relate negatively to quality of life, general psychological well-being, satisfaction

with life, and satisfaction of psychological needs. Since the development of hypertension is associated with lifestyle factors, such as dietary factors, physical inactivity, and other factors causing a predisposition to obesity, the obtained results could possibly highlight minimal external influences on the community's cultural way of life, with possibly less acculturation or westernization (Van Rooyen et al., 2000) in the farming community.

Heart rate has been demonstrated to be the best predictor of quality of life. In this study, it is also slightly negatively related to the psychological well-being factor (including sense of coherence, affect balance, and general health) and satisfaction with life. Since HR has been predetermined as a negative health indicator in this study, these observations highlight the nature of the relations between this physical health indicator and the indicators of mental health as being negative. However, the negative relation between BP and alcohol, as well as the apparently positive relation between HR and quality of life remains inexplicable and requires further investigation.

In their own words, participants experienced life as unpredictable and unmanageable, with little meaning and limited choices and opportunities, and they consequently tended to perceive themselves as helpless victims of the circumstances characterized by lack of supportive physical and health infrastructure, occupational and financial challenges, and poor quality of interpersonal relationships. They report relatively low psychological well-being, low levels of vitality and need satisfaction, poor physical health, nutritional deficiencies, poor quality of life, and relatively high instances of psychopathology. The results indicate that the participants tended to perceive themselves as existing in an environment where primary control of their own life has failed, where the sense of self has been diminished, and where the future looks bleak. Amid the apparent state of deprivation, they however provided vital indications of glimpses of resilience through good interpersonal relations, religious beliefs, leisure, work, optimism about the future, and an overt expression of desire to change their circumstances if given the chance.

The findings clearly illustrate Parks' (2011, p.326) comment that suffering invariably constitutes a significant portion of human experience. Regarding the supposition of both Park (2011) and Wong (2011) that positive psychology should aspire to provide a more integrated understanding of human beings, but that it frequently ignores or overlooks negative realities, the negative reality of participants' lives in this study cannot be ignored. First, the results of this study are extremely important to positive psychology, as it clearly shows that there is a lack of significant positive experiences in this small population of farm workers. Perhaps this is an indication that they are, in terms of mental health, at best languishing (Keyes, 2007). According to Keyes, mental health is a complete state: not merely the absence of mental illness, but also the presence of mental health. Languishing refers to the absence of mental illness, but simultaneously to a low degree of positive mental health. The challenge, thus, is how to integrate this negative reality of the farm workers with our knowledge of positive psychology. Otherwise, the opportunity to understand the processes by which positive aspects may make a difference in times of difficulty (Park, 2011) may be missed. We contend that our finding of low levels

of well-being and few flickers of optimism shown by this group of farm dwellers support the important role of context in the manifestation of well-being, as argued by Wong (2011): Scores on well-being measures and experiences reported mean differences in a poverty stricken, low-control environment than in an affluent context with many choices and great autonomy. However, it may be that we put too little emphasis on eliciting accounts of positive experiences in the farm workers during the collection of qualitative data, and it may also be that participants interpreted the interview more as an opportunity to make their troubles known in the hope that they could be solved. Nevertheless, as reported in the results, they experienced at least some activities as opportunities to experience positive feelings. In future studies, the concept of "tragic optimism" (P.T.P. Wong, Wong, McDonald, & Klassen, 2007, p. 238) as key to integrating suffering into positive psychology and defined as "a state where hope and despair can coexist and in which we can remain optimistic, no matter how helpless and hopeless we feel" may be explored in farm workers.

In line with Keyes' (2007) call for a proactive national mental health strategy in the United States, it is submitted that deficiencies in the rural public health policies and their impact on the health of the rural communities in South Africa could also have some contributory effect on the productivity, profitability, and sustainability in the sector. These findings may be used as a basis for a follow-up project for a capacity-building intervention programme aimed at addressing the observed problems from a psychological strengths perspective. Based on the findings from this study, among others, several interventions are being implemented in this particular community; for example, the Life Plan Programme that aims to empower individuals with various psychosocial, coping, and financial skills; the income generating programme Holding Hands, in which participants are trained in glass recycling, sewing and embroidering skills, arts and crafts, and vegetable gardening; and a sensomotor development programme for children who have shown signs of stunting (in linked multidisciplinary research—cf. Phometsi, Kruger & Van't Riet, 2006) due to malnutrition over a long time. The effect of these and other interventions need to be evaluated on a longitudinal basis.

This study had several limitations. A relatively small group of participants from a specific province in South Africa took part in the study. They were not randomly selected (i.e., a specifically targeted population was included). No causality can be assumed from this data, and findings cannot be generalized to other groups. The relatively low reliability indices of some of the measures necessitate a cautious interpretation of findings, and may also be part of the problem of indigenous versus western concepts of well-being, and the measurement thereof, in a particular cultural context. However, triangulation of data gathering methods contributed to the trustworthiness of the findings.

Future research can also explore the manifestation of psychosocial health and well-being with more indigenously developed measures. Additionally, further research can be conducted on the evaluation of the applicability of various kinds of interventions to enhance the psychosocial health and well-being of farm dwellers and to enhance sustainable improvement of the quality of life of farm workers.

Interventions could also focus on influencing rural health policies, the promotion of rights (South African Human Rights Commission, 2007) of farm workers, and the removal of factors that reinforce their dependence and passivity (London, 2003).

References

Allwood, C. M., & Berry, J. W. (2006). Origins and development of indigenous psychologies: An international analysis. *International Journal of Psychology, 41*(4), 243–268.

Antonovsky, A. (1987). *Unraveling the mystery of health: How people manage stress and stay well*. San Francisco: Josey-Bass.

Antonovsky, A. (1993). The structure and the properties of the sense of coherence scale (SOC). *Social Science & Medicine, 36*(6), 725–733.

Berg, B. L. (1998). *Qualitative research methods for the social sciences* (3rd ed.). Boston: Allyn & Bacon.

Best, C. J., Cummins, R. A., & Lo, S. K. (2000). The quality of rural and metropolitan life. *Australian Journal of Psychology, 52*(2), 69–74.

Brislin, R. W. (1970). *Cross-cultural validation research methods*. New York: Wiley.

Chirkov, V. I., & Ryan, R. M. (2001). Parent and teacher autonomy-support in Russian and U.S. adolescents: Common effects on well-being and academic motivation. *Journal of Cross-Cultural Psychology, 32*, 618–635.

Creswell, J. W. (2008). *Research design: Qualitative, quantitative and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage.

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*(4), 227–268.

Diener, E., Emmons, R., Larsen, R., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 47*, 1105–1117.

Ellis, F. (2001). *Diverse livelihoods and natural resources: A research context* (Sustainable livelihoods in Southern Africa: Institutions, governance and policy processes. SLSA Working Paper 7). Brighton, UK: Institute of Development Studies. Retrieved from http://www.ids.ac.uk/ids/KNOTS/PDFs/SLSA7.pdf

Field, A. (2005). *Discovering statistics using SPSS*. London: Sage.

Frisch, M. B. (1994). *Manual and treatment guide for the quality of life inventory*. Minneapolis, MI: National Computer Systems.

Goldberg, D. P., & Hiller, V. F. (1979). A scaled version of the general health questionnaire. *Psychological Medicine, 9*, 139–145.

Higgs, N. T. (2007). Measuring and understanding the well-being of South Africans: Everyday quality of life in South Africa. *Social Indicators Research, 81*, 331–356.

Ivankova, N. V., Creswell, J. W., & Stick, S. L. (2006). Using mixed-methods sequential explanatory design: From theory to practice. *Field Methods, 18*(1), 3–20.

Kammann, N. R., & Flett, R. (1983). Affectometer 2: A scale to measure current level of general happiness. *Australian Journal of Psychology, 35*(2), 259–265.

Kasser, V. G., & Ryan, M. R. (1999). The relation of psychological needs for autonomy and relatedness to vitality, well-being, and mortality in a nursing home. *Journal of Applied Social Psychology, 29*(5), 935–954.

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*(3), 539–548.

Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing. A complementary strategy for improving national mental health. *American Psychologist, 62*(2), 95–108.

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy, 45*, 214–222.

Kruger, A. (2001). *Protocol of the FLAGH study*. Unpublished document, PU vor CHE, Potchefstroom, South Africa.

Kruger, H. S., Venter, C. S., Vorster, H. H., & Margetts, B. M. (2002). Physical inactivity is the major determinant of obesity in black women in the North West Province, South Africa: The THUSA study. *Nutrition, 18*(5), 422–427.

La Guardia, J., Ryan, R. M., Couchman, M. R., & Deci, E. L. (2000). Within-person variation in security of attachment: A self-determination theory perspective on attachment, need fulfillment, and well-being. *Journal of Personality and Social Psychology, 79*(4), 367–384.

Langenhoven, M., Kruger, M., Gouws, E., & Faber, M. (1991). *MRC food composition tables* (3rd ed.). Parow, South Africa: Medical Research Council.

London, L. (2003). Human rights, environmental justice, and the health of farm workers in South Africa. *International Journal of Occupational and Environmental Health, 90*(1), 59–68.

London, L., Nell, V., Thompson, M. L., & Myers, J. E. (1998). Health status among farm workers in the Western Cape—Collateral evidence from a study of occupational hazards. *South African Medical Journal, 88*(9), 1096–1101.

M'Buyamba-Kabungu, J. R., Fagard, R., Staessen, J., Lijnen, P., & Amery, A. (1987). Comparison of blood pressure and prevalence of hypertension in rural and urban Zaire. *Bibliothetica Cardiology, 42*, 80–87.

Malan, L., Schutte, A. E., Malan, N. T., Wissing, M. P., Vorster, H. H., Steyn, H. S., et al. (2006). Coping mechanisms, perception of health and cardiovascular dysfunction in Africans. *International Journal of Psychophysiology, 61*(2), 158–166.

McCoy, M., & Filson, G. (1996). Working off the farm: Impacts on quality of life. *Social Indicators Research, 37*(2), 149–163.

Miller, W. L., & Crabtree, B. F. (1999). Depth interviewing. In W. L. Miller & B. F. Crabtree (Eds.), *Doing qualitative research* (2nd ed., pp. 89–108). London: Sage.

Moseley, W. G. (2006). Farm workers, agricultural transformation and land reform in the Western Cape Province, South Africa. *Focus on Geography, 49*(1), 1–7.

Neuman, W. L. (1997). *Social research methods: Qualitative and quantitative approaches* (3rd ed.). Boston: Allyn & Bacon.

Nienaber, A. W., De Jager, V., Oosthuizen, T., & Wissing, M. P. (1999, July 18–23). *Demographic variables*, *perceived quality of life and psychological well-being in a group of women*. Paper presented at the International Africa Psychology Congress, Durban, South Africa.

Nix, G. A., Ryan, R. M., Manly, J. B., & Deci, E. L. (1999). Revitalization through self-regulation: The effects of autonomous and controlled motivation on happiness and vitality. *Journal of Experimental Social Psychology, 35*, 266–284.

Park, C. L. (2011). Meaning and growth within positive psychology: Toward a more complete understanding. In K. M. Sheldon, T. B. Kashdan, & M. F. Steger (Eds.), *Designing positive psychology. Taking stock and moving forward* (pp. 324–334). Oxford, UK: Oxford University Press.

Pavot, W., & Diener, E. (2008). The satisfaction with life scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology, 3*(2), 137–152.

Phometsi, M., Kruger, A., & Van't Riet, H. (2006). Nutrition knowledge and barriers to dietary practices among school children in a farming community—FLAGH-programme. *Development Southern Africa, 23*(4), 529–539.

Rossouw, J. E. (1983). Diet and heart diseases in the 1980's. *South African Medical Journal, 64*, 437–442.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology, 52*, 141–166.

Ryan, R. M., & Frederick, C. M. (1997). On energy, personality, and health: Subjective vitality as a dynamic reflection of well-being. *Journal of Personality, 65*, 529–565.

Ryff, C. D. (1995). Psychological well-being in adult life. *Current Directions in Psychological Science, 4*, 99–104.

South African Department of Agriculture. (2003). *The history of agriculture in South Africa*. Retrieved from http://www.nda.agric.za/publications

South African Human Rights Commission (SAHRC). (2007, August 1). Public hearings to assess the progress made in terms of land tenure security, safety and labour relations in farming communities since 2003. *Government Gazette*, *30133*, Notice 952 of 2007. Retrieved from http://uscdn.creamermedia.co.za/assets/articles/attachments/06539_notice952.pdf

Steenkamp, I. (2002). *Violence and quality of life in a group of farm workers in the North West Province*. Unpublished masters thesis, PU for CHE, Potchefstroom, South Africa.

Temane, Q. M., & Wissing, M. P. (2006). The role of subjective perception of health in the dynamics of context and psychological well-being. *South African Journal of Psychology, 36*(3), 564–581.

Thekiso, M. S. (1999). *The psychometric properties of scales measuring psychological well-being in an African group*. Unpublished master's dissertation, Potchefstroom University for Christian Higher Education, Potchefstroom, South Africa.

Thompson, B. (2001). Significance, effect sizes, stepwise methods, and other issues: Strong arguments move the field. *The Journal of Experimental Education, 70*, 80–93.

Van de Vijver, F. J. R., & Leung, K. (1997). *Methods and data-analysis for cross-cultural research*. Thousand Oaks, CA: Sage.

Van Onselen, C. (1996). *The seed is mine: The life of Kas Maine, a South African sharecropper 1894–1985*. New York: Hill and Wang.

Van Rooyen, J. M., Kruger, H. S., Huisman, H. W., Wissing, M. P., Margetts, B. M., Venter, C. S., et al. (2000). Epidemiological study of hypertension and its determinants in a population in transition: THUSA study. *Journal of Human Hypertension, 14*, 779–787.

Vorster, H. H., Wissing, M. P., Venter, C. S., Kruger, H. S., Kruger, A., Malan, N. T., et al. (2000). The impact of urbanization on physical, physiological and mental health of Africans in the North West Province of South Africa: The THUSA study. *South African Journal of Science, 96*, 505–514.

Walsh, R. (2011, January 17). Lifestyle and mental health. *American Psychologist*. doi:10.1037/a0021769. Advance online publication.

Waterman, A. S., Schwartz, S. J., & Conti, R. (2008). The implications of two conceptions of happiness (hedonic enjoyment and eudaimonia) for the understanding of intrinsic motivation. *Journal of Happiness Studies, 9*, 41–79.

Westaway, M. S., & Gumede, T. (2001). Satisfaction with personal and environmental quality of life: A black South African informal settlement perspective. *Curationis, 24*, 28–34.

Wilkinson, L., & Task Force on Statistical Inference. (1999). Statistical methods in psychology journals: Guidelines and explanations. *American Psychologist, 54*, 594–604.

Willet, W. C., Howe, G. R., & Kushi, L. H. (1997). Adjustment for total energy intake in epidemiologic studies. *American Journal of Clinical Nutrition, 65*, 1220S–1228S.

Wissing, M. P., & Du Toit, M. M. (1994 July 17–22). Relations of the NEO-PIR dimensions (NOE-FFI) to Sense of Coherence (SOC) and other measures of psychological well-being. *23rd International Congress of Applied Psychology,* Madrid, Spain.

Wissing, M. P., Thekiso, S. M., Stapelberg, R., Van Quickelberge, L., Choabi, P., Moroeng, C., et al. (2010). Validation of three Setswana measures for psychological wellbeing. *SA Journal of Industrial Psychology*, *36(2)*. doi: 10.4102/sajip.v36i2.860. Retrieved from http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2071-07632010000200010&lng=en&nrm=iso

Wissing, M. P., Thekiso, S., Stapelberg, R., Van Quickelberge, L., Choabi, P., Moroeng, C., et al. (1999, July 18–23). *The psychometric properties of scales measuring psychological well-being in an African group*. Presentation made at the International African Psychology Congress, Durban, South Africa.

Wissing, M. P., & Van Eeden, C. (1994, July 17–22). *Psychological well-being*: *Measurement and construct clarification*. Paper presented at the 23rd international congress of Applied Psychology, Madrid, Spain.

Wissing, M. P., & Van Eeden, C. (1997, July 14–18). *Facing the challenge to explicate mental health salutogenically*: *Sense of coherence and psychological well-being*. In 55th annual convention of the International Council of Psychology, Graz, Austria.

Wissing, M. P., & Van Eeden, C. (2002). Empirical clarification of the nature of psychological well-being. *South African Journal of Psychology, 32*(1), 32–44.

Wissing, J. A. B., Wissing, M. P., Du Toit, M. M., & Temane, Q. M. (2008). Psychometric properties of various scales measuring psychological well-being in a South African context: The FORT 1 project. *Journal of Psychology in Africa, 18*(4), 511–520.

Wong, P. T. P. (2011). Positive psychology 2.0. Towards a balanced interactive model of the good life. *Canadian Psychology, 52*(2), 69–81.

Wong, P. T. P., Wong, L. C. J., McDonald, M. J., & Klassen, D. W. (2007). The positive psychology of suffering and tragic optimism. In *The positive psychology of meaning and spirituality* (pp. 235–256). Abbottsford, BC: INPM Press.

World Health Organisation (WHO). (1999). International society of hypertension guidelines for the management of hypertension. *Journal of Hypertensive, 17*, 151–183.

World Health Organisation (WHO), Constitution. (1986). *Basic documents* (36th ed.). Geneva, Switzerland: Author.

World Health Organisation (WHO), Obesity Task Force. (2005). *Global strategy on diet*, *physical activity and health*: *Obesity and overweight*. Retrieved from http://www.who.int/hpr/NPH/docs/gs

Chapter 15
The Pivotal Role of Social Support in the Well-Being of Adolescents

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Today's youth will form the backbone of tomorrow's society and will play a crucial role as leading agents of transformation in communities. Rapid societal changes place great pressure on adolescents, which causes inordinately high levels of distress among many teenagers (Schlebusch, 2005). Yet a large number of adolescents successfully manage the increasing demands and mature into responsible adults who make valuable contributions to society (Call et al., 2002). In order to cultivate well-balanced adults, it is important to note that the well-being of adolescents is strongly related to the social support they receive, particularly in a South African context, where significant sociopolitical changes have influenced the social environment over the last three decades. This has caused an increased incidence of emotional and behavioural problems among adolescents, which many authors attribute to the deterioration of social institutions such as the family, church, and community

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(Coleman & Hagell, 2007; O'Brien & Scott, 2007). The changes in family and community structures have eroded the social and emotional support that adolescents depend on in order to help them to master their complex environments.

There is a growing awareness of the need for a balanced perspective on adolescent development, considering both the risk factors that increase vulnerability and the protective factors that enable adolescents to adapt regardless of adversity. In spite of general consensus among authors (Jenkinson, 2008) that adolescents are being confronted by a changing environment that requires them to respond to a growing number of internal and external demands, including personal, family and societal stressors (Erwin, 2002), more voices are being raised in favour of a fortigenic approach that considers adolescents' strengths and resources that enable them to adjust effectively, and even flourish, in demanding circumstances. Hall and Torres (2002) emphasize the need for researchers to focus on adolescent well-being. According to them, if social scientists are to promote the well-being of adolescents, it is important to gain a better understanding of the factors that cause distress among youth, as well as those that enhance their mastery of the complex demands being placed upon them. In so doing, scientists will better appreciate what adolescents experience, and better understand what support structures are needed to help them adjust effectively. The focus of this chapter involves an investigation of psychological and social resources that influence the well-being of a group of South African adolescents.

Theoretical Background

Positive youth development is deeply embedded in the environment in which children grow up. According to Bronfenbrenner's (1979, 2005) ecological approach, the individual is influenced by a complex structure of interconnected systems; a microsystem, a mesosystem, an exosystem, and a macrosystem. This person⇔context relationship forms the basis for healthy development across the life span. Each of the systems is engaged in a bidirectional relationship with the individual and provides challenges and demands, as well as resources for facing these challenges and demands (Bronfenbrenner & Morris, 2006).

The microsystem refers to the people and objects in the adolescent's immediate environment and includes parents, siblings, and friends. Due to its proximity to the adolescent's daily experiences, the microsystem influences personal development and well-being profoundly. The mesosystem is the connection across microsystems and reflects that microsystems are interdependent and influence one another (Bronfenbrenner & Morris, 2006). The exosystem represents the system that the adolescent is not a part of but which influence the adolescent's adjustment. For example, the parent's work environment influences the home, when the work-related stress spills over and increases conflict. The micro-, meso- and exosystems are embedded in the macrosystem (i.e., the ideology, beliefs, culture, and social class that determine the values of society). Bronfenbrenner (2005) also identifies the

chronosystem, which reflects the dynamic nature of development within the adolescent and in the environment. Changes that take place within the individual and environmental systems determine whether the developmental trajectory will be positive or negative. All the above-mentioned systems constantly interact: Parents, family, peers, and adolescents influence each other. The complex challenges presented by each system, and the adequacy of the individual and environmental resources available to deal with these challenges, constantly shape the well-being of the adolescent.

Well-being incorporates positive factors—and is not merely the absence of negative factors (Park, 2004). The following three components of subjective well-being have been identified; life satisfaction, high levels of pleasant affect, and low levels of unpleasant affect balance. In the current study, life satisfaction is used as the criterion of general well-being. Life satisfaction is defined as the cognitive evaluation of the quality of an individual's life in general, as well as specific life domains, such as school and social life (Diener, Lucas, & Oishi, 2005; Zullig, Huebner, Gilman, Patton, & Murray, 2005).

Studies of life satisfaction require a holistic understanding of the interaction between the personal and the contextual factors that increase the likelihood of positive outcomes. According to the ecological theory of development, internal (individual) and environmental systems are inextricably connected to one another as well as to the larger social environment. Theories of individual development emphasize the role of rapid physical, emotional, cognitive, and social development on the subjective well-being of adolescents (D. Louw, Louw, & Ferns, 2007; Smetana, Campione-Barr, & Metzger, 2006). The recognition of the influence of concurrent transitions in adolescents' proximal social environments on their adjustment has resulted in a greater dominance of ecological theories in research on adolescent development. The impact of the chronosystem (influential developmental changes of adolescence) will be integrated with the discussion about the influence of individual and environmental systems on the life satisfaction of adolescents.

Adolescent Well-Being and the Individual System

Adolescence is an important turning point in life, characterized by growing demands on the adolescent to perform while simultaneously navigating physical, psychological, and social changes (Larson, Wilson,& Mortimer, 2002; Sigelman & Rider, 2003). To a greater extent than in the past, adolescents face situations which require the successful completion of an array of developmental tasks that involve their exposure to new and different experiences, the ability to integrate family values into a personal value system, the formation of self-identity, and ultimately the acquisition of greater independence (D. Louw et al., 2007). According to Deci and Ryan's (1985) Self-determination Theory, a person's well-being is determined by the extent to which three innate psychological needs (competence, autonomy, and relatedness) are satisfied. During the transition to adolescence, some adolescents face challenges

at school, home, and society that frustrate these basic psychological needs and result in lower levels of well-being. It is important to realize that adolescence is a period of preparation for a well-adjusted and successful transition into adulthood. Unfortunately some individuals struggle to manage the increasingly difficult pressures associated with adolescent development, such as the pressure to perform, to make important life decisions, and to develop satisfying relationships (Jenkinson, 2008). Although a number of adolescents find this phase difficult, they gradually develop a clear identity and the skills to master personal, social, and environmental demands effectively and to establish a stable foundation for their adult lives.

This ability to adjust well (despite adverse or challenging conditions) is known as resilience (Masten, 1994). Resilience originates from a constellation of personal and social resources, such as a sense of identity and efficacy, emotional regulation, and supportive family and extra-familial relationships. These resources are protective factors that enable resilient people to achieve higher levels of individual well-being even when they face adversity. Gilman and Huebner (2003) indicate that the majority of adolescents experience positive well-being. South African studies suggest that adolescents experience above-average levels of life satisfaction (Basson, 2008; Henn, 2005; Koen, 2008; Routledge, 2007). Basson (2008) and Koen (2008) found remarkably similar levels of life satisfaction among black and white adolescents. Contrary to Gilman and Huebner's (2003) emphasis on gender differences in adolescent life satisfaction, Koen's (2008) investigation yielded no significant differences.

The individual system acknowledges differences in people's level of optimism, purpose in life, self-esteem, sense of coherence, and demographic factors, such as gender and race (Wild, Flisher, Bhana, & Lombard, 2004). Identity formation is the most important developmental task of adolescence (Erikson, 1963). Rapid changes in individual appearance and escalating cognitive, emotional, and social demands often lead to a temporary decline in self-esteem during early adolescence. A sense of efficacy and self-confidence play an important role in the process of integrating new identities and changing body images and personal value systems into a coherent self (Sigelman & Rider, 2003). Difficulty in accepting these changes may lead to poor self-image, raised levels of stress, and poor peer relations (D. Louw et al., 2007). In a study of high school students, McCullough and Huebner (2003) report that the students who find life satisfying also display a healthier self-concept and appear more optimistic about the future. According to Prince-Embury (2006), a sense of mastery is an important individual determinant of effective coping responses that influence well-being. A sense of mastery can be described as the ability to attain goals and to deal effectively with environmental demands, and the belief in one's own competence. Thom and Coetzee (2004) compare the identity development of black and white adolescents and report that black adolescents' identities were more clearly developed due to greater acknowledgement of the value of black culture within the politically transformed South Africa. Personal attributes, such as self-confidence, effective emotional regulation, and optimism, are associated with the ability to adjust well despite adversity, and are considered influential determinants of individual well-being (Prince-Embury, 2006). Hopefulness and optimism have

been identified as factors that protect adolescents from negative outcomes, such as anxiety, depression, and behavioural problems (Fritsch, Donaldson, Spirito, & Plummer, 2000).

Emotional and behavioural self-regulation are important affective and intrapersonal strengths associated with a good sense of self and positive adjustment (Epstein & Sharma, 1998). Adolescence is a phase of heightened emotional awareness and increased emotionality (Larson & Sheeber, 2009; D. Louw et al., 2007). Appropriate emotional regulation allows adolescents to anticipate their own emotional reactions and, importantly, the emotions of others—and this enhances effective management of emotionally charged situations in a manner that alleviates common stressors and adversities (Goldstein & Brooks, 2006). Adolescents with poor emotional regulation struggle to contain themselves in competitive environments and are more likely to react emotionally or to retaliate (Scott & Scott, 1998). Although the increased independence of adolescents requires a greater reliance on their own intra- and interpersonal strengths, many authors emphasize the link between strong supportive relationships and self-efficacy, competence, and affect regulation (Luthar & Zelazo, 2003; Rutter, 1989).

Adolescent Well-Being and Social Support Systems

The microsystem expands while adolescents mature and function more autonomously. Apart from the increased time spent with peers, many adolescents also have romantic relationships. The quality of family, friendship, school, and romantic relationships and their access to support from these systems are vital to the well-being of adolescents (Call et al., 2002). A supportive and protective environment in which adolescents can make informed decisions and choices is integral to their well-being (Horstmanshof, Punch, & Creed, 2008). Perceived social support (the belief in the quality and availability of supportive relationships; Hobfoll, 1998) contributes to adolescent well-being and reduces the risk of mental and physical illness (Prince-Embury, 2006; Rutter & Behrendt, 2004). The perception that others are supportive (i.e. parental empathy, praise, and gratitude) enhances a positive self-perception (Brooks, 2006; Sameroff, 2006), which includes personal coping resources (such as improved esteem qualities and a resilient self-concept). These emotional gains are evident in an adolescent's mastery of a stressful situation and emotional control, when there are high levels of perceived social support (Collins & Roisman, 2006; Peltzer, 2008).

According to LaRue and Herrman (2008), society increasingly neglects to provide support and structure to help adolescents deal with stressful societal demands. Dramatic changes in the adolescent's social environment are often blamed for the increase in psychological and social problems that have been noted in youth risk surveys (Reddy et al., 2002). Increased social disintegration reduces the adult support and guidance available to teenagers; focuses more strongly on materialistic values rather than family values; dissolves families and marriages, which

erodes the security within the family; and reduces contact with extended family (Schlebusch, 2005). In post-apartheid South Africa, many families still suffer from the negative impact of socioeconomic inequality, crime, and violence, as well as an increase in AIDS-related deaths, which deprive adolescents of important social resources (Barbarin, 1999, 2003; Richter, 2006). According to Larson et al. (2002), the family is the central source of support for adolescents worldwide. Parents provide emotional support (sympathetic listening that communicates care and acceptance), instrumental support (practical help, aid), informational support (knowledge for solving problems and advice/guidance about alternatives), and tangible support in resolving problems and enforcing rules of conduct (Wills & Shinar, 2000). A positive parenting style is a protective factor which enhances the general well-being of adolescents. As a primary support system, families that cannot provide the necessary emotional support to adolescents increase the risk of negative health outcomes (McGraw, Moore, Fuller, & Bates, 2008). Changes associated with adolescents' need for autonomy and the exploration of their identities and values often lead to conflict within families (Sigelman & Rider, 2003). The degree of structure offered by families appears decisive in adolescents' adjustment. Disrupted family structures are associated with negative adolescent coping behaviours, which contribute to negative self-perceptions, feelings of powerlessness, dejection, and a lack of parental support (Frydenberg, 2008; Holborn & Eddy, 2011).

Adolescents' reliance on their parents gradually shifts to dependence on their peers and romantic partners (Collins & Roisman, 2006). Peer connectedness is a strong predictor of adolescent well-being, as adolescents tend to judge their own value by the reactions of others (McGraw et al., 2008). Peer support contributes uniquely to adolescent functioning because it is an essential source of intimacy and acceptance (sharing of social and leisure activities; Wills & Shinar, 2000). However, it should be noted that family support paves the way for relationships with friends and other adults (Collins & Roisman, 2006). This explains George's (2009) finding that adolescents who are dissatisfied with their relationships with their parents also have difficulty in other areas of social interaction (such as disturbed peer relationships). For adolescents growing up in adverse family circumstances, friends are a substitute support system. Adolescents who are emotionally insecure among their peers show poor academic progress and planning abilities, which decrease their chances of achieving their goals and effectively mastering the demands of the environment. This may increase their risk of emotional and psychological problems (Frydenberg, 2008).

Academic demands on adolescents are perceived as another major stressor (LaRue & Herrman, 2008). Pressure to perform, concerns about future studies and job opportunities, harassment by peers, and feeling unsafe at school all contribute to stress in the academic environment (George, 2009). Adolescents who do not excel at academics, sports, or other school-related activities may experience isolation and rejection, which contributes to higher levels of distress (Erwin, 2002). Effective interpersonal and social skills as well as a supportive environment increase a sense of relatedness and positive school functioning (Berk, 2002).

Gender and Ethnicity

Social support is greatly influenced by the norms and expectations that govern relationships across different cultures and gender. Females consistently show a greater interest in relationships, and the quality of relationships, and are concerned about their social status (Frydenberg, 2008; Taylor et al., 2000). Coping research also indicates that females rely more heavily on social support to deal with stressful situations than do males, while males use active problem-solving strategies more frequently (Jordan, 2006). South African studies by George (2009) and Koen (2008) have not found significant racial differences in the influence of family and peer group relationships on the mental health of adolescents.

Adolescents and the Macrosystem

Larger societal issues, such as violence and discrimination, affect the well-being of adolescents significantly (Erwin, 2002). Physical fighting, weapons at school, and school bullying and gang forming have become common in some schools (Reddy et al., 2002). Grootboom (2007) reports that discrimination and political change considerably influence the well-being of adolescents. Other environmental (contextual) factors that could increase levels of distress and hurt the well-being of adolescents include socioeconomic stressors (poverty, unemployment), poor physical health (especially HIV/AIDS), inadequate health facilities, and political instability (Basson, 2008; De Villiers, 2009; George, 2009; Henn, 2005; Makola, 2007). Poverty is another social issue that harms some adolescents because it excludes them from valuable resources. Poverty generates helplessness and acceptance of circumstances, stifling ambition, resilience, and the ability to reject adverse circumstances (Goldstein & Brooks, 2006; Werner, 2006).

The future well-being of communities depends on the extent to which they equip and empower adolescents to contribute meaningfully to society (Call et al., 2002). Risk and protective factors (stemming from the above-mentioned individual and social systems) constantly interact in an intricate process to influence the adolescent's well-being. The overarching aim of this research study is to investigate the influence of social and individual resources on the life satisfaction of a group of adolescents from the Free State Province, South Africa. Differences between gender and race groups will also be examined.

Research Method

The following research questions have guided the research study:

1. How satisfied are adolescents with their lives in general?
2. What personal and social resources are available to adolescence, and to what extent do these resources (i.e., personal resources, including sense of mastery,

emotional reactivity, intrapersonal strengths; and social resources, including sense of relatedness, family involvement, interpersonal strengths, and school functioning) influence their life satisfaction?
3. How do gender and ethnic groups compare with regard to the relationship between their personal and social resources and life satisfaction?

Research Design

A cross-sectional, correlational design (Babbie, 2007) was used in this study.

Participants and Data-Gathering Process

A random sample of 846 eighth grade students was selected from 10 schools in the Free State Province. Black and white students were selected from urban and rural schools in the province. The age of the group ranged from 12 to 16 years, with a mean age of 13.9 years and a standard deviation of 0.78. They were from middle and low socioeconomic backgrounds. The sample consisted of 268 black females (31.7 %), 199 black males (23.4 %), 238 white females (25.2 %), 137 white males (14.5 %), and four missing values. The home languages of participants were 54.8 % African languages (majority SeSotho), 34.4 % Afrikaans, and 10.8 % English.

Ethical Considerations

Permission to conduct this study was granted by the Free State, Education Department and school principals. The informed consent of pupils and their parents was obtained in advance. Standardized psychometric tests were administered during school days at the identified schools. Questionnaires were available in English, Afrikaans, and Sesotho. The translation of questionnaires was done by accredited translators through the back translation method. Participants completed the questionnaires in groups under the supervision of psychologists and registered psychometrists. The field workers debriefed students after the administration of the questionnaires in order to address any emotional responses or questions that resulted from involvement in the research process.

Measuring Instruments

The measuring instruments used to gather the data on the different variables (i.e., subjective well-being, and individual and social resource variables) are described in the following paragraphs.

Satisfaction with Life Scale

The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen,& Griffin, 1985) was used to assess the participants' global assessment of their subjective well-being. This measuring instrument consists of five items answered on a seven-point Likert-type scale. High scores indicate high levels of life satisfaction, with scores ranging between 23 and 28 considered as slightly above average. Reliability and validity were proven in a number of studies in different countries (Pavot & Diener, 1993). The scale has proved reliable in many South African studies (Basson, 2008; Henn, 2005; Routledge, 2007).

Resiliency Scales

The Resiliency Scales for children and adolescents (Prince-Embury, 2006) were used to determine the participants' sense of mastery, sense of relatedness, and emotional reactivity as a reflection of their individual and social resources. The test consists of 64 items with alpha coefficients ranging from 0.89 to 0.91 for the subscales (Prince-Embury, 2006). In a study of South African children by De Villiers (2009), the alpha coefficients were between 0.82 and 0.90.

Behavioural and Emotional Rating Scale

The Behavioural and Emotional Rating Scale (BERS; Epstein & Sharma, 1998) assesses the interpersonal and intrapersonal strengths of participants, their affective strengths, family involvement, and school functioning. The measure consists of 52 self-report items and a high internal consistency was found in a study by De Villiers (2009).

Additional Measuring Information

The research team compiled a biographical questionnaire to gather information about the age, gender, race, socioeconomic status, and living arrangements of participants. All the above-mentioned questionnaires have been used in several South African investigations and have proved reliable and valid for South African high school pupils. The alpha coefficients calculated for the current sample are shown in Table 15.2. As can be inferred, the alpha coefficients for all the subscales indicate acceptable levels of internal consistency.

Statistical Analysis

Descriptive statistics were calculated for all scales. Data was analysed with a multivariate statistical programme (STATISTICA 10, 2010). Intercorrelations and a stepwise regression analysis were calculated for four groups (black females, black

males, white females, and white males) to investigate the influence of the individual and social resources on the life satisfaction of participants from different demographic groups. Data was investigated for multicollinearity before the regression analyses were conducted. Collinearity problems were excluded based on the absence of Spearman intervariable correlations of 0.9 and higher.

Results

Alpha coefficients and descriptive statistics of all scales are presented in Table 15.1.

Compared to Nunnaly and Bernstein's (1994) criteria for noncognitive measures, the Cronbach alpha coefficients of all the subscales were within the range of acceptable to good (0.7 and higher). The Cronbach alpha coefficients of the black and white groups were very similar, with the scores for the black and white groups ranging from 0.67 to 0.82 and 0.68 to 0.83 respectively. The internal consistency scores of the measures are similar to alpha coefficients found in South African studies by Basson (2008) and Koen (2008), who reported on the reliability of the SWLS, as well as by De Villiers (2009), who reported on the BERS and Resiliency Scales.

The mean scores of the white (male and female) groups and the black female group indicate average to slightly above-average levels of life satisfaction, and are similar to the levels reported by Basson (2008) and Koen (2008) for multiethnic groups from the Northern Cape and Free State Province respectively. The black males scored slightly lower, reflecting a slightly below-average score. Their score is consistent with scores reported by Henn (2005) for a group of urban, black adolescents in the Free State. All four groups scored higher than the mean scores that Prince-Embury (2006) reported as average for sense of mastery and sense of relatedness, and so indicate slightly above-average levels of mastery and belonging. The standard deviations of the research groups are smaller than those reported by Prince-Embury (2006), which signifies less variation within the current research groups. The current group's lower score on the emotional reactivity scale point to higher levels of tolerance for intense and unpleasant emotions, as well as the ability to recover from negative emotional experiences. The scores on the three resiliency subscales reflect consistency in the scores of white males and females, while the group of black females reflect higher levels of mastery and relatedness than the black males. Compared to the mean scores reported in a South African study (De Villiers, 2009) involving a group of white children in early adolescence, the current research group (all four groups) scored slightly lower on all five behavioural and emotional strengths subscales. The mean scores of the white male and female groups are very similar, with the exception of affective strengths, where the males scored lower, implying lower levels of emotional strength. The black females scored higher than the black males on all five subscales, reflecting higher levels of emotional and behavioural resources.

Table 15.1 Descriptive statistics

	Reliability (KR_{20})		Black males (N = 199)		Black females (N = 268)		White males (N = 137)		White females (N = 238)	
Variable	Black group	White group	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
Satisfaction with life Scale	0.68	0.74	22.75	6.66	24.06	6.67	24.79	5.92	24.58	6.77
Resilience scale										
Sense of mastery	0.73	0.83	51.04	16.84	54.17	12.13	56.84	14.43	56.17	13.46
Sense of relatedness	0.74	0.71	55.95	26.81	62.73	21.12	71.51	20.39	71.32	18.71
Emotional reactivity	0.69	0.79	27.35	19.03	28.06	17.0	31.01	20.14	28.06	16.85
BERS : behavior and emotional rating scale										
Intrapersonal strengths	0.82	0.77	20.67	11.06	24.75	19.03	27.17	5.57	27.26	6.53
Interpersonal strengths	0.81	0.75	26.58	14.14	30.71	11.91	34.18	8.13	33.45	8.67
Family support	0.67	0.73	18.01	9.12	20.53	8.65	23.61	6.53	22.77	7.18
School functioning	0.82	0.79	17.48	8.58	19.77	7.26	19.98	5.04	20.43	5.31
Affective strengths	0.71	0.68	12.88	6.23	14.45	5.80	15.65	4.06	19.06	4.23

The intercorrelations were calculated for the four groups respectively due to the differences evident from the descriptive statistics of all the subscales. The intercorrelations for the black females are reported in Table 15.2.

Two of the resiliency subscales, sense of mastery and sense of belonging, correlated significantly (positive correlation on 1 % level of statistical significance and a moderate effect size), with life satisfaction of the black female group. This reflects a strong relationship between life satisfaction, the experience of mastery, and self-efficacy, as well as a sense of belonging and access to support. Family support, interpersonal strengths, and affective strengths also correlated significantly with satisfaction with life on the 1 % level of statistical significance, although with a small effect size. The high positive correlation (large effect size) between sense of mastery and intrapersonal strengths as individual resources, and sense of relatedness, family involvement, and school functioning, affirms the interdependence of personal and social resources. The influential interaction between family involvement, school functioning, interpersonal strengths, and affective strengths supports the notion that family relationship is an influential factor in the intrapersonal and interpersonal adjustment of children. Moreover, it emphasizes the influence of the individual's behavioural and emotional strengths on adjustment in different social domains. The intercorrelations between the subscales for the black male group are displayed in Table 15.3.

The sense of mastery and sense of relatedness subscales correlated statistically significantly (1 % level of significance) with life satisfaction, but only sense of mastery recorded a moderate effect size. The intercorrelations between the resiliency and strengths subscales followed the same trend as those of the black females, apart from the fact that the correlation coefficients of the males were smaller. A difference between the intercorrelations of the two groups is represented by the much weaker relationship between the male group's family involvement and sense of mastery and relatedness. It can be inferred from this finding that family influences affect the females' experience of self-efficacy and mastery more than the males', and also has an influence on their sense of trust and support. The intercorrelations between life satisfaction, resiliency factors, and emotional and behavioural strengths of the white females are presented in Table 15.4.

All the correlations between life satisfaction and the Resiliency and BERS subscales of the white females, except the emotional reactivity scale of the Resilience scale, were statistically (1 % level) and practically significant (at least a moderate effect size). This reflects the importance of both individual and environmental resources in the well-being of the white female group. The intercorrelations between the sense of mastery and relatedness subscales of the two female groups (black and white) are very similar and show the mutual interactions between these resiliency resources. Both family involvement and school functioning seemed to shape the white and black females' experience of mastery and relatedness, and of intrapersonal-, interpersonal-, and affective strengths. The correlations between school functioning and personal and social resources were much higher for the white females. This finding asserts the importance of social resources (school and family) on the experience of self-efficacy and mastery as well as the sense of trust and

Table 15.2 Intercorrelations of black females

	Satisfaction with life	Sense of mastery	Sense of relatedness	Emotional reactivity	Intra-personal strengths	Inter-personal strengths	Family involvement	School functioning	Affective strengths
Satisfaction with life	1.00								
Mastery	**0.39**	1.00							
Relatedness	**0.33**	**0.64**	1.00						
Emotional reactivity	–0.03	0.18	0.20	1.00					
Intrapersonal strengths	0.10	0.33	0.26	0.08	1.00				
Interpersonal strengths	0.14	**0.33**	0.35	0.08	**0.69**	1.00			
Family involvement	0.12	**0.34**	0.28	0.07	**0.67**	**0.64**	1.00		
School functioning	0.09	**0.34**	**0.35**	0.04	**0.73**	**0.74**	**0.71**	1.00	
Affective strengths	0.13	0.40	**0.39**	0.06	**0.70**	**0.76**	**0.74**	**0.82**	1.00

$p \geq 0.01$ Correlations ≥ 0.12 *f* (Effect size): 0.1 small; 0.3 medium; 0.5 large
Correlations with a medium and large effect bold printed

Table 15.3 Intercorrelations of black males

	Satisfaction with life	Sense of mastery	Sense of relatedness	Emotional reactivity	Intra-personal strengths	Inter-personal strengths	Family involvement	School functioning	Affective strengths
Satisfaction with life	1.00								
Sense of Mastery	0.29	1.00							
Sense of Relatedness	0.14	**0.47**	1.00						
Emotional reactivity	–0.08	0.04	0.08	1.00					
Intrapersonal strengths	0.07	0.21	0.22	–0.03	1.00				
Interpersonal strengths	0.06	0.20	0.18	–0.03	**0.68**	1.00			
Family involvement	0.12	0.19	0.19	0.00	**0.54**	**0.58**	1.00		
School functioning	0.05	0.24	0.18	–0.11	**0.64**	**0.70**	**0.54**	1.00	
Affective strengths	0.10	0.24	0.24	–0.02	**0.63**	**0.62**	**0.59**	**0.57**	1.00

$p \geq 0.01$ Correlations ≥ 0.14 *f* (Effect size): 0.1 small; 0.3 medium; 0.5 large
Correlations with a medium and large effect bold printed

Table 15.4 Intercorrelations of white females

	Satisfaction with life	Sense of mastery	Sense of relatedness	Emotional reactivity	Intra-personal strengths	Inter-personal strengths	Family involvement	School functioning	Affective strengths
Satisfaction with life	1.00								
Sense of mastery	**0.53**	1.00							
Sense of relatedness	**0.39**	**0.61**	1.00						
Emotional reactivity	−0.18	−0.21	−0.12	1.00					
Intrapersonal strengths	**0.32**	**0.36**	**0.50**	−0.17	1.00				
Interpersonal strengths	**0.31**	**0.38**	**0.42**	−0.19	**0.51**	1.00			
Family involvement	**0.36**	**0.37**	**0.46**	−0.13	**0.50**	**0.64**	1.00		
School functioning	**0.42**	**0.48**	**0.47**	−0.24	**0.50**	**0.49**	**0.51**	1.00	
Affective strengths	**0.31**	**0.40**	**0.49**	1.00	**0.58**	**0.54**	**0.40**	**0.41**	1.00

P≥0.01 Correlations ≥0.17 *f* (Effect size): 0.1 small; 0.3 medium; 0.5 large
Correlations with a medium and large effect bold printed

support. The intercorrelations between the different subscales of the white male group are presented in Table 15.5.

The correlations between life satisfaction, sense of mastery, and intrapersonal strengths of the white males were statistically (1 % level) and practically significant (moderate effect size). The sense of mastery of the group correlated significantly with sense of relatedness and with intrapersonal, interpersonal, and affective strengths. In the case of white males, a greater number of significant intercorrelations were found between the personal strengths (intrapersonal, interpersonal, and affective strengths) than between social resources, such as family involvement and sense of relatedness. As with black males, family involvement seemed less influential to the well-being and resiliency of white males. The stepwise regression analyses of the four groups are presented in Tables 15.6, 15.7, 15.8, and 15.9.

It is evident that five of the eight predictor variables contributed significantly (on at least the 5 % level of significance) to the variance in life satisfaction of black females. Together the variables explained 19.98 % of the variance in life satisfaction. Sense of mastery explained 15.65 % ($p \leq 0.0000$), followed by family involvement (2.01 % of the variance, $p \leq 0.0002$) and sense of relatedness (1.22 % of the variance, $p \leq 0.001$). The last two variables entered into the regression analysis were emotional reactivity and school functioning. The unique contribution of these two subscales was 0.69 and 0.33 % respectively (both significant on the 5 % level of statistical significance). This finding underlines the importance of positive self-esteem, a sense of self efficacy, and optimism as factors that enhance the well-being of black adolescent girls. Positive family relationships and the ability to trust and feel supported by other people also play a significant role. The significant negative relationship between emotional reactivity and life satisfaction indicates that tolerance for negative emotions and the ability to recover quickly from emotional upheaval increases levels of life satisfaction. The ability to function effectively within the school environment played a role in the promotion of life satisfaction, but to a lesser degree than sense of mastery and social support from family and friends.

As can be inferred from Table 15.7, only three of the predictor variables contributed significantly (5 % level) to the life satisfaction of black males, explaining a total of 17.36 % of the variance. Sense of mastery contributed most significantly to the variance in life satisfaction (14.83 %, $p \leq 0.000$). Subsequently, the variables sense of relatedness and emotional reactivity were introduced to the analysis and explained 1.29 % ($p \leq 0.01$) and 1.23 % ($p \leq 0.01$) of the variance respectively. The results show many similarities with those of the black female group, confirming the importance of a sense of mastery and—to a lesser degree—a sense of relatedness and emotional reactivity as important determinants of life satisfaction. In contrast to the results of the black female group, family involvement and school functioning did not contribute significantly to the life satisfaction of black males.

The stepwise regression analysis of white males yielded three variables with statistically significant contributions to life satisfaction, explaining 17.91 % of the variance ($p \leq 0.0001$). Sense of mastery explained 11.65 % ($p \leq 0.0001$), followed by emotional reactivity (5.07 % of the variance, $p \leq 0.0049$) and school functioning (1.20 % of the variance, $p \leq 0.0442$). Similar to the findings of the black female

Table 15.5 Intercorrelations of white males

	Satisfaction with life	Sense of mastery	Sense of relatedness	Emotional reactivity	Intra-personal strengths	Inter-personal strengths	Family involvement	School functioning	Affective strengths
Satisfaction with life	1.00								
Sense of Mastery	**0.32**	1.00							
Sense of Relatedness	0.20	**0.53**	1.00						
Emotional reactivity	–0.16	–0.05	0.19	1.00					
Intrapersonal strengths	**0.34**	**0.30**	0.27	–0.14	1.00				
Interpersonal strengths	0.17	**0.30**	0.29	–0.21	**0.60**	1.00			
Family involvement	0.19	0.19	0.22	–0.20	**0.45**	**0.48**	1.00		
School functioning	0.16	0.21	0.15	–0.22	**0.66**	**0.67**	**0.33**	1.00	
Affective strengths	0.17	**0.35**	**0.40**	–0.06	**0.49**	**0.48**	**0.36**	**0n35**	1.00

$p \geq 0.01$ Correlations ≥ 0.17 *f* (Effect size): 0.1 small; 0.3 medium; 0.5 large
Correlations with a medium and large effect bold printed

Table 15.6 Step-wise regression analysis for the black female group

Step	Variable entered (N = 268)	Multiple R	Multiple R-square	R-square change	F value	Pr > F	Direction of relationship to SWL
1	Sense of mastery	0.395537	0.1564	0.1564	143.55	0.0000	Positive
2	Family involvement	0.420119	0.176500	0.020050	18.82	0.0001	Positive
3	Sense of relatedness	0.434412	0.188714	0.012214	11.62	0.0006	Positive
4	Emotional reactivity	0.442243	0.195579	0.006865	6.58	0.0105	Positive
5	School functioning	0.445970	0.199889	0.003310	3.18	0.0448	Negative

Table 15.7 Step-wise regression analysis for the black male group

Step	Variable entered	Multiple R	Multiple R-square	R-square change	F value	Pr > F	Direction of relationship to SWL
1	Sense of mastery	0.385132	0.148326	0.148326	38.14077	0.000000	Positive
2	Sense of relatedness	0.401610	0.161291	0.012964	3.36974	0.0427766	Positive
3	Emotional reactivity	0.416595	0.173552	0.012261	3.25935	0.043165	Negative

Table 15.8 Step-wise regression analysis for the white male group

Step	Variable entered	Multiple R	Multiple R-square	R-square change	F value	Pr > F	Direction of relationship to SWL
1	Sense of mastery	0.341339	0.116513	0.116513	17.80352	0.0001	Positive
2	Emotional reactivity	0.408928	0.167222	0.050709	8.15950	0.0049	Negative
3	School functioning	0.423307	0.179189	0.011967	1.93903	0.0442	Positive

Table 15.9 Step-wise regression analysis for the white female group

Step	Variable entered	Multiple R	Multiple R-square	R-square change	F value	Pr > F	Direction of relationship to SWL
1	Sense of mastery	0.526375	0.277071	0.277071	90.44963	0.000000	Positive
2	Family involvement	0.560160	0.313779	0.036708	12.57085	0.000497	Positive
3	School functioning	0.570865	0.325887	0.012108	4.20288	0.04423	Positive

group, the strong relationship between sense of mastery and life satisfaction is clearly established. The significant negative relationship between white males' emotional reactivity and life satisfaction was more pronounced than in the case of black females. School functioning seemed to make a slightly greater contribution to the white male

group's life satisfaction. None of the variables reflecting social connectivity and support made a significant contribution to their level of life satisfaction.

Only three of the eight predictor variables contributed significantly (on at least the 5 % level of statistical significance) to the variance in life satisfaction of the white females. The contribution of 32.59 % ($p \leq 0.0000$) was much larger than that of the previous three groups. Sense of mastery explained 27.71 % of the variance ($p \leq 0.0000$), affirming the strong relationship with well-being. Family involvement contributed 3.14 % and school functioning1.20 % to the life satisfaction of white females. The role of family involvement in the life satisfaction of white females is similar to that of black females. This supports the importance of positive family relationships in the lives of females. The ability to function effectively within the school environment seems equally important for white females and males.

Discussion and Recapitulation

The aim of the current study was to investigate the influence of individual and social resources on the well-being of a group of adolescents from the Free State Province (South Africa), with a specific focus on different gender and ethnic groups. Cronbach's alpha coefficients of the instruments indicate good internal consistency for both ethnic and gender groups.

The level of satisfaction with life of the current group reflects that the participants of the current study are between slightly satisfied to satisfied with their lives in general. Their life satisfaction compares well with that of similar multiracial South African groups (Basson, 2008; Koen, 2008; Routledge, 2007). The group of black males showed slightly lower levels of life satisfaction than black females and white males and females. Their life satisfaction is slightly higher than the level reported by Henn (2005) for a group of black adolescents from the Free State Province. The level of resiliency and emotional and behavioural strengths of the current group compares favourably with that of American and South African groups of the same age (De Villiers, 2009; Prince-Embury, 2006). The levels of personal and social resources of the group of black males and—to a lesser degree—of the black female group were consistently lower than those of the three other groups, except for their emotional reactivity, where their mean score indicated a good ability to manage stressful emotions and to recover from emotionally upsetting situations. This might reflect the legacy of the past political discrimination and hardships that limited the ability of many black persons to develop the individual and social resources necessary to build resilience (Basson, 2008; Makola, 2007; Werner, 2006).

The role of a sense of mastery as the most significant predictor of life satisfaction emerged clearly from the intercorrelations and stepwise regression analyses of all four groups. Apart from the moderate, practically significant correlations found between sense of mastery and life satisfaction for all the gender and ethnic groups, sense of mastery explained most of the variance in life satisfaction for all groups.

The statistically significant contributions (on the 0.1 % level) of sense of mastery were 11.65 % (white males), 14.83 % (black males), 15.65 % (black females), and 27.71 % (white females). This finding supports the universal importance of a sense of mastery (representing the individual system) in the experience of life satisfaction among different gender and ethnic groups (Prince-Embury, 2006; Werner, 2006; Wild et al., 2004). The three building blocks of the sense of mastery subscale—self efficacy, optimism, and adaptability—are strongly associated with a satisfying life (Makola, 2007; Wild et al., 2004). The influence of family relationships on the development of a sense of mastery is reflected in the intercorrelations between the family involvement and sense of mastery subscales (moderate practical significance) of the white and black female groups, which supports the notion of the interaction between intrinsic needs for mastery and autonomy and the influence of social relationships on internal factors, such as a sense of identity and confidence (Deci & Ryan, 1985; Horstmanshof et al., 2008; McGraw et al., 2008; Pollack, 2006). This is also reflected in the significant correlations (large practical significance) between the sense of relatedness subscale and the sense of mastery subscales of all four groups.

Three variables representing the microsystem of the adolescents (namely, family involvement, a sense of relatedness, and school functioning) contributed significantly to the life satisfaction of participants. Family involvement contributed to the variance in life satisfaction of the black and white females (2.01 and 3.14 % significant on the 1 % level of statistical significance) with the life satisfaction of the two female groups. This is consistent with findings by Collins and Roisman (2006), Hobfoll (1998), and Jordan (2006) that the quality of family relationships is an important determinant of adolescent well-being. The gender differences noted in the results of the current study affirm findings by Frydenberg (2008) and Taylor et al.(2000) that females show a stronger interest in relationships in general and report higher levels of intimacy in family relationships. A sense of relatedness contributed significantly to the variance in life satisfaction of the black male and female groups (contributions of 1.29 and 1.22 % respectively, significant on the 1 % level of statistical significance). This reflects the importance of a sense of belonging and connectedness to the promotion of well-being. Based on findings of a South African study of the role of family relationships in the life satisfaction of black adolescents, Henn (2005) argues that family relationships are more important to black adolescents than peer relationships. This is not supported by the findings of the current study. The collectivistic orientation of the black males and females might have contributed to the increased importance of experiencing a general sense of support, trust, and tolerance for differences between people. Barbarin (1999) and Basson (2008) emphasize the potentially negative impact of the experience of discrimination and racism on the general adjustment of adolescents. School functioning contributed significantly to the life satisfaction of the white female (1.20 %), white male (1.20 %), and black female (0.33 %) groups. School functioning indicates the degree to which adolescents master the academic demands and adjust within the school environment. Werner (2006) alludes to the importance of measuring up to the standards of family and peers for the development of a sense of competence. She also suggests that children from ethnic

backgrounds that are different from the dominant culture may be at a disadvantage in the school environment because they find it difficult to master the demands of the culturally diverse milieu. This might be especially true of black children in predominantly white schools. The two female groups clearly demonstrated a strong relational focus with the impact of family involvement, school functioning, and sense of relatedness (only the black female group). The greater impact of individual rather than social resources on the life satisfaction of the white male group might reflect a stronger individualistic focus on personal competence and self-reliance, and possibly a typical male stereotype of independence and disconnection (Pollack, 2006). The relatively high intercorrelations between family involvement, school functioning, and interpersonal, intrapersonal, and affective strengths assert the inseparable connection of the individual and different life domains in which the individual functions (Bronfenbrenner, 2005; George, 2009; Henn, 2005).

Emotional reactivity contributed significantly to the life satisfaction of two male groups and a black female group. The contributions to the variance in the life satisfaction (negative relationship) of the male groups were 5.07 (0.1 % level of significance) and 1.23 % (1 % level of significance) for the white and black males respectively. The contribution to the black females' life satisfaction was much smaller (5 % level of significance). This finding confirms the significant role of the emotional regulation of the adolescent as an important determinant of life satisfaction (Coleman & Hagell, 2007; Epstein & Sharma, 1998; Larson & Sheeber, 2009). The stronger influence of emotional reactivity on the life satisfaction of the male groups might be related to the tendency for adolescent boys to externalize behaviour and the potentially negative impact that poor regulation of externalizing behaviour has on their relationships and general adjustment (Cicchetti, Ganiban, & Barnett, 1991; Fritsch et al., 2000).

Limitations and Recommendations

The results of the current study must be interpreted against the background of a number of limitations. First, the cross-sectional nature of the study limits the inferences that can be made regarding the dynamic process of the development of well-being and how the different predictor variables influence the level of life satisfaction over a period of time. This being so, longitudinal studies are recommended to follow the changing influence of different individual and social resources during the adolescent years.

Second, the study focused on global life satisfaction and, therefore, no conclusions can be drawn regarding gender and ethnic differences experienced by the participants in specific life domains, such as family satisfaction. Cross-cultural studies of adolescent adjustment in specific life domains—such as the school and family—are recommended.

Third, the random sample included in the study did not contain sufficient numbers of white and black males to allow for the use of structural equation analysis of the bidirectional pathways between the different variables. Accordingly, no inferences

can be made regarding causal relationships between the variables investigated in the current study. Future research studies involving large enough samples to execute structural pathway analyses of the psychosocial resource variables and life satisfaction of different gender and ethnic groups are recommended. Due to the self-report questionnaires utilized in the study, general patterns and relationships between data could be identified; however, a richer exploration of individual experiences of the participants was not possible. Qualitative studies which investigate the personal experiences of specific groups with regard to their experience of support, quality of parental relationship, and emotional regulation are suggested.

Because the results of this study support the interactive relationship between individual and social strengths in the promotion of positive health outcomes (such as life satisfaction),they have important implications for preventative programmes aimed at promoting the well-being of adolescents. The results of this study strongly support the inclusion of activities and techniques that promote both internal resources (such as a sense of mastery and effective emotional regulation) as well as interpersonal skills that can enhance the relational resilience of adolescents.

References

Babbie, E. (2007). *The practice of social research*. Belmont, CA: Thomson, Wadsworth.

Barbarin, O. A. (1999). Social risks and psychological adjustment: A comparison of African American and South African children. *Child Development, 70*(6), 1348–1359.

Barbarin, O. A. (2003). Social risks and child development in South Africa: A nation's program to protect the human rights of children. *American Journal of Ortopsychiatry, 73*(3), 248–254.

Basson, N. (2008). *The influence of psychosocial factors on the subjective well-being of adolescents*. Unpublished master's thesis, Department of Psychology, University of Free State, Bloemfontein, South Africa.

Berk, L. E. (2002). *Infants, children and adolescents*. London: Allan & Bacon.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. Thousand Oaks, CA: Sage.

Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In R. M. Lerner (Ed.), *Theoretical models of human development* (Handbook of child psychology 6th ed., Vol. 1, pp. 793–828). New York: Wiley.

Brooks, R. B. (2006). The power of parenting. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 297–314). New York: Springer.

Call, K. T., Riedel, A. A., Hein, K., McLoyd, V., Petersen, A., & Kipke, M. (2002). Adolescent health and well-being in the twenty-first century: A global perspective. *Journal of Research on Adolescence, 12*, 69–98.

Cicchetti, D., Ganiban, J., & Barnett, D. (1991). Contributions from the study of high-risk populations to understanding the development of emotional regulation. In J. Garber & K. A. Dodge (Eds.), *The development of emotion regulation and dysregulation* (pp. 317–349). Cambridge, UK: Cambridge University Press.

Coleman, J., & Hagell, A. (2007). *Adolescent risk and resilience: Against the odds*. London: Wiley.

Collins, W. A., & Roisman, G. I. (2006). The influence of family and peer relationships in the development of competence during adolescence. In A. Clarke-Stewart & J. Dunn (Eds.), *Families*

count: Effects on child and adolescent development (pp. 79–103). New York: Cambridge University Press.
De Villiers, M. (2009). *Die ontwikkeling en evaluering van 'n intervensieprogram om kinders se stresweerstandigheid te bevorder*. Unpublished doctoral dissertation, Department of Psychology, University of Free State, Bloemfontein, South Africa.
Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self determination in human behavior*. New York: Plenum.
Diener, E., Emmons, R. A., Larsen, R. J., & Griffen, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49*(1), 71–75. doi:10.1207/s15327752jpa4901_13.
Diener, E., Lucas, R. E., & Oishi, S. (2005). Personality, culture and subjective well-being: Emotional and cognitive evaluations of life. *Annual Review of Psychology, 54*, 404–425.
Epstein, M. H., & Sharma, J. M. (1998). *Behavioral and emotional rating scale: A strengths-based approach to assessment*. Austin, TX: PRO-ED.
Erikson, E. H. (1963). *Childhood and society*. New York: Norton.
Erwin, E. (2002). Adolescent perceptions of relevant social problems. *Journal of Child and Adolescent Psychiatric Nursing, 30*(1), 24–34.
Fritsch, S., Donaldson, D., Spirito, A., & Plummer, B. (2000). Personality characteristics of adolescent suicidal attempters. *Child Psychiatry and Human Development, 30*(4), 219–235.
Frydenberg, E. (2008). *Adolescent coping: Advances in theory, research and practice*. New York: Routledge.
George, A. A. (2009). *Risk and resilience in adolescent suicidal ideation*. Unpublished doctoral dissertation, Department of Psychology, University of Free State, Bloemfontein, South Africa.
Gilman, R., & Huebner, E. S. (2003). A review of life satisfaction research with children and youth. *School Psychology Quarterly, 18*, 192–205.
Goldstein, S., & Brooks, R. B. (2006). Why study resilience? In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 1–16). New York: Springer.
Grootboom, G. A. (2007). *How adolescents perceive their futures and why*: *A cross-cultural study*. Unpublished doctoral dissertation, Department of Psycho-Education, University of the Free State, Bloemfontein, South Africa.
Hall, A. S., & Torres, I. (2002). Partnerships in adolescent stress: Increasing self-esteem, coping and support through effective counselling. *Journal of Mental Health Counseling, 24*, 97–109.
Henn, C. M. (2005). *The relationship between certain family variables and the psychological well-being of black adolescents*. Unpublished doctoral dissertation, Department of Psychology, University of Free State, Bloemfontein, South Africa.
Hobfoll, S. E. (1998). *Stress, culture and community*. New York: Plenum.
Holborn, L., & Eddy, G. (2011). *First steps to healing the South African family*. Johannesburg, South Africa: South African Institute of Race Relations.
Horstmanshof, L., Punch, R., & Creed, P. A. (2008). Environmental correlates of wellbeing among final year high school students. *Australian Journal of Psychology, 60*(2), 101–111.
Jenkinson, J. (2008). Psychosocial adversity and resilience. In M. Rutter, D. Bishop, D. Pine, S. Scott, J. Stevenson, E. Taylor, & A. Thapar (Eds.), *Child and adolescent psychiatry* (pp. 377–391). Oxford, UK: Blackwell Publishing.
Jordan, J. (2006). Relational resilience in girls. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 79–90). New York: Springer.
Koen, A. (2008). *The relationship between emotional intelligence and psychological well-being of adolescents*: *A multicultural study*. Unpublished master's dissertation, Department of Psychology, University of Free State, Bloemfontein, South Africa.
Larson, R. W., & Sheeber, L. B. (2009). The daily emotional experience of adolescents: Are adolescents more emotional, why and how is that related to depression? In B. Allen & L. B. Sheeber (Eds.), *Adolescent emotional development and the emergence of depressive disorders* (pp. 11–32). Cambridge, UK: Cambridge University Press.
Larson, R. W., Wilson, S., & Mortimer, J. T. (2002). Conclusions: Adolescents' preparation for the future. *Journal of Research on Adolescence, 12*(1), 159–166.
LaRue, D. E., & Herrman, J. W. (2008). Adolescent stress through the eyes of high risk teens, CNE. *Pediatric Nursing, 34*(5), 375–380.

Louw, D., Louw, A. E., & Ferns, I. (2007). Adolescence. In D. Louw & A. E. Louw (Eds.), *Child and adolescent development* (pp. 277–347). Bloemfontein, South Africa: University of Free State.

Luthar, S. S., & Zelazo, L. B. (2003). Research on resilience: An integrative review. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 510–549). Cambridge, UK: Cambridge University Press.

Makola, S. (2007). *The role of meaning in life as predictor of academic performance of first-year students*. Unpublished PhD thesis, University of Free State, Bloemfontein, South Africa

Masten, A. S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M. C. Wang & E. W. Gordon (Eds.), *Educational resilience in inner-city America: Challenges and prospects* (pp. 3–25). Hillsdale, MI: Erlbaum.

McCullough, G. S., & Huebner, E. T. (2003). Life satisfaction reports of adolescents with learning disabilities and normally achieving adolescents. *Journal of Psychoeducational Assessment, 21*, 311–324.

McGraw, K., Moore, S., Fuller, A., & Bates, G. (2008). Family, peer and school connectedness in final year secondary school students. *Australian Psychologist, 43*(1), 27–37.

Nunnally, J., & Bernstein, I. H. (1994). *Psychometric theory*. New York: McGraw-Hill.

O'Brien, C., & Scott, J. (2007). The role of family. In J. Coleman & A. Hagell (Eds.), *Risk and resilience: Against the odds* (pp. 17–40). New York: Wiley.

Park, N. (2004). The role of subjective well-being in positive youth development. *The Annals of the American Academy of Political and Social Science, 591*, 25–39.

Pavot, W., & Diener, E. (1993). The affective and cognitive context of self-reported measures of subjective well-being. *Social Indicators Research, 28*, 1–20.

Peltzer, K. (2008). Social support and suicide risk among secondary school students in Cape Town, South Africa. *Psychological Reports, 103*, 653–660.

Pollack, W. S. (2006). Sustaining and reframing vulnerability and connection. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 65–78). New York: Springer.

Prince-Embury, S. (2006). *Resiliency scales for children and adolescents. A profile of personal strengths*. San Antonio, TX: Harcourt Assessment.

Reddy, S. P., Panday, S., Swart, D., Jinabhai, C. C., Amosum, S. L., Monyeki, K. D., et al. (2002). *UmthentheUhlabaUsamila – The South Africa youth risk behaviour survey*. Cape Town, South Africa: South African Medical Research Council.

Richter, L. M. (2006). Adolescence: New ways of studying young problems. *Science, 312*, 1903–1905.

Routledge, L. (2007). *Substance abuse and psychological well-being of South African adolescents in an urban context*. Unpublished master's thesis, University of Pretoria, Pretoria, South Africa.

Rutter, M. (1989). Pathways from childhood to adult life. *Journal of Childhood Psychology and Psychiatry, 30*, 23–51.

Rutter, P. M., & Behrendt, A. E. (2004). Adolescent suicide risk: Four psychosocial factors. *Adolescence*. Retrieved at http://findarticles.com/p/articles/mi_m2248/is_154_39/ai_n6364177/?tag=mantle_skin;content

Sameroff, A. (2006). Identifying risk and protective factors for healthy child development. In A. Clarke-Stewart & J. Dunn (Eds.), *Families count: Effects on child and adolescent development* (pp. 53–78). New York: Cambridge University Press.

Schlebusch, L. (2005). *Suicidal behaviour in South Africa*. Scottsville, South Africa: University of Kwazulu-Natal Press.

Scott, R., & Scott, W. A. (1998). *Adjustment of adolescents: Cross-cultural similarities and differences*. London: Routledge.

Sigelman, C. K., & Rider, E. A. (2003). *Life-span human development*. Belmont, CA: Wadsworth.

Smetana, J. G., Campione-Barr, N., & Metzger, A. (2006). Adolescent development in interpersonal and societal contexts. *Annual Review of Psychology, 57*, 255–284. doi:10.1146/annurev.psych.57.102904.190124.

Statistica. (2010). *STATISTICA 10*. Tulsa, OK: Statsoft.

Taylor, S., Klein, L., Lewis, B. P., Gruenwald, T. L., Gurung, R. A., & Updegraff, J. A. (2000). Bio-behavioural responses to stress in females: Tend-and-befriend, not fight-or-flight. *Psychological Review, 107*, 411–429.

Thom, D. P., & Coetzee, C. H. (2004). Identity development of South African adolescents in a democratic society. *Society in Transition, 35*, 183–193.

Werner, E. E. (2006). What can we learn about resilience from large-scale longitudinal studies? In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 91–106). New York: Springer.

Wild, L. G., Flisher, A. J., Bhana, A., & Lombard, C. (2004). Associations among adolescent risk behaviours and self esteem in six domains. *Journal of Psychology and Psychiatry, 45*(8), 1454–1467.

Wills, T. A., & Shinar, O. (2000). Measuring perceived and received social support. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 86–135). New York: Oxford University Press.

Zullig, K. J., Huebner, E. S., Gilman, R., Patton, J. M., & Murray, K. A. (2005). Validation of the brief multidimensional student's life satisfaction scale among college students. *American Journal of Health Behaviour, 29*, 206–214.

Chapter 16
Older Adults' Coping with Adversities in an African Context: A Spiritually Informed Relational Perspective

Vera Roos

The aim of this chapter is to explore the link between spirituality and older adults' coping with challenging life situations in an African context. Older people in the southern African context are subjected to various risks and adversities. In research on how older people coped with risks and adversities associated with contextual challenges (drought), psychosocial challenges associated with HIV/AIDS, and emotional responses to loneliness, spirituality as a coping strategy emerged spontaneously. Since it was not clear how spirituality motivates, drives, and impacts relationships of older people in these particular contexts, it was therefore decided to do a secondary data analysis from the data obtained in the original studies (Kahl, 2011; Van Niekerk & Roos, 2007; Watson, 2009). Coping for this purpose is described as the adaptive capacity of older people to positively respond or adapt to an identifiable risk or adversity, which in this instance is associated with HIV/AIDS, loneliness, and drought (Casale, 2011).

Spirituality is a complex construct because there is a lack of consensus on a definition of spirituality and thus the distinction between spirituality and religion is not always clear (Emmons, 2006; Kourie, 2006). In line with Mattis (2002), it is agreed that religiosity and spirituality are overlapping but distinct constructs. Spirituality is considered by many people as the core of human existence—something that is deeply personal—while religion often has institutional, ritual, and dogmatic connotations (Buzzanell, 2009; Kourie, 2006; Wendel, 2003). Spirituality often becomes visible through religious rituals.

Much research on spirituality regards it as an intrapersonal construct directed at achieving personal goals and influencing emotional processes (Emmons, 1999,

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2006). A substantial portion of this research focuses on the correlation between health factors, and religious beliefs, -affiliation, and -practices (Hall, 2004; Idler, 2006; Krause, 2006; Marche, 2006). Religious faith or affiliation strengthens the resilience of people in high-risk environments (Krause, 2006; Kumpfer, 1999; Masten, 1994; Pargament, Tarakeshwar, Ellison, & Wullf, 2001); religious beliefs help people make sense of life and determine their purpose in life; and religious practices give people a sense of meaning, direction, and order so that they can grow from challenging events (Krause, 2006; Marche, 2006). Little is known about spirituality as a relationally informed coping strategy in an African context since most of the research has been conducted in a Western context, and much of the research has been quantitative or conceptual (Mattis, 2002).

Spirituality as a coping strategy should be studied within the context in which it occurs (McNulty & Fincham, 2012). Older people in an African context are fundamentally spiritual; their environment and time are occupied by spiritual activities that help them feel secure; their spirituality permeates all their life domains; and their spirituality manifests itself in relationships—in relation to a Divine reality/divinities (God, the living dead and the ancestors) as well as other people (Mattis, 2002; Mbiti, 1969). The focus on older people's coping with risks and adversities is motivated from the perspective that older people are considered as having significant space for personal development, a sense of transcendence, and a need for integration, as well as being known as people who strive to connect with others (Ellor, 2005; Mbiti, 1969; Waaijman, 2002).

Spirituality as a relational phenomenon is explained from symbolic interactionist theory, psychoanalytic theory, the attachment theories (specifically), and relational theory (Hill & Hall, 2002). In terms of the symbolic interactionist theory, people anticipate how God or a Divine reality may respond to them, which is based on learned patterns of interaction. This anticipation stems from a cognitive map that includes cognitive schemas about God/divine reality and man, as well from the scripts between God/divine reality and man (Hill & Hall, 2002). Adherents of the psychoanalytic viewpoint, which includes attachment theories and relational representations, argue that people's relationship with God/divine reality mirrors their deep structure of internalized relationships, which are either healthy or pathological (Hill & Hall, 2002). In terms of this viewpoint, the relationship between God and older individuals resembles the experiences of relationships with emotionally significant others. The interpersonal perspective will be used as the theoretical framework whereby spirituality is defined as spiritually informed interactions with a Divine reality/divinities and other people within a particular context. Spiritually informed interactions are continuously and reciprocally created within relationships (Stacey, 2003; Waaijman, 2002). (For more information, see also Beukes, Roos, & Vorster, 2013; Hill & Hall, 2002; Stacey, 2003; Waaijman, 2002; Watzlawick, Bavelas, & Jackson, 2011.)

Three Case Studies

Secondary data from three case studies on loneliness, HIV/AIDS, and drought, respectively, have been analysed to address the spiritually informed interactions that emerged specifically in older adults who have had to cope with stressful life situations and adversities in an African context. These will now be discussed in turn (Table 16.1).

For each of the initial case studies, ethical permission was obtained from the academic institution's Ethics Committee, from the management of a residential care facility, and/or from community leadership. The older adults congregated on a day and at a time and place agreed upon by the gatekeeper, who helped the researcher gain access to the communities. The purpose of the research was explained, and informed consent was also obtained from the participants; that is to say, their involvement was voluntary, they could withdraw from the research at any stage, the confidentiality of the data was ensured, and the participants were ensured they would not be identified in the presentation of the findings.

The method for gathering the data was the Mmogo-method® (Roos, 2008, 2012). This method is based on using projections to elicit meanings and symbolism from participants in a cross-cultural environment. The method entails that participants be given the material of the Mmogo-method®; namely, modelling clay, dry grass-stalks, and colourful beads placed on a round piece of cloth. In response to an unstructured prompt, such as "Please use the material in front of you to make a visual representation of any aspect of your experience of loneliness (HIV/AIDS, or drought)",—depending on the aims of the particular case study—the older adults constructed their experiences visually. After completion of the visual

Table 16.1 Details of three case studies

Research conducted	HIV/AIDS (2007)	Loneliness (2008)	Drought (2005)
Participants	N = 12 Setswana-speaking adults (ten lived in their own houses and headed their households; two lived with their extended families. One of the older persons was HIV positive, but all the other older persons were affected by the disease)	N = 18 Setswana-speaking adults (16 women and 2 men)	N = 75 Setswana-speaking adults (30 men and 45 women) who had been living in the area for 15 years or longer
	Aged: 60–83 years	Aged: 61–73 years	Aged: 60 years and older
Research context	Ikageng in the greater Potchefstroom area (Tlokwe) in the North West Province of South Africa. This area has the highest number of older persons in the southern part of the North West Province of South Africa		Ganyesa and Tosca, areas in the North West Province of South Africa. Intense periods of drought were experienced between 2002 and 2005

representations, these people were asked to explain their models on an individual basis. Questions that participants were asked included "What did you make?", "Why did you make it?", and "What is the relevance of the images in terms of the unstructured prompt?" The unstructured nature of the research material and the use of the open-ended prompt elicited the projections of perceptions, experiences, symbols, and meanings. Finally, the group was asked to verify, add to, or complement the individual's explanation, which served as a way to peer-check the information. A focus group discussion would usually develop around the topic and would provide insights into the collective understandings associated with the research question. These visual representations were regarded as external narratives of internal experiences that could be used to facilitate individual participants' explanation of a particular experience, particularly if the experience was about coping with emotions, such as loneliness, or with environmental challenges, such as drought or the complexity around the experiences of being infected with HIV/AIDS. Importantly, the visual representations were used to facilitate a discussion about unconscious experiences, meanings, or emotions in a visual manner in order to add and/or complement meanings. By applying this method, it was possible to obtain insight into the ways that the coping of older people is symbolically represented because qualitative analysis is suitable to explore meanings in cross-cultural contexts (Creswell, 2007; Ferreira, 2011; Mattis, 2002; Roos, Maine, & Khumalo, 2008).

The original data, including both the visual constructions as well as the discussions (i.e., the individual participant's as well as the group discussions), were transcribed and thematically analysed. The visual data were analysed in comparison with the textual data by assessing the components of the visual representation, such as "What did they make?" and "In relation to whom did they make the presentation?" Both the textual and the visual data were used to determine the themes and subthemes that emerged from the secondary data analysis to address the research question.

Secondary data analysis was performed when a new research question emerged from the original data that had not been researched, which, in this instance, brings new insights into how older African people use spiritually informed interactions to cope with challenges (Creswell, 2007; Lewis, 2006). For the secondary data analysis, each participant's visual representations were analysed on the basis of the meanings associated with coping with adversities by applying spirituality.

Integrated Discussion

The integrated discussion that follows will use examples from all three case studies and will be supported with appropriate literature references. Two themes emerged in terms of the spiritually informed interactions that assisted the coping of older people with challenging life situations; (a) a strong conviction in the power of a Divine reality/divinities, and (b) behaviourally orientated coping in relation to a Divine reality/divinities and to other people. In relation to a Divine reality/divinities, spiritual rituals were performed to please a Divine reality/divinities so that the challenges could be removed and the meaning of the risks or adversity could be changed

Fig. 16.1 A man reading his Bible

for the older people. In relation to other people, older adults' spiritually informed compassion and care for disconnected people emphasized their social connectedness, which assisted them in dealing with risks and adversities. Spirituality is also used to make sense of relational challenges (discrimination and strained intergenerational relationships).

Strong Conviction in Power of Divine Reality/Divinities

The older people coped with risks and adversities by expressing a strong conviction that a Divine reality/divinities have power to change unfavourable circumstances for the better. This strong conviction is more than what is described as a generalized belief that people have in desirable future outcomes, also called dispositional optimism (Kirschman, Johnson, Bender, & Roberts, 2009; McNulty & Fincham, 2012). A 76-year-old woman who made a visual representation of a man reading the Bible expressed her belief in the power of the Divine reality to change a terminal illness by saying, "God can help him, so that he can get healthy." (Fig. 16.1).

In the drought case study, one of the participants remarked, "If young children walk with buckets of water and throw the water in the air while shouting 'pula' (rain), sometimes that very day we receive rainfall." In response to a question from the researcher regarding what is done if it does not rain in this case, an older male participant said, "We pray for the rain [and] the rain comes."

Behaviourally Orientated, Spiritually Informed Coping

In Relation to Divine Reality

The behaviourally orientated coping of the older adults is based on stable beliefs (i.e., global meanings; Park & Folkman, in Mattis, 2002) that they use to explain the reason behind the drought and to determine their subsequent ritualistic behaviour.

In the drought case study, older people believed that the drought was a consequence of something that they had done to evoke this reaction from the Divine reality/divinities. They based this assumption on their anticipation of how the Divine reality may have responded to the fact that the initiation of boys and girls into manhood and womanhood, respectively, no longer occurred at the usually allocated time. Many of the older people believed that this deviation from traditional practice was responsible for the drought, as it incurred the wrath of the ancestors. The cognitive map that they had of the Divine reality was that their misconduct was being punished through the use of the drought (Hill & Hall, 2002).

The subsequent behaviour of the older adults reflected the pursuit of the goal; namely, to change the adversity for the better by performing spiritual rituals (Carver, Scheier, Miller, & Fulford, 2009). For example, in the drought case study, an older man explained the community's collective spiritual involvement as follows: "The captain (tribal leader) called the Barutis (elders) so that we can talk and see how we can make a plan." The importance of the use of rituals in spirituality is highlighted. In this instance it is used to find the solution that will result in the alleviation of the drought. "We have to slaughter a black cow and pray, because the captain also calls the traditional healers to throw the dolosse (bones) to tell us what is wrong." In the case study where the older people were infected with and affected by HIV/AIDS, one of the participants said, "If you listen and talk about the word of God, it heals you." In the loneliness case study, one of the older individuals explained how she believes that reading the Bible would change her loneliness: "Reading the Bible, you feel these words are healing you." Also in this research, one of the participants said, "I have a small book in which I write meaningful messages that I hear at church and then read back at home when I feel lonely." According to Anderson (2009), scripture readings give guidance to the older people and assist them in dealing with difficult situations.

In Relation to People

Spiritually informed coping in relation to people is based on behaviour which emphasizes the social connectedness between people. Older people regard the collective as a compensatory resource when they lack competencies to deal with risks and adversities. The social connectedness is also a source of compassion and care.

Compensation for Older People's Inabilities

Older people draw on the strengths of the group to compensate for their perceived lack of abilities. This is in contrast to Mattis' (2002) research, which found that African American women adopted an individual approach by going into themselves to seek answers.

A 61-year-old woman participating in the HIV/AIDS research said that being part of a caring community was important for an older person. She expressed her anticipation of assistance by using a Biblical metaphor:

> I am sitting at the river so that I can heal. I am waiting for somebody to help me get in. A person cannot go in by himself; they are asking for help. The river is like [people], if I talk I can get help, they will know that I am asking for help. But if I keep quiet, how will I get help?

In this research, the collective attempts to address risks and adversities confirm the strong emphasis on the ontological position of older people in the African context—the "us" is stronger that the "I". These spiritually informed collective strategies revealed facets of the interconnectedness between God/Divine reality/divinities and between people.

Compassion and Care

People who belong to a group are cared for within this context. Belonging is expressed by compassion and care for disconnected people, and if this belonging is absent, older people experience exclusion and isolation. Compassion, according to Cassell (2009), is a social emotion which has to do with the relationship between people. Compassion and care is demonstrated by older people, who anticipate the needs of others whom they perceive as disconnected, by executing actions and activities to incorporate these individuals into a circle of care or to compensate for the absence of significant other people. The motivational drive was to promote the well-being of other people, which is described as a form of altruism (Batson, Ahmad, & Lishner, 2009), or even obligation. Compassion, care, and altruism point to the importance of living according to the ethic of caring, which was illustrated by different older people who participated in these case studies and who regarded themselves as religious people.

Older people looked out for one another. This is illustrated by an older woman who participated in the HIV/AIDS research:

> I noticed that the house is closed, the windows are not opened, and that is why I knocked. I wonder where the people of the house are because I know that he is alone. He stays alone… Then I say let me see what is going on here.

This care for other people was also illustrated in the HIV/AIDS case study. One of the older women made a house. She explained the reason as follows:

> I have built this little house because of the people who are sick. Their parents have left them in the zinc houses in their back yards. If we can have drop-in centres or day care centres, and we just have transport—we can collect them from home and they spend the whole day with us. Those that are not washed, then we wash them and give them food. Then they have eaten and they are clean.

From this woman's explanation, it is clear that physical care is of importance, but so too is emotional care, which is provided by connecting with people and which

Fig. 16.2 Day care centre to care for abandoned and sick people

Fig. 16.3 Needs of an older person who has no one who cares for him

was illustrated by her saying, "They are here together [and] they can talk to each other. They will talk to each other and the disease will become better, they will enjoy [the company]." (Fig. 16.2).

In the loneliness case study, the older people said that they spent time doing Bible study with other people to deal with their loneliness. According to them, the communal Bible study helped them connect with God by interacting with other people at church and at funerals. Another confirmed "She feels fine after going to church every Sunday and singing." A 74-year-old woman who participated in the HIV/AIDS research project said the following (Fig. 16.3):

> I made someone who does not have people. He stays alone at home. There is nobody to take care of him. He always stays in bed, nobody gives him water, bread for energy … he also needs somebody because when he is tired of staying in bed, he will need help to sit down in the chair. I made a cup for water, a plate for porridge, and the bread here, fruits here, apples and tomatoes, so that if someone comes in, they can give him some apples or tomatoes and a slice of bread. Here is something for the milk so that he can drink it with the bread. Yes,

> it means that if someone knocks, and comes in the house, then they can see that the person is alone. If they are sympathetic, they will look around. And if he says that he is tired of sleeping, then they can take him out of bed and on to the chair. And if he asks for water, then they can give him some. Then if he asks for something to eat, then they can give him bread and milk.

The detail that this participant used to describe the position of a person who has no one to care for him shows an "individual who has the ability to ground her knowledge claims in the ethic of caring" (Mattis, 2002, p. 318).

Meaning-Making of Relational Challenges

The belonging of older people in this context is threatened by stigmatization as a consequence of HIV/AIDS and by strained intergenerational relationships. Biblical metaphors are used to make sense of the relational challenges.

In the case where the social connectedness was disturbed by stigmatization, members experienced feelings of disconnection and therefore challenged the exclusion. As a consequence of living with AIDS, people are often stigmatized, and the Bible is used to challenge these discriminatory practices (Mattis, 2002). In the HIV/AIDS case study, one of the older women made a visual representation of a table. Explaining it, she said, "Like Jesus sat with his disciples around the table… they had sat around the table … and share that piece of bread." It emerged from this participant's story that her subjective experience was that people excluded her because of her HIV-positive status and that she was hoping to be included in a community of caring people, in keeping with Jesus' example. This exclusion was reminiscent of *disidentification*, which is the undoing of identification to make them alien (Cassell, 2009).

Spirituality informs the interpretation of the perceived strained intergenerational relationships between members of the older and the younger generation. The tension was described by the older people as an intolerable situation in terms of the changed definition of their relationship. Traditionally, the relationship between older and young people was defined as a complementary relationship, with older people in the lead and the younger people following. This relational definition has changed, and according to the older people, it can be ascribed to the political dispensation in South Africa, post 1994. According to the older people, young people received rights with the newly democratic political dispensation in South Africa, which has limited older people's authority over young people (Ferreira, 2011; Roos, 2011).

Some of the participants used passages from the Bible to (a) explain the disobedience of children who did not listen to their parents and/or parental figures in their lives, (b) appraise their relationship with the youth, and (c) anticipate potential threats (Mattis, 2002). In the HIV/AIDS case study, a 71-year old man has made a visual representation of a person, a pig, and pig fodder. He used the passage in the Bible about a young man who wasted his inheritance and ended up taking care of pigs. He said:

> Here is a child who won't listen, just like Abraham's child. Now this child does not listen to his father's words, but listens to people on the street. Now like this pig, he is a pig.

> He eats with the pigs because he doesn't listen to his father. Now he had got AIDS because he did not listen to his father. The child has wasted everything that his parents had, like the riches and all the money. He wasted everything with his friends; now he has nothing and no one. He has taken everything and wasted it, did not listen to his parents, went around, slept around with everybody. When they talked to him, he did not listen. Now he has come back home. He looks like this.

Theoretical Implications of the Research

Spiritually informed interactions have strong transformational potential that assist older African adults in dealing with risks and adversities in this context. In addition to the strong conviction of the power of a Divine reality/divinities, older people cope with contextual and relational challenges by applying behaviourally orientated coping. A strong conviction has the transformational potential to change the perceptions of older people regarding risks and adversities, as well as to inform their behaviour. This behaviourally orientated coping emerged in the spiritually informed interactions with a Divine reality/divinities as well as in relation to people. Interestingly, the behaviourally orientated strategies towards a Divine reality/divinities were performed as spiritual rituals, in which the group as a collective takes responsibility to find possible explanations and solutions for the risks and adversities that are affecting all its members. The collective attempt to address risks and adversities confirm the strong emphasis on the ontological position of older people in this context. A social reality embedded in relationships enable coping with risks and adversities. In this research, this social reality implies much more than mere social support—it implies collectively taking responsibility to elicit supportive dialogue and to practice strengths-focused spiritual events. In the spiritually informed interactions that assisted older adults to cope with relational and contextual challenges, older people perceived the collective strength as a compensatory source to extend their personal coping repertoire. Inspired by their understanding of compassion and care, they live their lives according to an ethic of care—principles which are spiritually informed. If older people somehow perceived that this ethic of care was not valued, they called on a higher spiritual authority to emphasize the value of belonging and inclusion. Spiritually informed coping strategies have the potential to inform older people to make sense of strained intergenerational relationships, which is regarded as a threat to social connectedness.

Limitations and Recommendations for Future Research

Spiritually informed interactions that motivate or inform the coping of older individuals are complex and often elusive. By applying research methods that make provision for the exploration of symbolism, rich data can be obtained to assist with

the nuanced description of spirituality, and specifically, how it assists in the coping of older African adults. It is therefore suggested that more research be conducted by applying projective research instruments. Interventions in this context should focus on the cultivation of the spiritually informed interactions to promote the coping of older people.

A limitation of the research was that the researcher only used the meanings that emerged spontaneously from the research that was conducted with the older people by means of a secondary data analysis. The data from the case studies in which the spiritual interactions emerged could also have been complemented with other qualitative data-gathering methods, such as using journals or in-depth personal interviews to capture the experiences and meanings. It is therefore recommended that future research should include more qualitative data-gathering methods.

Conclusion

Spirituality as a complex construct emerged spontaneously in spiritually informed interactions of the older people who had to deal with the risks and adversities associated with loneliness, HIV/AIDS, and drought. These spiritually informed interactions have transformational potential, both within, but more importantly, between people, which assist with the coping of challenges.

References

Anderson, L. (2009). Pastoral care and the spiritual formation of older persons. *Journal of Religion, Spirituality & Aging, 21*(1–2), 104–118.

Batson, C. D., Ahmad, N., & Lishner, D. A. (2009). Empathy and altruism. In S. J. Lopes & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (pp. 417–426). New York: Oxford University Press.

Beukes, M., Roos, V., & Vorster, C. (2013). *Directions for the future training of psychotherapists*: *An interpersonal approach*. Article submitted for publication.

Buzzanell, P. M. (2009). *Spiritual mentoring: embracing the mentor-mentee relational process*. www. Interscience.wiley.com. doi: 10.1002/tl.373, 17–24.

Carver, C. S., Scheier, M. F., Miller, C. J., & Fulford, D. (2009). Optimism. In S. J. Lopes & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (pp. 303–312). New York: Oxford University Press.

Casale, M. (2011). 'I am living a peaceful life with my grandchildren. Nothing else.' Stories of adversity and 'resilience' of older women caring for children in the context of HIV/AIDS and other stressors. *Ageing & Society, 31*, 1265–1288.

Cassell, E. J. (2009). Compassion. In S. J. Lopes & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (pp. 393–404). New York: Oxford University Press.

Creswell, J. W. (2007). *Qualitative inquiry and research. Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: SAGE.

Ellor, J. W. (2005). Spiritual and religious life. In L. W. Kaye (Ed.), *Perspectives on productive aging. Social work with the new aged* (pp. 149–161). Baltimore, MD: NASW Press.

Emmons, R. A. (1999). *The psychology of ultimate concerns. Motivation and spirituality in personality*. New York: The Guilford Press.
Emmons, R. A. (2006). Spirituality. In M. Csikszantmihalyi & I. S. Csikszantmihalyi (Eds.), *A life worth living. Contributions to positive psychology* (pp. 62–81). New York: Oxford University Press.
Ferreira, E. (2011). *An exploration of the intergenerational relational experiences between two book-end generations in an African context*. Unpublished master's dissertation, North-West University, South Africa.
Hall, T. W. (2004). Christian spirituality and mental health: A relational spirituality paradigm for empirical research. *Journal of Psychology and Christianity, 23*(1), 66–81.
Hill, P. C., & Hall, T. W. (2002). Relational schemas in processing one's image of God and self. *Journal of Psychology and Christianity, 21*(4), 1–28.
Idler, E. (2006). Religion and aging. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (6th ed., pp. 277–301). San Diego, CA: Elsevier.
Kahl, C. (2011). *Old Batswana persons' experience of and coping with loneliness: Applying the Mmogo-method®*. Unpublished master's dissertation, North-West University, South Africa.
Kirschman, K. J. B., Johnson, R. J., Bender, J. A., & Roberts, M. C. (2009). Positive psychology for children and adolescents: Development, prevention and promotion. In S. J. Lopes & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (pp. 133–148). New York: Oxford University Press.
Kourie, C. (2006). The 'turn' to spirituality. *Acta Theologica Supplementum, 8*, 19–38.
Krause, N. (2006). Religion and health in later life. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (6th ed., pp. 499–518). San Diego, CA: Elsevier.
Kumpfer, K. L. (1999). Factors and processes contributing to resilience: The resilience framework. In M. D. Glantz & J. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 179–224). Dordrecht, THE Netherlands: Kluwer Academic.
Lewis, J. (2006). Design issues. In J. Ritchie & J. Lewis (Eds.), *Qualitative research practice. A guide for social science students and researchers* (pp. 48–76). London: SAGE.
Marche, A. (2006). Religion, health, and the care of seniors. *Counselling, Psychotherapy, and Health, 2*(1), 50–61.
Masten, A. S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M. C. Wang & E. W. Gordon (Eds.), *Educational resilience in inner-city America: Challenges and prospects* (pp. 3–25). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
Mattis, J. S. (2002). Religion and spirituality in the meaning-making and coping experiences of African American women: A qualitative analysis. *Psychology of Women Quarterly, 26*, 309–321.
Mbiti, J. S. (1969). *African religions and philosophy*. Gabarone, Botswana: Heinemann.
McNulty, J. K., & Fincham, F. D. (2012). Beyond positive psychology? Toward a contextual view of psychological processes and well-being. *American Psychologist, 67*(2), 101–110. doi:10.1037/a0024572.
Pargament, K. I., Tarakeshwar, N., Ellison, C., & Wullf, K. M. (2001). Religious coping among the religious: The relationships between religious coping and well-being in a national sample of Presbyterian clergy, elders, and members. *Journal for the Scientific Study of Religion, 40*(3), 497–513.
Roos, V. (2008). The Mmogo-method®: Discovering symbolic community interactions. *Journal of Psychology in Africa, 18*(4), 659–668.
Roos, V. (2011). "The generational other": The cultural appropriateness of an intergenerational group reflecting. *Journal of Intergenerational Relationships, 9*, 1–8.
Roos, V. (2012). The Mmogo-method®: An exploration of experiences through visual projections. *Qualitative Research in Psychology, 9*(3), 1–13.
Roos, V., Maine, M. K., & Khumalo, I. P. (2008). Processes and functions in higher education students adjusting to a new learning environment: Applying the Mmogo-method®. *Journal of Psychology in Africa, 18*(2), 293–300.
Stacey, R. D. (2003). *Complexity and group processes: A radically social understanding of individuals*. New York: Brunner-Routledge.

Van Niekerk, D., & Roos, V. (2007). *Research into ageing*. *The impact of drought in the Bophirima district municipality* (*South Africa*) *on older people*. Retrieved form http://www.who.int/ageing/publications/EmergenciesEnglish13August.pdf

Waaijman, K. (2002). *Spirituality, forms, foundations, methods*. Leuven, the Netherlands: Peeters.

Watson, M. (2009). *Community-based collaboration to support the older person in the world of HIV/AIDS.* Doctoral dissertation, School of Nursing Sciences, North-West University, Potchefstroom, South Africa.

Watzlawick, P., Bavelas, J. B., & Jackson, D. D. (2011). *Pragmatics of human communication: A study of interactional patterns, pathologies, and paradoxes*. New York: W.W. Norton.

Wendel, R. (2003). Lived religion and family therapy: What does spirituality have to do with it? *Family Process, 42*(1), 165–179.

Chapter 17
Asset-Based Coping as One Way of Dealing with Vulnerability

Ronél Ferreira

South Africans face a multitude of adversities on a variety of levels. Poverty, unemployment, HIV&AIDS, homeless children, abuse and at-risk behaviour are but a few of the social phenomena prevailing in the South African context. Dealing with challenges such as these requires responses and intervention on multiple levels from international interventions and governmental responses, to coping on an individual level by people with limited resources and seemingly underdeveloped skills and expertise.

In the South African context typified by diversity and a majority of cultural groups valuing the *ubuntu*[1] principle, coping with vulnerability often implies community-based responses. It is typically found that an individual will rely on extended family, the immediate community, or a combination of these. More often than not, already scarce resources and external assistance are generously shared with others who are similarly in need of resources and support.

It is against this background that I (in collaboration with a colleague and several postgraduate students) undertook a school-based intervention study, investigating the manner in which low-resource communities cope with vulnerability and challenges by relying on existing assets and available resources. Even though the initial study focused on coping with HIV&AIDS, this chapter relates to vulnerability in the broader sense of the word, touching on phenomena beyond HIV&AIDS that are often associated with the outcome of the pandemic. More specifically, my aim with this chapter is to discuss how asset-based coping can be relied upon when facing challenges and adversity. Therefore, by applying specific findings obtained within the context of coping with HIV&AIDS, I attempt to contemplate a proposal that other forms of vulnerability may be addressed in the same manner.

[1]Emphasizing the importance of community and collectivism.

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The research I describe in this chapter has been conducted within the context of vulnerability more specifically the reality of HIV&AIDS, currently faced by millions of South African citizens. Vulnerability may be dealt with in a manner of ways, of which I foreground some in the sections that follow.

Current South African Context as a Context of Vulnerability

In South Africa, the majority of people face challenges such as poverty, food insecurity, infectious diseases, high rates of illness and death due to HIV&AIDS, and a deterioration of social networks based on economic challenges and rising transport costs. It is important to view vulnerability of South Africans as contextual vulnerability due to the underlying forces influencing it, such as politically-related conflict and environmental changes (Drimie & Casale, 2009; O'Brien, Quinlan, & Ziervogel, 2009).

I propose that the various forms of vulnerability that are typically associated with people living with HIV&AIDS (Freeman, 2004; Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda, 2001; Page, Louw, & Pakkiri, 2006) can be applied to vulnerability in the broader sense of the word. First, reactions such as anger, fear, grief, and denial, as well as mood swings, emotional pain, feelings of low self-worth, powerlessness, concern about the future, and even depression result in personal vulnerability. Second, people facing challenges, such as poverty and unemployment, may experience physical vulnerability due to them having to deal with the symptoms and outcomes of, for example, hunger and illness. Third, they typically experience social vulnerability based on the possibility of being stigmatized, judged, rejected, isolated, and discriminated against (Holzener & Uys, 2004; Strode, Grant, & Clacherty & Associates, 2001).

In addition to vulnerability related to phenomena such as unemployment, poverty, abuse, HIV&AIDS and food insecurity, South Africa is faced with an orphan crisis that is higher than many other countries in the world. It is estimated that South Africa will have 3.05 million maternal orphans and two million double orphans by the year 2015 (United Nations Department of Economic and Social Affairs Population Division, 2005; United States Agency for International Development [USAID], 2005). In terms of the challenges faced by these children, financial hardship, lack of care, inappropriate caretaker responsibilities for other siblings, and exposure to abuse are at the order of the day. In addition, orphaned children may carry the additional risk of not benefiting from educational opportunities; for example, when they have to leave school to support their family or other siblings. Closely related, the challenge of child-headed households seems to be rising in the South African context due to increasing numbers of children being orphaned with no relatives to take care of them (Ardington & Leibbrandt, 2010).

The Challenge of Coping with Vulnerability and Implied Stigmatization

Coping asks of individuals to deal with challenges, such as death in the family and lack of financial means to access basic health care, as well as the physical and psychosocial symptoms associated with crises or challenging circumstances (Trevino et al., 2010). People coping with HIV&AIDS, unemployment, abuse, or extreme poverty often also have to cope with stigma and the potential of being discriminated against.

The Siyam'kela Project (POLICY Project, South Africa; Centre for the Study of AIDS, University of Pretoria; USAID; & Chief Directorate: HIV/AIDS & TB, Department of Health, 2003) differentiates between stigma on an external and internal level, specifically within the context of HIV&AIDS. On an external level, reactions such as avoidance, rejection, and moral judgement are often experienced by individuals who are stigmatized due to association, due to an unwillingness of others to invest in them, or due to being discriminated against or abused by others (Strode et al., 2001). In terms of internal stigma, people living with HIV&AIDS often fear disclosure based on their fear of being judged, rejected, or discriminated against, and consequently withdraw themselves socially, perceive themselves in a negative manner and as not valuable, and end up excluding themselves from certain services and opportunities (POLICY Project et al., 2003; Strode et al., 2001).

In applying the Siyam'kela Project's (POLICY Project et al., 2003) findings to the broader spectrum of vulnerability, I propose that the potential reactions and behaviour that are associated with stigma on both an internal and external level can be regarded as potential coping strategies. These strategies are employed by both people facing adversity and the possibility of being stigmatized, and by other members of society in response to people coping with vulnerability. It follows that any such reactions (on both an external and an internal level) can be viewed against the background and reality of stigmatization and as potential coping responses of people facing vulnerability. These ideas are highlighted in Fig. 17.1.

Yet, the potential coping responses summarized in Fig. 17.1 do not result in long-term positive change or well-being. These reactions merely represent immediate reactions to vulnerability, where individuals temporarily rely on strategies that may not be sustained. Alternatively, if an individual or the wider community were to look beyond immediate temporary fear-based reactions, they may adopt a strategy that could potentially be sustained over time and assist them in coping in the long term. Asset-based coping may provide such a long-term, sustainable response, as this may result in positive change. In this manner, disenabling and short-term responses, such as non-disclosure, withdrawal, or rejection, can be replaced by more positive and enabling strategies that could, in turn, positively impact on health and well-being.

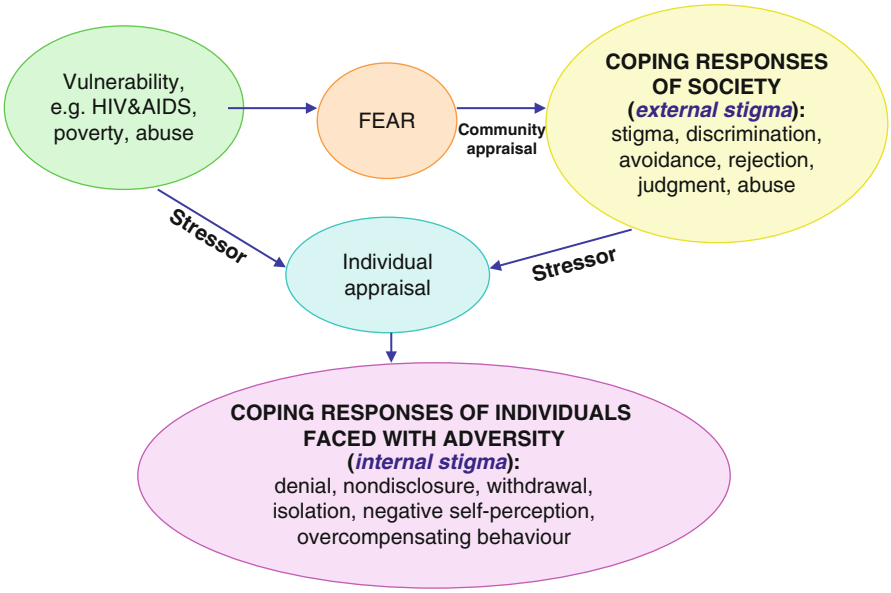

Fig. 17.1 Potential coping responses to vulnerability against the background of stigmatization

Conceptualizing Asset-Based Coping

In this section I base my discussion on coping theory—as developed through the years—as the background to my conceptualization of asset-based coping.

Defining Coping

At its core, coping entails the efforts of individuals to survive in the short term, by implementing appropriate strategies to deal with anticipated, existing, or emerging problems and challenges, as well as with any related negative emotions (Aldwin, 1994). In other words, "coping reflects thinking, feeling, or acting so as to preserve a satisfied psychological state when it is threatened" (Snyder & Pulvers, 2001, p. 4). Any individual's way of experiencing a stressful situation and coping with challenges is influenced by time and context, which includes social, environmental, and cultural factors and resources, as well as by the personality and subjective experiences of the individual involved (Donnelly, 2002; Snyder & Pulvers, 2001). Coping should thus not be regarded as a static concept, but as a dynamic process that differs under different cultural, political, social, historical, and economic conditions.

Even though adjustments for the sake of addressing demands are central to coping, the concept of coping goes beyond mere adjustment. It entails a process that inevitably implies growth, well-being, and differentiation, whereby individuals,

groups of people, or communities can experience positive change. By coping with vulnerability, such as unemployment, abuse, or the challenges associated with HIV&AIDS, feelings of well-being, self-worth, a sense of accomplishment, and hope for the future can be facilitated among individuals and in groups (refer to Ebersöhn & Eloff, 2002; Matthews & Zeidner, 2003).

Matthews and Zeidner (2003) identify two core factors influencing individuals' ways of coping. First, the attributes of people facing challenges determine the way of coping, including aspects such as available resources, sense of efficacy, commitment, beliefs, and values. Second, knowledge related to possible ways of coping and personal beliefs concerning the efficiency of the various options determine the ways in which people deal with challenges. The effectiveness of coping, in turn, relates to the internal/external requirements of a given situation. Exploring coping within a context of vulnerability therefore implies that individuals' or community members' ways of coping be considered against the background of personal attributes, resources, beliefs, and values, as well as personal experiences of potential ways of coping with challenges.

In the research reported in this chapter, the focus falls on community-based coping, where community members support one another to solve problems and to deal with challenges. In this manner, community-based coping entails a dynamic process whereby community members share responsibilities, thereby addressing challenges within a dynamic and multifunctional social system (Aldwin, 1994; Donnelly, 2002; Loots, 2005). This approach implies that communities possess the ability and have the capacity to effectively address the challenges they face, even though communities at ground level may not necessarily be aware of this potential. This principle stands at the core of asset-based coping, which I propose as one suitable way of coping with vulnerability in the South African context, against the background of the unique society, cultures, and beliefs.

Coping Theory as a Cornerstone of Asset-Based Coping

It is not my intention to discuss the range of existing theories, frameworks, and perspectives on coping within this chapter, but rather to briefly highlight the ones I regard as relevant to my conceptualization of asset-based coping. I first rely on one of the two main approaches to coping initially identified by Lazarus (1993, p. 324); namely, the process approach, which the author views as an "effort to manage stress that changes over time and is shaped by the adaptational context from which it is generated". As such, individuals who cope with challenges do not merely rely on available personal and social resources but also on the specific contexts in which stressors occur. The fact that stressors and difficult situations vary results in the view of coping as a continuous and dynamic process that changes over time, due to external environmental factors, an individual's capacity to cope, and the interrelationship between the environment and the individual (Buchwald, 2003; Donnelly, 2002). In applying these views to my conceptualization of asset-based coping, I view

coping with vulnerability as a process whereby individuals, groups of people, or communities are continually required to manage the adversities they face—both the challenges experienced internally (such as feelings and perceptions) and those on an external level (such as stigmatization or rejection by other community members).

More recent work by Folkman and Lazarus (Buchwald, 2003) has built on the initial work of Lazarus, classifying coping theories into contextual, dispositional, or integrative frameworks, where the latter includes models such as the person-environment interaction model, according to which coping implies the use of both situation-based factors and person-centred characteristics in dealing with challenges (Frydenberg, 2002). It follows that coping implies an interactive link between environmental influences (situational factors) and personality traits, with a distinct influence of culture on the manner of coping. As such, coping implies a multidimensional process where the meaning attached to a specific stressor (e.g., HIV&AIDS or any other vulnerability) is based on prior experiences, memories, and belief systems (Dirkzwager, Bramsen, & Van der Ploeg, 2003; Frydenberg, 2002).

Even though asset-based coping implies a focus on solutions and overcoming challenges, the idea that some people may initially rely on defence mechanisms and avoid coping (Whitty, 2003), thereby following an avoidance or disengagement approach (Carver & Connor-Smith, 2010; Snyder & Pulvers, 2001), is not denied. However, this is regarded as a mere initial reaction that will subsequently be followed by suitable coping strategies to overcome the challenge at hand. Within the framework of asset-based coping, I thus view denial as a short-term adaptive strategy, as it can allow an individual to come to terms with the initial impact of the stressor and then gradually start working on a long-term strategy of coping. Denial might, for example, enable an individual living with HIV&AIDS to overcome initial fear of stigmatization and isolation while accepting the fact of being HIV positive and appraising suitable responses to the stressor. Within the context of asset-based coping, the individual may at this stage thus start seeking knowledge and identifying available resources that could lead to effective coping (problem-solving coping), which in turn leads to the mobilization of potential assets and accessing support (engagement or approach coping) instead of maintaining avoidance strategies, as suggested by the avoidance approach (Carver & Connor-Smith, 2010; Snyder & Pulvers, 2001).

In identifying potential resources and assets, social support forms one of the cornerstones of asset-based coping, specifically within the South African context. In line with the indigenous beliefs of South African groups of people, individuals facing challenges often rely on others to cope. According to the interdependent self approach to coping (D. W. Johnson & Johnson, 2002), all individuals are involved in a variety of networks of interdependent relationships with family members, friends, other community members, people at church, and in other walks of life. When faced with stress, people therefore typically rely on their social networks for support and on the provision of resources.

Social support implies three primary areas of support: namely, concrete, tangible, and practical support; instrumental or informational support in the form of advice; and emotional support (Dirkzwager et al., 2003; Gibson, Swartz, & Sandenbergh, 2002).

Besides these external coping options, individuals typically rely on internal coping options when facing challenges, such as self-efficacy, self-esteem, adaptive skills, optimistic self-beliefs, and positive future perspectives, when applying asset-based coping. In addition, religion and faith may be viewed as potential resources that could be relied upon when coping with adversity. As such, asset-based coping has built upon the idea of an interdependent self approach to coping, thereby implying a community-based approach.

Community-Based Responses as a Second Cornerstone of Asset-Based Coping

Within the South African context, people coping with adversity typically rely on the support of social systems, such as extended family members, traditional support systems, or other community members. They thus rely on so-called coping resources, which are reasonably stable characteristics among themselves and in their environments. Other potential measures of support include resources and facilities in the environment and, on a broader level, the mass media, which may convey related information (Parker, Dalrymple, & Durden, 2000; Van Dyk, 2001). One example prevalent at present is the care provided to orphaned and vulnerable children, where these children are mostly cared for by the surviving parent, or alternatively, by a relative or even by other families in the community (Amoateng, Richter, Makiwane, & Rama, 2004; Barolsky, 2003; Miamidian, Sykes, & Bery, 2004).

Communities are generally believed to take responsibility for their own well-being, being guided by the experiences of community members themselves. Loots (2005) defines community-based coping as the ability of a community to effectively deal with challenges within the community, within the specific, dynamic, and multifunctional social system. In coping with challenges, community members strive towards a mutual goal, share responsibility, and respect the well-being of the group. Therefore, the well-being and health of communities imply their ability to cope with challenges and adversity.

Pioneers in community capacity building propose that outsiders (such as the government, nongovernmental organizations [NGOs], or other volunteers) merely act as facilitators in guiding community members to (a) identify the community's challenges, needs, and strengths, and (b) to formulate and implement plans and ways of utilizing the existing strengths to address identified challenges and improve the community (Kretzmann & McKnight, 1993). This once again implies a process whereby individuals, groups of people, or communities rely on existing strengths and available resources to address the challenges they face; in other words, implementing asset-based coping when dealing with vulnerability. As such, community-level responses to adversity are steered by community members themselves, becoming aware of their own capabilities and responding to the concerns and needs of community members by relying on the resources, skills, knowledge, and talents available in the community.

Community development will inevitably follow, resulting in community competence. By owning the process and being agents of their own change, the empowerment of community members will result in higher levels of confidence. Self-worth and feelings of pride can, in turn, be relied on as assets or internal resources, once again assisting community members in coping with challenges. As such, empowerment within the context of vulnerability might result in community members acting responsibly and being self-reliant, in an attempt to not only decrease vulnerability but also to promote the community's health.

The Asset-Based Approach as a Third Cornerstone of Asset-Based Coping

The asset-based (or capacity-focused) approach views problem solving in terms of creating and rebuilding relationships between individuals, associations, and institutions, emphasizing enablement and empowerment. The focus is on assets, possibilities, abilities, capacities, and resources that already exist but which might not have been mobilized yet. Working with that which exists in a given family or community, and focusing on the available assets (although not negating problems) inevitably result in individuals, families, and communities feeling empowered and valuable (Ebersöhn & Eloff, 2006; Kretzmann & McKnight, 1993).

This strengths-based approach represents the idea that individuals, groups of people, and communities (regardless of ethnic culture, race, or economic conditions) are able to cope with challenges by focusing on what they have, instead of on what they do not possess. In this manner, so-called successful communities rely on their own assets instead of external help provided by outsiders in addressing challenges (Eloff, 2006a; Kretzmann & McKnight, 1993). The reality of South African communities as those often characterized by poverty and a lack of external resources, yet which have to cope with challenges, necessitates the implementation of a strength-based approach in coping with adversity, thereby emphasizing the possibility of asset-based coping by relying on their own available resources.

In accordance with the underlying framework of the asset-based approach, individuals (and their assets) are viewed on four levels: the individual, the local community (families, schools, and peer groups), the wider community, and the whole social system. Furthermore, the various levels constantly develop and interact with one another (Eloff, 2006b). Therefore, besides the potential assets and strengths of individuals themselves, in addition, family members, the school, classroom, and members of the group are regarded as potential assets. Also, community members' associations, local institutions, and the broader social community can be explored as resources (Eloff, 2006a; Rhee, Furlong, Turner, & Harari, 2001).

Based on the principles of the asset-based approach, asset-based coping typically entails three basic steps; namely, asset mapping, asset mobilization, and asset management. After assessing accessible resources and assets that are

available within the individual and environment (asset mapping), plans are made for utilizing identified resources and assets in order to cope with the challenges faced. The process of mobilizing assets implies a willingness to take responsibility of the process of coping. Therefore, after identifying assets, networks can be established and relationships initiated between individuals, institutions, and associations. Finally, asset-based coping involves asset management, which implies that initiated actions are sustained by, for example, starting community-building activities and projects (Ebersöhn & Eloff, 2006; Kretzmann & McKnight, 1993; Minkler & Hancock, 2003).

In conclusion, asset-based coping implies empowerment on an individual and community level, where people who seemingly do not have access to resources take responsibility to develop strategies whereby they can increase their power, gain control, and accept agency over their own lives, by making changes where necessary. Within the context of vulnerability, empowerment implies that individuals or groups of people (such as communities) are encouraged to address their own health concerns by finding their own solutions and accepting agency with regard to the challenges they face.

In the next section I describe the research project I have been involved with since 2003. I then present the findings indicated by my initial doctoral study, pertaining to a vulnerable community coping with adversity. I conclude the chapter by situating these findings within the context of asset-based coping, as one proposed way of coping with vulnerability in contemporary society.

Research on a Vulnerable Community's Way of Coping with Adversity

In 2003, I set out to investigate the manner in which one South African informal settlement community was coping (or not) with HIV&AIDS and its impact on families and households at the time.

Research Context

The selected community is located near the Nelson Mandela Metropole in the Eastern Cape Province. The purpose of my doctoral study was to explore how members of this community were able to mobilize existing assets and implement the asset-based approach in coping with HIV&AIDS, and related challenges. For this purpose, ten primary school teachers participated, as well as several other stakeholders within the community, including social workers, nurses, school principals, and representatives of faith-based organizations and NGOs.

Based on the outcome of the intervention research conducted in the initial community in the Eastern Cape, the intervention[2] was replicated in three other school communities in two provinces in South Africa during 2004–2006. Following this initial phase of the study, an additional six school communities have since been involved. To date, several postgraduate studies have formed part of the broad research project[3] that emerged (Ebersöhn & Ferreira, 2011; Ferreira & Ebersöhn, 2011). For the purpose of this chapter, however, I focus on the initial school and research site involved.

Research Design and Methodology

The initial qualitative study followed an interpretevist paradigm (Patton, 2002; Terre Blanche & Durrheim, 1999). In conducting community-based intervention research, Participatory Reflection and Action (PRA) determined the progress and research processes (Chambers, 2008). In line with the basic principles of PRA, the mode of living of the selected community was taken as a starting point, and the wealth of social indigenous knowledge that community members possess was recognized throughout. Participants were viewed as research partners and as the experts who hold the key to any understanding, and insight into their ways of coping with vulnerability—HIV&AIDS in this case—became embedded knowledge. Furthermore, as PRA stems from a consideration of practical issues, the empowerment of people was emphasized throughout.

Data were generated by means of an intervention (several focus groups combined with workshops that rested on PRA informed techniques) and through informal conversational interactive interviews that were conducted over a period of 2 years (Patton, 2002; Wilkinson, 2004). In addition, observation-as-context-of-interaction (Angrosino & Mays de Pérez, 2000) was employed, capturing observations in the form of visual data. Raw data were further documented in the form of field journals (Mayan, 2001; Patton, 2002), which consisted of field notes and reflective thoughts that focused on general observations, nonverbal information, and descriptions of the existing asset and knowledge base as experienced and observed by me and my co-researchers and/or perceived and communicated to us by participants.

During the intervention, teachers were requested to (a) map their community, (b) identify challenges, assets, and potential assets, and (c) brainstorm how existing assets and available resources could be utilized to address the challenges faced by the community at the time. Initial intervention sessions were followed by more

[2]To be called the STAR (Supportive teachers, Assets and Resilience) intervention from 2009 onwards.

[3]Project leaders and primary investigators: Liesel Ebersöhn and Ronél Ferreira.

intervention sessions and individual interviews with the same participants, as well as with other community members, over a period of 2 years. Amongst other participants, interviews were conducted with individual members of the community who had, in the past or at the time of data collection, been supporting people infected with and affected by HIV&AIDS, as well as with community members who were HIV positive themselves. Intervention sessions and interviews were audio taped and transcribed verbatim. Following the identification of potential ways in which challenges could be addressed, teacher-participants identified three school-based support projects, which were initiated during 2004 and 2005.

Thematic data analysis commenced while the intervention sessions and individual interviews were taking place in order to identify trends in the manner in which the community were coping with HIV&AIDS by relying on existing strengths and available resources (Patton, 2002; Terre Blanche & Durrheim, 1999). Interpretations were then linked to existing theory, with the aim of understanding the potential of such a way of coping with vulnerability.

Throughout, the human nature of participants were respected and the necessary ethical guidelines followed to ensure that participants were not deceived, did not experience any form of distress, knew what was going on during the research process, and knew that they were entitled to withdraw from the study at any time (Babbie & Mouton, 2001; Patton, 2002). Informed consent was obtained and participants were assured of the confidentiality, privacy, and anonymity of any information shared. Participants were also requested to respect the confidentiality, privacy, and anonymity of any information shared by others. In addition, the necessary steps were taken to protect the confidentiality of the data sources, for instance, by disguising or altering identifying information on photographs[4] and when interviews were transcribed, and by ensuring that raw data were kept in a secure environment. Representation ethics were addressed by consulting with the participants after themes had emerged from the data, in order to ensure that the findings indeed reflect their voices (Cohen, Manion, & Morrison, 2000; Oliver, 2003).

Results and Discussion

In presenting selected results of my doctoral research, I first provide a brief overview of the participants' identification of challenges, assets, and potential assets, thereby demonstrating their application of the asset-based philosophy. This is followed by the results obtained in terms of the community's way of coping with the challenge of HIV&AIDS, and discussed in terms of the way in which they relied on the identified resources in coping with adversity.

[4]As the study progressed, participants expressed the wish for their identities to be displayed in photographs included in any publications or research reports.

Identification of Challenges, Assets, and Potential Assets

Teachers were able to identify the challenges that the community faced, as well as the assets and potential assets in the community that could be utilized to address the challenges. As challenges, participants indicated vulnerability of people living with HIV&AIDS in terms of personal (emotional) vulnerability and dealing with feelings such as anger, fear, and shock; physical vulnerability and the lack of sufficient financial means to obtain treatment and medical care; social vulnerability due to stigmatization, discrimination, and isolation; and cultural vulnerability based on cultural beliefs that could contribute to at-risk sexual behaviour. Participants further identified the challenge of not being sufficiently skilled and knowledgeable to support people living with HIV&AIDS; general challenges such as unemployment, poverty, and at-risk behaviour of community members; and social problems such as teenage pregnancies, alcoholism, domestic violence, child abuse, child neglect, crime, substance abuse, early school drop-out, and difficulty in accessing resources in the community.

In terms of assets and potential assets, participants identified several assets related to individual talents and skills of family and community members; associations and networks of relationships (such as volunteer workers and church-based support groups), institutions, and professional entities (e.g., a community care centre, schools, assets related to political organizations, NGOs, health-related assets, and faith-based organizations); and land, property, and other physical assets (i.e., church buildings, school premises, and shops). In addition, economic assets were identified in the form of a few shops situated in the community, as well as agriculture and community-based experience, general skills, and capacities.

With regard to potential assets, the strengths of families and neighbours were highlighted, with reference to the potential support that could be provided by relatives, neighbours, friends, volunteers, and support groups. Concerning institutions that could potentially serve as active resources in coping with vulnerability, political meetings and organizations, clinics, hospitals, doctors, nurses, social workers, and faith-based organizations were highlighted, of which some were present in the community, but nonetheless not yet mobilized to their full potential. Other assets and potential assets that were mentioned related to financial support (e.g., by individual community members such as friends, neighbours, and educators; or by the South African government in the form of supportive grants, NGOs, or the national lottery on a macro-level), agriculture (open areas in the community), and available services in the community (such as electricity, running water, communication networks, public transport facilities, and fire and police stations in the adjoining community), which could support community members in coping with challenges. In addition, the school's library, Internet facilities—and on a macro-level—the media (mainly in the form of television and radio) were identified as potential assets that could provide community members with information in support of coping with vulnerability.

Applying the Asset-Based Approach in Coping with Adversity

The selected community seemed to be applying the asset-based approach in coping with vulnerability, as community members relied on a range of local resources in coping with the challenges they faced. Various assets and resources related to community members, institutions, and organizations were highlighted in explaining how the community was coping with the challenges associated with HIV&AIDS. On an individual level, family members, friends, neighbours, other community members, and a local support group were regarded as the primary source of support. In the same manner, grandparents and aunts reportedly fulfilled the role of caregiver in the case of children who had been orphaned by HIV&AIDS. They were usually supported by other family members and neighbours.

Other core components of coping—as identified by the participants and employed in the selected community—included faith in God, religiosity, and prayer. This can be related to inner strength, hope, optimism, and expectancy, also often relied upon by community members in coping with their own HIV positive status or that of a relative or friend. Some practical actions identified by the participants as ways of coping with HIV&AIDS and the related vulnerability included gaining information, changing an individual lifestyle, following a healthy diet, and maintaining a positive approach to life.

With regard to assets and resources related to local institutions and organizations, local schools, principals, and teachers fulfilled a significant role in helping community members cope with the challenges they faced. At the school where the study was conducted, vulnerable learners and their families were supported in terms of food, emotional support, home visits, references to the Department of Social Development, and advice on how to access government grants. In addition to schools and a university which is close by, the community care centre in the adjoining community, the provincial hospital and hospital for tuberculosis in the area, hospice for children (although quite a distance from the centre of the community), community clinics, doctors, nurses, and other health and social services to the community were identified as important components of the community's coping responses to HIV&AIDS. Also, several NGOs and faith-based organizations were relied on.

The negotiation skills of key players in the community turned out to be an asset to the community, as it could unlock opportunities for individual community members. Other mentioned sources of support included the media, meetings of political parties, and community-based groups (such as women's or youth groups), as well as the South African government (in terms of government grants, material assistance, treatment, care and support, free education, and other like services).

The manner in which the teachers demonstrated the practical application of the asset-based approach resulted in, among other things, the establishment of a vegetable garden, an information centre, and support service at the school. As an outcome, parents became more involved in school activities and displayed an increased willingness to disclose an HIV positive status to selected teachers. In the same

manner, members of the community tended to bring vulnerable children to the school more often. Therefore, by relying on the asset-based approach, the community at large was enabled to employ an interdependent-self approach to coping by actively responding to the challenges they faced. In a general sense, this process constitutes asset-based coping.

Community-Based Coping as a Basic Mode of Coping with Vulnerability

In line with research by Gibson et al. (2002), according to whom communities spontaneously develop ways of dealing with trauma and life's difficulties, I found that the selected community was coping with HIV&AIDS by relying on themselves, their own abilities, and the resources available in the immediate local community. Throughout, participants acknowledged the fact that they were coping by relying on the assets and resources in their immediate community no matter how difficult and challenging they experienced this process of coping to be. Community members relied on themselves and each other to make the necessary plans and to mobilize relevant assets in order to, for example, support others living with HIV&AIDS or take orphaned children into their care. This tendency has been widely supported by other studies (Ardington & Leibbrandt, 2010; Mugabe, Stirling, & Whiteside, 2002), according to which family members and neighbours ought to assist each other on various levels in taking care of orphaned children. In this regard, Ngcobo (2002) concludes that the community, and more specifically, extended families, are central to coping with this challenge.

The tendency of community members to support vulnerable people (including children) may be related to countrywide initiatives that focus on supporting the capacity of families to protect and care for their children, which have been employed in South Africa over the last couple of years. In addition, South African citizens might be benefiting from responses focusing on social development, education, and welfare, in an attempt to deal with adversity in an effective and integrated manner (Mugabe et al., 2002). Although it seems apparent that such initiatives are not regularly employed in poverty-stricken communities, and the question is often raised as to whether or not the general public is indeed benefiting from such policy-orientated responses, the possibility of indirect influences of government policies and support remains. These communities can, for example, benefit from government grants, free schooling for children, or from being more informed or aware of health support.

During the course of my study, the importance of community (principle of ubuntu) in coping with vulnerability was thus highlighted. Such emphasis on the importance of collectivism directly relates to the importance of the community within the African culture. As such, culture and family can be regarded as important elements of coping with vulnerability. Based on the African culture and the high value placed on family as embedded in culture, community members will typically

take collective responsibility for coping with challenges, such as caring for vulnerable relatives (as also indicated by studies by Amoateng et al., 2004; Barolsky, 2003). This finding therefore emphasizes the important supportive role that family, friends, and direct community fulfill in the African culture, once again strengthening the idea of asset-based coping (D. W. Johnson & Johnson, 2002).

Furthermore, participants' perception that hope, optimism, and expectancy will enable people to cope with the challenges they face reflects the basic principles of positive psychology, thereby propagating an emphasis on intrinsic strengths, assets, and positive intrapsychic domains during difficult times (Keyes & Haidt, 2003). This tendency to rely on positive aspects when coping with difficult situations, in turn, relates to the asset-based approach, or in more specific terms, asset-based coping.

Situating Asset-Based Coping Within Existing Theories

The finding that the selected community employed community-based coping in dealing with challenges implies that community members relied on available and local resources within their immediate community to cope, thereby applying the asset-based approach. The fact that no significant external resources (other than the interventions as part of the study) were introduced to the community during the course of the research further confirms the community's implementation of the asset-based approach in coping with HIV&AIDS and the vulnerability associated with the pandemic.

The findings and conclusions relating to a community redefining social roles and relying on assets and resources available in the immediate environment in response to challenges can be summarized in the conceptualization of asset-based coping. Asset-based coping anchors the concept of coping within the asset-based approach, and can be defined as the ability of an individual or community to deal with one or more life challenges, by identifying and mobilizing existing assets (such as local resources, skills, knowledge, and networks) within the community and among other community members, as well as external resources available to the community (Ferreira, 2006).

The focus on assets and intrinsic strengths, as propagated by asset-based coping, enable individuals and groups of people, such as communities, to redirect their focus away from their own shortcomings and weaknesses to their abilities and capabilities. According to Kammeyer-Mueller, Judge, and Scott (2009), self-evaluations result in higher levels of problem-solving coping and a lower tendency to employ avoidance coping. This provides one possible explanation of the positive outcome of asset-based coping, as a self-evaluation (or rather, an assessment of the own situation, strengths, and inner resources) forming part of an asset-based approach to coping with adversity. As a result of such a focus on what is available, individuals will be able to reach the point where they know that they are able to cope with whatever challenges they faced.

In addition, Bouwer (2005) states that such feelings of enablement usually result in people being motivated to persevere in their attempts and actions when facing challenges. This view further aligns with the findings of a study by Carver and Connor-Smith (2010), linking optimism with higher levels of engagement or approach coping, as opposed to avoidance coping. In line with findings such as these, asset-based coping—which implies a focus on the positive and optimism—would seemingly result in coping strategies that are positive and aimed at addressing, or dealing with, stressors and related emotions.

Asset-based coping thus implies an active, productive way of coping that results in individuals taking personal responsibility for effectively responding to life's challenges. This will, in turn, result in enhanced levels of empowerment (in individuals, families, groups, or communities), culminating in advanced levels of health and well-being. Asset-based coping can be categorized as a positive psychological way of coping, as it emphasizes the way in which individuals, groups, and communities enhance their own well-being when faced with challenges. Within this framework, circumstances are regarded as opportunities rather than problems or challenges. In Fig. 17.2, I summarize the main components and building blocks of asset-based coping.

Concluding Comments

Within the current South African context, many individuals face challenges on various levels. More often than not, such individuals find themselves situated in a resource-scarce community characterized by limited external aid and support. In this chapter, I proposed asset-based coping as one possibility of coping with the adversities people face on a daily basis.

I highlighted the possibility of individuals or communities relying on existing assets and local resources to address challenges, on condition that the focus shifts towards strengths and abilities, as opposed to challenges and risk. I related coping to the asset-based approach and situated the latter within broader coping theory. Besides being guided by existing literature, I based my theorizing on the findings of an empirical study, where participants were empowered to employ new approaches to coping based on their awareness and newly obtained knowledge on the asset-based approach. As an outcome of their involvement and based on their experience of being empowered, the participants could facilitate change and development in the selected community, from a school-based perspective.

This chapter therefore demonstrates the potential value of focusing on existing resources when faced with challenges. Instead of focusing on challenges or experienced problems, people should focus on factors and resources that are available and which might be relied upon in coping. Such a paradigm shift may, in turn, result in positive change and development. In conclusion, Lao Tsu, 700 BC (in Foster, 2002, p. 1) emphasized this idea in the following statement: "Start with what you know, build with what you have".

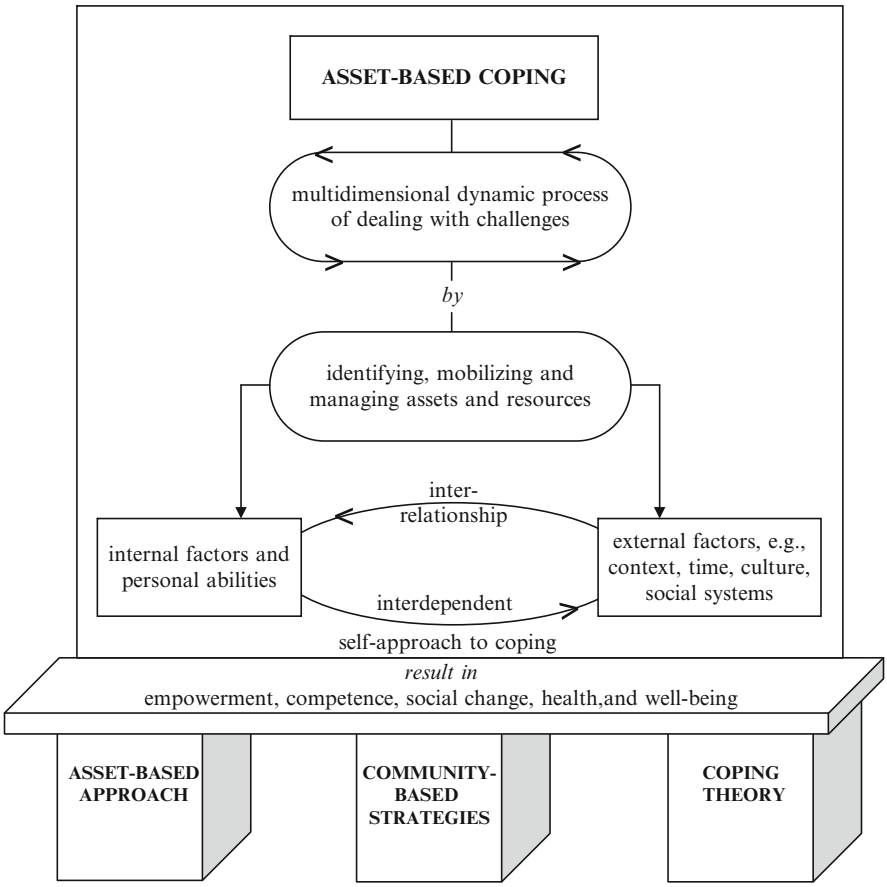

Fig. 17.2 Asset-based coping

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References

Aldwin, C. M. (1994). *Stress, coping, and development: An integrative perspective*. New York: Guilford.

Amoateng, A. Y., Richter, L. M., Makiwane, M., & Rama, S. (2004). *Describing the structure and needs of families in South Africa: Towards the development of a national policy framework for families* (A report commissioned by the Department of Social Development). Retrieved from Human Sciences Research Council website: http://www.hsrc.ac.za/research/output/outputDocuments/2883_Amoateng_Describingthestructure.pdf

Angrosino, M. V., & Mays de Pérez, K. A. (2000). Rethinking observation: From method to context. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 673–702). Thousand Oaks, CA: Sage.

Ardington, C., & Leibbrandt, M. (2010). Orphanhood and schooling in South Africa: Trends in the vulnerability of orphans between 1993 and 2005. *Economic Development and Cultural Change, 58*(3), 507–536. doi:10.1086/650414.

Babbie, E. R., & Mouton, J. (2001). *The practice of social research*. Cape Town, South Africa: Oxford University Press.

Barolsky, V. (2003). (*Over*) *extended AIDS review 2003* [Adobe Digital Editions version]. Retrieved from http://www.csa.za.org/resources/cat_view/52-aids-reviews?limit=15&limitstart=0&order=name&dir=ASC

Bouwer, C. (2005). Identification and assessment of barriers to learning. In E. Landsberg, D. Krüger, & N. Nel (Eds.), *Addressing barriers to learning: A South African perspective* (pp. 45–60). Pretoria, South Africa: Van Schaik.

Buchwald, P. (2003). The relationship of individual and communal state-trait coping and interpersonal resources as trust, empathy and responsibility. *Anxiety, Stress, and Coping, 16*(3), 307–320. doi:10.1080/1061580031000095452.

Carver, C. S., & Connor-Smith, J. (2010). Personality and coping. *Annual Review of Psychology, 61*, 679–704. doi:10.1146/annurev.psych.093008.100352.

Chambers, R. (2008). *Revolutions in development inquiry*. London: Earthscan.

Cohen, L., Manion, L., & Morrison, K. (2000). *Research methods in education* (5th ed.). London: Routledge/Falmer.

Dirkzwager, A. J. E., Bramsen, I., & Van der Ploeg, H. M. (2003). Social support, coping, life events, and posttraumatic stress symptoms among former peacekeepers: a prospective study. *Personality and Individual Differences, 34*, 1545–1559. doi:10.1016/S0191-8869(02)00198-8.

Donnelly, T. T. (2002). Contextual analysis of coping: Implications for immigrants' mental health care. *Issues in Mental Health Nursing, 23*, 715–732. doi:10.1080/01612840290052848.

Drimie, S., & Casale, M. (2009). Multiple stressors in Southern Africa: The link between HIV/AIDS, food insecurity, poverty and children's vulnerability now and in the future. *AIDS Care: Psychological and Socio-Medical Aspects of AIDS/HIV, 21*(S1), 28–33. doi:10.1080/09540120902942931.

Ebersöhn, L., & Eloff, I. (2002). The black, white and grey of rainbow children coping with HIV/AIDS. *Perspectives in Education, 20*(2), 77–86. Retrieved from http://0-search.sabinet.co.za.innopac.up.ac.za/WebZ/images/ejour/persed/persed_v20_n2_a7.pdf?sessionid=01-45653-585566650&format=F.

Ebersöhn, L., & Eloff, I. (2006). Linking life skills and the asset-based approach conceptually and contextually. In L. Ebersöhn & I. Eloff (Eds.), *Life skills & assets* (2nd ed., pp. 3–10). Pretoria, South Africa: Van Schaik.

Ebersöhn, L., & Ferreira, R. (2011). Coping in an HIV/AIDS-dominated context: Teachers promoting resilience in schools. *Health Education Research, 26*(4), 596–613. doi:10.1093/her/cyr016.

Eloff, I. (2006a). Introduction to the asset-based approach to intervention. In L. Ebersöhn & I. Eloff (Eds.), *Life skills & assets* (2nd ed., pp. 13–30). Pretoria, South Africa: Van Schaik.

Eloff, I. (2006b). Understanding the asset-based approach. In L. Ebersöhn & I. Eloff (Eds.), *Life skills & assets* (2nd ed., pp. 31–45). Pretoria, South Africa: Van Schaik.

Ferreira, R. (2006). *The relationship between coping with HIV&AIDS and the asset-based approach.* Unpublished doctoral dissertation, University of Pretoria, Pretoria, South Africa.

Ferreira, R., & Ebersöhn, L. (2011). Formative evaluation of the STAR intervention: Improving teachers' ability to provide psychosocial support for vulnerable individuals in the school community. *African Journal of AIDS Research, 10*(1), 63–72. doi:10.2989/16085906.2011.575549

Foster, G. (2002, March). *Understanding community responses to the situation of children affected by AIDS: Lessons for external agencies*. Draft paper for the UNRISD project HIV/AIDS and Development. Retrieved from http://www.unrisd.org/80256B3C005BCCF9/httpNetITFramePDF?ReadForm&parentunid=DB1400AC67D49680C1256BB8004E0C3D&parentdoctype=paper&netitpath=80256B3C005BCCF9/(httpAuxPages)/DB1400AC67D49680C1256BB8004E0C3D/$file/foster.pdf

Freeman, M. (2004). HIV/AIDS in developing countries: Heading towards a mental health and consequent social disaster? *South African Journal of Psychology, 34(1)*, 139–159. Retrieved from http://0-web.ebscohost.com.innopac.up.ac.za/ehost/pdfviewer/pdfviewer?sid=cf51e46e-bd4f-450c-9512-06413c632faa%40sessionmgr15&vid=2&hid=25

Frydenberg, E. (2002). Beyond coping: Some paradigms to consider. In E. Frydenberg (Ed.), *Beyond coping: Meeting goals, visions, and challenges* (pp. 1–16). Oxford, UK: Oxford University Press.

Gibson, K., Swartz, L. P., & Sandenbergh, R. (2002). *Counselling and coping*. Cape Town, South Africa: Oxford University Press.

Gilborn, L. Z., Nyonyintono, R. K., Kabumbuli, R., & Jagwe-Wadda, G. (2001). *Making a difference for children affected by AIDS: Baseline findings from operations research in Uganda* [Adobe Digital Editions version]. Retrieved from http://www.popcouncil.org/pdfs/horizons/orphansbsln.pdf

Holzener, W. L., & Uys, L. R. (2004). Managing AIDS stigma. *Journal of Social Aspects of HIV/AIDS, 1(3)*, 165–174. Retrieved from http://0-www.sahara.org.za.innopac.up.ac.za/component/docman/cat_view/68-journal-issues/71-sahara-j-vol-1-no-3-november-2004.html?format=html&limitstart=5

Johnson, D. W., & Johnson, R. T. (2002). Teaching students how to cope with adversity: The three Cs. In E. Frydenberg (Ed.), *Beyond coping: Meeting goals, visions, and challenges* (pp. 195–217). Oxford, UK: Oxford University Press.

Kammeyer-Mueller, J. D., Judge, T. A., & Scott, B. A. (2009). The role of core self-evaluations in the coping process. *Journal of Applied Psychology, 94*(1), 177–195. doi:10.1037/a0013214.

Keyes, C. L. M., & Haidt, J. (Eds.). (2003). *Flourishing positive psychology and the life well-lived*. Washington, DC: American Psychological Association.

Kretzmann, J. P., & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Chicago: ACTA Publications.

Lazarus, R. S. (1993). Coping theory and research: Past, present, and future. *Psychosomatic Medicine, 55*(3), 234–247. doi:0033-31/4/93/55O3-O234$O3.OO/O.

Loots, M. C. (2005). *'n Verkenning van opvoeders se mobilisering van bates ter ondersteuning van gemeenskapshantering van MIV/VIGS*. Unpublished master's thesis, University of Pretoria, Pretoria, South Africa.

Matthews, G., & Zeidner, M. (2003). Negative appraisals of positive psychology: A mixed-valence endorsement of Lazarus. *Psychological Inquiry, 14(2)*, 137–143. Retrieved from http://0-www.jstor.org.innopac.up.ac.za/stable/pdfplus/1449821.pdf?acceptTC=true

Mayan, M. J. (2001). *An introduction to qualitative methods: A training module for students and professionals*. Edmonton, AB: International Institute for Qualitative Methodology.

Miamidian, E., Sykes, A., & Bery, R. (2004, June 14–16). *Economic strengthening to improve the well-being of orphans and vulnerable children* (Workshop report; Dar es Salaam, Tanzania; Working draft). Retrieved from Support for Analysis and Research in Africa website: http://sara.aed.org/tech_areas/economic/economic_strengthening.pdf

Minkler, M., & Hancock, T. (2003). Community-driven asset identification and issue selection. In M. Minkler & N. Wallerstein (Eds.), *Community based participatory research for health* (pp. 131–134). San Francisco: Jossey-Bass.

Mugabe, M., Stirling, M., & Whiteside, A. (2002, September). *Future imperfect: Protecting children on the brink*. A discussion paper prepared for the Africa Leadership Consultation: Acting for children on the brink, Johannesburg, South Africa.

Ngcobo, M. P. J. (2002). *Explaining positive responses to AIDS: A study of the Mophela community and their responses to the care of orphans.* Unpublished master's thesis, University of Natal, Durban, South Africa.

O'Brien, K., Quinlan, T., & Ziervogel, G. (2009). Vulnerability interventions in the context of multiple stressors: Lessons from the Southern Africa vulnerability initiative (SAVI). *Environmental Science & Policy, 12*, 23–32. doi:10.1016/j.envsci.2008.10.008.

Oliver, P. (2003). *The student's guide to research ethics*. Berkshire, UK: Open University Press.

Page, J., Louw, M., & Pakkiri, D. (2006). *Working with HIV/AIDS*. Cape Town, South Africa: Juta & Co.

Parker, W., Dalrymple, L., & Durden, E. (2000). *Communicating beyond AIDS awareness: A manual for South Africa*. Auckland Park, South Africa: Beyond Awareness Consortium, Department of Health.

Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

POLICY Project (South Africa), Centre for the Study of AIDS (University of Pretoria), United States Agency for International Development and Chief Directorate: HIV/AIDS & TB (Department of Health). (2003). *Siyam'kela: Measuring HIV/AIDS related stigma.* Retrieved from Policy Project website: http://www.policyproject.com/Special/SAF_Siyamkela_PromisePractice.pdf

Rhee, S., Furlong, M. J., Turner, J. A., & Harari, I. (2001). Integrating strength-based perspectives in psychoeducational evaluations. *The California School Psychologist, 6,* 5–17. Retrieved from http://education.ucsb.edu/school-psychology/CSP-Journal/PDF/CSP_2001(volume_6).pdf#page=7

Snyder, C. R., & Pulvers, K. M. (2001). Dr. Seuss, the coping machine, and "Oh, the places you'll go". In C. R. Snyder (Ed.), *Coping with stress: Effective people and processes* (pp. 3–29). New York: Oxford University Press.

Strode, A., Grant, K. B., & Clacherty & Associates. (2001). *The role of stigma and discrimination in increasing the vulnerability of children and youth infected and affected by HIV/AIDS* (Report on research conducted for Save the Children (UK), South Africa Programme). Retrieved from http://www.pacttz.org/pdfs/11.%20Role%20of%20Stigma%20and%20Discrimination%20in%20Increasing%20Risks%20of%20Children%20Affected%20by%20HIV-AIDS.pdf

Terre Blanche, M., & Durrheim, K. (1999). Histories of the present: Social science research in context. In M. Terre Blanche & K. Durrheim (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 1–16). Cape Town, South Africa: University of Cape Town Press.

Trevino, K. M., Pargament, K. I., Cotton, S., Leonard, A. C., Hahn, J., Caprini-Faigin, C. A., et al. (2010). Religious coping and physiological, psychological, social, and spiritual outcomes in patients with HIV/AIDS: Cross-sectional and longitudinal findings. *AIDS Behaviour, 14*, 379–389. doi:10.1007/s10461-007-9332-6.

United Nations Department of Economic and Social Affairs Population Division. (2005). *Population and HIV/AIDS 2005* [Adobe Digital Editions version]. Retrieved from http://www.un.org/esa/population/publications/POP_HIVAIDS2005/HIV_AIDSchart_2005.pdf

United States Agency for International Development. (2005). *USAID project profiles: Children affected by HIV/AIDS* (4th ed.). Retrieved from http://pdf.usaid.gov/pdf_docs/PNADC351.pdf

Van Dyk, A. C. (2001). *HIV/AIDS care and counselling: A multidisciplinary approach*. Cape Town, South Africa: Pearson Education South Africa.

Whitty, M. T. (2003). Coping and defending: Age differences in maturity of defence mechanisms and coping strategies. *Aging & Mental Health, 7*(2), 123–132. doi:10.1080/1360786031000072277.

Wilkinson, S. (2004). Focus group research. In D. Silverman (Ed.), *Qualitative research, theory, method and practice* (2nd ed., pp. 177–199). London: Sage.

Chapter 18
Relational Coping Strategies of Older Adults with Drought in a Rural African Context

Vera Roos, Shingairai Chigeza, and Dewald van Niekerk

Older adults (adults older than 60 years of age), who are exposed to risks and adversities, are often viewed in terms strictly related to their vulnerability. The acknowledgement of older adults' coping strategies is not an attempt to present a romanticizing view of the position of older adults challenged with drought in an African rural context, but an exploration of their positive coping responses despite the adversities associated with drought. A traditional psychological focus on the diagnosis of problems and the provision of services would do a grave disservice to the situation of older adults in rural African contexts, who despite the challenges associated with drought, deal with it adaptively. Although it is widely accepted that people apply emotional reactions or direct problem-focused activities to deal with risks and adversities, the influence of the cultural context in which the coping takes place should not be divorced from the people who are doing the coping (Bryant-Davis, 2005; Lazarus, 2006).

Livelihood in Old Age in Rural South Africa

Although they are often severely affected by disasters and the aftermath thereof, older adults in Africa do not necessarily enjoy special attention from policy makers and planners (HelpAge International, 2000). Despite the efforts of the United Nations, national governments, non-governmental organizations (NGOs), and academic and

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research institutions to implement programmes and strategies for disaster reduction (SADC, 2001; South Africa, 2003, 2007; UNISDR, 2003), older adults in southern Africa and elsewhere experience invisibility, exclusion, and discrimination (Falconer & Foresman, 2002; UNISDR, 2003; Von Kotze, 1999a, 1999b).

Most of the older adults in this study are still dependent on agricultural activities to sustain their livelihoods, and agriculture is the first economic area to feel the impact of drought, which subsequently triggers multiple interrelated processes. Agricultural drought, it can therefore be argued, will have a direct and profound impact on the livelihood of older people in these areas. An agricultural drought will not only deplete the already limited resources, but it will also have a direct effect on the food security of these older adults (Thomas, 1990). This situation is furthermore exacerbated by changing family structures due to the consequences of HIV/AIDS and urban migration (Chazan, 2008; Kimuna & Makiwane, 2007; Ntshangase, Duncan, & Roos, 2007; Schatz, 2009), which, in particular, contribute to the vulnerability of African older adults who find themselves in rural contexts. Drought is regarded as a slow-onset hazard in contrast to rapid-onset events, such as flash floods, wild fires (referred to in the South African context as "veld" fires), or severe weather conditions. Although drought is per se not a psychological phenomenon, the risks associated with it and the position of older persons in this context might have psychological implications—at least for some of them.

Coping with Risks and Adversities

Coping in this chapter refers to the ability of older adults in rural contexts to respond positively to drought or to adapt to significant adversity associated with drought by demonstrating the ability for long-term and sustainable adjustments (Casale, 2011). Older adults cope with drought by appraising the impact of drought and the various coping options available (Outten, Schmitt, Garcia, & Branscombe, 2009). Existing literature on the cognitive appraisal process and coping strategies tend to have an individual focus (Outten et al., 2009). Individuals appraise the impact of the risk or adversity and then implement cognitive or behavioural coping strategies to maximize their own personal growth, to maintain their independence, and to control and minimize their losses (Botha, 2013; Dunér & Nordström, 2005; Riediger, Li, & Lindenberger, 2006). To explain the adaptive development of older adults, Baltes (1997) suggested the selection, optimization, and compensation-model. Selection refers to the deliberate selection of specific goals whereby older people focus their energy on achievement (Wiese, Freud & Baltes, 2000). Two kinds of selection are distinguished from one another: elective selection, which means identifying goals with the aim to apply available resources; and loss-based selection, which refers to restructuring of goals due to a loss or anticipated loss that threatens the existing level of functioning (Bajor & Baltes, 2003; Riediger et al., 2006). The optimization of resources is aimed at the maintenance of resources, and compensatory strategies are aimed at masking the limitations of diminishing abilities and at compensating for these limitations and diminishing abilities by using alternative strengths.

The cognitive appraisal process is also informed by people's cultural membership and, therefore, the coping of black older adults in rural African contexts should be investigated by following an intragroup-level approach (Outten et al., 2009). The intragroup-level approach is based on the cognitive appraisal of people who are relationally orientated and who regulate and monitor their coping actions within the social networks in which they function (Botha 2013, Chap. 27; Chilisa, 2012; Outten et al., 2009).

Older adults in rural African contexts relate to the environment, people, Divine reality/Divinities, and the non-living (Chilisa, 2012; Mbiti, 1969). In relation to the environment, black people—specifically in rural African contexts—experience reciprocity between human functioning and the environment in terms of messages from the environment, which older adults interpret as feedback for ways to adjust their behaviour or to plan for the future. In relation to people, older adults traditionally have relied upon reciprocal supportive intergenerational relationships, and familial bonds were often extended to include relatives and community members (Bohman, Van Wyk, & Ekman, 2008; Chilisa, 2012; Murithi, 2006). For example, in terms of the socialization of children, the raising of children is regarded as a communal responsibility, irrespective of whether the children are biologically related to their caregivers (Bohman et al., 2008; Clay, Ellis, Griffin, Amodeo, & Fassler, 2007). In terms of their relationship with Divine reality/Divinities or with the non-living, black older adults are regarded as spiritual human beings and believe that the power of transcended realities can change their adversities if they perform certain religious rituals (Roos, 2013).

The relational meaning that transpires between older adults and their environments (physical and interpersonal) is a continuous process of actions and reactions (Lazarus, 2006). These ongoing processes are informed by what has happened in the past and what can be expected in terms of resources in the future. Literature on the relational coping options of older adults to deal with the impact of a slow-onset phenomenon is scarce, and this chapter anticipated having to answer the following questions: What are the relational coping strategies that older people who find themselves in a less-resourced environment, and who are regarded as relationally orientated people, apply to deal with the impact and consequences of drought? What deductions can be made about the cognitive appraisal of older people who function relationally? The aim of this chapter is to describe the relational coping strategies that black older adults in rural African contexts apply when dealing with the risks and adversities associated with drought.

Research Method

A qualitative research design was used to explore the adaptive capacity of older persons in the context of drought. The inductive nature of qualitative research enabled researchers to go beyond the mere descriptive presentation of the data in order to reveal dimensions of systemic functioning that are hidden, without

imposing meaning upon the phenomenon or those being researched (Chilisa, 2012; Willig & Stainton-Rogers, 2008). A case study design allows for the exploration of complex and integrated systems, which in our study will increase the visibility of the experiences of older persons in a drought affected area (Snape & Spencer, 2003; Stake, 2000).

Research Context and Participants

The North West Province of South Africa is part of a summer rainfall area, receiving rain mainly during the period spanning October until early March (Walmsley & Walmsley, 2002). The average annual rainfall for the area ranges from 200 to 400 mm (Hudson, 2002). It has been determined that droughts occur in the province approximately every 20 years (for example 1920, 1940, 1960, 1980, 1992), but recent observation has shown that droughts have begun to occur on a more frequent basis (Hudson, 2002; SAWS, 2006). Thus, drought patterns have become erratic and unpredictable (Hudson, 2002; Molopo Local Municipality, 2006). The research took place in two local municipalities (i.e., Kagisano, Ganyesa area, and Molopo Local Municipalities, Tosca area) within the North West Province, South Africa. These municipalities function under the administrative authority of the Dr. Ruth Mopati District Municipality. Within these municipalities, two communities and a range of stakeholders from local government were identified as the target groups.

The province is mostly inhabited by black people (i.e., 91 % of the population), followed by whites (6.6 %), Coloureds (1.3 %), and persons of Indian/Asian descent (0.6 %; Census, 2001). According to the 2001 census statistics, 5 % (or 182,974 people) of the province's population is aged 60 years or older. The gender composition of the Dr. Ruth Mopati District Municipality is almost equally distributed between men and women (Bophirima District Municipality, 2006). Additionally, HIV infection rates are on the rise. In 1999, there were 56,911 pregnant women in the area living with the disease. By 2000, a total of 81,678 adults in the area were infected with HIV/AIDS, and it is estimated that the disease prevalence rate will increase by 46.5 % between the years 2000 and 2025 (Bophirima District Municipality, 2006; Ndebele, 2011). Unemployment (36.4 %) is one of the biggest economic challenges in the area, and the economy in this area has shown only marginal growth in the agriculture, mining, trade, and service sectors in the past 5 years (Bophirima District Municipality, 2006; Holborn, 2011). Dependants in the area usually cluster around a person with a fixed, regular income, such as pensioners (Francis, 2002). South Africa is one of only five countries in Sub-Saharan Africa with a means-tested pension. The means test changes every year and, for the older adults' grant, this depends on their income, assets, marital status, and income (of both spouses if they are married; South African Labour Guide, 2012). Purposive sampling, consisting of 30 males and 45 females above the age of 60 years who have been living in the Tosca and Ganyesa areas for 15 years or longer, was used in this research. The majority of the participants spoke either Setswana or Afrikaans.

Procedure

Ethical approval was obtained from the Ethics Committee of the North-West University, Potchefstroom Campus to conduct the research. Permission to conduct the study was also obtained from the Dr. Ruth Mopati District Municipality and the local municipalities of Molopo and Kagisano, as well as the House of Traditional Leaders of the Kagisano Local Municipality. The traditional leaders, political representatives of the community, and individual participants were informed of the proposed research by the community gatekeepers. On the day data were gathered, the older people were first informed by the community gatekeepers about the research, and after, they were informed about the nature of the research and their involvement. They also signed an informed consent letter. Participants were informed that they could withdraw from the study at any time they chose to do so.

Data were gathered by making use of a qualitative data gathering method called the Mmogo-method®, as well as by making use of focus group discussions. The Mmogo-method® was applied to allow older people to make visual presentations about their experiences of drought (Roos, 2008, 2012). The Mmogo-method® is regarded as an appropriate tool to access information, especially from illiterate older persons, because it allows for them to share their local knowledge and viewpoints in a nonthreatening manner (Chilisa, 2012). The Mmogo-method® entails that participants make a visual representation of their experiences of drought by using malleable clay, dried grass sticks, and coloured beads. The visual representations of abstract meanings, emotional experiences, or culturally embedded practices are obtained through a discussion of the visual representation. The visual representation becomes a medium used to elicit unconscious content and to provide social researchers with a starting point for exploring the experiences of participants.

On the day the data were gathered, the older adults were placed together in groups of between eight and ten people. They were then provided with the Mmogo-method®-materials, and were invited to make their own visual presentations based on an open-ended prompt: "Please make anything that will tell us more about your experiences of drought." Building the visual presentations took approximately 45 minutes, and the participants were observed while they built the presentations and while they interacted with each other. After the participants had completed their visual presentations, the researchers asked questions about the visual representations. Questions that were asked included: What did you make? Why did you make this? When strategies emerged about how they had coped with drought, the following clarifying questions were asked: How did you cope with the drought specifically? The group of participants then spontaneously joined in the discussion and added their own experiences of drought as well as the coping strategies that they—as individuals or as a community—typically apply when dealing with the drought. The Mmogo-method® is thus a group-based data gathering tool that was applied to access the communal and collective appraisal of drought as a threat, and to explore the collective actions that were taken to deal with the drought. The visual presentations were photographed and the focus group discussions were transcribed and analysed.

Table 18.1 The principles and strategies for enhancing the rigour of the data through crystallization

Principles	Strategies	Application in the research
Genres of presentation	Multiple texts	Data were collected as representation of different expressions by visual art and conversations. The researcher combined and interweaved accounts of the phenomenon in various ways through inclusion of multiple texts (Ellingson, 2009)
Deepened complex interpretations	Data collection	In this research, different methods of collecting data were used. This includes the Mmogo-method®, individual discussions about the visual images, and a group discussion complementing the individual participant's account
	Dense description	The inductive approach of symbolic presentations to explain the older persons' experiences on drought added to the dense description of data for the analysis. The photographs of visual presentations ensured a better understanding and expression of cultural rituals, which would not have been accessible otherwise
	Multiple methods of analysis	Textual data were analysed through thematic content analysis, and visual analysis was applied following strategies suggested by Roos (2008) for the Mmogo-method®
Reflections during the research process	Peer review	Peer review discussions about the data took place, and the researchers reflected on the meanings obtained from the participants in terms of their context
Researcher reflections	Reflexivity	The researchers kept field notes in which they recorded their experience of the research process and their observations. These notes assisted the researchers in keeping track of the influence, assumptions, or biases relating to the research study being conducted

The textual data were analysed by making use of thematic analysis. The text was read and re-read, and patterns were identified and reported. The visual data were analysed by using the following questions: What is the relationship between the images in the visual representation? What is the relation between the visual images and the initial prompt, and between the description of the participant and the added information from the group?

Crystallization was used to ensure the trustworthiness of the findings. Crystallization enabled the researcher to give detailed, rich interpretations of the data through the creation of themes that were supported by participants' individual experiences, emotions, and expressions (Ellingson, 2009). The Mmogo-method® was used and the different data analyses contributed to a nuanced description of the cognitive appraisal of older people in rural Africa, as well as a description of their coping actions. The table below shows the principles and strategies adapted throughout this research process to enhance the rigour of the data (Ellingson, 2009) (Table 18.1).

An Integrated Discussion of the Findings

The findings confirmed the severity of the impact of drought on older adults. The emotion-focused coping strategies that they applied supported previous findings that the psychological consequences associated with drought are highly dependent on individual cognitive appraisals and emotional reactions (Lazarus, 2006; Outten et al., 2009). In this research, some older adults expressed hopelessness and despair because of their personal appraising of the threats associated with drought in terms of their relationship with the environment, and with other people in terms of their options for coping (Lazarus, 2006). Their negative emotions drew their attention to the magnitude of the challenges associated with drought, and the emotion-focused coping strategies that they consequently applied included emotional disengagement and avoidance (Luce, Payne, & Bettman, 2000), which is represented in Fig. 18.1. The visual representation consists of an empty food and water container, an underfed animal, a person who is "sitting and doing nothing", and scorched grass that could not be used as food.

However, from the qualitative research we found that a group that might be seen as the most vulnerable members of society (i.e., the older, poor victims—not only of severe drought, but also of AIDS and unemployment) in fact play a significant and positive role in the survival of the whole community. The discussion will emphasize the relational coping strategies of older adults in terms of their interrelatedness with the environment, both interpersonally and spiritually.

In Relation to the Environment

Based on the evaluation of the risks associated with drought—in light of the feedback that the older adults gave of their previous experiences with the impact of

Fig. 18.1 Visual representation of an empty container and the despair of an older person

drought—older adults studied messages from the environment in order to predict when drought would occur. In this particular community setting, the lunar cycles and stars were consulted to determine seasonal patterns. For instance, the specific shape and position of the moon was interpreted as an early warning signal of drought: "If the moon is upside down, we know that we will have a drought year." The careful observation of signs from the environment, according to Chilisa (2012), serves as an attempt to find the cause–effect relationship in terms of the prediction of drought, and to plan accordingly to deal with it. These careful observations also imply a close relationship with the environment, in which an awareness of signs is demonstrated. The cognitive appraisal is also based on traditional belief systems; for example, believing that cutting certain indigenous plants (such as the "mukala") can cause drought.

The cognitive appraisal of the threats associated with drought was based on proactive planning and direct problem-focused activities to regulate resources in the environment. In this study, older adults applied proactive planning by means of stockpiling, bartering for foodstuffs, reducing herd size by getting rid of older and sick animals, or using animals for exchange purposes. Stock migration was also mentioned, where owners move with their animals to seek grazing in nearby fields (especially the communal farmers). The regulation of environmental resources is based on indigenous knowledge, which is transferred from generation to generation.

Interpersonal Relationships

Relational coping strategies that emerged were appraised in terms of interpersonal resources that are available to help cope with the risks and adversities associated with drought, and included: pro-active collective planning; women's innovative attempts to secure scarce water resources as well as to generate income for the collective good; and sharing of resources (information and concrete aid).

Proactive Collective Planning

Older adults planned ahead in preparation for dealing with food shortages during drought. The emphasis was on planning action plans together: "We talk .... we make plans". This collective planning also implied a shared responsibility for the survival of the group.

Women's Innovative Attempts

The resourcefulness of women was optimized both internally and externally in order to maintain the functioning of the community. On the external level, women often worked as domestic workers in nearby urban areas and on the farms, and could

Fig. 18.2 Traditional pots to store water

therefore still earn an income, despite droughts, which they used to the benefit of the group. One of the older participants said: "Women used to help some of our relatives with the laundry and [thereby] earn money to buy 12 kg of pap (maize)." Internally, women mobilized the available financial resources. Participants noted, for example, that in respect to savings, "the women engage in stokvels (saving schemes) and burial societies." Casale (2011) confirmed the importance of older women in an African rural context as dynamic, resourceful agents with leadership qualities. Women also applied the indigenous knowledge that was passed on from generation to generation to mould clay pots to store water, which is illustrated in Fig. 18.2 (Behera & Nath, 2005; Du Toit, 2005; Kaniki & Mphahlele, 2002; Magoro & Masoga, 2005; Roos, Chigesa, & Van Niekerk, 2010).

Sharing of Resources

The research found that the sharing of resources manifested in sharing of knowledge and concrete aid (i.e., food and transport). The older people shared knowledge on issues such as growing drought resistance crops. They also shared information obtained from watching weather patterns on the news or listening to the radio.

The data are, however, saturated with stories about how they shared resources, such as concrete aid, which is illustrated in the following examples:

> If you had something, you would help another person because tomorrow it might be you.
> If [our] neighbour asks for mealies (corn/maize), we share.

Participants indicated that all owned animals were applied as resources for transport and food. One person mentioned, for example, that he owned a horse and that he used the horse to fetch resources for himself and others from places which were too far to walk to. He also provided transport to take other members of the

community to the clinic. Communal farming and helping each other with labour in exchange for food was a best practice towards adaptation which the older community members had adopted.

An important contribution of the older adults was confirmed in terms of their financial support. The perception is that older adults are employed because they get a pension. This pension money was used to sustain the survival of the community. One participant expressed this view as follows: "The elderly people help [us] with their pension money, because they are employed." UNFPA (2002) confirmed that older family member's pensions frequently provide the only income for the support of an extended family.

Relational Interactions with Divine Realities and the Non-living

The older adults explained how they collectively applied spiritually relational coping strategies: "We call all [of] the priest in the village and go to a dam with water. They go and pray in that dam, early in the mornings, in the early, early, very early, in the early morning, they go there and pray there, and in the midday, during the afternoon it starts raining." Spiritual rituals that were practised together included crushing of leaves and praying together for rain. "We have to slaughter a black cow and pray for rain…". Siegel and Schrimshaw (2002) highlight how the collective practice of spiritual rituals provides older persons with the feeling of comfort, power, and direction. This might include consulting with ancestors and storytelling of older people, for whom a general respect was demonstrated by community members.

Implications of the Findings

The relational coping strategies of older adults in the context of drought revealed an interdependence and connectedness with the environment, interpersonal relations, and Divine Realities and the non-living. Although some reference has been made regarding the utilization of personal attributes, for older adults in this research, it seemed as if they were able to maintain their functioning in this context due to the collective mobilization of relationally orientated resources. The optimization of resources served to benefit the collective, not just the self, and aimed to maintain the relational connections of the family, community, ancestors and the environment in general (Bar-On, 1997; Chilisa, 2012).

The relational coping of older adults in the context of drought, where resources are continually depleted, was possible because of their close attention to the environment. This feedback was integrated by the group and displayed as indigenous knowledge. The indigenous knowledge was applied in the older adults' proactive plans, which were used to predict drought and to apply direct problem-focused

activities when dealing with the consequences of drought. Apart from the direct problem-focused activities used to deal with drought by regulating environmental resources, coping strategies emerged interpersonally. Older adults took collective responsibility for planning proactively to protect the functioning of the group, and they complemented the limited resources of the self by sharing knowledge and resources. This was in line with Mbiti's (1969) notion that older African adults define themselves as follows: "I am because we are, and since we are, therefore I am" (p. 214). The spiritually relational coping strategies emphasized a strong belief in the power of a Divine reality to provide an outcome to the drought, and again spiritual rituals were performed collectively.

An aspect that was not clear from this study was why some older adults displayed despair and perceived a lack of support from the group. Could they have the perception that they do not have the potential to successfully deal with the impact of drought through their own behaviour, and that they are not embedded in supportive relationships (Botha, 2013, Chap. 27) that will, or cannot, complement their resources? Further investigation into how individual older adults perceive communal support in a community, who view reality based on a relational epistemology, is suggested.

The cognitive appraisal of the threats associated with drought was based on the identification of goals for the collective good. Pursuing the goals to protect the group was informed by traditional belief systems and careful observations of the environment in pursuit of information. Planning and execution for the purpose of dealing with the risks associated with drought took place collectively and proactively, and was embed in indigenous knowledge, a relationally epistemology, and a strong spiritual orientation.

Recommendations

Coping of older African adults is closely linked to the risks and adaptive capacities within and between people, and exists within certain contextual realities. It remains imperative that older adults—as a community resource—be acknowledged, and that policies are developed to address their unique needs in a participatory and inclusive manner. It is also important to focus the attention of older adults and policy makers on the contributions of older adults, since in the context of drought, people might not always be aware of their resources, existing skills, or expertise, but instead tend to focus on the deficit; that is, what they had lost and what their current needs are (Papadopoulos, 2007). By adopting a strengths- or asset-based approach, the contributions of older persons can be strengthened and complemented, such as in the case of entrepreneurial skills. The participation of older persons in their own empowerment process is highlighted in bottom-up community capacity building (Restrepo, 2000). Social participation can enhance the *psychological collective immune system* (Papadopoulos, 2007) of older adults in a rural context, especially in their ability to maintain their capacity for coping, and, therefore, resourcefulness is supported.

By applying the principles of community and positive psychology when engaging with the community in a manner that allows older adults to maintain their autonomy and strengthen their assets and resources, active coping styles of older adults are promoted—as opposed to passive coping styles, which seemingly lead to hopelessness and despair. In terms of a coping framework for older people in an African rural context, relational complementation is also recommended.

Conclusion

Adaptive coping of older African adults is embedded in communal relationships and exists within certain contextual realities. In this context, despite being vulnerable to drought, older adults' relational coping strategies focused on collective mobilization of relationally orientated resources in order to maintain their functioning as a community. The sharing of resources became the complementation of the limited resources of the self. Thus, older adults participated, shared, and were available for one another in order to cope with the adversities of drought. Therefore, it is imperative that older adults be acknowledged as a community resource, and that policies are developed in a participatory and inclusive manner to address their unique needs.

References

Bajor, J. K., & Baltes, B. B. (2003). The relationship between selection, optimization with compensation, conscientiousness, motivation, and performance. *Journal of Vocational Behaviour, 63*, 347–367. doi:10.1016/S0001-8791(02) 00035-0.

Baltes, P. B. (1997). On the incomplete architecture of human ontogeny: Selection, optimization, and compensation as foundation of developmental theory. *American Psychologist, 52*, 366–380.

Bar-On, R. (1997, August). *Developing of the Bar-On EQ-1: A measure of emotional and social intelligence*. In 105th annual convention of the American Psychological Association, Chicago, USA.

Behera, D. K., & Nath, N. (2005). Sources, conservations and utilizations through indigenous knowledge in a tribal community of Orissa. India. *Indilinga African Journal of Indigenous Knowledge, 4*(1), 210–220.

Bohman, D. M., Van Wyk, N. C., & Ekman, S. (2008). Tradition in transition-intergenerational relations with focus on the aged and their family members in a South African context. *Scandinavian Journal of Caring Sciences, 23*, 446–455.

Bophirima District Municipality. (2006). *Bophirima district municipality integrated development plan*. Vryburg. Retrieved from http://www.bophirima.co.za/dnn/IDP/tabid/56/Default.aspx

Botha, K. F. H. (2013). Self-regulation as psychological strength in South Africa: A review. In M. P. Wissing (Ed.), *Well-being research in South Africa. Cross-cultural advancements in positive psychology, 4*, 501–516. New York: Springer.

Bryant-Davis, T. (2005). Coping strategies of African American adult survivors of childhood violence. *Professional Psychology, 36*(4), 409–414. doi:10.1037/0735-7028.36.4.409.

Casale, M. (2011). 'I am living a peaceful life with my grandchildren. Nothing else.' Stories of adversity and 'resilience' of older women caring for children in the context of HIV/AIDS and other stressors. *Ageing & Society, 31*, 1265–1288. doi:10.1017/S0144686X10001303.

Census. (2001, October 16–31). *Statistics South Africa*. Retrieved from http://www.statssa.gov.za/census01/html/c2001primtables.asp

Chazan, M. (2008). Seven 'deadly' assumptions: Unravelling the implications of HIV/AIDS among grandmothers in South Africa and beyond. *Ageing & Society, 28*(7), 935–958.

Chilisa, B. (2012). *Indigenous research methodologies*. Thousand Oaks, CA: SAGE.

Clay, C. M., Ellis, M. A., Griffin, M. L., Amodeo, M., & Fassler, I. R. (2007). Black women and white women: Do perceptions of childhood family environment differ? *Family Process, 46*(2), 243–256.

Du Toit, C. W. (2005). The environmental integrity of African indigenous knowledge systems probing the roots of African rationality. *Indilinga – African Journal of Indigenous Systems, 4*(1), 55–69.

Dunér, A., & Nordström, M. (2005). Intentions and strategies among elderly people: Coping in everyday life. *Journal of Aging Studies, 19*, 437–451. doi:10.1016/j.jaging.2004.10.001.

Ellingson, L. L. (2009). *Engaging crystallization in qualitative research: An introduction*. Thousand Oaks, CA: Sage.

Falconer, A., & Foresman, J. (2002). *A system for survival: GIS and sustainable development*. Redlands, CA: ESRI Press.

Francis, E. (2002). Rural livelihoods, institutions and vulnerability in North West Province. *South Africa in Journal of Southern African Studies, 28*(3), 531–550.

HelpAge International. (2000). *Older persons in disasters and humanitarian crises: Guidelines for best practice*. London: HelpAge International.

Holborn, L. (2011). Employment and incomes. In J. Kane-Berman (Ed.), *South Africa survey 2010/2011* (pp. 209–312). Johannesburg, South Africa: South African Institute of Race Relations.

Hudson, J. (2002). *Responses to climate variability of the livestock sector in the North West Province, South Africa*. Unpublished master's thesis, Colorado State University, Fort Collins.

Kaniki, A. M., & Mphahlele, M. O. K. (2002, April 20–21). *Indigenous knowledge for the benefit of all. Can knowledge management principles be used effectively*? (pp 1–15). In SCESAL Conference, Carnival City, Kempton Park.

Kimuna, S., & Makiwane, M. (2007). Older people as resources in South Africa: Mpumalanga households. *Journal of Aging & Social Policy, 19*(1), 97–114.

Lazarus, R. S. (2006). Emotions and interpersonal relationships: Towards a person-centered conceptualization of emotions and coping. *Journal of Personality, 74*(1), 9–46.

Luce, M. F., Payne, J. W., & Bettman, J. R. (2000). Coping with unfavourable attribute values in choice. *Organizational Behaviour and Human Decision Processes, 81*(2), 274–299.

Magoro, M. D., & Masoga, M. O. K. (2005). Aspects of indigenous knowledge and protection in small-scale farming systems. A challenge for advancement. *African Journal of Indigenous Knowledge Systems, 4*(2), 414–427.

Mbiti, J. S. (1969). *African religion & philosophy* (2nd ed.). Gaborone, Botswana: Heinemann Education Books.

Molopo Local Municipality. (2006). *Drought assessment: Poverty and hunger stricken*. Tosca: Molopo Local Municipality.

Murithi, T. (2006). Practical peace making wisdom from Africa. *The Journal of Pan African Studies, 1*(4), 25–34.

Ndebele, T. (2011). Demographics. In J. Kane-Berman (Ed.), *South Africa survey 2010/2011* (pp. 1–86). Johannesburg, South Africa: South African Institute of Race Relations.

Ntshangase, S., Duncan, N., & Roos, V. (2007). Vulnerable communities: The elderly. In N. Duncan, A. Naidoo, J. Pillay, & V. Roos (Eds.), *Analysis, context and action: An introduction to community psychology* (pp. 242–261). Cape Town, South Africa: Juta.

Outten, H. R., Schmitt, M. T., Garcia, D. M., & Branscombe, N. R. (2009). Coping options: Missing links between minority group identification and psychological well-being. *Applied Psychology: An International Review, 58*(1), 146–170.

Papadopoulos, R. K. (2007). Refugees, trauma and adversity-activated development. *European Journal of Psychotherapy and Counseling, 9*(3), 301–312. doi:10.1080/13642530701496930.

Restrepo, H. E. (2000, June 5–9). *Increasing community capacity and empowering communities for promoting health*. Presentation at fifth global conference on Health Promotion, Mexico City, Mexico.

Riediger, M., Li, S., & Lindenberger, U. (2006). Selection, optimization, and compensation as developmental mechanisms of adaptive resource allocation: Review and preview. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (6th ed., pp. 289–307). London: Elsevier.

Roos, V. (2008). The Mmogo-method® discovering symbolic community interactions. *Journal of Psychology in Africa, 18*(4), 659–668.

Roos, V. (2012). The Mmogo-Method®: An exploration of experiences through visual projections. *Qualitative Research in Psychology, 9*(3), 249–261.

Roos, V. (2013). Older adults' coping with adversities in an African context: A spiritual-informed relational perspective. In M. P. Wissing (Ed.), *Well-being research in South Africa. Cross-cultural advancements in positive psychology, 4*, 341–353. New York: Spinger.

Roos, V., Chigesa, S., & Van Niekerk, D. (2010). Coping with drought: Indigenous knowledge application in rural South Africa. *Indilinga: African Journal of Indigenous Knowledge Systems, 9*(1), 1–11.

Schatz, E. (2009). 'Taking care of my own blood': Older women's relationship to their housholds in rural South Africa. *Scandinavian Journal of Public Health, 35*(69), 147–154.

Siegel, K., & Schrimsaw, E. W. (2002). The perceived benefits of religious and spiritual coping among older adults living with HIV/AIDS. *Journal for the Scientific Study of Religion, 41*(1), 91–102.

Snape, D., & Spencer, L. (2003). The foundations of qualitative research. In J. Ritchie & J. Lewis (Eds.), *Qualitative research practice: A guide for social science students and researchers* (pp. 1–23). London: Sage.

South Africa (Republic). (2003). *Disaster management* (Act No. 57 of 2002). Pretoria, South Africa: Government Printer.

South Africa (Republic). (2007). *Farm workers' minimum wage increases 2007/8. Department of Labour*. Retrieved from http://www.labour.gov.za/media/statement.jsp?statementdisplay_id=11849

South African Labour Guide. (2012). *Your guide to labour law in South Africa*. Retrieved from http://www.labourguide.co.za/general/pension-and-provident-funds-499

South African Weather Service (SAWS). (2006). *Drought monitoring desk*. Retrieved from http://www.weathersa.co.za/DroughtMonitor/DMDesk.jsp

Southern African Development Community (SADC). (2001). *SADC disaster management strategy*. Gaborone, Botswana: SADC.

Stake, R. E. (2000). Case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research*. Thousand Oaks, CA: Sage.

Thomas, D. (1990). Intra-household resource allocation: An inferential approach. *The Journal of Human Resources, 25*(4), 635–664.

United Nations Inter-agency Secretariat of the International Strategy for Disaster Reduction (UNISDR). (2003). *Living with risk: Turning the tide on disasters towards sustainable development*. Geneva: ISDR, Preliminary Version.

United Nations Population Fund (UNFPA). (2002). *Population ageing and development. Population and development strategies series* No. 5, New York.

Von Kotze, A. (1999a). A new concept of risk? In *Risk, sustainable development and disasters southern perspectives*. Cape Town, South Africa: Periperi.

Von Kotze, A. (1999b). Learning from risk reduction. In *Risk, sustainable development and disasters southern perspectives.* Cape Town, South Africa: Periphery.

Walmsley, D., & Walmsley, J. (2002). *North West province state of the environment report: Overview.* Retrieved from www.environment.gov.za/soer/reports/northwest/01%20Contents.pdf

Wiese, B. S., Freud, A. M., & Baltes, P. B. (2000). Selection, optimization and compensation: An action-related approach to work and partnership. *Journal of Vocational Behaviour, 57*, 273–300. doi:1006/jvbe.2000.1752. Available at http://www.idealibrary.com.

Willig, C., & Stainton-Rogers, W. (2008). Introduction. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 1–12). London: Sage.

Chapter 19
The Stories of Resilience in a Group of Professional Nurses in South Africa

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Human resilience is understood as a foundation, or building block, of well-being in people, and refers to the unexpected ability of humans to muster up adaptive strengths and behavioural competencies when facing serious life challenges or adversities (Bonanno, 2004; Masten, 2001). Ryff and Singer (2003) emphasized the ability of individuals to maintain, recover, or improve their healthy mental and physical functioning under adversity or difficult circumstances, and this conceptualization of resilience makes it particularly well suited when trying to understand and explore the surprisingly high levels of functioning of professional nurses who work under demanding circumstances in South Africa.

The nursing profession has a deep rooted value system and philosophy of care as its fundamental premise. This basis underpins all training of professional nurses and compels them to deliver this care to the sick, weak, traumatized, wounded, and dying patients entrusted to them, and to be an instrument of service to patients within the health care system (Kozier, Erb, Berman, & Burbe, 2000), thereby enhancing human quality of life. It can be said that nursing claims caring as the hallmark of the nursing profession. For nurses to be successful caregivers, they must be able to continuously find a sense of purpose in caring for others, be optimistic,

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and have compassion and a caring concern for their patients in order to achieve this goal (Watson, 2003). They therefore need to be psychologically well, resilient, and flourishing.

In South Africa, the health care system poses numerous challenges—some adverse in nature—to the professional nurse. To confront these challenges and maintain psychosocial well-being (PWB) demands resilient coping and adaptive skills of these professionals. In the last 5–10 years there has been a shift from a fragmented, mainly curative, hospital-based service to an integrated, primary health care, community-based service (African National Congress, 1994; Geyer, Naude, & Sithole, 2002). This has led to larger sections of the population now being able to afford or get services for free, which was not adequately planned and budgeted for, resulting in overcrowding, poor staff morale, excessive use and abuse of scarce resources, and deterioration in the quality of care (Van Rensburg & Pelser, 2004). Furthermore, the South African health care system is dual, consisting of both a private and public sector; the private sector is profitable and caters to clients who have medical insurance, whereas the public sector is publicly funded and free to unemployed citizens, or available for a small fee to those who are able to pay (Geyer et al., 2002; Van Rensburg & Pelser, 2004). This has placed a great burden on professional nurses who have to bear the consequences of the changes without the necessary preparation and support (Armstrong, Daellenbach, & Dixon, 2008; Walker & Gilson, 2004). The vast financial disparities between the private and public health care sectors also have had adverse effects on all health professionals, and more so on professional nurses (Day & Gray, 2005), of whom 58.9 % in the public sector are serving 82 % of the population and 41.1 % in the private sector are serving 18 % of the population (Van Rensburg, 2004).

The ethics and ethos of the nursing profession—with its core value of caring—are in direct conflict with a profit-focused society, thereby adding to the challenges for the already burdened nursing profession (Hofmeyer, 2003). There has been an overall shortage of nursing professionals around the world, and in South Africa the shortages have been acutely felt, with a nurse shortage of 32,000 (Oulton, 2006). According to the South African Nursing Council, a total of 47,390,000 patients were served by 101,295 registered nurses in 2006; that is a ratio of 468 patients for 1 registered nurse (South African Nursing Council, 2006). These numbers are not likely to improve any time soon, as the intake of new nurses is declining. Furthermore, an ageing workforce—of which more than half currently registered at the Nursing Council are over the age of 45 years, and many likely to retire between 2005 and 2020—will have a significant impact (Ehlers, 2003; Pienaar & Bester, 2011).

According to Buchan (2006), nursing professionals who remain in the profession suffer from a high workload and low morale, which has lead to a compromise in the quality of care provided, as hundreds of patients are often served by one practitioner and where providing even the most basic care is sometimes impossible (Pienaar & Bester, 2011). Under these circumstances, professional nurses attempt only to survive as they work under high stress levels and unbearable workloads, affecting their physical health and emotional well-being (EWB; Levert, Lucas, & Ortlepp, 2000).

Cullinan (2006) reported that health care facilities are run with half the staff needed and that one third of posts are vacant countrywide.

The professional context of the South African nurse described above clearly indicates the high potential for adversity and outcomes, such as burnout, disengagement, stress-related pathology, and psychological distress, all factors which could further impact negatively on interpersonal relationships (Pienaar & Bester, 2011). The ability to resile, or rebound, under such working conditions seems to be the only way in which a professional nurse is able to remain in the profession and committed to the caring and compassionate ethos thereof.

Recent conceptualizations of resilience have described it as a dynamic process influenced by internal factors and environmental factors that lead to positive outcomes (Carver, 1999; Kumpfer, 1999; Richardson, 2002; Tugade & Fredrickson, 2004). When understood in this way, resilience is a multidimensional construct generally made up of four interacting components; namely, risk factors, protective factors, vulnerability factors, and positive adaptation (Luthar & Zelazo, 2003). Applying these factors to the world of the professional nurse, the following components can be identified:

- *Risk factors*, or stressors in the nursing work environment, such as the high work load, the shortage of staff, poor support, and role conflict (Ehlers, 2006).
- *Protective factors*, identified in literature as having protective influences and also promoting stress-resistance, could be external factors, such as social support systems, recreational activities, and religious affiliation. Internal resiliency factors include cognitive, emotional, spiritual, behavioural, and physical strengths; for example, personality traits that promote resilience, such as hope, optimism, sense of coherence, mental health, and coping self-efficacy (Kumpfer, 1999; Richardson, 2002).
- *Vulnerability factors* are the opposite of the protective factors and are described by Luthar (1991) as attributes that make individuals more susceptible to dysfunctional behaviour due to high levels of stress, and in this context, could refer to the fatigue, burnout, demotivation, and depression that cause many nurses to leave the profession (Pienaar & Bester, 2011).
- *Positive adaptation* can be defined as an outcome that is much better than would be expected given the presence of risk factors, and could refer to resilient professional nurses who cope with stressful demands and even thrive in the face of adverse nursing circumstances (Luthar & Zelazo, 2003; Richardson, 2002). Positive adaptation is also reflected in the post-traumatic growth concept identified by Tedeschi and Calhoun (2004) and in resilient reintegration after adverse experiences (Kumpfer, 1999). Resilience has furthermore been conceptually linked with curiosity and intellectual mastery as well as the ability to detach from and conceptualize problems (Block & Kremen, 1996) and the capacity to mobilize resources during stressful circumstances (Wilson & Drozdek, 2004).

Resilience has become an appealing concept because of its roots in the field of positive psychology, where resilience researchers seek to understand the strengths that allow individuals to successfully overcome adversity and even thrive while

doing so (Huber & Mathy, 2002; Tedeschi & Calhoun, 2004). Various research designs have been used to study the occurrence of resilience. A common feature of all designs is an inference of resilience based on the presence of significant adversity and positive adaptation. The key to understanding resilience is analyzing risk and vulnerability in relation to protective factors both within the individual and the environment, which would enable coping, competence, stress resistance, and the capacity to effectively use resources (Caffo & Belaise, 2003). According to L. C. Theron and Theron (2010), variable-focused approaches in which the multiple of variables in the individual and the environment that together constitute protective factors contributing to resilience have begun to replace older approaches in which protective factors were thought to be part of the traits, characteristics, and constitution of the individual. Through variable-focused approaches, it has become clear that resilience is enabled by transactions between individuals and their environment, consisting of their families, communities, and cultures (Ungar, 2005; Ungar & Liebenberg, 2008). These transactions are dynamic and context bound and form resilience processes, more so than variables that shape individual resilience (L. C. Theron & Theron, 2010).

In this research, resilience is conceptualized as protective factors, or resources, within the professional nurse, and available through interactions with supporting and enabling environments. Such interactions are dynamic, contextual, and reciprocal between the nurse and the nurse's ecosystemic world, and create mechanisms that build resilience with which adverse working conditions could be managed (L. C. Theron & Theron, 2010; Ungar & Liebenberg, 2008).

In this research, a quantitative first phase identified resilient characteristics of professional nurses and investigated—by means of validated psychological measuring instruments—the many aspects of resilience, described below.

Coping self-efficacy was indicated by Chesney, Neilands, Chambers, Taylor, and Folkman (2006) to be beliefs about one's ability to effectively perform specific coping behaviours in order to influence the outcomes of adverse situations. *Sense of coherence* (SOC) refers to a variety of coping mechanisms called generalized resistance resources (GRRs), which Antonovsky (1987) defined as characteristics of the person, the group, or the environment that enable effective tension management. *Optimism* has been conceptualized as a broad personality trait characterized by general optimistic expectations (Scheier, Carver, & Bridges, 1994), and as an explanatory style for understanding life issues (Seligman, 1998). *Hope* is closely related to optimism, and has been conceptualized by Snyder, Rand, and Sigmon (2005) as involving two main components; the ability to plan pathways to desired goals, and agency (motivation) to use these pathways despite obstacles. *Health/mental health or well-being* refers to more than the absence of disease and illness, but to a state of physical and mental wholeness and sound functioning that enables a person to deal with stressors in an effective way, and to show resilience in the face of adversity (Keyes, 2006). These characteristics of resilience are however (1) theoretical in nature, and (2) not specific to nurses, and especially not to South African professional nurses who come from a multicultural context. It could thus be valuable in the second phase of this research to ask a group of South African nurses manifesting

some of the theoretical characteristics of resilience to share their experience and awareness of their own resilience within the context of their adverse working conditions by means of narratives and viewpoints. This exploration of narratives and opinions was an effort to identify unique characteristics that may correspond with, or differ from, the theoretically hypothesized characteristics measured by the questionnaires and found in resilience theory. The resilience narrative of these nurses could further indicate the transactional processes between nurses and their ecosystemic environments that results in enabling them to function resiliently in the nursing workplace; that is, the dynamic and context-bound strengths and resources that build their resilience (Masten & Reed, 2005).

Resilience was investigated as pertaining to the South African nursing profession and has practical application value for engaging the adverse working conditions specific to this profession. The socially relevant contribution of this study could thus be that its findings are used to develop strengths-enhancing interventions for nurses to improve their psychosocial well-being and overall functioning, with outcomes that could contribute to a higher quality of nursing care, and thereby improve the overall health care service.

This study aimed to identify resilient characteristics, strengths, and other protective factors specific and possibly unique to a group of South African professional nurses by employing quantitative and qualitative research methods in order to obtain a thorough understanding of resilience as an enabling factor for professional nurses in the multicultural South African context.

Method

A multi-method research approach was used in which phase one was quantitative and phase two qualitative in nature. In the first phase, the aim was to determine the prevalence of resilience in participants composed of a group of professional nurses. From their scores on validated instruments measuring aspects of resilience, a group of resilient nurses were identified. In the second phase, the aim was to explore and describe the resilience manifested by the identified resilient nurses through qualitatively analyzing their written narratives and transcripts from their focus group discussions. The emphasis of this chapter will be on phase two and, therefore, the results of phase one will be reported only briefly.

Participants

Participants included a convenient sample of professional nurses who voluntarily agreed to participate in this research, who were registered with the South African Nursing Council, and who were employed full-time in public and private hospitals

and in primary health care clinics in three suburban areas of South Africa. In phase one, N = 312 nurses participated and completed the questionnaires. From these, N = 133 were identified as resilient from their scores on the measuring instruments. In phase two, of the 133 resilient nurses, only 47 provided contact numbers for follow-up participation, and of these, 39 voluntarily agreed to participate but only N = 35 actually wrote their narratives. Of these participants, 2 were males and 33 were females, 27 were of African, 7 of White, and 1 of Coloured descent. The researcher further followed up the identified resilient nurses in the faculties where they worked and an additional group of N = 32 voluntarily agreed to participate in focus group discussions. Six focus group discussions were conducted with these participants, of whom 5 were males and 27 were females, and 22 of African and 10 of White descent.

Procedure

Written permission was obtained from the health care facilities where the research was conducted. Thereafter, the researcher visited each facility where the nature, phases, and procedures of the research project was explained to senior nurse supervisors as well as to the other nurses in order to obtain their cooperation and voluntary participation in this investigation of resilience. After N = 312 nurses voluntarily agreed to participate in phase one, booklets were distributed to the nurses containing the following: the self-explanatory, self-report questionnaires; letters informing participants about the research, the ethical principles upheld by the researcher, and their rights; and consent forms to be signed by them. Arrangements were made for the researcher to collect the completed documents. For phase two, the identified resilient nurses who could be contacted were approached by the researcher either by phone or at the facilities where they worked. Agreement for voluntary participation was obtained from N = 35 nurses who wrote narratives on what enabled them to stay resilient and committed to their patients and their profession. At the facilities, a further N = 32 participated in focus group discussions held about resilience in the nursing profession; that is, the enabling and hindering factors.

Data Collection

In phase one, the following validated instruments—for which good psychometric properties were reported in literature—were used: The Mental Health Continuum—Short Form (MHC; Keyes, 2006) that measures emotional, psychological, and social well-being; The Coping Self-efficacy Scale (CSE; Chesney et al., 2006) that measures confidence in the efficacy of self-coping behaviours, such as problem-focused coping strategies, stopping unpleasant emotions and thoughts, and getting support

from friends and family; Sense of Coherence Scale (SOC; Antonovsky, 1987, 1993) that measures an individual's way of experiencing the world and life as comprehensible, manageable, and meaningful; The Adult Dispositional Hope Scale (HS; Snyder et al., 1991), which measures the motivation to reach goals and obtain pathways to them; The Life Orientation Test-Revised (LOT; Scheier et al., 1994), measuring degrees of optimism and pessimism; The Resilience Scale (RS; Wagnild & Young, 1993) that measures the degree of individual resilience, which is considered a positive personality characteristic that enhances individual adaptation; and the General Health Questionnaire (GHQ; Goldberg & Hillier, 1979) that measures symptoms of mental ill-health. All of the above mentioned measuring instruments, except the Resilience Scale, have been successfully used in other South African research studies.

In phase two, data were gathered by means of written narratives (N = 35) and followed up by six focus group interviews (N = 32). For the written narratives, participants were requested to write about what enabled them to deal with the demands of their profession, how they were able to uphold the caring and compassionate nature of the nursing ethos, and what they saw as their strengths or resilience promoting resources. In the focus group interviews, the participants' thoughts were probed by a list of open-ended questions based on literature and an analysis of the written narratives of resilient nurses. These questions and the focus group responses will be discussed below. The focus group interviews were audio-taped with permission of the participants. An MP3 voice recorder and tape recorder as back-up were used to make sure that no data was lost, and the recordings were transcribed for the purpose of data analysis. Field notes were taken by the first author and were used in conjunction with transcriptions during data analysis (Creswell, 2003).

Data Analysis

In the first phase, the SPSS 17.0 and STATISTICA 8.0 computer programmes were used to determine descriptive statistics as well as reliability coefficients and validity indices by means of factor analysis. In the second phase, data analysis took place by means of open coding and inductive analysis to build an understanding of the resilience of these nurses. Categories of results were created by coding words and themes—as units of analysis—and grouping these codes together in logical themes. An independent co-coder who assisted in data analysis followed the same procedure by following the steps in the protocol compiled and provided by the first author as a framework for data-analysis. A consensus meeting was held to verify the themes for the final narrative, with the help of Tesch's steps of analyzing textual data (Creswell, 2003). The analysis of the written stories of the professional nurses was done first, followed by the analysis of the data from the focus group interviews. In both cases, the same procedure was followed.

Ethical Considerations

Ethical permission was obtained from the Ethics Committee of the North-West University as well as approval for the research from managers of all the facilities involved. The first author ensured that she was equipped to conduct the research, and experienced promoters guided the research process. Participants took part voluntarily and could withdraw at any time without reprisal, as explained in a letter accompanied by a consent form that had to be signed as proof of voluntary participation. Confidentiality was ensured and therefore the written narratives, voice recordings, and audio-tape recordings of the interviews and transcripts thereof were marked by means of codes and securely stored after completion of the analysis.

Trustworthiness

In the second phase, Guba's model of trustworthiness was followed (Krefting, 1991). A dense description of the research process and characteristics of participants were provided, ensuring that the research is auditable. The involvement of a co-coder in the data analysis and consensus discussions enhanced the consistency of the results. The use of story writing and focus group interviewing added to triangulation and trustworthiness of the study.

Literature Control

A literature control was conducted (an investigation, interpretation, and integration of literature) in order to ground findings in literature, as well as to identify similarities, differences, and unique elements in the findings as explained by Burns and Grove (2005).

Findings and Discussion

Phase 1: Quantitative Results

The means and standard deviations found for this group of participants on all the measuring instruments corresponded well with those reported in literature. Reliability indices (Cronbach's Alpha coefficients) ranged from acceptable (>0.60) to very good (>0.80) and the validity of the scales for use in this group of participants was indicated as acceptable by factor analyses.

Significant correlations ($p < 0.05$) found among the constructs were as follows: Positive correlations among the RS, MHC, EWB, PWB, SWB, CSE, SOC, HS, and LOT ranged from 0.27 to 0.72 and negative correlations of these scales with the GHQ were between −0.22 to −0.49. The strongest correlations were between RS and MHC; between PWB (0.56), CSE (0.64) and HS (0.72); between CSE and MHC; between PWB (0.59), HS (0.64), and MHC; and between PWB and HS (0.62). These correlations could indicate that these constructs have underlying features in common on an empirical level which, for the purposes of this study, is conceptualized as resilience. The negative correlations of these scales with the GHQ were theoretically expected and indicate that resilient nurses should score low on measurements of psychological distress.

The prevalence of resilience in professional nurses was determined across measures by normalizing the mean scores of the measuring instruments and expressing the total value of the normalized mean scores as a fraction (0–1), representing a level of resilience manifested by the participants across all scales. Indices thus obtained were categorized as follows: low resilience < 0.4; moderate resilience = 0.4–0.6; high resilience > 0.6. Flourishing (seen as an indication of resilience) as measured with the MHC-SF, was determined according to the criteria described by Keyes (2006).

Prevalence of levels of resilience across measures. Using the statistical categories described above, the following was found: The prevalence of resilience in the total group of professional nurses (N = 312) was indicated by 30 participants (10 %) who seemed less resilient, 149 participants (47 %) who seemed moderately resilient, and 133 participants (43 %) who seemed to be highly resilient. A further analysis of these results showed that in the public sector (N = 124), 14 participants (11 %) manifested low resilience, 68 participants (55 %) manifested moderate resilience, and 42 participants (34 %) manifested high resilience. In the private sector and primary health care clinics (N = 188), 15 participants (8 %) manifested low resilience, 88 participants (47 %) manifested moderate resilience, and 85 participants (45 %) manifested high resilience.

Levels of mental health for the total sample (with flourishing as an index of resilience)—according to the criteria for a categorical diagnosis specified by Keyes (2002) for the MHC-SF—were as follows: languishing was at 4 % (n = 12); moderate mental health was at 51 % (n = 158); and flourishing was at 45 % (n = 142). In the public sector, 6 participants (5 %) showed languishing, 69 participants (56 %) showed moderate mental health, and 49 participants (40 %) showed flourishing. In the private sector, 6 participants (3 %) showed languishing, 89 participants (47 %) showed moderate mental health, and 93 participants (50 %) showed flourishing.

The findings about the fairly high prevalence of resilience in this group of professional nurses were surprising, as studies done on burnout reported high levels of burnout and stress in nursing staff (Ehlers, 2003, 2006). The prevalence of flourishing in the total group of nurses (45 %), as found on the MHC–SF—which is similar to the percentage of resilient nurses as determined across all measures (43 %)—is much higher than the 18 % of adults flourishing in the United States reported by Keyes (2007), or the 20 % of an adult African community sample in South Africa, reported by Keyes et al. (2008). This finding may suggest that people who enter the

nursing profession, or who have survived the difficult nursing context thus far, are generally more resilient than people in the general population.

Although a surprisingly high number of nurses were resilient and flourishing, it should be remembered that 55 % were not flourishing and may need support and interventions in order to develop higher levels of psychosocial well-being and work satisfaction.

Phase 2: Qualitative Results

Written narratives. The request to participants was that they write about the following: "How I manage to stay resilient and compassionate in the nursing profession."

Data saturation was clear after analyzing 20 of the written stories of the resilient professional nurses, but as 35 were received, and because they were in the words of the participants, they were all analyzed. After consensus was reached between the first author and the independent co-coder, the following final version was written and discussed under themes and subthemes, as identified. These are presented using the exact words of the participants. The number of the narrative from which the quote came is in brackets after the quote. The authors support the later trend in qualitative research to report the richness of the data, and in this case, to give these nurses a voice by telling their story, and to report too much data rather than too little (Chenail, 1995). The goal has been to make the data as public and the process as replicable as possible (Anfara, Brown, & Mangione, 2002). It is further suggested in literature that results be presented by building either a narrative or a story (Denzin & Lincoln, 2005); therefore, a concluding essential narrative was constructed from the stories of the participants in this study.

Theme: Belief system/foundation/roots. Under this theme, four subthemes emerged.

Spiritual dimension. Most of the participants referred to a strong belief system or spiritual philosophy that they depend on for strength and direction (22 stories had this theme). They said things such as: "God is on my side, therefore I can do anything (1); I believe God put me in the profession to serve others (27); Nursing is a calling and I will keep going with the help of God (28); I tap into and harness my spiritual dimension (35)".

Literature that refers to the importance of a strong belief system, although not in reference to nurses, includes Wicks (2005), who discussed the importance of inner strength and spiritual wisdom to overcome stress and improve well-being, and Milne (2007) who stressed the importance of developing a personal moral compass, or shatterproof set of beliefs, to increase resilience. Seligman (2002) identify spirituality and transcendence as an important virtue in authentic happiness, while Deveson (2003) and Prevatt (2003) also address philosophical issues, including personal beliefs and principles and a moral-religious orientation. Faith as a protective factor has also been indicated by other authors (Killian, 2004; Schlessinger, 2006; Williams, 2002).

Personal dimension. Most of the participants wrote about their upbringing by strict, loving parents that provided them with discipline and values for life, the support and correction by friends that help them to manage their life or provide direction in life (23 stories had this theme): They said things such as: "My family supports me, especially my children, and I try to spend time with them, I want to make them proud, it gives me direction in life (2); Support from friends and family keep me going (8); My upbringing, my parents taught me and disciplined me, they taught me values and are my role models (6)".

Literature that refers to friends or parents as important in resilience include Milne (2007), who has referred to victims of Hurricane Katrina, who attributed their survival to faith and who referred to the supportive prayers of friends and family, and Grove (2002) and Reed-Victor (2003), who have discussed the importance of trusting relationships with parents or significant others as a protective factor in resilience. Literature refers to the importance of an upbringing to instill values and discipline, which will add to character building, a sense of responsibility, good habits, and the ability to cope with difficulties (Ganiere, Howell, & Osguthorpe, 2007).

Value driven. What became clear from reading the narratives was the fact that many of the participating nurses were value-driven (17 stories carried this theme). They said things such as: "I am committed to make a success and live with integrity and dignity, giving my best for my patients (2); I am proud of my achievements and do not focus on money and material things (9); I stick with my principles that makes me feel good about myself (10); I want to be of value and make a difference, being loyal to my patients (13); I must be committed and loyal to management and my coworkers (25)".

The importance of values are mentioned in literature by Pawelski (2008), who has referred to the importance of acting just and being fair. Additionally, according to Seligman (2002), justice is a virtue on which character strengths, such as loyalty, duty, and fairness, are based. A study among nurses about burnout also found that nurses who cope better refer to their commitment, feel that nursing is a calling, and feel that they have to be loyal: It seems as if they found meaning in the belief that there was a larger purpose behind their work (Cilliers, 2002).

Professional dimension. Many of the participants wrote about the importance of good and ongoing training that has equipped them with knowledge and skills to cope with the many demands and stressors in the profession. The importance of good role models also stood out (19 stories carried this theme). They said such things as: "My good training has equipped me and consultation with coworkers is a good source of support (1); Good training, especially Psychiatry, has taught me a lot, and equipped me with skills (22); The role models and good nurses have taught me a lot, a good tutor has inspired me (26); I learn from my experiences and do not make the same mistakes, reflecting a lot and trying to stay abreast by continuous development (32); I feel I have to be a role model for juniors, I try to teach and empower them (33)".

Literature mentions the importance of initial and ongoing training and role models. Gaba (2003) discussed the importance of further training and formal educational processes to strengthen characteristics of resilient individuals. A study among

nurses found that the nurses who were coping well reported that they made a deliberate effort to learn more about nursing and to improve themselves (Cilliers, 2002). Authors that expressed the importance of role models as a protective factor in resilience include Black (2007), Killian (2004), and Milne (2007). What couldn't be found in literature and seems to be a unique finding is the fact that professional nurses feel responsible for equipping junior personnel by being role models and empowering nurses who are still learning.

Theme: Support systems related to work. The support of friends and coworkers seems to help most of them as they can debrief and open up, or share. Many mentioned the importance of positive friends (26 stories had this theme). They said things such as: "I respect the rest of the team and learn from them, we support each other (1); I listen to advice of coworkers, they are like my family (7); I get help from others and share time with positive people who makes me feel better (10); Positive relationships with colleagues help me a lot and motivate me to keep going (17); I debrief after death of a patient, by talking to friends or family (19)".

According to Milne (2007), a supportive social network must be established and nurtured for sustained resilience. The importance of using a social support system as part of interpersonal coping strategies, and connecting with other people to enhance hope and positive adjustment, is found in Niederhoffer and Pennebaker (2005) and in Snyder et al. (2005).

Theme: Healthy lifestyle. Many of the participants mentioned the importance of a balanced, healthy lifestyle that helps them to stay physically well and energetic, and to give their best (this theme was found in 16 stories). They said things such as: "I take care of myself, and do nice things (5); I rest and get enough sleep (7); I eat healthy and stay fit (9); I make time for fun (11); I have hobbies and live a balanced lifestyle (16); I spend time doing gardening (20); I go for regular check-ups and I treat myself to something special regularly (23); I have to rest enough and do things like going to the gym to stay healthy (33)."

Milne (2007) and Walsh (2011) indicated the importance of exercise to promote resilience, arguing that physical exercise also enhances mental well-being and brain health. A study among nurses found that those with a healthy lifestyle could cope better with burnout (Cilliers, 2002).

Theme: Positive mindset and characteristics of resilience. Most wrote about the fact that they have a positive mindset or attitude towards life, making the best of every day. They see problems as challenges, which by overcoming, they gain strength (27 stories contained this theme). They said such things as: "I appreciate life and people and see things as challenges, trying to make a difference (6); I don't see myself as a victim and focus on the positive things in life and can cope with the demands (20); I have a positive attitude, thankful for every day (22); I feel privileged for all the blessings in my life and am thankful (23); Dealing with difficult situations has made me stronger (29); I focus on the good things, I make a choice every day to be joyful and hopeful, never giving up (34)".

In the literature, a study among nurses about burnout found that successfully coping nurses find meaning in small things (Cilliers, 2002); additionally, humor as a part of resilience was mentioned by Holmes and Marra (2002). Other authors

refer to the importance of staying positive by cultivating a positive frame of mind (Bonanno, 2004; Tusaie & Dyer, 2004). There seems to be a growing awareness that positive perceptions and attitudes are necessary for effective functioning in the face of adversity (Potgieter & Heyns, 2006). Seligman and his colleagues show the difference between optimism and pessimism as a state where the former leads to better health, better performance at work, and the ability to age well (Seligman, 2002, 2011).

Theme: The uniqueness of the nursing profession. The nursing profession has provided many with opportunities, and some of them feel it is a satisfying and interesting career (23 stories carried this theme). They said such things as: "I care for my patients and they need me, therefore I will keep going (1); Patients' appreciation is my reward and encouragement (9); There are many opportunities in nursing (15); I have a passion for nursing and care for my patients (20); I seize the opportunities in the profession (28); It is rewarding when patients get better (30)".

Literature refers to the importance of resilient people to stick to their jobs and manage the demands in their workplace. It has been suggested that resilient careerists will exhibit a greater tendency to persevere in their occupations, with weaker intentions to withdraw (London, 1993). Charney (2005) referred to altruism as a therapeutic tool, and Milne (2007) suggested that stress is often made easier by helping others. Schaufeli, Salanova, Gonzalez-Roma, and Bakker (2002) referred to the positive side of nursing; namely, engagement. Engaged nurses see themselves as competent in dealing with the demands of their job, and have a sense of effective connection with their work activities. Though there is mention of the reward of the profession in literature, this was not found to be a prominent theme. The uniqueness of this study is that it links aspects of resilience in professional nurses to the fact that many of them see the profession as a calling and that the patients need them. They also learn a lot from patients who have to endure pain and suffering, thereby becoming stronger themselves and in their resolve to manage the stressors and obstacles in the profession.

Essential narrative built from the stories of the nurses. We are proud to be professional nurses. We get up in the morning thankful for a new day, and ready to perform our duties. We are strengthened by a strong belief system or spiritual philosophy, are value-driven, and make a choice to make the best of every day and to take care of our patients to the best of our ability. By being equipped with knowledge and skills from our basic training, and by keeping updated with new trends, we become competent nursing practitioners who can provide high quality nursing care. Meeting regularly in our tearoom—where we can share our experiences—serves as a supportive environment whereby we can learn from each other, which provides us with the opportunity to be role models to junior nurses and mentors to each other. Being available to each other and having trust-based relationships with management makes it possible to debrief and reload when necessary. We are valuable resources to each other and to younger colleagues. Regular in-service training programmes will enable us in our striving for excellence. After work, we are able to exercise, relax, keep fit, and get rid of stress and frustrations. A flexible work schedule will make it possible to spend time with family and friends, who are essential to our well-being, and to do fun things that contribute to maintaining a balanced lifestyle. We value our

own well-being, which enables us to take care of others. We find meaning in our service to the patients: Nursing is a calling to us and we choose to do what we do to the best of our ability.

Focus group interviews. Data saturation was obtained with the six focus group interviews. The details of the results are discussed in themes and subthemes, as analyzed by the first author and co-coder from the transcribed interviews, and as agreed upon in a consensus discussion following a protocol drawn up by the researcher from Tesch's guidelines (Creswell, 2003). The data is discussed according to the questions in the interview schedule, while the abbreviation *F* refers to focus group followed by the number of the focus group that the quotation comes from and the abbreviation *Int*. refers to individual interview. An essential narrative concludes the discussion.

Question 1: What Does Resilience Mean to You?

Theme: The ability to get up and carry on no matter what. This emerged in all of the focus-group interviews. They said such things as: "To me it means that I get up and carry on with what I have to do even if it is difficult; Even if I am overloaded I persevere, I force myself to do my work well no matter what; It is the ability to carry on and deal with any situation (F2). It is a commitment to do my best, even if I don't feel like it; It is an ongoing desire to do my best; It is a choice to be resilient and not to give up (F3)".

Literature refers to the ability to bounce back, as part of—or a short definition of—resilience (Kaplan, 1999; Richardson, 2002). High achievement and positive work performance in relation to resilience were also evident in literature (Bandura & Locke, 2003; Payne, Youngcourt, & Beaubien, 2007).

Theme: Giving your best/striving for excellence. In all the groups, the importance of doing your best and making a difference was mentioned in some way. They said such things as: "Nursing is what I do well no matter what; It is an ongoing desire to do my best for my patients; It's the ambition to get even better (F3). It means to constantly strive for excellence, trying to be a better person; to me it is about the value for life, trying to make a difference every day (F4). It is a calling to care for my patients to the best of my ability; to me it means to be a good nurse, all the time and to be there for my patients (F5)".

Literature that has referred to the importance of striving for the best by Cilliers (2002) and Maddi (2002) have also referred to nursing as a calling with a desire to do the best for patients. Strong goal orientation and good job performance have been mentioned by Bandura and Locke (2003).

Theme: To view problems as challenges. In some of the groups, the importance of seeing problems as challenges was mentioned. They said such things as: "I see all the changes as challenges, and I keep on developing to keep up; I would say the cornerstone of resilience in nursing is to see things as challenges (F3). I must always study, wanting to be a role model for others; It is the ability to overcome obstacles

(F4). It's the human capacity to have the resolve to come back (F6)". Literature reports the importance of viewing problems as challenges (Cilliers, 2002). Fredrickson and Branigan (2005) have shown that positive emotions are linked to problem solving and flexibility in thinking when handling problems.

Theme: Strong character/inner strength. Some of the group members mentioned the importance of character or personality. They said such things as: "It has a lot to do with how you were raised, it taught me to choose between what is right and wrong; It is about being balanced, well in body, mind and spirit; It has a lot to do with personality traits like curiosity, it is a choice to be resilient, the ambition to get better (F3). It is because of your personality, your whole being, making the best of what you have (F4). It is about character you cannot explain; it is an inner strength (Int.1)". Literature links resilience to the importance of certain characteristics and inner strength (Kinder & Robertson, 1994; Risher & Stopper, 1999; Seligman, 2002; Tusaie & Dyer, 2004).

Question 2: How Does Resilience Manifest in the Work of a Nurse?

Theme: It is all about caring and quality nursing care. Only one theme really stood out, which was about caring with passion for patients. All of the group members mentioned the importance of caring passionately for the patients; that it is different than any other job and very demanding. They said such things as: "A nurse is somebody who gives, people need us and we care for them; It is about caring for the patients, providing for the needs of the patients; It is all about the patients, it is not just a job, it must be a calling (F1). As nurses we deal with patients in need, their most basic state, depending on you to care for them. Caring for the patients and the family, it is very scary for them. It is a commitment; it is in the passion for people, caring for your patient (F2). It is not like any other job, you can't leave your patients for another day, it lies in the responsibility the nurse has to carry. You are accountable to your patients, to the society and the Council. It is huge; it is a very demanding work (F6)". Literature refers to nursing as a calling and to the importance of caring for patients and values (Cilliers, 2002; Giordano, 1997; Schaufeli et al., 2002).

Question 3: What Would You Say Is Hindering You in Maintaining Resilience?

Theme: Lack of recognition. The profession is not respected: Many of the participants lamented that the nursing profession is not recognized or respected. They said things such as: "I would say we are not respected as a profession and therefore we

are not appreciated for the work we do (F1). There is no recognition for nurses, not money, not respect, not being seen as important within the health care system (F3). It is the lack of recognition, from management, from doctors, from the clients and the unions (F4)". The lack of autonomy, or not feeling respected, which nurses experience has been reported in literature by Basson and Van der Merwe (1994) and by Parse (1998).

Compounding the issue is that there is no remuneration: All the groups mentioned the problem with remuneration. They said such things as: "They don't even appreciate us enough to pay us properly; If you have to worry at the end of the month about how you are going to make ends meet it is harder to stay resilient (F1). We also do not get paid for what we do, working short-staffed under difficult circumstances (F5)". Various studies which have been undertaken in the nursing profession have reported dissatisfaction of nurses with their salaries (Cline, Reilly, & Moore, 2003; Jackson, Clare, & Mannix, 2002; Strachota, Normandin, O'Brien, Clary, & Krukow, 2003).

Theme: Managerial problems/lack of information. Most of the groups indicated managerial problems and lack of information as a hindering aspect of their work. They said such things as: "We need management to do something, provide people to do the work, and equipment; Even if we complain it doesn't look as if management hears us (F1). We don't get any feedback about the fact that we are doing our work well, no recognition from them (F4). The uncertainty, not being informed [of] what's going on, like new policies being introduced (F6)". The managerial problems and lack of information has been reported in literature by the same authors referred to above.

Theme: Infrastructure/working conditions. All the groups mentioned problems with facilities, equipment, or working conditions such as being understaffed. They said things such as: "Often there are not enough hands on the floor, and it is a struggle to get things done; Quality can be compromised if there is a constant shortage; [Given] the long working hours, people are getting tired and can make mistakes (F4). I would say the environment, the infrastructure, things are not maintained, like now we are sitting without water, the circumstances are just impossible, frustrations are running high (F6)." The problems concerning poor working conditions have been discussed in literature by the authors referred to above. In a study done by Mitchell (2003) among nurses, the main reason for leaving the profession was reported to be poor working conditions.

Question 4: What Is Your Opinion on the Importance of Resilience in Professional Nurses?

Only one theme really emerged; namely, that if a professional nurse is not resilient then that nurse will not be successful and will either leave, get sick, or stay away from work.

Theme: It is important to survive and cope. The feedback from all the groups was that resilience is important for professional nurses to survive and do their best.

They said such things as: "If it is not a calling and you are not passionate and resilient, you won't be able to keep up with the hardships and the demands, only a resilient nurse is really value-driven and care[s] for the patients (F1). Without resilience you won't survive as a nurse, it is then that you will get sick and depressed and leave, that is why we are losing so many nurses (F2). We really need resilient nurses, without it you will run away from nursing; The job is just too hard (F4)". Literature refers to the importance of resilience and stress management to survival in the face of adversity (Giordano, 1997; Masten, 2001; Richardson, 2002; Seligman, 2002).

Question 5: What Do You Think Guidelines for Training Resilience in Nurses Should Include?

Theme: The importance of values, compassion, and caring. In most of the groups, the importance of compassion, caring, and values was mentioned. They said things such as: "I think we need to look at values again, it should be readdressed, the new nurses must realize the importance of the caring aspect and the passion for nursing must be realized (F1). Also you know where we all started, the importance of values, the ethos of nursing, knowing the importance of the caring philosophy that is carrying us (F4). The new generation must be drawn in to get the feel for nursing, the importance of caring for your patients (F6)". The importance of values and the caring aspect of nursing have been reported in literature by Cilliers (2002) and Pawelski (2008).

Theme: Hindering aspects should be addressed. It was clear that the hindering aspects, and especially recognition, should be addressed in the guidelines. They said such things as: "Management should be made aware of all the problems we have mentioned, like the constant shortage of staff (F2). Recognition for the work we do, better conditions overall; More flexibility, like with the working hours and uniforms (F3). Better communication, it is all about communication, if you know what is expected from you, you can do it; We must give nursing a voice, so that we get the image right (F4)". Literature was referred to in the discussion above.

Theme: Skills training and further development. Most of the group members mentioned the importance of skills training to improve resilience. They said such things as: "And maybe some skills training, we also battle to cope and I think continuous development is needed for all of us; especially the new nurses are struggling and need to develop skills; Like coping skills and maybe communication and problem solving, or how to manage stress (F1). Team building activities will help us so that we can get to know each other and be supportive. We need somebody in a post that is responsible for continuous development and maybe giving support, so that staff can debrief (F2)". Literature that refers to the importance of lifelong training and evidence that it improves resilience was found in Hammond (2004) and Hartog and Oosterbeek (1998).

Question 6: How Do You Think Such Guidelines on Resilience for Professional Nurses Should Be Used?

Theme: All the stakeholders should become involved. All the groups mentioned the importance of stakeholders, and especially management, in taking note of and acting on the guidelines. They said such things as: "All the stakeholders, like management, need to buy into it, they must be part of it, so that they support it (F1). The management will have to take note, they and other important stakeholders, even the politicians must be made aware (F4). People who make the decisions must be made aware, the nursing forums, and the nursing managers; The professional training departments, and the management of the hospital (F6)". Literature that refers to the involvement of the different stakeholders could not be found, and this seems to be a unique finding.

Theme: In-service training and regular meetings. Group members mentioned the importance of introducing the guidelines by way of ongoing development. They said such things as: "Maybe regular meetings to discuss things in a more informal way, supporting and motivating each other; Maybe it can come back as a programme, or in-service training, like once a month, but it must be ongoing (F1). Maybe like a skills course, but it should become an ongoing thing to better equip nurses (F3). We need sessions on skills and even like debriefing to cope better (F5)". Literature refers to the importance of education and training (Hammond, 2004; Hartog & Oosterbeek, 1998).

Essential narrative emerging from focus group interviews. We are able to carry on and provide high quality care to our patients despite the adverse working conditions. We see problems as challenges, and rather than giving up, we are getting stronger, determined to go the extra mile for our patients. A conducive environment, with the necessary equipment and enough personnel, will enhance our efforts so that patient care is not compromised. It will motivate us if we know that management supports and respects us, and by working in multidisciplinary teams where we are acknowledged for our contributions and, in turn, we compliment the work of other health care professionals. Meeting regularly in our private tearoom where we can share our experiences will be inspirational, and we will be able to learn from each other. We are strong support systems for each other and we need the resourceful presence of those who share this professional environment with us, in order to stay resilient. We wish to be paid for what we do and not have to worry about making ends meet, or consider leaving the profession. We need to have opportunities to enhance our resilience and equip us to deal with adverse working conditions. Despite everything, we rise above ourselves and our circumstances by focusing on the needs of the patients. Our professional image needs to be restored, and we need to be acknowledged by management and fellow professionals for the value that we bring to the health care context.

In Fig. 19.1 the resilience concepts obtained from the participants, which represents conceptualization of their resilience (question 1,2, and 4) and builds on the information from the written stories—as well as the hindering aspects (question 3)—are given.

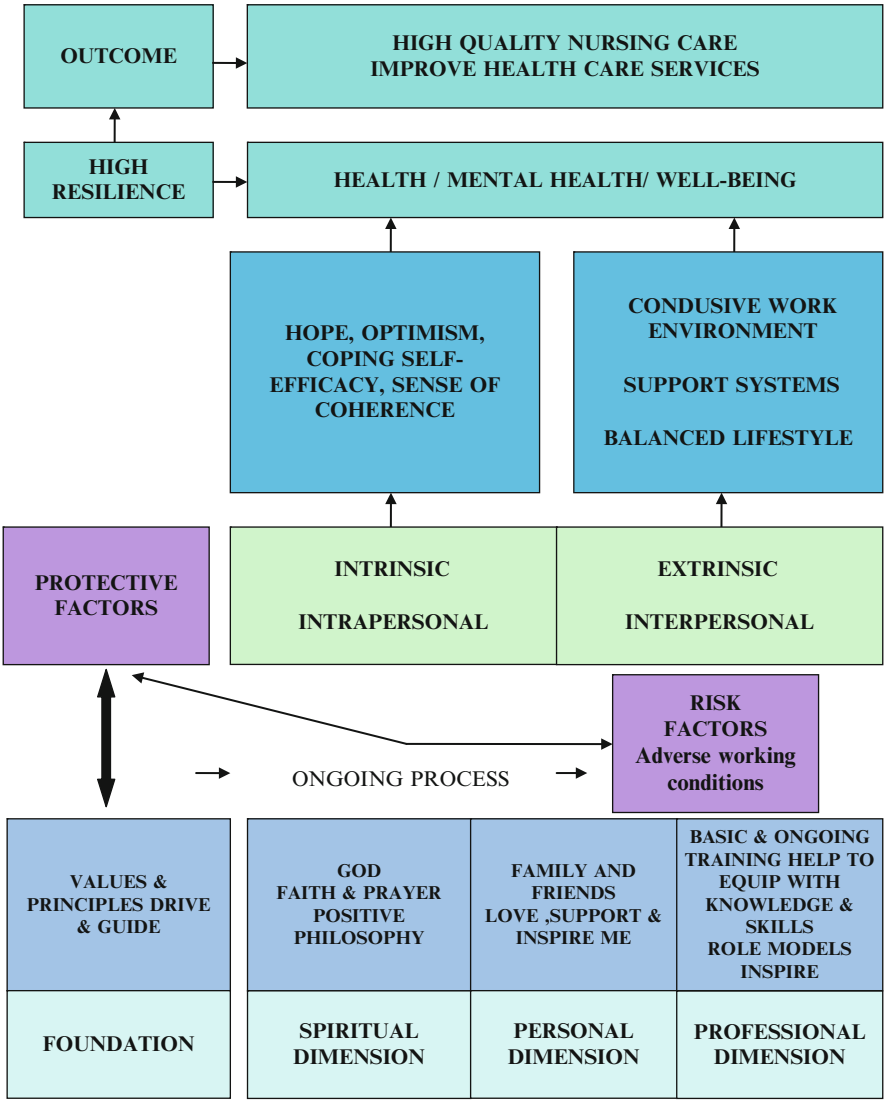

Fig. 19.1 Conceptualization of resilience in professional nurses

Conclusion

The impetus behind this study of resilience of professional nurses was a grave concern about the current state of affairs in the nursing context in South Africa. Negative assumptions are fueled by press reports on infant deaths in hospitals due to nurses' neglect, deteriorating hygienic and sterile conditions in wards, carelessness of nurses, nurses not attending to patients, and even abusive handling of patients by the attending staff. Added to that are the statistics mentioned in the literature

overview that paint a bleak picture of nursing as a care giving profession. The first author of this chapter is a professional nurse with decades of experience and currently involved with the training of student nurses at a large South African university. Although she is deeply aware of the alarming reality in the nursing context, she also had an unshaken belief that all is not lost and that the resilience phenomenon might explain the fact that there are still many excellent and deeply committed professional nurses in hospitals and clinics. Resilience could also be the tool, or mechanism, with which to support and enable the surviving and thriving nurses, to strengthen and build those who are struggling, and to be used in the development and training of student nurses.

The findings of this research supported a number of recent theoretical contributions made to resilience research and practice: First, from both the written narratives and focus group discussions it was evident that much of the resilience and resilience enhancing activities of these professional nurses lie in simple life activities, such as getting up every day, fulfilling their tasks of caring to the best of their ability, finding joy and happiness in the small things of life, and simply being optimally functional in the caring context. This is reminiscent of the *ordinary magic* coined by Masten (2001) and the view of Ryff and Singer (2003) that resilience is often based on people's normal everyday activities in which they find meaning. L. C. Theron and Theron (2010) argue that Masten's assertion implies that resilience is nurtured by everyday resources and becomes available to individuals from their families, communities, and cultures through interaction. Such interactions build resilience enhancing resources that serve to enable and strengthen the nurse in dealing with work adversities. Resilience is thus not rare, and active steps can be taken to develop and sustain resilience (L. C. Theron & Theron, 2010) in professional nurses. This is also the viewpoint of the Johns Hopkins Sydney Kimmel Cancer Center (2010), who designed a resilience project for oncology nurses at Johns Hopkins, New York, based on the understanding that resilience is a developmentally and socially creative activity.

Second, resilience is understood to be built by dynamic, context-bound interactions between the individual and the environment. Protective resources reside in specific contexts and cultures (such as the nursing context and the ethos of caring in the profession), and these resources become processes or pathways in forming resilience in these contextual situations (e.g., in the hospital or clinic; L. C. Theron & Theron, 2010; Ungar & Liebenberg, 2008). In this study, a strong message that seems to have emerged from engaging with the professional nurses in their own context is that by understanding the qualities and skills that promote resilience amongst themselves, the nurses will be able to develop protective factors that will strengthen their resistance to the risks posed by their demanding profession. Self-awareness, empathy for each other, and their shared compassion for the patients seem to be career assets that they wish to strengthen. Personal traits that enhance their psychosocial well-being seem to include self-esteem and competence (self-efficacy); self-respect and the appropriate use of their caring power; introspection (personal and professional), acceptance of reality, and open mindedness; respect for others, empathy, and tolerance of ambiguity; cognitive development and flexibility; a keen sense of ethics and professionalism; and appreciation of personal style with

respect for boundaries. Added strengths seem to flow from assertiveness; an attitude of hope and commitment; an ability to manage disappointment, stress and change; an ability to maintain a strong spiritual value base; motivation; quality support networks; and a sense of humor.

The professional nurses ascribed their strengths to personal and training sources. They noted the importance of goal setting and a sense of purpose, as well as a commitment to self care, supporting one another, and giving optimal care to the patients in their charge. They clearly stated that having inner strength to cope with challenges and adversity was linked to their resilience.

All the participants expressed the essence that adequate attention should be given to issues of resilience and coping during training and that this should be an ongoing process throughout the career of a professional nurse. The above description of the context- and culture specific resources that informed and influenced the resilient nurses in this study support a conclusion of the resilience project with oncology nurses at Johns Hopkins, that resilience is a cultural activity in nursing in which the nurses are actively engaged and exercise their resilience capacity to create their workplace environment in new and healthier ways (The Johns Hopkins Sydney Kimmel Cancer Center, 2010).

Finally, Coutu (2002) believed that there are three characteristics that resilient people possess: a clear acceptance of reality, a deep belief that life is meaningful, and an ability to improvise their reality. These three characteristics were found in the narratives and discussions with resilient nurses regarding their commitment to live out what they believe to be the essence of their profession.

The most important limitation of this study is that the measurements, written narratives, and focus group discussions were all performed in English—a second or third language to most of the participants. Although a rich and meaningful understanding of their resilience was obtained, in their own language other nuances and dimensions could have emerged. Further research could revisit these participants to investigate whether their resilience has been sustained and whether they have equal resilient capabilities in other life contexts. The findings of this study could be used for the formulation of guidelines for strategies or intervention models to promote and enhance resilience and well-being in all professional nurses and to improve the health care service in general.

References

African National Congress. (1994). *A national health plan for South Africa*. Retrieved from http://www.bhfglobal.com/files/bhf/Heather% 20McLeod%20-%20ANC%20HEALTH%20PLAN%201994.pdf

Anfara, V. A., Brown, K. M., & Mangione, T. L. (2002). Qualitative analysis on stage: Making the research process more public. *Educational Researcher, 31*(7), 28–36.

Antonovsky, A. (1987). *Unrevealing the mystery of health*. San Francisco: Jossey-Bass.

Antonovsky, A. (1993). The structure and properties of the sense of coherence scale. *Social Science & Medicine, 36*, 725–733.

Armstrong, P. R., Daellenbach, K. K., & Dixon, D. R. (2008). Integrated resource assessment. *Execument Summary, 1*, 8424.
Bandura, A., & Locke, E. A. (2003). Negative self-efficacy and goal effects revisited. *Journal of Applied Psychology, 88*(1), 87–99.
Basson, M. J., & Van der Merwe, T. (1994). Occupational stress and coping in a sample of student nurses. *Curationis, 17*(4), 35–43.
Black, R. (2007). *Mentors and role models for young people*. Retrieved from http://www.edcation-foundation.org.au/downloads/Role%20Models%for%20People.pdf
Block, J., & Kremen, A. M. (1996). IQ and ego-resiliency: Conceptual and empirical connections and separateness. *Journal of Personality and Social Psychology, 70*(2), 349–361.
Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*(1), 20–28.
Buchan, J. (2006). The impact of global nursing migration on health services delivery. *Policy, Politics, & Nursing Practice, 7*(3), 16–23.
Burns, N., & Grove, S. K. (2005). *The practice of nursing research: Conduct, critique, and utilization* (5th ed.). St. Louis, MO: Elsevier Saunders.
Caffo, E., & Belaise, C. (2003). Psychological aspects of traumatic injury in children and adolescents. *Child and Adolescent Psychiatric Clinics of North America, 12*, 493–535.
Carver, C. S. (1999). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues, 54*(2), 245–266.
Charney, D. (2005). *Resilience to stress*. Retrieved from http://www.medscape.com/viewarticle/518761
Chenail, R. J. (1995). Presenting qualitative data. *The Qualitative Report, 2*(3), 67–78.
Chesney, M. A., Neilands, T. B., Chambers, D. B., Taylor, J. M., & Folkman, S. (2006). A validity and reliability study of the coping and self-efficacy scale. *British Journal of Health Psychology, 11*, 421–437.
Cilliers, F. (2002). Salutogenic coping with burnout among nurses: A qualitative study. *South African Journal of Labour Relations, 26*(4), 61–85.
Cline, D., Reilly, C., & Moore, J. (2003). What's behind RN turnover? Uncover the real reasons nurses leave. *Nursing Management, 34*, 10–34.
Coutu, D. L. (2002). How resilience works. *Harvard Business Review, 80*(5), 47–55.
Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.
Cullinan, K. (2006). *Health services in South Africa: A basic introduction*. Retrieved from www.health-e-org.za/upload/cblf388f3b351708d915c12cfb4fc3fc.pdf
Day, C., & Gray, A. (2005). Health and related factors. In P. Ijumba & P. Barron (Eds.), *South African health review* (pp. 248–366). Durban, South Africa: Health Systems Trust.
Denzin, N. K., & Lincoln, Y. S. (2005). The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 1–32). Thousand Oaks, CA: Sage.
Deveson, A. (2003). *Resilience*. Crows Nest, Australia: Allen & Unwin.
Ehlers, V. J. (2003). Professional nurses' requests to remove their names from the South African Nursing Council's register. Pt. 1; Introduction and literature review. *Health SA Gesondheid, 8*(2), 63–69.
Ehlers, V. J. (2006). Challenges nurses face in coping with the HIV/AIDS pandemic in Africa. *International Journal of Nursing, 43*, 657.
Fredrickson, B. L., & Branigan, F. B. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist, 60*(7), 678–686.
Gaba, D. (2003). Safety first: Ensuring quality care in the intensely productive environment: The HRO model. *APSF Newsletter, 18*, 133–134 (Special issue).
Ganiere, C., Howell, S. L., & Osguthorpe, R. (2007). Character education. *Journal of College and Character, 8*(4), 1–10.
Geyer, N., Naude, S., & Sithole, G. (2002). Legislative issues impacting on the practice of the South African nurse practitioner. *Journal of the American Academy of Nurse Practitioners, 14*(1), 11–15.

Giordano, B. (1997). Resilience: A survival tool for the nineties. *Association of Perioperative Registered Nurses Journal, 65*, 1032–1036.
Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the general health questionnaire. *Psychological Medicine, 9*(1), 139–145.
Grove, J. (2002). *Protective factors for illicit drug use: The role of schools*. Retrieved from http://aic.gov.au/conferences/schools/grove.pdf
Hammond, C. (2004). Impacts of lifelong learning upon emotional resilience, psychological and mental health: fieldwork evidence. *Oxford Review of Education, 30*(40), 551–568.
Hartog, J., & Oosterbeek, O. (1998). Health, wealth and happiness: Why pursue a higher education? *Economics of Education Review, 17*(3), 245–265.
Hofmeyer, A. (2003). A moral imperative to improve the quality of work-life for nurses: Building inclusive social capital capacity. *Contemporary Nurse, 15*(2), 9–19.
Holmes, J., & Marra, M. (2002). Humour as a discursive boundary marker in social interaction. In A. Duszak (Ed.), *Us and others: Social identities across languages, discourses and cultures* (pp. 377–400). Amsterdam: John Benjamins.
Huber, C. H., & Mathy, R. M. (2002). Focusing on what goes right: An interview with Robin Mathy. *Journal of Individual Psychology, 58*(3), 214–224.
Jackson, D., Clare, J., & Mannix, J. (2002). Who would want to be a nurse? Violence in the workplace—A factor in recruitment and retention. *Journal of Nursing Management, 10*(1), 13–20.
Johns Hopkins Sydney Kimmel Cancer Center. (2010). *Nurses use innovative performance approach to enhance resiliency*. Baltimore, MD: The Sydney Kimmel Comprehensive Cancer Center. Retrieved from http://www.hopkinsmedicine.org/kimmel_cancer_center/news_events/featured/archive/2010_11_01_nursing_resiliency.html
Kaplan, H. B. (1999). Toward an understanding of resilience: A critical review of definitions and models. In M. D. Glantz & J. L. Johnson (Eds.), *Resilience and development: Positive adaptations* (pp. 17–83). Dordrecht, The Netherlands: Kluwer Academic/Plenum.
Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 43*, 207–222.
Keyes, C. L. M. (2006). Subjective well-being in mental health and human development research worldwide: An introduction. *Social Indicators Research, 77*(1), 1–10.
Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist, 62*, 95–108.
Keyes, C. L. M., Wissing, M. P., Potgieter, J. P., Temane, Q. M., Kruger, A., & Van Rooy, S. (2008). Evaluation of the Mental Health Continuum Short Form (MHC-SF) in Setswana speaking South Africans. *Clinical Psychology and Psychotherapy, 15*, 181–192.
Killian, B. J. (2004). Risk and resilience. In R. Pharoah (Ed.), *A generation at risk? HIV/AIDS, vulnerable children and security in Southern Africa* (pp. 33–63). Pretoria, South Africa: Institute for Security Studies.
Kinder, A., & Robertson, I. T. (1994). Do you have the personality to be a leader? *Leadership & Organization Development Journal, 15*(1), 3–13.
Kozier, B., Erb, G., Berman, A. J., & Burbe, K. (2000). *Fundamentals of nursing: Concepts, process and practice* (6th ed.). Upper Saddle River, NJ: Pearson/Prentice Hall Health.
Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy, 45*(3), 214–222.
Kumpfer, K. L. (1999). Factors and processes contributing to resilience. In M. D. Glantz & J. L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 5–14). New York: Kluwer Academic/Plenum.
Levert, T., Lucas, M., & Ortlepp, K. (2000). Burnout in psychiatric nurses: Contributions of the work environment and a sense of coherence. *South African Journal of Psychology, 3*(2), 36–43.
London, M. (1993). Relationship between career motivation, empowerment and support for career development. *Journal of Occupational and Organizational Psychology, 66*(1), 21–55.
Luthar, S. S. (1991). Vulnerability and resilience: A study of high-risk adolescents. *Child Development, 62*(3), 600–616.
Luthar, S. S., & Zelazo, L. B. (2003). Research on resilience: An integrative review. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 510–549). New York: Cambridge University Press.

Maddi, S. R. (2002). The story of hardiness: Twenty years of theorizing, research and practice. *Consulting Psychology Journal, 54*(3), 175–185.
Masten, A. S. (2001). Ordinary magic: Resiliency processes in development. *American Psychologist, 56*(3), 277–283.
Masten, A., & Reed, M. (2005). Resilience in development. In S. J. Lopez & C. R. Snyder (Eds.), *The handbook of positive psychology* (pp. 74–88). New York: Oxford University Press.
Milne, D. (2007). People can learn markers on road to resilience. *Psychiatric News, 42*(2), 5.
Mitchell, G. J. (2003). Nursing shortage or nursing famine: Looking beyond numbers? *Nursing Science Quarterly, 16*, 219–224.
Niederhoffer, K. G., & Pennebaker, J. W. (2005). Sharing one's story: On the benefits of writing or talking about emotional experience. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 573–583). New York: Oxford University Press.
Oulton, J. A. (2006). The global nursing shortage: An overview of issues and actions. *Policy, Politics, & Nursing Practice, 7*(3), 34–39.
Parse, R. (1998). *The human becoming school of thought: A perspective for nurses and other health professionals*. Thousand Oaks, CA: Sage.
Pawelski, J. O. (2008). The promise of positive psychology for the assessment of character. *Journal of College and Character, 12*(5), 11–22.
Payne, S. C., Youngcourt, S. S., & Beaubien, J. M. (2007). A meta-analytic examination of the goal orientation nomological net. *Journal of Applied Psychology, 92*(1), 128–150.
Pienaar, J. W., & Bester, C. L. (2011). The impact of burnout on the intention to quit among professional nurses in the Free State region—A national crisis? *South African Journal of Psychology, 41*, 113–122.
Potgieter, J. C., & Heyns, P. M. (2006). Caring for a spouse with Alzheimer's disease: Stressors and strengths. *South African Journal of Psychology, 36*(3), 547–563.
Prevatt, F. F. (2003). The contribution of parenting practices in a risk and resiliency model of children's adjustment. *British Journal of Developmental Psychology, 21*(4), 469–480.
Reed-Victor, E. (2003). *Supporting resilience in children and youth*. Retrieved from http://www.wm.edu/education/HOPE/homeless.php
Richardson, G. E. (2002). Metatheory of resilience and resiliency. *Journal of Clinical Psychology, 58*(3), 307–321.
Risher, H., & Stopper, W. G. (1999). Current practices. *Human Resource Planning, 22*(2), 8–10.
Ryff, C. D., & Singer, B. (2003). Thriving in the face of challenge: The integrative science of human resilience. In F. Kessel & P. L. Rosenfield (Eds.), *Expanding the boundaries of health and social science: Case studies in interdisciplinary innovation* (pp. 181–205). London: Oxford University Press.
Schaufeli, W. B., Salanova, M., Gonzalez-Roma, V., & Bakker, A. B. (2002). The measurement of engagement and burnout: A confirmatory factor of analytic approach. *Journal of Happiness Studies, 3*(1), 71–92.
Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). A re-evaluation of the Life Orientation Test. *Journal of Personality and Social Psychology, 67*, 1063–1078.
Schlessinger, L. (2006). *Bad childhood, good life*. London: Harper Collins.
Seligman, M. E. P. (1998). The prediction and prevention of addiction. In D. K. Routh & R. J. DeRubeis (Eds.), *The science of clinical psychology: Accomplishments and future directions* (pp. 201–214). Washington, DC: American Psychological Association.
Seligman, M. E. P. (2002). *Authentic happiness*. New York: Pocket Books.
Seligman, M. E. P. (2011). *Flourish: A new understanding of happiness and well-being and how to achieve them*. London: Nicholas Brealey.
Snyder, C. R., Harris, C., Aaderson, S. A., Holleran, L. M., Irving, S. T., Stigman, L., et al. (1991). The will and the ways: Development and validation of individual differences in measure of hope. *Journal of Personality and Social Psychology, 60*(3), 570–585.
Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2005). *Hope theory: A member of the positive psychology*. New York: Oxford University Press.
South African Nursing Council. (2006). *SANC geographical distribution for 2006*. Retrieved from http://www.sanc.co.za/stats/stat2006

Strachota, E., Normandin, P., O'Brien, N., Clary, M. M., & Krukow, B. (2003). Reasons registered nurses leave or change employment status. *Journal of Nursing Administration, 33*(2), 111–117.

Tedeschi, R. G., & Calhoun, L. (2004). A clinical approach to posttraumatic growth. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 405–419). Hoboken, NJ: Wiley.

Theron, L. C., & Theron, A. M. C. (2010). A critical review of studies of South African youth resilience, 1990–2008. *South African Journal of Science, 106*(7/8).

Tugade, M., & Fredrickson, B. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology, 86*(2), 320–333.

Tusaie, K., & Dyer, J. (2004). Resilience: A historical review of the construct. *Holistic Nursing Practice, 18*(1), 3–10.

Ungar, M. (2005). *Handbook for working with children and youth: Pathways to resilience across cultures and contexts*. Thousand Oaks, CA: Sage.

Ungar, M., & Liebenberg, L. (2008). *Resilience in action: Working with youth across cultures and contexts*. Toronto, Canada: University of Toronto Press.

Van Rensburg, H. C. J. (2004). The health professions and human resources for health. In H. C. J. van Rensburg (Ed.), *Health and health care in South Africa* (pp. 80–96). Pretoria, South Africa: Van Schaik.

Van Rensburg, H. C. J., & Pelser, A. J. (2004). The transformation of the South African health system. In H. C. J. van Rensburg (Ed.), *Health and health care in South Africa* (pp. 109–170). Pretoria, South Africa: Van Schaik.

Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the resilience scale. *Journal of Nursing Measurement, 1*, 165–178.

Walker, J., & Gilson, L. (2004). We are bitter but we are satisfied: Nurses as street level bureaucrats in South Africa. *Social Sciences & Medicine, 59*(6), 1251.

Walsh, R. (2011). Life style and mental health. *American Psychologist, 66*, 579–592. doi:10.1037/a0021769.

Watson, J. (2003). Loving and caring: Ethics of face and hand. *Nursing Administration Quarterly, 27*(3), 197–202.

Wicks, R. J. (2005). *Overcoming stress in medical and nursing practice: A guide to professional resilience and personal well-being*. New York: Oxford University Press.

Williams, N. R. (2002). Surviving violence: Resilience in action at micro level. In R. R. Greene (Ed.), *Resiliency: An integrated approach to practice, policy and research* (pp. 195–216). Washington, DC: NASW.

Wilson, J. P., & Drozdek, B. (2004). *Broken spirits: The treatment of traumatized asylum seekers, refugees and war and torture victims*. New York: Brunner/Routledge.

Chapter 20
Psychosocial Health: Disparities Between Urban and Rural Communities

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The impact of urbanization on health needs to be studied in order to inform health policies and programmes. Rapid urbanization is taking place in developing countries, with both detrimental and beneficial effects on health and quality of life. Some baseline data are available on the impact of urbanization on physical health (e.g., decline in infectious diseases but increase of chronic diseases of lifestyle), and some on mental illness, but very little on psychosocial well-being, notwithstanding the fact that this facet of health is intricately linked to total health and well-being, as described by the World Health Organization (1986). Gudmundsdottir (2010) indicated the similarities in ideology between mental health promotion and positive psychology, which also imply that more should be known about mental well-being in all social contexts in order to facilitate psychosocial well-being from a public health perspective. Very little information is available on psychological well-being

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in urban versus rural areas—especially in South Africa, where large numbers of African people are currently in the process of urbanization. In this chapter we report on four cross-sectional snapshots of rural and urban psychosocial well-being in an African group in the North West Province of South Africa, as found in studies from 1998 to 2010.

Terminology

In this study *urbanization* refers to the rural–urban migration that is taking place within a country (Seager, 1992), and especially in the South African context. Rural areas are those designated as deep rural villages (some still under tribal heads) and farming communities. Urban areas include informal and formal townships, and upper urban areas. The construct *psychosocial well-being* refers to manifestations of well-being on the upper end of the mental health continuum. For purposes of this study, the constructs *psychosocial health* and *psychosocial well-being* are used as synonyms. Facets of non- well-being or ill-being (e.g., depression and symptoms of pathology) are included in this study together with characteristics of psychosocial well-being, or optimal functioning, with a stronger focus on the latter, as described in various theoretical perspectives in positive psychology (e.g., Antonovsky, 1987, 1993; Diener, Emmons, Larson, & Griffen, 1985; Fredrickson, 2000; Keyes, 2002, 2005, 2007; Pavot & Diener, 2008). According to Haybron (2003), a complete theory of well-being needs to take into account both positive and negative feelings and functioning. Inclusion of both symptoms of pathology and characteristics of well-being in the current study are also in line with the two-continua model (Keyes, 2002, 2005; Westerhof & Keyes, 2010) in which it is postulated that pathology (mental illness) and well-being (mental health) are manifested on two separate continua. Although these two continua are moderately negatively correlated, mental health needs to be explored and described taking both into account.

Rapid Urbanization in Developing Countries

Rapid urbanization is taking place in developing countries, particularly in South Africa (Szabo, 2002), and especially in the case of the black South African population (Higgs, 2007). In South Africa, approximately 54 % of the population was urbanized in 1996, with Gauteng (97 %) and the Western Cape (89 %) as the most urbanized, and the Northern Province (11 %) and North West (34 %) as the least (Szabo, 2002). The current study focuses primarily on findings from the North West Province of South Africa, where urbanization is rapidly taking place from large rural areas to fast developing cities. Many African people are leaving the underdeveloped rural areas in search of a better life in urban contexts. However, urbanization is not necessarily accompanied by a better life and better economic circumstances

(cf. Van Donk, 2002). Urban poverty is widespread, and many highly stressful situations are experienced (e.g., high levels of crime) that also impact mental health (Malan et al., 1992).

Physical Health in Rural Versus Urban Areas: Positive and Negative Consequences

Pampalon, Hamel, De Koninck, and Disant (2007) noted that people's perceptions of place, such as where they live, are significantly related to their health. In particular, rural areas were in need of more attention as their characteristics differed from those of urban areas. Ek, Koiranen, Raatikka, Järvelin, and Taanila (2008) found in a Finish study more self-reported poor health in rural areas, but Lu (2010) could not detect a change in physical health from rural to urban areas in Indonesia over the medium term. Dye (2008) concluded from a worldwide comparison that death rates are lower with urbanization, that there is a shift in the burden of illness from acute childhood infections to chronic, non-communicable diseases of life style in adults, and that urban inhabitants generally have better health than their rural counterparts, with more benefits for the rich than the poor. In South Africa, Vorster, Venter, Wissing, and Margetts (2005) reported that urban Africans had a better micronutrition intake and status than rural participants, but also increased problems with obesity and other risk factors for life-style diseases. Thus on a physical level, urbanization is accompanied by both positive and negative consequences. A higher blood pressure is also found for urban African men and women in the North West Province of South Africa, in comparison to that of people from rural areas (Malan et al., 2006). L. Malan, Malan, Wissing, and Seedat (2008) indicated that urban men showed more symptoms of metabolic syndrome than their rural counterparts. South African studies thus provided a mixed positive and negative impact of urbanization on physical health.

Differential association of physical health with urban and rural areas may depend on the degree of development of countries, specific areas selected, socioeconomic and sociodemographic variables, or many other variables which are still not very well understood.

Mental Health in Rural Versus Urban Areas

More is known on mental health, defined as symptoms of pathology, than what is known about psychosocial well-being—on the upper end of the mental health continuum—and its association with rural versus urban areas.

Pathology. Conflicting findings are reported on the association of rural versus urban areas with psychopathology. On the one hand, K. Sundquist, Frank, and Sundquist (2004) report a higher incidence of psychopathology in urban areas in Sweden (a highly developed first world country) in comparison to areas with a low density, and this was unrelated to age, marital status, or education. Schoevers, Peen,

and Dekker (2007) also indicated in a nationwide epidemiological study in the Netherlands (a first world country) that urbanization is linked to a higher prevalence of psychiatric disorders in urban areas (twice as high), which was also reiterated by Peen and colleagues (2007). Lu (2010) also reported in a longitudinal study that migration from rural to urban areas in Indonesia has had a negative impact on psychological health, as manifested in more symptoms of depression in urban participants. This effect is explained as attributable to the separation from the family and support provided by them, and the possible gain from a better economic situation in urban areas that might have been hindered by many physical and psychological stressors. However, Oguzturk (2008) reported that people in rural areas in Turkey experience more psychological distress than their urban counterparts. Peen et al. (2007) noted that inconsistencies in reports on the association between pathology and rural–urban links in the United States and United Kingdom may be attributable to differences in the organization of mental health care, and differences in migration patterns that may affect vulnerability status in some contexts.

Psychosocial well-being. Few studies directly explored psychosocial well-being as measured on the upper end of the mental health continuum in rural versus urban areas, and some seemingly contradictory findings are reported. Tsuno and Yamazaki (2007) showed that urban participants in Japan had a significantly higher level of sense of coherence than rural participants, and suggested that this may be due to more social support, self-efficacy, and higher economic status found among urban participants. Along the same line, Oguzturk (2008) reports that people in rural areas in Turkey experienced a lower quality of life than those in urban areas. In Finland (which is a highly developed European country), Ek et al. (2008) also found more dissatisfaction with life in rural areas in comparison to urban areas. This was explained as mostly being the result of poorer education, high unemployment, lack of social support, passive coping strategies, and more negative affect or pessimism in rural areas. On the contrary, exploring coping strategies and psychological sense of community in urban and rural areas in Greece, Roussi, Rapti, and Kiosseoglou (2006) found that coping strategies clustered differently in the two areas, and that psychological sense of community was stronger in the rural area, where it was positively related to social joining as a coping strategy. It is thus noteworthy that the same variable (i.e., social support) is used to explain higher quality of well-being in urban (cf. Tsuno & Yamazaki, 2007) and in rural (cf. Roussi et al., 2006) areas. This indicates that there probably exists a complex relation between urbanization and well-being, and the interaction among various variables needs to be taken into account in order to understand the relation between urbanization and rural–urban environments. Eckersley (2006) contended that there is evidence to link cultural factors via psychosocial mechanisms to psychological well-being, and that well-being then influences physical health via behavioural and physiological pathways—at least in western societies. This needs to be explored in an African context.

In the South African context, Higgs (2007) estimated with his Everyday Quality of Life index, taking various facets into account, that the mean South African score is 57 as measured in 2005 (scale range from 0–100; higher is better). For black people in urban areas it is 56, whereas it is only 45 for black people in rural areas—thus indicating the disparity in quality of life between rural and urban areas. The major

contributors to the estimated quality of life were basic infrastructure (e.g., water, sanitation, and transport), a varied life with many activities, health, networks, optimism, self-esteem, and employment. Money only played a major role below R3000 per month income (approximately US$340). Disparities in psychosocial health are not only related to race/ethnicity and socioeconomic factors, but also to geographic location, and it is necessary to establish the mechanisms by which social disadvantage affects biological processes resulting in disease (Adler & Rehkopf, 2008); for example, high blood pressure and obesity as part of the metabolic syndrome (Botha, Wissing, Ellis, & Vorster, 2007). From a developmental perspective, Clark (2003) concluded that we need to know much more in South Africa about human capabilities and the psychology of human well-being. The development of well-being over time also needs to be monitored. Although gender differences were noted in psychosocial well-being in relatively more westernized groups (e.g., Roothman, Kirsten, & Wissing, 2003), very little is known about gender differences in well-being in African groups, and especially within urban and rural areas.

Possible value for health policy and interventions. Findings on psychosocial well-being and health in rural versus urban areas may inform health policies and provide information for specifically targeted interventions. Diener, Kesebir, and Lucas (2008) argued that accounts of well-being may help governments to identify groups in the greatest need for interventions in a given society. They indicate that accounts of well-being are highly useful for policymakers because it may add value beyond existing social and economic indicators. Previous research has indicated that psychological well-being and life satisfaction are associated with many positive outcomes on individual and societal levels (e.g., Keyes, 2005, 2007; Pressman & Cohen, 2005; Seligman, 2008). Currently no national or regional systematically collected data on levels of psychological health in rural versus urban areas exist for South Africa. Some epidemiological data can be found on symptoms and syndromes of psychopathology, but very little on levels of psychological well-being, and this study aims to fill this gap to some extent.

The main aim of this study was to compare psychosocial well-being of African people in rural and urban areas in the increasingly urbanizing North West Province of South Africa. To achieve this broad aim, a number of specific steps were undertaken, including (a) an exploration of the differences in psychosocial well-being of people in rural and urban areas, as evaluated with various measures in four different studies, (b) a description of possible changes over time, as noted in cross-sectional studies including the same measures at different points in time from 1998 to 2010, and (c) an exploration of possible gender differences within rural and urban areas.

Method

Design and Participants

Data were collected in four cross-sectional multidisciplinary studies from 1998 to 2010, including randomly selected samples of African adults from various strata in

the North West Province of South Africa (total N = 3,617). These multidisciplinary studies also examined other research questions, and included the measures used for purposes of the current study. All measures were validated in the original studies, and those implemented in this study all showed acceptable to good psychometric properties. Within the randomly selected samples, participation was voluntary, as is ethically required. In the case of identification of physical illnesses, participants were referred to the nearest clinic. Participants received a small food package after the relatively extensive multidisciplinary data-collection procedures, in the case of the first sample. Although some measures implemented in the various studies were the same, others varied among samples. Participants were predominantly Setswana speaking. Sample 2 and Sample 4 included mainly the same participants, as the 2010 data collection was a follow-up on the 2005 evaluation, whereas samples 1 and 3 may include some of the same participants, but not necessarily.

Sample 1 (N = 814). The THUSA study (THUSA = Transition and Health during Urbanization of South Africans; Vorster (1996); 'thusa' means 'help' in Setswana, which is the mother tongue of the participants) was a multidisciplinary project, and data used in this study (814 participants completed the psychological questionnaires) were collected in 1998. Setswana-speaking participants were recruited in ten randomly selected health sites in the North West Province of South Africa. Participants were stratified for gender (males n = 362, females n = 452), age (15–24 years: n = 184; 25–34 years: n = 206; 35–44 years: n = 126; 45–54 years: n = 100; 55–64 years: n = 73; 65 years + n = 48), and level of urbanization (deep rural tribal respondents: n = 196; farm workers: n = 113; informal settlements: n = 168; urban township dwellers: n = 250; professional people: n = 11). Disparities in numbers are due to missing data. For purposes of comparison within urban and rural contexts, participants from deep rural and farming areas were combined (rural n = 310), as were those from urban townships and the professionals (urban n = 316), thus excluding the informal settlements around towns as an in-between group.

Sample 2 (N = 1,050). The PURE-FORT2 study (PURE = Prospective Urban and Rural Epidemiology; Kruger, 2005; forte = strength; FORT2 = Understanding and promoting psychosocial health, resilience, and strength in an African context; Wissing, 2005). This study was conducted during 2005 in an African sample, of which most participants were Setswana speaking. Participants were randomly selected following instructions of the overarching international PURE–project, and included 1,050 participants from rural (n = 599) and urban (n = 451) areas, 392 males and 648 females, and as far as age is concerned, 228 were between 30 and 40 years, 416 between 41 and 50 years, 248 between 51 and 60 years, 106 between 61 and 70 years, 29 between 71 and 80 years, and 2 above 80 years. Disparity in numbers is due to missing data.

Sample 3 (N = 477). The FORT3 study was conducted during 2008 (FORT 3 = The prevalence of levels of psychosocial health: Dynamics and relationships with biomarkers of (ill)health in South African social contexts; Wissing, 2008). The sample included 225 participants from rural areas and 252 from urban areas, of which 143 were males and 326 were females (with 11 cases of missing data for gender). Ages

ranged between 20 and 70 years, with most being between 30–40 years. All participants were Setswana-speaking and resided in the North West Province of South Africa. Urban participants were selected in the Potchefstroom area using the ESRI Arch-View software to identify houses. Rural participants were selected by identifying every 10th house in the deep rural area of Ganyesa.

Sample 4 (N = 1,275). In the PURE-FORT3 study, a stratified, randomly selected community sample of urban (n = 581) and rural (n = 694) Setswana-speaking adults completed questionnaires as part of the multidisciplinary PURE-SA (PURE = Prospective Urban and rural Epidemiology; Kruger, 2005) project and the FORT3 during 2010. The mean age was 54.7 (SD = 10.1), with a range from 30 to 97 years. The group included 407 men and 836 women. Disparities in numbers are due to missing data. This study was a follow-up study on participants from Sample 2, and includes only a few new participants.

Measures

Measures of psychosocial well-being overlap, to some extent, among the various samples. The following measures were implemented in the various samples:

Sample 1. The THUSA–study included a core battery consisting of the following measures: The *Sense of Coherence Scale* (SOC; Antonovsky, 1987, 1993), consisting of 29 items and measuring an individual's way of experiencing life in the world. Core components evaluated are comprehensibility, manageability, and meaningfulness. The 20-item *Affectometer 2* (AFM; short version; Kammann & Flett, 1983) measures general happiness or sense of well-being as experienced on an affective/emotional level, and evaluates both Positive Affect (PA) and Negative Affect (NA) with 10 items each. The 5-item *Satisfaction with Life Scale* (SWLS) (Diener et al., 1985) measures individuals' assessment of their quality of life as experienced on a cognitive-judgmental level. The *General Health Questionnaire* (GHQ-28; Goldberg & Hillier, 1979) measures the opposite of well-being, namely the degree of somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. The THUSA-study additionally included the *Neuroticism subscale* (NEO-N) of the NEO-Personality Inventory–Revised (Costa & McCrae, 1992) that measures facets of emotional instability, and the 21-item *JAREL Spiritual Well-Being Scale* (SWS-H; Hungelmann, Kenkel-Rossi, Klassen, & Stollenwerk, 1996) that measures broad dimensions of spiritual well-being, including the harmonious interconnectedness of all individual components.

Sample 2. The PURE-FORT 2 dataset also included, apart from the above mentioned core battery (SOC, AFM, and SWLS), the 14-item *Mental Health Continuum Short Form* (MHC-SF; Keyes, 2005, 2006; Keyes et al., 2008) that measures emotional well-being (EWB), social well-being (SWB), and psychological well-being (PWB); the 8-item *New General Self-Efficacy Scale* (NGSE; Chen, Gully, & Eden, 2001)

that measures an individual's perception of the self as capable of meeting demands in various contexts; and the *Community Collective Efficacy Scale (revised*) (CCES; Carrol, Rosson, & Zhou, 2005) that measures the perception of the community's ability to succeed in joint activities.

Sample 3. The FORT3-study also included—apart from the core battery—the MHC-SF, and additionally the 20-item *General Psychological Well-being Scale* (GPWS; Khumalo, Temane, & Wissing, 2010) that measures general psychological well-being; the 26-item *Coping Self-Efficacy Scale* (CSE; Chesney, Neilands, Chambers, Taylor, & Folkman, 2006) that measures a person's confidence or perceived self-efficacy in performing coping behaviours when facing life challenges or threats; the 20-item *Fortitude Questionnaire* (FORQ; Pretorius, 1998) that measures the strength to manage stress and stay well (fortitude) in terms of appraisal of one's own problem-solving efficacy and mastery, perceived support from family, and perceived support from friends; and lastly the 9-item *Patient Health Questionnaire* (PHQ-9; Kroenke, Spitzer, & Williams, 2001) that measures depressive symptoms, as described in the DSM-IV criteria.

Sample 4. The PURE-FORT3 included the 20-item GPWS, the MHC-SF, the SWLS the CSE, the PHQ-9, and the GHQ-28, as described above. Additionally, the 14-item *Warwick-Edinburgh Mental Well-being Scale* (WEMWBS; Tennant et al., 2007) was included. This measure was developed from the AFM, and measures positive health in adults.

Procedure

The specific procedures for the abovementioned four studies are described by Vorster et al. (2000; Sample 1), Kruger (2005), Teo, Chow, Vaz, Rangarajan, and Yusuf (2009) and Keyes et al. (2008; Sample 2), Khumalo et al. (2010; Sample 3), and Wissing et al. (2011) and Wissing and Temane (2013; Sample 4). All studies were granted ethical approval by the North-West University and comply with the Helsinki Declaration, as revised in 2000. Permission was obtained from all relevant health authorities and departments, authorities of towns involved, and tribal chiefs in deep rural areas. Entrance to communities was negotiated by project leaders and all relevant authorities gave permission. Participants provided informed consent and were assured of confidentiality. Illiterate participants signed informed consent with an "X". Translated and validated psychosocial questionnaires were administered in a structured interview format by extensively trained fieldworkers in Setswana, which was the mother tongue of the participants.

Data Analyses

Analysis of variance and t-tests for uncorrelated groups were conducted. For the purposes of this study, differences were regarded as statistically significant when the

p-value was smaller than 0.05 (cf. Ellis & Steyn, 2003), and practical significance was determined according to Cohen's (1988) guidelines for the interpretation of the effect size of differences between means: d = 0.2 (small effect), d = 0.5 (medium effect), and d = 0.8 (large effect), and taking into account his caution that these guideline values are only a basis and should not be used in an absolute sense. Typical effect size magnitudes may vary greatly across different research areas, and in the case of the social sciences where there is a large variation among human beings, it is generally expected that effect sizes would fall in the medium range. As the data collection in the four time periods used in this chapter were specific to the objectives of the various studies, differences in psychosocial well-being is reported as a cross-sectional snapshot of that time period.

Results

Sample 1

Differences among levels of urbanization and between rural and urban groups, as found in the THUSA study on indices of psychosocial well-being, are indicated in Tables 20.1, 20.2, and 20.3.

As shown in Table 20.1, participants from the various strata differed significantly on all indices except Positive Affect. Table 20.2 indicates the mean scores on the various scales, as manifested for participants from the various strata. It can be seen that with increase in urbanization, participants showed generally lower symptoms and negative affect, as measured by the GHQ, AFM-NA, and NEO-N, and increased well-being, as measured with the SOC, AFM-PA, and SWLS. With urbanization, spiritual well-being—as measured with the SWH—decreased. It is noteworthy that on the whole, participants from the farming community showed the lowest levels of well-being, and the highest levels of symptoms of pathology.

Table 20.1 Analysis of variance across five levels of urbanization for measurements in the THUSA-study (1998) (Sample 1)

	SS—Effect	df—Effect	MS—Effect	SS—Error	df—Error	MS—Error	F	p
GHQ_T	703.5	4	175.9	28,610.2	809	35.4	4.973	0.001
SOC	5,026.0	4	1,256.5	336,773.9	809	416.3	3.018	0.017
AFM-PA	251.9	4	63.0	34,163.4	809	42.2	1.491	0.203
AFM-NA	889.9	4	222.5	56,445.0	809	69.8	3.188	0.013
SWLS	670.2	4	167.6	27,875.4	809	34.5	4.863	0.001
NEO_N	16,211.5	4	4,052.9	396,560.6	809	490.2	8.268	0.000
SWH	561.8	4	140.5	15,274.7	809	18.9	7.439	0.000

Note. GHQ General Health Questionnaire, *SOC* Sense of Coherence Scale, *AFM* Affectometer 2, *PA* positive affect, *NA* negative affect, *SWLS* = Satisfaction with Life Scale, *NEO-N* NEO-Personality Inventory Revised—neuroticism, *SWH* Spiritual Well-Being Scale—Hungelmann

Table 20.2 Means across levels of urbanization for measures of well-being in the THUSA-study (N = 814) (Sample 1)

Stratum	GHQ	SOC	AFM PA	AFM NA	SWLS	NEO_N	SWH
1-Deep rural (n = 196)	9	120	36	28	21	167	26
2-Farms (n = 114)	11	120	36	28	21	178	28
3-Informal housing (n = 188)	8	122	36	28	23	165	25
4-Urban townships (n = 302)	9	123	37	27	23	168	26
5-Upper urban (n = 14)	4	138	39	21	22	155	24
Total group	9	122	36	27	22	168	26

Note. GHQ General Health Questionnaire, *SOC* Sense of Coherence Scale, *AFM* Affectometer 2, *PA* positive affect, *NA* negative affect, *SWLS* Satisfaction with Life Scale, *NEO-N* NEO-Personality Inventory Revised—neuroticism, *SWH* Spiritual Well-Being Scale—Hungelmann

Table 20.3 Significance of differences between rural (n = 310) and urban (n = 316) groups on measures of psychosocial well-being in the THUSA-study (Sample 1, 1998)

Measure	Urban n = 316 M (SD)	Rural n = 310 M (SD)	t-value	df	p	d
GHQ-SS	2.3 (2.1)	2.7 (2.1)	−2.31	624	0.021	−0.19
GHQ-AS	2.5 (2.0)	2.6 (2.1)	−0.60	624	0.552	−0.05
GHQ-SD	2.2 (1.7)	2.4 (1.7)	−1.53	624	0.126	−0.18
GHQ-DS	2.0 (1.9)	2.1 (1.9)	−0.68	624	0.494	−0.05
GHQ-T	8.9 (6.0)	9.8 (6.0)	−2	624	0.046	−0.15
AFM-PA	36.8 (6.8)	35.7 (6.1)	2.19	624	0.029	0.12
AFM-NA	26.6 (8.3)	28.0 (8.5)	−2.07	624	0.039	−0.08
SOC	123.5 (21.5)	120.0 (18.2)	2.12	624	0.035	0.12
SWLS	23.2 (5.5)	21.2 (6.4)	4.13	624	0.000	0.28
NEO-N	167.5 (23.5)	170.9 (20.9)	−1.88	624	0.060	−0.17
SWH	25.7 (4.4)	26.3 (4.4)	−1.97	624	0.049	−0.18

Note. GHQ General Health Questionnaire, *SS* somatic symptoms, *AX* anxiety and insomnia, *SD* social dysfunction, *DS* severe depression, *T* total score, *AFM* Affectometer 2, *PA* positive affect, *NA* negative affect, *SOC* Sense of Coherence Scale, *SWLS* Satisfaction with Life Scale, *NEO-N* NEO-Personality Inventory Revised—neuroticism, *SWH* Spiritual Well-Being Scale—Hungelmann

Table 20.3 shows significant differences between rural and urban groups, as manifested on all measures in the THUSA study (excluding the in-between group of informal settlements). Participants from rural areas manifested statistically significantly more symptoms and negative affect, but also higher spiritual well-being, whereas participants from urban areas showed higher levels of positive emotion, sense of coherence, and satisfaction with life. However, these differences approach only practical significance (small effect) in the case of more symptoms and spirituality in the rural group, and higher satisfaction with life in the case of the urban group.

Table 20.4 Significance of differences between urban (n = 451) and rural (n = 599) groups on measures of psychosocial well-being in the PURE-FORT2-study (Sample 2, 2005)

	Urban n = 451	Rural n = 599				
	M (SD)	M (SD)	t-value	df	p	d
AFM-PA	33.6 (6.6)	31.4 (5.5)	5.87	1,009	0.000	0.33
AFM-NA	26.2 (6.1)	27.2 (6.6)	−2.62	1,009	0.009	−0.15
SWLS	19.8 (6.0)	15.5 (5.8)	11.45	1,009	0.000	0.72
CCES	23.6 (4.3)	22.6 (5.1)	3.29	1,001	0.001	0.20
MHC_EWB	8.7 (3.4)	6.9 (3.5)	8.17	1,006	0.000	0.51
MHC_SWB	12.8 (3.9)	10.3 (4.6)	9.07	1,006	0.000	0.54
MHC_PWB	19.5 (5.1)	19.4 (4.9)	0.22	1,006	0.825	0.02
MHC_T	40.9 (9.1)	36.5 (9.2)	7.52	1,006	0.000	0.48
NGSE	27.4 (5.6)	28.6 (5.1)	−3.46	1,009	0.001	−0.21
SOC	125.5 (19.4)	125.0 (24.6)	0.34	1,008	0.734	0.02
GHQ	7.7 (6.0)	9.1 (6.5)	−3.35	1,010	0.001	−0.22

Note. AFM Affectometer 2, *PA* positive affect, *NA* negative affect, *SWLS* Satisfaction with Life Scale, *CCES* Community Collective Efficacy Scale (abridged), *MHC-SF* Mental Health Continuum—Short Form, *EWB* emotional well-being, *SWB* social well-being, *PWB* psychological well-being, *T* MHC-SF total score, *NGSE* New General Self-Efficacy Scale, *SOC* Sense of Coherence Scale, *GHQ* General Health Questionnaire

Sample 2

The significance of differences between rural and urban groups is indicated in Table 20.4 for all measures. Rural participants showed statistically significantly more negative affect and symptoms of stress, but also more general self-efficacy—the latter two with a small practical significance. The urban group had higher levels of positive affect, more satisfaction with life, and better emotional well-being, as well as significantly higher levels of collective community efficacy and social well-being, which is traditionally more associated with rural areas. These differences were varied from medium to large possible, practical significance, as shown by Cohen's d-values.

Sample 3

Table 20.5 shows the significance of differences between urban and rural groups on measures implemented in Sample 3 (FORT3). In this sample, with data collection in 2008, the differences between rural and urban psychosocial well-being were very stark. The rural group had statistically significantly more symptoms of depression, more negative affect, and more symptoms of stress and physical problems. The urban group manifested higher levels of psychosocial health on all indices of positive health. These differences were all from medium to large practical significance.

Table 20.5 Significance of differences between urban (n = 252) and rural (n = 225) groups on psychosocial measures in the FORT 3-study (Sample 3, 2008)

	Urban	Rural				
Measures	M (SD)	M (SD)	t-value	df	p	d
GPWS	97.1 (21.1)	78.7 (19.6)	9.59	456	0.000	0.87
MHC_EWB	11 (3.6)	7.6 (3.9)	9.86	454	0.000	0.87
MHC_SWB	12.9 (5.7)	10.6 (5.9)	4.13	454	0.000	0.39
MHC_PWB	23.2 (5.4)	20.8 (6.3)	4.37	454	0.000	0.38
MHC_T	47.2 (11.3)	39 (12.8)	7.18	454	0.000	0.64
SWLS	21.9 (6.5)	14.8 (6.3)	11.71	460	0.000	1.09
CSE_PFC	77.1 (17.2)	64.7 (20.8)	6.92	450	0.000	0.60
CSE_SUE	62.8 (13.8)	53.8 (15.8)	6.45	450	0.000	0.57
CSE_SFF	32.5 (9.4)	25.7 (9.6)	7.6	450	0.000	0.71
CSE_T	172.3 (35.3)	144.2 (40.4)	7.89	450	0.000	0.70
PHQ_T	7.8 (5.6)	11.3 (5.9)	−6.48	457	0.000	−0.59
MDD	0.1 (0.3)	0.4 (0.5)	−7.24	464	0.000	−0.60
AFM-PA	36.4 (6.3)	33.4 (6.7)	5.09	460	0.000	0.45
AFM-NA	23.4 (7.3)	27.4 (7.0)	−5.91	459	0.000	−0.55
GHQ	5.3 (5.9)	8.9 (6.4)	−6.36	456	0.000	−0.56
FORQ	62.4 (8.7)	55.8 (11.0)	7.23	458	0.000	0.60
SOC	130 (23)	121 (23.1)	4.15	443	0.000	0.39

Note. GPWS General Psychological Well-Being Scale, *MHC* Mental Health Continuum—Short Form, *EWB* emotional well-being, *SWB* social well-being, *PWB* psychological well-being, *MHC T* Mental Health Continuum—Short Form total, *SWLS* Satisfaction with Life Scale, *CSE* Coping Self-Efficacy Scale, *PFC* Use problem-focused coping, *SUE* Stop unpleasant emotions and thoughts, *SFF* Get support from friends and family, *PHQ_T* Patient Health Questionnaire 9-total score, *MDD* symptoms of major depression, *AFM* Affectometer 2, *PA* positive affect, *NA* negative affect, *GHQ* General Health Questionnaire, *FORQ* Fortitude Questionnaire, *SOC* Sense of Coherence Scale

Sample 4

Table 20.6 indicates the differences between rural and urban groups as established in 2010. The picture changed in some respects: Compared to previous studies, now the rural group had significantly higher psychological well-being, as measured with the MHC-PWB, and no longer had higher levels of depression (PHQ), as measures with the GHQ and scored with the GHQ-method (0-0-1-1). However, when the Likert-method of scoring was implemented (1-2-3-4), the rural group still showed more somatic and anxiety symptoms. No differences between the groups were found for emotional well-being, as measured with the MHC, but the urban group still had higher levels of satisfaction with life (SWLS) and higher scores on general psychological well-being (GPWS), social well-being (MHC-SWB), coping self-efficacy strategies (PFC, SUE, and SFF), and positive health, as measured with the WEMWBS. Some of these differences were of practical significance (medium to large effect), especially in the case of the urban group experiencing more self-efficacy in their efforts to cope with problems and to suppress negative thoughts.

Table 20.6 Significance of differences between rural (n = 694) and urban (n = 582) groups on psychosocial measures in the PURE-FORT3-project (Sample 4, 2010)

Measure	M Urban n = 582	M Rural n = 694	t-value	df	p	d
GPWS	88.7 (22.0)	80.1 (21.0)	7.0	1,241	0.000	0.39
MHC_EWB	10.3 (4.3)	10.2 (4.9)	0.5	1,239	0.600	0.03
MHC_SWB	13.4 (5.8)	12.5 (5.5)	2.6	1,239	0.009	0.14
MHC_PWB	22.1 (5.9)	23.7 (5.9)	–4.8	1,238	0.000	–0.27
MHC_T	45.7 (12.0)	46.3 (11.9)	–0.9	1,239	0.361	–0.05
SWLS	23.2 (7.1)	20.5 (7.8)	6.2	1,231	0.000	0.34
CSE_PFC	81.8 (20.3)	73.3 (20.9)	7.2	1,236	0.000	0.41
CSE_SUE	68.5 (15.6)	58.5 (14.8)	11.5	1,237	0.000	0.64
CSE_SFF	32.7 (10.7)	30.8 (9.4)	3.4	1,235	0.001	0.18
CSE_T	182.8 (40.9)	162.6 (39.9)	8.8	1,237	0.000	0.50
PHQ_T	10.8 (7.0)	10.2 (6.8)	1.6	1,235	0.117	0.09
MDD	0.4 (0.5)	0.3 (0.5)	3.4	1,248	0.001	0.18
GHQ_SS[a]	2.8 (2.4)	2.9 (2.4)	–0.9	1,236	0.350	–0.05
GHQ_AS[a]	2.7 (2.5)	2.7 (2.5)	–0.3	1,236	0.748	–0.02
GHQ_SD[a]	2.6 (1.8)	2.7 (1.8)	–1.6	1,235	0.104	–0.09
GHQ_DS[a]	1.7 (2.1)	1.7 (1.9)	0.1	1,235	0.937	0.00
GHQ_T[a]	9.8 (6.6)	10.1 (6.3)	–0.9	1,236	0.368	–0.05
WEMWBS	114.4 (27.6)	110.5 (30.1)	2.3	1,234	0.021	0.13
GHQ_SS[b]	15.2 (5.1)	16.1 (5.5)	–2.7	1,236	0.006	–0.15
GHQ_AS[b]	14.9 (5.4)	15.7 (5.6)	–2.4	1,236	0.018	–0.13
GHQ_SD[b]	14.5 (3.6)	14.5 (3.8)	–0.2	1,235	0.852	–0.01
GHQ_DS[b]	12.0 (5.4)	12.5 (5.0)	–1.6	1,235	0.100	–0.09
GHQ_T[b]	56.7 (15.4)	58.8 (15.5)	–2.4	1,236	0.017	–0.1

Note. GPWS General Psychological Well-Being Scale, *MHCSF* Mental Health Continuum—Short Form, *EWB* emotional well-being, *SWB* social well-being, *PWB* psychological well-being, *MHC-SF Tot* Mental Health Continuum—Short Form total, *SWLS* Satisfaction with Life Scale, *CSE* Coping Self-Efficacy Scale, *PFC* Use problem-focused coping, *SUE* Stop unpleasant emotions and thoughts, *SFF* Get support from friends and family, *CSE_T* CSE-total, *PHQ* Patient Health Questionnaire 9, total symptoms, *MDD* major depression symptoms, *GHQ* General Health Questionnaire, *SS* somatic symptoms, *AS* anxiety and insomnia, *SD* social dysfunction, *DS* severe depression, *WEMWBS* Warwick-Edinburgh Mental Well-Being Scale

[a]GHQ-method of scoring

[b]Likert method of scoring

A comparison of psychosocial well-being of urban and rural participants at various cross-sectional data collection points in time on similar measures is shown in Table 20.7. Levels of well-being and satisfaction with life dropped for both groups, as shown in measures taken in 2005 and 2008, but especially for the rural participants. During 2010, satisfaction with life was again on approximately the same levels as during 1998 for both groups, with the urban group being more satisfied. However, scores on the GHQ showed that somatic symptoms of stress increased for both the urban and rural groups, as measured in 2010 and compared to previous years.

Table 20.7 Comparison of results between rural and urban contexts on similar measures across time

	1998		2005		2008		2010	
Measure	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
SWLS	21.2	23.0	15.5	19.8	14.8	21.9	20.5	23.2
SOC	120.1	123.5	125.0	125.5	121.0	130.0		
AFM-PA	35.7	36.8	31.4	33.6	33.4	36.4		
AFM-NA	28.0	26.6	27.4	26.2	27.4	23.4		
GHQ	9.8	8.9	9.1	7.7	8.9	5.3	10.1	9.8

Note. SWLS Satisfaction with Life Scale, *SOC* Sense of Coherence Scale, *AFM* Affectometer 2, *PA* positive affect, *NA* negative affect, *GHQ* General Health Questionnaire

In all four samples, gender differences were found specifically for women showing significantly more symptoms of distress and depression, or negative affect, as shown on the GHQ, NEO-N, and PHQ (results not shown). In Sample 1 (THUSA; 1998), rural women manifested significantly higher levels than men of neuroticism (NEO-N), but also higher levels of satisfaction with life, whereas women in urban areas had significantly higher symptoms of distress, as shown on all sub-scales of the GHQ, and urban men had significantly higher levels of positive affect (AFM-PA), sense of coherence (SOC), and perceived social support from friends (for the latter cf. M. P. Wissing, Wissing, Temane, Khumalo, & Van Eeden, 2004). In Sample 2 (PURE-FORT; 2005), women from both rural and urban areas showed more symptoms of distress (GHQ) in comparison to men. In the case of Sample 3 (FORT 3–2008), only urban women showed more symptoms of distress and depression (GHQ and PHQ), whereas no significant gender differences were shown for rural participants. During 2010, Sample 4 (PURE-FORT 3) rural women showed significantly more somatic symptoms (GHQ-SS), whereas urban women manifested significantly more satisfaction with life in comparison to men. However, urban men experienced significantly more self-efficacy in seeking social support in comparison to women.

Discussion

This study aimed to compare psychosocial well-being of African people in rural and urban areas in the increasingly urbanized North West Province of South Africa, within specific data collection points. The main finding of this study is that psychosocial well-being is significantly lower in rural areas, but apart from the seemingly beneficial effects of urbanization for psychosocial health, some facets of psychosocial well-being are higher in rural areas. Well-being decreased for urban and rural groups from 1998 to 2008, but increased again, as shown in 2010. However, high levels of distress still existed for both groups in 2010. Some gender differences are noted.

Rural Versus Urban Well-Being

The finding that urban participants in this study had better psychosocial well-being than rural participants (as manifested on most measures) and a variety of facets of well-being (as shown over time in various studies in the same area) is contrary to the finding reported by Amato and Zuo (1992) that urban African Americans—the poor in particular—have lower levels of psychological well-being than in rural areas (note: they measured well-being with a single item dealing with happiness). The current findings are in line with those of Tsuno and Yamazaki (2007), who reported a higher sense of coherence for urban people in Japan, and with the finding of Higgs (2007) in South Africa, who found that people in rural areas experience a lower quality of life than those in urban areas. The latter study did not focus on psychological well-being per se and included infrastructural and other indices, too, which may be part of an explanation for the differences in well-being. Findings from Sample 1, in which participants were also stratified for various levels of urbanization, showed that with an increase in urbanization, participants manifested generally lower symptoms of distress and negative affect, and an increase in well-being, as determined with various measures. Urbanization in itself may not be the causal determinant of better urban well-being, but other variables that are associated with urban environments, such as better infrastructure and health facilities, more employment opportunities, better educational facilities, better nutrition, and other resources, in contrast to what is available in the compared rural areas (Higgs, 2007; Vorster et al., 2000). Rural communities often experience greater poverty and have fewer resources (Temane, 2001) than urban communities, and the lack of proper educational facilities may be a drawback for realization of many other aspirations.

Urban participants from the four samples showed higher well-being than rural participants in many facets of psychosocial health; for example, sense of coherence, satisfaction with life, emotional well-being, and general psychological well-being. Surprisingly, urban groups also scored higher on facets related to social well-being (i.e., experienced support from friends and family, community collective efficacy, and general social well-being), which would be expected to be higher in rural, more traditional areas, where collective values are supposed to be upheld to a greater extent than in urban areas, where acculturation towards more individualist values might take place. This finding is also contrary to that of Roussi et al. (2006) in Greece, where rural participants had a greater sense of community and use of social joining as a coping strategy. Urban African participants may experience higher well-being in this particular South African context, as cities are still developing (one of them in the North West Province is considered to be developing the fastest in Southern Africa) and the migration out of cities had not yet started, as in many developed countries. However, the reasons for the better psychosocial well-being of urban participants need to be explored further, as well as whether the pattern is the same for the various population groups.

Contrary to previous literature indicating more symptoms of pathology, especially depression in urban areas—for example, in Sweden (K. Sunquist et al., 2004), the

Netherlands (Schoevers et al., 2007), Indonesia (Lu, 2010), and South Africa (Szabo, 2002)—the African samples in the current study manifested significantly more symptoms of pathology (i.e., symptoms of distress, negative affect, and depression) in rural areas. This may be associated with high poverty and lack of resources in rural areas, as well as other socioeconomic and sociodemographic factors that need to be explored further. Li, Nussbaum, and Richards (2007) established that poverty, hassles, and exposure to violence predicted pathology in urban African American youth. This may, however, be the case for both urban and rural areas in South Africa, and needs to be further understood.

The current findings underscore Keyes' (2002, 2005) contention that well-being and pathology are two different, but correlated dimensions of mental health, and not only the endpoints of a continuum, as shown by the fact that urban participants had relatively high well-being, as measured with various indices, but simultaneously also relatively high levels of symptoms of distress. It is therefore important to include measures of both facets in an evaluation of mental health. Well-being and pathology may be differentially correlated with sociodemographic and other variables, such as gender and geographical context, pointing to different foci for interventions.

Beneficial and Detrimental Effects of Urbanization

Despite the clear association of better psychosocial health with urban living, some facets of well-being were significantly higher in rural areas; namely, spiritual well-being (Sample 1), general self-efficacy (Sample 2), and psychological well-being, as measured on a subscale of Keyes' Mental Health Continuum scale (MHC-PWB). This is, to some extent, in line with findings on a physical level that showed both beneficial and detrimental effects of urbanization (Dye, 2008). The established higher levels of spiritual well-being in rural areas is in line with findings from Temane and Wissing (2006) and may be associated with greater maintenance of traditional cultural, religious, and spiritual practices in rural areas, which are known to often suffer a breakdown with urbanization. The higher level of general self-efficacy noted in rural areas may be explained by the fact that most participants make a living from farming activities in which they are relatively isolated and dependent on themselves. The significantly higher psychological well-being as measured with the MHC-PWB in the 2010 rural group is surprising, as this subscale measures more intrapsychological facets that are typically high in relatively more individualist contexts. The African groups included in this study are from a relatively collectivist cultural background (cf. Allik & McCrae, 2004; Wissing & Temane, 2008), and it could be expected that more collectivist values would be still more important in rural areas than in urban areas. However, possible explanations can be that attention paid to the rural areas by government since 2008 gave hope and a future directedness as well as a feeling of being affirmed. The latter linked with the positive vibe before the soccer World Cup in South Africa could perhaps contributed to a spike in the experience of well-being, especially in rural areas. However, these dynamics need to be explored in future research. The findings that urban and rural groups differ in

facets of well-being that are stronger than in the other area indicate the importance of the use of various measures of psychosocial well-being, covering a broad range of facets of well-being. All facets of well-being are not similarly affected by urbanization or other sociodemographic variables.

Psychosocial Well-Being Over Time

From 1998 to 2008, psychosocial well-being decreased for both the urban and rural groups, especially in the case of rural areas, but increased again in 2010. However, both groups still manifested high levels of distress symptoms in 2010. This may be in line with Watson's (2006) conclusion—after a qualitative study on stress and social change in Poland—that stress is a major factor affecting health in times of transition, especially when it is linked to a lack of security of employment, low income, changing social relations, and when a political context exists where the enrichment of some could be seen as taking place at the expense of society. The initial decrease in well-being from 1998 to 2008 for both urban and rural groups may be related to unfulfilled expectations after the democratic transitional process of South Africa in 1994 that created high expectations in the previously disadvantaged and deprived black population. As the government could not provide the services and infrastructures hoped for immediately, dissatisfaction arose, and together with an increase in crime rates in South Africa (that is typical after major political changes), corruption, and droughts in rural areas, the well-being of the target population suffered. Then the government developed a strategic plan from 2008 to 2013 (South Africa. National Department of Health, 2008, 2010) to enhance health services in rural and other areas, and consequently an upgrading of infrastructure became visible in rural areas. The ministry of rural development and land reform may have given more hope to people in rural areas in terms of agrarian transformation, land reform, and consequent development (Parliamentary Monitoring Group, 2009). This may partly explain the increase in well-being noticed in 2010. Another contributing factor may be positive feelings related to the build-up towards the soccer World Cup taking place in South Africa during July 2010. Data gathering took place in the first half of 2010 during the excitement of preparations for the soccer World Cup, which generated a lot of positive emotions and optimism, as reported in the media by Harris as part of her follow-up study of 2007 (Harris, 2007). These observations suggest change in well-being and symptoms, as found across different time points of cross-sectional data collection. Further studies with longitudinal designs are necessary.

Gender Differences

The position of women seemed to have changed between 1998 and 2010. Whereas rural women experienced more satisfaction with life than men in 1998, it was urban

women who experienced more satisfaction with life in 2010. It may be because urban women experienced more autonomy than in rural, more traditional areas, and had more educational and employment opportunities in urban areas than before. As far as symptoms of distress and pathology are concerned, both rural and urban women experienced more symptoms of distress and pathology than men in 1998 and 2005, whereas it was only rural women who experienced more distress than men in 2010. This may indicate a shift on the mental health continuum towards higher well-being for urban women, but may of course also reflect a higher incidence of stress for urban men. However, in general, men manifested higher well-being than women, especially in urban communities. For example, in 1998 urban men had higher positive affect, sense of coherence, and experienced more support from friends than did women, and in 2010 they reported higher levels of experienced self-efficacy in seeking social support than did women. It is noteworthy that in these studies men enjoyed greater well-being in social contexts than did women, whereas previous literature in relatively individualist groups in South Africa showed that women experienced more well-being in social contexts did than men (Roothman et al., 2003). These differences may be explained by the possibility that women function more optimally in close interpersonal and family relationships, and men experience more well-being and satisfaction in larger social groups, as shown by Wissing et al. (2004). This needs to be explored further.

Implications of Findings

The current findings on psychosocial well-being in rural versus urban areas add to a body of knowledge that may help to inform health policies and provide information for specifically targeted interventions with regard to various facets of well-being. Diener et al. (2008) argued that accounts of well-being may help governments to identify groups in the greatest need for interventions in a given society, and that accounts of well-being are highly useful for policymakers because it may add value beyond existing social and economic indicators. Several previous studies had indicated that psychological well-being and life satisfaction are associated with many positive outcomes on individual and societal levels (e.g., Keyes, 2005, 2007; Pressman & Cohen, 2005; Seligman, 2008), and may affect heath outcomes as well as buffer decline in diseases (Howell, Kern, & Lyubomirsky, 2007). The implications for public health promotion are that health promotion should also include enhancing psychosocial well-being—not only for the sake of the individual's quality of life and longevity, but also for the sake of society's health care costs (cf. Gudmundsdottir, 2010; Keyes, Myers, & Kendler, 2010). However, the foci for interventions need to be specifically targeted for rural versus urban participants, and from a preventative perspective facilitation of psychosocial well-being should start in childhood to shift life trajectories towards a healthier, more flourishing direction.

Interventions should promote and enhance sustainable environmental and social conditions (cf. McMichael & Butler, 2007), especially in rural areas, but

should also build capabilities, competencies, and constructive coping strategies on individual levels, as described by Wandersman and Nation (1998), Raeburn, Akerman, Chuengsatiansup, Mejia and Oladepo (2007), and others. Valuable frameworks for interventions may be the functional capabilities perspectives of Sen (1999) and Nussbaum (1995, 2000), who stressed that development should not only be about resources and utility, but should focus on people. These functional capabilities and essential inputs therefore include physical, emotional, cognitive, interpersonal, contextual, and cultural components. Such a framework should, however, also take into account that in poor communities in the South African context, some very basic capabilities not included in the above frameworks are shown to be important for a good life in people's own experiences, as found by Clark (2003); for example, income, job opportunities, physical security, adequate housing, hygienic living conditions, food, and clothing. Therefore, psychosocial interventions and public health promotion and protection, as advocated by Keyes, Dhingra, and Simoes (2010), should go hand in hand.

Limitations of the Study

Only some samples included in this study (2 and 4) were part of longitudinal designs and, therefore, only limited deductions can be made of well-being patterns over time. A further limitation is that all studies did not include the same psychosocial measures. However, the tendencies for differences between rural and urban groups were similar across studies. A further limitation is that the role of sociocultural and other demographic variables, such as socioeconomic status, marital status, and religion, were not included in the current analyses, and might have acted as confounding variables. A further limitation is the lack of qualitative data that could have assisted in explaining quantitative findings. A mixed method approach is advised for further studies.

Contribution and Further Research

These are the first findings on regional and systematically collected data for rural and urban areas in South Africa, with implementation of validated measures on a variety of facets of psychosocial well-being. Disparities shown between urban and rural areas in psychosocial well-being indicate important foci for psychosocial health promotion in the next few decades in South Africa. An important next step in research is to determine the dynamics of psychosocial health in rural and urban areas, which may differ. Possible contributing factors may be disparities between income, services, and access to health care facilities, and the impact of environmental factors such as droughts, social resources, educational facilities, skills development, recreational facilities, etc. A combination of these factors in rural areas may contribute

to chronic stress and the experience of a lack of control, and thus lower levels of psychosocial health, which in some instances may also be linked to lower levels of physical health. The relation between poverty and lower well-being in rural areas needs to be explored further, as suggested in findings elsewhere (Rojas, 2009; Tiliouine, 2009; Tiwari, 2009) and indicated by Neff (2007) in a South African context. Although Helliwell and Putnam (2004), among others, have shown the importance of social context for well-being, the differences in social contexts that are associated with differential well-being of men and women in both urban and rural areas also needs to be explored further.

Conclusion

The findings of this study indicate that urban participants manifested higher levels of psychosocial well-being on most facets of wellness. However, urbanization may be accompanied by some detrimental effects apart from its beneficial effects, as can be noted on some facets of psychosocial well-being that decreased with urbanization, and still very high levels of symptoms of distress in urban groups. From 1998 to 2008, a decrease in psychosocial well-being for both the urban and rural groups—especially in the case of rural areas—were noted, but again increased in 2010. These differences were, however, only descriptively compared, and further exploration and analyses are indicated. Findings underscore the distinction between pathology and well-being as two distinct, but correlated dimensions of psychosocial health, and indicate the importance of implementing measures of various facets of well-being in order to comprehensively evaluate well-being in various contexts. Gender differences were also manifested for some facets of well-being and pathology. Findings may inform public health policy and development of specifically targeted interventions.

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References

Adler, N. C., & Rehkopf, D. H. (2008). US disparities in health: Descriptions, causes, and mechanisms. *Annual Review of Public Health, 29*, 235–252.

Allik, J., & McCrae, R. R. (2004). Toward a geography of personality traits: Patterns of profiles across 36 cultures. *Journal of Cross-Cultural Psychology, 35*(1), 13–28.

Amato, P. R., & Zuo, J. (1992). Rural poverty, urban poverty, and psychological well-being. *Sociological Quarterly, 33*(2), 229–240.

Antonovsky, A. (1987). *Unravelling the mystery of health: How people manage stress and stay well*. San Francisco: Jossey-Bass.

Antonovsky, A. (1993). The structure and properties of the sense of coherence scale. *Social Science Medicine, 36*(6), 725–733.

Botha, E. M., Wissing, M. P., Ellis, S. M., & Vorster, H. H. (2007). Psychological well-being and the metabolic syndrome in African and Caucasian women. *Journal of Psychology in Africa, 17*(1), 85–92.

Carrol, J. M., Rosson, M. B., & Zhou, J. (2005). Collective efficacy as a measure of community. In *Proceedings as human factors in computing systems: CHI*. New York: ACM.

Chen, G., Gully, S. M., & Eden, D. (2001). Validation of a new general self-efficacy scale. *Organizational Research Methods, 4*(1), 62–83.

Chesney, M. A., Neilands, T. B., Chambers, D. B., Taylor, J. M., & Folkman, S. (2006). A validity and reliability study of the Coping Self-efficacy Scale. *British Journal of Health Psychology, 11*, 421–437.

Clark, D. A. (2003). Concepts and perceptions of human well-being: Some evidence from South Africa. *Oxford Development Studies, 31*(2), 173–196.

Cohen, J. (1988). *Statistical power analysis for behavioural sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Costa, P. T., & McCrae, R. R. (1992). *Revised NEO Personality Inventory (NEO-PI-R) and NEO Five-Factor Inventory (NEO-FFI): Professional manual*. Odessa, FL: Psychological Assessment Resources.

Diener, E., Emmons, R. A., Larson, R. J., & Griffen, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment, 49*(1), 71–75.

Diener, E., Kesebir, P., & Lucas, R. (2008). Benefits of accounts of well-being for scientists and for psychological science. *Applied Psychology: An International Review, 57*, 37–53.

Dye, C. (2008). Health and urban living. *Science, 319*, 766–769.

Eckersley, R. (2006). Is modern western culture a health hazard? *International Journal of Epidemiology, 35*, 252–258.

Ek, E., Koiranen, M., Raatikka, V.-P., Järvelin, M.-R., & Taanila, A. (2008). Psychological factors as mediators between migration and subjective well-being among young Finnish adults. *Social Science & Medicine, 66*, 1545–1556.

Ellis, S. M., & Steyn, H. S. (2003). Practical significance (effect sizes) versus or in combination with statistical significance (p-values). *Management Dynamics, 12*(4), 51–53.

Fredrickson, B. L. (2000). Cultivating positive emotions to optimize health and well-being. *Prevention and Treatment, 3*, 1–24.

Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine, 9*, 139–145.

Gudmundsdottir, D. G. (2010). Positive psychology and public health. In R. Biswas-Diener (Ed.), *Positive psychology as social change*. Dordrecht, The Netherlands: Springer. doi:10.1007/978-90-481-9938-9.

Harris, M. (2007). Monitoring optimism in South Africa. *Social Indicators Research, 81*(2), 435–454.

Haybron, D. M. (2003). What do we want from a theory of happiness? *Metaphilosophy, 34*, 305–329.

Helliwell, J. F., & Putnam, R. D. (2004). The social context of well-being. *Philosophical Transactions of the Royal Society, B: Biological Sciences, 359*, 1435–1446. doi:10.1098/rstb.2004.1522.

Higgs, N. T. (2007). Measuring and understanding the well-being of South Africans: Everyday quality of life in South Africa. *Social Indicators Research, 81*, 331–356.

Howell, R. T., Kern, M. L., & Lyubomirsky, S. (2007). Health benefits: Meta-analytically determining the impact of well-being on objective health outcomes. *Health Psychology Review, 1*, 83–136.

Hungelmann, J., Kenkel-Rossi, E., Klassen, L., & Stollenwerk, R. (1996). Focus on spiritual well-being: Harmonious interconnectedness of mind-body-spirit—Use of the JAREL Spiritual Well-Being Scale. *Geriatric Nursing, 17*, 262–266.

Kammann, N. R., & Flett, R. (1983). Affectometer 2: A scale to measure current level of general happiness. *Australian Journal of Psychology, 35*(2), 259–265.

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Research, 43*, 207–222.

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*(3), 539–548.

Keyes, C. L. M. (2006, April). *If health matters: When will we stop saying one thing and doing another?* Keynote address presented at the South African Conference on Positive Psychology: Individual, social and work wellness, Potchefstroom, South Africa.

Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist, 62*(2), 95–108.

Keyes, C. L. M., Dhingra, S. S., & Simoes, E. J. (2010). Change in level of positive mental health as a predictor of future risk of mental illness. *American Journal of Public Health, 100*(12), 2366–2371 (Print online October 21, 2010). doi:10.2105/AJPH.2010.192245

Keyes, C. L. M., Myers, J. M., & Kendler, K. S. (2010). The structure of the genetic and environmental influences on mental well-being. *American Journal of Public Health, 100*, 2379–2384.

Keyes, C. L. M., Wissing, M. P., Potgieter, J. P., Temane, Q. M., Kruger, A., & Van Rooy, S. (2008). Evaluation of the mental health continuum–short form (MHC–SF) in Setswana-speaking South Africans. *Clinical Psychology and Psychotherapy, 15*, 181–192.

Khumalo, I. P., Temane, Q. M., & Wissing, M. P. (2010). Development and initial validation of a General Psychological Well-being Scale (GPWS) in an African context. *Journal of Psychology in Africa, 20*(1), 13–22.

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*, 606–613.

Kruger, A. (2005). *Prospective urban and rural epidemiological study (PURE): Instruction manual for South Africa* (2nd draft). Potchefstroom, South Africa: North-West University.

Li, S. T., Nussbaum, K. M., & Richards, M. H. (2007). Risk and protective factors for urban African-American youth. *American Journal of Community Psychology, 39*, 21–35. doi:10.1007/s10464-007-90881

Lu, Y. (2010). Rural–urban migration and health: Evidence from longitudinal data in Indonesia. *Social Science & Medicine, 70*, 412–419.

Malan, L., Malan, N. T., Wissing, M. P., & Seedat, Y. K. (2008). Coping with urbanization: A cardiometabolic risk? The THUSA study. *Biological Psychology, 79*, 323–328.

Malan, L., Schutte, A. E., Malan, N. T., Wissing, M. P., Vorster, H. H., Steyn, H. S., et al. (2006). Specific coping strategies of Africans during urbanization: Comparing cardiovascular responses and perception of health data. *Biological Psychology, 72*(3), 305–310.

Malan, N. T., Van der Merwe, J. S., Huisman, H. W., Kruger, A., Eloff, F. C., Pretorius, P. J., et al. (1992). A comparison of cardiovascular reactivity on rural blacks, urban blacks, and whites. *Stress Medicine, 8*, 241–246.

McMichael, A. J., & Butler, C. D. (2007). Emerging health issues: The widening challenge for population health promotion. *Health Promotion International, 21*(S1), 15–24.

Neff, D. F. (2007). Subjective well-being, poverty and ethnicity in South Africa: Insights from an exploratory analysis. *Social Indicators Research, 80*, 313–341.

Nussbaum, M. C. (1995). Human capabilities, female human beings. In M. Nussbaum & J. Glover (Eds.), *Women, culture and development* (pp. 61–105). Oxford: Clarendon Press.

Nussbaum, M. C. (2000). *Women and human development—The capabilities approach*. Cambridge, UK: Cambridge University Press.

Oguzturk, O. (2008). Differences in quality of life in rural and urban populations. *Clinical and Investigative Medicine, 31*(6), 346–350.

Pampalon, R., Hamel, D., De Koninck, M., & Disant, M.-J. (2007). Perception of place and health: Differences between neighbourhoods in Québec city region. *Social Sciences & Medicine, 65*, 95–111.

Parliamentary Monitoring Group. (2009). *Rural Development & Land Reform Minister on strategic plan & budget 2009/10.* Retrieved from http://www.pmg.org.za/report/20090623-minister%E2%80%99s-briefing-department-rural-development-land-reform-strategi

Pavot, W., & Diener, E. (2008). The Satisfaction with Life Scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology, 3*(2), 137–152. doi:10.1080/17439760701756946

Peen, J., Dekker, J., Schoevers, R. A., Ten Have, M., De Graaf, R., & Beekman, A. T. (2007). Is the prevalence of psychiatric disorders associated with urbanization? *Social Psychiatry & Psychiatric Epidemiology, 42*, 984–989.

Pressman, S. D., & Cohen, S. (2005). Does positive affect influence health? *Psychological Bulletin, 131*, 925–971.
Pretorius, T. B. (1998). *Fortitude as stress resistance: Development and validation of the fortitude questionnaire*. Belville, South Africa: University of Western Cape.
Raeburn, J., Akerman, M., Chuengsatiansup, K., Mejia, F., & Oladepo, O. (2007). Community capacity building and health promotion in a globalized world. *Health Promotion International, 21*(S1), 84–90.
Rojas, M. (2009). Enhancing poverty-abatement programs: A subjective well-being contribution. *Applied Research Quality Life, 4*, 179–199.
Roothman, B., Kirsten, D., & Wissing, M. P. (2003). Gender differences in aspects of psychological well-being. *South African Journal of Psychology, 33*(4), 212–218.
Roussi, P., Rapti, F., & Kiosseoglou, G. (2006). Coping and psychological sense of community: An exploratory study of urban and rural areas in Greece. *Anxiety, Stress, and Coping, 19*(2), 161–173.
Schoevers, R., Peen, J., & Dekker, J. (2007). Urbanisation as a risk indicator for complex psychiatric disorders and forced admissions. *Bio Med Central Psychiatry, 7*(Suppl. 1), S148. doi:10.1186/1471-244X-7-S1-S148.
Seager, J. R. (1992). Urbanization and public health: The challenge, the effects, and the need for intersectorial collaboration. *Civil Engineer in South Africa, 34*(9), 295–298.
Seligman, M. E. P. (2008). Positive health. *Applied Psychology: An International Review, 57*, 3–18.
Sen, A. K. (1999). *Development as freedom*. Oxford: Oxford University Press.
South Africa. National Department of Health. (2008, June). *Strategic plan 2008/09-2010/11: Presentation to the Select Committee on Social Services*. Pretoria: Department of Health.
South Africa. National Department of Health. (2010). *Strategic plan 2011/12-2012/13*. Pretoria: Department of Health. Retrieved from http://www.mm3admin.co.za/documents/docmanager/2D5ED792-878C-4371-9575-8281A96BBB26/00023294.pdf
Sundquist, K., Frank, G., & Sundquist, J. (2004). Urbanisation and incidence of psychosis and depression: Follow-up study of 4.4 million women and men in Sweden. *British Journal of Psychiatry, 184*, 293–298.
Szabo, C. P. (2002). Urbanisation and psychopathology: Editorial. *South African Psychiatry Review, 5*(4), 1.
Temane, Q. M. (2001). The impact of the lack of provision of services on quality of life. In *Studies of social and economic conditions in South Africa: A Conference of the South Africa Training Programme in Quantitative Methodology* (pp. 171–180). Durban, South Africa: National Foundation for Science Development, University of Michigan. Institute for Social Research.
Temane, Q. M., & Wissing, M. P. (2006). The role of spirituality as a mediator for psychological well-being across different contexts. *South African Journal of Psychology, 36*(3), 582–597.
Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., et al. (2007). Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes, 5,* 63. doi:10.1186/1477-7525-5-63.
Teo, K., Chow, C. K., Vaz, W., Rangarajan, S., & Yusuf, S. (2009). The prospective urban rural epidemiology (PURE) study: Examining the impact of societal influences on chronic noncommunicable diseases in low-, middle-, and high-income countries. *American Heart Journal, 158*(1), 1–7.
Tilioune, H. (2009). Health and subjective wellbeing in Algeria: A developing country in transition. *Applied Research Quality Life, 4*, 223–238.
Tiwari, M. (2009). Poverty and well-being at the 'grassroots'–How much is visible to researchers. *Social Indicators Research, 90*, 127–140.
Tsuno, Y. S., & Yamazaki, Y. (2007). A comparative study of Sense of Coherence (SOC) and related psychosocial factors among urban versus rural residents in Japan. *Personality and Individual Differences, 43*, 449–461. doi:10.1016/j.paid.2006.12.014.
Van Donk, M. (2002, August). *HIV/AIDS and urban poverty in South Africa*. Paper prepared for the South African Cities Network. Accessed November 8, 2009, from isandla.org.za/download/assets/aids4-2.pdf

Vorster, H. H. (1996). *Transition and health during urbanization of South Africans*. Unpublished research protocol, North-West University (then Potchefstroom University for CHE), Potchefstroom, South Africa.

Vorster, H. H., Venter, C. S., Wissing, M. P., & Margetts, B. (2005). The nutrition and health transition in the North-West Province of South Africa: A review of the THUSA study. *Public Health Nutrition, 8*(5), 480–490.

Vorster, H. H., Wissing, M. P., Venter, C. S., Kruger, H. S., Kruger, A., Malan, N. T., et al. (2000). The impact of urbanization on physical and mental health of Africans in the Northwest Province of South Africa: The THUSA study. *South African Journal of Science, 96*, 505–514.

Wandersman, A., & Nation, M. (1998). Urban neighborhoods and mental health: Psychological contributions to understanding toxicity, resilience, and interventions. *American Psychologist, 53*(6), 647–656.

Watson, P. (2006). Stress and social change in Poland. *Health & Place, 12*, 372–382.

Westerhof, G. J., & Keyes, C. L. M. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Deviation, 17*(2), 110–119.

Wissing, M. P. (2005). *Understanding and promoting psychosocial health, resilience, and strengths in an African context (FORT2).* Unpublished research protocol, North-West University, Potchefstroom, South Africa.

Wissing, M. P. (2008). *The prevalence of levels of psychosocial health: Dynamics and relationships with biomarkers of (ill)health in the South African contexts (FORT3).* Unpublished research protocol, North-West University, Potchefstroom, South Africa.

Wissing, M. P., Khumalo, I. T., Oosthuizen, C. M., Nienaber, A. W., Kruger, A., Potgieter, J. C., et al. (2011) Coping self-efficacy as mediator in the dynamics of psychological well-being. *Journal of Psychology in Africa, 21*(2), 165–172. http://psycnet.apa.org/index.cfm?fa=search.displayRecord&uid=2011-19364-001

Wissing, M. P., & Temane, Q. M. (2008). The structure of psychological well-being in cultural context: Towards a hierarchical model of psychological health. *Journal of Psychology in Africa, 18*(1), 45–56.

Wissing, M. P., & Temane, Q. M. (2013). The prevalence of levels of wellbeing revisited in an African context. In C. L. M. Keyes (Ed.), *Mental well-being: International contributions to the study of positive mental health.* Dordrecht, The Netherlands: Springer.

Wissing, M. P., Wissing, J. A. B., Temane, Q. M., Khumalo, I. P., & Van Eeden, C. (2004, July 3–6). *Diversity in patterns of interpersonal wellbeing.* Paper presented at the 3rd European Conference on Positive Psychology, Braga, Portugal.

World Health Organisation, Constitution. (1986). *Basic documents* (36th ed.). Geneva, Switzerland: WHO.

Chapter 21
Multi-cultural Differences in Hope and Goal-Achievement

David J.F. Maree and Marinda Maree

Introduction

Goal attainment plays a crucial role in everyday living and forms an integral part of what it means to be human. The concept of goals also figures widely in various positive psychology theories and approaches. In this chapter a particular view of goals is discussed which can be loosely termed as a cognitive approach to the role that goals play in human functioning. Our interest in the construct of goals started some years ago when we examined the idea of hope amongst postgraduate students. From this first exercise an instrument was developed and applied to almost 400 undergraduate psychology students. Our view of hope was coloured by Snyder, Rand and Sigmon's (2002) cognitive approach to hope as entailing pathway and agency thoughts. Whilst working with the instrument we expanded the view of hope as entailing goals, also realising that it has much in common with concepts such as agency, self-efficacy, optimism, achievement orientation and goal setting. Because the research was done within a South African tertiary academic environment, our view of goals shifted from general goal attainment to achievement goals. The initial instrument we developed is thus undergoing a change in terms of the clarity of constructs and this chapter reports our understanding of hope, goals and achievement as they apply to the academic achievement of a group of multicultural students. The initial findings of our investigation on the relationship between hope and academic achievement of these students prompted a relook of what we were actually measuring and what the constructs explain in terms of achievement.

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In the sections that follow the relationship between hope and goals are examined, and the theories of goal setting and achievement goal orientation are discussed. The relationship between goals and academic performance in a multicultural setting is examined. The empirical and statistical revision of constructs of the Goal Achievement Questionnaire (GAQ) is reported and evaluated against the brief conceptual analysis of goal theory.

Hope

Although hope in the literature has many definitions we will focus on Snyder's view (Webb, 2007). Snyder and colleagues focussed on the construct of hope for many years and currently his view of hope forms part of the conglomerate of influential positive psychological constructs (Snyder & Lopez, 2002, 2009). Snyder defines hope as the inclination of people to have goals in mind but because this inclination operates on a cognitive level, a hopeful person should be able to imagine possible pathways to reach his/her goals and have the will to reach those goals (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000). This last aspect is defined as agency or the inclination to mobilize oneself to reach goals. According to Snyder, Rand, and Sigmon (2005) the simple twofold structure of hope consists of agency and pathway goals. Hope must be distinguished from related constructs such as optimism which is defined as the expectancy that good things will happen to oneself (Carver & Scheier, 2002). The converse is pessimism, which is the expectancy that bad things will happen.

Snyder made a distinction between hope as a state and as a personality trait. He also distinguished between hope for adults and for children. Subsequently, instruments were developed to asses state and trait hope in both adults and children.

Assessing Hope

Stimulated by Snyder's hope theory, Maree and Maree (2005) followed a qualitative route to find out how people understand what it means to be hopeful. A thematic analysis of the responses largely confirmed the basic taxonomy of hope discussed in Maree, Maree, and Collins (2008b). This taxonomy based on the discussion of Webb (2007), distinguishes between goal-directed and open-ended hope. Open-ended hope has two modes, namely, patient and critical hope which usually are associated with religious and social-critical orientations. Goal-directed hope has three modes, namely, estimative, resolute and utopian hope. Snyder's model falls within the resolute mode where hope aims at obtaining specific goals (Maree et al., 2008b). Estimative hope is close to an optimistic expectation but with the anxiety that the hope might not be fulfilled, while utopian hope is similar to both critical and resolute hope but focuses not on the individual but on hope of the collective (Webb, 2007).

A number of items were developed to cover the dimensions of hope, amongst others, pathway and agency orientations. The Hope Orientation instrument consisted of 57 items and the following factors were identified: goal achievement resources, ineffectuality, future vision, despondency and agency (Maree, Maree, & Collins, 2008a). The construct descriptions and some psychometric properties can be found in Table 21.2. A Rasch analysis showed that the factors functioned reasonably well for the particular sample. The factors were correlated[1] with Carver and Scheier's (2002) Life Orientation Test, Revised (LOT-R) measuring optimism and pessimism, and Snyder's adult trait and state Hope scales measuring agency and pathway orientations (Snyder, Rand, & Sigmon, 2002).

The Relationship Between Hope and Academic Performance

Because a major concern of any educational institution is the ability to assist students to benefit from and pass their training we continued investigating hope within an academic achievement context, especially because of the close affinity of pathway and agency constructs in our Hope Orientation instrument with that of Snyder's conceptualisation of hope. On the one hand, we found in a sample of undergraduate Humanities students ($N=474$) that Black students scored higher on a number of constructs of the Hope Orientation instrument, namely, goal achievement resources, future vision, agency and self-efficacy than White students (Maree et al., 2008b). On the other hand, a regression model to predict academic performance showed that goal achievement performance depressed academic scores, which means that for every unit positive change in the goal achievement resource score, academic performance lowers by almost 2 %. Usually one would expect a positive relationship between hope, self-efficacy and goal constructs on the one hand and achievement outcomes, on the other hand. Indeed most psychological constructs showed a positive relationship except goal achievement resources and trait pathway characteristics. The model was able to explain 14 % of variance in academic performance ($R=0.38$, $R^2=0.14$, $F_{(6,467)}=12.77$, $p\leq 0.001$) (Maree et al., 2008b). The fact

[1]The following table provides the correlations between the Hope Orientation Instrument and various related constructs (N = 474).

Hope orientation constructs	LOT optimism	LOT pessimism	Snyder's state path	Snyder's state agency	Snyder's trait path	Snyder's trait agency
Goal achievement resources	0.61	0.37	0.67	0.61	0.76	0.76
Self-efficacy	0.39	0.39	0.47	0.47	0.5	0.5
Future Vision	0.31	0.31	0.31	0.35	0.33	0.33
Despondency	0.47	0.52	0.39	0.46	0.42	0.42
Agency	0.3	0.27	0.35	0.63	0.37	0.37

All correlations significant at the 0.01 level (2-tailed)

that we found a statistically significant model, in the light of the dire need to assist students to make a success of their tertiary careers and to identify students at risk, served as encouragement to investigate the phenomenon of goal achievement further and clarify why an important factor such as goal achievement resources relates inversely to academic achievement outcomes.

A natural starting point for the investigation was the construct of goal achievement resources which, as was mentioned above, consisted of 23 items addressing various issues such as pathway thoughts and goals. In order to clarify this construct we embarked on an in-depth construct validation exercise which involves a theoretical clarification of the goal construct and a larger sample to determine, by means of Rasch analysis, whether secondary constructs can be identified in the first goal achievement resources dimension. We had the suspicion that the factor was multidimensional. In the following section the theoretical investigation into goals is reported.

Two Goal Theories

Two major goal-related theories have been developed over the past two centuries, namely, goal setting theory and achievement goal orientation theory (Elliott & Dweck, 1988; Latham & Yukl, 1975; Locke & Latham, 2002). These theories were developed separately, the first in an organisational context and the latter in education (Gerhardt & Luzadis, 2009). Of course, it is no surprise that these two areas served as fertile soil for achievement related theories: In the workplace one is concerned with increased productivity and hence profit, whilst in education the interest is getting learners and students to pass their courses. Both are integral areas in life where achievement outcomes are crucial. Goals play a distinctive role in both areas and it seems as if major developments in goal setting and goal orientation theory took place relatively independently from each other until recently. In fact, one probably could credit positive psychology as a unifying influence for the closer collaboration between the two frameworks, especially through common crucial elements from Bandura's social cognitive theory (Locke & Latham, 2002; Phillips, 1997).

Goal Setting Theory

Goal setting theory has quite a long and well-researched history (Latham & Locke, 1991; Locke & Latham, 2002). Motivation was seen as fulfilment of needs and one can only progress to the next level as soon as the lower level needs were fulfilled (Deci & Ryan, 1985).

The organisational context was dominated by the development of a number of theories of motivation (Gerhardt & Luzadis, 2009). In the early period of the previous century, motivation was seen as that which increased production, thus, as Latham and Ernst (2006) noted, a mainly mechanical approach was used: money motivates

people. However, during the first half of the previous century it was soon discovered that much more than money motivates the workforce. It was subsequently thought that job satisfaction accounts for workplace satisfaction but it became apparent that happiness in the workplace can have non-job related causes, such as getting along with colleagues (Latham & Ernst, 2006).

A number of theories were co-opted to do service in the organizational context, amongst others, those of Maslow, Skinner, Herzberg and Vroom. Maslow's (1943) hierarchy of needs theory provided an important framework for explaining and controlling motivation (Wahba & Bridwell, 1976). Various studies showed that the satisfaction of lower order needs is required before higher order needs can be fulfilled. Herzberg's (1968) job-enrichment theory focused on situational factors i.e. the work environment and the assumption was made that an enriched work environment led to more productive workers (Latham & Ernst, 2006). Skinner's (1984) behaviourist theory was based on operant conditioning and became known in the organisational context as contingency theory (Latham & Ernst, 2006). This theory stated that behaviour and behaviour modification is contingent on reinforcers from the environment (Skinner, 1975).

Vroom's (1964) expectancy theory is credited with giving impetus to the cognitive revolution in organizational theory in the 1960s. This theory modelled predicted behavioural choices in terms of the (a) value placed on outcomes, (b) the expectancy that effort will lead to performance, and (c) the assumption that performance will lead to certain outcomes. One can influence workers' motivation by valuing outcomes and increasing expectancies. Thus, motivational theory was enhanced by the following findings: the realisation that subjective needs are important, an enriched work environment motivates people, positive and negative reinforcers in the environment can be used to support behaviour, and that motivational behaviour has an important cognitive component (Latham & Ernst, 2006).

Elaborating on the cognitive level of motivational theory and performance, Locke and his colleagues investigated goal setting (Locke & Latham, 2002). Goal setting theory is based on the assumption that conscious goals influence performance: "A goal is the object or aim of an action, for example, to attain a specific standard of proficiency, usually within a time limit" (Locke & Latham, 2002, p. 705). This theory asserts the importance of the cognitive dimension and specifically the role of conscious goal setting. Goal setting theory is explicitly situated within the domain of performance research in organisational settings. Goal setting and attainment reflect the importance of productive outputs within organisations. Thus, motivating a workforce to produce better and more is the main concern. Goals affect output or performance by means of a directive and energising function, and by influencing persistence and action (Locke, 1996; Locke & Latham, 2002). By having a *directive* function, goals, firstly, focus attention on those issues important for attaining the goal. Secondly, goals also have an *energising* function. Depending on the level of the goal (high level goals are hard goals), it instils greater or less effort (Locke & Latham, 2006). Thirdly, the level of difficulty of achieving a goal can also influence the duration of effort or *persistence* to achieve the goal. Thus, persistence is dependent on time allowed for achieving the goal; if a person can control the deadline then

persistence will be higher for a difficult goal. Fourthly, goals have a *behavioural impact* albeit indirectly. Locke and Latham (2002, p. 707) point out that goals influence arousal and motivates the finding and use of task-related knowledge and strategies. Task strategies are important in achieving goals and persons with a high level of self-efficacy have a greater chance of finding these strategies than low self-efficacy persons (Locke & Latham, 2002).

Locke's (1968) research lead to three clear propositions about the nature of goals (Latham & Ernst, 2006). Firstly, *specific* high level (or difficult) goals increases work performance while no goals or even vague exhortations such as "do you best" do not (Latham & Locke, 1991; Locke & Latham, 2002, p. 706). The efficacy of specific high level goals applies to both goals set by others or oneself (Latham & Locke, 2006). Secondly, high goal *commitment*, along with high level goals, lead to better performance and lastly, peripheral factors such as money, participatory decision-making only have an effect if a high level and explicit goal was set.

Achievement Goal Orientation

The second strand in goal research is that of achievement goal orientation which can be viewed as an expression of the construct goal achievement (Lee, McInerney, Liem, & Ortiga, 2010). Achievement goal orientation (or goal orientation for the remainder of the chapter) is usually discussed and examined within the achievement motivation literature and it can thus be expected that constructs such as goals, achievement, and motivation relate to each other (Campbell, Barry, Joe, & Finney, 2008; Elliot & McGregor, 2001; Kaplan & Maehr, 2007; Meece, Anderman, & Anderman, 2006). According to Ames (1992) an achievement goal is "an integrated pattern of beliefs, attributions, and affect that produces the intentions of behavior … and that is represented by different ways of approaching, engaging in, and responding to achievement-type activities." Achievement goal or goal orientation refers thus to goals in an achievement context and not to specific long-term goals such as marital happiness or having good health (Pintrich, Conley, & Kempler, 2003).

Dweck and colleagues developed their views on goal orientation on observations made in experiments of learned helplessness with children (Diener & Dweck, 1978, 1980; Elliott & Dweck, 1988). They observed that failure on tasks was followed by two different responses, namely, a helpless or a mastery reaction. Thus, children with equal abilities reacted to performance difficulties in two diverse ways. Helpless attributions consisted of demotivation, poor performance, and beliefs of poor ability whilst mastery orientations were characterised by active solution-orientated behaviour. Elliot and Dweck (1988, p. 5) subsequently investigated performance and mastery goals, postulating that "different goals set up the observed helpless and master-orientated patterns." Thus, there are a number of psychological characteristics that predispose a person to select a particular type of goal when in an achievement situation, and this selection enables prediction of the response patterns the person will exhibit (Dweck, 1986).

Initially Dweck and Legget (1988) thought that goal orientation consisted of two orientations, namely, learning (or mastery goals) and performance (ego-involved or ability goals) goals (Baranik, Barron, & Finney, 2007; Grant & Dweck, 2003). On the one hand, a learning goal orientation (LGO) refers to the *belief* that one's abilities can be developed over time (Attenweiler & Moore, 2006). Baranik et al. (2007, p. 698) put it more carefully: learning or mastery goals refer to the *mind-set* of focusing on the development of competence.[2] Thus, a person with an LGO will regard the development of skills and abilities as important when setting goals. It is a matter of focusing on the process rather than merely on the outcome.

A performance orientation goal, on the other hand, entails a focus on the outcome. Obtaining a goal is the main issue. Underlying a performance goal orientation (PGO) is the belief that ability is fixed, short-term goal achievement is important and not reaching such goals is a weakness (Attenweiler & Moore, 2006). The difference between LGO and PGO can be illustrated by the student that either enjoys the learning process or one that focuses on the highest marks. Thus, an LGO does not necessarily entail the achievement of the highest performance. In addition, in educational settings, performance goals were often associated with maladaptive outcomes such as children giving up when performance goals are not reached (Heyman & Dweck, 1992).

These goal orientations have also been associated with intrinsic and extrinsic motivation (Lee et al., 2010). Intrinsic motivation is related to internal goals such as the need to gain competency or mastering skills and knowledge whilst extrinsic goals are associated with validating self-worth in relation to performing better than others (Hirschfeld, Thomas, & McNatt, 2007). Durik and Harackiewicz (2003) showed that the situation is more complex than this: the need for achievement moderates the relationship between intrinsic motivation and goal orientation (Cury, Elliot, Sarrazin, Da Fonseca, & Rufo, 2002).

The simple two factor model, namely, PGO and LGO, disguised to some extent the multi-dimensional nature of the constructs. PGO was subsequently conceptualised as performance approach goals and performance avoidance goals thus forming a three factor model along with LGO (Baranik et al., 2007; Elliot & McGregor, 2001; Grant & Dweck, 2003; Midgley et al., 1998). The roots of approach and avoidance can be found in Dweck's (1986) view of children's mastery versus avoidance reactions to performance goals. Performance goals were usually viewed as approaching positive outcomes but the avoidance of poor performance became prominent as well (Elliot & Sheldon, 1997). Performance approach goals could also be called "prove" goals because a person would like to validate his/her capabilities (Attenweiler & Moore, 2006, p. 343). The performance approach or prove goals are assessed by items such as "I want to show others that I am smart" which implies wanting to show or proving competence relative to others (Baranik et al., 2007, p. 698). Performance avoidance goals focus on "avoiding incompetence relative to others" (Baranik et al., p. 698).

[2]The difference between "belief" and "mind-set" is subtle. Both are constructs referring to cognitive processes.

In addition, performance approach goals was conceptualised by Grant and Dweck (2003) as outcome and ability goals. Thus, one can strive for a particular outcome, such as getting good grades and/or strive to confirm an ability or skill, proving for example, that one is intelligent. Furthermore, both types can be normatively construed as well, namely, to strive for either outcomes or ability outcomes in *comparison* to others. Thus, a normative-outcome goal would aim at demonstrating one's good grades in comparison to the rest of the class.

Grant and Dweck (2003) also made a distinction within the learning or mastery goal orientation. Theoretically they thought that a learning orientation must be distinguished from challenge-learning (mastery) goals. The learning goals express the desire to learn and improve whilst the challenge-learning goal orientation expresses the desire to learn challenging tasks. However, this conceptual distinction was not borne out empirically. Elliot and McGregor (2001) introduced a fourth dimension by applying the avoid-approach distinction to the learning orientation (Baranik et al., 2007, p. 699; Elliot & McGregor, 2001). Learning avoidance can be defined as an orientation towards avoiding a demonstration of incompetence with reference to oneself or tasks (Elliot & Sheldon, 1997).

The four dimensional model is also called the 2×2 model and consists of two factors each with two levels (Harackiewicz, Barron, Pintrich, & Elliot, 2002; Senko, Hulleman, & Harackiewicz, 2011). Elliot and McGregor (2001, p. 501) said that learning and performance goals are achievement goals and they have competence as their main conceptual core. Thus, whether one's orientation to achieving goals is focused on learning or performance, both demonstrate competence when reaching those goals. Elliot and McGregor (2001) further distinguished between the *valence* of competence and the *definition* of competence. Valence refers to a positive movement towards goals or avoidance of goals, i.e. approach or avoidance of goals.

The definitional dimension refers to performance and learning. Despite calling this distinction the definitional dimension, Elliot and McGregor (2001) point out that performance and learning/mastery can be viewed in the light of the nature of the standards set for goal achievement. Achievement can be seen in the light of absolute standards, i.e. the requirements that emanate from the task itself, intrapersonal (potential or past personal achievement standard), or normative (how other persons performed). Mastery or learning goals focus on absolute or intrapersonal standards and performance goals on normative standards (Elliot & McGregor, p. 501). Whatever the reasons are that Elliot and McGregor use the tautology "normative standards" for comparing personal with other-personal performance, we suggest that the definitional descriptor be replaced with "normative orientation" because all three performance comparisons are normative or comparisons against a standard. Along with Baranik et al. (2007) we replace "normative" with "interpersonal" as shown in Table 21.1.

The 3 construct model viewed the learning orientation mainly as an approach orientation, but in the 4 construct model one can distinguish between learning approach and learning avoidance. Table 21.1 shows the difference between performance approach (PGO-approach) and learning approach (LGO-approach) goals, namely, the positive orientation or valence to either do better than others or master

Table 21.1 Structure and description of the 2×2 model (Elliot & McGregor, 2001)

Normative orientation				
			Learning/Mastery (Task and intrapersonal orientation)	Performance (Interpersonal)
Valence	Approach	Definition	Developing competence using intrapersonal standards	Striving to superiority using interpersonal standards
		General item	"It is important for me to understand the content of this course as thoroughly as possible"	"It is important for me to do better than other students"
	Avoid	Definition	Avoiding misunderstanding using intrapersonal standards	Avoiding inferiority using interpersonal standards
		General item	"Sometimes I'm afraid that I may not understand the content of this class as thoroughly as I'd like"	"I just want to avoid doing poorly in this class"

learning goals. The learning avoidance item expresses the fear that mastery goals will not be achieved whilst the avoidance of poor performance with reference to the class is expressed by the performance avoidance item.

The conceptual distinctions made by Elliot and McGregor (2001) were assessed empirically. They devised an instrument based on the 2×2 model and subjected it to a confirmatory factor analysis. A better fit for the 4 construct model was found than for the 2 or 3 construct model. Subsequent replication studies substantiated the 4 factor structure and validity evidence was also found by other studies (Baranik et al., 2007; Campbell et al., 2008; Cury, Elliot, Da Fonseca, & Moller, 2006; Finney, Pieper, & Barron, 2004). Research is still quite active and not all results converge. Attenweiler and Moore (2006) investigated the three factor model (consisting of learning goals, performance approach and performance avoidance goals) and largely confirmed this model and indications of a fourth factor. The performance avoidance construct was divided into a preference for tasks previously done successfully and a fear of poor performance. Not only do empirical studies contribute continuously to refine our understanding of goal achievement, conceptual work also continues unabatedly (Attenweiler & Moore, 2006; Baranik et al., 2007; Elliot & Sheldon, 1997; Harackiewicz et al., 2002; Ross, Blackburn, & Forbes, 2005).

Goal Structure and Outcomes

Much support has been found for positive academic outcomes based on learning or mastery goals (Elias, Mustaf, Roslan, & Noah, 2011; Elliot, McGregor, & Gable, 1999; Kaplan & Maehr, 2007). Mastery goals relate to adaptive issues such as emotional well-being, self-regulation, positive affect, self-efficacy and interest (Mesa, 2012). Mastery approach goals seem to relate to meta- and deep learning strategies whilst mastery avoidance goals do not (Diseth, 2011; Lee et al., 2010). The latter seem to

relate to low motivation and perceived competence. Some evidence has been found for performance approach goals relating to adaptive outcomes such as meta- and deep learning strategies but they have mostly been associated with maladaptive outcomes such as anxiety and poor knowledge retention (Lee et al., 2010). In fact performance avoidance goals are often associated with rehearsal learning strategies and rote memorisation.

Elliot and McGregor's (2001) extensive study of the 2×2 framework, not only supported the existence of mastery avoidance goal construct, but also examined its antecedents and outcomes. Underlying mastery avoidance are issues such as fear of failure and low self-determination. The issues further included a mix of positive and negative elements but mastery avoidance was not as negative compared to performance avoidance. The latter also included fear of failure and low self-determination but the former included a positive element in common with learning approach goals, namely, the engaging nature of the classroom (Elliot & McGregor, p. 515). A similar pattern emerged with the outcomes. Mastery avoidance goals although negative initially, seem to be malleable and not as harmful to well-being and performance as performance avoidance goals. However, a relationship between procrastination and mastery avoidance goals was found but not for mastery approach goals (Howell & Watson, 2007).

Lee et al. (2010) viewed mastery and performance goals as expressing intrinsic and extrinsic motivation respectively. This distinction is helpful in that it relates goals to motivational mechanisms underlying goal structure. Their study showed that mastery and performance goals both played a role in students' achievement patterns but noted that the cultural context probably played a role by setting high standards for future progress (the study was done on a sample of Singaporean students). Elliot et al.'s (1999) work on variables mediating the relationship between achievement goals and academic performance showed interesting results when the levels of achievement goals were taken into account. They worked with the 3 construct model and found that performance approach goals, performance avoidance goals and learning goals were mediated by disorganization, persistence and effort to predict academic performance. Performance approach goals and learning goals were mediated by persistence and effort whilst performance avoidance goals were mediated by disorganisation. Their conclusion was that the differentiated performance goals yielded better results than the case would be if the levels of performance goals were collapsed (Elliot et al., p. 559). At this stage of their research mastery goals were taken to yield clear results and it was only later that the four structure model was investigated.

Grant and Dweck (2003) found empirical evidence for some of the distinctions they have made between learning and performance goals. They found that learning goals had positive effects and their results supported earlier research findings on learning goals. Persons with high levels of learning goals are more likely to view negative outcomes as motivation to improve learning, and they have better mastery-coping strategies such as planning, higher intrinsic motivation and persistence (Grant & Dweck, p. 550). In contrast, when a person is performance orientated, specifically focusing on ability goals, (i.e. wanting to validate ability) then setbacks tend

to focus attention on the lack of ability rather than leading to increased motivation as is the case with a high learning orientation (Grant & Dweck, p. 551). Thus, a person that has high ability goals will more likely experience setbacks in terms of a decrease in self-worth, and a drop in intrinsic motivation and self-belief about ability.

Grant and Dweck (2003) found that outcome goals related to positive outcomes but usually in conjunction with learning goals or ability goals. They thus warn against making too much of the construct outcome goals because it relates to both a learning and performance orientation. Continuous investigation established the view that both performance approach and mastery approach have adaptive outcomes whilst maladaptive outcomes are restricted to avoidance goals (Senko & Harackiewicz, 2002; See Senko et al., 2011 for an overview).

Hope and Goals

The concepts of hope and goals have been used interchangeably in a number of studies. In addition hope studies do not usually form part of the educational and organisational context within which achievement and motivation theory have been discussed. However, when one examines the various definitions of hope, especially within the positive psychological context, it soon becomes apparent that there is a large overlap between hope and goal theories (Snyder et al., 2000). In a discussion comparing hope theory with goal achievement and efficacy constructs, Snyder say that the pathway and agency dimensions correspond largely to performance and learning goal orientations. However, if this is so then Snyder's hope theory largely overplayed its hand and in our opinion his cognitive perspective on goals, pathway and agency should rather explicitly be located within motivational achievement. One can profitably incorporate the agency and pathway constructs within goal orientation without the need to refer to hope. The direction other investigations are taking with Snyder's hope construct seems more appropriate by regarding it as a component of motivational structure: building on Snyder's theory, Arnau, Martinez, de Guzman, Herth and Konishi (2010, p. 809) define hope as "a motivational and cognitive attribute that is theoretically necessary to initiate and sustain action towards goal attainment." By morphing hope into pathway thoughts, goals and agency Snyder hit upon fundamental constructs that empirically showed much promise (Snyder et al., 2000), but lost the distinctive nature of hope although other authors express opinions to the contrary (McKnight, 2007).

Goal Achievement and Self-Efficacy

A major issue in goal theory is what drives people to make the effort to achieve goals. One answer is provided by the self-determination theory (SDT) of Deci and Ryan (1985, 2000) who posit the driving force of goal attainment to be basic human

needs (Deci, Vallerand, Pelletier, & Ryan, 1991). Three basic needs are postulated, namely, competence, relatedness, and control. The need for competence expresses the demand for obtaining internal and external goals or outcomes; the need for relatedness expresses the demand for establishing satisfying relationships with others and the need for control or determination expresses the requirement for initiating and controlling one's actions (Deci et al., 1991, p. 327). The process of goal attainment involves either controlled or self-determined behaviour and these have an impact on need satisfaction in different ways (Deci & Ryan, 2000, p. 239). However, Snyder's hope theory, goal setting theory and achievement goal orientation are cognitively orientated theories which means that the driving force for goal attainment is conceptualised differently than SDT.

Both perspectives of goal setting and goal orientation (and even Snyder's hope theory) draw upon Bandura's social cognitive theory. Bandura's social learning theory was later renamed social cognitive theory and had a major influence on what we now know as positive psychology. Specific core ideas in social cognitive theory can be utilised to link goal setting and goal orientation theory. The fundamental assumption of social cognitive theory about human psychological functioning can be summarised by the following statement: "Through cognitive self-regulation, humans can create visualized futures that act on the present; construct, evaluate, and modify alternative courses of action to secure valued outcomes; and override environmental influences" (Bandura, 2006, p. 164). Core issues in Bandura's theory can be derived from this statement. Firstly, as in behaviourism the environment influences behaviour but unlike behaviourism, a person's behaviour through cognitive processes changes the environment and its influences (Latham & Ernst, 2006). Secondly, an important aspect of functioning within the world is "cognitive self-regulation" which can also be called human agency. Through agency a person is able to react, change and grow within an environment that changes. A sense of agency is what Bandura (1982, p. 122) calls "people's sense of personal efficacy to produce and to regulate events in their lives." The third issue one can identify from the statement above is the ability to *create visualised futures* which means that a goal-directed tendency forms a fundamental part of what it is to be human (De Bilde, Vansteenkiste, & Lens, 2011; Elias et al., 2011; Lee et al., 2010; Nuttin & Lens, 1985). The ability to set goals and aim for them is what makes us learn, change, develop and survive. Goal achievement and human agency is linked in a fundamental sense. Bandura's (1982) social cognitive theory postulates in essence that the psychological core of human beings consists of agency.

Underlying human agency are four assumptions, namely, intentionality, forethought, self-reactiveness, and self-correction (Bandura, 2006). Human behaviour is always intentional in the sense that persons are striving towards goals. Intentionality is per definition the orientation towards something and it applies quite well to Bandura's usage. It is probably an oversimplification to state that persons always have a concrete goal in mind when behaving and acting. In behaviouristic models stimuli and responses are usually thought of as external stimuli impinging on an organism, but in Bandura's sense it is very much an internalised intention aimed at something that can range from unconscious to conscious cognitive representations.

Forethought indicates the ability of humans to entertain future-directed thought, i.e. the ability to plan a route towards obtaining the goal. Realising these "action plans" requires the ability to become mobilised and thus agentic energy is required to bring these plans to fruition. In the last instance, persons are able to correct themselves by changing plans and actions, acting resilient and tenacious to fulfil their aims. Agentic orientation or agency forms the core around which human functioning revolves and Bandura (1982) introduced the concept of self-efficacy as a mechanism that enables persons to achieve personal agency. Self-efficacy is then the belief that one is able to do things because without this belief nothing would be accomplished (Bandura, 1977).

The relationship between goal achievement, agency and self-efficacy is quite explicit. Self-efficacy is an expectation or belief that one can do certain things and it must be distinguished from an outcome expectation which is the belief that certain actions will lead to the desired outcomes (Bandura, 1977; Maddux, 2009). The two differ in that a person can have high outcome expectations but still not be able to reach his/her goals because of low efficacy expectations (O'Sullivan & Strauser, 2008). Even Snyder's pathway orientation comes into play in the social cognitive model of human functioning.

A high sense of agency or the belief that one can achieve things and control events seems important in a number of contexts. It underlies the success of psychological therapy, recovering from illness, achieving career success and of course, performing well educationally (Bandura, 2006). It is a central tenet of Bandura's theory that levels of self-efficacy can change. It is thus not a fixed personality characteristic but rather something that can be learned (Maddux, 2009). In fact, a sense of agency and the corresponding self-efficacy beliefs are part of psychological development from early on in one's life (Maddux, 2009). The interesting phenomenon of learned helplessness and the research it engendered eventually led to the idea of positive psychological constructs that can be learned or developed of which self-efficacy is one.

The sources of self-efficacy are mastery experiences, vicarious modelling, verbal persuasion and physiological feedback (Bandura, 1982). Recently Maddux (2009) made imaginal experiences explicit as a fifth source of self-efficacy. When a person experiences a sense of satisfaction when able to master a particular behaviour or skill it serves as a strong source of self-efficacy. Looking at examples of persons mastering the skills one is interested in is an example of modelling. Related to modelling is imagining oneself executing certain actions or behaviour successfully. Rehearsing actions or experiencing situations imaginatively can also increase feelings of self-efficacy. Therapy and related activities are largely based on convincing a person verbally that he or she can achieve certain things. Lastly, the psycho-physiological feedback one gets from feelings of anxiety and discomfort when executing certain actions can confirm low feelings of efficacy.

Goals are intricately involved in self-efficacy: on the one hand, as was mentioned above, a goal orientation forms part of what it means to be human on a macro level. Human agency means being intentional or always aimed towards doing something. On the other hand, on a micro level, i.e. on the level of what makes the mechanism

of self-efficacy work, goal orientation can be found. Bandura (1982) explains it as self-efficacy that is dependent on self-motivation. One can motivate a person to become involved in activities by using extrinsic incentives, but this has only limited value in increasing interest, self-motivation and self-efficacy. By having intrinsic goals and comparing one's performance against these internal standards, mastery is experienced thus fuelling self-efficacy and motivation:

> In social learning theory an important cognitively based source of motivation operates through the intervening processes of goal setting and self-evaluative reactions. … By making self-satisfaction conditional on a certain level of performance mastery, persons create self-incentives for their efforts. (Bandura, 1982, p. 134)

Although not distinguishing between mastery and learning goals explicitly, Bandura touches upon one of the most important issues in achievement goal theory. He recognises the role of experiencing mastery when setting goals and relates this process to an increase in self-efficacy.

Although goal setting theory differs from social cognitive theory in a number of respects, it can be seen that the main overlap is with the important role of self-efficacy in goal attainment. Goal commitment moderates the relationship between goal setting and goal attainment and goal commitment is increased by goal importance and self-efficacy. In principle, this means that the person who is committed to his/her goals will have a better chance to achieve the desired outcomes. The person who believes the goal is important and that he/she can achieve the goals has higher goal commitment. If goal commitment is present then the higher goal will elicit better performance (Latham & Ernst, 2006, p. 183).

The relationship between self-efficacy and goal constructs has been empirically illustrated. Referring to research done by Stajkovic and Luthans (1998), Latham and Ernst (2006) said that the link between performance as outcome and various variables such as motivation and goals are now well established. Persons with high levels of self-efficacy are inclined to have high goals (Latham & Ernst, 2006, p. 188). These high self-efficacy persons experience setbacks as challenges enabling persistence, motivation and effort (Latham & Ernst, p. 188). Interestingly, persons with low self-efficacy use concrete experiences when, for instance, encountering difficulties, to motivate their non-pursuit of goals. Furthermore, high self-efficacy persons set higher goals than low self-efficacy persons (Locke & Latham, 2002). Their goal commitment seems higher and they are able to find better ways to attain their goals than low self-efficacy persons.

A distinction must be made between general or generalised self-efficacy (GSE) and domain-specific self-efficacy. GSE does not succeed in predicting performance behaviour very well while domain-specific SE does (O'Sullivan & Strauser, 2008; Stajkovic & Luthans, 1998). Self-efficacy is also moderated by a number of variables, such as motivation, worldview, socioeconomic status, task difficulty, racial identity, performance expectancies and learning styles (O'Sullivan & Strauser, 2008, p. 255).

In summary, a brief overview of two major perspectives of goals was provided. Goal setting theory and achievement goal orientation provide important distinctions

for the operation of motivation on a cognitive level. It was also seen that the pathway and agency components of Snyder's hope theory fit well with this cognitive level of analysis. In the following section our GOQ instrument is analysed to determine whether its constructs can be refined and it will be evaluated against the conceptual distinctions made in the previous section. The ability of the instrument to predict academic achievement within a multicultural environment will also be examined.

Method

Two studies were done to investigate goal achievement behaviour amongst students. The first study was aimed at redefining the Hope/Goal Orientation instrument applied to students a few years ago (study 1). This involved applying the instrument widely to different samples and then doing a principal component analysis of raw scores followed by a Rasch analysis. The resulting Goal Achievement Questionnaire (GAQ) was then applied to almost 7,000 first year students and a small sample of other undergraduate students (study 2). Their average academic performance for 2010 was calculated and then related to positive psychological constructs and cultural group membership.

Instruments

Four instruments were utilised in the two studies, which were the Hope/Goal Orientation instrument and its revision, the Goal Achievement Questionnaire (GAQ) (Maree et al., 2008a), the Life Orientation Test Revised (LOT-R) and Snyder's Adult Trait Hope Scale (ATHS) consisting of trait agency and trait pathway constructs (Snyder et al., 2002). The Hope/Goal Orientation instrument had adequate to good internal consistency (α) estimates (see Table 21.2) (Maree et al., 2008a).

The LOT-R consists of two dimensions, a generalised optimism and a generalised pessimism scale (Carver & Scheier, 2002). The instrument consists of six items, three for each orientation and the reported reliability ranges between 0.7 and 0.8. Maree et al. (2008a, p. 173) reported an α of 0.61 for both scales, and an item separation value of 11.97 for the optimism scale. Only the optimism scale was used in the present study 1. An example of an optimism item is: "Overall, I expect more good things to happen to me than bad" (Carver & Scheier, 2002).

Snyder's ATHS was also used in study 1 (Snyder et al., 2002). Its two dimensions, namely, pathway and agency are reported to have good reliability estimates (Snyder et al., 1991, 1996). Maree et al., (2008a) found Cronbach α for pathway to be 0.73 (item separation = 5.72) and 0.65 (item separation = 2.36) for the agency scale. An example of a trait pathway item is "There are lots of ways around any problem"

Table 21.2 Properties and description of the Goal Achievement Questionnaire (GAQ)

Construct	Description	Example item	Number of items	Alpha
Goal achievement resources	This factor indicates a belief in one's ability to find ways to solve problems and achieve goals; it also indicates a positive outlook and inner resources	If I am in a difficult situation I see it as a challenge	23	.91
Ineffectuality	Shows a tendency to avoid responsibility and to not taking action; a person is easily influenced to change goals and easily negatively influenced by events; it also indicate a tendency to doubt one's own ability to be effective and this construct seems dispositional	I am easily influenced by what my friends say I should do	11	.80
Future vision	The factor shows an optimistic outlook based on the belief that the future holds promise and that goals will be reached; the construct seems dispositional	I hope to get good grades at the end of the year	10	.74
Despondency	It indicates at tendency to feel despondent and reflects a person's current state of mind; it is a state dimension	I am currently in a difficult situation	6	.74
Agency	Shows an ability to focus and act; because it reflects one's current situation, it is a state dimension	I am able to identify goals for myself	7	.65

whilst a state-like item would be "I can think of many ways to reach my current goals". An example of an agency trait item is "I energetically pursue my goals".

For the second study, information regarding students' academic marks for their 2010 year at a major tertiary institution was collated. Students had a number of different modules ranging from social science to engineering science and the number of modules per student differed as well. The official marks for the whole year, i.e. final marks for quarter and semester modules, were averaged. In order to get a sense of the variation of scores, the variance and Coefficient of Variation (CV) were calculated. The CV, which is the SD divided by the mean, enables one to compare the variability of students' average academic scores (Howell, 2002). Many factors influence single module marks and it is probably safe to assume that using only final exam marks is unreliable. Performance over the year can be influenced by transition adaptation, lack of experience and a host of other factors that can influence first-year performance. Thus, a supposedly better and more reliable estimate of academic performance would be a number of scores over a period of a year. Most of the distributions for the average academic mark for each language group (see below) was slightly skewed and deviated slightly from normality (Kolmogorov-Smirnov test was non-significant $p \geq 0.05$) except for the distributions of the Afrikaans, English and Venda/Tsonga groups ($p \leq 0.05$).

Table 21.3 Study 2 sample constitution and average academic score

Sample	Mean	N	Std. Deviation
2010 First year students (e)[a]	58.77	6,345	9.82
2006 Psychology undergraduates (a)	64.75	95	9.29
2010 Web survey students (b)	59.66	420	10.18
Total	58.91	6,860	9.86

[a]The number in brackets refer to the sample mentioned in the text

Samples

The first sample (study 1) consisted of 1,745 South African students. Twenty-eight percent were from (a) a 2006 undergraduate mix of psychology students (Maree et al., 2008a), (b) 25 % were 2010 undergraduate students who completed a web survey and studied in different faculties, (c) 23 % and (d) 24 % were 2009 and 2010 industrial psychology students respectively and from a different tertiary institution.

The second sample (study 2) consisted of (e) 6,831 first-year 2010 students at a major South African tertiary institution. These students were part of a broader exercise in countering student attrition in their first year. They underwent a number of tests, completed some surveys and were monitored during the year for risky academic behaviour. A selection of items from the GAQ as well as the LOT Optimism, and STHS were completed by them. This first year sample and samples (a) and (b) above for whom marks for 2010 could be obtained were included in the second study (N = 6,860) (Table 21.3).

Analysis

Principal Component Analysis

Exploratory factor analysis (EFA) using rotated principal component analysis (PCA) on raw scores was used to determine the components or factors of the GAQ. Although Wright (1996) made a good case why PCA on residuals should be used rather than raw scores, it was decided to utilise both the conventional PCA on raw scores but follow this up with a Rasch dimensionality analysis. The usual requirements for a factor analysis was considered such as adequate sample size and ratio to number of factors (Kaiser-Meyer-Olkin measure of sampling adequacy or KMO), the presence of singularity in the data (Bartlett's Test of Sphericity), and multicollinearity between variables (the determinant of the correlation matrix) (Field, 2005).

Rasch Analysis

The Rasch analysis or the one-parameter item response theory model was used because it enables one to construct unidimensional and linear measures. The Rasch

model is the only model, as opposed to other IRT and CTT models, that allows for the separation of person and item characteristics also called parameter separation (Andrich, 2004; Bond & Fox, 2007; Smith, 2004). The implication of parameter separation is that test comparisons can be made for the same group doing different versions of a test or different groups doing the same test (Bond, 2003; Bond & Fox, 2007; Wright & Masters, 1982).

A convention that applies in this article is the use of the Rasch parameter terms, namely, item location (or difficulty) (d) and person ability (b). Although the terms "item difficulty" and "person ability" initially referred to the Rasch parameters developed on ability tests, the same terms, applied appropriately, can be used for personality tests or other non-ability tests. "Person ability" refers to a person having less or more of particular characteristic or construct (Stone, 2004). Item difficulty can be understood as the ease with which a person with a high level of a particular construct endorses an item. To avoid confusion we will refer to d as item location rather than difficulty, and we will use b as an indication of preference magnitude.

Dimensionality, namely, the extent to which one can say a particular measure is unidimensional, can be evaluated with item fit statistics, called item infit and outfit, and with a principal components analysis (PCA) of the standardised residuals. When a second dimension is present in a measure and the ratio between items loading on each dimension is not equal, and there is not a high overlap between the two dimensions, item fit statistics is usually sufficient and accurate to identify dimensionality (Smith, 2002). However, when the proportion of items approach equality and the correlation between the dimensions increases, PCA of residuals is usually more accurate. In this study we utilised both. Smith (p. 212) pointed out that three aspects need to be considered when evaluating dimensionality. Item-total correlations should not be negative, item fit statistics can be utilised to rule out unusual response patterns and non-random patterns in the standardised residuals of an unrotated PCA can be identified.

Regression Analysis

The relationship between the dependent variable, namely, academic performance, and the independent variables, namely psychological profile, cultural group membership and gender was investigated with a multiple regression. The usual requirements for multivariate analysis were investigated, such as sample size, homoscedasticity and non-linearity (plots of the standardised predicted values against the standardised residuals), presence of multicollinearity (the variance inflation factor or VIF and the tolerance statistic), independence of residuals (Durbin-Watson test), the influence of outliers (casewise diagnostics using Cook's distance, DFBeta statistics and Mahalanobis Distance), and normality of residuals (Field, 2005).

Results

Study 1

A sample of 1,744 persons was utilised for factor analysing the Hope/Goal Orientation instrument.

Rotated Principle Component Analysis

In order to do a factor analysis the determinant of the covariance matrix must be larger than 0.00001 and in this case it was 7.90E-009 or 7.737971 (Field, 2005, p. 648). Furthermore, the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) was −.96 which in this case is excellent (> 0.9) (Field, 2005, pp. 649–650). The anti-image correlation matrix has KMOs for each item in the diagonal and these values should be above 0.5 (Field, 2005, p. 650). All KMOs for items were above 0.9 and thus adequate. The correlation matrix was not an identity matrix because Bartlett's Test of Sphericity was significant ($B = 28{,}379.5$, $df = 1{,}596$, $p \leq 0.001$) (Field, 2005, p. 652). Thus, for this data set factor analysis was appropriate.

Although the scree plot indicated one large common factor, 6 factors were extracted and orthogonally rotated (Kaiser-Varimax). The scree plot also indicated a second break after approximately 8 eigenvalues but an interpretable structure was found at 6 factors. The factors explained 35 % of the total variance. After rotation the first factor explained 16 % of the variance and the remainder of the 5 factors explained almost equal amounts of the remaining 19 % variance.

Rasch Dimensionality Analysis

The items were subsequently analysed using the Rasch model, first, to determine dimensionality, and secondly, to determine the rating scale performance.

The initial two and then four dimensions identified with the pre-Rasch analysis on the initial first large component were subjected to a PCA of standardised residuals. The first two components clearly showed additional dimensionality which supported the decision to divide each component into a further two. The item fit and PCA of standardised residuals for Factors 2, 3 and 4 were also examined. PCA was run on the observed or empirical data set and a simulated data set. The percentage of variance for the first contrast over the total variance of the data of the simulated dataset provides the cut-off for the empirical data. It is assumed that the eigenvalue of the first contrast of the simulated data which consists of random values would indicate the lower bound for a second dimension. Thus, if the first contrast percentage of variance exceeds that of the simulated data, then a second dimension probably is

Table 21.4 Dimensionality analysis: observed and simulated

	Label[a]	N	Items	Total variance	1st Contrast	Percentage	Infit > 1.4	Outfit > 1.4	Total n items
Factor 1 E		1,744	26	40.8	1.9	4.8	3	5	5
Factor 1 S		1,744	26	42.8	1.3	2.9			
Factor 1_1 E		1,744	13	22.6	1.7	7.5	1	1	1
Factor 1_1 S		1,744	13	24.7	1.2	5.1			
Factor 1_2 E		1,744	13	20.3	1.6	7.7		1	1
Factor 1_2 S		1,744	13	21.7	1.2	5.6			
Factor 1a E	Pathway	1,744	6	11.4	1.4	12.6	1	1	1
Factor 1a S		1,744	6	14.3	1.2	8.7			
Factor 1b E	Goal setting efficacy	1,744	7	12.8	1.4	19.9	0	0	0
Factor 1b S		1,744	7	15	1.2	8.3			
Factor 1c E	Resilience	1,744	8	12.9	1.4	11	0	0	0
Factor 1c S		1,744	8	14.4	1.2	8.5			
Factor 1d E	Optimism	1,744	5	7.9	1.4	17.8	0	0	0
Factor 1d S		1,744	5	9.4	1.3	13.9			
Factor 2	Agency	1,744	12	17.5	1.6	8.9	1	1	1
Factor 2 S		1,744	12	20.2	1.3	6.3			
Factor 3	Absence of state despair	1,744	9	19.2	1.7	8.9	0	1	1
Factor 3 S		1,744	9	21.7	1.2	5.8			
Factor 4	External LOC	1,744	8	11.9	1.5	12.3	1	1	1
Factor 4 S		1,744	8	13.3	1.2	9.1			

[a]The labels are provided for the convenience of the reader. See Table 21.13

present. The results of the PCA for simulated and empirical data can be found in Table 21.4. The total variance in eigenvalues, the first contrast eigenvalue and its percentage out the total is indicated in the table. Thus, one can see that the proportion of variance of the first contrast for the initial Factor 1 was larger (4.8) than that of the simulated data (2.9). One can thus assume that another dimension was present. Factor one was thus divided into two dimensions using the factor loadings of the residuals (which incidentally corresponded to the pre-Rasch PCA), and the process was repeated. The two sub-dimensions both had indications of further dimensionality as was the case with factors 2, 3 and 4.

Table 21.5 provides information on the psychometric properties of the six final factors. The item person separation index is given, the Cronbach Alpha (α), the number of items and the item separation index. The item and person separation indices show the ability of the measure to distinguish different strata of persons or items, i.e. person or item location levels. The first three factors had good reliability estimates whilst the remainder were adequate except for factor 1d and factor 2. The person separation indices were higher than one which is adequate again except for factors 1d and 2, while the item indices were very large for all factors. Table 21.13 provides the labels for the factors and their descriptions.

Table 21.5 Psychometric properties of the instrument

		Person	Item			
Factor	Label	N	Separation	Alpha (α)	N	Separation
Factor 1a	Pathway	1,603	1.49	0.82	6	12.69
Factor 1b	Goal setting efficacy	1,646	1.66	0.83	7	9.21
Factor 1c	Resilience	1,550	1.39	0.82	8	8.17
Factor 1d	Optimism	1,637	0.92	0.63	5	7.02
Factor 2	Agency	1,555	0.79	0.71	8	13.77
Factor 3	Absence of state despair	1,714	1.50	0.78	8	21.7
Factor 4	External LOC	1,650	1.18	0.74	8	6.95

Rating Scale Performance

Rating scale performance was evaluated on a number of issues. A four-point scale was used and should comply to the following requirements (Smith, Wakely, De Kruif, & Swartz, 2003, p. 378): (a) the number of persons endorsing each category should not be lower than 10; (b) categories should show an ordered progression from easy-to-endorse to more difficult-to-endorse; (c) the thresholds between categories should be ordered; (d) the outfit means square per category should be less than at least 1.4. Table 21.6 to Table 21.12 provide the rating scale performance of each factor. In all cases, the frequency of respondents per category was more than 10, average measures increase progressively with no disordering of categories apparent, the threshold values increase progressively, and category 0 (definitely false) has either an infit or outfit or both larger than 1.4. This is not the case with factor 3 (Table 21.11) where all categories have fit values lower than 1.4.

A further indication of the performance of the categories can be seen in Figs. 21.1, 21.2, 21.3, 21.4, 21.5, 21.6, and 21.7. Although the second category tends not to have clear thresholds in Factors 1c (Fig. 21.4), and factor 2 (Fig. 21.6) (notice the small peaks) it was decided not to combine categories throughout the instrument because in most cases the category 2 seems to be utilised by respondents and the thresholds and average measures are ordered.

Summary of Factors

The description of the factors was done in the light of the overview above which provided a better understanding what is involved in goal orientation and setting. Our previous studies identified a large first component as was the case in this study. However, both the subsequent PCAs and Rasch dimensionality analysis supported four dimensions. Table 21.13 provides the description of factors along with a sample item.

Table 21.6 Factor 1a (Pathway) rating scale performance

Category	Category label	Observed count	Count %	Observed average	Sample expectation	Infit Mnsq	Outfit Mnsq	Structure calibration	Category measure
0	Definitely False	216	2	−0.79	−1.62	1.62	2.1	NONE	(−3.81)
1	Mostly False	1,231	12	−0.26	−0.07	0.89	0.88	−2.6	−1.69
2	Mostly True	5,580	54	1.59	1.61	0.85	0.84	−0.77	1.32
3	Definitely True	3,386	33	3.66	3.61	0.99	0.95	3.37	−4.48
Missing		25	0	1.65					

Table 21.7 Factor 1b (Goal setting efficacy) rating scale performance

Category	Category label	Observed count	Count %	Observed average	Sample expectation	Infit Mnsq	Outfit Mnsq	Structure calibration	Category measure
0	Definitely false	168	1	−0.5	−1.39	1.62	2.05	NONE	(−3.75)
1	Mostly false	1,116	9	−0.03	0.11	0.9	0.87	−2.53	−1.66
2	Mostly true	6,374	52	1.84	1.86	0.91	0.88	−0.77	1.29
3	definitely true	4,484	37	3.73	3.68	0.99	0.96	3.31	−4.42
Missing		48	0	2.91					

Table 21.8 Factor 1c (Resilience) rating scale performance

Category	Category label	Observed count	Count %	Observed average	Sample expec tation	Infit Mnsq	Outfit Mnsq	Structure calibration	Category measure
0	Definitely false	249	2	0.1	−0.45	1.39	1.78	NONE	(−2.77)
1	Mostly false	958	7	0.32	0.46	0.91	0.94	−1.39	−1.13
2	Mostly true	5,679	41	1.49	1.52	0.91	0.88	−0.81	0.79
3	Definitely true	6,994	50	2.83	2.8	0.99	0.98	2.19	−3.33
Missing		45	0	2.14					

Table 21.9 Factor 1d (Optimism) rating scale performance

Category	Category label	Observed count	Count %	Observed average	Sample expectation	Infit Mnsq	Outfit Mnsq	Structure calibration	Category measure
0	Definitely false	366	4	−0.13	−0.44	1.28	1.48	NONE	(−2.66)
1	Mostly false	1,215	14	0.1	0.24	0.85	0.83	−1.31	−0.98
2	Mostly true	3,838	44	1.01	1.01	0.92	0.95	−0.54	0.77
3	Definitely true	3,226	37	2.03	2.01	0.97	0.98	1.85	−3.01
Missing		62	1	1.25					

Table 21.10 Factor 2 (Agency) rating scale performance

Category	Category label	Observed count	Count %	Observed average	Sample expectation	Infit Mnsq	Outfit Mnsq	Structure calibration	Category measure
0	Definitely false	311	2	0.2	–0.33	1.5	1.86	NONE	(–2.25)
1	Mostly false	783	6	0.48	0.57	0.92	0.86	–0.8	–0.77
2	Mostly true	3,707	27	1.42	1.52	0.94	0.8	–0.51	0.6
3	Definitely true	9,067	65	2.57	2.53	1.04	1.01	1.31	–2.52
Missing		66	0	2.14					

Table 21.11 Factor 3 (Absence of state despair) rating scale performance

Category	Category label	Observed count	Count %	Observed average	Sample expectation	Infit Mnsq	Outfit Mnsq	Structure calibration	Category measure
0	Definitely false	1,322	10	–0.78	–0.93	1.19	1.26	NONE	(–2.42)
1	Mostly false	2,468	18	–0.05	0	0.94	0.93	–1.09	–0.75
2	Mostly true	4,574	33	0.83	0.91	0.96	0.86	–0.17	0.69
3	Definitely true	5,526	40	1.99	1.93	0.97	1.06	1.26	–2.51
Missing		48	0	0.68					

Table 21.12 Factor 4 (External LOC) rating scale performance

Category	Category label	Observed count	Count %	Observed average	Sample expectation	Infit Mnsq	Outfit Mnsq	Structure Calibration	Category measure
0	Definitely false	574	4	0.14	–0.22	1.32	1.61	NONE	(–2.40)
1	Mostly false	1,763	13	0.32	0.41	0.9	0.92	–1.02	–0.81
2	Mostly true	5,435	39	0.98	1.04	0.9	0.88	–0.41	0.67
3	definitely true	6,111	44	1.88	1.84	0.94	0.96	1.43	–2.64
Missing		60	0	1.12					

In addition the meaning of a low score and high score on each dimension is also provided. These descriptions were based on the ordering of the item difficulty values as determined by the Rasch calibration. Low score items are easy to endorse whilst high score items are more difficult to endorse. One should also keep in mind that in a rating scale the four categories also range from easy to endorse to more difficult to endorse.

The goal theories discussed above provided us with adequate conceptual material to interpret the factors. For instance, the pathway and agency constructs were

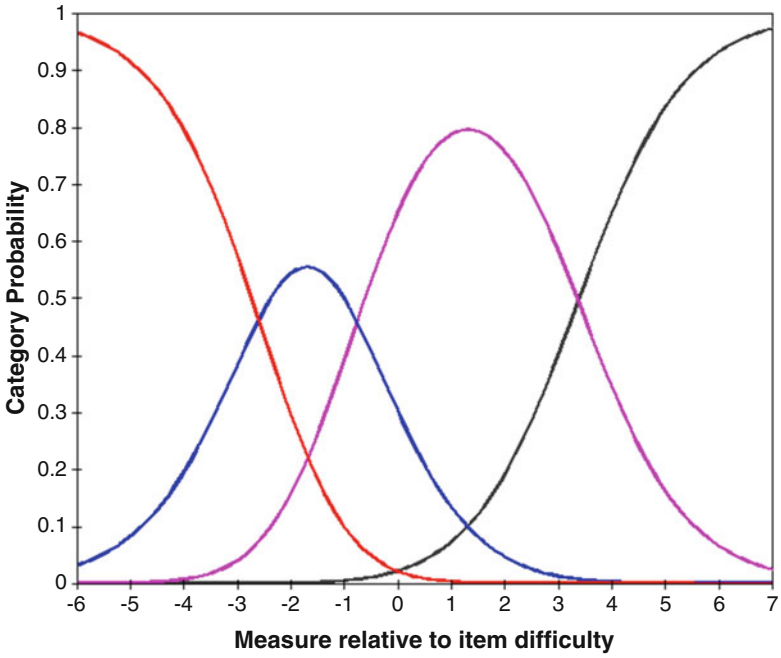

Fig. 21.1 Factor 1a (Pathway) category probabilities

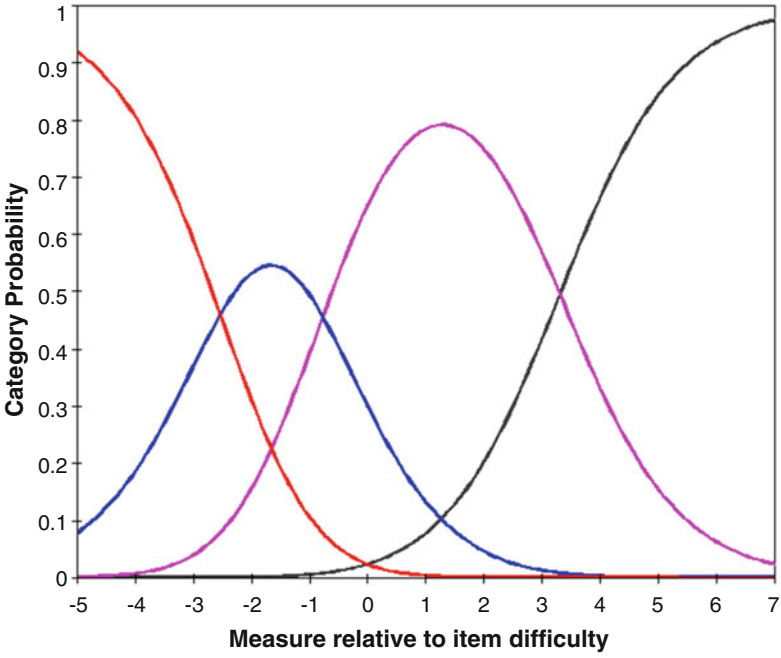

Fig. 21.2 Factor 1b (Goal setting efficacy) category probabilities

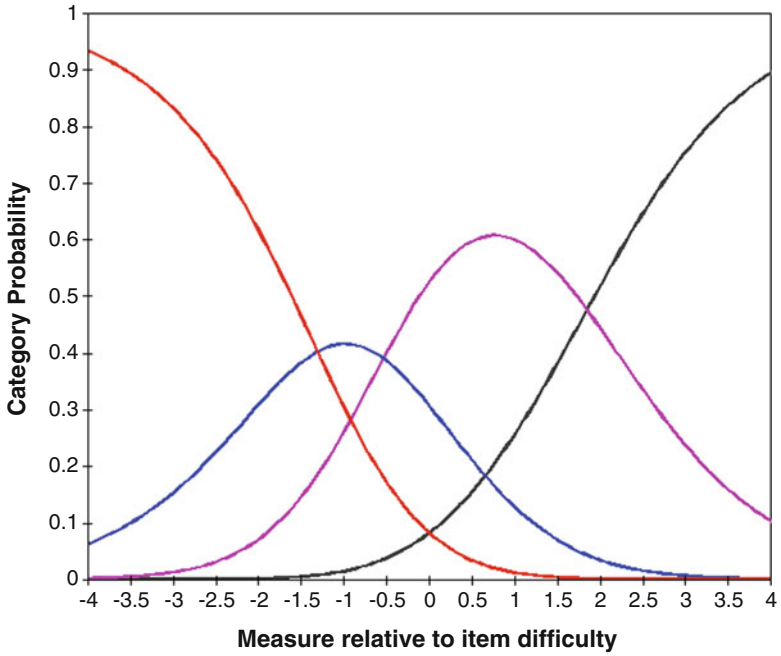

Fig. 21.3 Factor 1d (Optimism) category probabilities

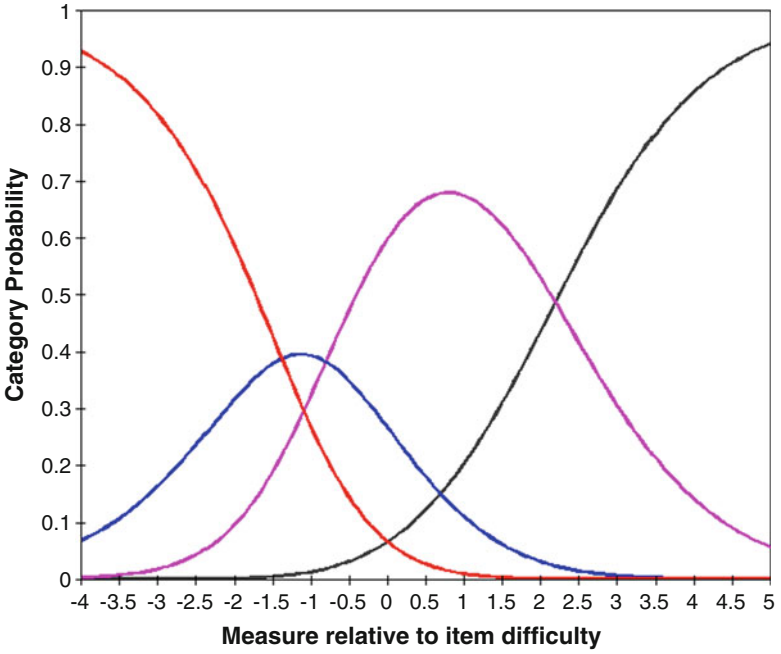

Fig. 21.4 Factor 1c (Resilience) category probabilities

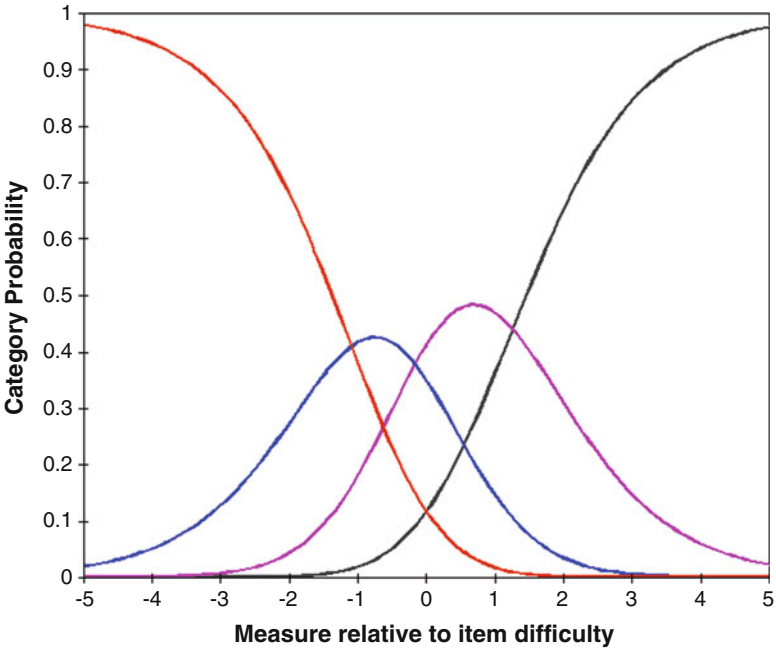

Fig. 21.5 Factor 3 (Absence of state despair) category probabilities

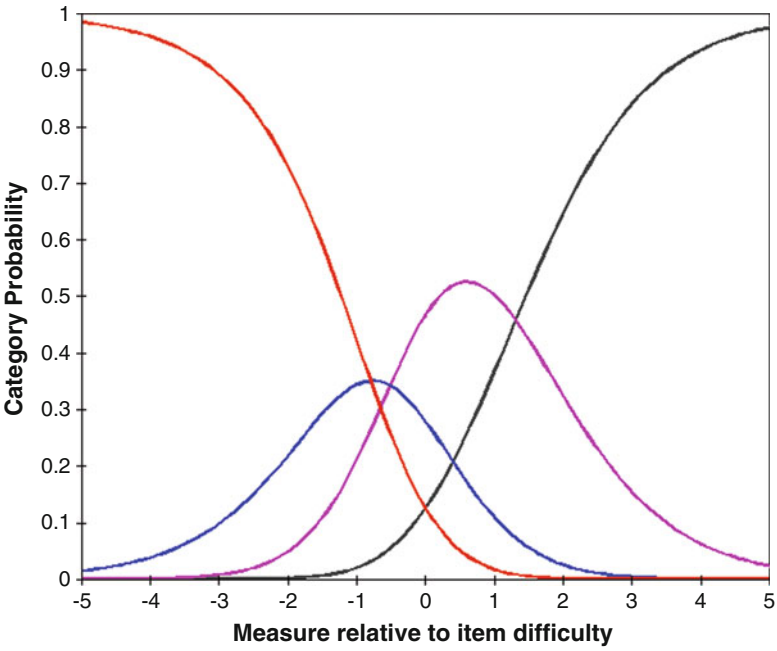

Fig. 21.6 Factor 2 (Agency) category probabilities

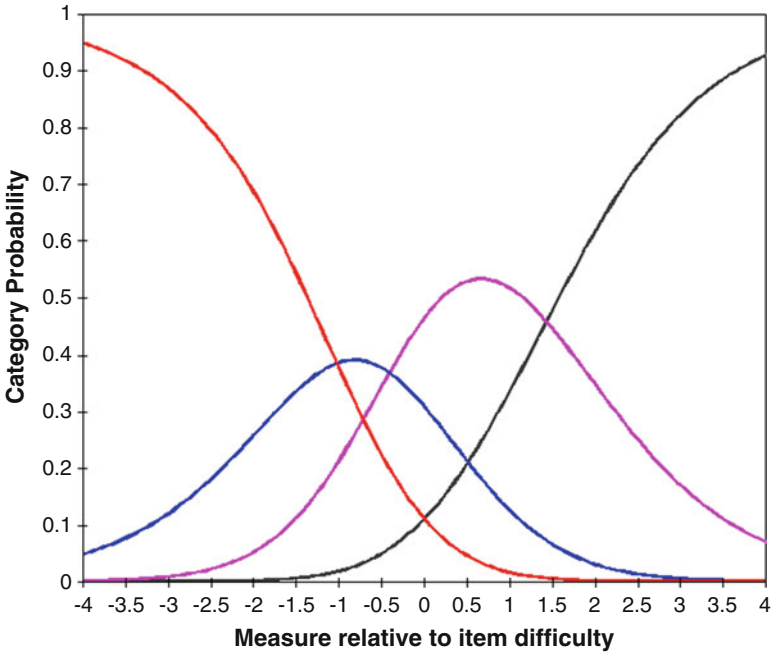

Fig. 21.7 Factor 4 (External LOC) category probabilities

covered in Factors 1a and 2. Goal setting capability, i.e. the ability to set goals for oneself was covered in Factor 1b which we called goal setting efficacy with reference to Locke and Latham's (2002, p. 707) finding that persons tend to deliberately plan when assigned new goals. The distinction between performance and learning goals was not reflected adequately in the instrument. However the tendency to persist despite current or past difficulties was covered in Factor 1c which we called resilience. This factor seems to address the ability to reach goals despite adverse situations (Masten & Reed, 2002; Youssef & Luthans, 2007). Persons high on this factor should be those that prefer approach learning goals which calls for mastery behaviour and persistence in the face of difficulties along with those that prefer approach performance goals.

Additional constructs that seem to be either outcome or antecedent variables were also identified such as optimism (Factor 1d), absence of state despair (Factor 3) where a low score would indicate the presence of despair and depression, and external locus of control (Factor 4) (Gupta & Sinha, 2004).

Extrinsic goals and by implication performance goals are vaguely suggested in the last construct, namely, lack of learned-helplessness where goal achievement is negatively influenced by others. However, the attempt to perform better than others or the avoidance of failure in comparison to others with respect to performance and learning goals is not apparent in this instrument.

Table 21.13 Description of factors for Goal Achievement Questionnaire (GAQ)

Factor	Label	Sample item	Description	High score	Low score
Factor 1a	Pathway	There are many ways to solve a problem	The belief that one can find ways to solve problems and reach goals	Indicates a strong belief on one's ability to find ways to achieve goals	Indicates an inability to find ways to a goal
Factor 1b	Goal setting efficacy	I am able to set goals for myself	Inclination to be internally motivated to set and achieve goals.	Can set goals but also tends to achieve them	Indicates a tendency to set goals without achieving them. Can also indicate lack of goal setting behaviour
Factor 1c	Resilience	I can cope despite past difficulties?	The belief that one is able to accomplish things despite difficulties	Ability to prevail despite past or present difficulties	Lacks belief that one can do better despite difficult circumstances
Factor 1d	Optimism	I believe I have a good future despite difficulties	Expectation of good things to happen (instead of bad)	Staying optimistic despite difficulties	Lack of optimism or belief in a better future
Factor 2	Agency	I am responsible to make things happen	Actively responding to events	Taking control in response to events	Not acting or taking responsibility
Factor 3	Absence of state despair	I feel depressed	Lacking feelings of despair, helplessness and self-blame	Lack of despair and self-blame. Lack of these feelings does not imply a positive mood.	Experiencing despair, self-blame and feelings of depression and pessimism
Factor 4	External LOC	Circumstances influence me easily	Close to learned helplessness	Lack of learned helplessness. Lack does not imply efficacy.	Experience feelings of helplessness, not in control and delivered to external events

Table 21.14 Participants: Ethnicity by gender (n = 7,092)

Ethnicity		Male	Female	Total
White	Count	1,903	2,539	4,442
	% of Total	26.8 %	35.8 %	62.6 %
Indian	Count	137	156	293
	% of Total	1.9 %	2.2 %	4.1 %
Coloured	Count	66	77	143
	% of Total	0.9 %	1.1 %	2.0 %
Black	Count	886	1,332	2,218
	% of Total	12.5 %	18.8 %	31.3 %
Total	Count	2,992	4,104	7,096
	% of Total	42.2 %	57.8 %	100.0 %

Study 2

In study 2 a sample of 7,096 of mostly first year students were included. A small percentage were second and third year students.

Sample description

Table 21.14 provides a description of the sample by ethnicity and gender. The majority were White while 30 % were Black. There were slightly more females than males.

As the ethnicity groupings were too generic, the language was divided into larger groups to enable distinction between families of black languages (Table 21.15). Zulu, Xhosa, Swati and Ndebele were grouped under Nguni, Nothern Sotho (Sepedi), Southern Sotho (Sesotho) and Tswana (Setswana) under Sotho-Tswana, and Tsonga and Venda were grouped together. Afrikaans stayed the same, English and English/Afrikaans were clustered while European language included Portuguese, Spanish, Greek, French, German and Dutch. A mixed category called "Other" grouped those that indicated their language as other along with Arabic, Chinese and Korean.

Figure 21.8 shows the psychological profiles[3] for each language group. The Venda/Tsonga, Nguni and Sotho-Tswana groups have the highest scores for the Goal

[3] The table below shows the correlation between the GAQ constructs and related instruments (N = 8,576).

	Pathway	Goal setting efficacy	Resilience	Optimism	Agency	Absence of state despair	External LOC
LOT Optimism	0.28	0.47	0.48	0.48	0.44	0.29	0.28
Snyder's trait agency	0.37	0.66	0.54	0.42	0.46	0.36	0.42
Snyder's trait path	0.37	0.61	0.59	0.44	0.46	0.3	0.35

All correlations significant at the 0.01 level (2-tailed)

Table 21.15 Participants: Language group and home language by ethnicity (n = 7,096)

Language group	Language	White	Indian	Coloured	Black	Sub-total	Total (N)	Percentage
Afrikaans	Afrikaans	2,757	1	23	5	2,786	2,786	39.3
English	Afrikaans/English	212	0	6	0	218	2,084	29.4
	English	1,352	276	94	144	1,866		
Other	Other	28	16	14	47	105	110	1.6
	Arabic	1	0	0	0	1		
	Chinese	1	0	2	0	3		
	Korean	0	0	1	0	1		
European	German	68	0	0	0	68	94	1.3
	French	1	0	0	15	16		
	Greek	1	0	0	0	1		
	Dutch	1	0	0	0	1		
	Portuguese	3	0	2	2	7		
	Spanish	1	0	0	0	1		
Nguni	IsiNdebele	1	0	0	103	104	737	10.4
	IsiXhosa	3	0	0	134	137		
	IsiZulu	3	0	0	358	361		
	Siswati	0	0	0	135	135		
Sotho-Tswana	Sepedi	3	0	0	438	441	1,055	14.9
	Sesotho	1	0	0	196	197		
	Setswana	3	0	1	413	417		
Venda-Tsonga	Tshivenda	1	0	0	98	99	230	3.2
	Xitsonga	1	0	0	130	131		
Total		4,442	293	143	2,218	7,096	7,096	100

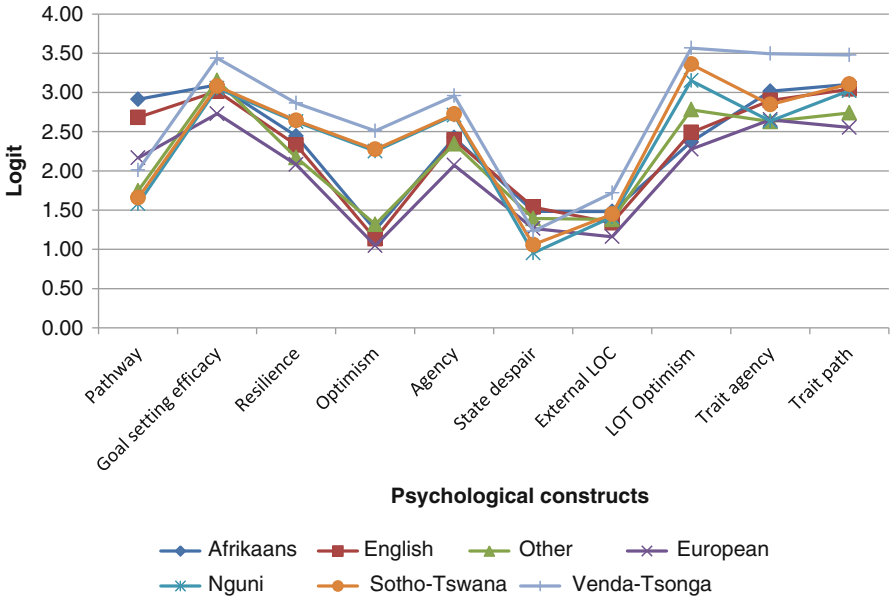

Fig. 21.8 Profile for each language group

Table 21.16 Academic performance for language groups

	Average academic performance(AAP)					SD	CV
Language groups	Mean	N	Std. Deviation	Minimum	Maximum	Mean	Mean
Afrikaans	59.47	2,687	9.96	7.50	89.69	10.47	.1856
English	60.05	2,006	10.21	16.50	97.50	10.40	.1823
Other	60.17	108	9.98	24.00	83.15	10.73	.1871
European	62.22	91	11.96	31.00	93.25	10.07	.1698
Nguni	56.87	720	8.69	24.50	80.88	10.45	.1928
Sotho/Tswana	56.72	1,028	8.94	26.25	82.31	10.23	.1888
Venda/Tsonga	56.36	220	9.02	33.20	81.35	10.00	.1856
Total	58.91	6,860	9.86	7.50	97.50	10.39	.1957

Setting Efficacy, Self-efficacy, Optimism and Agency. The remainder of the groups had markedly lower levels of optimism. On the other hand, LOT optimism for the groups was relatively higher with the Venda-Tsonga group having higher trait agency and trait path scores. One should keep in mind that a logit of 0 indicates an average score. Positive scores imply higher levels of a construct whilst negative scores indicate lower levels of a construct.

Table 21.16 indicates the average academic performance of the language groups. It also provides the standard deviation of the average scores and the coefficient of variation (CV) of the average scores. The average academic scores differ significantly from each other ($F_{(6,6853)} = 24.56$, $p \leq 0.001$). Scheffe's post hoc test indicated that Afrikaans, English and European groups were significantly higher than those of the Nguni, Sotho/Tswana and Venda/Tsonga groups ($p \leq 0.001$).

The comparison between the performance of the language groups on the psychological scores and their academic scores shows an interesting discrepancy. The groups with the lower academic performance were the groups with the higher psychological scores.

Multivariate Regression Model

In order to investigate the influence of both language group and the psychological constructs on academic performance a regression analysis was done. Given the very large sample, a number of statistical threats need to be controlled for. Large samples are sensitive to spurious correlations.

Multicollinearity or threat of correlations between the independent variables was examined (Field, 2005, p. 196). The Variance Inflation factor (VIF) for any latent variable should not exceed 10 which will indicate a strong linear relationship with the other predictors (Field, p. 175). The Tolerance (1/VIF) must not be below 0.2 (Field, p. 175).

In order to investigate the effect of outliers casewise diagnostics were run. Usually one expects less than 5 % to have standardised residuals above 2, and about

Table 21.17 Variables included in the regression model

Variable	Label	Unstandardised coefficients		Standardised coefficients		
		B	Std. Error	Beta	t	Sig.
c	Constant	57.21	0.32		180.70	.000
x_1	Pathway (Factor 1a)	–0.08	0.04	–0.03	–2.08	.037
x_2	Goal setting efficacy(Factor 1b)	0.20	0.08	0.04	2.58	.01
x_3	Agency (Factor 2)	0.30	0.09	0.05	3.27	.001
x_4	Optimism (LOT-R)	–0.36	0.09	–0.06	–3.86	.000
x_5	Trait agency (ATHS)	0.66	0.08	0.15	8.78	.000
x_6	Trait path (ATHS)	–0.67	0.08	–0.13	–8.39	.000
x_7	English	0.76	0.28	0.04	2.75	.006
x_8	Nguni	–2.09	0.41	–0.07	–5.09	.000
x_9	Venda/Tsonga	–2.40	0.36	–0.09	–6.68	.000
x_{10}	Female	2.64	0.24	0.13	11.21	.000
x11	European	3.12	1.02	0.04	3.05	.002

1 % above 2.5. Even fewer should have standardised residuals larger than 3. In this sample (n = 6,858) only 28 or 0.4 % had standardised residuals equal or larger than 3. No case had Cook's distance greater than one (Field, 2005, p. 200). This implies that none of the outliers had a negative influence on the regression model. However, the Leverage value (k + 1/N) for this sample was 0.002. The recommended cut-off is three times this value (i.e. 0.006) and two cases had values of 0.011 and 0.012. In addition their Mahalanobis was greater than 15, namely, 76.87 and 84.07. The other outliers were 17 and below. Despite the fact that no standardised DFBETA values were greater than 1 thus showing that the 28 outliers had no negative influences on regression parameters, it was decided to exclude these two cases from the final regression model estimation. The Durbin-Watson = 1.86, which means that residual errors are independent since it is close to a value of two. Lower than one or larger than three would have been problematic (Field, 2005, pp. 170, 190).

A stepwise regression analysis was done. A backward selection proved to be too liberal whilst the stepwise provided a model with slightly fewer predictors but with the same predictive power ($R = 0.248$, $R^2 = 0.062$, R^2 adjusted = 0.06). The model was significant at $p \leq 0.001$ ($F_{(11,6846)} = 40.79$).

Dummy variables were created for gender and the language groups with the largest group, namely, Afrikaans, as the reference group. All 10 psychological variables (Snyder's ATHS pathway and agency scales, the LOT-R optimism scale and the Goal Orientation's 7 factors), gender and 6 language groups were entered in the analysis.

The model identified was Average Academic Performance (AAP) $= c + x_1w_1 + x_2w_2 \ldots + x_{11}w_{11}$ with the selected variables indicated in Table 21.17 for ease of reference.

The variables in Table 21.17 were arranged from the smallest to the largest absolute weight. Belonging to a particular language group as specified in the table

(i.e. English, Nguni, Venda/Tsonga or European) and if a person is female assigns a weight of one to the corresponding variable whilst not belonging to one of the groups assigns a weight of 0 to the corresponding variable. Thus, the model reduces to only the psychological variables for a male belonging to the Afrikaans, Sotho/Tswana or Other language groups.

One can thus see that if a person belongs to one of the European language groups and is female then the average academic score is raised by almost 6 %. The Nguni and Venda/Tsonga language groups depress the academic score by almost 2 %. Table 21.16 confirms this trend because the two language groups were significantly lower on AAP in comparison to the other language groups. The table also shows that the European language group did the best academically. If one belongs to the English language group the academic performance is raised by almost 1 %. From the model it seems as if language group and gender have the largest effect on academic performance. However, one should keep in mind that language and gender have only one unit change effect per person. This means that belonging to a particular group included in the predictors merely have an influence once (i.e. 1 times the corresponding weight) whilst the psychological constructs have a larger range (approximately −4 to 4 although individuals might have much lower or higher logit scores).

The psychological constructs had a significant effect on academic performance albeit smaller than the languages. For each unit change in Trait Path (ATHS) academic performance (AAP) is decreased by almost 1 % while the opposite is true for Trait Agency (ATHS). Optimism (LOT-R) decreases the AAP score while Agency (Factor 2) and Goal Setting Efficacy (Factor 1b) increases it slightly. The Pathway (Factor 1a) variable decreases the AAP score slightly.

Discussion

The first study managed to refine the constructs of the GAQ instrument. Seven factors were identified which provide an indication of the cognitive-psychological structure of a person in terms of his/her ability to formulate goals and act to achieve them. The initial five factors were extended to seven. The initial four factors were Goal Achievement Resources (GAR), Ineffectuality, Future Vision, Despondency and Agency (Maree et al., 2008a). GAR was split into Pathway, Goal Setting Efficacy, Resilience and Optimism. The remainder were Agency, Absence of State Despair and External LOC. The first three dimensions showed good psychometric properties. The last four dimensions had low internal consistency estimates (α) but the item separation values were adequate. Some items throughout the scale had outfit values larger than 1.4 but it was decided to keep these items because the item content fits well with the named latent variable. These items will be monitored in future assessments. The GAQ covered some of the important constructs identified within achievement goal theory. However, performance and learning goals in their approach and avoidance variations were not clearly present. Goal setting was covered to some

extent by the goal setting efficacy construct which indicated the tendency to set goals when confronted with achievement situations. The additional constructs that were clarified were that of resilience, goal pathways, optimism, lack of despair and external locus of control. These variables can be associated with either the antecedents or outcomes of goal competency. Goal competency largely comprises goal orientation or the performance and learning goals. It is for this reason that we named the revised Hope/Goal instrument the Goal Achievement Questionnaire: it covers related important variables but not goal orientation competencies as such.

The incorporation and expansion of Snyder's explicitly cognitive theory of hope within achievement goal theory makes much sense in terms of the constructs he and his colleagues deemed important. Although the construct of hope can probably be expanded upon by including a spiritual and emotional dimension, his pathway constructs along with the agency function contributes to a goal achievement framework immensely. The realisation that self-efficacy plays a major role in mediating and/or moderating various goal achievement outcomes, is addressed by the construct of agency. Explicitly including pathway thoughts also contributes to achievement goal theory by strengthening the idea of a learning goal orientation. The relationship of agency (or self-efficacy) and pathway on the one hand, with performance and learning goals on the other hand, would reveal interesting information on how persons conceptualise and energise themselves to reach these goals. If one assumes that persons with high learning goal levels would be those who will also exhibit higher pathway levels, then the relationship between performance goals and pathway levels will be interesting to investigate. Of course, these issues are currently being addressed within the 2×2 goal orientation model. Approach goals in both learning and performance orientation seem to relate to higher levels of achievement and efficacy.

Another interesting question is to what extent should pathway measurement be contextual? Research has found a lower relationship between generalised self-efficacy and performance outcomes but higher and significant relationships between tailored self-efficacy measurements and performance outcomes (O'Sullivan & Strauser, 2008; Stajkovic & Luthans, 1998). Thus, one should investigate to what extent this is also true for pathway and agency measurements. The instruments that have been used in this study focused on general constructs. Even the items of the pathway and agency constructs are posed in general terms. Of course, the idea behind a generalised measurement is to be applicable in as many situations as possible and because one assumes that a construct such as self-efficacy can be applied in different situations. If a student is industrious with his/her studies one would assume these characteristics will spill over into other areas of their lives. However, this is not necessarily so. To assess goal achievement and related constructs for students seems to call for some tailoring of items. The same goes for assessing goal achievement in other areas such as job performance, personal development and so on. This could be another profitable area for further research because at this stage efforts have not been too coordinated to test specific hypotheses.

However, achievement goal theory, especially the refinement of the 2×2 model of goal orientation showed that empirical efforts and theory construction within achievement goal theory are converging in order to systematically investigate the

goal achievement phenomenon. This study contributed to the field of goal achievement in the sense that it was a study within the educational environment, thus contextually quite specific. It was also within a multicultural context and as was stated above, culture can also play a mediating/moderating role within the goal achievement and outcome performance relationship.

The one interesting point revealed by the analysis in our study is that some of the Black language groups have a slightly lower academic performance than, for instance, the European, English or Afrikaans groups. However, these two Black language groups have higher scores on optimism and related psychological constructs. This supports the findings of Maree et al. (2008a) where ethnicity depressed the overall academic score without affecting positive goal achievement scores. Of course, one could generate a multitude of hypotheses why this is the case but one should be careful to generalise.

The first explanation that comes to mind is that education of Black learners is impoverished. Poor quality education is a constant threat to the academic level of students entering tertiary education. However, this is quickly becoming an issue in government schools with predominantly white learners as well. One should keep in mind that the legacy of a poor education system will continue to influence academic performance on a tertiary level, and this could contribute to our findings as well. Another aspect to be kept in mind is the current socio-political climate in South Africa: one can merely wonder to what extent the example of prominent Black South Africans with high optimism and low schooling levels influence youth in South Africa today.

However, despite what the reason might be, the positive aspect lies in the fact that there is a significant statistical relationship between levels of positive psychological constructs and academic performance. Thus, cultural group membership does influence academic performance, but in conjunction with higher levels of the psychological constructs. The point is not that there is no or a small relationship, but that there is a significant relationship between academic outcomes and psychological constructs. Herein is the positive side for educators: because there is a relationship the educator and teacher can capitalize on the positive attitude these learners have. One should not see optimism as an utopian idealism but as the fertile soil for encouraging better performance. Because there is a positive relationship between optimism and academic outcomes, one can go so much further with students that want to achieve.

Conclusion

In conclusion, achievement goal theory still has much to offer especially where we struggle with student performance in South Africa. Our study shows that students are aiming high and that they are hopeful. We should capitalise on this trend and provide them with ample opportunity to reach their goals whatever their cultural group membership or language is. One way of creating space and means for

students to reach their academic and related goals is to understand the phenomenon of goal achievement, its enabling conditions and its barriers. If students realise that they actually contribute the most to their outcome achievements, that they can achieve more by enjoying learning then we will start winning the battle against mediocre academic performance and students being labelled as students at risk.

References

Ames, C. (1992). Classrooms: Goals, structures, and student motivation. *Journal of Educational Psychology, 84*(3), 261–271.

Andrich, D. (2004). Controversy and the Rasch model: A characteristic of incompatible paradigms? In E. V. Smith & R. M. Smith (Eds.), *Introduction to Rasch measurement: Theory, models and applications* (pp. 143–166). Maple Grove, MN: JAM Press.

Arnau, R. C., Martinez, P., de Guzman, I. N., Herth, K., & Konishi, C. Y. (2010). A Spanish-language version of the Herth Hope Scale: Development and psychometric evaluation in a Peruvian sample. *Educational and Psychological Measurement, 70*(5), 808–824. doi:10.1177/0013164409355701.

Attenweiler, W. J., & Moore, D. (2006). Goal orientations: Two, three, or more factors? *Educational and Psychological Measurement, 66*(2), 342–352. doi:10.1177/0013164405282473.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191–215.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 37*(2), 122–147.

Bandura, A. (2006). Towards a psychology of human agency. *Perspectives on Psychological Science, 1*(2), 164–180.

Baranik, L. E., Barron, K. E., & Finney, S. J. (2007). Measuring goal orientation in a work domain: Construct validity evidence for the 2×2 framework. *Educational and Psychological Measurement, 67*(4), 697–718. doi:10.1177/0013164406292090.

Bond, T. G. (2003). Validity and assessment: A Rasch measurement perspective. *Metodología de las Ciencias del Comportamiento, 5*(2), 179–194.

Bond, T. G., & Fox, C. M. (2007). *Applying the Rasch model: Fundamental measurement in the human sciences* (2nd ed.). Mahwah, NJ: Lawrence Erlbaum.

Campbell, H. L., Barry, C. L., Joe, J. N., & Finney, S. J. (2008). Configural, metric, and scalar invariance of the modified Achievement Goal Questionnaire across African American and White university students. *Educational and Psychological Measurement, 68*(6), 988–1007. doi:10.1177/0013164408315269.

Carver, C. S., & Scheier, M. F. (2002). Optimism. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology*. Oxford, UK: Oxford University Press.

Cury, F., Elliot, A. J., Da Fonseca, D., & Moller, A. C. (2006). The social-cognitive model of achievement motivation and the 2×2 achievement goal framework. *Journal of Personality and Social Psychology, 90*(4), 666–679. doi:10.1037/0022-3514.90.4.666.

Cury, F., Elliot, A., Sarrazin, P., Da Fonseca, D., & Rufo, M. (2002). The trichotomous achievement goal model and intrinsic motivation: A sequential mediational analysis. *Journal of Experimental Social Psychology, 38*(5), 473–481.

De Bilde, J., Vansteenkiste, M., & Lens, W. (2011). Understanding the association between future time perspective and self-regulated learning through the lens of self-determination theory. *Learning and Instruction, 21*(3), 332–344. doi:10.1016/j.learninstruc.2010.03.002.

Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum.

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*(4), 227–268.

Deci, E. L., Vallerand, R. J., Pelletier, L. G., & Ryan, R. M. (1991). Motivation and education: The self-determination perspective. *Educational Psychologist, 26*(3/4), 325–346.
Diener, C. I., & Dweck, C. S. (1978). An analysis of learned helplessness: Continuous changes in performance, strategy, and achievement cognitions following failure. *Journal of Personality and Social Psychology, 36*(5), 451–462.
Diener, C. I., & Dweck, C. S. (1980). An analysis of learned helplessness: II. The processing of success. *Journal of Personality and Social Psychology, 39*(5), 940–952.
Diseth, Å. (2011). Self-efficacy, goal orientations and learning strategies as mediators between preceding and subsequent academic achievement. *Learning and Individual Differences, 21*(2), 191–195. doi:10.1016/j.lindif.2011.01.003.
Durik, A. M., & Harackiewicz, J. M. (2003). Achievement goals and intrinsic motivation: Coherence, concordance, and achievement orientation. *Journal of Experimental Social Psychology, 39*(4), 378–385.
Dweck, C. S. (1986). Motivational processes affecting learning. *The American Psychologist, 41*(10), 1040–1048.
Dweck, C. S., & Leggett, E. L. (1988). A social-cognitive approach to motivation and personality. *Psychological Review, 95*(2), 256–273.
Elias, H., Mustaf, S. M. S., Roslan, S., & Noah, S. M. (2011). Motivational predictors of academic performance in end year examination. *Procedia – Social and Behavioral Sciences, 29*, 1179–1188. doi:10.1016/j.sbspro.2011.11.352.
Elliot, A. J., & McGregor, H. A. (2001). A 2×2 achievement goal framework. *Journal of Personality and Social Psychology, 80*(3), 501–519.
Elliot, A. J., McGregor, H. A., & Gable, S. (1999). Achievement goals, study strategies, and exam performance: A mediational analysis. *Journal of Educational Psychology, 91*(3), 549–563.
Elliot, A. J., & Sheldon, K. M. (1997). Avoidance achievement motivation: A personal goals analysis. *Journal of Personality and Social Psychology, 73*(1), 171–185. doi:10.1037/0022-3514.73.1.171.
Elliott, E. S., & Dweck, C. S. (1988). Goals: An approach to motivation and achievement. *Journal of Personality and Social Psychology, 54*(1), 5–12. doi:10.1037/0022-3514.54.1.5.
Field, A. P. (2005). *Discovering statistics using SPSS: (and sex, drugs and rock 'n' roll)* (2nd ed.). London: Sage.
Finney, S. J., Pieper, S. L., & Barron, K. E. (2004). Examining the psychometric properties of the Achievement Goal Questionnaire in a general academic context. *Educational and Psychological Measurement, 64*(2), 365–382. doi:10.1177/0013164403258465.
Gerhardt, M. W., & Luzadis, R. A. (2009). The importance of perceived task difficulty in goal orientation – Assigned goal alignment. *Journal of Leadership & Organizational Studies, 16*(2), 167–174. doi:10.1177/1548051809337875.
Grant, H., & Dweck, C. S. (2003). Clarifying achievement goals and their impact. *Journal of Personality and Social Psychology, 85*(3), 541–553.
Gupta, A., & Sinha, S. P. (2004). Locus of control and goal orientation as determinants of academic achievement. *Psychological Studies, 49*(1), 31–35.
Harackiewicz, J. M., Barron, K. E., Pintrich, P. R., & Elliot, A. J. (2002). Revision of achievement goal theory: Necessary and illuminating. *Journal of Educational Psychology, 94*(3), 638–645.
Herzberg, F. (1968). One more time: How do you motivate employees? *Harvard Business Review, 46*(1), 87–96.
Heyman, G. D., & Dweck, C. S. (1992). Achievement goals and intrinsic motivation: Their relation and their role in adaptive motivation. *Motivation and Emotion, 16*(3), 231–247. doi:10.1007/BF00991653.
Hirschfeld, R. R., Thomas, C. H., & McNatt, D. B. (2007). Implications of self-deception for self-reported intrinsic and extrinsic motivational dispositions and actual learning performance: A higher order structural model. *Educational and Psychological Measurement, 68*(1), 154–173. doi:10.1177/0013164406299129.
Howell, D. C. (2002). *Statistical methods for psychology* (5th ed.). Pacific Grove, CA: Duxbury.
Howell, A. J., & Watson, D. C. (2007). Procrastination: Associations with achievement goal orientation and learning strategies. *Personality and Individual Differences, 43*(1), 167–178. doi:10.1016/j.paid.2006.11.017.

Kaplan, A., & Maehr, M. (2007). The contributions and prospects of goal orientation theory. *Educational Psychology Review, 19*(2), 141–184. doi:10.1007/s10648-006-9012-5.

Latham, G. P., & Ernst, C. T. (2006). Keys to motivating tomorrow's workforce. *Human Resource Management Review, 16*(2), 181–198. doi:10.1016/j.hrmr.2006.03.014.

Latham, G. P., & Locke, E. A. (1991). Self-regulation through goal setting. *Organizational Behavior and Human Decision Processes, 50*(2), 212–247. doi:10.1016/0749-5978(91)90021-k.

Latham, G. P., & Locke, E. A. (2006). Enhancing the benefits and overcoming the pitfalls of goal setting. *Organizational Dynamics, 35*(4), 332–340. doi:10.1016/j.orgdyn.2006.08.008.

Latham, G. P., & Yukl, G. A. (1975). A review of research on the application of goal setting in organizations. *Academy of Management Journal, 18*(4), 824–845.

Lee, J. Q., McInerney, D. M., Liem, G. A. D., & Ortiga, Y. P. (2010). The relationship between future goals and achievement goal orientations: An intrinsic-extrinsic motivation perspective. *Contemporary Educational Psychology, 35*(4), 264–279.

Locke, E. A. (1968). Toward a theory of task motivation and incentives. *Organizational Behavior and Human Performance, 3*(2), 157–189. doi:10.1016/0030-5073(68)90004-4.

Locke, E. A. (1996). Motivation through conscious goal setting. *Applied and Preventive Psychology, 5*(2), 117–124. doi:10.1016/s0962-1849(96)80005-9.

Locke, E. A., & Latham, G. P. (2002). Building a practically useful theory of goal setting and task motivation: A 35-year odyssey. *The American Psychologist, 57*(9), 705–717. doi:10.1037//0003-066X.57.9.705.

Locke, E. A., & Latham, G. P. (2006). New directions in goal-setting theory. *Current Directions in Psychological Science, 15*(5), 265–269.

Maddux, J. E. (2009). Self-efficacy: The power of believing you can. In S. J. Lopez & S. R. Snyder (Eds.), *Oxford handbook of positive psychology* (2nd ed., pp. 335–343). New York: Oxford University Press.

Maree, D. J. F., & Maree, M. (2005, 8–10 August). *Assessment of hope-the process of constructing a gender-sensitive scale for hope within a South African context.* Paper presented at the "Hope Probing the Boundaries" Conference, Prague, Czech Republic.

Maree, D. J. F., Maree, M., & Collins, C. (2008a). Constructing a South African hope measure. *Journal of Psychology in Africa, 18*(1), 167–178.

Maree, D. J. F., Maree, M., & Collins, C. (2008b). The relationship between hope and goal achievement. *Journal of Psychology in Africa, 18*(1), 65–74.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370–396.

Masten, A. S., & Reed, M. J. (2002). Resilience in development. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 74–88). Oxford, UK: Oxford University Press.

McKnight, P. (2007). Western perspectives on positive psychology. In C. R. Snyder & J. Lopez (Eds.), *Positive psychology: The scientific and practical explorations of human strengths* (pp. 23–35). Thousand Oaks, CA: Sage.

Meece, J. L., Anderman, E. M., & Anderman, L. H. (2006). Classroom goal structure, student motivation, and academic achievement. *Annual Review of Psychology, 57*(1), 487–503. doi:10.1146/annurev.psych.56.091103.070258.

Mesa, V. (2012). Achievement goal orientations of community college mathematics students and the misalignment of instructor perceptions. *Community College Review, 40*(1), 46–74. doi:10.1177/0091552111435663.

Midgley, C., Kaplan, A., Middleton, M., Maehr, M. L., Urdan, T., Anderman, L. H., et al. (1998). The development and validation of scales assessing students' achievement goal orientations. *Contemporary Educational Psychology, 23*(2), 113–131. doi:10.1006/ceps.1998.0965.

Nuttin, J., & Lens, W. (1985). *Future time perspective and motivation: Theory and research method*. Leuven, Belgium: Leuven University Press.

O'Sullivan, D., & Strauser, D. R. (2008). Operationalizing self-efficacy, related social cognitive variables, and moderating effects: Implications for rehabilitation research and practice. *Rehabilitation Counseling Bulletin, 52*(4), 251–258. doi:10.1177/0034355208329356.

Phillips, J. M. (1997). Role of goal orientation, ability, need for achievement, and locus of control in the self-efficacy and goal-setting process. *Journal of Applied Psychology, 82*(5), 792–802.

Pintrich, P. R., Conley, A. M., & Kempler, T. M. (2003). Current issues in achievement goal theory and research. *International Journal of Educational Research, 39*(4–5), 319–337. doi:10.1016/j.ijer.2004.06.002.

Ross, M. E., Blackburn, M., & Forbes, S. (2005). Reliability generalization of the patterns of Adaptive Learning Survey Goal Orientation Scales. *Educational and Psychological Measurement, 65*(3), 451–464. doi:10.1177/0013164404272496.

Senko, C., & Harackiewicz, J. M. (2002). Performance goals: The moderating roles of context and achievement orientation. *Journal of Experimental Social Psychology, 38*(6), 603–610. doi:10.1016/s0022-1031(02)00503-6.

Senko, C., Hulleman, C. S., & Harackiewicz, J. M. (2011). Achievement goal theory at the crossroads: Old controversies, current challenges, and new directions. *Educational Psychologist, 46*(1), 26–47. doi:10.1080/00461520.2011.538646.

Skinner, B. F. (1975). The steep and thorny way to a science of behavior. *American Psychologist, 30*(1), 42–49. doi:10.1037/0003-066X.30.1.42.

Skinner, B. F. (1984). The phylogeny and ontogeny of behavior. *Behavioral and Brain Sciences, 7*(04), 669–677. doi:10.1017/S0140525X00027990.

Smith, E. V. (2002). Detecting and evaluating the impact of multidimensionality using item fit statistics and principal component analysis of residuals. *Journal of Applied Measurement, 3*(2), 205–231.

Smith, E. V. (2004). Evidence for the reliability of measures and validity of measure interpretation: A Rasch measurement perspective. In E. V. Smith & R. M. Smith (Eds.), *Introduction to Rasch measurement: Theory, models and applications* (pp. 93–122). Maple Grove, MN: JAM Press.

Smith, E. V., Wakely, M. B., De Kruif, R. E. L., & Swartz, C. W. (2003). Optimizing rating scales for self-efficacy (and other) research. *Educational and Psychological Measurement, 63*, 369–391.

Snyder, C. R., Feldman, D. B., Taylor, J. D., Schroeder, L. L., & Adams, V. H. (2000). The roles of hopeful thinking in preventing problems and enhancing strengths. *Applied and Preventive Psychology, 9*, 249–270.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. (1991). The will and the ways: development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*, 570–585.

Snyder, C. R., & Lopez, S. J. (2002). *Handbook of positive psychology*. Oxford, UK: Oxford University Press.

Snyder, C. R., & Lopez, S. J. (2009). *Oxford handbook of positive psychology*. Oxford, UK: Oxford University Press.

Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2002). Hope theory: A member of the positive psychology family. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 257–276). Oxford, UK: Oxford University Press.

Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2005). Hope theory. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 257–276). New York: Oxford University Press.

Snyder, C. R., Sympson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology, 70*, 321–335.

Stajkovic, A. D., & Luthans, F. (1998). Self-efficacy and work-related performance: A meta-analysis. *Psychological Bulletin, 124*(2), 240–261.

Stone, M. H. (2004). Substantive scale construction. In E. V. Smith & R. M. Smith (Eds.), *Introduction to Rasch measurement*. Maple Grove, MN: JAM Press.

Vroom, V. H. (1964). *Work and motivation*. New York: Wiley.

Wahba, M. A., & Bridwell, L. G. (1976). Maslow reconsidered: A review of research on the need hierarchy theory. *Organizational Behavior and Human Performance, 15*(2), 212–240.

Webb, D. (2007). Modes of hoping. *History of the Human Sciences, 20*(3), 65–83.

Wright, B. D. (1996). Comparing Rasch measurement and factor analysis. *Structural Equation Modeling, 3*(1), 3–24.

Wright, B. D., & Masters, G. N. (1982). *Rating scale analysis*. Chicago: Mesa.

Youssef, C. M., & Luthans, F. (2007). Positive organizational behavior in the workplace: The impact of hope, optimism, and resilience. *Journal of Management, 33*(5), 774–800. doi:10.1177/0149206307305562.

Chapter 22
The Role of Gender and Race in Sense of Coherence and Hope Orientation Results

Sanet van der Westhuizen (née Coetzee), Marié de Beer, and Nomfusi Bekwa

High levels of well-being and life satisfaction are believed to significantly improve life in the areas of work and income, social relations, and societal benefits (Diener & Ryan, 2010). There is thus a renewed effort to promote individuals' psychological well-being with research efforts which aim to discover the factors that influence individuals' levels of psychological well-being. In this regard, the role and possible influence of demographic variables cannot be ignored. In recent years, there has been a steady growth in the development and use of instruments that measure individuals' well-being. These measurements play a pivotal role in efforts to develop and test theories on well-being, as well as efforts to promote the optimal psychological well-being of individuals. Information on how race and gender differences are manifested in these instruments will help advance our understanding of the constructs. Most of these measurements are self-report scales whereby individuals rate the degree of psychological well-being they experience. Although the influence of demographic differences on the general well-being of individuals has been extensively studied (Diener & Ryan, 2010), most of these studies used procedures derived from classical test theory (CTT; e.g., Roothman, Kirsten, & Wissing, 2003). Alternative approaches to studying the measures of psychological attributes are available. An example of such an approach is the Rasch model. The advantage of this model is that it makes provision for genuine interval measures that strengthen the measurement properties of measures (Bond & Fox, 2007).

The aim of this study was to investigate the role of gender and race in two measures of psychological well-being by using both classical analysis methods and Rasch analysis. Classical analyses allow for the comparison of the mean scores of subgroups and allow for comparisons with published research results. Rasch analysis

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contributes further by allowing for the creation of a common scale on which the estimation of item difficulty (or *endorsability* for polytomous items) and person ability estimations can be indicated in logarithmic odds units, or logits (Bond & Fox, 2007). Rasch analysis also makes provision for the visual illustration of differential item functioning (Bond & Fox, 2007; Linacre, 2011).

Sense of Coherence

Antonovsky (1979) defines sense of coherence (SOC) as a global orientation that expresses the extent to which one has a pervasive, enduring, but dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected. It is seen as an internalized sense of control that guides individuals' orientation towards events. Shapiro, Schwartz, and Santerre (2002, p. 637) describe it as a "relatively stable personality characteristic that affects how one perceives and makes sense of the world". It consists of three core, interwoven dimensions; namely, comprehensibility, manageability and meaningfulness (Antonovsky, 1987).

Comprehensibility refers to the extent to which individuals perceive confronting stimuli as making cognitive sense. In other words, the stimuli are perceived as information that is ordered, structured, and clear, as opposed to chaotic, disordered, random, accidental, or unpredictable (Antonovsky, 1984). Individuals with higher levels of comprehensibility find logic in the sequence of events, a degree of consistency from one experience to another, and believe that unexplainable events do not occur (Sullivan, 1993). Manageability can be defined as the extent to which people perceive that resources are at their disposal and are adequate to meet the demands imposed by stimuli (Antonovsky, 1984). For individuals with higher levels of manageability, life does not become unmanageable and overwhelming, but instead, is experienced as endurable (Sullivan, 1993). Meaningfulness refers to the degree of commitment individuals have to various life domains and the importance of shaping not only one's destiny, but also one's daily experiences. High scores on meaningfulness manifest in the feeling that life makes sense emotionally (Antonovsky, 1984).

In studies by Roothman et al. (2003) and Van Schalkwyk and Rothmann (2008), no gender differences were found on the SOC scale. On the other hand, Gropp, Geldenhuys, and Visser (2007), in a sample of 200 employees from the head office of a financial services company in South Africa, found race differences in SOC - with White respondents in their sample obtaining higher scores on comprehensibility, meaningfulness, and total SOC than Black respondents in the sample. The significant question here is whether these results could be confirmed using traditional statistical comparisons of mean scores, and what possible additional information could further exploration by means of the Rasch model offer.

Hope

Hope has been described as a key indicator of general psychological well-being (Seligman, Steen, Park, & Peterson, 2005; Snyder, Rand, & Sigmon, 2002). Snyder et al. (1996) defined *hope* as a cognitive construct consisting of imagined actions to achieve one's goals by using the energy to do so (agency thinking), as well as the ability to find ways and routes to achieve set goals (pathway thinking). According to Snyder et al. (2002, p. 257), "hopeful thought reflects the belief that one can find pathways to desired goals and become motivated to use those pathways." They identify goals, pathways thinking, and agency thinking as vital parts of hopeful thinking.

Expanding on the work of Snyder et al. (2002), D. J. F. Maree, Maree, and Collins (2008a) developed a multidimensional measure of hope—the Hope Orientation Measure, or HOME—that includes the following dimensions: *goal achievement resources*, which is indicative of a positive outlook and a belief in one's ability to find ways to solve problems and achieve goals (i.e., having inner resources); and ineffectuality, which seems to be a dispositional dimension that indicates having feelings of self-doubt, as well as a tendency to avoid taking responsibility or action. Maree et al. (2008a) referred to this dimension as the opposite of self-efficacy; future vision, which indicates an optimistic view of the future based on the belief that the future holds promise and that goals will be achieved; despondency, which is a state dimension reflecting an individual's current state of mind and situational feelings of hopelessness; and lastly, agency, which reflects the ability to formulate goals and work towards them, and which is an indication of an individual's motivational state in the current situation. It is hypothesised that these hope dimensions influence goal attainment.

Using the Rasch model in their analysis, D. J. F. Maree, Maree, and Collins (2008b) found logit score differences between race groups for goal achievement resources, ineffectuality, and agency, where Black groups scored significantly higher on these subscales compared with White, Coloured, and Indian groups. No significant gender differences were found. According to Maree et al. (2008a), a focus on hope is important for students as it contributes to their psychological resilience, improves their motivation, and assists them to positively work towards viable futures for themselves. Maree et al.'s research used the data of undergraduate social sciences students in the development and validation of the HOME. The question addressed by the present study was whether similar results would be found for a sample of postgraduate distance learning students.

Rasch Measurement

The aim of Rasch measurement is to provide interval measures and monitor the adherence of scales to scientific measurement principles (Bond & Fox, 2007; Linacre, 2011). Georg Rasch (1961), a Danish mathematician, developed this item-based

measurement approach, which is referred to as Rasch measurement (Rasch, 1979; Thompson & Barnard, 2009). According to Thompson and Barnard (2009), Rasch measurement is philosophical, as opposed to the item response theory models, which are statistical. It is deemed to be philosophical because, unlike the other models, it is prescriptive rather than descriptive of data, it ensures effective quality measurements, and it is the only model that has the property of specific objectivity wherein comparisons of items can be conducted independently of the people responding to the items (Bond & Fox, 2007; Thompson & Barnard, 2009). According to Bond and Fox (2007), the Rasch model provides a mathematical framework that can be used to ascertain whether the data fit the model. This model of measurement allows for interval measurement of the constructs (also referred to as latent traits), which allows for improved measurement properties with regard to the difficulty level of items (called endorsability level for polytomous items) and the standing (ability level) of individuals on the construct being measured.

The aim of this study was to evaluate the role of gender and race in the positive psychology constructs of SOC (Antonovsky, 1987; Strümpfer & De Bruin, 2009) and hope orientation (Maree et al., 2008a, 2008b). Initially, differences between the relevant groups were investigated by means of statistical comparison of possible differences between the mean scores on the different scales. Further analyses were subsequently performed by means of Rasch analysis (Linacre, 2011) to provide information on possible bias in the items of the different scales.

Method

Participants

A convenience sample ($N=730$) of postgraduate students who had completed both a SOC as well as a hope orientation measure was used in this study. The sample can be considered reasonably homogeneous with regard to educational level because 97.1 % of the students had completed a first degree, and 2.9 % had completed a higher degree qualification. The mean age of the sample group was 29.80 years, with a minimum age of 20 and a maximum of 56 years, and standard deviation of 7.43. The biographical gender and race group representation is shown in Table 22.1.

Compared to the general population comprising 48.15 % men and 51.85 % women (Statistics South Africa, 2008), women are overrepresented in this sample group. The gender representation of the current sample is also not fully representative of the gender profile of distance learning students' gender representation of 60.2 % women and 39.8 % men (Department of Institutional Statistics and Analysis, Unisa, 2011). The sample sizes for the different subgroups are sufficiently large to allow for intergroup comparisons of the gender and race groups respectively—except for the *other* race group, which was not considered for race group comparisons due to a small sample size.

Table 22.1 Descriptive values for biographical variables

Variable	Category[a]	Frequency	Percentage (%)
Gender	Men	155	21.4
	Women	569	78.6
Race	Black	378	52.2
	Coloured	68	9.4
	Indian	97	13.4
	White	177	24.4
	Other[b]	4	0.6

[a]Missing values per variable not reflected
[b]For race group comparisons, owing to the small sample size, the *other* group was not used

Procedure

Participants were registered for an industrial psychology honours degree subject in research methodology. They were requested to complete questionnaires as part of an assignment, and for the purpose of gaining experiential learning in terms of understanding what is involved in the different steps in the research process, by participating in a survey research project. Each participant signed a consent form in which it was explained that the data would be used for research purposes—giving permission for their data to be included in such analyses.

Measures

A biographical questionnaire was included, asking participants to report on their gender, age, race, and highest qualification obtained.

SOC Measure

The short-form orientation to life questionnaire (OLQ-13; Antonovsky, 1987), consisting of 13 items, was used to measure SOC. This version of the OLQ includes five items measuring comprehensibility (e.g., "Do you have the feeling that you are in an unfamiliar situation and do not know what to do?"), four items measuring manageability (e.g., "Has it ever happened that people you counted on disappointed you?"), and four items measuring meaningfulness (e.g., "How often do you have a feeling that there is little meaning in the things you do in your daily life?"). Each item was answered on a seven-point Likert scale, with extremes ranging from 1 = *never* to 7 = *always*. Antonovsky (1993) reported alpha coefficients of the OLQ varying between 0.85 and 0.91. In South Africa, alpha coefficients of 0.83 (Strümpfer, Gouws, & Viviers, 1998), 0.82 to 0.85 (Van Wijk, 2008), 0.85 (Muller

& Rothmann, 2009) and 0.82 (Strümpfer, Eiselen, Meiring, & Phalatse, 2010) were reported. Muller and Rothmann (2009) also concluded that the 13-item version of the OLQ shows construct validity.

Hope Orientation Measure

Hope was measured by means of the hope orientation measure (HOME), which was developed by Maree et al. (2008a). This questionnaire consists of 57 items measuring goal achievement resources (23 items, e.g., "I am able to think of many ways of achieving my personal goals"); ineffectuality (11 items, e.g., "I would rather wait for a difficult situation to pass than do something about it"); future vision (10 items, e.g., "I hope to have a solid career one day"); despondency (6 items, e.g., "I can name specific things that make me depressed about my future"); and agency (7 items, e.g., "I hope to perform well at the end of the year because I am doing my best"). Respondents are required to use the following four-point scale when responding to the items: *definitely false*, *mostly false*, *mostly true*, and *definitely true*. Maree et al. confirmed the construct validity of the measure and reported internal consistency estimates ranging between 0.65 for agency and 0.91 for goal achievement resources.

Data Analysis

The statistical analysis was conducted by means of the SPSS Program Version 17 (SPSS Inc., 2007) and by means of the Winsteps version 3.71.0 (Linacre, 2011). Cronbach alpha coefficients were determined to indicate the internal consistency reliability of the questionnaires, while the person separation index (PSI) was used as part of the Rasch analysis. According to Bond and Fox (2007), PSI and Cronbach alpha coefficients are similarly interpreted. Descriptive statistics were calculated to describe the demographic characteristics of the sample and to determine the participants' SOC and HOME scores. Differences between the relevant groups were first investigated by means of t-tests for independent groups (for gender comparisons) and ANOVA (for race group comparisons) in order to determine possible differences between the mean scores on the different scales. Further analysis was then performed by means of Rasch analysis to investigate possible bias in the items of the different subscales.

Classical test theory (CTT) has been used for many decades and still provides useful information for the analysis of items and comparison of groups. For the current study, descriptive statistics and comparison of subgroups were calculated by means of standard CTT data analysis. However, newer data analysis techniques—namely, item response theory (IRT; De Ayala, 2009) and Rasch analysis specifically (Bond & Fox, 2007; Linacre, 2011)—provide powerful and more accurate alternatives to measurement and test development in particular. The principal contribution of these newer analysis techniques is the placement of item difficulty and person

ability on a common scale, which allows for the calculation of the probability of a correct (specific) response of a person of a given ability level to an item measuring that construct and of a specific difficulty (endorsability) level. Rasch analysis allows the evaluation of possible differential item functioning (DIF) when subgroups are compared in terms of their responses to specific items and groups of items (Bond & Fox, 2007). In the current article, the aim is not to adjust the composition of the measures used, but to report on their characteristics and functioning, with specific emphasis on comparison of performance of gender and race groups on the two measures concerned.

Results

Reliability of the Measuring Instruments

The reliability of the measuring instruments was determined by means of the Cronbach alpha coefficient. The results calculated by both standard and Rasch analyses are shown in Tables 22.2 and 22.3, as the comparison of the two approaches were aligned with the aim. In Rasch terms, the Person Separation Index (PSI) is indicative of the reproducibility of the relative measure location; that is, the relative standing of persons with high (low) measures would be supported if other items were to be used (Linacre, 2011). When the PSI values are high, the items are seen

Table 22.2 Coefficient alpha internal consistency reliability values for the 13-item SOC scale

SCALE (no. of items)	Sample size	CTT coefficient alpha	Rasch coefficient alpha	PSI
Comprehensibility (5)	728	0.62	0.52	0.70
Manageability (4)	729	0.62	0.67	0.62
Meaningfulness (4)	730	0.53	0.53	0.66
Total SOC (13)	727	0.79	0.79	0.82

Table 22.3 Coefficient alpha internal consistency reliability values for the hope scale

SCALE (no. of items)	Sample size	CTT coefficient alpha	Rasch coefficient alpha	PSI
Goal achievement (23) Resources	699	0.90	0.91	0.55
Efficacy# (11)	710	0.72	0.75	0.70
Future vision (10)	705	0.60	0.69	0.36
Hope# (6)	720	0.71	0.75	0.87
Agency (7)	718	0.50	0.56	0.60

Note: The scale names for *ineffectuality* and *despondency* originally used by the developers of the HOME scale (Maree et al., 2008a) were renamed here since the scales make use of reverse-scoring, implying that a high score represents *lack of ineffectuality* or *absence of despondency* respectively. Associating high scores with a positive interpretation (which it in fact merits) and renaming the subscales for discussion in the present article were deemed appropriate. This is in line with discussion regarding the labeling of factors in Maree et al. (2008a)

as providing better separation of the persons measured, and as invariably resulting in better precision of the measurement (Bond & Fox, 2007; Wright & Stone, 1999).

The coefficient alpha results for the subscales of the SOC scale are somewhat lower than the levels typically recommended (Anastasi & Urbina, 1997; Gregory, 2007). It was decided not to report further results on any of the subscales where both the CTT and Rasch coefficient alpha values were below 0.70. Although the PSI values are a bit higher than Cronbach coefficient alpha values, only the comprehensibility subscale and the total SOC scale are satisfactory in terms of the 0.70 cut-off. As a result, for this shortened version of the SOC scale and for this particular sample group, the total scale is the only one that achieved a sufficient level of reliability on the different CTT and Rasch indices to allow for its use and further interpretation on the basis of the results, and will therefore be the only SOC score reported in these results.

For the hope scale, five subscale scores are calculated and no total score is provided. The coefficient alpha internal consistency reliability results for the subscales for this sample group are reported in Table 22.3.

Once again, only those scales with coefficient alpha values above 0.70 on both the CTT and Rasch results will be reported. Therefore, for the hope measure, only the results for goal achievement resources, *efficacy*, and hope will be reported. Due to coefficient alpha values below 0.70 for both CTT and Rasch analysis, results for future vision ($\alpha = 0.60$ and 0.69 respectively) and agency ($\alpha = 0.50$ and 0.56 respectively) will not be reported hereafter (see Table 22.3). The PSI values are quite varied compared to the coefficient alpha, with future vision very low at 0.36 while hope is highest in its separation at 0.87.

Descriptive Results

Descriptive results for the total group for the SOC total score (calculated on the 7-point scale for the SOC measure and on average scores on the 4-point scale for the hope measure) are reported in Table 22.4.

The mean score achieved on SOC by the total group (as shown in Table 22.4) is in line with the mean score obtained in other South African studies. Van Wijk (2008) summarized some comparable mean scores on the OLQ-13 for South African groups, and mean scores ranged between 60.02 (for a sample from the general population, mostly White respondents, mixed gender) and 70.44 (for a sample of South African Navy submariners). Muller and Rothmann (2009) reported a mean score of 64.21 for a sample of employees from a financial institution in Gauteng, while Barnard, Peters, and Muller (2010) reported a mean score of 55.89 for a sample of employees from a financial insurance company. Table 22.4 further indicates that the total group scored relatively high on the subscales of goal achievement, efficacy, and hope. It therefore seems that the group is optimistic about their ability to achieve goals, has a relatively high degree of self-motivation, and believes that goals can be achieved by doing something.

Table 22.4 Descriptive values for the SOC and hope subscales for the total group

Scale	N	Minimum	Maximum	Mean	Std. deviation
Total SOC	727	16	91	60.47	11.57
Goal achievement	699	1.70	4	3.35	0.38
Efficacy	710	1.64	4	3.27	0.41
Hope	720	1.00	4	3.20	0.55
Valid N (listwise)	660				

Comparison of the Mean Scores of the Gender Groups

The statistical comparison of the mean scores of the gender groups on the different measures was performed next. The results are shown in Table 22.5.

The results indicate that the mean scores for the two gender groups are markedly similar, and no statistically significant differences were found between the mean scores of the men and women on SOC or the hope orientation subscales.

Comparison of the Mean Scores of the Race Groups

In the comparison of the race groups, the other group was disregarded because its size ($n=4$) was too small for meaningful interpretation. In the comparison of the remaining four race groups, a different picture emerges, with statistically significant differences on all the subscales (Table 22.6).

Post hoc Scheffé tests indicated that the Coloured group scored significantly higher than the Black and Indian respondent groups on SOC, but not significantly different than the White group. The White group also scored significantly higher than the Indian group, but not the Black group. With regard to the hope orientation subscales, the Black group scored significantly higher than the Indian and White groups, but not the Coloured group on the goal achievement subscale. The Coloured group also scored significantly higher than the Indian group on goal achievement. With regard to the hope subscale, the Black group scored significantly higher than the Indian group.

Rasch Analysis

One of the useful features of Rasch analysis is that the items and persons can be mapped on the same scale to indicate whether the level of measurement of the particular set of items is appropriate for the level of ability/performance of the particular group. The person-item map for SOC is displayed in Fig. 22.1. The person performance level distribution on the latent trait measured (in this case SOC)

Table 22.5 Comparison of gender groups on the SOC and different hope orientation subscales

Group Statistics					
	Gender	N	Mean	SD	Std. error mean
Total SOC	Men	154	61.45	11.75	0.95
	Women	567	60.18	11.56	0.49
Goal achievement	Men	148	3.36	0.42	0.03
	Women	545	3.35	0.36	0.02
Efficacy	Men	152	3.26	0.42	0.03
	Women	552	3.27	0.41	0.02
Hope	Men	149	3.21	0.58	0.05
	Women	565	3.20	0.55	0.02

		Levene's test for equality of variances		*t*-test for equality of means			
		F-ratio	p(F)	t-value	DF	p(t)	Mean difference
Total SOC	Equal variances assumed	0.01	0.93	1.21	719	0.23	1.27
	Equal variances not assumed			1.20	239.48	0.23	1.27
Goal achievement	Equal variances assumed	5.87	0.02	0.16	691	0.88	0.01
	Equal variances not assumed			0.14	209.26	0.89	0.01
Efficacy	Equal variances assumed	0.00	0.99	–0.29	702	0.77	–0.02
	Equal variances not assumed			–0.28	233.62	0.78	–0.01
Hope	Equal variances assumed	0.64	0.43	0.30	712	0.77	0.02
	Equal variances not assumed			0.28	221.03	0.78	0.02

is indicated on the left side, while the item level of difficulty (or endorsability) distribution is indicated on the right side. The vertical line indicates the level of the latent trait being measured, from low at the bottom to high at the top.

From Fig. 22.1 it can be seen that there seems to be a satisfactory match between the levels of difficulty, or endorsability, of the items that measure the latent trait of SOC and the level of performance, or standing, on this trait of the current sample group.

In the case of the HOME measure, the person-item maps are considered separately for the three subscales on which we report for this study, and these are displayed in Fig. 22.2.

From Fig. 22.2 it seems that the items of the subscales of the HOME measure are relatively easy to endorse compared to the performance level of the sample group. Ideally, the comparison between person ability (indicated on the left side) and item

Table 22.6 Comparison of culture groups on the SOC and different hope orientation subscales

Group statistics					
	Race	N	Mean	SD	Std. error mean
Total SOC	Black	376	16	91	59.66
	Coloured	68	36	89	64.09
	Indian	97	28	80	57.71
	White	176	29	83	62.53
Goal achievement	Black	360	2.52	4.00	3.45
	Coloured	67	2.35	4.00	3.35
	Indian	92	1.70	4.00	3.15
	White	172	1.70	3.96	3.25
Efficacy	Black	366	1.82	4.00	3.29
	Coloured	68	2.36	4.00	3.35
	Indian	93	2.09	4.00	3.20
	White	173	1.73	4.00	3.23
Hope	Black	373	1.50	4.00	3.23
	Coloured	67	2.00	4.00	3.28
	Indian	96	1.17	4.00	3.05
	White	174	1.00	4.00	3.22

		Sum of squares	df	Mean square	F-ratio	p(F)
Total SOC	Between groups	2619.29	3	873.10	6.69	0.00
	Within groups	93039.67	713	130.49		
	Total	95658.96	716			
Goal achievement	Between groups	8.89	3	2.97	23.06	0.00
	Within groups	88.31	687	0.13		
	Total	97.20	690			
Efficacy	Between groups	1.29	3	0.43	2.63	0.05
	Within groups	113.73	696	0.16		
	Total	115.02	699			
Hope	Between groups	3.00	3	1.00	3.31	0.02
	Within groups	213.29	706	0.30		
	Total	216.29	709			

difficulty (indicated on the right side) should reveal a match in terms of the levels indicated; that is, the levels at which the individuals are performing on the particular construct being measured versus the levels at which the items included in the particular measure are targeted. In the present study, the aim was not to revise the instruments, but to report on their functioning for specific subgroups. In cases where such analyses are performed during test development, a mismatch in terms of the logit levels of items versus logit levels of persons could indicate that more items need to be developed to ensure that all levels of performance of the target group are adequately covered by items measuring at a commensurate level.

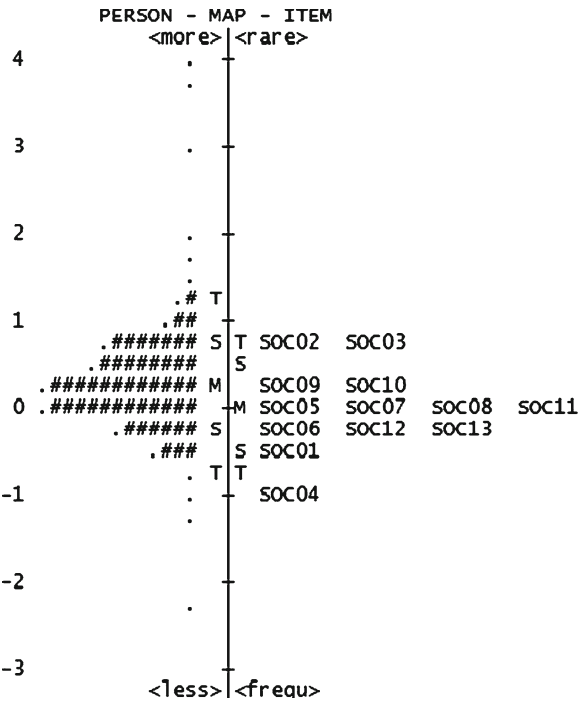

Fig. 22.1 Item-person map for the total group for the SOC total scale

Next, differential item functioning (DIF) was investigated for the gender and race groups for the items of the different scales. Linacre (2011) indicates that for DIF tests in a Rasch context, one should consider both the magnitude of the difference in logit units between the groups compared and the statistical significance of the difference. For this reason, the magnitude of the DIF contrast value should be at least 0.5 logits, indicating the difference in difficulty of the item for one group compared to the difficulty level of the same item for the other (comparison) group (Linacre, 2011; Osborn Popp, Meltzer, & Megowan-Romanowicz, 2011). At the same time, for statistically significant DIF on an item, the probability of such difference (of 0.5 logits or larger), occurring by chance or as a random accident, should be <0.05. This reflects the probability of such a difference occurring when there is no systematic item bias present (Linacre, 2011).

Results are first reported for the SOC scale in Figs. 22.3, 22.4, and 22.5.

In terms of the requirements for DIF stated above, none of the SOC items showed any significant DIF across gender groups; that is, none of the items showed a DIF contrast value larger or equal to 0.5 accompanied by a probability value of <0.05. This means the overall functioning of the scale is similar for both gender groups.

For the DIF across race groups, two of the 13 items that were identified showed DIF. These items were first identified, followed by the groups that showed significant DIF on the two sides of the column. For the SOC scale, the two items that showed DIF were SOC02 "Has it happened in the past that you were surprised by the behaviour of people whom you thought you knew well?" (Black-White, dif contrast = 0.51,

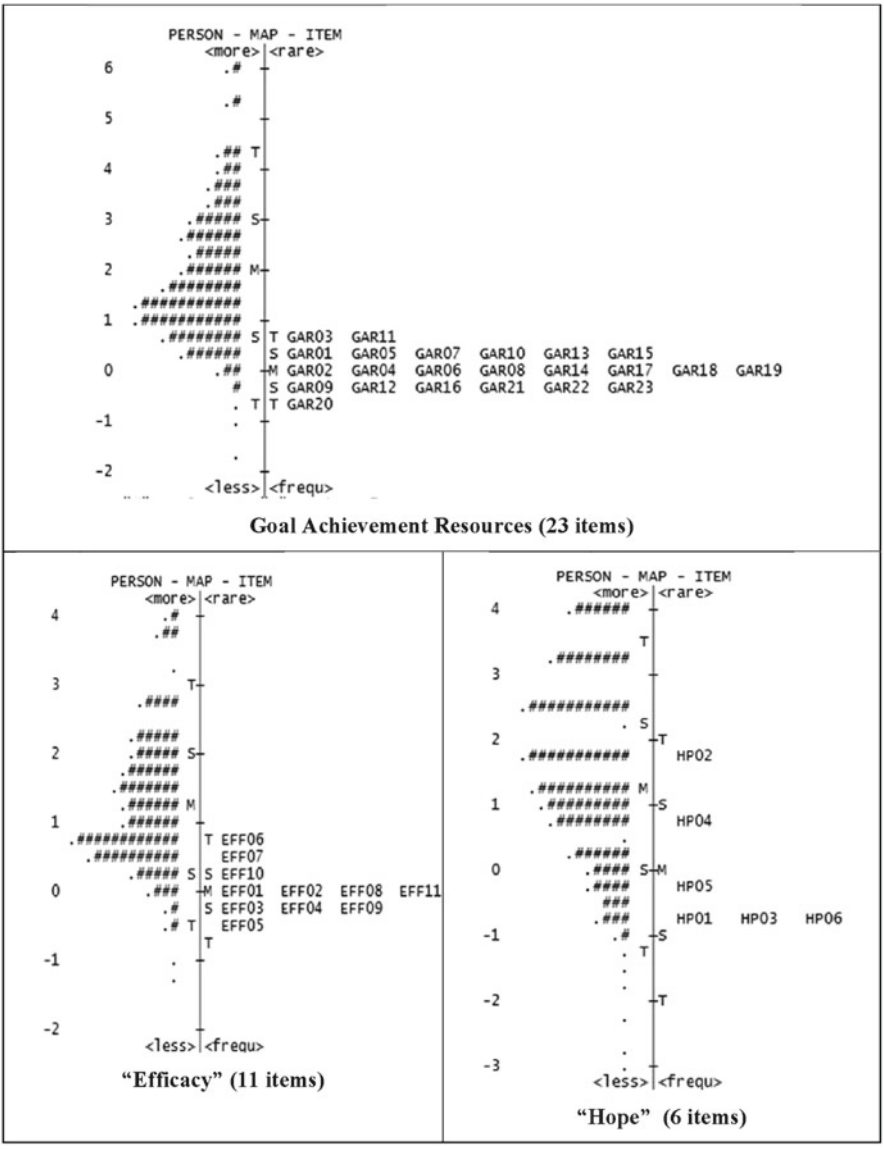

Fig. 22.2 Item-person maps for the total group for the subscales of the HOME measure

p = .000) and SOC04 "Until now your life has had (1) *no clear goals or purpose at all* to (7) *very clear goals and purpose*" (Black-White, dif contrast = –0.56, p = .000). The logit level of the particular item—relative for the different subgroups—indicates how easy (if placed lower on the logit scale) or difficult (if placed higher on the logit scale) the particular subgroup found it to endorse the specific item. From the illustration, the Black group found it harder to endorse item SOC02 (logit level = 1)

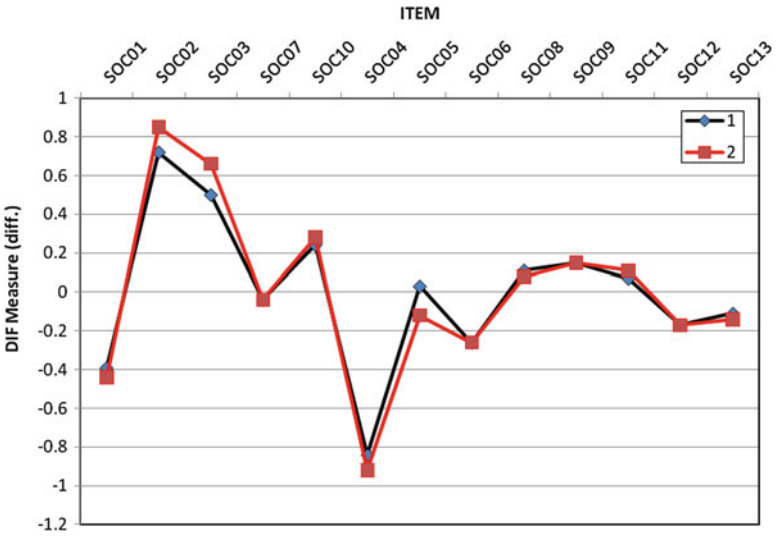

Fig. 22.3 Comparison of gender groups for DIF on the SOC-13 scale (1 = *Men*, 2 = *Women*)

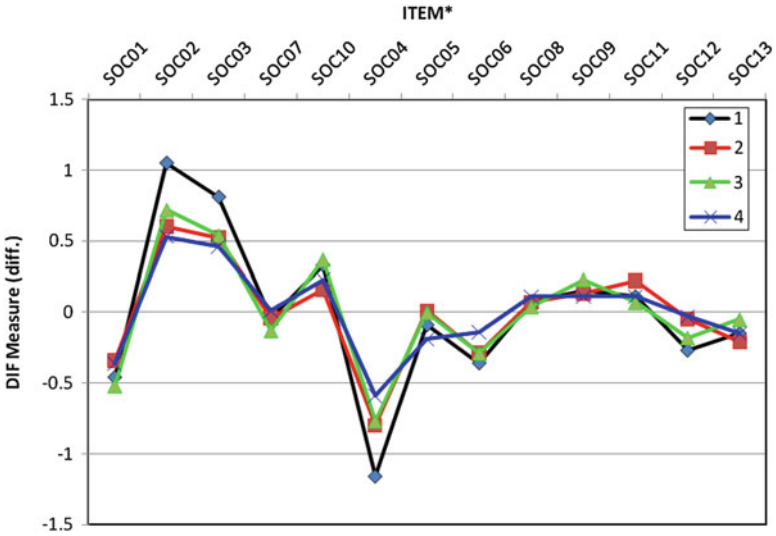

Fig. 22.4 Comparison of race groups for DIF on the SOC-13 scale (1 = *Black*, 2 = *Coloured*, 3 = *Indian*, 4 = *White*; *Note that the items are not presented in numerical sequence)

compared to the White group (logit level just below 0). As a result, item SOC02 seems to favour the White group. However, the reverse is shown for item SOC04, wherein the item seems to favour the Black subgroup (i.e. they found it easier to endorse the SOC04 than the White group).

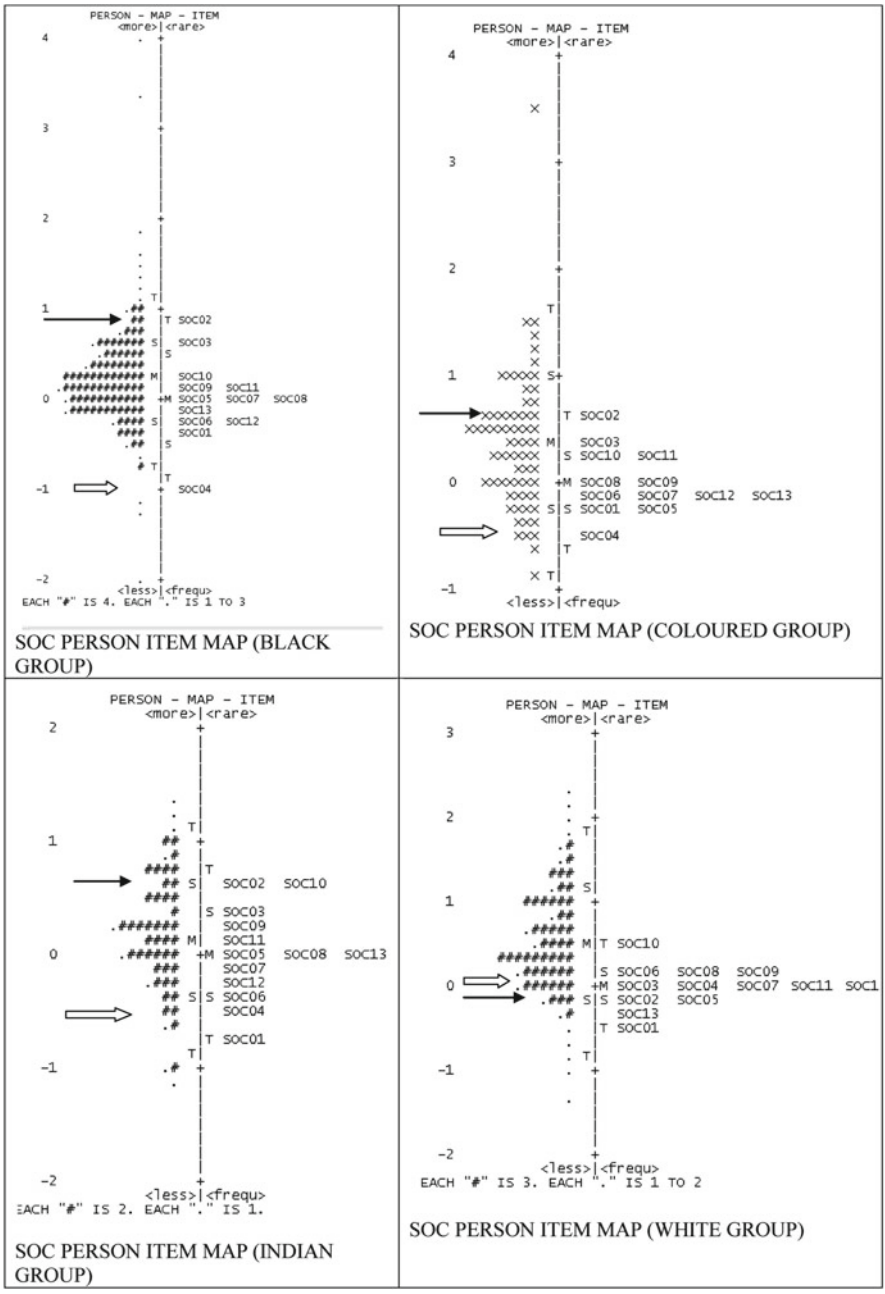

Fig. 22.5 Comparison of item person maps for SOC items per race group

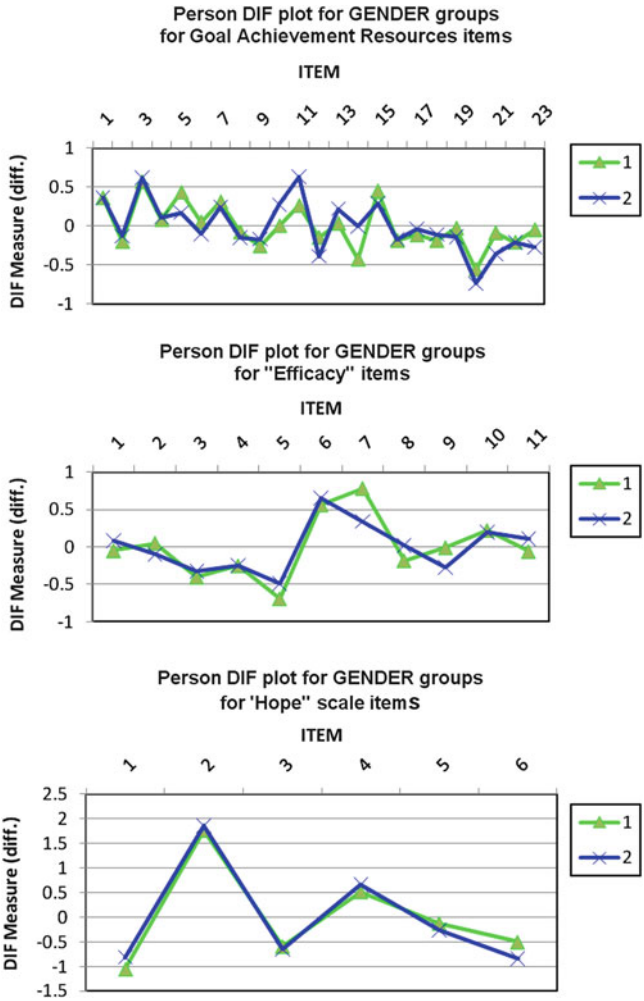

Fig. 22.6 Comparison of gender groups for DIF on HOME subscales (1 = *Men*, 2 = *Women*)

In Fig. 22.5, the two items are shown using a different format of illustration such that the vertical logit level positioning of the two items that showed DIF are indicated by the arrows across the different race groups. Similarly, from Fig. 22.5 it can be seen that persons from the Black group found it more difficult to endorse item SOC02 (close to 1 on the logit scale) than did persons from the White group (close to 0 on the logit scale). A different pattern can be seen for item SOC04, which the Black group found easier to endorse than the White group.

Next, the results for the relevant hope orientation measure subscales are reported in Figs. 22.6 and 22.7.

From Fig. 22.6 it can be seen that—according to the requirements stated earlier—none of the items for the three scales that were reported on (i.e., goal achievement resources, efficacy, and hope) showed any DIF across gender groups.

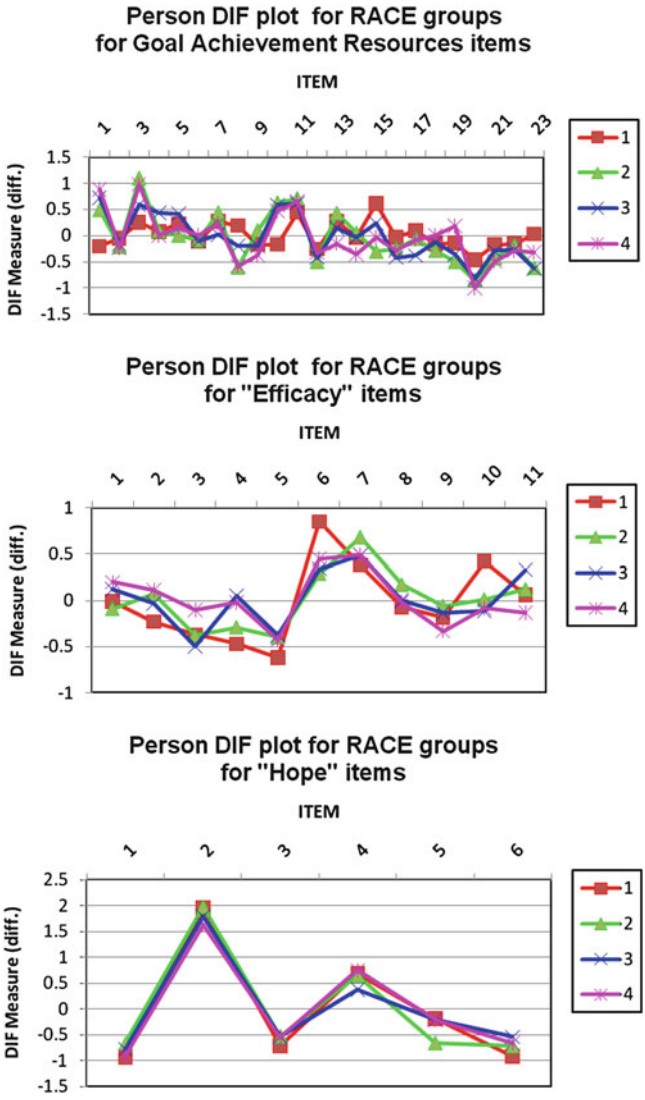

Fig. 22.7 Comparison of race groups for DIF on HOME subscales (1 = *Black*, 2 = *Coloured*, 3 = *Indian*, 4 = *White*)

With regard to DIF across race groups, the following can be seen from Fig. 22.7: For the goal achievement resources scale, seven of the 23 items showed DIF across race groups; for the efficacy scale, three of the 11 items showed DIF across race groups; and none of the items on the hope scale showed any DIF across race groups. The DIF values are reported in Table 22.7 together with some reference to the item content and information regarding which group was favoured (i.e., which group found the particular item easier to endorse).

Table 22.7 DIF contrast results across culture groups comparing the black, coloured, Indian, and white groups respectively

Item type, item number and item content	Comparison groups showing significant DIF contrast	DIF contrast value	p-value	Group favoured[a]
GAR01	Black vs Coloured	−.69	.0011	Coloured
Believes in a good future	Black vs Indian	−.92	.0000	Indian
	Black vs White	−1.08	.0000	White
GAR03	Black vs Coloured	−.84	.0000	Coloured
Believes in the value of positive thinking	Black vs White	−.72	.0000	White
	Coloured vs Indian	.51	.0219	Coloured
GAR08	Black vs Coloured	.79	.0029	Black
Believes in inner strength to overcome difficulties	Black vs White	.76	.0000	Black
GAR10	Black vs Coloured	−.80	.0004	Coloured
Sees difficulty as a (positive) challenge	Black vs Indian	−.77	.0000	Indian
	Black vs White	−.65	.0000	White
GAR13	Coloured vs White	.58	.0231	Coloured
Can think of many solutions when faced with a problem				
GAR15	Black vs Coloured	.92	.0008	Black
Can figure a way out of difficulty	Black vs White	.64	.0004	Black
GAR19	Coloured vs White	−.68	.0094	White
Failure motivates to do better	Indian vs White	−.54	.0094	White
GAR20	Black vs White	.54	.0047	Black
Past difficulty proved coping ability				
GAR23	Black vs Coloured	.65	.0220	Black
Maintains goals, even when failing occasionally	Black vs Indian	.66	.0048	Black
EFF04	Black vs Indian	−.52	.0024	Indian
Waits for difficulty to pass rather than doing something about it				
EFF06	Black vs Coloured	.56	.0033	Black
One negative event ruins the whole day	Black vs Indian	.51	.0011	Black
EFF10	Black vs Indian	.53	.0003	Black
Does not set goals for fear of disappointment	Black vs White	.50	.0000	Black

[a]Group that found the item easier to endorse

Discussion

The aim of this study was to evaluate the role of gender and race in the positive psychology constructs of SOC and hope orientation using both CTT and Rasch analysis methods. Reliability analyses indicated that only the total scale of SOC achieved a sufficiently high reliability, and not the subscales of comprehensibility, manageability, and meaningfulness. In this regard, Muller and Rothmann (2009) reported that the OLQ-13 can be regarded as a one-factor model. This finding

supported the idea of Antonovsky (1987) that the three components of SOC—namely comprehensibility, manageability, and meaningfulness—are only conceptually distinguishable and that these components form part of one unitary construct. The finding of Muller and Rothmann (2009) is also in line with the findings of Larsson and Kallenberg (1996) and Van Schalkwyk and Rothmann (2008). The subscales of the hope measure showed acceptable levels of reliability for this sample group for the subscales goal achievement orientation, efficacy, and hope, but not for the subscales of future vision and agency. The coefficient alpha values obtained for the HOME subscales with the present sample group (see Table 22.3) are comparable to the coefficient alpha values reported by Maree et al. (2008a) during the development of the measure; namely, $\alpha = 0.91$ for goal achievement resources, $\alpha = .80$ for ineffectuality (i.e., efficacy), $\alpha = 0.74$ for future vision, $\alpha = .74$ for despondency (i.e., hope), and $\alpha = 0.65$ for agency.

Next, the mean scores of the gender and race groups were compared on the SOC and hope measures. No significant gender differences were found on SOC. This is in line with previous studies by Roothman et al. (2003) and Van Schalkwyk and Rothmann (2008). No significant gender differences were found on the hope orientation subscales either. Maree et al. (2008b) also found no significant gender differences in a group of undergraduate students at a residential university in South Africa. These findings suggest that men and women in this group of postgraduate students do not differ with regard to their degree of SOC and hope experienced.

With regard to the overall scale and subscale scores, significant differences were found between the different race groups on SOC total, with the Coloured group scoring significantly higher than the Black and Indian groups. The White group also scored significantly higher than the Indian group, but not the Black group. The results of Gropp et al. (2007), who found that a White group scored significantly higher than a Black group, could therefore not be confirmed by the results of this study. Significant differences were also found between the race groups on all of the hope orientation subscales reported here. The finding that the Black group scored significantly higher than the White and Indian groups on goal achievement is partially in line with the findings of Maree et al. (2008b). However, Maree et al. also found that the Black group scored significantly higher than the Coloured group, which could not be confirmed by the findings of this study. With regard to the hope subscale, the Black group scored significantly higher than the Indian group. Maree et al.'s study did not find any significant culture (race) differences on the hope (despondency) subscale. These findings suggest that the various race groups in this sample of postgraduate students differ with regard to their SOC and degree of hope experienced. The particular race group differences that have been found in this study are, however, not similar to the race group differences that have been found on these particular constructs in other studies (i.e., Gropp et al., 2007; Maree et al., 2008b) previously conducted in other sample groups in South Africa. It therefore seems that more research is required to determine the role of race in the constructs of SOC and hope orientation in the South African population. More detailed DIF information on specific items was made available by means of the Rasch DIF analysis. As illustrated with the two items on the SOC scale where DIF was indicated, the

level of endorsability of the DIF items per subgroup can provide useful information in terms of group differences regarding specific issues indicated by the content of the particular questions. The DIF direction was, however, not consistent in terms of which group these items favoured, so it cannot simply be interpreted in terms of scale level bias.

Further use of both CTT and Rasch analysis methods could provide additional information in this regard. Rasch analysis DIF information provides comparative information at item level. Differences at an item level could—by means of inspection of the item content and the particular differences found between race groups—make available information that could sensitize those in leadership positions as to what specific issues contribute most to the statistically significant mean subscale score differences found between the different race groups. One could utilize both the magnitude of differences at an item level as well as the ranked mean subscale score levels per subgroups, with the aim of making management information available and sensitizing those in decision making positions, by highlighting specific issues and content areas of concern for specific subgroups.

The present study gives an overview of how using both the CTT and Rasch analysis can be of benefit to assessment research within the South African context, where provision of scientific information regarding differences between gender and race groups is important. The combination of these theories can provide useful practical information as each theory brings its own advantages that can address the disadvantages of the other. It also paves the way for provision of themes for further investigation by means of qualitative methods. Items that show quantitative differences with regard to how easy or difficult different subgroups find it to endorse them could subsequently be used to obtain qualitative data by means of exploration of reasons for particular responses at item level. Interpretation of constructs, such as SOC and hopefulness, could help bring about a better understanding of how the different gender and race groups manage their day-to-day challenges, with the aim to remain hopeful of achieving their goals and realizing their dreams and aspirations. A limitation that can be mentioned relates to the sample used in this study because the postgraduate students knowingly completed the questionnaires for research purposes, as opposed to completing the questionnaires for more life changing decisions. Further research is recommended where both theories are used in studies of bias and differences based on gender and race groups. Such practices can only bring improvement to the assessment and understanding of psychological constructs.

Note

The Orientation to Life Questionnaire (OLQ) is available in the public domain and written permission was obtained from the authors of the hope orientation measure (HOME) to publish some of the item content.

References

Anastasi, A., & Urbina, S. (1997). *Psychological testing* (7th ed.). Upper Saddle River, NJ: Prentice-Hall.

Antonovsky, A. (1979). *Health, stress and coping*. San Francisco: Jossey-Bass.

Antonovsky, A. (1984). The sense of coherence as a determinant of health. In J. D. Matarazzo, J. A. Herd, M. E. Miller, & S. M. Weiss (Eds.), *Behavioural health: A handbook of health enhancement and disease prevention* (pp. 114–129). New York: Wiley-Interscience.

Antonovsky, A. (1987). *Unravelling the mystery of health: How people manage stress and stay well*. San Francisco: Jossey-Bass.

Antonovsky, A. (1993). The structure and properties of the sense of coherence scale. *Social Science & Medicine, 36*, 725–733.

Barnard, H. A., Peters, D., & Muller, H. (2010). Financial health and sense of coherence. *South African Journal of Human Resource Management, 8*(1), Art. #247, 1–12. doi:10.4102/sajhrm.v8i1.247

Bond, T. G., & Fox, C. M. (2007). *Applying the Rasch model: Fundamental measurement in the human sciences*. Mahwah, NJ: Lawrence Erlbaum Associates.

De Ayala, R. J. (2009). *The theory and practice of item response theory*. New York: Guilford Press.

Department of Institutional Statistics and Analysis, Unisa (2011). http://heda.unisa.ac.za/indicatordashboard/

Diener, E., & Ryan, K. (2010). Subjective well-being: A general overview. *South African Journal of Psychology, 39*(4), 391–406.

Gregory, R. J. (2007). *Psychological testing: History, principles and applications* (5th ed.). Boston: Pearson International Edition.

Gropp, L., Geldenhuys, D., & Visser, D. (2007). Psychological wellness construct: Relationships and group differences. *South African Journal of Industrial Psychology, 33*(3), 24–34.

Larsson, G., & Kallenberg, K. O. (1996). Sense of coherence, socio-economic conditions and health: Interrelationship in a nation-wide Swedish sample. *European Journal of Public Health, 6*(3), 175–180.

Linacre, J. M. (2011). *Winsteps (version 3.71.0)* [Computer Software]. Chicago: Winsteps.com.

Maree, D. J. F., Maree, M., & Collins, C. (2008a). Constructing a South African hope measure. *Journal of Psychology in Africa, 18*(1), 167–178.

Maree, D. J. F., Maree, M., & Collins, C. (2008b). The relationship between hope and goal achievement. *Journal of Psychology in Africa, 18*(1), 65–74.

Muller, Y., & Rothmann, S. (2009). Sense of coherence and employees' perceptions of helping and restraining factors in an organisation. *South African Journal of Industrial Psychology, 35*(1), 1–10.

Osborn Popp, S. E., Meltzer, D. E., & Megowan-Romanowicz, C. (2011, April). *Is the force concept inventory biased? Investigating differential item functioning on a test of conceptual learning in Physics*. Paper presented at the Annual Meeting of the American Educational Research Association, New Orleans, LA.

Rasch, G. (1961). *On general laws and the meaning of measurement in Psychology*. Retrieved from http://www.raschmeasurement.com

Rasch, G. (1979, October 19). Letter from Georg Rasch to Ben Wright – personal communication. Retrieved from http://www.raschmeasurement.com

Roothman, B., Kirsten, D., & Wissing, M. (2003). Gender differences in aspects of psychological well-being. *South African Journal of Psychology, 33*(4), 212–218.

Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*(5), 410–421.

Shapiro, S. L., Schwartz, E. R., & Santerre, C. (2002). Meditation and positive psychology. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 632–645). Oxford, UK: Oxford University Press.

Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2002). Hope theory: A member of the positive psychology family. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 257–276). Oxford, UK: Oxford University Press.

Snyder, C. R., Sympson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology, 70*, 321–335.

SPSS Inc. (2007). *SPSS 17.0 for Windows*. Chicago: SPSS, Inc.

Statistics South Africa. (2008). *Mid-year population estimates 2008*. Pretoria, South Africa: Statistics South Africa.

Strümpfer, D. J. W., & De Bruin, G. P. (2009). Antonovsky's sense of coherence and job satisfaction: Meta-analyses of South African data. *South African Journal of Industrial Psychology, 35*(1), 1–3.

Strümpfer, W. J. W., Eiselen, R. J., Meiring, D., & Phalatse, J. S. (2010). Validating measures of psychological well-being by contrasting samples employed in hazardous and less hazardous work. *Journal of Psychology in Africa, 20*(1), 23–32.

Strümpfer, D. J. W., Gouws, J. F., & Viviers, M. R. (1998). Antonovsky's sense of coherence scale related to negative and positive affectivity. *European Journal of Personality, 12*, 457–480.

Sullivan, G. C. (1993). Towards clarification of convergent concepts: Sense of coherence, will to meaning, locus of control, learned helplessness and hardiness. *Journal of Advanced Nursing, 18*(11), 1772–1778.

Thompson, N. A., & Barnard, J. J. (2009, October 13–15). *Introduction to modern psychometrics: A workshop on the theory and applications of measurement.* Workshop hosted by the University of South Africa, Pretoria.

Van Schalkwyk, L., & Rothmann, S. (2008). The validation of the Orientation to Life Questionnaire in a chemical factory. *South African Journal of Industrial Psychology, 34*(2), 31–39.

Van Wijk, C. (2008). The resilience of naval specialists: Their sense of coherence and its relationship with measures of personality. *South African Journal of Psychology, 38*(4), 737–751.

Wright, B. D., & Stone, M. H. (1999). *Measurement essentials* (2nd ed.). Wilmington, DE: Wide Range INC.

Chapter 23
Self-regulation as Psychological Strength in South Africa: A Review

Karel F.H. Botha

Self-regulation—the mindful capacity to plan, guide, and monitor one's behavior flexibly according to changing circumstances (Diaz & Fruhauf, 1991, p. 84)—is considered vital for autonomous and adaptive functioning. Research over many decades has produced a large number of theories and models explaining self-regulation as a complex, dynamic process. However, not much is known about the status of self-regulation research and application within the South African context. Coetzee and Viviers (2007), in a systematic review of positive psychology research in South Africa during the period 1970–2006, found only five studies on self-regulation. This is surprising given the large number of international publications on self-regulation, and because South Africa provides an excellent social context for exploration. Vohs and Baumeister (2004, p. 3) postulated that "every major personal and social problem affecting large numbers of modern citizens involves some kind of failure of self-regulation". A factor that probably plays a role in the limited number of self-regulation research publications is the nature of the construct itself, and how it is defined. Through previous readings, and in my preparation for this chapter, it soon became apparent that many studies—without mentioning self-regulation—are, indeed, essentially about self-regulation. In its broadest sense, self-regulation overlaps and is interrelated with a number of other constructs; for example, goals, motivation, self-efficacy, emotional intelligence, coping, and resilience.

The aim of this chapter is thus to review self-regulation research within South Africa over the past 15 years (1996–2010). Peer-reviewed articles and book chapters were searched through Ebscohost, Science Direct, SA ePublications, and Google Scholar. A broader perspective than that taken by Coetzee and Viviers (2007) was followed by using the keywords *agency*, *autonomy*, *coping*, *emotional intelligence*, *executive functioning*, *goal*, *intention*, *resilience*, *self-control*, *self-determination*,

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self-efficacy, *self-management*, and *self-regulation* as indicators of self-regulation. These were cross-referenced by the timeframe (1996–2010), as well as the keyword *South Africa.* Although the review does not include research by South Africans in foreign contexts, it may include research in a South African context by non-South Africans. First, self-regulation will be defined and described. Second, a general overview of research related to self-regulation in South Africa will be provided. Finally, an in-depth overview of self-regulation in selected South African contexts will be provided.

What Is Self-regulation?

Self-regulation may be seen as a form of agency (Bandura, 2001) that enables people to play a part in their own self-development, adaptation, and self-renewal. It is thus an important concept within positive psychology literature, and has been included as a strength along with prudence, forgiveness, and modesty, under the virtue *Temperance*, in the Values in Action Inventory of Strengths (VIA-IS), for example (Peterson & Seligman, 2004).

Self-regulation is defined by Maes and Karoly (2005) as a systematic process of human behavior that involves the setting of personal goals and steering behaviour towards the achievement of these established goals. More specifically, Diaz and Fruhauf (1991) define it as the executive or nonautomatic capacity to plan, guide, and monitor one's behaviour flexibly, according to changing circumstances. Behaviour in both of these definitions includes the regulation of cognition, emotion, physical, and interpersonal behaviour. Self-regulation is the result of complex neurocircuitry, operated by a frontal executive attention network that includes the anterior cingulate and lateral prefrontal cortex, which are active in tasks that involve the executive functions (Posner, 2008), defined as "those capacities that enable a person to engage successfully in independent, purposive, and self-serving behavior [sic]" (Lezak, 1995, p. 42). Ryan and Deci (2006) specified that the executive functions, in turn, are supported by subcortical striatal-thalamic areas that promote or inhibit motivation, and inputs from the hippocampus and amygdala that provide contextual and affective information. Self-regulation, however, is not the result of neurological processes only, but develops as a function of biological predisposition as well as through the influence of culture, society, and idiographic social-cognitive learning history (Mischel & Ayduk, 2004).

Many different self-regulation models exist, most notably the earlier cybernetic control theories (Carver & Scheier, 1982, 1998), followed by a growing number developed over the past two decades. However, certain common features exist in all these approaches, the first of which is that self-regulation unfolds in phases (compare Fig. 23.1).

Goal establishment may be perceived as a pre–self-regulatory phase; however, it is extremely important as it gives direction to how goals are put into action. During this phase, values (Peterson, 2006), self-efficacy beliefs (Bandura & Locke, 2003), goal integration (Van Dierendonck, Rodríguez-Carvajal, Bernardo Moreno-Jiménez, & Dijkstra, 2009),

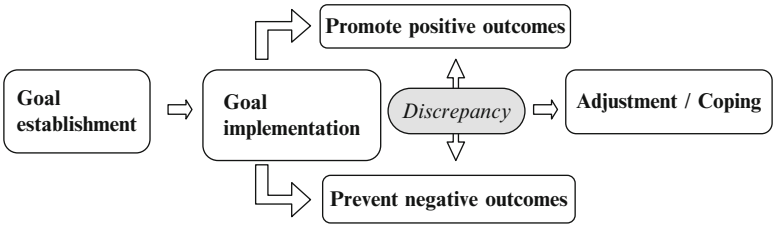

Fig. 23.1 A simplified, generic model of the self-regulation process

and intrinsic motivation (Ryan & Deci, 2000) are motivational aspects that play a vital role in establishing goals that will be easier to self-regulate.

During goal implementation, at least three abilities are important. First, attention control is defined by Diehl, Semegon, and Schwarzer (2006, p. 306) as "the ability to focus attention on a given task, to control and regulate external and internal distractions, and to work toward a desired goal or outcome". Second, Bandura (2001) indicates that self-monitoring one's own behaviour is a comparison of performance with personal goals and standards in an effort to gain feedback about the success of one's behaviour. Finally, self-control refers to the "capacity for restraining or overriding one's own responses" (Baumeister, Vohs, & Tice, 2007, p. 351), especially to bring them into line with long-term goals. In contrast, poor self-control comprises impulsiveness, impatience, and distractibility (Gibbons, Gerrard, Reimer, & Pomery, 2006, p. 51), and leads to difficulties in delaying gratification (Baumeister & Vohs, 2003).

Once a discrepancy between an intended and real outcome is anticipated, or actually occurs, the individual needs to make appropriate adjustments. According to Brandtstädter and Rothermund (2002), adjustment is possible through adaptive flexibility: The ability to flexibly switch between different means for reaching a goal, whether persevering, changing, or even disengaging from a goal, depending on what would be most appropriate or effective in any given situation. Coping may be seen as a specific type of self-regulated adjustment, directed at sustaining a sense of self and stability after, or during, a traumatic, unexpected, irreversible discrepancy, such as a personal loss or a life-threatening situation. In this regard, Skinner and Edge (2002, p. 297) define coping as "a pattern of actions when ongoing engagement encounters resistance or is disrupted", and "action regulation under stress". Coping is closely related to self-regulation, according to Sniehotta (2009), as it reflects the self-regulation strategy of linking undesired behaviours with cognitive or behavioural responses aimed at inhibiting the undesired, or prioritizing the desired, response.

Self-regulation as Social Strength

It might seem that self-regulation is an individual, rather than a social strength. However, a number of authors have indicated that self-regulation is also an interpersonal, and even a communal process. Leary (2004) stated that, because of the adaptive

advantages of being accepted by others, human beings developed a psychological system for regulating their relationships that monitors and responds to events that are relevant to interpersonal acceptance and rejection. Therefore, self-regulation is viewed by Kuhl, Kazén, and Koole (2006) as an intrapersonal process, while Vohs and Ciarocco (2004) indicate that the ability to form and maintain strong social relationships is based in part on the degree to which people can achieve appropriate self-regulation.

From a community psychology perspective, Jackson, Mackenzie, and Hobfoll (2000) suggest that most self-regulation models do not recognize that many people and communities lack the social and economic resources needed to independently control their lives. Rather, they self-regulate and monitor their actions within networks of family-, group-, and organizational-based needs, goals, and desires, in a process known as communal regulation. Subsequently, communal mastery is when one "see oneself as having the potential for success through behavior [sic] that is an interwoven process of the self in relation to others" (p. 282). From this perspective, self-regulation should also be perceived as essential to social well-being, defined by (Keyes, 1998, p. 121), as "the degree to which individuals are functioning well in their social lives through social integration, social contribution, social coherence, social actualization, and social acceptance".

In conclusion, it is clear that self-regulation is a complex, dynamic process influenced by a number of factors. The essence of self-regulation is the ability, within individuals, groups, and communities, to promote goal attainment, to prevent failure, and to anticipate, prevent, and react to discrepancies between intended and real outcomes in a constructive and adaptive way.

Self-regulation in South Africa

Since the study by Coetzee and Viviers (2007), not much has changed regarding dedicated self-regulation research in South Africa. However, when a broader perspective is taken, as I did in this chapter, it is clear that self-regulation research is covered in most domains of human behaviour in South Africa. First, a general overview of self-regulation as strength, as well as some cultural differences, will be provided.

General Overview

Recently, Khumalo, Wissing, and Temane (2008) found self-regulation to be the second weakest strength, measured with the VIA-IS (Peterson & Seligman, 2004) in a sample of Black South African students. This was also found by Van Eeden, Wissing, Dreyer, Park, and Peterson (2008) using the VIA for Youth (Peterson, Dahlsgaard, & Park, in Van Eeden et al., 2008) in multiracial secondary school learners. Even

though the reliability of the self-regulation subscale was low in both of these studies, the findings support Peterson (2006), who consistently found self-regulation as one of the lesser strengths in 54 different countries. One has to remember, however, that *weakest* does not necessarily mean *weak*, in the general sense, but only that it is weak relative to other strengths. In support of international studies, self-regulation has also been found to be associated with psychological well-being in South African contexts. Khumalo et al. (2008) found a significant, positive correlation in Black South African students between self-regulation and positive affect, subjective well-being, and fortitude, while Keyes et al. (2008) found individual and collective efficacy as well as positive coping associated with flourishing (an indication of psychological well-being) in Setswana speaking South Africans. These studies confirm the importance of self-regulation in psychological well-being (compare Aspinwall & Staudinger, 2003; Sokol & Müller, 2007).

Further, some culture-specific characteristics of self-regulation were indicated in a number of studies. Wissing and Temane (2008), for example, found that while a group of Black and White South Africans are similar regarding an intrapsychological well-being factor, they differ in the sense that social satisfaction emerged as an additional factor for Black participants, in contrast to a self-efficacy factor for White participants. This appears, according to Wissing and Temane, that relatedness and a sense of community are probably more important to Black South Africans, while competency and agency may be more important to White South Africans. In addition, Khumalo et al. (2008) found self-regulation to be a strength in a group of Black students, in a factor called *integrity in a group context*, along with citizenship, prudence, fairness, modesty, leadership, forgiveness, and integrity. According to these authors, this component—of which self-regulation is part—is in line with commitment to conform to social demands and justice. As further evidence of this difference, Van Straten, Temane, Wissing, and Potgieter (2008) explored self- and collective self-efficacy in rural and urban Black South Africans, and found strong evidence of a sense of collective efficacy, defined as "the representation of a group's shared belief in its conjoint capabilities to organise [sic] and carry out courses of action required to produce given levels of attainment" (Watson et al., as cited by Van Straten et al., 2008, p. 238). This clearly provides initial support for the presence of communal mastery in a South African context.

Self-regulation in Selected South African Contexts

Two areas in which there is a wealth of research publications include work-life balance and burnout (for example, Brink & De la Rey, 2001; Demerouti, Mostert, & Bakker, 2010; Levert, Lucas, & Ortlepp, 2000; Peltzer, Mashego, & Mabeba, 2003; and Pienaar, Rothmann, & Van de Vijver, 2007) as well as effective learning within educational settings (for example. Ellery, 2008; Human-Vogel, 2008; Kirby & Downs, 2007; Muller, 1998; Van Wyk & Van der Westhuizen, 2005). Research in these settings confirms the importance of self-regulation as strength, and makes an

important contribution to understanding the construct in relation to coping, balance, goals, and persistence. However, most research related to self-regulation centers around specific and unique South African sociopolitical problems. These are self-regulation and coping with adversity, sexual risk behaviour, interracial relationships, and violence. Each of these contexts will be discussed in more depth in the following section.

Self-regulation and Coping with Adversity

South Africans are often exposed to adversity, such as HIV/AIDS, violence, bereavement, unemployment, and poverty, which challenge their self-regulatory resources. Given the high prevalence of sexual risk behaviour in South Africa, it is not surprising that a large number of studies have explored coping with HIV/AIDS (e.g., Demmer, 2007; Lazarus, Struthers, & Violari, 2010; Olley, Seedat, Nel, & Stein, 2004; Olley, Zeier, Seedat, & Stein, 2005). Coping with a chronic or terminal disease provides an appropriate research context for understanding self-regulation, as the demands of being ill create a high level of uncertainty, loss, and stigma that interfere with important life goals and which need to be adjusted to effectively. A variety of coping strategies are applied by South Africans living with HIV/AIDS, including positive reframing (Demmer; Ferreira, 2008; Petersen et al., 2010), spirituality/religion (Demmer; Ferreira; Makoae et al., 2008), social support (Ferreira; Makoae et al.; Petersen et al.), helping and educating others, and using humour (Makoae et al.). Bhana (2008) describes the sophisticated ways in which children in the Durban area regulate themselves within contexts of power inequality and stigma, in an attempt to inhabit a position of care and concern for those who are living with HIV. However, in certain groups, coping strategies were used that are not normally related to healthy coping; for example, suppressing emotions in a sample of adults in KwaZulu Natal (Demmer), and avoidance and minimizing strategies in Black rural women living with HIV/AIDS (Dageid & Duckert, 2008). These authors argue that such strategies could be adaptive in a society with scarce resources and gender inequalities.

The possible adaptive value of avoidance was also found by Somhlaba and Wait (2009) in recently bereaved Black widowed spouses in rural South Africa with high levels of stress and depression. Although the majority of women used seemingly appropriate problem-solving and social support-seeking coping strategies, these were positively correlated with depression, whereas avoidant coping—used only by 5 % of participants—was negatively correlated with depression. According to Somhlaba and Wait, a problem-solving approach possibly creates a conflict in which the bereaved spouses try to deal with urgent problems without the support of their deceased spouses, who are still at the forefront of the bereaved spouse's emotions, thoughts, and memories. Somhlaba and Wait further postulated that since widowhood patterns in traditional African settings are socioculturally defined, seeking social support could have distorted their expression of grief due to the precedence given to meeting the needs and expectations of others rather than emotional processing of the loss. In support of this, Larsen and Prizmic (2004) indicated that

although emotional suppression normally interferes with adaptive functioning, it may have different short- and long-term consequences. Thus the use of avoidant coping by the Black widowed spouses probably served to protect them from the traumatic reality of grief. This is a good example of how seemingly effective self-regulation and coping skills could be inappropriate within certain South African social contexts, or at least within certain stages of dealing with loss.

Studies on coping with violence in South Africa specifically hint at the positive role social support plays. Joseph, Govender, and Bhagwanjee (2006), for example, found that children who witnessed family violence experienced significant psychological distress, but that social support acted as an effective buffer. Rudenberg, Jansen, and Fridjohn (2001) explored the effects of living and coping with ongoing civic unrest in a multicultural group of South African and Northern Irish children aged 8–12 years, prior to the first democratic election in South Africa. The use of coping mechanisms, such as denial and social support, were perceived as mediating strategies which may reinforce resilience, specifically in South African children. Spangenberg and Henderson (2001) found the intensity of daily stress experienced in a sample of Black South African adolescents was higher than that reported for most other adolescent samples. Both ventilating feelings and originating from a rural homeland significantly predicted a lower intensity of stress. From this, Spangenberg and Henderson concluded that the collectivist, supportive worldview adhered to by rural Black South Africans probably served as a buffer against stress.

Unemployment and poverty are huge challenges to self-regulation, as they imply a traumatic disturbance of goals related to financial security. Van der Merwe and Greeff (2003) found in unemployed African men with dependents that an internal locus of control, extended family social support, mastery and health within the family, and community resources reduced the relation between stressful life events and perceived stress. In a study on resilience, Malindi and Theron (2010) found that groups of street youths in the Free State and Gauteng provinces, in addition to other resources, used coping to regulate themselves socially. This included adjusting their behaviour, for example, by asking forgiveness when appropriate and by demonstrating respect for the community's values, even if they themselves had a different set of values. Based on the children's use of some unconventional practices, Malindi and Theron concluded that they possess agency, ingenuity, and flexibility. Biglan et al. (as cited by Biglan, 2009, p. 1) define psychological flexibility as "the ability to contact the present moment more fully as a conscious human being and to change, or persist in, behaviour when doing so serves valued ends". According to Biglan, recent research in clinical psychology indicates that as people become more psychologically flexible, their willingness to care more for others increases, while their prejudice and stigmatization of others decreases.

Self-regulation in Sexual Risk Behaviour

Research indicates a high prevalence of sexual risk behaviour in South Africa; for example, engaging in premarital sex (Wild, Flisher, & Lombard, 2010), not using condoms (Knox, Yi, Reddy, Maimane, & Sandfort, 2010; Olley, Seedat, Gxamza,

Reuter, & Stein, 2005; Peltzer, 1999), having multiple sexual partners (Hartung, Nash, Ngubane, & Fredlund, 2002), and not disclosing HIV/AIDS status while being sexually active (Makin et al., 2008).

In support of self-regulation theories, awareness, intentions, beliefs, norms, attitude, and self-efficacy play an important role in the establishment of sexual goals in South African samples. Chitamun and Finchilescu (2003), for instance, found that in a group of South African female students, both attitudes and subjective norms predict intentions not to engage in premarital sexual intercourse. Intentions to use condoms among young people in South Africa were found to be influenced by attitudes, injunctive norms, and self-efficacy (Schaalma et al., 2009). In an urban community in the Limpopo Province, self-efficacy was significantly related to condom use (Peltzer, 1999), while Kalichman et al. (2006) found a positive association between risk reduction intentions and self-efficacy, and between self-efficacy and protective behaviour among men and women with sexually transmitted infections in Cape Town. Finally, Hartung et al. (2002) found that despite a high level of awareness of HIV/AIDS issues in a rural South African community, condom use was infrequent, and especially men continued to have multiple sexual partners. In this regard, Hartung et al. (p. 829) noted that "awareness has yet to translate into reduction of risk behaviour".

Intention and attitude may be influenced by a number of factors; for example, alcohol intoxication and coercion by sex partners can negatively influence condom use in young adults with sexually transmitted infections (Mwaba, Simbayi, & Kalichman, 2008), and avoidance and denial can negatively influence both disclosure of HIV status (Makin et al., 2008) and condom use among those recently diagnosed with HIV (Olley, Seedat et al., 2005). These findings support the fact that cognitive, affective, and motivational processes may distort the rational process of decision making and interfere with the implementation of the intended behaviour (Bermudez, 2006). Knox et al. (2010), in a study among men who have had sex with men in Pretoria, convincingly argued how the men's belief that it is not necessary to use condoms in anal intercourse is a *fallacy of intimacy* that affects sexual risk behaviour through intentions and attitudes regarding safer sex practices. If these are rational choices, then one should surely ask: Why do people often choose unhealthy goals? Gibbons et al. (2006) indicated that some goals related to health risk behaviours can be self-destructive, but they are often actions that serve a particular purpose, decided upon to help achieve a particular goal. Gibbons et al. further indicated that as health risk behaviour tends to be more impulsive than health-promoting behaviour, it is however usually the result of a subrational decision-making process that is done *on-line* in response to environmental circumstances.

Social context appears to be another important factor in health risk behaviour in South Africa. Intentions to use condoms among young people in South Africa and Tanzania, for example, were found to be influenced by certain demographic factors and access to condoms (Schaalma et al., 2009), in addition to attitudes. Among adolescents in Venda, social environment also emerged as an important contextual factor in condom-use intention (Boer & Mashamba, 2005). Wild et al. (2010) reported that rural adolescents in the Eastern Cape initiated intercourse at a younger

age, were less likely to use condoms than their urban counterparts. Francis and Rimmensberger (2009) found that marginalized youths spoke about HIV/AIDS, love, sex, and relationships in ways that revealed little agency, power, or action to change risky behaviour. Although they were well informed about HIV/AIDS, Francis and Rimmensberger postulated that poverty and a lack of future opportunities, low self-esteem, and a limited sense of power prevent them from putting their knowledge into action. These findings confirm the role that the scientific literature suggests social context plays in self-regulation (compare Bermudez, 2006). As most of the South African samples mentioned here include young people, it is interesting to note that, according to Gibbons et al. (2006), most adolescents' health risk behaviour is socially orientated; first because they are more responsive to social influence than adults, and second because it is often part of a general desire for social acceptance.

Self-regulation in Racial Relationships

Self-regulation in the context of racial relationships is particularly important, given South Africa's history. Eisenberg and Ota Wang (2003) indicated that a critical human strength among people from various cultural and racial backgrounds is the capacity for tolerance and understanding in order to ensure peaceful coexistence and cooperation. Baumeister et al. (2007) emphasized the importance of self-control when discussing delicate, sensitive issues; for example, racial politics with a member of a different race. According to Vohs and Ciarocco (2004), mixed-race interactions may be threatening, specifically for those whose racial interactions are characterized by nonconscious negativity.

In South Africa, regulating interracial contact appears to be a highly complex process. Leibowitz, Rohleder, Bozalek, Carolissen, and Swartz (2007), for example, examined the way South African students from various race and class backgrounds used rhetorical moves to negotiate differences. On a basic level, students made use of a range of behaviours, from avoidance and politeness, through empathy and a level of engagement, to direct confrontation. According to Leibowitz et al., however, on a deeper level, these are accompanied by more subtle and complex strategies. A strategy adopted by a minority of students was a combination of acknowledging the past and, simultaneously, taking responsibility for shaping the future; thus articulating a measure of agency. Barnes, Palmary, and Durrheim (2001), in a study involving an interracial, heterosexual couple and some other people of different races, found that humor, personal experience, and self-censorship were rhetorical maneuvers drawn on extensively in conversations about race. These findings support the observation by Vohs and Ciarocco (2004) that people do attempt to control their own stereotypes through different self-regulating strategies, depending on the context.

It is therefore interesting to note that racial segregation still appears to be a strong goal within certain contexts in South Africa. Maree and Meijer (2010) found that racial integration in two schools actually occurred in name only; that most pupils

chose to mingle within their own racial groups, and that some minority groups, in particular, were exposed to racism on a regular basis. Alexander (2007) found that intergroup contact in the student dining halls of a university is governed by a set of implicit shared assumptions, norms, and values that regulate the use of space in order to maintain a state of racial homogeneity, regardless of deliberate efforts to disrupt the ordered nature of these spaces. Louw-Potgieter and Nunez (2007) indicated that cross-race contact is thought to decrease prejudice if it occurs under the correct conditions, but that people who already have negative attitudes towards other races may structure their social environments so as to avoid contact. Louw-Potgieter and Nunez made use of a computer-based tool which manipulated self-interest and task ambiguity in three team selection situations, and found that, in general, participants have a tendency to arrange their social groups in such a way as to reduce cross-race contact, even if this choice is to their detriment.

It is clear from these South African examples that the social nature of self-regulation cannot be ignored, and that goal attainment is often a "culture-specific social problem-solving process" (Karoly, 1993, p. 41).

Self-regulation in Perpetrators of Violence

This is a complex field of study, and although a large amount of research has been done on violence in South Africa, most has been related to sociodemographic factors and the response to violence by victims. There seems to be, however, an increase in studies trying to understand those who act violently from a self-regulatory perspective. From these, the following trends emerged.

The first and most prominent theme is violence or aggression as a goal in itself. This is specifically evident in male physical and sexual entitlement over women (e.g., Gear, 2010; Gupta et al., 2008; Ratele, 2010; Schoeman, 2010); in urban secondary schools where aggressive learners have high levels of status, popularity, and admiration from their peer group, as well as access to other benefits, including material goods and protection (Bender & Emslie, 2010); and in pro-violence or crime beliefs and attitudes, such as in a sample of secondary school children in and around Johannesburg (Schoeman). The role of social context again seems to be important, specifically in how it either contributes to establishing deviant goals, and in how it influences self-control. Pro-violence or crime beliefs and attitudes are, according to Schoeman, based on a value system which could have developed from family and subcultural influences as well as symbolic modelling. According to Eisenberg and Ota Wang (2003), the ability to effortfully regulate one's internal emotional and physiological states and one's overt behaviours (including aggression) have been associated with adjustment, social competence, sympathy, and prosocial behaviour. Hirschi (2004) refers to social control theory, which in its crudest form argues that societies differ in their ability to socialize and control their members. Violent societies, Hirschi explained, usually possess a limited or inconsistent culture, and impoverished and disorganized social systems. This illustrates the complex interrelated nature of regulation between individuals and the societies in which

they belong, and immediately poses the question as to the role of South African society in this regard.

Secondly, violence seems to be, at times, a form of coping with unbearable situations. One example is women who killed their male partners as a possible means of self-preservation and a way of obtaining control over a threatening environment characterized by abuse, extramarital affairs, jealousy, and threats of retaliation by their partners (Pretorius & Botha, 2008). Finally, violence relates to specific forms of psychopathology characterized by, among others, poor emotional self-regulation and poor self-control (Bruce, 2010). This confirms other studies (for example, Ross & Fontao, 2007) that found offenders to report more problems than healthy comparison men in self-regulation of their internal world, and more self-inhibition, volitional inhibition, and volitional avoidance when faced with challenging or aversive tasks and life situations.

Conclusion

The aim of this chapter has been to provide an overview of self-regulation research in South Africa over the past 15 years (1996–2010). It was clear from the outset that the construct self-regulation is not easy to delineate, as it is often understood and applied in many different ways, and overlaps, to a large extent, with other constructs. Therefore, this chapter should be seen as a broad exploration, rather than an effort to make a definitive conclusion regarding the current status of self-regulation research in South Africa.

Although there is a healthy database of research related to self-regulation in different South African contexts, most studies have focused on coping with adverse situations; for instance, living with HIV/AIDS, bereavement, poverty, racial conflict, crime, and violence. This suggests that South Africans often find themselves in situations where they have to cope, with possible negative long-term consequences regarding depletion of resources. Although this focus on adversity probably only reflects the fact that researchers often look to understand "that which is wrong", the consequences are that self-regulation is mainly understood in relation to adversity, and that South African data on self-regulation as promotion and preventive strength is scarce, if not non-existent, and thus needs to be explored in future research. A few studies have indicated in selected samples—although not different to findings from international research—weaker self-regulation in relation to other strengths. However, enough evidence exists to support the belief that resilience in many South Africans is at least due to, among others, effective self-regulation when reacting to adversity. Among those having to cope with HIV/AIDS, unemployed men, and victims of abuse, a group of street children is a notable example, as they were able to regulate themselves socially while also showing internal flexibility and agency.

One aspect that continuously emerged as important to self-regulation in South Africa was social context. Social support was evident, with some exceptions, as an adaptive resource in coping. A number of studies provided initial evidence that

cultural differences are associated with differences in self-regulation. Regarding racial relations, it seems that overt racism has made way for more sophisticated, covert ways of regulating interpersonal space in order to maintain social segregation in certain contexts. Social context also influences awareness, intentions, beliefs, and self-efficacy, especially within the domain of sexual risk behaviour. The role that gender, age, and urbanization play, however, did not provide a clear picture, and should also be investigated in further research.

Where to from here? Based on the conclusion provided here, a number of issues need to be explored in future research. We need more dedicated self-regulation research in South Africa; that is, research with a solid theoretical foundation and a dedicated self-regulatory focus. We need to explore and understand those South Africans—individuals and communities—who apply self-regulation in a proactive, autonomic way. There is a strong need to develop culturally appropriate measurements of self-regulation; not only self-reports, but valid observations and self-regulation-in-action methodologies. In terms of crime and violence, more intensive research and prevention needs to be done in order to explore the influence of larger social structures and dynamics; for instance, poverty, values, and political systems. Finally, we need to develop appropriate programs that facilitate the self-regulatory abilities of individuals, families, and communities, but not before we have sound evidence-based data on what the exact nature of current self-regulatory strengths and weaknesses entail.

References

Alexander, L. (2007). Invading pure space: Disrupting black and white racially homogenised spaces. *South African Journal of Psychology, 37*(4), 738–754.

Aspinwall, L. G., & Staudinger, U. M. (2003). A psychology of human strengths: Some central issues of an emerging field. In L. G. Aspinwall & U. M. Staudinger (Eds.), *A psychology of human strengths. Fundamental questions and future directions for a positive psychology*. Washington, DC: American Psychological Association.

Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology, 52*, 1–26.

Bandura, A., & Locke, E. A. (2003). Negative self-efficacy and goal effects revisited. *Journal of Applied Psychology, 88*(1), 87–99.

Barnes, B., Palmary, I., & Durrheim, K. (2001). The denial of racism: The role of humor, personal experience, and self-censorship. *Journal of Language and Social Psychology, 20*(3), 321–338.

Baumeister, R. F., & Vohs, K. D. (2003). Self-regulation and the executive function of the self. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity*. New York: Guilford Press.

Baumeister, R. F., Vohs, K. D., & Tice, D. M. (2007). The strength model of self-control. *Current Directions in Psychological Science, 16*(6), 351–355.

Bender, G., & Emslie, A. (2010). Prevalence and prevention of interpersonal violence in urban secondary schools: An ecosystemic perspective. *Acta Academica, 42*(4), 171–205.

Bermudez, J. (2006). Personality science, self-regulation, and health behavior. *Applied Psychology: An International Review, 55*(3), 386–396.

Bhana, D. (2008). Beyond stigma? Young children's responses to HIV and AIDS. *Culture, Health & Sexuality, 10*(7), 725–738.

Biglan, A. (2009). Increasing psychological flexibility to influence cultural evolution. *Behavior and Social Issues, 18*(1), 1–10. doi:10.1080/13691050802265183.

Boer, H., & Mashamba, M. T. (2005). Psychosocial correlates of HIV protection motivation among Black adolescents in Venda, South Africa. *AIDS Education and Prevention, 17*(6), 590–602.

Brandtstädter, J., & Rothermund, K. (2002). The life-course dynamics of goal pursuit and goal adjustment: A Two-process framework. *Developmental Review, 22*, 117–150.

Brink, B., & De la Rey, C. (2001). Work-family interaction strain: Coping strategies used by successful women in the public, corporate and self-employed sectors of the economy. *South African Journal of Psychology, 31*(4), 55–61.

Bruce, D. (2010). Anger, hatred, or just heartlessness? Defining gratuitous violence. *SA Crime Quarterly, 34*, 13–22.

Carver, C. S., & Scheier, M. F. (1982). Control theory: A useful conceptual framework for personality – Social, clinical and health psychology. *Psychological Bulletin, 92*, 111–135.

Carver, C. S., & Scheier, M. F. (1998). *On the self-regulation of behavior*. New York: Cambridge University Press.

Chitamun, S., & Finchilescu, G. (2003). Predicting the intention of South African female students to engage in premarital sexual relations: An application of the Theory of Reasoned Action. *South African Journal of Psychology, 33*(3), 154–161.

Coetzee, S., & Viviers, R. (2007). An overview of research on positive psychology in South Africa. *South African Journal of Psychology, 37*(3), 470–490.

Dageid, W., & Duckert, F. (2008). Balancing between normality and social death: Black, rural, South African women coping with HIV/AIDS. *Qualitative Health Research, 18*(2), 182–195.

Demerouti, E., Mostert, K., & Bakker, A. B. (2010). Burnout and work engagement: A thorough investigation of the independency of both constructs. *Journal of Occupational Health Psychology, 15*(3), 209–222.

Demmer, C. (2007). Coping with AIDS-related bereavement in KwaZulu-Natal, South Africa. *AIDS Care, 19*(7), 866–870. doi:10.1080/09540120601090446.

Diaz, R. M., & Fruhauf, G. (1991). The origins and development of self-regulation: A developmental model on the risk for addictive behaviours. In N. Heather, W. R. Miller, & J. Greely (Eds.), *Self-control and addictive behaviours*. Sydney, Australia: Maxwell Macmillan.

Diehl, M., Semegon, A. B., & Schwarzer, R. (2006). Assessing attention control in goal pursuit: A component of dispositional self-regulation. *Journal of Personality Assessment, 86*(3), 306–317.

Eisenberg, N., & Ota Wang, V. (2003). Toward a positive psychology: Social development and cultural contributions. In L. G. Aspinwall & U. M. Staudinger (Eds.), *A psychology of human strengths. Fundamental questions and future directions for a positive psychology*. Washington, DC: American Psychological Association.

Ellery, K. (2008). Assessment for learning: A case study using feedback effectively in an essay-style test. *Assessment & Evaluation in Higher Education, 33*(4), 1–11.

Ferreira, R. (2008). Culture at the heart of coping with HIV/AIDS. *Journal of Psychology in Africa, 18*(1), 97–104.

Francis, D., & Rimmensberger, F. (2009). Between the cracks: Out-of-school youth and discourses of HIV/AIDS. *South African Journal of Psychology, 38*(4), 603–613.

Gear, S. (2010). Masculinity and sexual abuse: A view from South African prisons. *SA Crime Quarterly, 33*, 25–32.

Gibbons, F. X., Gerrard, M., Reimer, R. A., & Pomery, E. A. (2006). Unintentional behavior: A subrational approach to health risk. In D. De Ridder & J. De Wit (Eds.), *Self-regulation in health behavior*. Chichester, UK: Wiley.

Gupta, J., Silverman, J. G., Hemenway, D., Acevedo-Garcia, D., Stein, D. J., & Williams, D. R. (2008). Physical violence against intimate partners and related exposures to violence among South African men. *Canadian Medical Association Journal, 179*(6), 535–541.

Hartung, T. K., Nash, J., Ngubane, N., & Fredlund, V. G. (2002). AIDS awareness and sexual behaviour in a high HIV prevalence area in rural northern Kwazulu-Natal, South Africa. *International Journal of STD & AIDS, 13*(12), 829–832.

Hirschi, T. (2004). Self-control and crime. In R. F. Baumeister & K. D. Vohs (Eds.), *Handbook of self-regulation. Research, theory, and applications*. London: Guilford Press.

Human-Vogel, S. (2008). The role of identity in self-regulation: When do students cope and when do they commit? *Journal of Psychology in Africa, 18*(1), 115–122.

Jackson, T., Mackenzie, J., & Hobfoll, S. E. (2000). Communal aspects of self-regulation. In M. Boekaerts, P. R. Pintrich, & M. Zeidner (Eds.), *Handbook of self-regulation*. San Diego, CA: Academic.

Joseph, S., Govender, K., & Bhagwanjee, A. (2006). A phenomenological analysis of a sample of children's coping responses to exposure to domestic violence. *Journal of Emotional Abuse, 6*(4), 23–45.

Kalichman, S. C., Symbayi, L. C., Cain, D., Jooste, C., Skinner, D., & Cherry, D. (2006). Generalizing a model of health behaviour change and AIDS stigma for use with sexually transmitted infection clinic patients in Cape Town, South Africa. *AIDS Care, 18*(3), 178–182.

Karoly, P. (1993). Mechanisms of self-regulation: A systems view. *Annual Review of Psychology, 44*, 23–52.

Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly, 61*, 121–140.

Keyes, C. L. M., Wissing, M. P., Potgieter, J. C., Temane, Q. M., Kruger, A., & Van Rooy, S. (2008). Evaluation of the Mental Health Continuum–Short Form (MHC–SF) in Setswana-Speaking South Africans. *Clinical Psychology & Psychotherapy, 15*, 181–192. doi:10.1002/cpp.572.

Khumalo, I. P., Wissing, M. P., & Temane, Q. M. (2008). Exploring the validity of the VIA-inventory of strengths in an African context. *Journal of Psychology in Africa, 18*(1), 133–142.

Kirby, N. F., & Downs, C. T. (2007). Self-assessment and the disadvantaged student: Potential for encouraging self-regulated learning? *Assessment & Evaluation in Higher Education, 32*(4), 475–494.

Knox, J., Yi, H., Reddy, V., Maimane, S., & Sandfort, T. (2010). The fallacy of intimacy: Sexual risk behaviour and beliefs about trust and condom use among men who have sex with men in South Africa. *Psychology, Health & Medicine, 15*(6), 660–671.

Kuhl, J., Kazén, M., & Koole, S. L. (2006). Putting self-regulation into practice: A user's manual. *Applied Psychology: An International Review, 55*(3), 408–418.

Larsen, R. J., & Prizmic, Z. (2004). Affect regulation. In R. F. Baumeister & K. D. Vohs (Eds.), *Handbook of self-regulation. Research, theory, and applications*. London: Guilford Press.

Lazarus, R., Struthers, H., & Violari, A. (2010). Starting HIV-positive babies on antiretroviral treatment: Perspectives of mothers in Soweto, South Africa. *Journal of Pediatric Health Care, 24*(3), 176–183.

Leary, M. R. (2004). The sociometer, self-esteem, and the regulation of interpersonal behavior. In R. F. Baumeister & K. D. Vohs (Eds.), *Handbook of self-regulation. Research, theory, and applications*. London: Guilford Press.

Leibowitz, B., Rohleder, P., Bozalek, V., Carolissen, R., & Swartz, L. (2007). 'It doesn't matter who or what we are, we are still just people': Strategies used by university students to negotiate difference. *South African Journal of Psychology, 37*(4), 702–719.

Levert, T., Lucas, M., & Ortlepp, K. (2000). Burnout in psychiatric nurses: Contributions of the work environment and a sense of coherence. *South African Journal of Psychology, 30*(2), 36–43.

Lezak, M. D. (1995). *Neuropsychological assessment* (3rd ed.). New York: Oxford University Press.

Louw-Potgieter, J., & Nunez, D. (2007). Selection bias in virtual intergroup contact: Do ambiguity and self-interest moderate ingroup preference? *South African Journal of Psychology, 37*(4), 755–770.

Maes, S., & Karoly, P. (2005). Self-regulation and intervention in physical health and illness: A review. *Applied Psychology: An International Review, 54*(2), 267–299.

Makin, J. D., Forsyth, B. W. C., Visser, M. J., Sikkema, K. J., Neufeld, S., & Jeffery, B. (2008). Factors affecting disclosure in South African HIV-positive pregnant women. *AIDS Patient Care and STDs, 22*(11), 907–916. doi:10.1089/apc.2007.0194.

Makoae, L. N., Greeff, M., Phetlhu, R. D., Uys, L. R., Naidoo, J. R., Kohi, T. W., et al. (2008). Coping with HIV-related stigma in five African countries. *The Journal of the Association of Nurses in AIDS Care, 19*(2), 137–146.

Malindi, J. M., & Theron, L. C. (2010). The hidden resilience of street youth. *South African Journal of Psychology, 40*(3), 318–326.

Maree, J. G., & Meijer, M. M. (2010). Emotional intelligence and the identity negotiation of a racial minority group in a majority school context. *Journal of Psychology in Africa, 20*(1), 69–78.

Mischel, W., & Ayduk, O. (2004). Willpower in a cognitive-affective processing system. The dynamics of delay gratification. In R. F. Baumeister & K. D. Vohs (Eds.), *Handbook of self-regulation. Research, theory, and applications*. London: Guilford Press.

Muller, J. (1998). The well tempered learner: Self-regulation, pedagogical models, and teacher education policy. *Comparative Education, 34*(2), 177–193.

Mwaba, K., Simbayi, L. C., & Kalichman, S. C. (2008). Perceptions of high-risk sex among men and women attending an STI clinic in Cape Town, South Africa. *Journal of Psychology in Africa, 18*(4), 621–624.

Olley, B. O., Seedat, S., Gxamza, F., Reuter, H., & Stein, D. J. (2005). Determinants of unprotected sex among HIV-positive patients in South Africa. *AIDS Care, 17*(1), 1–9. doi:10.1080/09540120412331315089.

Olley, B. O., Seedat, S., Nel, D. G., & Stein, D. J. (2004). Predictors of major depression in recently diagnosed patients with HIV/AIDS in South Africa. *AIDS Patient Care and STDs, 18*(8), 481–487.

Olley, B. O., Zeier, M. D., Seedat, S., & Stein, D. J. (2005). Post-traumatic stress disorder among recently diagnosed patients with HIV/AIDS in South Africa. *AIDS Care, 17*(5), 550–557.

Peltzer, K. (1999). Factors affecting condom use in an urban adult community of the Northern Province, South Africa. *Journal of Psychology in Africa; South of the Sahara, the Caribbean, and Afro-Latin America, 1*, 66–77.

Peltzer, K., Mashego, T., & Mabeba, M. (2003). Occupational stress and burnout among South African medical practitioners. *Stress and Health: Journal of the International Society for the Investigation of Stress, 19*(5), 275–280.

Petersen, I., Bhana, A., Myeza, N., Alicea, S., John, S., Holst, H., et al. (2010). Psychosocial challenges and protective influences for socio-emotional coping of HIV + adolescents in South Africa: A qualitative investigation. *AIDS Care, 22*(8), 970–978.

Peterson, C. (2006). Character strengths. In C. Peterson (Ed.), *A primer in positive psychology*. Oxford: Oxford University Press.

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. Washington, DC: American Psychological Association.

Pienaar, J., Rothmann, S., & Van De Vijver, F. J. R. (2007). Occupational stress, personality traits, coping strategies, and suicide ideation in the South African police service. *Criminal Justice and Behavior, 4*(2), 246–258.

Posner, M. I. (2008). Evolution and development of self-regulation. In *Seventy seventh James McArthur lecture on the Evolution of the Brain*. New York: American Museum of Natural History.

Pretorius, H. G., & Botha, S. A. (2008). The cycle of violence and abuse in women who kill an intimate male partner: A biographical profile. *South African Journal of Psychology, 39*(2), 242–252.

Ratele, K. (2010). Young black males at risk of homicidal violence. *SA Crime Quarterly, 33*, 19–24.

Ross, T., & Fontao, M. I. (2007). Brief report self-regulation in violent and non-violent offenders: A preliminary report. *Criminal Behaviour and Mental Health, 17*, 171–178.

Rudenberg, S. L., Jansen, P., & Fridjhon, P. (2001). Living and coping with ongoing violence: A cross-national analysis of children's drawings using structured rating indices. *Childhood: A Global Journal of Child Research, 8*(1), 31–55.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(1), 68–78.

Ryan, R. M., & Deci, E. L. (2006). Self-regulation and the problem of human autonomy: Does psychology need choice, self-determination, and will? *Journal of Personality, 74*(6), 1557–1585.

Schaalma, H., Aarø, L. E., Flisher, A. J., Mathews, C., Kaaya, S., Onya, H., et al. (2009). Correlates of intention to use condoms among Sub-Saharan African youth: The applicability of the theory of planned behaviour. *Scandinavian Journal of Public Health, 37*(2, Suppl), 87–91.

Schoeman, M. (2010). Prevention of youth violence – What is learned can be unlearned. *Child Abuse Research: A South African Journal, 11*(2), 9–20.

Skinner, E., & Edge, K. (2002). Self-determination, coping, and development. In E. L. Deci & R. M. Ryan (Eds.), *Handbook of self-determination research*. Rochester, NY: University of Rochester Press.

Sniehotta, F. F. (2009). Towards a theory of intentional behaviour change: Plans, planning, and self-regulation. *British Journal of Health Psychology, 14*, 261–273.

Sokol, B. W., & Müller, U. (2007). The development of self-regulation: Toward the integration of cognition and emotion. [Editorial]. *Cognitive Development, 22*, 401–405.

Somhlaba, N. Z., & Wait, J. W. (2009). Stress, coping styles, and spousal bereavement: Exploring patterns of grieving among black widowed spouses in rural South Africa. *Journal of Loss and Trauma, 14*(3), 196–210. doi:10.1080/15325020802537443.

Spangenberg, J. J., & Henderson, K. (2001). Stress and coping in Black South African adolescents. *Studia Psychologica, 43*(2), 77–90.

Van Der Merwe, P., & Greeff, A. P. (2003). Coping mechanisms of unemployed African men with dependents. *American Journal of Family Therapy, 31*(2), 91–105.

Van Dierendonck, D., Rodríguez-Carvajal, R., Bernardo Moreno-Jiménez, B., & Dijkstra, M. T. M. (2009). Goal integration and well-being: Self-regulation through inner resources in the Netherlands and Spain. *Journal of Cross-Cultural Psychology, 40*, 746–760. doi:10.1177/0022022109338622.

Van Eeden, C., Wissing, M. P., Dreyer, J., Park, N., & Peterson, C. (2008). Validation of the values in action inventory of strengths for youth (VIA-youth) among South African learners. *Journal of Psychology in Africa, 18*(1), 143–154.

Van Straten, W., Temane, Q. M., Wissing, M. P., & Potgieter, J. C. (2008). Validation of a community collective efficacy scale in an African context. *Journal of Psychology in Africa, 18*(2), 237–244.

Van Wyk, M., & Van der Westhuizen, D. (2005, June 27–July 2). Supporting self-regulation in courses in Instructional Technology. In P. Kommers & G. Richards (Eds.), *Proceedings of world conference on educational multimedia, hypermedia and telecommunications*, Montreal, Canada, pp. 33593365.

Vohs, K. D., & Baumeister, R. F. (2004). Understanding self-regulation. An introduction. In R. F. Baumeister & K. D. Vohs (Eds.), *Handbook of self-regulation. Research, theory, and applications*. London: Guilford Press.

Vohs, K. D., & Ciarocco, N. J. (2004). Interpersonal functioning requires self-regulation. In R. F. Baumeister & K. D. Vohs (Eds.), *Handbook of self-regulation. Research, theory, and applications*. London: Guilford Press.

Wild, L. G., Flisher, A. J., & Lombard, C. F. (2010). Sexual behavior of high school students in two rural South African communities. *Journal of Psychology in Africa, 20*(1), 35–42.

Wissing, M. P., & Temane, Q. M. (2008). The structure of psychological well-being in cultural context: Towards a hierarchical model of psychological health. *Journal of Psychology in Africa, 18*(1), 45–56.

Chapter 24
A Self-regulatory Perspective on Commitment in Academic and Interpersonal Contexts

Salomé Human-Vogel

Kim[1] is a postgraduate student in Sociology. She is also a daughter in a family of five, which includes her mother, father, and two brothers. Kim has a large social network that consists of her family, her friends, her fellow classmates, and her boyfriend. At best, Kim's life is full and she expresses frustration at having to balance all the different areas in her life. She suffers occasional bouts of guilt when she is studying and missing out on socializing with family and friends, but upon reflection she realizes that personal investments she makes now will pay off eventually. Fortunately, Kim's boyfriend is also studying and they specifically make plans to study together in an effort to spend time together. Nevertheless, she finds it hard to spend time doing assignments when her friends are out socializing. Because she thinks of herself as responsible, conscientious, and hardworking, she makes many sacrifices in her personal life to pursue her dream of becoming a psychologist. It's important to her that she pushes herself as far as she can and that she tries to do the best she can. Even though it is not always easy, Kim says her desire to develop herself and to know more sustains her in times when she feels like giving up, and she feels energized and good about herself after a productive afternoon of studying.

There are several ways to interpret Kim's behaviour. A self-regulated learning theorist would perhaps point out that Kim seems to be highly motivated, she takes initiative, and she is actively involved in her own learning (Zimmerman, 2008). She can possibly be described as having the kind of personality that allows her to exert control over her impulses (Baumeister, Gailliot, DeWall, & Oaten, 2006) and that her strong motivation assists her to overcome temporary reduction in ego resources (Baumeister & Vohs, 2007). Still, others would consider Kim to be proactive in managing the demands made on her (Sohl & Moyer, 2009). What all of the descriptions of Kim have in common is that they all refer to aspects of self-regulation that have been described in the literature.

[1] Fictitious character developed from composite contributions of participants in a study reported in Human-Vogel (2008).

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Self-regulation has been described as a fundamental process for agency that reflects the capacity to guide behaviour consciously or unconsciously according to short- and long-term goals (Baumeister & Vohs, 2003). Self-regulation is future oriented and involves different levels of abstraction and cycle times (Lord, Diefendorff, Schmidt, & Hall, 2010). The highest level of abstraction in self-regulation (level of identity) involves states or goals that are identity-relevant. Identity-level self-regulation is in some ways similar to trait self-regulation (Hong, 1998) because it involves regulation in terms of self-construals in the immediate and distant future (Lord et al., 2010). Trait self-regulation and identity-level self-regulation involve a longer time span (months and even years) as opposed to self-regulation, which focuses on finishing a particular task (minutes or hours). Intermediate levels of abstraction in self-regulation at the achievement and task level are considered to be more task-oriented and immediate, spanning several seconds, with goals defined in terms of specific tasks. The lowest level of self-regulation (behavioural level) is even more immediate and involves activation and inhibition of attention in working memory across a time span of milliseconds (Lord et al., 2010). Studies in self-regulation and commitment that focus on goal-attainment have found that goal-maintenance and goal-commitment are located at the task-level. The achievement, task, and behavioural levels of self-regulation reflect a state approach to self-regulation, where regulatory behaviours such as attention and effort show greater variability according to the constraints of the task and circumstances. The trait–state distinction that authors make with respect to self-regulation (Hong, 1998) operates on a continuum, with state self-regulation found at lower levels of abstraction and trait self-regulations found at the highest (identity) level of abstraction (Lord et al., 2010).

Commitment described as identity-level self-regulation requires an operational definition of what is regarded as "self". At the most basic level, the self can be regarded as consisting of the subjective (i.e., experiencing "I") and the objective (i.e., knowing "me"; Leary & Tangney, 2003). A teleological perspective of commitment requires a conceptualization of the self that stretches beyond the present, subjective awareness of the self to incorporate objective knowledge of the self over time. Commitment therefore rests on objective knowledge of the self. The self, therefore, refers to the *psychological apparatus* or *mental capacity* that allows an organism to think consciously about itself (i.e., to reflect), to know itself as an object (i.e., identity), and to use this awareness and knowledge to regulate behaviour (Leary & Tangney, 2003). On the identity level of abstraction, the objective self guides and influences the selection of tasks and goals at the task and achievement levels of abstraction, where the subjective self is possibly more relevant (Lord et al., 2010). Thus, identity-level self-regulation brings coherence and consistency to self-regulatory behaviours at the lower levels of abstraction in self-regulation. More recently, Rise, Sheeran, and Hukkelberg (2010) have defined *self-identity* as a salient and enduring aspect of self-perception. It is beyond the present chapter to provide a broader discussion of self and identity (see Leary & Tangney, 2003; Rise et al., 2010) other than to state that for present purposes, identity is regarded as one's perspective of oneself (Rise et al., 2010) that is based on the memory of one's

knowledge of oneself (Kihlstrom, Beer, & Klein, 2003). As a result, self and identity will be used to refer to the memory of all aspects of the self, which is based on coherent self-descriptions over time. One would expect, therefore, that identity involves a personal narrative that describes the self coherently.

Self-regulation has emerged over the years as an important construct in health psychology (Bandura, 2005; Maes & Karoly, 2005) and work settings (Meyer & Maltin, 2010), although these domains have remained somewhat disparate in their account of self-regulation theory (Boekaerts, Maes, & Karoly, 2005). In South Africa, basic theoretical research on self-regulation in health, learning, and work settings is sparse. Published studies report mostly on the application of self-regulation theory to learning (Moseki & Schulze, 2010), distance education (Bothma & Monteith, 2004), and teaching (Human-Vogel, 2004). South African studies of self-regulated learning frequently focus on self-regulation at the intermediate abstraction level, which deals with achievement task behaviours. Self-regulated learning reflects a social-cognitive perspective of self-regulation, and an extensive literature exists that describes it in relation to the Big Five model of personality (Bidjerano & Dai, 2007) and motivation, for example (Wolters, 2003; Zimmerman, 2008). Some researchers have been particularly interested in the role of willpower and motivation to self-regulate, which is considered important to the success of self-regulation (Baumeister & Vohs, 2007).

Emotion regulation is also an acknowledged aspect of self-regulation (Boekaerts et al., 2005), but the role of positive emotions in relation to self-regulation continues to be somewhat underestimated in South Africa and elsewhere, despite a sizable body of literature suggesting the relevance of positive mood (see Human-Vogel & van Petegem, 2008 for a discussion). This is interesting because if one posits a hierarchical model of self-regulation (see Lord et al., 2010) with the self at the identity level guiding regulation at the task, achievement, and behavioural levels, then it can be expected that a healthy, differentiated, and congruent identity may possibly lead to more adaptive emotion regulation during task execution at lower levels of abstraction. To examine the assumption that positive mood could influence self-regulation, I designed an Interactive Qualitative Analysis study (IQA; see Northcutt & McCoy, 2004, for details on this type of qualitative design) in which I asked South African first-year education students about the causal relationships they thought could exist between several positive mood constructs and self-regulation (Human-Vogel, 2006). In particular, I was interested in examining participants' mental models of positive mood constructs and self-regulation on the premise that mental models contain causal inferences that can guide behaviour (Halford, 1993). Identity itself can be regarded as a mental model of the self, so it was expected that such an approach would encourage respondents to think of self-regulation on a high level of abstraction; that is, in terms of the self. The findings of that study indicated that self-regulatory processes, such as goal-setting, were reported as being dependent on well-being constructs, such as hope, optimism, and quality of life, which I interpret as support for the argument that self-regulatory behaviours at the lower level of abstraction is guided by identity-relevant constructs at the higher level of abstraction. For example, there is substantial evidence that constructs such as optimism can be

conceptualized as traits with an appreciable influence on behaviour (Carver, Scheier, & Segerstrom, 2010). Similar findings emerged in Flanders, Belgium (Human-Vogel & van Petegem, 2008), with participants reporting on the buffering effects of positive mood to bolster problem-solving efforts, whereas resilience was generally expressed as an outcome of positive motivational, hope, and persistence states. Based on the findings of these two studies, I began considering commitment as a framework for conceptualizing the guiding influence of identity on self-regulation, particularly at the highest level of abstraction. Surprisingly, I could locate no studies that examined commitment in relation to self-regulation, with the exception of studies of goal commitment in self-regulation located at Lord et al.'s lower levels of abstraction. Goal commitment has been central to understanding motivation for many years (Locke, Latham, & Erez, 1988) and refers to the determination of a person to reach a particular goal. Researchers have recognized that goal commitment requires attachment to the goal as well as determination to achieve the goal. At the behavioural, task, and achievement level of abstraction, self-regulation involves goal selection and attainment as represented by internally desired states (Lord et al., 2010). As has been noted by Lieberman (1998), desires, by definition, are affective states that preclude the consistency and coherence associated with commitments that are guided by self-investment at the identity level of self-regulation (Lord et al., 2010).

At the identity level, self-regulation is guided by the immediate and more distant future self. The future self is thought to be more coherent and abstract, more tied to stable personality traits, and less context-dependent than the immediate self. Mental contrasting of a desirable future (that includes the distant/future self) with an impending reality can serve to heighten goal commitment (Oettingen et al., 2009). The only way to explain coherence and consistency in self-regulation is to invoke the construct of commitment as a framework that explains identity-level self-regulation. Lieberman (1998) also argued persuasively that commitment requires identity investment to explain its coherence and consistency. Thus, commitment can essentially be defined as identity-level self-regulation, and implies that identity investment is a necessary prerequisite for true commitment. To illustrate, the pursuit of goals that are perceived as desirable, such as wanting to finish one's homework, is not the same as saying one is committed to finishing the goal (i.e., completing the homework). Indeed, one cannot say one is committed unless one perceives oneself on a more abstract level as a responsible person (identity-level self-regulation), which implies at the task and achievement level that one's goal would be to regulate one's behaviour, with the goal of finishing one's homework, and that the goal would be consistent with the self-construal that includes responsibility. Put differently, only if I describe myself as responsible will I regulate my behaviour accordingly.

Studies of highly committed postgraduate students have suggested that coping theory is an inadequate framework for committed behaviour (Human-Vogel, 2008). The reactive nature of coping was not found to be consistent with the intentional, future-oriented regulation of committed students' behaviour. It also seemed that highly committed students' did at times need coping skills, but that their commitment could not be described completely by coping alone because commitment does not necessarily require the presence of a stressor. One of the differences between coping

and commitment requires a temporal perspective to be taken of behaviour, which is what Lord et al.'s (2010) hierarchical model of self-regulation also entails. Coping reflects a more immediate response to perceived stress, whereas commitment reflects identity involvement and the desire to maintain perceived identity by aligning future goals with one's perceived identity. Coping aims at managing negative emotional states, whereas commitment as a self-regulatory process is associated with positive mood by involving identity processes (Human-Vogel, 2008). In revisiting the narrative at the beginning of the chapter, few would argue that the description of Kim is consistent with what could be described as being committed. It is plausible that someone who has construed identity containing self-descriptions at the identity-level, such as "hardworking" and "responsible", would be likely to make behavioural choices that would reflect those qualities at the behavioural, task, and achievement level of self-regulation. Engaging in behaviour contrary to such self-descriptions would generally cause significant intrapersonal discomfort, perhaps even guilt, which the individual must then regulate, which supports the fact that coping is more situationally bound than is commitment. In terms of self-verification theory, authors have argued that stable and self-coherent self-views foster a coherent social environment (Swann, Rentfrow, & Guinn, 2003). Thus, commitments that are guided by identity investment can persuade a person to regulate their behaviour to be consistent with such self-descriptions, thereby increasing coherence in behaviour and reinforcing coherence in self-views. Such self-investment may be one of the primary reasons why people experience anguish when they consider abandoning their commitments. Abandoning a goal at the task level of self-regulation is simply a matter of choosing a different, more desired goal (e.g., in the homework example, one might decide to stop a difficult task and first concentrate on an easier one). Abandoning a goal at the identity level of self-regulation arguably involves abandoning a part of one's identity and perhaps questioning an aspect of the self as a desired goal (e.g., deciding to abandon a commitment to a friend might require that one reconsider their perception of themselves as a dependable person or a loyal friend). Describing oneself as responsible while at the same time making irresponsible behavioural choices is an incongruity that can lead to an incoherent sense of the self. Based on these arguments, some of the central assumptions that I make in commitment research are that (a) commitment reflects identity-level self-regulation, (b) commitment regulates behavioural choices in relation to the immediate and future self, and (c) only commitments conceptualized as identity-level self-regulation can explain coherence and consistency in self-regulation in various settings.

To the best of my knowledge, commitment has not been studied extensively in academic settings. In some studies, academic commitment is conceptualized as the percentage of time spent on studies (Wong, 2000). However, I argue that time spent on studies is a better reflection of students' active involvement and effort and can be described more accurately as engagement (Krause & Coates, 2008). Student engagement is located at the task and achievement level of self-regulation and as such, I view it as a *consequence* of commitment. Commitment has also been studied extensively in organizational settings in terms of affective attachment and

involvement, and as having direct links to well-being (Meyer & Maltin, 2010). Studies of commitment in relational contexts are perhaps better known, particularly those studies involving the investment model of commitment (Rusbult, Martz, & Agnew, 1998). The investment model is a good predictor of romantic commitment and has also been studied in nonrelational contexts, including academic contexts (Le & Agnew, 2003; Okun, Goegan, & Mitric, 2009). Briefly, the investment model of commitment posits that commitment will be stronger in the presence of high satisfaction, large investment, and the absence of better alternatives. As predictors of commitment, they remain consistent across studies (Le & Agnew, 2003). The investment model of commitment is an appropriate choice for studying commitment as a self-regulatory process because it captures elements of goal commitment at the intermediate, task-oriented level of self-regulation (i.e., *satisfaction* and *investment size*), and because it is a well-tested, robust model of commitment that has shown promise in nonrelational contexts. What the model does not address, however, are the identity-level aspects of self-regulation. To address the limitation of measuring the role of self-investment in commitment, an additional scale was developed to capture identity salience in commitments in terms of personal meaningfulness (Heine, Proulx, & Vohs, 2006). In the remainder of the chapter, I will describe ongoing studies of commitment in which my students and I investigated commitment in nonrelational (academic) and relational (family) contexts using the investment model and the meaningfulness scale. In all quantitative studies, the Rusbult et al. (1998) investment model was used to describe and predict various aspects of commitment in these contexts.

Commitment Processes in Nonrelational (Academic) Contexts

Having noted that self-regulation involves much more than cognitive skills, and that mediation of self-regulation can assist in the development of resilient dispositions (Human-Vogel, 2004), the study of identity-level self-regulation—later described as commitment—began with several qualitative studies exploring self-regulation from a systemic and contextual perspective (Human-Vogel, 2006, 2008; Human-Vogel & Mahlangu, 2009; Human-Vogel & van Petegem, 2008). Initially, attention was directed to the role of mental models as a personal system of meanings and representations in the guidance self-regulatory behaviour (Human-Vogel; Human-Vogel & van Petegem, 2008). In these studies, the notion that students could form mental models in which positive mood constructs *cause* self-regulation led to the question of whether some students are better at harnessing positive emotions to aid in self-regulation. Given that satisfaction is associated with commitment, the most authoritative source of information was considered to be students who could be described as highly committed. Thus, the next study (Human-Vogel, 2008) considered the experiences of highly committed students and findings indicated that their self-descriptions were highly consistent with how they regulated their behaviour. Based on the results of these initial studies, it became more and more evident that

commitment could provide a plausible framework for understanding the role of identity-investment in self-regulation. The role of commitment provides a structuring and orienting role in people's lives because commitment implicates self-understanding and identity (Human-Vogel & Mahlangu, 2009). Some of the results in this study also suggested that personal competency leads to motivated engagement, resulting in self-directed learning (including self-regulation) and goal-directed behaviour, which provided further support for the conceptualization of commitment as a self-regulatory process.

Based on the notion that identity stands central to the commitments people are willing to make, and the argument that commitment reflects identity-level self-regulation, it is instructive to consider the role of self-processes in relation to commitment more closely, particularly because self-concept clarity has been shown to be associated with higher commitment (Lewandowski, Nardone, & Raines, 2010). In the example at the beginning of the chapter, the choices Kim makes are consistent with an identity containing a stable set of self-descriptions that include being responsible, conscientious, and hardworking. Authentic expression of identity requires Kim to aim at maintaining this identity in the immediate and more distant future. In the absence of any identity considerations, goal-setting and goal pursuit must necessarily take place at the task and achievement level and will therefore more likely be determined by circumstances external to the individual (as evidenced by a state approach to self-regulation). In terms of goal pursuit and commitment, the simultaneous availability of several desirable and less desirable goals usually complicate decisions about which goals to pursue and which to abandon. In our example, if Kim does not evaluate her options on an identity level, and she feels like having fun, she will choose to join her friends even if she has to study. If she misses her parents, she might visit them rather than spend time planning her assignment. If she worries about a test the next week, she might forego social contact and study for the exam. These choices all reflect conflicting goals that Kim could find desirable based on the circumstances at the time. The problem is that there is no coherence or consistency in such choices, and more importantly, the choices do not reflect any substantial commitment either. This is why Lieberman (1998) argued that commitment must involve identity investment to attain coherence and consistency. Identity investment in self-regulation assumes that a person can access knowledge about the self and use this knowledge to direct self-regulation, as was suggested in Human-Vogel (2008).

From a theoretical perspective, achieving accurate and objective self-knowledge involves a separation–individuation process that gradually enables individuals to develop an identity that conforms to their own personality, rather than that of their parents (Raines & Lewandowski, 2009). Thus, self-knowledge is probably an important requirement for individuation. Separation–individuation is related to self-differentiation, a multidimensional construct that includes the capacity to distinguish between thinking and feeling systems and the capacity to maintain interpersonal connections while developing an autonomous sense of self (Skowron & Friedlander, 1998; Skowron, Holmes, & Sabatelli, 2003). In other words, self-differentiation refers to the capacity to modulate affect and maintain a clear sense of

self (Skowron, Wester, & Azen, 2004), and thus it is assumed that increased self-differentiation also requires objective knowledge of the self. What a clear sense of self may mean can be interpreted in various ways. One possibility would be to describe it as a sense of coherence (Antonovsky, 1987) or as self-coherence (Budd, Alaolmolki, & Zeller, 1997). A review of empirical findings for Antonovsky's sense of coherence construct demonstrates that self-coherence is related to positive psychological outcomes (Eriksson & Lindström, 2005).

Both sense of coherence and self-coherence roughly refer to the individual's capacity to find life events meaningful, and is based on self-verification processes in which individuals strive to develop stable self-views that form the lens through which people perceive reality and achieve meaning (Swann et al., 2003). As argued by Heine et al. (2006), meaning involves perceiving coherence in relation to the self, others, and the world, thereby creating meaning frameworks that contain expected relationships between people, objects, and events. Consequently, increased coherence in one's life must be associated with meaningfulness so that someone with a clear and coherent sense of self should experience a high sense of coherence and, consequently, experience life as more meaningful.

Empirical findings generally support the hypothesis that clarity of self-concept and self-understanding are related to college adjustment (Raines & Lewandowski, 2009), whereas self-differentiation is positively related to general psychological adjustment (Skowron, Wester, et al., 2004). Thus, individuals who are highly self-differentiated are assumed to be better able to deal with stress because they are more flexible, and because they interact with others from a position of a solid self rather than a pseudo self (Gushue & Constantine, 2003). A solid self is assumed to reflect higher differentiation, whereas a pseudo self is assumed to be association with more fusion with others. Indeed, Skowron, Stanley, and Shapiro (2009) have suggested that self-differentiation (evidenced by lower emotional reactivity, cutoff, and fusion with others, along with the ability to take an "I" position in relationships) is associated with greater psychological well-being. It must be noted that self-differentiation is distinct from self-concept differentiation, which refers to low self-concept consistency and high fragmentation, leading to a divided sense of self that is associated with poor psychological outcomes (Diehl & Hay, 2007).

Skowron and Dendy's (2004) study of self-differentiation and effortful control (also described as self-regulation) is particularly relevant to the current study because one of the central hypotheses is that self-differentiated individuals may be more capable of making and maintaining substantial commitments. Skowron and Dendy's (2004) findings indicate that individuals who are more self-differentiated are also more capable of achieving effortful attentional and behavioural control, with self-differentiation accounting for 19 % of the variability of effortful control, over and above attachment anxiety and avoidance. Thus, increased self-differentiation seems to lead to increased self-regulation, which is associated with greater psychological well-being and academic adjustment.

To further examine the hypothesis that self-knowledge aids in the self-regulation of committed students, data were collected from another three postgraduate students

from a different university by following the same basic design as was reported in Human-Vogel (2008). That is, academics who supervise graduate students were requested to nominate students whom they considered highly committed. Students' whose names had been forwarded were contacted and the study was explained before asking for informed consent. Structuring the sample in this way automatically limited the sample size, but also ensured that participants could be regarded as experts on the problem being examined (i.e., commitment). Thus, particular attention was paid to theoretical sampling and also to achieving theoretical saturation in the data analysis (Bowen, 2008). The entire data set (participants from the 2008 study as well as additional three participants) thus comprised interviews for six participants and was coded for themes related to (a) self-knowledge (indicated by descriptive references to their *personality*, *self*, *identity*), (b) self-reflection (indicated by references to *self-attention* and *self-cognition*), and (c) self-regulation (indicated by references to *active monitoring*, *decision-making*, and *future orientation*). With regard to self-knowledge, the additional data of the three participants supported the self-knowledge themes reported in the 2008 study. For example, Participant 4 believed

> I'm a pretty caring, compassionate sort of person … thoughtful … again this comes back to my core being and my core identity … so, the goal in a sense, essentially you're committed to a certain type of being … a certain type of person, that's the broad commitment and that's where you draw your sense of personal meaning, your value … your broad identity.

Participant 5 mentioned that "I do think it has to do with your personality structure … being organized, structured, I feel you cannot be highly committed if you don't have a structure", and Participant 6 added "I have a very perfectionistic streak, so if I do something, I do it well." Thus, as was suggested earlier, participants have access to an identity so that they describe themselves from a particular perspective (Rise et al., 2010), they have knowledge of themselves (Kihlstrom et al., 2003) and this self-knowledge guides behaviour at the identity level of self-regulation (Lord et al., 2010), and is directly implicated in commitment.

Self-reflection was examined by identifying utterances that indicate a tendency to direct conscious attention to the self (self-attention) and to think coherently about the self (self-cognition) in terms of the present, past, and future. Requiring participants to reflect was based on the notion that humans can think consciously about the self (Leary & Tangney, 2003), and the self as represented in memory (Kihlstrom et al., 2003). Consistent with the literature that was discussed earlier, self-attention and self-cognition are thus considered necessary components of self-reflection, and self-reflection is thought to require a process of self-verification by means of which people achieve self-coherence. So when people self-reflect, they do so by turning their attention to the self and thinking about the self, and in doing so, compare whether feedback from the environment or their own performance is consistent with how they perceive themselves. If so, the experience of the self is verified and self-coherence is increased. If behaviour or other feedback is incongruent with one's self-knowledge, such incongruity leads to lower coherence and increases psychological discomfort. The process of self-verification requires self-knowledge

and, by extension, self-differentiation. Taking Kim as an example, she first needs to know and describe herself as a responsible person before she can interpret her behaviour in relation to her self-knowledge. If Kim's behaviour is consistent with her description of herself as responsible, she will experience higher self-coherence because her behaviour reinforces her self-description. If she behaves contrary to her self-description, lower coherence will be experienced. Less self-coherence is expected to affect the coherence of eventual behavioural choices because an incoherent self cannot lead to coherent behaviour. Self-coherence is functionally required for self-differentiation. Thus, people need to verify that who they are and what they experience in relation to the outside world are somehow coherently related, or "internally consistent, free of contradiction, and devoid of dissonance" (Heine et al., 2006, p. 90). When one experiences oneself and the world coherently, it can be argued that one may be in a better position to develop an authentic, differentiated sense of self. Participant 2 expressed the idea of self-coherence by referring to achieving an "integrated" sense of the self:

> For me it was via reflection, via experiences, it is not an easy process necessarily …. it needs to be developed …. but it is also through … identifying key parts of yourself, and looking at your history, looking at your future and the present and trying to make some sort of integrated sense about that.

Participant 1 emphasized the importance of knowing who you are by saying, "You need to be aware of who you are and where you are all the time …. I was always responsible for myself … there must be a sense of respect in doing it." Participant 2 also felt that "to make the important commitments, the first thing is, you need to know who you are." Both alluded to the importance of self-differentiation in terms of making commitments in so far as it requires awareness of *key parts* of the self, and thus a greater ability to take *I-positions* in relation to the world.

Also related to self-differentiation, Participant 3 spoke about "positioning" the self, which seems to reflect a conscious decision to relate to the world in an authentic way.

> It depends on which level you want to move, what you want to do and how you want to do it, and then to position yourself accordingly …. I like to look at a situation, to see myself in the situation, to stand back and reflect …. I do things in my own way.

The motivational effect that increased self-coherence can have on meaning frameworks and motivation is exemplified by Participant 4, who said that "every time you accomplish something, you believe in yourself more and you are more motivated to do things", indicating that achievement can serve to strengthen meaning by increasing self-coherence (believing in yourself more), and thus increasing motivation to pursue commitments. That there may be a relationship between meaning and goal setting was suggested by Participant 5, who said, "How one formulates one's goals, and which goals one formulates, is very closely related to what is meaningful for one", with the implication that meaning may be an important determinant of commitment in so far as it helps the individual to decide which goals to pursue.

Self-regulation requires active monitoring and decision making, as Participant 1 suggested:

> How can I best use my personality in the situation that's going to make it easier for me to do this job, what aspects of my personality is going to help me, what do I actually need to …, what's not going to work while in a situation, that I need to monitor, what skills one need [sic] to learn. I suppose that's not personality wise, but I think there is a value to process and at the same time from your personality side as well, if you start thinking about it, it can also to an extent guide your choices.

Participant 5 also believed that life is actively managed when she stated, "You must manage your life actively … otherwise in the end it will have flown by and it's … goodness! What did I do with my life?" Participant 4 alluded to the way that cognitions as well as emotions play an important role in decision making, for example, "I think very rationally about things, but my emotions also play a big role when I make decisions." All the previous statements refer to the role of the self in guiding and regulating behaviour (Leary & Tangney, 2003; Lord et al., 2010).

A particularly interesting aspect of these qualitative data was the way that some participants spoke in terms of their future orientation. Participant 2 said,

> The link with identity is … in terms of who you are …. which is how do you evaluate who I am and that's all broader than self-concept. And it links to … you know, where do I want to go, who do I want to be, what are my goals, what is my future, and how can I achieve those goals.

Participant 1 said that

> You may be more conscious of what you would like to be … to commit myself to a certain course of action or a certain goal … I knew it would be worthwhile in the end because it would help me to grow as a person and get more, get further towards where I want to be.

The notion that one's commitments can be linked to the kind of person one wants to be is important because it refers to the forward-looking, teleological aspect of being, what Bitter (2009) calls the *intending self*. It offers support for the notion that people are committed to a particular way of being and choose their goals accordingly. Thus, if people have a coherent, differentiated self—as indicated by accurate knowledge not only of who they are in the *present*, but who they would like to continue to be in the *future*—then they can choose goals that will support their sense of self-coherence and self-differentiation. Participant 5 described her commitments in terms of saying that "one day when I'm old I want to say 'It was good, I lived my life to the fullest … I gave my all.' Therein lays the meaning of life."

Thus, if it is indeed the case that commitments are made in terms of a coherent and differentiated present and future self, it might explain why Participant 6 felt that the abandonment of a commitment would be psychologically distressing when she said that "I would have to have a very good reason for breaking a commitment … I would feel guilty … I will be in anguish … I will think about it a lot." Thus, only if the self is implicated in commitment would the abandonment of commitments cause such distress because it would confront a person with making sense of a

course of action that is not consistent with how the self is understood internally. Abandonment of commitments on an identity level involves an abandonment of parts of the self, which is different from the abandonment of goals that can be located at the behavioural, task, or achievement level. Deciding to abandon a particular task because one is no longer motivated to complete it is not necessarily self-relevant. Therefore, abandoning a task does not necessarily mean abandoning a commitment. Choosing to delay a homework task in favour of having a chat with a friend does not automatically translate to abandonment of the commitment to one's studies on the identity level. It is only when making a choice or changing a decision prompts self-relevant evaluations that one can speak of abandoning a commitment. The role of self-processes in relation to their choices and behaviours seemed to be a central experience for highly committed students, and self-investment and meaningfulness also appeared to be important in determining their self-regulation, which confirms what we know from the literature on identity and self-regulation. However, identity and self-regulation have to my knowledge not been considered extensively in the context of commitment, and so the study of highly committed postgraduate students eventually prompted a consideration of the extent to which commitment theory accommodates the role of self-related processes. There is considerable variation in the theoretical literature on what commitment is and how it should be defined. These variations have much to do with the contexts in which commitment is frequently studied; namely, interpersonal relationships (Rusbult et al., 1998) and organizations (Meyer & Maltin, 2010).

In a relational context, commitment is viewed as the intention to persist and as a function of investment size (Rusbult et al., 1998). In an organizational context, employee commitment is viewed as a force that binds a person to a particular target or action, and is conceptualized as consisting of continuance, affective, and normative commitment (Meyer & Maltin, 2010). Empirical support for the latter model of commitment is mixed in an organizational context, whereas the investment model is reported as being a very robust model of commitment, with promising evidence of its usefulness across a variety of contexts (Le & Agnew, 2003). Thus, the decision was made to examine the relevance of an investment model of commitment in the context of families and academic studies. One of the immediate issues that needed to be addressed was that the Rusbult et al. (1998) model of commitment did not provide for a consideration of identity-level commitment. In this model, satisfaction, investment, and quality of alternatives predicts level of commitment (intention to persist), but all of the predictors consider choices made on the task or achievement level of self-regulation. To raise the conceptualization of commitment to the level of identity, meaningfulness was hypothesized as an additional predictor of level of commitment. Meaningfulness was conceptualized as the extent to which someone reports that their commitment allows them to express their identity (i.e., they feel they can express themselves) and that their commitment supports and verifies their sense of self (i.e., they feel how they express themselves is supported in the commitment).

One of the contexts in which the investment model of commitment was adapted and studied is reported in Human-Vogel and Dippenaar (2012), where commitment

was studied in the context of academic service learning with the Community Engagement Commitment Scale. From a methodological point of view, the four-factor structure of the investment model of commitment (*Satisfaction*, *Quality of Alternatives*, *Investment*, and *Commitment Level*) could be replicated in the context of community engagement commitment. Additionally, Human-Vogel and Dippenaar (2010) examined the hypothesis that meaningfulness of commitments could explain additional variance in level of commitment beyond satisfaction. Central to the hypothesis and theory of commitment as an identity-level self-regulatory process was the notion that commitments that people perceive to be personally meaningful may be better sustained in times of lower satisfaction. All commitments at times require persistence in the face of adversity and we wanted to examine the differential predictive value of meaningfulness and satisfaction in relation to commitment level. The results of the study indicated that meaningfulness, quality of alternatives, and investment size significantly predicted two-thirds of the variance in commitment level, with no demographic variables such as sex, language, or age contributing any predictive value. A surprising result in that study was that the Satisfaction items merged with the Commitment Level items on one factor, which we interpreted as evidence for the redundancy of Satisfaction when Meaningfulness is added.

In the context of teaching, Nortjé (2010) studied the relationship between pride and commitment in South African high school teachers and found that authentic pride (see Tracy & Robins, 2004, 2007) was related to commitment level, and that meaningfulness was better able to predict commitment level than was satisfaction. This finding lends additional support to the notion that commitment can possibly be better sustained when the object of one's commitment is regarded as personally meaningful, and that such meaningfulness could possibly sustain commitment in difficult times by influencing goal commitment at the task level. Another reason why personal meaningfulness is regarded as central to commitment is to be understood against the background of what happens when someone considers abandoning a commitment. When people consider abandoning a commitment, they typically experience significant personal distress—abandoning commitments are usually not easily done. I believe part of the reason for this distress lies in the self-related investment that has been made in relation to one's commitments.

What we have learned from these exploratory studies of commitment and personal meaningfulness is that substantial commitment involves commitment to the self or to a particular identity, rather than to an external goal. Thus, abandoning identity-level commitments imply abandoning a part of the self, or at least coming to terms with the significant change in the personal meaning and values that a commitment has represented. In the example at the beginning of the chapter, Kim does not find it easy to make compromises to balance her academic and personal commitments because she perceives these commitments to be relevant to her identity. She is invested in both, so when one commitment suffers, personal dissonance is evident because both commitments are self-relevant and meaningful (Heine et al., 2006).

Commitment in Relational (Family) Contexts

As briefly mentioned earlier, commitment has been examined extensively in the context of heterosexual romantic relationships for at least three decades (Le & Agnew, 2003). There is very little about romantic commitment that remains unexplored, at least as far as the investment model of commitment goes. Satisfaction, Quality of Alternatives, and Investment account for approximately two thirds of the variance in Commitment Level, but there is still uncertainty about their predictive value in the context of other relationships, such as family relationships.

Commitment in the context of family relationships presents an interesting area of study for understanding commitment processes. Most people can relate to feeling a sense of commitment towards their families, yet there is no body of literature that I am aware of that provides a systematic analysis of the topic. Yet commitment towards family members and the family unit are fundamentally different from commitment in other types of relationships, such as friendship or romantic commitments. As was mentioned, the investment model of commitment (Rusbult et al., 1998) is a very robust predictor of commitment in romantic contexts. The predictors of commitment level in romantic relationships are satisfaction, quality of alternatives, and investment size. Romantic relationships are generally associated with positive emotion (satisfaction), time, and effort spent on nurturing the relationship (investment size), whereas a sense that one's partner is the perfect match (quality of alternatives) is important for maintaining the romantic commitment. Contrastingly, family relationships are permanent: They are based on kinship rather than choice. Family members may choose to avoid other family members, but they cannot undo them from their lives, and they continue to be influenced by kinships throughout their lives. Family relationships are not always a source of satisfaction, but they can be a source of support in trying times. Family members mostly do not choose one other, so it is unlikely that we will feel committed towards our family merely because better alternatives are not available. Also, symbolic ties seem to be an important aspect of family life, so that family commitment seems to be less motivated by the amount of effort or time put in and more by the perceived availability of our family members when they are needed.

A primary assumption framing commitment is that it is rooted in personal meaning, and this is also the case for commitment in family contexts. Commitment is assumed to have the potential to regulate behaviour in a family context as well. Apart from reflecting Lord et al.'s (2010) conceptualization of self-regulation at the identity-level, this view is also supported by an identity approach to commitment that emphasizes personal meaning (Bielby, 1992). Thus, I submit that if the family unit is a source of personal meaning to family members because they value their role in the family, subsequent lines of action will enact these values, and behaviours will reflect commitment. Overall family functioning is also expected to impact the individual adjustment and well-being of its members (Grusec, 2011; Jonsson, 2010). From a developmental perspective, studying commitment in the context of the family-of-origin is particularly relevant between the ages of 18 and 25 years, when

young adults strive for independence from the family unit yet maintain stable and healthy ties to the family-of-origin. Coming to terms with and differentiating from the emotional life of the family is an important developmental task for young adults to accomplish, and maintaining healthy relationships with the family-of-origin is equally important. Commitment processes offer a potential framework for analysing how this balance is accomplished.

One of the constructs that I have studied in the context of family commitment concerns Dalbert's (2001) personal belief in a just world (PBJW). Dalbert (2001) describe the PBJW as the enduring personal belief that the world is fair and just, and that actions will be fairly and justly rewarded. It has been noted that the PBJW is a personal resource that is positively correlated with well-being (Dalbert, 2001). It has also been noted that the PBJW helps people to work toward long-term goals in a just manner (Hafer, Begue, Choma, & Dempey, 2005), so the just-world belief construct should be relevant to commitment if one reasons that commitments will be pursued, so long as people believe that their persistence in maintaining commitments will be justly rewarded in the future. Put differently, it is unlikely that a person would be committed to anything if that commitment was not based (at least partially) on the belief that it (i.e., the commitment) will be rewarded justly and fairly. Thus, both just-world beliefs and commitment can motivate a person to choose certain lines of action. To explore this assumption, Meiring (2010) examined just-world beliefs and proactive coping in parents with a child with autism and found a significant moderate correlation between the belief in a just world and proactive coping ($r = .516$, $p < .01$), and sense of coherence: meaning ($r = .48$, $p < .01$), indicating first that the stronger the belief in a just world is reported, the more likely parents were to cope proactively to ensure particular outcomes for their children and family. Secondly, the association of meaning with proactive coping suggested that it could play some role in the way parents regulate their behaviour to attain particular outcomes. The association between just-world beliefs and proactive coping was further moderated by parents' sense of coherence. The results of Meiring's (2010) study seem to support findings from other studies that found the stronger the belief in a just world, the more people may be motivated to maintain that belief, and thus they will cope proactively to bring about and ensure justice. Additionally, the results point to the potential of self-beliefs to guide behaviour in the context of commitment.

In another study conducted in collaboration with Honours students[2] in educational psychology, data were collected from high school students ($N = 188$; 89 males, 98 females) using the Family Commitment Scale that was adapted from the investment model, with an additional meaningfulness scale. A five-factor model best represented the pattern of associations observed in the data (RMSEA = 0.049), the factors being *Cohesion* (Alpha = 0.88), *Independence* (alpha 0.87), *Loyalty* (alpha 0.86), *Meaningfulness* (alpha = 0.74), and *Commitment Level* (alpha = 0.71). The pattern

[2]Faye Turner, Ian Bands, Marike Nel, Sibusisiwe Mahlangu.

of correlations obtained for the subscales supported the construct validity of the scales. Particularly, Meaningfulness correlated significantly with Cohesion (r=477, p=.000), Independence (r=-.358; p=.000), Loyalty (r=-.333; p=.000), and Commitment Level (r=.433; p=.000). Because both the Loyalty and Independence scales were written to reflect the original Quality of Alternatives scale in the investment model, the pattern of correlations was expected to be inverse because both scales reflect different reasons that young adults might choose to spend their time in other pursuits rather than with their family. Additionally, Meaningfulness was positively and significantly associated with Life Satisfaction (r=.314; p=.000) and Mood Level (r=.222; p=.003). An interesting finding from this data was that Cohesion was significantly correlated with Life Satisfaction (r=.257; p=.000), but not with Mood Level (r=.128; p=.091), possibly reflecting the fact that Cohesion, in terms of one's family of origin, reflects a long-term commitment to remaining close to one's family of origin, and as such, that it transcends the momentary and transient nature of moods.

Summary

Self-regulation is a human phenomenon to the extent that scholars agree that a self exists and can be defined, subjectively experienced, and objectively known. Despite a sizable body of literature that describes self-regulation processes in learning, health, and work contexts, very little of the work in self-regulation has been directed towards understanding consistency and coherence in self-regulation at the identity level. The important role that affect plays in self-regulation has been pointed out again recently, as well as the necessity to consider self-regulation at multiple levels of consciousness, one of which concerns the extent to which the self regulates behaviour by creating constraints on processes that run at lower levels (Lord et al., 2010). A central premise that guides the research described in the present chapter is the notion that commitment is a self-regulatory process that operates at the highest level of abstraction in self-regulation by creating constraints on behaviour at lower levels (behavioural, task, and achievement). The model helps to provide an explanatory framework for the assertion that identity guides behaviour.

It was argued that identity investment leads to commitments that have the capacity to bring coherence and consistency to people's day-to-day actions at the behavioural, task, and achievement level. Identity investment requires objective knowledge of the self in the present and future, as well as the capacity to reflect on the self. Self-reflection and self-verification processes are again required for increased self-knowledge and self-differentiation. Ideally, the self is experienced as coherent. Self-construals in the future are more abstract and coherent than present self-construals, and so identity-level commitments are more likely to be based on future self-construals (Lord et al., 2010). Self-regulation that involves the investment of a coherent self is thus more likely to be consistent and coherent over time. Self-regulation that is coherent and consistent because it involves self-investment

we have described as commitment. Thus, commitment can be defined as identity-level self-regulation based on coherent future self-construals. Moreover, self-regulation processes, over time, result in consistent and coherent relationships with the world and with oneself (Heine et al., 2006), and are likely to be experienced as personally meaningful. An important aspect of personal meaningfulness is the notion that one's relationships and overall situation enables authentic expression of the self, and also the feeling that one is supported in one's self-expression. One of the primary arguments advanced in the present research is that commitment requires self-investment. Without it, commitments become personally meaningless and can perhaps be better described as compliance. The distinction between commitment and compliance has significant relevance for the study of human motivation. Recent developments in self-determination theory (SDT) have emphasized a distinction between identified regulation and external regulation (Niemiec & Ryan, 2009). Identified regulation refers to motivations that are integral to the self, whereas external regulation refers to motivations that are externally controlled. An important area for further research would therefore involve the study of commitment in relation to human motivation in order to analyse the motivational underpinnings of commitment. Specifically, an SDT perspective emphasizes the importance of the personal meaning that behavioural events have for an individual in relation to the basic needs of autonomy, competence, and relatedness, and future work on the meaningfulness of commitment must pay attention to conceptualizing the extent to which satisfaction of basic needs may be relevant to meaningfulness in commitment (Ryan & Niemiec, 2009).

Initial results of commitment as comprising identity-level self-regulation are promising to the extent that the additional meaningfulness component has, over several studies, emerged as a variable that correlates significantly with other commitment variables, and has added additional significant predictive power to the model predicting commitment level in academic and family contexts. Additionally, results seem to suggest that the investment model of commitment, as described by Rusbult et al. (1998), seems to change somewhat in the context of family commitment. Where investments in romantic relationships are well conceptualized in terms of time spent together and doing things for one another, investments in a family context seem to be better captured by the cohesion and connectedness that family members experience as a result of being a member of the family. Similarly, the quality of alternatives in romantic relationships (i.e., that there are no better alternatives to the current relationship) change in a family context to reflect the balance that young adults must achieve through a sense of loyalty to one's family while still maintaining their independence from the family by balancing personal and family time. The most interesting finding that emerged from adapting the investment model of commitment to study family commitment is that the Meaningfulness component merges, and to an extent replaces the Satisfaction component that is so predictive of romantic relationships. I do not believe that satisfaction and meaningfulness necessarily reflect the same construct, and so this finding is not regarded as optimal, but rather it indicates the necessity to continue to focus on minimizing construct overlap and achieving a clear distinction between the two constructs.

All organisms must have regulatory processes that allow them to adapt to their environment. Human beings have evolved the capacity to represent themselves symbolically as a self, and to use this representation as a guiding force in the service of regulation. Future self-construals are more stable and coherent and are therefore more relevant for studying commitment as comprised of identity-level self-regulation. Commitment is, therefore, essentially a teleological construct whereby the representation of a future self acts to shape and influence the representations of the self in the present. Revisiting the example at the beginning of this chapter, Kim is described as having a dream to become a psychologist. This is how she construes her future self, and it is this future self that guides her self-regulation at the identity-level. It also creates the constraints for behaviour at the lower levels of achievement, task, and behaviour, which is to say that her future construal of herself as a psychologist creates constraints on the choices available to her in the present. It is only in the presence of considerable self-investment that individuals will willingly endure hardship, make sacrifices, and continue their obligations as they persist in reaching their goals. The construct of commitment as involving identity-level self-regulation appears to be the only theoretical candidate that can explain coherence and consistency in self-regulation over time. If a future goal loses personal meaning, it implies that it has lost significance and is no longer personally relevant. Thus, it is not the goal itself that is important, but rather the extent to which the goal is relevant and personally meaningful to the self, and whether pursuing the goal is meaningful (i.e., allows for authentic self-expression).

Research on commitment conceptualized as identity-level self-regulation raises several interesting questions that will hopefully be addressed in future research. The most obvious question would perhaps involve considering the relevance of motivational processes to commitment. While the importance of intrinsic motivation to learning is generally well accepted, it is the distinction between introjected and integrated regulation that is of particular relevance (Niemiec & Ryan, 2009). Integrated regulation is conceptualized as internal motivation that is synthesised with aspects of the self and is considered to be the most autonomous type of motivation. There certainly seems to be overlap in terms of conceptualizing commitment as identity-level self-regulation and motivation as autonomously integrated regulation. Both motivation and commitment processes are thought to require self-involvement, and it would be important in future research to clarify the relationship between motivation and commitment. Both constructs appear to be relevant in explaining persistence in activities, and both commitment and motivational processes engage with the extent to which choices at the behavioural, task, and achievement level are more or less autonomous or controlled. Controlled motivation is conceptualized as external and extrinsic motivation (Niemiec & Ryan, 2009), whereas I have argued that commitment that does not involve self-investment can be regarded as compliance. It would thus be important in future research to examine some of the apparent overlap between motivation and commitment to advance theory. Future research could thus perhaps include more work on the motivational underpinnings of commitment, as well as work towards a clearer understanding of the anticipated consequences of commitment, such as engagement, proactive coping, and well-being.

References

Antonovsky, A. (1987). *Unraveling the mystery of health: How people manage stress and stay well*. San Francisco: Jossey-Bass.

Bandura, A. (2005). The primacy of self-regulation in health promotion. *Applied Psychology: An International Review, 54*(2), 245–254.

Baumeister, R. F., Gailliot, M., DeWall, C. N., & Oaten, M. (2006). Self-regulation and personality: How interventions increase regulatory success, and how depletion moderates the effects of traits of behavior. *Journal of Personality, 74*(6), 1773–1801.

Baumeister, R. F., & Vohs, K. D. (2003). Self-regulation and the executive function of the self. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 197–217). New York: Guilford Press.

Baumeister, R. F., & Vohs, K. D. (2007). Self-regulation, ego depletion, and motivation. *Social and Personality Psychology Compass, 1*. doi:10.1111/j.1751-9004.2007.00001.x.

Bidjerano, T., & Dai, D. Y. (2007). The relationship between the big-five model of personality and self-regulated learning strategies. *Learning and Individual Differences, 17*, 69–81.

Bielby, D. D. (1992). Commitment to work and family. *Annual Review of Sociology, 18*, 281–302.

Bitter, J. R. (2009). *Theory and practice of family therapy and counseling*. California: Brooks/Cole.

Boekaerts, M., Maes, S., & Karoly, P. (2005). Self-regulation across domains of applied psychology: Is there an emerging consensus? *Applied Psychology: An International Review, 54*(2), 149–154.

Bothma, F., & Monteith, J. L. d. K. (2004). Self-regulated learning as a prerequisite for successful distance learning. *South African Journal of Education, 24*(2), 141–147.

Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: A research note. *Qualitative Research, 8*, 137–152.

Budd, K. W., Alaolmolki, K., & Zeller, R. A. (1997). Psychometric analysis of the self-coherence survey. *Archives of Psychiatric Nursing, 11*(5), 276–281.

Carver, C. S., Scheier, M. F., & Segerstrom, S. C. (2010). Optimism. *Clinical Psychology Review, 30*, 879–889.

Dalbert, C. (2001). *The justice motive as a personal resource: Dealing with challenges and critical life events*. New York: Kluwer.

Diehl, M., & Hay, E. L. (2007). Contextualised self-representations in adulthood. *Journal of Personality, 75*(6), 1255–1284.

Eriksson, M., & Lindström, B. (2005). Validity of Antonovsky's sense of coherence scale: A systematic review. *Journal of Epidemiology and Community Health, 59*, 460–466. doi:10.1136/jech.2003.018085.

Grusec, J. E. (2011). Socialization processes in the family: Social and emotional development. *Annual Review of Psychology, 62*, 243–269.

Gushue, G. V., & Constantine, M. G. (2003). Examining individualism, collectivism and self-differentiation in African American college women. *Journal of Mental Health Counseling, 25*, 1–15.

Hafer, C. L., Begue, L., Choma, B. L., & Dempsey, J. L. (2005). Belief in a just world and commitment to long-term deserved outcomes. *Social Justice Research, 18*(4), 429–444.

Halford, G. S. (1993). *Children's understanding: The development of mental models*. Hillsdale, NJ: Lawrence Erlbaum Associates.

Heine, S. J., Proulx, T., & Vohs, K. D. (2006). The meaning maintenance model: On the coherence of social motivations. *Personality and Social Psychology Review, 10*, 88–110.

Hong, E. (1998). Differential stability of state and trait self-regulation in academic performance. *The Journal of Educational Research, 91*(3), 148–158.

Human-Vogel, S. (2004). The use of mediation as a strategy to enhance the development of cognitive flexibility in self-regulated learning. *Education as Change, 8*(1), 3–27.

Human-Vogel, S. (2006). Students' mental models of positive mood and self-regulation in learning. *South African Journal of Psychology, 36*(3), 613–633.

Human-Vogel, S. (2008). The role of identity in self-regulation: When do students cope and when do they commit? *Journal of Psychology in Africa, 18*(1), 115–122.
Human-Vogel, S., & Dippenaar, H. (2012). Exploring pre-service student teachers' commitment to community engagement in the second year of training. *Higher Education Research & Development.* Advance online publication. doi:10.1080/07294360.2012.678307.
Human-Vogel, S., & Mahlangu, P. P. (2009). Commitment in academic contexts: First year education students' beliefs about aspects of the self, lecturer and instruction. *South African Journal of Higher Education, 23*(2), 309–328.
Human-Vogel, S., & van Petegem, P. (2008). Causal judgments of positive mood in relation to self-regulation: A case study with Flemish students. *Contemporary Educational Psychology, 33*, 451–585.
Jonsson, J. O. (2010). Child well-being and intergenerational inequality. *Child Indicators Research, 3*, 1–10.
Kihlstrom, J. F., Beer, J. S., & Klein, S. B. (2003). Self and identity as memory. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 68–90). New York: Guilford Press.
Krause, K. L., & Coates, H. (2008). Students' engagement in first-year university. *Assessment & Evaluation in Higher Education, 33*(5), 493–505.
Le, B., & Agnew, C. R. (2003). Commitment and its theorized determinants: A meta-analysis of the investment model. *Personal Relationships, 10*, 37–57.
Leary, M. R., & Tangney, J. P. (2003). The self as an organizing construct in the behavioral and social sciences. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 3–14). New York: Guilford Press.
Lewandowski, G. W., Nardone, N., & Raines, A. J. (2010). The role of self-concept clarity in relationship quality. *Self and Identity, 9*, 416–433.
Lieberman, M. S. (1998). *Commitment, value and moral realism*. Cambridge, UK: Cambridge University Press.
Locke, E. A., Latham, G. P., & Erez, M. (1988). The determinants of goal commitment. *The Academy of Management Review, 13*, 23–39.
Lord, R. G., Diefendorff, J. M., Schmidt, A. M., & Hall, R. J. (2010). Self-regulation at work. *Annual Review of Psychology, 61*, 543–568.
Maes, S., & Karoly, P. (2005). Self-regulation assessment and intervention in physical health and Illness: A review. *Applied Psychology: An International Review, 54*(2), 267–299.
Meiring, J. (2010). *Just world beliefs, sense of coherence and proactive coping in parents with a child with autism.* Unpublished M.Ed. (Educational Psychology) dissertation, Pretoria.
Meyer, J. P., & Maltin, E. R. (2010). Employee commitment and well-being: A critical review theoretical framework and research agenda. *Journal of Vocational Behavior, 77*, 323–337.
Moseki, M., & Schulze, S. (2010). Promoting self-regulated learning to improve achievement: A case study in higher education. *Africa Education Review, 7*(2), 356–375.
Niemiec, C. P., & Ryan, R. M. (2009). Autonomy, competence, and relatedness in the classroom: Applying self-determination theory to educational practice. *Theory and Research in Education, 7*(2), 133–144.
Northcutt, N., & McCoy, D. (2004). *Interactional qualitative analysis*. London: Sage.
Nortje, M. (2010). *A case study of pride and commitment in South African high school teachers*. Unpublished M.Ed. (Educational Psychology) dissertation, Pretoria.
Oettingen, G., Mayer, D., Sevincer, A. T., Stephens, E. J., Pak, H., & Hagenah, M. (2009). Mental contrasting and goal commitment: The mediating role of energization. *Personality and Social Psychology Bulletin, 35*, 608–622.
Okun, M. A., Goegan, B., & Mitric, N. (2009). Quality of alternatives, institutional preference, and institutional commitment among first-year college students. *Educational Psychology, 29*(4), 371–383.
Raines, A. J., & Lewandowski, G. (2009). The role of self-views in college adjustment. *Graduate Student Journal of Psychology, 11*, 46–51.
Rise, J., Sheeran, P., & Hukkelberg, S. (2010). The role of self-identity in the theory of planned behavior. *Journal of Applied Social Psychology, 40*, 1085–1105.

Rusbult, C. E., Martz, J. M., & Agnew, C. R. (1998). The investment model scale: Measuring commitment level, satisfaction level, quality of alternatives, and investment size. *Personal Relationships, 5*, 357–391.

Ryan, R. M., & Niemiec, C. P. (2009). Self-determination theory in schools of education: Can an empirically supported framework also be critical and liberating? *Theory and Research in Education, 7*(2), 263–272.

Skowron, E. A., & Dendy, A. K. (2004). Differentiation of self and attachment in adulthood: Relational correlates of effortful control. *Contemporary Family Therapy, 26*(3), 337–357.

Skowron, E. A., & Friedlander, M. L. (1998). The differentiation of self inventory: Development and initial validation. *Journal of Counseling Psychology, 45*(3), 235–246.

Skowron, E. A., Holmes, S. E., & Sabatelli, R. M. (2003). Deconstructing differentiation: Self-regulation, interdependent relating, and well-being in adulthood. *Contemporary Family Therapy, 25*(1), 111–129.

Skowron, E. A., Stanley, K. L., & Shapiro, M. D. (2009). A longitudinal perspective on self, interpersonal and psychological well-being in young adulthood. *Contemporary Family Therapy, 31*, 3–18.

Skowron, E. A., Wester, S. R., & Azen, R. (2004). Differentiation of self mediates college stress and adjustment. *Journal of Counseling and Development, 82*, 69–78.

Sohl, S. J., & Moyer, A. (2009). Refining the conceptualization of a future-oriented self-regulatory behavior: Proactive coping. *Personality and Individual Differences, 47*, 139–144.

Swann, W. B., Rentfrow, P. J., & Guinn, J. S. (2003). Self-verification: In search of coherence. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 367–383). New York: Guilford Press.

Tracy, J. L., & Robins, R. W. (2004). Show your pride: Evidence for a discrete emotion expression. *Psychological Science, 15*(3), 194–197.

Tracy, J. L., & Robins, R. W. (2007). Emerging insights into the nature and function of pride. *Current Directions in Psychological Science, 16*(3), 147–150.

Wolters, C. A. (2003). Regulation of motivation: Evaluating an underemphasized aspect of self-regulated learning. *Educational Psychologist, 38*(4), 189–205.

Wong, M. M. (2000). The relations among causality orientations, academic experience, academic performance, and academic commitment. *Personality and Social Psychology Bulletin, 26*(3), 315–326.

Zimmerman, B. J. (2008). Investigating self-regulation and motivation: Historical background, methodological developments, and future prospects. *American Educational Research Journal, 45*(1), 166–183.

Chapter 25
Facilitating Psychological Well-Being Through Hypnotherapeutic Interventions

Tharina Guse and Gerda Fourie

An important goal of positive psychology is the enhancement of well-being. Interventions to reach this aim have proliferated since the inception of the field, ranging from brief exercises (Lyubomirsky, 2008; Sin & Lyubomirsky, 2009) to more comprehensive approaches, such as positive psychotherapy (Seligman, Rashid, & Parks, 2006), well-being therapy (Ruini & Fava, 2004), and quality of life therapy (Frisch, 2006). Positive psychology has also gradually become incorporated into existing therapeutic approaches, such as psychodynamic therapy (Summers & Barber, 2010) and cognitive therapy (Ingram & Snyder, 2006).

Another therapeutic modality that could be implemented to enhance well-being is hypnotherapy. Hypnosis has often been associated with negative portrayals in popular media (Horowitz, 2006). However, it is frequently applied in therapeutic contexts to ameliorate certain physical and psychological disorders, to manage stress, and to treat acute and chronic pain (Mendoza & Capofons, 2009). Hypnosis can also be integrated into the context of psychotherapy in general (Yapko, 2003). Recently, some suggestions for implementing hypnosis to enhance well-being have been offered (Burns, 2010; Guse, 2012; Ruysschaert, 2009), but substantiating research has been limited. The purpose of this chapter is (a) to outline how both the Ericksonian approach to hypnosis and ego-state therapy can serve as frameworks for the promotion of psychological well-being, and (b) to describe the presence of and changes in psychological well-being of survivors of childhood sexual abuse who received hypnotherapy.

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What Is Hypnosis and Hypnotherapy?

Hypnosis has long been burdened by a plethora of different definitions, ranging from simple to complex. Erickson and Rossi (1980, p. 54) described hypnosis as a "special state of conscious awareness" in which specific behaviours occur. It has also been defined as a system of skilled, interactive, and influential communication (Yapko, 2003) and a heightened state of internal concentration (Lankton, 2008).

The American Psychological Association (APA) offered a comprehensive official definition of hypnosis, formulated by Green, Barabasz, Barrett, and Montgomery (2005), describing the procedure of hypnosis and some characteristics of being in hypnosis. Briefly put, hypnosis consists of an introduction to the procedure, informing the client that suggestions for imaginative experiences will be offered. This is followed by the hypnotic induction which includes further suggestions to use one's imagination. The clinician guides the client to respond to "…suggestions for changes in subjective experience, alterations in perception, sensation, emotion, thought or behavior" (Green et al., 2005, p. 263). If an individual responds to hypnotic suggestions, it is generally accepted that hypnosis has been induced, and that the client is in a hypnotic state. Recent research utilizing fMRI has lent support to hypnosis being a specific state of consciousness or awareness (Halsband, Mueller, Hinterberger, & Strickner, 2009)

Being in hypnosis is not sufficient alone for creating therapeutic change (Nash, 2008; Yapko, 2003). Rather, it is the communication and suggestions provided by the clinician while the client is in hypnosis that brings about any change. Hypnotherapy thus occurs when the clinician utilizes hypnosis to reach therapeutic goals by applying therapeutic skills in the environment of hypnosis (Nash). The benefit of hypnotherapy is that hypnosis bypasses the habits and resistances of the conscious mind faster than other therapeutic modalities, leading to quicker results (Barrett, 2010). Hypnosis also provides the possibility of intensified experiential learning (Mende, 2009).

Hypnosis and hypnotherapy are now firmly established as scientific fields in mainstream psychology (Lynn & Kirsch, 2006). Reviewing existing research, Mendoza and Capofons (2009) concluded that hypnotherapy seems to be an efficacious treatment for pain management. In addition, hypnosis also seems to decrease negative affect and increase positive affect when applied for pain management (Schnur et al., 2009). It thus seems timely to consider hypnotherapy as an intervention to enhance well-being. Two approaches to implementing hypnotherapy that are particularly well-suited to facilitate psychological well-being are the Ericksonian approach and ego-state therapy.

The Eriksonian Approach and Ego-State Therapy as Therapeutic Frameworks for Facilitating Well-Being

The Ericksonian approach to hypnotherapy is based on the work of Milton Erickson (1901–1980) and was later expanded on by Zeig (1985) and Lankton (e.g., Lankton 2008; Lankton & Lankton, 1983), among others. Erickson developed unique perspectives and creative applications of hypnosis and strategic psychotherapies (Frederick & McNeal, 1999).

Certain principles of an Ericksonian approach can be aligned with the assumptions of positive psychology and could be included in interventions to enhance well-being. The approach holds a nonpathological stance to viewing clients and implementing psychotherapy (Lankton, 2008), and posits that clients have many psychological resources and that hypnosis could potentiate these resources (Erickson & Rossi, 1980). Further, symptoms are viewed as messages about possible directions of growth and change. Specifically, hypnosis can assist in guiding a client's focus of attention to aspects of behaviour and functioning that are relevant to well-being (Erickson & Rossi).

The Ericksonian approach is solution-oriented, with the aim to help clients move to a state of health as soon as possible (Lankton, 2008). The emphasis of therapy is on goals and the future, as opposed to a focus on past failures and problems. This future orientation of the Ericksonian approach can be aligned with Snyder's (2002) Hope theory because hypnotherapy may facilitate both agency (motivation) and pathways (routes) to desired endpoints through offering specific suggestions, rather than a focus on past problems. In implementing therapy, a therapist would further utilize both problems and strengths presented by the client. The permissive nature of this approach and its emphasis on adapting therapy to client's individual needs fits with recent findings which suggested that positive psychology interventions need to be individualized for maximum effect (Cohn & Frederickson, 2010; Schueller, 2010).

Ego-state therapy (J. G. Watkins & Watkins, 1997) is a therapeutic approach, most often applied in hypnosis, which posits that the personality consists of different parts which the individual moves into and out of throughout the day. According to ego-state theory, specific *parts* of the personality—referred to as ego states—are focused on in therapy, as indicated by therapeutic goals.

J.G. Watkins and Watkins (1997) defined an ego state as an organized system of behaviours and experiences, a kind of subself that has some individual autonomy in relation to other states and to the personality as a whole. According to this view, the ego consists of a dynamic constellation of related subselves that are separated from each other by more or less permeable boundaries (Frederick & McNeal, 1999; Phillips & Frederick, 1995). Ego states may develop as a reaction to childhood trauma (J.G. Watkins & Watkins), but could form at any stage of development and could serve as resources (Frederick & McNeal).

In ego-state therapy, ego states are activated by means of hypnosis and then worked with therapeutically (Frederick & McNeal, 1999). One of the techniques often applied during the course of ego-state therapy is ego strengthening, defined as "… the process of extending the scope and influence of the ego and increasing the effectiveness of ego functions" (Frederick & McNeal, p. 136). This may lead to the self being experienced as stronger, more adequate, and more effective in coping with life. Ego strengthening is not a new technique, and has long been considered important in the process of psychotherapy (Erickson, Rossi, & Rossi, 1976). However, the value of ego strengthening techniques in ego-state therapy lies in their ability to increase the interplay between positive, helpful aspects of the personality (McNeal & Frederick, 1993).

Another important facet in ego-state therapy is the mobilization of resourceful ego states. Frederick and McNeal (1999) described various ways in which ego states

can serve as internal resources, such as through activation of helpful ego states and through access to conflict-free ego states. An example of a conflict-free ego state is *inner strength*, a part of the personality connected with the person's deepest survival instincts (McNeal & Frederick, 1993). Other possible conflict-free inner resources include the *safe place*, *inner advisor*, and *inner love* (Frederick & McNeal, 1999). Ego strengthening could serve to access and strengthen these facets of the self, which could facilitate well-being through increasing a sense of self-efficacy (utilizing inner strength and inner advisor) and the experience of positive emotions (utilizing safe place and inner love).

Guse (Guse 2012; Guse & Fourie, 2008) recently outlined how an Ericksonian approach and ego-state therapy can be implemented with the aim to enhance psychological well-being. Specifically, Guse and Fourie described how several character strengths could be accessed and mobilized through hypnotherapy, using the metaphor of the *resourceful self*. Guse elaborated on accessing and facilitating the strengths of hope and gratitude and increasing the experience of positive emotions through hypnotherapeutic interventions. Specifically, Guse suggested that strengths could be seen as parts of the self, as suggested by ego-state theory. It is evident that hypnotherapy may be a valuable avenue towards increasing positive psychological functioning.

Research Findings

Research on the enhancement of psychological well-being through hypnotherapy is scarce, yet there has been a call for more empirical work in this field (Guse, 2012). Some existing studies referred to the effect of hypnosis on the well-being of women with breast cancer, but the operationalization of well-being remained embedded in a pathogenic paradigm (e.g., Bakke, Purtzer, & Newton, 2002; Laidlaw, Bennet, Dwivedi, Naito, & Gruzelier, 2005). Recently Willemsen, Haentjens, Roseeuw, and Vanderlinden (2011) reported that hypnotherapy can increase the psychological well-being of patients with dermatological problems, but enhanced functioning was conceptualized only as a by-product of symptom reduction.

Schnur et al. (2009) investigated the effect of hypnosis on both negative and positive affect in patients who received radiotherapy for breast cancer. They reported that hypnosis, combined with cognitive behavioural therapy, led to an increase in positive affect and a decrease in negative affect, which can be seen as an increase in hedonic facets of psychological well-being. No other international studies implementing hypnosis to enhance psychological well-being could be located.

In a South African study, Guse, Wissing, and Hartman (2006) developed and evaluated a prenatal hypnotherapeutic programme based on Ericksonian and ego-state therapy approaches. The specific aim of the study was to evaluate the effect of the hypnotherapeutic intervention on postnatal psychological well-being of first

time mothers. Psychological well-being was conceptualized as the absence of psychopathology as well as the presence of life satisfaction, positive affect, and sense of coherence. Guse et al. (2006) reported that the hypnotherapeutic intervention contributed to a significant improvement in first-time mothers' psychological well-being at 2 weeks postpartum, and that they maintained this improvement at 10 weeks postpartum.

The study also compared the experimental group with a control group on mean differences in prenatal versus postnatal scores. At 2 weeks postpartum, mothers in the experimental group exhibited a significant improvement on all variables except one when compared to the control group. However, at 10 weeks postpartum, differences between the two groups were less significant. Guse et al. (2006) concluded that hypnotherapeutic interventions could contribute to enhancing psychological well-being during the transition to motherhood. The small sample size and the fact that the participants were not completely randomly selected prevent generalization of the findings. Still, results from this study suggest that the implementation of hypnotherapy to facilitate psychological well-being warrants further research attention.

In another South African study, Fourie and Guse (2011) described and evaluated the effect of an integrated hypnotherapeutic model for the treatment of individuals who experienced childhood sexual abuse (CSA) by presenting a case study. This model combined two existing hypnotherapeutic approaches: Hartman's (2002) general therapeutic model based on Ericksonian and ego-state therapy; and the SARI model (Frederick & McNeal, 1999; Phillips & Frederick, 1995), which is essentially an ego-state model applied to address psychological trauma. To broaden the focus of these therapeutic approaches, specific hypnotherapeutic suggestions and communication patterns aimed at eliciting psychological strengths and enhancing psychological well-being were included. Some strengths and resources that were focused on during the application of the model included the activation of helpful or positive ego states and conflict-free ego states, as well as abilities from the past, present, and future. What follows is a description of the presence of psychological well-being before and after the intervention in women who received hypnotherapy for the treatment of CSA, based on Fourie and Guse's model.

The Presence of Psychological Well-Being in Adult Survivors of Childhood Sexual Abuse Treated in a Hypnotherapeutic Context

The occurrence of CSA is widespread (Pereda, Guilera, Forns, & Gomez-Benito, 2010; Richter, Dawes, & Higson-Smith, 2004) and associated with many adverse psychological, social, and biological consequences in adulthood (Briere & Jordan, 2009). Several theoretical frameworks for the psychological treatment of CSA have been proposed (e.g., Briere, 2002; Kritsberg, 2000), including hypnotherapeutic approaches (e.g., Dolan, 1994; Hartman, 1995).

Although the reduction of distress and symptomatology remains an important goal in the treatment of CSA, enhancing facets of positive psychological functioning as part of an intervention has been neglected. A focus on pathology alone is of limited value in the healing process (Walters & Havens, 1994) and there have been calls for a greater focus on the utilization and mobilization of strengths and resources during psychotherapy (Havens & Walters, 2002; Joseph & Linley, 2006), which is especially relevant in working with the sexually traumatized individual. This could be viewed as a fortigenic perspective (cf. Guse et al., 2006) of the therapeutic process. Consequently, Fourie and Guse (2011) developed and described an integrated hypnotherapeutic model as treatment for female adult survivors of CSA, based on a strengths perspective. In this study, the main research question is: How does psychological well-being come to the fore in female adult survivors of CSA who received hypnotherapy based on Fourie and Guse's model?

Aim

The aim of this study is to describe the presence of and changes in psychological well-being of adult women who experienced CSA before and after the implementation of Fourie and Guse's (2011) hypnotherapeutic model.

Method

Design

A multiple case study research design (Miles & Huberman, 1994) was implemented. Qualitative and quantitative methods were used to gather and analyse the data in a pragmatic manner. In this approach, methodological triangulation (Flick, 2009) was employed. For the quantitative component of the study, participants completed a set of questionnaires before the intervention commenced, and again after therapy was terminated. Data for the qualitative component of the study consisted of three interviews and the therapeutic process.

Participants

Five white female participants who had experienced childhood sexual abuse took part in the study and were obtained by means of purposive sampling. Participants were obtained from the second author's client base and from referrals from

colleagues. The age of the participants ranged from 28 to 44 years. Three of the participants were married, one was cohabiting with a partner, and one had recently terminated a relationship. The therapy was conducted by the second author, who is a registered counselling psychologist with advanced training in hypnotherapy.

Data Collection

For the quantitative component of the study, participants completed the Trauma Symptom Inventory™ (TSI; Briere, 1995) and the General Health Questionnaire (GHQ) (Goldberg & Hillier, 1979) to evaluate possible psychopathology as an indicator of the absence of well-being. They also completed indices of psychological well-being; namely, the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffen, 1985), Affectometer 2–Short Form (AFM–SF; Kammann & Flett, 1983), and the Sense of Coherence scale (SOC; Antonovsky, 1987). Before commencing hypnosis, the Stanford Hypnotic Clinical Scale–Adult (SHCS: Adult; Morgan & Hilgard, 1978) was administered to establish the level of hypnotic responsiveness. All the measuring instruments have satisfactory psychometric properties, as reported in previous studies (e.g., Guse et al., 2006; Poon, 2009).

Data for the qualitative component was obtained from individual interviews and the therapeutic process. Three interviews were held with each participant. The first interview took place at the beginning of therapy. The second interview took place during the first therapy session after the sexual abuse incident(s) had been addressed. The final interview was scheduled at least 1 month after the termination of therapy. The number of therapy sessions varied for each participant. During the interviews and the therapeutic process, the possible presence of and changes in psychological well-being were continuously noted by attending to the words and language, thoughts, and behaviour of the participants that indicated psychological well-being. The interviews and the therapy process were recorded on video, notes were taken, and the information was transcribed.

Ethical Considerations

The participants provided written informed consent and were told that information related to their therapy process would be used for research purposes. They were also told that such information would be used confidentially and anonymously, and that they could withdraw from the study at any stage. Participants did not pay any fees for receiving the therapeutic intervention.

Data Analysis

Concerning the quantitative data, each participant's scores on indices of psychopathology and psychological well-being before and after the intervention were compared. Because quantitative data was included to confirm and complement the findings of the qualitative inquiry, no statistical analyses were performed.

The qualitative data was analysed by means of thematic analysis (Braun & Clarke, 2006). Data was read and re-read, and initial codes were generated. Each case study was analysed individually, followed by a cross-case analysis. Four main themes were predetermined based on existing literature regarding facets of psychological well-being: symptoms of psychopathology and distress, experience of life satisfaction, experience of positive and negative affect, and experience of a sense of coherence.

Results

Symptoms of Psychopathology and Distress

As can be seen in Table 25.1, the results obtained from the TSI™ profiles (Briere, 1995) indicated symptoms of Post-traumatic Stress Disorder (PTSD), including intrusive, avoidant, and autonomic hyper-arousal components. Scores of more than 65 are considered clinically significant. The participants' elevated scores on the subscales anxious arousal (AA), depression (D), anger/irritability (AI), intrusive experiences (IE), avoidance (DA) and dissociation (DIS) mirrored responses of distress associated with the impact of traumatic events and processes. The scores on tension reduction behaviour (TRB, participants 2, 3, and 4) and impaired self-reference (ISR, participants 1, 2, and 3) pointed to the participants' not having enough self-resources to regulate or deal with such distress. Thus, the assessment indicated that all the participants suffered from symptoms of post-traumatic stress as well as a deficiency in psychological resources. Results from the GHQ also indicated the presence of symptoms of pathology in all five participants, as scores from 5 to 28 increasingly suggest psychopathology (Goldberg & Hillier, 1979).

After the intervention, all the participants experienced markedly decreased scores on the previously elevated clinical scales. Except for participant 3, who showed elevated AA, AI, SC, and DIS scores, and participant 4's heightened D score, the results indicated no scores that could be interpreted as clinically significant. The compared results of the GHQ confirmed a notably lowered level of symptomatology, and therefore more positive mental health in participants 1, 2, and 5, but a continued heightened level of psychopathology for participants 3 and 4. On the whole, all the participants experienced a lowered degree of trauma symptoms after the intervention, which could also be seen as an increase in well-being, but the improvement was more pronounced for participants 1, 2, and 5.

Table 25.1 Indices of psychopathology before and after the hypnotherapeutic intervention

	Participant 1		Participant 2		Participant 3		Participant 4		Participant 5	
Measures	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
TSI™										
Anxious Arousal (AA)	66	45	76	35	81	74	58	60	74	49
Depression (D)	78	38	71	38	71	63	73	69	69	48
Anger/Irritability (AI)	62	43	67	37	80	72	78	62	74	54
Intrusive Experiences (IE)	77	50	79	39	79	63	55	45	81	41
Defensive Avoidance (DA)	73	50	71	42	71	61	55	45	77	38
Dissociation (DIS)	67	49	71	39	77	67	50	51	83	49
Sexual Concerns (SC)	52	42	65	42	80	71	56	54	86	44
Dysfunctional Sexual Behaviour	44	44	52	44	44	44	54	49	54	47
Impaired Self-Reference (ISR)	66	42	81	41	68	64	61	49	63	42
Tension Reduction Behaviour (TRB)	54	45	69	42	69	63	69	63	87	51
GHQ										
Somatic Symptoms	4	0	0	0	7	5	2	0	7	2
Anxiety and Insomnia	5	0	3	0	5	5	6	1	6	0
Social Dysfunction	6	0	3	0	7	7	0	1	2	2
Severe Depression	7	0	5	0	3	3	3	2	7	4
Total score	22	0	11	0	22	20	11	4	22	8

Note: *TSI* Trauma Symptom Inventory, *GHQ* General Health Questionnaire

Qualitatively, the data obtained from the interviews and the therapeutic process confirmed that all the participants experienced high levels of distress before the intervention. For example, participant 1 mentioned, "I feel abused and guilty", while participant 3 said, "I become very irritated and aggressive and it makes me feel sick. I often get a pain in my shoulder, and I suffer from insomnia". After the interventions, all participants reported some relief and decrease in distress. Participant 2 reported, "… now I feel more comfortable. I can again connect with people … I feel much more in control". Participant 4 reflected, "I have definitely dealt with …the abortion and sexual abuse…I almost never think about it anymore. Previously I used to lie on my bed thinking about it, therefore I feared to lie awake at night".

Experience of Life Satisfaction

In Table 25.2, the participants' experiences of psychological well-being before and after the interventions are presented. It is evident that all participants experienced relatively low levels of life satisfaction before the intervention. After receiving

Table 25.2 Indices of psychological well-being before and after the intervention

	Participant 1		Participant 2		Participant 3		Participant 4		Participant 5	
Measures	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
SWLS	10	31	10	30	6	8	12	7	16	24
AFM Positive affect	+22	+46	+29	+48	+18	+20	+32	+26	+28	+41
AFM Negative affect	−32	−15	−34	−11	−34	−38	−28	−33	−22	−20
AFM Affect Balance	−10	+31	−5	+37	−16	−18	+4	−7	+6	+21
SOC	77	161	88	139	72	80	109	107	129	129

Note: SWLS Satisfaction with Life Scale, AFM Affectometer, SOC Sense of coherence scale

therapy, participants 1, 2, and 5 showed increased levels of life satisfaction, while participants 3 and 4 showed no change. These shifts, or lack thereof, were also evident in the interviews and the therapeutic process.

Before the intervention, participant 2 stated, "I feel so unhappy and dissatisfied with myself and my life", while at the conclusion of therapy, she said "I feel excited about every day … I feel more satisfied and optimistic about life". Similarly, participant 1 initially remarked, "I experience distrust, jealousy and low self-confidence, and feel discontented". After the intervention, she said "I have gained self-confidence and have solved many of my problems, which make me feel much more satisfied with my life". Participant 3 described how many current stressors contributed to a lowered sense of life satisfaction at the beginning of therapy: "…my son has learning problems, suffers from depression, and can also become very oppositional and aggressive…I experience very difficult times with him every day". Although there was no quantitative increase in life satisfaction, after the intervention she stated, "I am very happy in our new house", which may suggest some increase in life satisfaction.

Experience of Positive and Negative Affect

All participants experienced more negative than positive affect before treatment, as shown in Table 25.2. Participants 1, 2, and 5 again showed a shift towards a positive affect balance after treatment. However, participant 3's affect balance remained relatively unchanged, with a preponderance of negative affect. Further, participant 4 showed as slight increase in negative affect. These scores could be seen as indicators of persistent, lowered psychological well-being.

The participants' responses before the intervention commenced also suggested relatively low levels of positive affect and a preponderance of negative affect. Participant 5 mentioned, "I only want to sleep or cry. I feel very sad and often become upset and angry with my mother". Participant 2 stated: "…the sexual abuse … affects my mood in a very negative way." After the therapeutic process was completed, participant 5 said, "I have worked through the repressed [negative]

feelings…I feel much more comfortable". Participant 2 described her positive affect clearly: "I have an overwhelming positive feeling".

Although participant 3 experienced more negative than positive affect, she still mentioned experiences of positive affect at the end of therapy: "I like the sea, music, rain, hot chocolate, and I like to cuddle my dog. It makes me feel happy". However, for participant 4, negative affect remained pronounced: "Every now and then I feel as if I am drowning". At the time, this participant was on the verge of a divorce.

Experience of a Sense of Coherence

As reflected in Table 25.2, there was an increase in participants 1 and 2's scores on SOC after the hypnotherapeutic intervention, while participant 3 showed a slight increase. Participant 5 showed an unchanged mean score and participant 4's score decreased minimally.

Qualitatively, participant 3 initially stated, "I can't think of a meaningful goal for my life", while participant 4 said, "I often have the feeling that there's little meaning in the daily things I do". After therapy was completed, participant 1 indicated that her life was more goal-directed and purposeful. Additionally, she made the following remark: "One can always find a solution to painful things in life". Participant 2 also seemed to experience more comprehensibility, control, and a sense of meaningfulness when she remarked, "I just feel human again … my own very self … and I am on this journey of exploration …I feel in control". Participant 3 said, "I now look at the traumatic incidents from a different perspective". Participant 4 continued to experience a sense of meaningless and lack of control because of her persistent marital problems. "My attempts to do something about our stuck relationship are ignored by my husband… I feel very lonely."

Discussion

The aim of this study was to describe the presence of psychological well-being of women who experienced CSA as it unfolded in the context of a hypnotherapeutic intervention proposed by Fourie and Guse (2011). Data from questionnaires measuring facets of well-being as well as qualitative data are discussed and integrated here. Overall, it was evident that all the participants experienced lowered psychological well-being at the onset of treatment. Three participants (participants 1, 2, and 5) experienced an increase in most facets of psychological well-being at the conclusion of the intervention, while for two participants (participants 3 and 4), symptoms of psychopathology and distress decreased, but relatively low levels of psychological well-being persisted.

Concerning symptoms of psychopathology and distress, both the quantitative and qualitative data indicated heightened symptomatology and thus decreased well-being before the implementation of therapy. These included emotional facets

(depression and self-destructive behaviour), cognitive facets (dissociation), physical facets (insomnia and hyper-arousal), interpersonal problems, and problems regarding sexual functioning. These negative mental health outcomes are generally associated with the experience of CSA (Briere & Jordan, 2009). Therefore, the initial experience of psychological well-being of the participants could be considered as languishing (cf. Keyes, 2002, 2005) because of high levels of distress. At the conclusion of treatment, all the participants experienced a decrease in symptoms of pathology; however, only participants 1, 2, and 5 may have moved towards flourishing because symptoms of pathology were still present for participants 3 and 4.

In terms of the experience of life satisfaction, all the participants were able to describe positive elements in their lives before the intervention, but results from the SWLS suggested a general dissatisfaction with life. After therapy was concluded, participants 1, 2, and 5 experienced an increase in life satisfaction, as suggested by scores on the SWLS, while participants 3 and 4 did not. This pattern was also present in their responses in the interviews. Although participants 3 and 4 indicated that their concerns regarding the experience of CSA had been addressed, current life circumstances, including serious financial difficulties and marital discord, seemed to contribute to continued lowered life satisfaction. Diener and Biswas-Diener (2008) reported that social relationships are important for the experience of subjective well-being, while Diener, Ng, Harter, and Arora (2010) noted that a lack of fulfilment of basic needs may lead to dissatisfaction with life. These factors seemed to be prominent in the lives of participants 3 and 4, suggesting that the enhancement of psychological well-being may be influenced by contextual variables outside of the therapeutic process. However, for the other participants, a focus on strengths may have contributed to increased life satisfaction, similar to other positive interventions (e.g., Frisch, 2006; Seligman et al., 2006).

As far as the experience of positive and negative affect is concerned, all the participants initially experienced more negative than positive affect, as reflected in their scores on the AFM and responses in the interviews. This was expected in light of previous studies suggesting that the experience of CSA is associated with a depressed mood (Briere & Jordan, 2009). After the hypnotherapeutic intervention, participants 1, 2, and 5 experienced a preponderance of positive affect over negative affect. This change could possibly be explained through Frederickson's (2001) Broaden and Build theory. As the therapeutic process progressed, these three participants described more positive emotions as well as an awareness of newfound resources. Thus, in terms of Broaden and Build theory (Frederickson) the therapeutic process may have facilitated an upward spiral of increased resilience and well-being. Further, positive emotions may have served as generators and indicators of therapeutic change (Fitzpatrick & Stalikas, 2008). Conversely, participant 3 experienced almost no change in positive affect, while participant 4 seemed to experience less positive affect than before the intervention. This may be due to the fact that both participants were experiencing current problems, which they perceived as overwhelming and ongoing life stressors. It is also possible that the women's current concerns required more explicit psychotherapeutic attention, in addition to the treatment of CSA, to be able to facilitate an increase in positive affect.

Finally, in exploring participants' SOC, it seemed that participants experienced a relatively low SOC before therapy commenced. Their mean scores on the questionnaires were lower than those reported by Strümpfer and Wissing (1998) and were confirmed by their qualitative responses. At the completion of therapy, participants 1 and 2 showed an increase in SOC, as quantitatively measured and as reflected in their verbal accounts. Participant 5's initial mean score was maintained, but was close to the average range to start out with. Studies evaluating the effect of interventions on SOC also reported increases (Guse et al., 2006; Vastamäki, Moser, & Paul, 2009), which suggest that this facet of well-being is malleable and could be strengthened. In contrast, participant 3 showed only a small increase in SOC in the quantitative evaluation, while participant 4's mean score decreased slightly. The fact that these participants still experienced ongoing stressors could partly explain these lowered scores. There seems to be a correlation between SOC and close relationships (Olsson, Hansson, Lundblad, & Cederblad, 2006), and these participants experienced continued distress in their interpersonal relationships, which may partly explain their low levels of SOC. However, the qualitative responses rendered by participant 3 indicated that she did experience some increase in a sense of meaningfulness and comprehensibility after therapy was completed. These experiences may not have been pronounced enough to be reflected in the quantitative evaluation, but still suggest some increase in well-being.

Limitations of the Study

This study had several limitations. First, it was a small study with only five white female participants, which does not reflect the diversity of the South African population and therefore prevents generalization. The quantitative scores should also be interpreted with caution due to the small sample. Second, the measurement of psychological well-being did not include the mental health continuum, as proposed by Keyes (2002, 2005), which could have provided a clearer picture of the participants' possible movement to flourishing. Finally, because the participants were not followed longitudinally, it is unclear whether increases in well-being were maintained.

Conclusion

Implementing hypnotherapy from a fortigenic perspective seemed to have contributed to enhanced psychological well-being for three participants. The other two participants experienced a decrease in distress, but less pronounced increases in psychological well-being. It appeared that current life stressors, including interpersonal and financial difficulties, may have contributed to their experience of persistently low levels of psychological well-being. Hypnotherapeutic interventions to

enhance well-being with clients experiencing more severe distress in several areas of functioning may need to be implemented over a longer period of time to facilitate psychological well-being.

Future Directions

Practitioners of hypnotherapy are encouraged to utilize positive facets of psychological functioning in implementing treatment because these facets could contribute to enhanced well-being. This seems to hold true for both clients experiencing distress and symptomatology and clients experiencing developmental transitions.

Future research could focus on extending these findings to larger samples and to other groups of clients, including children, adolescents, and males, as the studies mentioned above only included female participants. In the South African context it is also imperative to explore the application of hypnotherapy in general, and applied from a positive psychology perspective specifically, to enhance the well-being of clients from other population groups. Further questions include: Can positive psychology exercises (cf. Lyubomirsky, 2008; Schueller, 2010) be implemented in a hypnotic trance, and what is the outcome in comparison to implementing these exercises when the client is not in hypnosis? How stable are increases in psychological well-being when facilitated by means of hypnotherapeutic interventions over time? Much remains to be explored in understanding the application of hypnotherapy for the enhancement of psychological well-being.

Concluding Summary

Hypnotherapeutic interventions provide several opportunities to facilitate psychological well-being, specifically when implemented from an Ericksonian and ego-state therapy framework, and when including a fortigenic perspective. Limited research exists, but nonetheless it appears that a focus on accessing and activating psychological strengths in the context of hypnosis may contribute to enhanced well-being for clients experiencing life transitions as well as for those who present with more severe distress, such as psychological trauma.

References

Antonovsky, A. (1987). *Unraveling the mystery of health*. San Francisco: Jossey-Bass.

Bakke, A. C., Purtzer, M. Z., & Newton, P. (2002). The effect of hypnotic-guided imagery on psychological well-being and immune function in patients with prior breast cancer. *Journal of Psychosomatic Research, 53*, 1131–1137.

Barrett, D. (2010). Introduction. In D. Barrett (Ed.), *Hypnosis and hypnotherapy* (History, theory and research, Vol. 1, pp. i–xv). Santa Barbara, CA: ABC-CLIO.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101.

Briere, J. (1995). *Trauma symptom inventory (TSI™): Professional manual*. Lutz, FL: Psychological Assessment Resources.

Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 175–203). Thousand Oaks, CA: Sage.

Briere, J., & Jordan, C. E. (2009). Childhood maltreatment, intervening variables, and adult psychological difficulties in women: An overview. *Trauma, Violence & Abuse, 10*, 375–388.

Burns, G. (2010). Can you be happy in pain? Applying positive psychology, mindfulness and hypnosis to chronic pain management. In G. W. Burns (Ed.), *Happiness, healing, enhancement: Your casebook collection for applying positive psychology in therapy* (pp. 202–213). Hoboken, NJ: Wiley.

Cohn, M. A., & Frederickson, B. L. (2010). In search of durable positive psychology interventions: Predictors and consequences of long-term positive behaviour change. *The Journal of Positive Psychology, 5*(5), 355–366.

Diener, E., & Biswas-Diener, R. (2008). *Happiness: Unlocking the mysteries of psychological wealth*. Malden, MA: Blackwell Publishing.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffen, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49*, 71–75.

Diener, E., Ng, W., Harter, J., & Arora, R. (2010). Wealth and happiness across the world: Material prosperity predicts life evaluation, whereas psychosocial prosperity predicts positive feeling. *Journal of Personality and Social Psychology, 99*(1), 52–61.

Dolan, Y. (1994). An Ericksonian perspective on the treatment of sexual abuse. In J. K. Zeig (Ed.), *Ericksonian methods: The essence of the story* (pp. 395–414). New York: Brunner/Mazel.

Erickson, M. H., & Rossi, E. L. (1980). *Hypnosis: Its renascence as a treatment modality. IV Collected Papers* (pp. 52–75). New York: Irvington.

Erickson, M. H., Rossi, E. L., & Rossi, S. I. (1976). *Hypnotic realities: The induction of clinical hypnosis and forms of indirect suggestion*. New York: Irvington.

Fitzpatrick, M. R., & Stalikas, A. (2008). Positive emotions as generators of therapeutic change. *Journal of Psychotherapy Integration, 18*, 137–154.

Flick, U. (2009). *An introduction to qualitative research* (4th ed.). London: Sage.

Fourie, G., & Guse, T. (2011). An integrated hypnotherapeutic model for the treatment of childhood sexual trauma: A case study. *American Journal of Clinical Hypnosis, 53*(3), 193–205.

Frederick, C., & McNeal, S. (1999). *Inner strengths: Contemporary psychotherapy and hypnosis for ego-strengthening*. Mahwah, NJ: Lawrence Erlbaum Associates.

Frederickson, B. (2001). The role of positive emotions in positive psychology: The broaden and build theory of positive emotions. *American Psychologist, 56*, 218–226.

Frisch, M. B. (2006). *Quality of life therapy: Applying a life satisfaction approach to positive psychology and cognitive therapy*. Hoboken, NJ: Wiley.

Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine, 9*, 139–145.

Green, J. B., Barabasz, A., Barrett, D., & Montgomery, G. H. (2005). Forging ahead: The 2003 APA Division 30 definition of hypnosis. *International Journal of Clinical and Experimental Hypnosis, 53*, 259–264.

Guse, T. (2012). Enhancing lives: A positive psychology agenda for hypnosis. *South African Journal of Psychology, 42*(2), 214–223.

Guse, T., & Fourie, G. (2008, July). *Eliciting psychological strengths through hypnosis: An experiential introduction.* Workshop presented at the 4th European Conference on Positive Psychology, Opatija, Croatia.

Guse, T., Wissing, M. P., & Hartman, W. (2006). The effect of a prenatal hypnotherapeutic programme on postnatal psychological well-being. *Journal of Reproductive and Infant Psychology, 24*, 163–177.

Halsband, U., Mueller, S., Hinterberger, T., & Strickner, S. (2009). Plasticity changes in the brain in hypnosis and meditation. *Contemporary Hypnosis, 26*, 194–215.

Hartman, W. (1995). *Ego state therapy with sexually traumatized children*. Pretoria, South Africa: Kagiso.

Hartman, W. (2002). Ego state therapy then and now: Towards a naturalistic utilization approach. *Hypnos: Swedish Journal of Hypnosis in Psychotherapy and Psychosomatic Medicine, 29*(2), 52–58.

Havens, R. A., & Walters, C. (2002). *Hypnotherapy scripts: A Neo-Ericksonian approach to persuasive healing* (2nd ed.). New York: Brunner-Routledge.

Horowitz, S. (2006). Realizing the benefits of hypnosis: Clinical research and medical applications. *Alternative and Complementary Therapies, 12*, 86–92.

Ingram, R. E., & Snyder, C. R. (2006). Blending the good with the bad: Integrating positive psychology and cognitive psychotherapy. *Journal of Cognitive Psychotherapy, 20*(2), 117–122.

Joseph, S., & Linley, P. A. (2006). *Positive therapy: A meta-theory for positive psychological practice*. New York: Routledge.

Kammann, R., & Flett, R. (1983). Affectometer 2: A scale to measure current level of general happiness. *Australian Journal of Psychology, 35*, 259–265.

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behaviour, 43*, 207–222.

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*, 539–548.

Kritsberg, W. (2000). *The invisible wound: A new approach to healing childhood sexual abuse*. New York: Bantam.

Laidlaw, T., Bennett, B. M., Dwivedi, P., Naito, A., & Gruzelier, J. (2005). Quality of life and mood changes in metastatic breast cancer after training in self-hypnosis or johrei: A short report. *Contemporary Hypnosis, 22*(2), 84–93.

Lankton, S. (2008). An Ericksonian approach to clinical hypnosis. In M. R. Nash & A. J. Barnier (Eds.), *Oxford handbook of hypnosis* (pp. 467–486). New York: Oxford University Press.

Lankton, S. R., & Lankton, C. (1983). *The answer within: A clinical framework of Ericksonian hypnotherapy*. New York: Brunner/Mazel.

Lynn, S. J., & Kirsch, I. (2006). *Essentials of clinical hypnosis: An evidence-based approach*. Washington, DC: American Psychological Association.

Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. New York: Penguin.

McNeal, S., & Frederick, C. (1993). Inner strength and other techniques for ego-strengthening. *American Journal of Clinical Hypnosis, 35*, 170–178.

Mende, M. (2009). Hypnosis: State of the art and perspectives for the twenty-first century. *Contemporary Hypnosis, 26*(3), 179–184.

Mendoza, M. E., & Capofons, A. (2009). Efficacy of clinical hypnosis: A summary of its empirical evidence. *Papeles del Psicólogo, 30*(2), 98–116.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). London: Sage.

Morgan, A. H., & Hilgard, J. R. (1978). The Stanford hypnotic clinical scale. *American Journal of Clinical Hypnosis, 21*, 134–147.

Nash, M. (2008). Foundations of clinical hypnosis. In M. R. Nash & A. J. Barnier (Eds.), *Oxford handbook of hypnosis* (pp. 487–502). New York: Oxford University Press.

Olsson, M., Hansson, K., Lundblad, A., & Cederblad, M. (2006). Sense of coherence: Definition and explanation. *International Journal of Social Welfare, 15*(3), 219–229.

Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2010). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review, 29*, 328–338.

Phillips, M., & Frederick, C. (1995). *Healing the divided self: Clinical and Ericksonian hypnotherapy for post-traumatic and dissociative conditions*. New York: Norton.

Poon, M. W. (2009). Hypnosis for complex trauma survivors: Four case studies. *American Journal of Clinical Hypnosis, 51*, 263–271.

Richter, L., Dawes, A., & Higson-Smith, C. (Eds.). (2004). *Sexual abuse of young children in Southern Africa*. Cape Town, South Africa: HSRC Press.

Ruini, C., & Fava, G. (2004). Clinical applications of well-being therapy. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 371–387). Hoboken, NJ: Wiley.

Ruysschaert, N. (2009). (Self) hypnosis in the prevention of burnout and compassion fatigue for caregivers: Theory and induction. *Contemporary Hypnosis, 26*(3), 159–172.

Schnur, J. B., David, D., Kangas, M., Green, S., Bovbjerg, D. H., & Montgomery, D. H. (2009). A randomized trial of a cognitive-behavioral therapy and hypnosis intervention on positive and negative affect during breast cancer radiotherapy. *Journal of Clinical Psychology, 65*(4), 443–455.

Schueller, S. (2010). Preferences for positive psychology exercises. *The Journal of Positive Psychology, 5*(3), 192–203.

Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist, 61*, 774–788.

Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of Clinical Psychology: In Session, 65*, 467–487.

Snyder, C. R. (2002). Hope theory: Rainbows of the mind. *Psychological Inquiry, 13*(4), 249–275.

Strümpfer, D. J. W., & Wissing, M. P. (1998, September). *Review of South African data on the Sense of Coherence Scale as a measure of fortigenesis and salutogenesis*. Paper presented at the Fourth Annual Congress of The Psychological Society of South Africa, Cape Town, South Africa.

Summers, R. F., & Barber, J. P. (2010). *Psychodynamic therapy: A guide to evidence-based practice*. New York: Guilford.

Vastamäki, J., Moser, K., & Paul, K. I. (2009). How stable is sense of coherence? Changes following an intervention for unemployed individuals. *Scandinavian Journal of Psychology, 50*, 161–171.

Walters, C., & Havens, R. A. (1994). Good news for change: Optimism, altruism and hardiness as the bases for Erickson's approach. In J. K. Zeig (Ed.), *Ericksonian methods: The essence of the story* (pp. 163–181). New York: Brunner/Mazel.

Watkins, J. G., & Watkins, H. H. (1997). *Ego states: Theory and therapy*. New York: W.W. Norton.

Willemsen, R., Haentjens, P., Roseeuw, D., & Vanderlinden, J. (2011). Hypnosis and alopecia areata: Long-term beneficial effects on psychological well-being. *Acta Dermato-Venereologica, 91*, 35–39.

Yapko, M. D. (2003). *Trancework: An introduction to the practice of clinical hypnosis* (3rd ed.). New York: Brunner-Routledge.

Zeig, J. K. (1985). *Experiencing Erickson: An introduction to the man and his work*. New York: Brunner/Mazel.

Chapter 26
Positive Psychology and Subclinical Eating Disorders

Doret. K. Kirsten and Wynand F. du Plessis

Internationally, the prevalence of Subclinical Eating Disorders (SED) or Eating Disorders (ED) Not Otherwise Specified, as described in the DSM-IV-TR (APA, 2000), have escalated rapidly. As such, Subclinical Eating Disorders are conceived to be at an intermediate point on an eating disorder continuum, where asymptomatic, unrestrained eating lies at one end, milder forms of disturbed eating at an intermediate point, and clinical eating disorders at the other extreme (Mintz & Betz, 1988). Various authors support the validity of this continuum (Lindeman & Stark, 2001; Lu & Hou, 2009; Mickley, 2004).

Socioenvironmental factors, such as *drive for thinness* and *body dissatisfaction*, and personality and temperament factors, such as *low self-esteem*, have consistently been singled out as the most predictive risk factors associated with the onset of SED and ED (Lu & Hou, 2009; Phelps, Johnston, & Augustyniak, 1999; Richardson & Paxton, 2010; Shapiro, Shea, & Pritchard, 2007; Steiner et al., 2003; Van Rooyen, 2008). Drive for thinness is said to be an internalization of the unattainable thinness ideal, resulting in body dissatisfaction, and consequently in a firm willingness to alter one's body size and shape. Drive for thinness entails persistent obsessive body surveillance, weight overconcern, perceived fatness, a fear of fat, irrational beliefs regarding thinness, a preoccupation with dieting, and extreme self-consciousness (Celio et al., 2000; Garner, 2004; Levitt, 2003; Polivy & Herman, 2002). A drive for thinness has also been described as an extreme form of *self-objectification*, which occurs when an observer's perspective of the physical self is internalized and the self is seen as an object to be looked at and evaluated (McKinley & Hyde, 1996; Muehlenkamp & Saris-Baglama, 2002; Tiggemann & Lynch, 2001). Concurrently, body dissatisfaction and body shame entail that present body size and shape are consistently overestimated and devalued, while the importance of

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physical appearance over other physical and self-attributes is overemphasized (Geller, Zaitsoff, & Srikameswaran, 2002). According to Troisi et al. (2006), body dissatisfaction is a negative, prejudiced evaluation of the self in terms of figure, body, stomach, and hips in comparison to an idealized thinness. Therefore, conceptualization of the term low self-esteem herein refers to a stable set of irrational beliefs based on the negative self-evaluation of an individual's own qualities, attributes, adequacy, and sense of worthiness (Nosek, Hughes, Swedlund, Taylor, & Swank, 2003).

The *ideal thin woman*, as portrayed by the media, is essentially 15 % below her ideal, healthy body weight, which represents an unrealistic standard of thinness (Mussell, Binford, & Fulkerson, 2000). The media, among others, contributes largely to these unrealistic thinness aspirations by sending ruthless messages to young people regarding their appearance, especially conveying that thinness is a standard of beauty (Hawkins, Richards, Granley, & Stein, 2004). Elevated internalization of the thinness ideal and aspirations to reach the standards of beauty in our culture produces psychological discomfort, body dissatisfaction, and risky dietary practices because the ideal is unattainable for most women. The power of the thinness ideal message is illustrated in the fact that globally, the prevalence of SED symptoms and the ultimate risk of developing a full-blown ED have escalated rapidly over the past two decades. In the 1980s, only 31–45 % of American female respondents experienced low body esteem in the form of body dissatisfaction, weight overconcern, and drive for thinness (Mintz & Betz, 1988). However, more recently and internationally, up to 80 % of university females reported suffering from SED symptoms (Littleton & Ollendick, 2003; Thompson & Digby, 2004). These symptoms, apart from body dissatisfaction and drive for thinness, also included self-objectification, "yo-yo" dieting, use of laxatives and slimming medication, overexercising, and self-starvation (Croll, Neumark-Sztainer, Story, & Ireland, 2002).

In South Africa, serious concerns were already raised more than a decade ago by Szabo and Hollands (1997) when 21.66 % of their multicultural female youths reported actual possible eating pathology, and not merely SED symptoms. The findings of Caradas, Lambert, and Charlton (2001) corresponded with these proportions, as 17–21 % of their South African ethnic adolescent female samples indeed reported possible eating pathology, as indicated by drive for thinness and body dissatisfaction. This contradicted the findings of Senekal, Steyn, Mashego, and Nel (2001), who proposed that Black South African women are protected against SED because they view obesity as a normal state of health and as a symbol of beauty. Nonwesternized females are traditionally therefore not under similar pressure to value thinness as are White South African women. However, Wassenaar, Le Grange, Winship, and Lachenicht (2000) and recent investigations (Edwards & Moldan, 2004) among cross-ethnic female South African students showed significant eating pathology and SED symptoms. Black South African females thus do not seem to be immune to SED, and are probably experiencing acculturative stress due to their cultural transition to a more westernized culture (Hwang, Myers, Abe-Kim, & Ting, 2008). The findings are also consistent with international evidence that African Americans have shown increases in SED symptoms, and hence have increased risk (Miller & Pumariega, 2001). Lastly, in an international survey by Garner (2004) among 4,000 females, which included an unknown percentage of South African

respondents, 56 % indicated body dissatisfaction, 66 % reported dissatisfaction with their body weight, and a shocking 89 % admitted to a drive for thinness.

The at-risk status of young females, especially on-campus populations across ethnicities, was underscored globally and nationally. Consequently, the need for prevention programmes was emphasized. Earlier studies on the battlefield of SED and ED prevention and treatment focused on the identification of risk factors, and then on reducing such factors in combination with psycho education (Garner, 1997). Many of these programmes were successful to some extent (Becker, Franko, Nussbaum, & Hertzog, 2004; Steiner et al., 2003; Stice & Gau, 2007; Winzelberg et al., 2000), but their effects did not last. Furthermore, many of these interventions were mainly derived from interventions meant for adults, and thus were not developmentally appropriate for addressing psychosocial tasks, such as identity development as described by Erickson (1959). According to Phelps, Sapia, Nathanson, and Nelson (2000), and Pratt, Phillips, Greydanus, and Patel (2003), the lack of a developmentally appropriate risk-protective focus seems to be one of the main reasons why former intervention programmes were either not quite successful or why their effects did not last.

Despite criticism against the abovementioned risk-driven prevention programmes, the identification of the main risk factors predictive of SED and ED was extremely valuable because it contributed to increased insight into these phenomena. That being said, pathogenic models failed to explain why some females, despite sharing similar sociocultural experiences and personality and temperament factors, do not develop SED or a clinical ED (Brown, 2008; Shapiro, Carlson, Astin, & Freedman, 2006). A shift in research focus clearly became necessary, and insights into protective factors in an SED and ED context became crucial (Steck, Abrams, & Phelps, 2004). This shift in focus introduced the field of positive psychology.

Positive Psychology's Role in Subclinical Eating Disorders

Positive psychology concerns itself with the origins of wellness, or rather, salutogenesis (Strümpfer, 1995). It seeks to understand how and why individuals thrive despite adverse circumstances (Seligman & Csikszentmihalyi, 2000). The question of what *protects* individuals against SED despite peer and media pressure for thinness highlighted the relevance of positive psychology to this field of enquiry. Positive psychology is not meant to replace other psychotherapies, and should embrace "both healing what is weak and nurturing what is strong", according to Seligman (2005, p. 7). Therefore, an integrated prevention approach is called for, and understandably, recent positive psychology literature has suggested a risk-protective focus (Phelps et al., 2000). Effective programmes thus would be dependent on the identification and deterrence of specific risk factors, but also on enhancing protective factors to significantly prevent SED onset within the developmental context of the target group.

Protective factors specifically relevant to ED and SED include self-determination, positive self-esteem, rationality and autonomy, self- and coping-efficacy, effective

problem solving and stress management skills, affect balance, self-regulation and mindfulness, learned optimism, social competence and support, self-nurturing, and spirituality, (Brown & Ryan, 2003; Fredrickson, 2001; Littleton & Ollendick, 2003; Pelletier, Dion, & Levésque, 2004; Phelps et al., 2000; Steck et al., 2004; Steiner et al., 2003). All of these protective factors are positively correlated with improved psychological well-being (PWB), resilience, and resistance. Hence the argument that a risk-protective focus will be more effective in reducing pathology, whilst PWB and resilience are concurrently enhanced.

Psychological well-being can be broadly defined in terms of hedonic and eudaimonic theoretical perspectives (Ryan & Deci, 2001). Hedonic well-being measures ask *if* people are happy and satisfied with their lives: it thus measures happiness or subjective well-being (Ryan & Deci). Subjective well-being entails three components; namely, satisfaction with life, the presence of positive affect, and the relative absence of negative affect (Diener, 2000). Contrastingly, eudaimonic well-being measures ask *why* people are happy. Eudaimonic well-being means that people live in accordance with their true self (daimon) and achieve self-actualization, and self-express their needs, deeply held values, and talents (Ryan & Deci). The eudaimonic approach defines PWB much broader than subjective well-being, mainly in terms of the degree to which a person is fully functioning and has operationalized the six dimensions of PWB; that is, self-acceptance, autonomy, environmental mastery, positive relations with others, personal growth, and meaning in life (Ryff & Keyes, 1995). According to Ryff (1998), eudaimonic well-being reflects more than happiness; it reflects resilience in the face of adversity, and also positive functioning, mental health, and personal strengths (Ryff & Keyes).

Despite attempts by international researchers to develop empirically based primary prevention programmes in schools and colleges, such as American studies (Phelps et al., 2000; Winzelberg et al., 2000) and British studies (Becker et al., 2004; Steiner et al., 2003), no empirically based, developmentally appropriate, and risk-protective programmes known to these researchers exist in South Africa. However, since it is often too late for primary prevention by the time students enter university, professionals working with such at-risk groups then should focus on secondary prevention (Becker et al.). Before a secondary prevention programme could be developed, a few pilot studies were conducted to determine whether the research findings regarding possible protective factors against SED symptoms also held true for young South African females, and to determine which direction to take in programme development. These pilot studies are discussed below.

Study 1: Correlations Between SED Symptoms and the Six Domains of PWB

This preliminary South African study by De Pãz Fransisco (2007) offered valuable information regarding prevention programming for SED. The aim of this study was to determine correlations between the six dimensions of PWB and SED symptoms.

Method

Research design and participants. A one-shot cross-sectional survey design was used (Morse, 2003) that eventually included an availability and multicultural sample of adolescent females ($n=290$) ranging between the ages of 13 and 17 years, in grades 9–11, attending an English high school in the Gauteng Province. Race distribution was White ($n=196$), Black ($n=77$), Coloured ($n=2$), Indian ($n=5$), and Chinese ($n=1$). Their body mass index (BMI) ranges were: underweight ($n=42$, 14.48 %), normal ($n=195$, 67.24 %), overweight ($n=38$, 13.10 %), and obese ($n=15$, 5.17 %). Ethical issues for research stipulated by the Health Professions Council of South Africa (HPCSA, 2004) were attended to closely.

Measuring instruments. After sampling, participants completed self-report questionnaires. Psychosocial well-being was measured by the Scales of PWB (SPWB; Ryff, 1998), and Cronbach's alphas obtained in this study were as follows: autonomy 0.76, environmental mastery 0.79, personal growth 0.79, positive relationships 0.79, purpose in life 0.82, and self-acceptance 0.89. The Eating Disorder Inventory-3 (Garner, 2004) measured SED symptoms, and alphas corresponded with those obtained by Garner, as follows: drive for thinness 0.88, bulimia 0.78, body dissatisfaction 0.90, low self-esteem 0.85, personal alienation 0.83, interpersonal insecurity 0.76, interpersonal alienation 0.71, interoceptive deficits 0.85, emotional dysregulation 0.73, perfectionism 0.72, asceticism 0.63, and 0.68 for maturity fears.

Results and Discussion

Pearson's product moment correlation coefficients (Jackson, 2003) indicated that self-acceptance specifically was the only domain of PWB that had practically significant negative correlations with both body dissatisfaction ($r=-0.5$) and drive for thinness ($r=-0.5$). This finding is in line with existing literature (Phelps et al., 1999), and suggests that self-acceptance could play a buffering role against body dissatisfaction and drive for thinness, and also suggests that females high on body dissatisfaction and drive for thinness are prone to have a contingent self-esteem (Ryan & Brown, 2003). This uncompassionate sense of worth entails that they see their worth as dependent upon appearing certain ways or accomplishing certain goals; namely, being thin. Surprisingly, perfectionism had no significant correlation with drive for thinness and body dissatisfaction in this study.

Practically significant negative correlations were found between all six domains of PWB and EDI-3 low self-esteem, and personal alienation, respectively: self-acceptance, personal relationships, and purpose in life ($r=-0.5$; $r=-0.5$); autonomy ($r=-0.7$; $r=-0.5$); environmental mastery ($r=-0.5$; $r=-0.7$), and positive relations ($r=-0.5$; $r=-0.6$). Practically significant negative correlations were also found between EDI-3 interpersonal insecurity, interpersonal alienation, and interoceptive deficits, and between SPWB self-acceptance ($r=-0.5$; $r=-0.6$; $r=-0.6$),

environmental mastery (r=0.5; r=−0.5; r=−0.6), and positive relations, respectively (r=−0.6; r=−0.7; r=−0.7). These findings were expected and were consistent with the Self-determination Theory (SDT) of Ryan and Deci (2000), which reflects a persons' sense of autonomy, competence, and relatedness. Although not exactly similar, conceptually, the domains of SDT bare close resemblance to the domains of autonomy, environmental mastery, and personal relatedness (SPWB), and are therefore relevant to SDT. Pelletier et al. (2004) found that self-determination (in form of true self-acceptance) protects individuals from body dissatisfaction and drive for thinness. According to Ryan and Brown (2003), autonomy is regarded as the "true self-esteem". The less autonomous a person is, the less loveable and acceptable they feel, the less they seek close relations with others, and the more they alienate themselves interpersonally. In turn, they feel incompetent in that they cannot act effectively on their environment, and they experience a lack of meaning and purpose in life because they are pursuing extrinsic, meaningless goals (e.g., being thin). Consequently, personal growth is inhibited because they do not actualize their potential.

Practically significant correlations between self-acceptance, autonomy, environmental mastery, positive relations (SPWB), and the EDI-3 lack of interoceptive awareness were also consistent with mindfulness and SDT theory. Ryan and Brown (2003) specifically stated that when one is truly self-determined, "one does not only focus on what others approve of, but also on one's…pressing needs" (p. 75). Self-determination implies a full awareness, similar to mindfulness, which entails an open, nonjudgmental, awareness of what is occurring in the present (Kabat-Zinn, 1998). In self-determination and mindfulness, there is no fixed self-concept to protect (Ryan & Brown, 2003; Shapiro et al., 2006, 2007). Conversely, when people negatively judge themselves and their ability to influence the environment or to form close relationships, they are more prone to protect themselves by not reflecting on their internal experiences; thus they demonstrate a lack of interoceptive awareness.

Limitations of Study 1

A limitation of this study was that it was a correlation study; thus, no inferences about causality could be made. However, just because correlations have limited value as causative inferences, does not mean that correlation studies are not important. Once correlations are known, it can be used to make predictions. The stronger the correlations among variables, the more accurate are the predictions (Stanovich, 2007). When practically significant, evidence from correlation studies can lead to testing evidence under controlled experimental studies conditions, as was the case in Study 2.

Conclusion of Study 1

The findings of Study 1 clearly indicated the probability that the six domains of PWB as defined by Ryff and Keyes (1995), self-determination (Ryan & Brown, 2003),

and mindfulness (Brown, Ryan, & Creswell, 2007) demonstrated to be associated protective factors, but still call for an experimental design. This introduces the second study in which a secondary prevention programme, the Weight Over concern and Well-being (WOW) programme was developed (Kirsten, Du Plessis, & Du Toit, 2007) and in which its effect was empirically evaluated.

Study 2: The Weight Overconcern and Well-Being Programme for Secondary Prevention

The development, rationale, and session content of the WOW programme and Tomatis Method of sound stimulation have been thoroughly outlined in Kirsten and Du Plessis (2006) and Kirsten et al. (2007); however, in brief, the WOW programme resulted from a four phase participatory action research process (Morse, 2003) embedded in Social Constructivist theory, and was conducted in collaboration with university students with SED. Each new phase of action research consisted of various learning spirals, and was informed by the results of previous phases (Zuber-Skerritt, 2002). Given the above, the WOW programme is an empirically based, secondary prevention programme, designed through the use of developmental perspectives.

The theoretical underpinning of the WOW programme. The WOW programme is an integrative, technically eclectic approach where therapeutic techniques working independently from a wide variety of originating theoretical underpinnings were incorporated (Lazarus & Beutler, 2001). Among others, the most prominent underpinnings included narrative therapy (White & Epston, 1990), positive psychology and well-being therapy (Fava & Ruini, 2003; Fredrickson, 2001), cognitive behavior therapy (Beck & Weishaar, 1991), neuro-linguistic programming (Andreas & Andreas, 1989), and logotherapy (Hutzel & Jenkins, 1995). Although the programme sounds quite complex, the application thereof is simple. Prochaska's transtheoretical model (1984) was used to structure programme activities according to various stages, levels, and change processes: *Session 1*: clarifying the problem, preparing for personal growth via enhancement of interoceptive awareness; *Session 2*: resolving inner ambivalence to change, reinterpretation of the "SED problem", and re-authoring personal identity; *Session 3*: reapportioning of time to reduce SED symptoms, and enhancing meaningfulness and satisfaction with life; *Session 4*: reducing SED symptoms and enhancing autonomy and self-acceptance by teaching rationality and critical attitudes towards media stereotypes and sociocultural pressures of thinness, and core beliefs regarding SED risk factors; *Sessions 5, 6 and 7*: enhancing mastery and reducing SED symptoms by teaching cognitive and behavioural skills to enhance rationality, self-acceptance and nurturing, mindful eating, and effective coping; *Session 8*: identifying and enhancing personal strengths, self-acceptance, and positive relations; and *Session 9*: including proactive coping, integrating acquired skills in a comprehensive behavioural strategy, and integrating meaningful values with self-esteem, positive relations, and purpose in life.

The Tomatis Method of sound stimulation. The Tomatis Method impacts hearing and listening, communication, brain functioning, and posture, and was devised by the French ear-nose-throat specialist Alfred Tomatis (1996). Applied initially with singers, its impact on voice, posture, and communication (Tomatis) led to progressive extensions in therapies for stuttering (Van Jaarsveld & Du Plessis, 1988), learning difficulties (Tomatis), and autism (Neysmith-Roy, 2001). Observations of its application in general clinical contexts suggest that people become more open to external and internal stimuli, more receptive and responsive to therapeutic interventions, and experience a rapid relaxation response and affect balance. These observations were progressively corroborated by South African empirical findings, such as positive outcomes for weight preoccupied and overweight females (Du Plessis, Vermeulen, & Kirsten, 2004; Van Wyk, 2003).

Aims of Study 2

The aims of Study 2 were to determine: (a) whether participation in the combined Tomatis Method of sound stimulation and WOW programme (WOW-combined) would lead to significant reductions in SED symptoms, psychological traits associated with eating disorders, negative mood states, and an enhancement of PWB; (b) participation in a WOW programme only (WOW-only) would lead to significant reductions in SED symptoms, psychological traits associated with eating disorders, negative mood states, and an enhancement of PWB; (c) whether results of the two experimental groups would exceed results of a nonintervention control group practically significantly; and (d) whether programme outcomes for the two experimental groups would be retained at the 4-month follow-up measurement.

Method

A mixed method, three group pre- and posttest design (Morse, 2003) was used. Only the quantitative data will be reported here, although qualitative results derived from focus group interviews and written documents supported and strengthened the experimental outcomes.

Participants and procedures. Despite attempts to obtain a multicultural sample, only 60 pre-graduate white female students volunteered. Ethical issues for research stipulated by the Health Professions Council of South Africa (HPCSA, 2004) were attended to closely. The inclusion criteria were: normal to slightly overweight BMI of 20–26 (World Health Organization, 1995); absence of clinical eating or body-dysmorphic disorders; moderate personality disorder traits (American Psychiatric Association, 2000); and the presence of a high degree of SED symptoms, as measured by the Objectified Body Consciousness Scale (McKinley & Hyde, 1996)

and the Eating Disorder Inventory-2 (Garner, Olmstead, & Polivy, 1983). Those not meeting criteria were referred for individual therapy. After selection screening, an availability sample of 45 was selected and randomly assigned to the three groups (each $n=15$). After group assignment, blind pre-assessment was conducted when participants completed the self-report questionnaires. Additionally, ANOVAS were used to determine pre-treatment group equivalence. All groups were equivalent, except that the WOW-only and control group differed on interoceptive awareness (EDI-2) and environmental mastery (SPWB). Covariance analyses were consequently performed on these subscales to correct for differences between groups at re-assessment. Thereafter, the WOW-combined group attended 64 half-hour Tomatis Method sessions (2 h a day, 4 days a week, integrated with nine WOW sessions, 90–120 min each, twice weekly) over 4 weeks. The WOW-only group attended nine WOW sessions of 90–120 min each, twice weekly, over 4 weeks. The nonintervention group was offered participation afterwards, but declined. Post-assessment commenced 1 month after the programme, and follow-up occurred 4 months later.

Demographic information derived from descriptive statistics revealed that all participants reported the following: unsuccessful attempts to overcome SED symptoms, a strong desire to change, almost always feeling dissatisfied with their bodies, and spending approximately 45–65 % of personal time obsessing about body change. A third ($n=15$) reported using laxatives or medication to lose weight, 24 % ($n=11$) continually dieted, 64 % ($n=29$) regularly dieted, and 11 % ($n=5$) sometimes dieted, reflecting their drive for thinness. Mean age was 20.33 years (ranging between 18 years 6 months and 22 years), and comprised Afrikaans ($n=38$) and English speaking ($n=7$) females. Mean height was 167.90 cm and mean weight was 63.17 kg, resulting in a mean normal range BMI of 23.89 (World Health Organization, 1995). Maternal history of eating disorders was reported by 26 % ($n=12$), whereas 40 % ($n=18$) experienced family pressures to be thin. Mean age at onset of SED was 15 years.

Measuring instruments. The Eating Disorder Inventory-2 (EDI-2; Garner et al., 1983) was used to measure SED symptoms and risk factors during participant selection as well as during pre- and posttesting. Kirsten, Nienaber, and Fischer (2008) obtained an overall Cronbach's alpha coefficient of 0.94 in a South African female sample. The Objectified Body Consciousness scale (OBC; McKinley & Hyde, 1996) measured self-objectification, body surveillance, and body shame. Cronbach's alphas in Study 2 were 0.72, 0.61, and 0.65, respectively. General PWB was measured by the Satisfaction With Life Scale (SWLS, Diener, Emmons, Larsen, & Griffin, 1985), which entails positive affective appraisal, negative affective appraisal, and life satisfaction. An alpha of 0.88 in the WOW study compared well with that in other South African samples (Wissing & van Eeden, 2002). The Profile of Mood States (POMS; McNair, Lorr, & Droppleman, 1992) measured various negative mood states with good alpha coefficients. In this study, alphas ranged between 0.76 and 0.94. Eudaimonic PWB was measured by the SPWB (Ryff, 1998). Alpha coefficients could not be calculated due to sample size, but those obtained by De-Pãz Fransisco (2007) in a young female sample were excellent.

Data Analysis

The SAS System for Windows Release 9.1 TS Level 1MO (2002–2003) by the SAS Institute Inc. (1999) was used for statistical analysis. Paired t-tests were used to determine within group differences and ANOVAs were used to determine between-group differences. Pretest scores were subtracted from posttest scores in all cases, and follow-up test scores were subtracted from posttest scores to obtain mean differences both within and between groups. Tukey's intervals were calculated to determine intergroup differences. Effect sizes (d-values) were calculated to determine practical significance (Ellis & Steyn, 2003), with $d \geq 0.5$ indicating a moderate effect and $d \geq 0.8$ indicating a large effect and practical significance. Also, ANOVAs were used to determine posttesting and follow-up differences.

Results

Overall, practically significant reductions in all SED symptoms and increases on most subscales of PWB occurred within both experimental groups and most negative mood states for the WOW-combined group, in comparison with the control group. Results remained the same at the 4-month follow-up.

Pre- and posttest differences within the WOW-combined group. Practically significant reductions in SED symptoms occurred on the EDI-2 for drive for thinness($p = .0002$; $d = 1.304$), bulimia ($p = .0006$; $d = 1.147$), body dissatisfaction ($p < .0001$; $d = 1.794$), ineffectiveness ($p < .0001$; $d = 1.642$), perfectionism ($p = .0006$; $d = 1.143$), interpersonal distrust ($p = .0003$; $d = 1.236$), and maturity fears ($p = .0006$; $d = 1.145$), while interoceptive awareness was practically significantly enhanced ($p = .0006$; $d = 1.136$). The OBC scale indicated practical significant reductions in body surveillance ($p = .0009$; $d = 1.079$) and body shame ($p = .004$; $d = .888$), except for appearance control beliefs. Practical significant reductions in negative mood states on the POMS were as follows: tension-anxiety ($p = .0025$; $d = .950$), depression-dejection ($p = .0044$; $d = .874$), anger-hostility ($p = .148$; $d = .717$), confusion ($p = .0011$; $d = 1.054$), and total score ($p = .0035$; $d = .903$), and were practically significant. Increased vigour ($p = .0413$; $d = .580$) and reduced fatigue ($p = .0372$; $d = .594$) tended towards practical significance. Practical significant increases were found on almost all domains of PWB (SPWB): self-acceptance ($p = .0028$; $d = .934$), autonomy ($p = .0004$; $d = 1.179$), environmental mastery ($p = .0083$; $d = .793$), positive relations ($p = .0013$; $d = 1.039$), and purpose in life ($p = .0042$; $d = .880$). Personal growth (SPWB; $p = .0327$; $d = .612$) and satisfaction with life (SWL; $p = .0135$; $d = .729$) tended towards practical enhancement.

Pre- and posttest differences within the WOW-only group. Practically significant reductions were obtained on all SED symptoms (EDI-2); namely, drive for thinness ($p = .0001$; $d = 1.360$), bulimia ($p = .0061$; $d = .834$), body dissatisfaction

($p < .0001$; $d = 1.820$), ineffectiveness ($p = .0001$; $d = 1.364$), and interpersonal distrust ($p = .0007$; $d = 1.109$), and likewise body surveillance ($p = .0003$; $d = 1.242$) and body shame ($p = .0004$; $d = 1.177$) on the OBC scale. Perfectionism ($p = .0090$; $d = .782$) and maturity fears ($p = .0256$; $d = .645$) tended towards practical reduction (EDI-2), and interoceptive awareness increased practically significantly ($p = .0020$; $d = .976$). Regarding negative mood states, only tension-anxiety (POMS) was practically significantly reduced ($p = .0040$; $d = .888$). Increases in PWB (SPWB), were of practical significance for self-acceptance ($p = .0064$; $d = .826$) and environmental mastery ($p = .0055$; $d = .846$), while increases on personal growth ($p = .0511$; $d = .551$), positive relations ($p = .0354$; $d = 0.601$), and purpose in life ($p = .0487$; $d = .557$) showed tendencies towards practical significance. Satisfaction with life (SWL) increased practically significantly ($p = .0011$; $d = 1.052$).

Pre- and posttest differences within the control group. No significant reductions were found in SED symptoms (EDI-2, OBCS), negative mood states (POMS), or enhancement of PWB (SPWB, SOC-29, SWLS) on any of the subscales. In contrast to the experimental groups, the control group's functioning deteriorated. Additionally, SED symptoms increased significantly on some measures; that is, bulimia (EDI-2; $p = .0006$; $d = 2.195$) and tension-anxiety (POMS; $p = .0007$; $d = 1.118$) were practically significantly increased. Fatigue ($p = .0364$; $d = 0.597$) and total POMS scores ($p = .0256$; $d = .645$) tended to increase, while vigour (POMS; $p = .0180$; $d = .691$) and personal growth (SPWB; $p = .0056$; $d = .844$) tended towards reduction.

Significance of post-assessment differences between groups. No significant differences were found between the two experimental group's outcomes on any of the measures. The WOW-combined group outcomes exceeded all outcomes of the control group practically significantly on all measuring instruments. That is, regarding reduced SED symptoms on the EDI-2 we found the following: drive for thinness ($d = 1.65$), bulimia ($d = 2.17$), body dissatisfaction ($d = 1.65$), ineffectiveness ($d = 2.09$), perfectionism ($d = 1.60$), interpersonal distrust ($d = 1.81$), and maturity fears ($d = 1.71$); on the OBC scale: body surveillance ($d = 1.76$) and body shame ($d = 1.43$); regarding reduced negative mood states on the POMS tension-anxiety ($d = 1.60$), depression-dejection ($d = 1.27$), anger-hostility ($d = .93$), fatigue ($d = 1.04$), confusion ($d = 1.41$), and total POMS scores ($d = 1.41$); and finally increased vigour (POMS; $d = 1.12$). In terms of PWB outcomes, the WOW-combined group exceeded the control group practically significantly on all subscales of SPWB: autonomy ($d = 1.52$), self-acceptance ($d = 10.54$), personal growth ($d = 1.44$), positive relations ($d = 1.30$), and purpose in life ($d = 1.19$); and satisfaction with life (SWLS; $d = 1.05$).

Significance of post assessment differences between groups. The WOW-only group and control group differed practically significantly on all measures of SED and most measures of PWB, indicating the strength of the WOW programme per se. Reductions in SED symptoms in the WOW-only group practically significantly exceeded outcomes of the control group on the EDI-2 and OBC scale: drive for thinness ($d = 1.17$), bulimia ($d = 1.36$), body dissatisfaction ($d = 1.64$), ineffectiveness ($d = 1.37$), perfectionism ($d = 1.03$), interpersonal distrust ($d = 1.97$), maturity fears

(d = .99), body surveillance (d = 1.42) and body shame (d = 1.29). For negative mood states, the WOW-only group exceeded the control group practically significantly on tension-anxiety (POMS; d = 1.24); and likewise for enhancement of PWB (SPWB) on autonomy (d = 1.52), personal growth (d = 1.08), and positive relations (d = .98). No statistically significant differences were found between outcomes of the WOW-only group and control group for negative mood states on the POMS, such as depression-dejection, anxiety-hostility, vigour, fatigue, confusion, and total scores; purpose in life and self-acceptance (SPWB); and satisfaction with life (SWLS).

Pre- and post covariance analysis of differences between groups, corrected for pretest counts. Increases on interoceptive awareness (EDI-2; d = 2.95; d = 2.45) and environmental mastery (SPWB; d = 1.71; d = 1.71) for the WOW-combined and WOW-only groups, respectively, practically significantly exceeded outcomes of the control group. In line with aim (d) above, no significant post-follow-up differences were found between the WOW-combined and WOW-only groups, thus confirming maintenance of outcomes for both groups at the 4-month follow-up. The results are not discussed further in view of the lack of statistically significant differences. In the control group, there were also no statistically significant changes at the 4-month follow-up.

Discussion

The WOW findings have shown that, conceptually, pathogenic and salutogenic perspectives can be successfully combined into a risk-protective model of secondary prevention for SED, which may possibly be useful as an enrichment programme for female students in general. Despite the need to refine the WOW programme, it provided valuable preliminary information into the understanding of the prevention of SED while promoting PWB.

Differences between the WOW-combined and WOW-only groups. Although the WOW-combined and WOW-only groups did not differ significantly on any of the measuring instruments, the combined programme led to quantitatively more changes per se. More practically significant differences occurred between the WOW-combined and control groups than for WOW-only and control groups; namely, all negative mood states enhanced PWB, such as the self-acceptance and purpose in life (SPWB), and SWL scales. They highlighted the advantage of a combined programme and suggested that WOW-combined participants experienced relief much faster, more broadly, and possibly on a deeper level than did the WOW-only participants. That the latter was still in an integration phase was supported by observations during the process. The WOW-combined participants mastered CBT and well-being therapy skills much more easily and faster than those in the WOW-only group. Additionally, they required less assistance with restructuring of irrational thoughts and mistaken beliefs, and thus it appeared to be a more natural process for the WOW-combined than for the WOW-only group.

The more rapid, in-depth improvement in the WOW-combined group on all SED symptoms, negative mood states, and PWB, is in line with the effects of the Tomatis Method and the Broaden and Build theory of Fredrickson (2001). First, the Tomatis Method is known to accelerate processing of incoming information (i.e., improved listening), thus rendering openness to therapeutic input and personal growth (Thompson & Andrews, 1999, 2000), expanded thinking, and enhanced interoceptive awareness (Du Plessis et al., 2004). Second, beyond symptom reduction and interpersonal and PWB gains, only the WOW-combined participants experienced reductions on almost all negative mood states in comparison with the control group. This finding, too, is consistent with previous Tomatis Method studies (Du Plessis et al.,; Van Wyk, 2003) and with the energizing effect of the Tomatis Method on the cerebral cortex (Tomatis, 1996), signifying its biopsychosocial impact. Third, in line with the Broaden and Build theory (Fredrickson, 2001), positive emotions broaden individuals' momentary thought-action repertoires, prompting them to pursue wider ranges of thoughts, perceptions, and actions than is typical, and produces upward spirals of better coping and appreciable increases in well-being (Fredrickson & Branigan, 2005). Certainly such benefits are in line with overall improvement and with the greater ease with which WOW-combined participants could recognize their irrational inner dialogue and dispute their internalized, mistaken beliefs.

The ability of the WOW-combined group to accelerate therapeutic effects and ground its participants in levels of PWB which were significantly higher than attained by the control group confirms its robustness. In summary, the Tomatis Method has been shown to be a viable supplement to the WOW programme because the combined programme clearly offered advantages for females struggling with recalcitrant SED symptoms.

Corresponding experimental group outcomes. Practically significant reductions in drive for thinness, and concurrent bulimia, body dissatisfaction (EDI-2), and body shame (OBC scale) are in line with Stice's (2001) postulation that reduced drive for thinness and fear of fat directly reduces body dissatisfaction and risk of bulimia. Practically significant reductions in self-objectification and body surveillance (OBCS), and within-group increases on self-acceptance (SPWB) are in line with Tiggemann and Lynch's (2001) self-objectification theory, the correlation study of De Pãz Fransisco (2007), and McKinley and Hyde (1996). They found that self-accepting individuals are less prone to drive for thinness and body dissatisfaction, evaluate their bodies according to their own criteria, and consequently are less susceptible to self-objectification and external thinness pressures. No significant reductions occurred on appearance control beliefs (OBC), indicating that participants still believe that they should monitor their appearance. However, healthier forms of appearance monitoring were observed in both experimental groups; namely, improved personal grooming, unique hairstyles, and more personalized ways of dressing.

Practically significant increases in interoceptive awareness and decreased bulimia scores (EDI-2) were consistent with findings of Schneer (2002), and Brown and Ryan (2003). They found that increased interoceptive awareness—possibly a form of mindfulness—is associated with decreased bulimic behaviour. Practically significant

reductions in negative affect on confusion-bewilderment and tension-anxiety (POMS), and maintenance thereof at the 4-month follow-up signified that experimental groups have acquired healthier forms of emotional self-regulation. This is consistent with the converse of risk-theories that propose that SED females utilize automatic, mindless bulimic behaviour to regulate, cope with, and numb out confusing negative affect (Garner et al., 1983; Pelletier et al., 2004; Polivy & Herman, 2002), or to obtain emotional relief (Lindeman & Stark, 2001).

Practically significant increases in domains of PWB, such as autonomy, environmental mastery, positive relations, and personal growth (SPWB), with concomitant decreased drive for thinness, body dissatisfaction, bulimia, interpersonal distrust, ineffectiveness, and maturity fears are in line with the literature. Cash, Thériault, and Annis (2004) found that a negative bodyimage entailed greater interpersonal discomfort and concerns about approval and acceptance in social relationships, thus the converse—as specifically found in reduced body dissatisfaction—was established. Enhanced self-determination, as demonstrated by increased autonomy, environmental mastery, and personal relations, are regarded as an important pathway to enhanced PWB (Ryan & Deci, 2000; Ryff & Keyes, 1995). According to Self-determination Theory (Ryan & Deci, 2000, 2001) and Pelletier et al. (2004), self-determination acts as a buffer against body dissatisfaction, drive for thinness, and bulimic symptoms, and enhances personal relations and a sense of self-efficacy in coping with environmental challenges. Concomitant practically significant reductions in ineffectiveness and maturity fears (EDI-2) within the experimental groups, and between them and the control group, as well as maintenance thereof at the 4-month follow-up, reflect that experimental groups felt more competent in taking control over critical decisions about their lives. According to Garner (2004), reductions in maturity fears are seen as one of the best indicators of a good prognosis in recovering from eating disorders and were established in this study. Results suggest that the multiple demands of late adolescence no longer seem so overwhelming, and that rigid preoccupation with food and eating, which is an illusion of control and competence, is rendered unnecessary (Steiner et al., 2003).

Significantly enhanced autonomy and personal growth (SPWB) for both experimental groups, also exceeding that of the control group at follow-up, implied that participants are more open to new experiences and have developed new attitudes and behaviours towards themselves and others (Ryff & Keyes, 1995). This finding fits nicely with significantly reduced perfectionism and drive for thinness (EDI-2) for both experimental groups in comparison with the control group at post- and follow-up testing, suggesting an alteration in the irrational belief that only the highest standards of personal performance and perfection are acceptable (Garner et al., 1983). According to Garner (2004), perfectionism is an important component in determining depth of commitment towards drive for thinness. Decreases in perfectionism and increases in autonomy, which is regarded as the "true self-esteem" (Ryan & Deci, 2000), are in line with the findings of Polivy and Herman (2002), who found that higher self-esteem moderates perfectionism.

Conclusions of Study 2

The risk-protective focus of the WOW programme has been demonstrated to be an effective psychosocial intervention in the management of females with SED. Its impact in the context of a relatively brief time span, with retention of gains at a 4-month follow-up, is indicative of its efficacy as a clinical intervention in a peri-urban environment. The combined WOW programme proved to have a biopsychosocial effect in view of its concomitant positive physiological impact on fatigue and vigour. As such, its compatibility and complementary role within the context of a psychosocial intervention was demonstrated. However, the cost effectiveness and comparative brevity of the WOW programme renders it the programme of choice regarding individuals with SED.

The following quote from a participant illustrates its value: "Participation in the WOW programme was a life-changing experience and something I will never forget."

Limitations of Study 2 and Recommendations

Failure to attract more and also multicultural participants, despite repeated invitations in various residences, as well as non-measurement of the impact of specific techniques, constitutes limitations to this study. The WOW programme needs refinement and application with multicultural groups, and female adolescents at secondary school level are indicated. A preliminary study to inform the refinement of the WOW programme and to seek a better understanding of how to operationalize self-acceptance or self-esteem was required. Consequently, Study 3 (Kirsten, Du Plessis, & Swanepoel, 2010) was performed.

Study 3: SED Symptoms, Self-compassion, Self-forgiveness, and Mindfulness

In western societies, the media promotes the view of the self as an object (Hawkins et al., 2004; Ryan & Brown, 2003). Females see themselves not as persons but as objects to be judged, resulting in self-objectification (Muehlenkamp & Saris-Baglama, 2002; Tiggemann & Lynch, 2001) and a lack of autonomy (Ryan & Brown, 2003). The introjected thinness ideal becomes a form of self-esteem, with the aim of gaining—or not losing—self- or other approval, resulting in a vulnerability to conform to activities that others value and approve (Ryan & Brown, 2003). Females with SED thus have a contingent self-esteem in that their worth is dependent upon reaching extrinsic standards or goals. They thus do not develop a true self as understood from an eudaimonic perspective. Furthermore, western psychologists

have frequently focused on enhancing self-esteem as a response to adolescents' negative self-evaluations (Neff & McGehee, 2010), but non-contingent self-esteem is difficult to raise (Shapiro, Shea, & Pritchard, 2007). It is argued that high self-esteem may also contribute to certain problematic behaviours, such as narcissism, self-absorption, self-centeredness, and a lack of concern for others (Neff, 2003; Ryan & Brown, 2003). Therefore, encouraging the pursuit of high self-esteem does not necessarily seem to be a desired or productive goal (Neff & McGehee, 2010). This notion calls for an alternative self-view, known as the self-as-process (Ryan & Brown, 2003).

According to Self-determination Theory (Ryan & Deci, 2000), true self-esteem or the self-as-process is autonomy and refers to the "experience of free will, ownership and initiative in one's own behaviour, and that one is not coercively controlled" (p. 73) by, for example, pressures of thinness. Autonomy as defined by Ryff and Keyes (1995) implies that a person is unconcerned about the expectations or evaluations of others, is able to resist social pressures, is self-determining and independent, regulates behaviour from within, and evaluates the self by individual standards and beliefs. A non-autonomous person would be overconcerned with the expectations and evaluations of others, rely on others' judgements to make important decisions, and conform to social pressures to think or act in a certain way. As such, autonomy would be a more accurate replacement for self-esteem, as is stated by Brown and Ryan (2003): "The true basis for well-being appears to be in stepping outside the self-concept altogether… In mindfulness and true self-determination, there are no fixed concept of self to protect or enhance" (p.75). Concomitant mindfulness, with its open, nonjudgmental awareness of what is occurring in the present (Kabat-Zinn, 1998), thus also seems to be another important construct in self-as-process. Mindfulness is a receptive state-of-mind in which individuals observe their thoughts and feelings (e.g., about their appearance) as they arise, without trying to change them or push them away, and without running away from them (Brown & Ryan, 2003). Although the purpose of mindfulness per se is not self-compassion and self-kindness, it does entail the perspective of self-compassion (Neff, 2003).

Self-compassion provides an alternative model for thinking about the self that may promote PWB (Brown et al., 2007; Neff & McGehee, 2010; Shapiro et al., 2006). Put simply, "self-compassion is compassion turned inward" (Neff & McGehee, 2010, p. 226), and seems to be another important ingredient of self-as-process. Neff (2003) defines self-compassion as "being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical; perceiving one's experiences as part of the larger human experience rather than seeing them as isolating; and holding painful thoughts and feelings in mindful awareness rather than overidentifying with them" (p.89). Self-compassion consequently transforms negative self-affect (i.e., feeling bad about not being thin enough) into positive self-affect (i.e., feeling kindness and understanding towards the self) and a more balanced self-perspective. According to Neff and Vonk (2009), self-compassion circumvents the entire evaluation process of the self and may be a useful alternative to global self-esteem, but is not to be confused with self-indulgence or laziness (Neff, Kirkpatrick, & Rude, 2007).

Self-forgiveness is another important concept to consider when thinking about the self-as-process. According to Hall and Fincham (2008), self-forgiveness is the release of negative feelings toward the self in the wake of an objective fault or wrongdoing, and the restoration of goodwill, self-respect, and self-acceptance. Individuals engaging in self-forgiving behaviour show themselves self-compassion, and are able to recognize their intrinsic worth and its independence from their failures (Hall & Fincham, 2008; Neff, 2003). Self-forgiveness is also positively correlated to PWB (Dillon, 2001).

Theoretically, the well-being benefits of self-compassion, mindfulness, and self-forgiveness have been highlighted in enhancing true self-esteem, but studies applying it to the field of SED are almost nonexistent in South Africa. It was therefore the aim of Study 3 (Kirsten et al., 2010) to determine whether a relationship exists between self-compassion, self-forgiveness, mindfulness, and primary SED symptoms and low self-esteem.

Method

Participants. In this study, a one-shot cross-sectional survey research design was used (Morse, 2003). Ethical issues (HPCSA, 2004) were attended to closely. An initial random sample of 200 females was selected, but after a data cleaning process, the multicultural sample included only 122 residential female students between the ages of 18 and 25 at the Potchefstroom campus of the North-West University. The response rate was 61 %. The majority of the participants were White (n = 112), and ten were African.

Measuring instruments. Self-report questionnaires were used. The subscales drive for thinness, body dissatisfaction, and low self-esteem of the Eating Disorder Inventory (EDI-3; Garner, 2004) were used to measure SED symptoms. Good Cronbach's alphas were found in Study 3: drive for thinness, 0.84; body dissatisfaction, 0.88; and low self-esteem, 0.84. The Self-Compassion Scale (SCS; Neff, 2003) measured self-compassion in this study, and Cronbach's alphas were as follows: self-kindness, 0.74; self-judgment, 0.73; common humanity, 0.71; isolation, 0.78; mindfulness, 0.68; and overidentification, 0.70. The Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) measured mindfulness, and Cronbach's alphas in this study were as follows: observing, 0.73; describing, 0.90; acting with awareness, 0.85; non-judgment of inner experience, 0.80; and non-reactivity to inner experience, 0.76. The Heartland Forgiveness Scale (HFS; Thompson et al., 2005) measured forgiveness in this study. Cronbach's alphas were: self-forgiveness, 0.74; forgiveness of others, 0.73; and forgiveness of a situation, 0.66.

Statistical analysis. The SAS System for Windows Release 9.1 TS Level 1MO (2002–2003) by the SAS Institute Inc. (1999) was again used. Pearson's product moment correlation coefficients (Jackson, 2003) were used to determine linear relationships between the identified variables using Cohen's (1988) correlation

guidelines. Pearson's product moment correlation was specifically used because of the small sample size.

Results

As expected and in general, self-compassion, self-forgiveness, and mindfulness had practically significant and medium significant negative correlations with body dissatisfaction, drive for thinness, and low self-esteem. Only practically significant results will be reported.

Practically significant negative correlations were found between body dissatisfaction (EDI-3) and the HFS total self-compassion (r = –0.431), mindfulness (r = –0.428), self-kindness (r = –0.440), common humanity(r = –0.402) (SCS), and self-forgiveness (r = -0.395); and the FFMS mindfulness non-judgment (r = –0.428). Practically significant negative correlations were found between EDI-3 drive for thinness, the SCS self-kindness (r = –0.380), and the FFMS mindfulness non-judgment (r = –0.386). Practically significant negative correlations were also found between EDI-3 low self-esteem (EDI-3), HFS total self-compassion (r = –0.402), self-kindness (r = –0.413), and common humanity(r = –0.391; SCS), HFS self-forgiveness (r = –0.425), and FFMS mindfulness (r = –0,431). Practically significant positive correlations were found between EDI-3 drive for thinness, body dissatisfaction (r = 0.609), and low self-esteem (r = 0.455).

Discussion

The findings are in line with pathogenic perspectives on SED (Garner, 2004; Phelps et al., 1999) and with De Pãz Fransisco (2007) that identified low self-esteem as a possible strong predictive factor for drive for thinness, body dissatisfaction, and ultimately SED. These findings are also consistent with salutogenic perspectives and call for alternative conceptualizations of self-esteem. Body-dissatisfaction, drive for thinness, and low-self-esteem all had in common a strong inverse relationship with self-kindness (SCS) and mindfulness non-judgment (FFMS). This finding is consistent with Adams and Leary (2007), who claimed that self-compassion may reduce body dissatisfaction and low self-esteem associated with eating disorders due to its forgiving stance. Females with body dissatisfaction and drive for thinness tend to take an evaluative stance towards themselves, whereas mindfulness non-judgment (FFMS) takes a non-evaluative stance towards cognitions and emotions, and does not overidentify with them (Baer et al., 2006). Mindfulness non-judgment may thus protect females against SED symptoms because it can enable females to see themselves as independent from their failures (Kristeller, Baer, & Quillian-Wolever, 2006). Thus, females could learn that they are not what they look like or fail to look like.

Body dissatisfaction and low self-esteem also had inverse relationships with total self-compassion and its' associated constructs mindfulness, self-kindness, common

humanity (SCS), and self-forgiveness (HFS). These findings are consistent with Neff (2003), who proposed that self-compassion provides a more balance self-perspective and transforms negative self-affect into positive self-affect. Neff et al. (2007) further proposed that self-compassion and its associated constructs constitute a healthy form of self-acceptance because it entails adopting a radical accepting stance towards the disliked aspects of oneself (e.g., body shape) and one's life. This finding is also consistent with the control trials of Wade, George, and Atkinson (2009), who found acceptance as a promising approach for reducing body dissatisfaction. Furthermore, the inverse relationship between body dissatisfaction and low self-esteem is also in line with Hall and Fincham (2008), who explained self-forgiveness as the release of negative feelings towards the self in the wake of an objective fault or wrongdoing (e.g., not being thin enough), and the restoration of goodwill, self-respect, and self-acceptance. Consequently, self-forgiveness and its' inherent self-compassion and -acceptance was indicated as especially relevant to individuals with eating disorders (Brown, 2008; Dillon, 2001; Hall & Fincham, 2008).

Limitations of Study 3

This preliminary study did not use the self-determination scale of Ryan and Brown (2003), and the sample was not representative. Thus the findings cannot be generalized beyond this sample.

General Discussion and Recommendations

This chapter was not meant to be an exhaustive review of all the scientific literature on SED, but was mainly meant to emphasize a positive psychology approach to SED prevention. The preliminary South African studies that were discussed, despite the small and unrepresentative samples, nonetheless indicated the probable value of a risk-protective focus in SED prevention. The findings highlighted the importance of true self-esteem (i.e., self-determination, self-compassion, and self-forgiveness) and the various components of mindfulness as relevant to drive for thinness, body dissatisfaction, low self-esteem, and Ryff's six domains of psychological well-being. These findings call for more in-depth experimental studies into the application of positive psychology in this field. Well-being therapy promoting the six domains of PWB (Fava & Ruini, 2003) and reducing the premature interruption of well-being moments in the domains of PWB, and Self-determination Theory (Ryan & Deci, 2000), which promotes true self-esteem via self-determination and mindfulness with its' inherent self-compassion, self-kindness, and self-forgiveness, shows promise in such interventions.

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References

Adams, C. E., & Leary, M. R. (2007). Promoting self-compassion attitudes towards eating among restrictive and guilty eaters. *Journal of Social and Clinical Psychology, 26*(10), 1120–1144.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Text Revision 4th ed.). Washington, DC: American Psychiatric Association.

Andreas, C., & Andreas, A. (1989). *Heart of the mind*. Moab: Real People Press.

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*(1), 27–45.

Beck, A. T., & Weishaar, M. E. (1991). Cognitive therapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (pp. 229–261). Itasca, IL: F. E. Peacock Publishers.

Becker, A. E., Franko, D. L., Nussbaum, K., & Herzog, D. B. (2004). Secondary prevention of eating disorders: The impact of education, screening, and referral in a college-based screening programme. *International Journal of Eating Disorders, 36*(2), 157–162.

Brown, B. L. (2008). Self-compassion as a moderating factor in the relation of body image to depression and self-esteem. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 68*(11–B), 7656.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*(4), 822–848.

Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry, 18*(4), 211–237.

Caradas, A. A., Lambert, E. V., & Charlton, K. E. (2001). An ethnic comparison of eating attitudes and associated body image concerns in adolescent South African schoolgirls. *Journal of Human Nutritional Dietetics, 14*, 111–120.

Cash, T. F., Thériault, J., & Annis, N. M. (2004). Body image in an interpersonal context: Adult attachment, fear of intimacy, and social anxiety. *Journal of Social and Clinical Psychology, 23*(1), 89–103.

Celio, A. A., Winzelberg, A. J., Taylor, C. B., Wilfley, D. E., Epstein-Herald, D., Springer, E. A., et al. (2000). Reducing risk factors for eating disorders: Comparison of an Internet- and a classroom-delivered Psycho-educational Programme. *Journal of Consulting and Clinical Psychology, 68*, 650–657.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Croll, J., Neumark-Sztainer, D., Story, M., & Ireland, M. (2002). Prevalence and risk and protective factors related to disordered eating behaviors among adolescents: Relationships to gender and ethnicity. *Journal of Adolescent Health, 31*(2), 166–175.

De Pãz Fransisco, F. (2007). *Associations between identity style, psychological well-being and psychological traits linked with eating disorders in adolescent females*. Unpublished Masters Thesis, North-West University, Potchefstroom.

Diener, E. (2000). Subjective well-being. The science of happiness and a proposal for a national index. *American Psychologist, 55*(1), 34–43.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Psychological Assessment, 5*(2), 164–172.

Dillon, R. S. (2001). Self-forgiveness and self-respect. *Ethics, 112*, 53–83.

Du Plessis, W. F., Vermeulen, C., & Kirsten, D. K. (2004). The impact of a combined Tomatis and Psycho-educational programme on weight pre-occupied female South African students. *Ricochet International Journal of Tomatis Method Research, 1*(1), 54–65.

Edwards, D., & Moldan, S. (2004). Bulimic pathology in black students in South Africa: Some unexpected findings. *South African Journal of Psychology, 34*(2), 191–205.
Ellis, S. M., & Steyn, H. S. (2003). Practical significance (effect sizes) versus or in combination with statistical significance (p-values). *Management Dynamics, 26*, 1–3.
Erikson, E. (1959). Identity and the life cycle. *Psychological Issues, 1*, 18–164.
Fava, G. A., & Ruini, C. (2003). Development and characteristics of a well-being enhancing psychotherapeutic strategy: Well-being therapy. *Journal of Behavior Therapy and Experimental Research, 34*, 45–63.
Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist, 56*(3), 218–226.
Fredrickson, B. L., & Branigan, C. (2005). Positive emotions broaden the scope of attention and thought-action repertoires. *Cognition and Emotion, 19*(3), 313–332.
Garner, D. M. (1997). Psychoeducational principles in treatment. In D. M. Garner & P. E. Garfinkel (Eds.), *Handbook of treatment of eating disorders* (pp. 145–177). New York: The Guilford Press.
Garner, D. M. (2004). *Eating disorder inventory-3 manual*. New York: Psychological Assessment Resources Inc.
Garner, D., Olmstead, M. P., & Polivy, J. (1983). Development and validation of a multidimensional eating disorder inventory for anorexia nervosa and bulimia. *International Journal of Eating Disorders, 2*, 15–34.
Geller, J., Zaitsoff, S. L., & Srikameswaran, S. (2002). Beyond body shape and weight: Exploring the relationship between non-body-determinants and eating disorder symptoms in adolescent females. *International Journal of Eating Disorders, 32*, 344–351.
Hall, J. H., & Fincham, F. D. (2008). The temporal course of self-forgiveness. *Journal of Social and Clinical Psychology, 27*(2), 174–202.
Hawkins, N., Richards, P. S., Granley, H. M., & Stein, D. M. (2004). The impact of exposure to the thin ideal media image on woman. *Eating Disorders, 12*, 35–50.
Health Professions Council of South Africa. (2004). *Professional Board for Psychology: Rules of conduct pertaining specifically to psychology*. Retrieved from http://www.hpcsa.co.za/board_psychology_policy.php
Hutzel, R. R., & Jenkins, M. E. (1995). *A workbook to increase your Meaningful and Purposeful Goals (MPG's)* (A Revised Edition). Berkeley, CA: Victor Frankl Institute for Logotherapy Press.
Hwang, W., Myers, H. F., Abe-Kim, J., & Ting, J. Y. (2008). A conceptual paradigm for understanding culture's impact on mental health: The cultural influences on mental health (CIMH) model. *Clinical Psychology Review, 28*, 211–227.
Jackson, S. L. (2003). *Research methods and statistics. A critical thinking approach*. Belmont, CA: Thomson & Wadsworth.
Kabat-Zinn, J. (1998). Meditation. In J. C. Holland (Ed.), *Psycho-oncology* (pp. 767–779). New York: Oxford University Press.
Kirsten, D. K., & Du Plessis, W. F. (2006 July). *A secondary prevention programme to promote psychological well-being and reduce subclinical eating disorder symptoms*. Paper presented at the 3rd European Conference of Positive Psychology, Braga, Portugal.
Kirsten, D. K., Du Plessis, W. F., & Du Toit, M. M. (2007). *Development of a secondary prevention programme for female students with Subclinical Eating Disorder symptoms*. Unpublished doctoral thesis. North-West University, Potchefstroom.
Kirsten, D. K., Du Plessis, M., & Swanepoel, C. (2010 June). *The link between eating disorders, mindfulness, and self-compassion and -forgiveness*. Paper presented at the 5th European Positive Psychology Conference, Copenhagen, Denmark.
Kirsten, D. K., Nienaber, A. W., & Fischer, M. (2008 July). *Strengths, personality traits and psychological well-being in females with body-dissatisfaction and drive for thinness*. Paper presented at the 4th European Positive Psychology Conference, Opatja, Craochia.
Kristeller, J. L., Baer, R. A., & Quillian-Wolever, R. (2006). Mindfulness-based approaches to eating disorders. In R. Baer (Ed.), *Mindfulness and acceptance-based interventions: Conceptualization, application, and empirical support*. San Diego, CA: Elsevier.

Lazarus, A. A., & Beutler, L. E. (2001). On technical eclecticism. *Journal of Counselling and Development, 71*, 381–385.
Levitt, D. H. (2003). Drive for thinness and fear of fat: Separate yet related constructs? *Eating Disorders, 11*, 221–234.
Lindeman, M., & Stark, K. (2001). Emotional eating and eating disorder psychopathology. *Eating Disorders, 9*, 251–259.
Littleton, H. L., & Ollendick, T. (2003). Negative body image and disordered eating behaviour in children and adolescents: What places youth at risk and how can these problems be prevented? *Clinical Child And Family Psychology Review, 6*(1), 51–66.
Lu, H., & Hou, H. (2009). Testing a model of the predictors and consequences of body dissatisfaction. *Body Image, 6*, 19–23.
McKinley, N. M., & Hyde, J. S. (1996). The objectified body consciousness scale: Development and validation. *Psychology of Women Quarterly, 20*, 181–215.
McNair, D. M., Lorr, M., & Droppleman, L. F. (1992). *Edits manual for the Profile of Mood States*. San Diego, CA: Educational and Industrial Testing Service.
Mickley, D. (2004). Toward optimal health: The experts discuss eating disorders. *Journal of Women's Health, 13*, 662–670.
Miller, M. N., & Pumariega, A. J. (2001). Culture and eating disorders: A historical and cross-cultural review. *The American Journal of Psychiatry, 64*(2), 93–110.
Mintz, L. B., & Betz, N. E. (1988). Prevalence and correlates of eating disordered behaviors among undergraduate women. *Journal of Counselling Psychology, 35*, 463–471.
Morse, J. M. (2003). Principles of mixed methods and multi-method research design. In A. Tashakkori & C. Teddle (Eds.), *Handbook of mixed methods in social and behavioural research* (pp. 189–208). Thousand Oaks, CA: Sage.
Muehlenkamp, J. J., & Saris-Baglama, R. N. (2002). Self-objectification and its psychological outcomes for college women. *Psychology of Women Quarterly, 26*, 371–379.
Mussell, M. P., Binford, R. B., & Fulkerson, J. A. (2000). Eating disorders: Summary of risk factors, prevention programming, and prevention research. *The Counselling Psychologist, 28*(6), 764–796.
Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*, 223–250.
Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality, 4*, 139–154.
Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescent s and young adults. *Self and Identity, 9*(3), 225–240.
Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality, 77*(1), 23–51.
Neysmith-Roy, J. M. (2001). The Tomatis Method with severely autistic boys: Individual case studies of behavioral changes. *South African Journal of Psychology, 31*(1), 19–28.
Nosek, M. A., Hughes, R. B., Swedlund, N., Taylor, H. B., & Swank, P. (2003). Self-esteem and women with disabilities. *Social Sciences and Medicine, 56*, 1737–1747.
Pelletier, L. G., Dion, S., & Levésque, C. (2004). Can self-determination protect women against socio-cultural influences about body-image and reduce their risk of experiencing bulimic symptoms? *Journal of Social and Clinical Psychology, 23*(1), 61–88.
Phelps, L., Johnston, L. S., & Augustyniak, K. (1999). Prevention of eating disorders: Identification of predictor variables. *Eating Disorders, 7*, 99–108.
Phelps, L., Sapia, J., Nathanson, D., & Nelson, L. (2000). An empirically supported eating disorder prevention programme. *Psychology in the Schools, 37*(5), 443–452.
Polivy, J., & Herman, C. P. (2002). Causes of eating disorders. *Annual Review of Psychology, 53*, 187–213.
Pratt, H. D., Phillips, E. L., Greydanus, D. E., & Patel, D. R. (2003). Eating disorders in the adolescent population: Future directions. *Journal of Adolescent Research, 18*(3), 297–317.
Prochaska, J. O. (1984). *Systems of psychotherapy. A transtheoretical analysis* (2nd ed.). Homewood, IL: Dorsey Press.

Richardson, S. M., & Paxton, S. J. (2010). An evaluation of a body image intervention based on risk factors for body dissatisfaction: A controlled study with adolescent girls. *International Journal of Eating Disorders, 43*(2), 112–122.

Ryan, R. M., & Brown, K. W. (2003). Why we don't need self-esteem: On fundamental needs, contingent love and mindfulness. *Psychological Inquiry, 14*(1), 27–82.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(1), 68–78.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudiamonic well-being. *American Review of Psychology, 52*, 141–166.

Ryff, C. D. (1998). *Scales of psychological well-being (SPWB)*. Madison, WI: University of Wisconsin.

Ryff, C. D., & Keyes, C. (1995). The structure of psychological well-being. *Journal of Personality and Social Psychology, 69*(4), 719–727.

SAS Institute Inc. (1999). SAS Institute Inc. *SAS OnlineDoc*, Version 8. Cary. NC.

Schneer, A. (2002). Eating disorders: A disorder of in and out. *Eating Disorders, 10*, 161–176.

Seligman, M. E. P. (2005). Positive psychology, positive prevention, and positive therapy. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 3–9). New York: Oxford University Press.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*(1), 5–14.

Senekal, M., Steyn, N. P., Mashego, T. B., & Nel, J. H. (2001). Evaluation of body shape, eating disorders and weight management related parameters in black female students of rural and urban origins. *South African Journal of Psychology, 31*(1), 45–53.

Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology, 62*(3), 373–386.

Shapiro, S. L., Shea, M. E., & Pritchard, M. E. (2007). Is self-esteem the primary predictor of disordered eating? *Personality and Individual Differences, 42*(8), 1527–1537.

Stanovich, K. (2007). *How to think straight about psychology*. Boston: Pearson.

Steck, E. L., Abrams, L. M., & Phelps, L. (2004). Positive psychology in the prevention of eating disorders. *Psychology in the Schools, 41*(1), 111–117.

Steiner, H., Kwan, W., Shaffer, T. G., Walker, S., Miller, S., Sagar, A., et al. (2003). Risk and protective factors for juvenile eating disorders. *European Child & Adolescent Psychiatry, 12*(1), 38–46.

Stice, E. (2001). A prospective test of the dual-pathway model of bulimic pathology: Mediating effects of dieting and negative affect. *Journal of Abnormal Psychology, 110*(1), 124–135.

Stice, E., & Gau, J. (2007). Testing mediators of intervention effects in randomized control trials: An evaluation of two eating disorder prevention programmes. *Journal of Consulting and Clinical Psychology, 75*(1), 20–32.

Strümpfer, D. J. W. (1995). The origins of health and strength: From "salutogenesis" to "fortigenesis". *South African Journal of Psychology, 25*(2), 81–89.

Szabo, C. P., & Hollands, C. (1997). Factors influencing eating attitude in secondary school girls in South Africa: A preliminary study. *South African Medical Journal, 87*, 531–533.

Thompson, B. M., & Andrews, S. R. (1999). The emerging field of sound training. Technologies and methods for impacting human development through sound stimulation. *IEEE Engineering in Medicine and Biology Magazine, 18*, 89–96.

Thompson, B. M., & Andrews, S. R. (2000). An historical commentary on the physiological effects of music: Tomatis, Mozart and neuropsychology. *Integrative Physiological and Behavioral Science, 35*(3), 174–188.

Thompson, S. H., & Digby, S. (2004). A preliminary survey of dieting, body dissatisfaction, and eating problems among high school cheer leaders. *Journal of School Health, 74*(3), 85–90.

Thompson, L., Snyder, C. R., Hoffman, L., Michael, S. T., Rasmussen, H. N., & Billings, L. S. (2005). Dispositional forgiveness of self, others, and situations. *Journal of Personality, 73*(2), 313–360.

Tiggemann, M., & Lynch, J. E. (2001). Body image across the life span in adult women: The role of self objectification. *Developmental Psychology, 37*(2), 243–253.

Tomatis, A. A. (1996). *The ear and language*. Norval, Ontario: Moulin Publishing.

Troisi, A., Di Lorenzo, G., Alcini, S., Nanni, C. R., Di Pasquale, C., & Siracusano, A. (2006). Body dissatisfaction in women with eating disorders: Relationship to early separation, anxiety and insecure attachment. *Psychosomatic Medicine, 68*, 449–453.

Van Jaarsveld, P. E., & Du Plessis, W. F. (1988). Audio-psycho-phonology at Potchefstroom: A review. *South African Journal of Psychology, 18*, 136–143.

Van Rooyen. (2008). *Cognitive schemas as predictors of disordered eating attitudes and behaviours amongst female university students*. Unpublished masters dissertation, University of the Free State, Bloemfontein.

Van Wyk, S. (2003). *A combined Tomatis and lifestyle enhancement programme for overweight, female students*. Unpublished masters thesis, North-West University (formerly PU for CHE), Potchefstroom.

Wade, T., George, G. M., & Atkinson, M. (2009). A randomized trial of brief interventions for body dissatisfaction. *Journal of Consulting and Clinical Psychology, 77*(5), 845–854.

Wassenaar, D., Le Grange, D., Winship, J., & Lachenicht, L. (2000). The prevalence of eating disorder pathology in a cross-ethnic population of female students in South Africa. *European Eating Disorders Review, 8*, 225–236.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W. W. Norton & Company.

Winzelberg, A. J., Eppstein, D., Eldredge, K. L., Wilfley, D., Dasmahapatra, R., Taylor, C. B., et al. (2000). Effectiveness of an internet-based programme for reducing risk factors for eating disorders. *Journal of Consulting and Clinical Psychology, 68*(2), 346–350.

Wissing, M. P., & Van Eeden, C. (2002). Empirical clarification of psychological well-being. *South African Journal of Psychology, 32*(1), 32–44.

World Health Organization. (1995). *Physical status: The use and interpretation of anthropometry* (Report of a WHO Expert Committee; Technical report series no. 854, pp. 368–369). Geneva: WHO.

Zuber-Skerritt, O. (2002). A model for designing action learning and action research programmes. *The Learning Organization, 9*(4), 143–149.

Chapter 27
Evaluation of a Programme to Enhance Flourishing in Adolescents

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This chapter reports on an evaluation of the effect of a programme based on Keyes' (2007) model and a strengths perspective (Peterson, 2006) that intended to enhance psychosocial well-being and flourishing in adolescents. According to Haidt (2006), strength building brings benefits to the individual and to those surrounding the individual. In this sense, capacity building and positive development are always synergetic because the fortified individual is also better equipped for building a meaningful world (Leontiev, 2006). However, this process needs to be continually cultivated (Lyubomirsky, 2007). Although several programmes have been developed to enhance the mental health of adolescents in a South African context (e.g., Wegner, Flisher, Caldwell, Vergnani, & Smith, 2008), most have mainly focussed on the remediation of psychopathology and risk factors. This study will focus on the development of strengths in ordinary adolescents. No existing programme could be found that was specifically developed for the enhancement of flourishing of adolescents in a South African context. Therefore, we developed a new programme and herein report on the evaluation of its effect on the psychosocial well-being of adolescents in this study. The expectation is that such a programme will enhance levels of well-being, and may at the same time lessen symptoms of stress or pathology.

It has been suggested that research on topics such as flourishing from a positive paradigm may not only add to the development or increase of psychosocial wellness, but might also be of major clinical significance. Seligman argued that successes in the prevention of mental illness emanate from recognizing and nurturing strengths in young persons. The exercise of these strengths then fortifies individuals against the harms and problems that put them at risk in terms of mental illness (Seligman, 2002). In her *Broaden and Build* model of positive emotions, Fredrickson (2005) argued

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that an enhancement of positive emotions would broaden cognitive processes and facilitate interpersonal relationships while simultaneously lessening lingering negative emotions. These assumptions were validated empirically in several studies (Fredrickson & Branigan, 2005; Fredrickson, Mancuso, Branigan, & Tugade, 2000; Lyubomirsky, King, & Diener, 2005), and the long term effect of interventions have been demonstrated (Cohn & Fredrickson, 2010). Research in the domain of positive psychology also has shown that building optimism and other psychological strengths may lessen symptoms of depression (Diener & Diener, 2008; Gillham, Hamilton, Freres, Patton, & Gallop, 2006; Lyubomirsky, 2007; Park & Peterson, 2009). Researchers recently examined and revealed the building power of positive emotions on coping with adversity by the mastering of challenges, which in turn generates more positive emotions (Diener & Diener, 2008; Linley, Joseph, & Goodfellow, 2008). It was shown that interventions concentrating on positive human health, such as the Penn Resiliency programme which aims at the prevention of depressive symptoms, might be an important addition to the educational goals of school systems because learners are better equipped to deal with difficulties, failure, and negative emotions (Gillham et al., 2007). Programmes facilitating psychological strengths could be beneficial towards the building of flourishing lives as well as in the treatment and prevention of psychological disorders (Fava, 1999; Niemiec, 2012). In this sense, mental health promotion is the ultimate target of treatment (Keyes, 2009).

For the purpose of this study, Keyes' model of mental health (Keyes, 2005) is taken as a point of departure. Keyes (2005) and Westerhof and Keyes (2010) proposed a two-continuum model of health in which pathology and well-being are viewed as two separate dimensions. However, mental health can be diagnosed on a continuum from severe pathology to optimal health, called flourishing (Keyes 2005, 2007). On the upper half of the health continuum, he distinguished three levels of well-being: Languishing (i.e., low levels of emotional, social, and psychological well-being), moderate mental health, and flourishing (i.e., high levels of emotional, social, and psychological well-being). Individuals who are moderately psychologically healthy are between flourishing and languishing.

Flourishing, as conceptualized by Keyes (2002, 2003, 2005, 2007), indicates a state of complete mental health consisting of eudaimonia (positive functioning in life) and hedonia (positive feelings toward life). Flourishing or completely mentally healthy people show low levels of perceived helplessness (e.g., high perceived control in life), high levels of functional goals (e.g., knowing what they want from life), high levels of self-reported resilience (e.g., learning from adversities), and high levels of intimacy (e.g., feeling very close with family and friends; Keyes, 2007). Keyes showed that flourishing youth report higher levels of psychosocial functioning—namely, higher levels of good self-concept, self-determination, positive relations, and school integration—than moderately mentally healthy and languishing youth. According to Keyes, a small proportion of those who were otherwise free of a common mental disorder were truly mentally healthy; that is, they had the absence of mental illness and the presence of mental health. He also emphasized that when individuals are symptom-free, it does not automatically indicate that they are thriving human beings. He pointed out that most American adolescents (60 %) do not experience complete mental health (Keyes, 2007).

Keyes' findings were replicated in a South African study that indicated that only 40 % of adolescents could be considered to be flourishing (Van Schalkwyk & Wissing, 2010). Moderate mental health was the most prevalent mental health status among South African adolescents (i.e., 53 %), and a small percentage (5 %) was considered as languishing. Taking into account Keyes' (2009) ideal distribution of mental health in the population (this ideal was originally reported in Keyes, 2007, for adult data), it is clear that South African youth are far from the public mental health goal of six out of ten flourishing (cf. Keyes, 2009), as it was found that merely four out of ten South African youngsters experience flourishing. Since flourishing is not an automatic process (Keyes, 2006, 2007), it is clear that higher levels of psychosocial well-being in youth must be promoted in a systematic manner. It is also necessary that a well-being strategy aimed at strength building should focus on the knowledge and skills of well-being, since positive human health requires more than the eradication of poor health or the prevention of problem behaviours.

Keyes (2005, 2007) and Keyes, Dhingrha, and Simoes (2010) argued that the promotion and protection of positive mental health must be integrated with all national efforts to treat and prevent mental illness. Languishing and ill health imply immense expenditure for governments; namely, the efforts concerning the eradication of disease and of illness reduction. Apart from the issue of cost, they also indicate that the continued objective of improving population health—mainly by disease and illness prevention—has proven to be largely ineffective. Keyes (2005) indicates that health promotion is often seen as synonymous with risk reduction, but also argued that more must be done to reduce the risk of disease and illness. Health, the basis of human and social capital, is more than the absence of acute illness and chronic disease. Therefore, the protection and promotion of *mental health* is as important as the prevention and treatment of mental illness for improving and maintaining any nation's overall health. It is also suggested that the promotion of health could be an important protective factor during adolescence since the absence of well-being generates conditions of vulnerability for illnesses, such as depression and risk behaviours (suicide, substance abuse, and HIV/AIDS; Freeman, 2004; Patel, Flisher, Nikapota, & Malhotra, 2008; Keyes, 2009; Ryff, 1989). It is argued that higher levels of psychological well-being imply better physical, psychological, social, and emotional well-being (Park & Peterson, 2009; Wissing & Temane, 2008). Therefore, it is more cost-effective to be healthy, and the systematic enhancement of well-being in the short and long-term can be the best investment in young people as an invaluable resource for the future of any society.

In view of the practical need, and against the backdrop of relevant theoretical approaches, a well-being strategy/programme was designed to encourage youngsters to apply psychological strengths as personal resources in order to experience higher levels of psychosocial well-being and to equip them to deal with problems and stressors that are part of everyday experience. This programme was implemented, and this chapter reports on the quantitative and qualitative evaluation of its effect directly after the programme and 3 months later. The aim was thus to evaluate the effect of a programme intended to encourage higher levels of psychosocial well-being and flourishing in a group of secondary school students in South Africa.

Method

Design

A mixed method design was implemented by gathering both qualitative and quantitative data, which were integrated to form a comprehensive understanding of the effect of the programme (Ivankova, Creswell, & Stick, 2006).

Participants

An experimental (n = 64) and control (n = 49) group of participants between the ages of 15 and 17 years of age (mean age: males = 16.1; females = 16.0) from a secondary school took part in this project. These participants were grade 10 students in an urban area in the Western Cape of South Africa. The school included Afrikaans, English, and Xhosa-speaking youngsters. Of the participants, 66 % were white, 31 % were persons of colour, and 3 % were black. The languages represented in this school were Afrikaans and English. The selection of the experimental and control groups was done by using the seven different class sections of the grade 10 class group: Four sections were chosen as the experimental group and three sections were selected as the control group. No participant declined to participate or withdrew from the study.

Programme to Enhance Flourishing

The well-being intervention was developed against the theoretical background of Keyes' model (2005, 2006, 2007) and the strength perspective (Park & Peterson, 2009; Peterson, 2006), taking into account the specific needs of adolescents from this cohort. Specific needs identified in this group are, for example, to have purposeful lives, positive relationships, self-confidence, a constructive life-style, constructive coping skills, and positive emotions within "normal" everyday activities (cf. Van Schalkwyk & Wissing, 2010). These needs were linked to facets of Keyes' model of complete well-being in designing the intervention strategy. The well-being strategy/programme included two elements: First, a plan to achieve objectives (plan-*of*-action), and second, the process or the implementation of the plan (plan-*in*-action). The focal point of the well-being strategy was the deliberate development of selected psychological strengths as the necessary "muscle" to encourage complete well-being and, in time, sustainable well-being.

The programme consisted of ten sessions (50 min each) and was based on Keyes' model of complete well-being, with special emphasis on the psychological dimension

in the model, and the strengths as in the model of Peterson and Seligman (2004). The focus of information and activities in the various sessions included Session 1: grand strategy and functional strategies; Session 2: dimensions of well-being (psychological/personal, social, and emotional); Session 3: psychological strengths and the role of values; Session 4: self-acceptance (psychological dimension) and gratitude (strength); Session 5: autonomy (psychological well-being) and self-regulation (strength); Session 6: positive relations with others (psychological well-being) and kindness (strength); Session 7: environmental mastery (psychological well-being) and wisdom (strength); Session 8: purpose-in-life (psychological dimension) and persistence (strength); Session 9: personal growth (psychological well-being) and enthusiasm (strength); and Session 10: recapitulation of well-being components and psychological strengths.

The content or formulation of the strategy as plan-of-action is built on existing knowledge (Baltes & Freund, 2003; Deci & Ryan, 2002; Fredrickson & Losada, 2005; Keyes, 2005, 2006, 2007; Keyes et al., 2008; Linley, Joseph, Harrington, & Wood, 2006; Lyubomirsky, 2007; Peterson, 2006; Smith, 2006; Yates & Masten, 2004). Selected strengths such as gratitude, self-regulation, kindness, perspective, persistence, and enthusiasm (VIA, Peterson & Seligman, 2004) were targeted because of their primary importance in the promotion of sustainable well-being. These strengths are linked to specific facets of well-being, such as the psychological strength of persistence (VIA: emotional strengths of courage), which is linked to purpose-in-life.

As part of the functional strategy, or plan-in-action, the selected content was translated into the ordinary activities of the youngsters' daily routine, since mere knowledge does not imply expertise (Blanchard, Meyer, & Ruhe, 2007). The grand strategy is thus implemented as functional strategies by means of the plan-in-action (Pearce & Robinson, 1994) since this process dealt with the acquiring of particular skills (e.g., effective communication) linked to specific strengths, which were applied and practiced on a daily basis. In sum, the well-being strategy was put forward as planned action, to encourage flourishing in adolescents.

The experimental group was exposed to a well-being intervention, while the control group was given the opportunity to attend a generic youth programme organized by the school. This latter programme focused on religion and did not cover the topics of the proposed well-being strategy.

Data Collection

Levels of mental health were determined with the short version of the Mental Health Continuum scale (MHC-SF; Keyes, 2005, 2006; Keyes et al., 2008) that measures the degree of well-being on the upper end of the mental health continuum. To also cover the lower end of the mental health continuum, the current study also included measures of symptoms and depression.

Quantitative Measures

The Mental Health Continuum-Short Form (MHC-SF; Keyes, 2005, 2006). The 14-item MHC-SF was implemented as it measures various levels of mental health on the upper end of well-being. It has three subscales: Emotional Well-Being (EWB), defined in terms of positive affect and satisfaction with life; Social Well-Being (SWB), described in terms of social acceptance, social actualisation, social contribution, social coherence, and social integration; and Psychological Well-Being (PWB), described in terms of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Specific scoring instructions for the MHC-SF categorize an individual as languishing, moderate mentally healthy, or flourishing. Keyes (2006) provides evidence of good reliability and validity, and this was also shown for a South African sample (Keyes et al., 2008). Cronbach's alpha of 0.88 was obtained for the MHC-SF in the current study.

The Coping Self-efficacy Scale (CSE; Chesney, Neilands, Chambers, Taylor, & Folkman, 2006). This 26-item scale provides a measure of an individual's perceived ability to cope effectively with life challenges, and has also previously been implemented to assess changes in coping efficacy over time in intervention research (cf. Chesney et al., 2006). The CSE has three subscales: problem-focused coping (PFC), stops unpleasant emotions and thoughts (SUE), and support from friends and family (SFF). The authors provided evidence of good reliability and validity. Cronbach's alpha reliability index in the current study was 0.91.

The New General Self-efficacy Scale (NGSE; Chen, Gully, & Eden, 2001). This eight-item self-report measure assesses the tendency to view oneself as more or less capable of meeting task demands in various contexts. Previous studies have indicated that the NGSE measures a construct that is related to, but distinct from both self-esteem and situational self-efficacy (cf. Chen et al., 2001). Internal consistency reliabilities have been found to be 0.86 and 0.90. In the present study, Cronbach's internal reliability was 0.83.

The Self-regulation Scale (SRS; Schwarzer, Diehl, & Schmitz, 1999). This scale was selected since it was important to determine adolescents' ability to focus attention in a maintenance situation where the task at hand requires control, and to maintain a favourable emotional balance. Attention and emotion regulation are reflected in this 7-item scale. The SRS measures participants' post-intentional self-regulation when they are in the process of pursuing a goal and facing difficulties in continuing their action. Cronbach's alpha reliabilities have been found to be 0.76 and 0.62. In the current study, Cronbach's alpha was 0.77.

The Fortitude Questionnaire (FORQ; Pretorius, 1998). The 20-item FORQ measures the extent to which a person feels able to manage stress and to stay well (fortitude). This strength derives from an appraisal of the self, family support, and support from others. The FORQ has three subscales that measure appraisal of one's own problem-solving efficacy and mastery (S), perceived support from family (FA), and perceived support from friends (FR). The Fortitude Questionnaire is a reliable

and valid measure, as indicated by Pretorius (1998) in the South African context. Cronbach's alpha in this study was 0.89.

The General Health Questionnaire (GHQ; Goldberg & Hillier, 1979). The 28-item GHQ implemented in this study is aimed at detecting common symptoms indicative of the various syndromes of mental disorder, and differentiates between individuals with psychopathology as a general class and those who are considered to be healthy. Subscales are Somatic Symptoms (SS), Anxiety and Insomnia (AX), Social Dysfunction (SD), and Severe Depression (DS). In this study, the GHQ method (Goldberg & Hillier, 1979) of scoring was implemented; that is, responses were scored 0-0-1-1, with a minimum of 0 and a maximum of 28. This method was adopted rather than the Likert-type of graded scoring that uses 1-2-3-4 (or 0-1-2-3) as it also reduces the effect of a response set to choose extremes. Cronbach's alpha reliabilities varied from 0.82 to 0.86 (Goldberg et al., 1997). Goldberg et al. attest extensively to its validity. Cronbach's alpha reliability index in the current study was 0.93. This scale is included to detect possible shifts in symptoms on the lower end of the mental health continuum as a result of the strengths building intervention.

The Patient Health Questionnaire: Depression Symptoms (PHQ-9; Kroenke, Spitzer & Williams, 2001). The 9-item PHQ measures the extent of symptoms of major depression as conceptualized in the DSM-IV criteria. Cronbach's alpha in the current study was 0.82.

Sociodemographic information. Information regarding age and culture was obtained to facilitate a description of participants.

Qualitative Data Collection

A descriptive qualitative inquiry was done to explore the subjective experiences of the well-being intervention. The experimental group were requested to write down their subjective experience of the well-being intervention during the post- (October 2008) and follow-up (February 2009) phases. Data were gathered with open-ended questions: Questions were asked to assess the experienced worth of the well-being strategy for the youngsters, and how it manifested in their lives. The adolescents were presented with questions such as the following: What is your personal experience of the well-being strategy/programme? In what ways does the well-being strategy empower you? Offer some examples of how you implement this programme on a daily basis.

Procedure and Ethical Concerns

Permission to conduct this research was obtained in 2008 from the Western Cape Department of Education and the headmaster of the school. The experimental programme was conducted over the course of 20 weeks, during life orientation

classes in school. Before, directly after, and 3 months later, surveys made up of the measures described above were administered to participants in both the experimental and control groups. Qualitative data was collected by means of the completion of open-ended questions from the experimental group after the implementation of the programme.

The informed consent of participants' parents was obtained by means of a letter and consent forms explaining the aim of the study. Participants gave their assent and were informed of their right to withdraw from the study at any stage, and that all data would be treated confidentially. Approval for this research was obtained from the Ethics Committee of the North-West University (Ethics number: NWU-00002-07-A2).

Data Analysis

Descriptive statistics and reliability indices (Cronbach's alpha) were established for all measuring instruments and frequencies were determined for the various categories of mental health, as determined with the MHC-SF. The significance of differences between and within the experimental and control groups on all variables as measured before, after, and at a 3-month follow-up were determined by means of two-sample t-tests. The practical significance of differences was calculated by establishing d-values or effect sizes (Field, 2005, p. 32), where d = .10 indicates a small effect size; d = .30 indicates a medium effect; and d = .50 indicates a larger effect size. For the purpose of this study, an effect size of .30 (moderate effect) was used to indicate practical significance. It was also decided to explore the significance of differences within each of the experimental and control groups in order to obtain more detailed information on the experimental group and to determine the significance of differences between the experimental and control group: now using the mean difference scores between pre-and post-, pre-and follow-up, and post- and follow-up evaluation on each variable in order to determine the impact of the intervention programme. To evaluate the effect of the intervention, the percentages of flourishing and languishing participants in the experimental and control groups were calculated for the pre-, post-, and follow-up evaluations, and the possible differences were calculated for practical significance in proportions of percentages of flourishing participants at the various stages and between the experimental group and control group.

Qualitative analysis was done according to the technique of thematic analysis (Creswell, 2005), since it allows the systematic deduction of the identification of specific features of texts. The raw data—namely, the written reports—were read and reread, and then meaningful categories were extracted corresponding to thematic patterns (Creswell, 2005). The themes refer to units of meaning that were deduced from patterns that emerged from the categories; for example, repeated behaviour or feelings (Creswell, 2005).

In order to ensure the trustworthiness of the results, the identified themes were verified in discussions between the authors, with a smaller representative group of the participants, and with two independent professional persons; namely, Ms M. Le Roux (Stellenbosch University: Department of Psychology) and Dr. P. Nel (Western Cape University: Department of Industrial Psychology). Through the application of

the phenomenological method of bracketing the researcher's prejudices, assumptions and beliefs were listed and avoided as far as possible in order to allow the research data to be self evident. This analytical process was characterized by constant critical reflection and the discussions referred to above.

Results

First, the results from the quantitative measures are presented, followed by the findings from the qualitative data.

Quantitative Results

Descriptive statistics and reliability indices for all measures. Table 27.1 shows the descriptive statistics and Cronbach's alpha coefficients for the various measuring instruments. The reliability indices of all measures were highly satisfactory (cf. the guideline of 0.70 by Kerlinger & Lee, 2000).

Table 27.1 Descriptive statistics (pre-, post-, and follow-up (fp)) for experimental and control groups, as well as Cronbach reliability indices for measures based on total number of participants

	Experimental group		Control croup			
Scale	Mean	SD	M	SD	Range	α
MHCSF pre	46.56	11.38	43.73	11.54	11–63	
MHCSF post	46.98	12.27	44.01	15.41	15–68	.88
MHCSF fp	51.49	11.59	43.06	17.51	0–70	
SRS pre	20.91	3.72	19.72	3.95	8–26	
SRS post	20.62	3.89	19.56	4.39	9–28	.77
SRS fp	21.92	3.40	20.32	3.87	13–28	
FORQ pre	58.81	9.41	58.80	10.10	31–78	
FORQ post	59.50	10.89	58.21	12.59	27–80	.89
FORQ fp	61.88	11.82	58.89	10.96	33–80	
CSE pre	171.59	36.46	164.09	37.61	65–235	
CSE post	170.64	40.70	162.71	49.63	42–260	.85
CSE fp	185.39	39.92	172.32	34.20	74–260	
NGSE pre	30.21	4.44	30.30	4.65	12–38	
NGSE post	30.32	5.20	28.00	6.71	12.40	.83
NGSE fp	31.81	5.15	29.03	5.7	16–40	
PHQ pre	8.5	5.2	8.9	5.67	0–26	
PHQ post	8.55	5.8	10.32	5.85	0–27	.82
PHQ fp	7.06	5.7	9.42	7.18	0–23	
GHQ pre	50.59	12.58	53.53	16.48	29–102	
GHQ post	50.20	12.48	55.51	16.48	28–93	.93
GHQ fp	45.85	11.51	52.84	12.86	28–90	

Note: *MHC-SF* Mental Health Continuum-Short Form, *SRS* Self Regulation Scale, *FORQ* The Fortitude Questionnaire, *CSE* Coping Self-efficacy Scale, *NGSE* New General Self-efficacy, *PHQ* Patient Health Questionnaire: Depression Symptoms, *GHQ* General Health Questionnaire

Comparison of pre-, post-, and follow-up scores of the experimental and control groups. Comparisons of pre-, post-, and follow-up scores of the experimental and control groups are presented in Table 27.2. The results are presented in three clusters; namely, the comparison between the experimental and control groups regarding the pretest, the posttest, and the follow-up test.

Because a random assignment of participants to the experimental and control groups was not possible, a comparison of their initial pretest score was necessary. During the pretest on all measures, no statistical significant differences could be established between the experimental and control groups (see Table 27.2). According to the pretest scores, the experimental and control groups were more or less equal before the intervention.

A comparison of posttesting scores of the experimental and control groups indicated that the control group presented statistically and practically significantly more symptoms of mental ill-health than the experimental group, as measured by the PHQ-9 and GHQ. The experimental and control groups differed significantly regarding some measures during follow-up; that is, the experimental group had fewer symptoms of stress than the control group, as measured with the GHQ, and higher levels of emotional well-being, as measured by the MHC:EWB. These differences were statistically significant and had a moderate practical significance

Within Group Differences in the Experimental and Control Groups

Differences within the experimental group. The differences in pre- and post-; pre- and follow-up; and post- and follow-up scores within the experimental group are presented in Table 27.3.

The results indicated that for the experimental group there were some statistically significant differences between the pre- and posttesting, but these were not practically significant. Comparison of the pretest scores with the follow-up test scores showed statistical and practical significant differences and moderate practical significance in several instances. There are indications of higher well-being scores in the follow-up in comparison with pretesting for emotional and social well-being, as measured with the MHC-SF; more coping self-efficacy beliefs, as measures with the CSE; and more general self-efficacy (NGSE) and fewer symptoms of stress, as measured by subscales of the GHQ. In the comparison of post- and follow-up testing, the experimental group showed statistically significant increases in well-being, as measured with the MHC-SF, SRS, FORQ, CSE, NGSE; and lower symptoms, as measured by the GHQ. These differences were practically significant with a moderate effect for the MHC-SF and SRS, small effect for the FORQ, and moderate effect for the CSE, NGSE, and GHQ.

Results for the experimental group indicated that, on the whole, statistically significant differences were found. The largest effects were revealed between the post-and follow-up assessments regarding measures of well-being and measures of absence of well-being.

Table 27.2 Comparison between experimental and control groups

	Pretest						Posttest						Follow-up test					
	Experimental	N = 64	Control	N = 49			Experimental	N = 58	Control	N = 41			Experimental	N = 58	Control	N = 41		
Scale	M	SD	M	SD	p	d	M	SD	M	SD	p	d	M	SD	M	SD	p	d
MHCSF_EWB	11.06	2.87	11.13	2.53	0.89	0.02	11.41	2.72	11.03	3.32	0.46	0.11	11.35	2.72	10.12	3.32	0.03*	0.43[b]
MHCSF_SWB	12.83	5.16	12.18	5.39	0.51	0.12	13.82	5.64	13.02	5.92	0.45	0.14	14.37	5.64	12.53	5.92	0.14	0.32
MHCSF_PWB	22.63	5.70	21.44	5.57	0.27	0.21	22.56	5.92	21.68	6.61	0.39	0.13	22.48	5.18	20.36	6.61	0.31	0.21
MHCSF_Tot	46.50	11.85	44.68	10.84	0.40	0.15	47.77	11.79	45.81	10.84	0.39	0.17	48.19	11.79	43.06	13.50	0.13	0.27
SRS_Tot	20.77	3.62	19.81	3.70	0.17	0.26	20.77	3.62	19.81	13.50	0.25	0.07	21.32	3.79	19.72	3.88	0.22	0.24
FORQ_S	20.19	3.67	20.21	4.08	0.97	0.01	20.18	3.88	20.21	6.83	0.97	0.00	20.68	4.41	19.68	3.86	0.33	0.20
FORQ_FR	19.25	3.52	19.16	3.51	0.89	0.03	19.84	3.67	11.18	4.01	0.01*	0.16[a]	19.52	3.67	18.81	4.01	0.21	0.26
FORQ_FA	19.07	5.08	19.26	4.55	0.84	0.04	19.27	5.20	20.42	5.08	0.19	0.22	20.17	5.20	20.39	5.08	0.99	0.00
FORQ_Tot	58.54	9.35	58.66	10.27	0.95	0.01	59.26	10.90	58.77	11.71	0.81	0.04	60.36	10.90	58.89	11.71	0.43	0.17
CSE_PFC	78.15	19.15	77.52	18.25	0.86	0.03	78.32	18.13	77.36	19.17	0.78	0.05	83.74	18.13	80.13	19.17	0.29	0.21
CSE_SUE	58.30	14.72	56.29	13.97	0.47	0.14	58.22	14.52	56.16	18.16	0.50	0.11	61.98	14.52	57.98	18.16	0.30	0.17
CSE_SFF	33.41	8.64	31.70	8.38	0.33	0.19	34.29	9.45	33.55	9.61	0.67	0.08	35.37	9.45	34.91	9.60	0.77	0.05
CSE_Tot	169.59	37.75	165.42	35.57	0.55	0.11	170.77	39.26	166.98	44.44	0.61	0.09	181.13	39.26	172.32	44.44	0.34	0.17
NGSE_Tot	30.28	4.45	30.29	4.65	0.99	0.00	30.10	5.13	28.10	6.18	0.06	0.32	30.95	5.13	29.03	6.18	0.06	0.34
PHQ_Tot	8.48	5.52	8.46	5.68	0.98	0.00	8.07	5.73	10.97	6.89	0.02*	0.42[b]	7.88	5.73	9.42	6.89	0.11	0.29
GHQ_SS	12.77	3.76	13.55	4.67	0.33	0.17	12.51	4.18	14.38	4.94	0.04*	0.38[b]	13.00	4.18	13.68	4.94	0.05*	0.22[a]
GHQ_AX	13.02	5.13	13.71	5.46	0.49	0.13	11.95	4.81	14.54	6.11	0.01*	0.42[b]	12.26	4.81	13.90	6.11	0.01*	0.40[b]
GHQ_SD	13.70	3.74	13.91	2.94	0.75	0.06	12.70	3.48	14.27	4.37	0.03*	0.36[b]	12.98	3.48	13.59	4.37	0.06	0.29
GHQ_DS	11.52	5.20	12.78	5.58	0.23	0.23	10.85	5.15	12.79	6.21	0.08	0.31	10.35	5.15	11.73	6.21	0.04*	0.32[b]
GHQ_Tot	50.95	16.13	53.95	16.13	0.31	0.18	50.95	16.13	53.95	16.13	0.02*	0.19[a]	48.26	15.15	52.84	19.88	0.00**	0.42[b]

Note: *MHC-SF* Mental Health Continuum-Short Form, *EWB* emotional well-being, *SWB* social well-being, *PWB* psychological well-being, *SRS* Self Regulation Scale, *FORQ* The Fortitude Questionnaire, *FORQ_S* problem-solving efficacy, *FORQ_FR* support from friends, *FORQ_FA* support from family, *CSE* Coping Self-efficacy Scale, *PFC* problem-focused coping, *SUE* stops unpleasant emotions and thoughts, *SFF* support from family and friends, *NGSE* New General Self-efficacy, *PHQ* Patient Health Questionnaire: Depression Symptoms, *GHQ* General Health Questionnaire, *S* somatic symptoms, *AX* anxiety and insomnia, *SD* social dysfunction, *DS* severe depression

*p =<0.05; **p =<0.001

[a]d =>0.10; [b]d =>0.30

Table 27.3 Within group differences: experimental group

	Pretest versus posttest						Pretest versus follow-up test						Posttest versus follow-up test					
	Pretest N = 58		Posttest N = 58				Pretest N = 54		Follow-up test N = 54				Posttest N = 56		Follow-up test N = 56			
Scale	M	SD	M	SD	p	d	M	SD	M	SD	p	d	M	SD	M	SD	p	d
MHCSF_EWB	11.06	2.87	11.41	2.72	0.10	0.06	11.11	2.57	12.05	2.72	0.02*	0.35[b]	11.02	2.90	11.94	2.77	0.01*	0.32[b]
MHCSF_SWB	12.83	5.16	13.82	5.64	0.01*	0.15[a]	12.75	5.19	15.45	5.84	0.00**	0.46[b]	13.59	5.84	16.18	5.18	0.00**	0.44[b]
MHCSF_PWB	22.63	5.70	22.56	5.92	0.00*	0.01	22.28	5.43	23.28	5.39	0.46	0.18	22.38	5.25	23.54	5.22	0.03*	0.22[a]
MHCSF_Tot	46.50	11.85	47.44	11.79	0.12	0.08	46.56	11.38	51.49	11.59	0.01*	0.43[b]	46.98	12.27	51.49	11.59	0.00**	0.37[b]
SRS_Tot	20.77	3.62	20.37	3.79	0.00*	0.05	20.90	3.71	21.86	3.38	0.11	0.26	20.61	3.89	21.92	3.40	0.00**	0.34[b]
FORQ_S	20.19	3.67	20.18	3.88	0.20	0.01	19.94	3.71	21.12	4.41	0.06	0.27	20.04	4.57	21.20	4.36	0.00**	0.25[a]
FORQ_FR	19.25	3.52	19.84	3.67	0.00*	0.12[a]	19.42	3.67	20.01	3.67	0.35	0.16	19.90	3.36	20.04	4.57	0.53	0.03
FORQ_FA	19.07	5.08	19.27	5.20	0.48	0.04	19.43	4.91	20.25	5.14	0.22	0.16	19.56	5.34	20.49	5.39	0.06	0.17
FORQ_Tot	58.54	9.35	59.26	10.90	0.00*	0.02	58.80	9.41	61.40	11.82	0.10	0.22	59.50	10.89	61.88	11.77	0.04*	0.20[a]
CSE_PFC	78.15	19.15	78.32	18.13	0.00	0.05	79.23	16.90	85.96	18.08	0.01*	0.37[b]	77.77	18.89	85.28	18.80	0.00**	0.40[b]
CSE_SUE	58.30	14.72	58.22	14.52	0.48	0.01	59.08	15.13	64.18	15.06	0.03*	0.34[b]	58.45	15.07	63.76	15.29	0.00**	0.35[b]
CSE_SFF	33.41	8.64	34.29	9.45	0.00	0.08	33.34	8.49	35.96	9.28	0.05*	0.28[a]	34.44	10.34	36.35	8.97	0.07	0.18
CSE_Tot	169.59	37.75	170.77	39.26	0.00	0.04	171.59	36.46	186.92	39.92	0.01*	0.38[b]	170.74	40.70	185.39	40.88	0.00**	0.36[b]
NGSE_Tot	30.28	4.45	30.10	5.13	0.00*	0.00	30.20	4.44	31.73	5.02	0.02*	0.30[b]	30.31	5.20	31.81	5.14	0.00**	0.29[a]
PHQ_Tot	8.48	5.52	8.07	5.73	0.97	0.08	8.51	5.65	6.99	5.77	0.15	0.26	8.55	5.58	7.06	5.73	0.07	0.26
GHQ_SS	12.77	3.76	12.51	4.18	0.32	0.06	12.93	4.52	11.26	3.22	0.42	0.37	12.88	4.16	12.77	4.27	0.85	0.03
GHQ_AX	13.02	5.13	11.95	4.81	0.43	0.20	12.94	4.52	11.26	3.22	0.04*	0.37[b]	12.80	4.43	11.47	3.56	0.05*	0.30[b]
GHQ_SD	13.70	3.74	12.70	3.48	0.02*	0.30[b]	13.51	3.08	12.16	2.92	0.02*	0.44[b]	13.26	3.83	12.17	3.00	0.05*	0.28[a]
GHQ_DS	11.52	5.20	10.85	5.15	0.34	0.16	11.36	5.04	9.35	3.92	0.03*	0.40[b]	11.18	5.14	9.48	3.96	0.01*	0.33[b]
GHQ_Tot	51.00	14.56	50.38	15.15	0.61	0.18	50.59	12.48	44.45	11.52	0.01*	0.49[b]	50.20	15.70	45.85	12.46	0.04*	0.28[a]

Note: *MHC-SF* Mental Health Continuum-Short Form, *EWB* emotional well-being, *SWB* social well-being, *PWB* psychological well-being, *SRS* Self Regulation Scale, *FORQ* The Fortitude Questionnaire, *FORQ_S* problem-solving efficacy, *FORQ_FR* support from friends, *FORQ_FA* support from family, *CSE* Coping Self-efficacy Scale, *PFC* problem-focused coping, *SUE* stops unpleasant emotions and thoughts, *SFF* support from family and friends, *NGSE* New General Self-efficacy, *PHQ* Patient Health Questionnaire: Depression Symptoms, *GHQ* General Health Questionnaire, *S* somatic symptoms, *AX* anxiety and insomnia, *SD* social dysfunction, *DS* severe depression

*p = <0.05; **p = <0.001

[a]d = >0.10; [b]d = >0.30

Differences within the control group. The differences in pre-and post-; pre- and follow-up; and post- and follow-up scores within the control group are presented in Table 27.4.

As indicated in Table 27.4, there are no statistically significant differences between pre- and posttesting on any variable, or between pre- and follow-up testing for the control group. The control group also showed no differences on variables between post- and follow-up testing, except for fewer symptoms of social dysfunction, as measured with the GHQ:SD, but this difference achieved only a small effect size of practical significance.

Prevalence of flourishing and languishing in the experimental and control groups during pre-, post-, and follow-up evaluation. The percentage of participants who were flourishing or languishing in the experimental and control groups was determined during pre-, post-, and follow-up assessments, and findings indicated changes during the successive evaluations (see Table 27.5). The control and experimental groups did not differ significantly during the pretest concerning the prevalence of flourishing, but they differed significantly (small to medium effect size) at follow-up testing (d=0.33). For the experimental group, the percentage of flourishing participants did not change from pre- to posttesting (which was during the exam), but a seeming decrease in flourishing scores was shown for the control group. During the follow-up evaluation, a practically significant (small to medium effect size) increase in the number of flourishing participants was found in the case of the experimental group (d=0.39), but no change from the pretest evaluation was shown for the control group. The percentage of languishing participants was slightly higher in the experimental group than in the control group during pretesting, but a marked decrease during posttesting in the case of the experimental group, possibly reflecting the impact of the programme as the same tendency was not shown for the control group, although they also manifested a slightly lower percentage during follow-up after the recess.

Qualitative Results

The well-being strategy was presented as an intervention programme during 2008. At the end of that year (November 2008), participants from the experimental group were asked to complete open-ended questionnaires in order to also qualitatively evaluate the effectiveness of the programme. A follow-up qualitative evaluation was conducted in February 2009. The written reports (raw data) were analysed and meaningful themes were identified. Two broad themes were identified in both qualitative evaluating phases. During the first post-intervention evaluation, the following themes emerged: first, enhancement regarding well-being facets, and second, the powerful effect of positive perspective. The first component had the following subthemes; namely, self-worth and self-confidence, active agency, coping, relationships, meaningfulness, and committed living. The second component included the following subthemes: first, a different point of view, the activation of personal resources, and the role of resilience; second, effective skills, positive emotions, and the role of

Table 27.4 Within group differences: control group

	Pretest versus posttest						Pretest versus follow-up test						Posttest versus follow-up test					
	Pretest N = 70		Posttest N = 70				Pretest N = 53		Follow-up test N = 32				Posttest N = 70		Follow-up test N = 70			
Scale	M	SD	M	SD	p	d	M	SD	M	SD	p	d	M	SD	M	SD	p	d
MHCSF_EWB	11.13	2.53	10.80	3.23	0.37	0.13	11.03	2.36	10.59	3.60	0.55	0.12	10.44	3.62	10.13	3.96	0.67	0.08
MHCSF_SWB	12.18	5.39	12.82	5.92	0.19	0.12	11.52	5.40	13.06	6.16	0.26	0.25	12.96	6.10	12.53	6.56	0.64	0.07
MHCSF_PWB	21.44	5.57	20.88	6.61	0.17	0.10	21.23	5.93	21.42	7.52	0.91	0.03	20.58	7.22	20.36	7.91	0.86	0.03
MHCSF_Tot	44.68	10.84	44.54	13.50	0.40	0.01	43.73	11.54	45.13	16.35	0.68	0.09	44.01	15.41	43.06	17.51	0.71	0.05
SRS_Tot	19.81	3.70	19.66	3.88	0.86	0.04	19.72	3.95	20.64	3.70	0.28	0.23	19.56	4.39	20.31	3.87	0.27	0.17
FORQ_S	20.22	4.08	19.96	3.86	0.52	0.06	20.08	4.12	20.25	3.92	0.87	0.04	19.84	4.28	19.68	4.19	0.80	0.04
FORQ_FR	19.16	3.51	18.05	4.01	0.54	0.32	19.32	3.24	18.95	3.95	0.66	0.09	18.04	4.52	18.81	4.10	0.30	0.17
FORQ_FA	19.26	4.55	20.43	5.08	0.84	0.26	19.36	4.37	20.22	5.10	0.48	0.17	20.35	5.16	20.39	5.17	0.97	0.01
FORQ_Tot	58.66	10.27	58.41	11.71	0.65	0.02	58.79	10.10	59.41	10.96	0.82	0.06	58.21	12.59	58.89	11.70	0.73	0.05
CSE_PFC	77.52	18.25	76.60	19.17	0.34	0.05	77.75	19.17	81.64	16.08	0.38	0.20	76.48	21.41	80.13	18.32	0.21	0.17
CSE_SUE	56.29	13.97	55.16	18.16	0.54	0.08	55.02	15.47	60.00	12.69	0.17	0.32	54.07	20.44	57.98	16.19	0.13	0.19
CSE_SFF	31.80	8.38	32.68	9.61	0.09	0.11	31.30	7.84	34.76	8.12	0.06	0.43	32.24	9.97	34.19	8.66	0.09	0.19
CSE_Tot	165.42	35.57	164.39	44.44	0.17	0.03	164.09	37.61	176.44	34.20	0.17	0.33	162.71	49.63	172.32	40.69	0.12	0.19
NGSE_Tot	30.29	4.65	28.21	6.18	0.49	0.45	30.30	4.64	29.66	5.37	0.59	0.12	28.00	6.71	29.03	5.73	0.34	0.15
PHQ_Tot	8.46	5.68	11.08	6.89	0.86	0.46	8.91	4.55	9.04	5.19	0.92	0.03	10.32	7.19	9.42	5.39	0.46	0.13
GHQ_SS	13.55	4.67	14.37	4.94	0.86	0.18	13.40	4.16	13.97	3.89	0.61	0.14	13.62	4.64	13.68	3.63	0.94	0.01
GHQ_AX	13.71	5.46	14.76	6.11	0.86	0.19	13.85	5.30	13.61	4.61	0.86	0.05	14.50	6.16	13.90	5.02	0.52	0.10
GHQ_SD	13.91	2.94	14.68	4.37	0.98	0.26	14.09	3.02	13.47	2.91	0.41	0.21	14.84	4.47	13.57	3.57	0.05*	0.28[a]
GHQ_DS	12.78	5.57	13.18	6.21	0.32	0.07	12.43	5.79	11.38	4.44	0.41	0.18	12.73	6.04	11.73	5.11	0.25	0.17
GHQ_Tot	53.95	16.13	57.32	19.88	0.82	0.21	53.53	16.48	52.39	12.86	0.76	0.07	55.51	19.61	52.84	14.75	0.31	0.14

Note: *MHC-SF* Mental Health Continuum-Short Form, *EWB* emotional well-being, *SWB* social well-being, *PWB* psychological well-being, *SRS* Self Regulation Scale, *FORQ* The Fortitude Questionnaire, *FORQ_S* problem-solving efficacy, *FORQ_FR* support from friends, *FORQ_FA* support from family, *CSE* Coping Self-efficacy Scale, *PFC* problem-focused coping, *SUE* stops unpleasant emotions and thoughts, *SFF* support from family and friends, *NGSE* New General Self-efficacy, *PHQ* Patient Health Questionnaire: Depression Symptoms, *GHQ* General Health Questionnaire, *S* somatic symptoms, *AX* anxiety and insomnia, *SD* social dysfunction, *DS* severe depression

*p =<0.05; **p =<0.001

[a]d =>0.10; d =>0.30

Table 27.5 Prevalence of flourishing and languishing in the experimental and control groups during pre-, post-, and follow-up evaluation

Evaluation	Experimental group (%)	Control group (%)
Pretest		
Flourishing	49	51
Languishing	21	9
Posttest		
Flourishing	49	43
Languishing	11	23
Follow-up		
Flourishing	68	51
Languishing	5	16

emotional intelligence; and third, negative/unenthusiastic feedback. During the second evaluation phase the following themes emerged: first, improvement regarding the facets of well-being; and second, the powerful effect of the strength-focused approach. Regarding the marked development experienced *vis a vis* the well-being facets, the following subthemes were revealed: improved self-worth and self-competence, active agency, better coping, improved relationships, a more focused existence, more reported happiness, and the experience of positive engagement. The following *growth components* emerged as a second broad theme; namely, a different and positive perspective, the upward spiral of positive functioning empowered by skills, flourishing—the process and the role of emotions and constructive coping, and negative feedback. Subthemes regarding the enhancement of well-being facets that emerged are expressed as the well-being facets described below.

First Broad Theme: Enhancement of Well-Being Facets

Coping. It was stressed that the well-being strategy empowered participants to deal more effectively with difficult life challenges. This was articulated as "to make a decision and to pay attention to your problems instead of wishing them away". This facet was viewed as of crucial importance regarding flourishing youth, and the role of perspective (psychological strength) was voiced as "what must happen that I can flourish in this situation?"

Relationships. While it was identified that the well-being strategy facilitated the improvement of significant relationships, it was clear that the healing of past hurt and impaired relationships were difficult to deal with. The following was underlined as being helpful: (a) emphasizing the importance of significant relationships; (b) building of relationship, for example, by showing appreciation towards parents and managing conflict in a constructive manner; and (c) the willingness to forgive (e.g., past hurt—"broken homes"). The empowering effects of simple skills were highly valued, such as the positive effect of eye contact when giving somebody a compliment.

Meaningfulness. It was stressed that the well-being strategy offered important direction regarding the value of a "life worth living". This facilitated the necessary

focus and an improved understanding to establish long-term goals, as well as the realization of these "dreams" as daily targets. This understanding was put into words such as "…die gebrek aan doelwitte….jy gaan niks regkry nie" […the lack of goals…. you cannot achieve anything without goals]. The key role of persistence (psychological strength) was articulated as: "…om te hoop en vas te byt op 'n positiewe manier en tog realisties te wees" […to hope and to persist positively and in a realistic manner].

Committed living. The well-being strategy assisted participants to identify *joy-experiences* and those activities that fully engage participants' attention. The deliberate utilization of enthusiasm and positive emotions, for example, "Ek begin glimlag in die oggend en later in die dag word die glimlag waarder" [I begin the day with a smile on my face, and later during the day, the smile becomes genuine] was given as examples regarding their commitment to the durable process of flourishing.

Functional skills. The implementation of simple, but helpful skills empowered participants. The importance of daily activities as learning opportunities in order to practice psychological strengths were appreciated and put into words as "…soms is ek die enigste een wat met 'n vriendelike glimlag in die gange stap" […sometimes I am the only one walking with a smile on my face in the school's corridors]. This led to improved behaviour in the school environment and to being applauded for better performance. Participants stated that in the midst of negative circumstances, they could use these skills, and this was articulated as "Ek het onthou om in myself te glo en sterk te dink en toe wen ek die kampioen!" [I remembered to believe in myself and to think in a positive way, and that's how I beat the champion].

Second Broad Theme: A Different and Positive Perspective

The deliberate promotion of psychosocial well-being was experienced as a new approach, as presented by the well-being strategy with a different way of thinking, feeling, and doing. The intervention offered a valuable compass-function towards a life worth living and was articulated as "Dit het my hele siening verander… I went through a difficult time … my parents were getting divorced …Ek het positief gedink …enabling me to achieve my goals" [It changed my outlook completely… I started to think positively…enabling me to achieve my goals]. This holistic understanding and comprehensive approach of well-being also led to the appreciation of the spiritual component of being, and was verbalised as "Dit het my begin help om dieper oor dinge te dink … ek het begin om meer aandag op die kleiner dinge in my lewe te vestig, sodat die 'bigger picture' later dan ook verbeter" [It started to help me to think more deeply about things … I started to give more attention to the little things in my life so that gradually the bigger picture improved].

The upward spiral of positive functioning. Apart from the application of personal strengths, the participants experienced improvements in all areas of functioning, for example, better physical health and improved academic performance,

which was experienced as "Dit was 'n omkeerpunt vir my… daar is 'n alternatief vir selfmoord, en my wiskundepunte het verbeter van 'n C tot 'n A –simbool" [This was a turning-point for me … there is an alternative to suicide, and my marks for maths improved from a C to an A symbol]. This positive process of positive functioning was articulated as "Dit het stadigaan gebeur, maar daar is definitief 'n verskil… by enjoying each day by paying attention to the good stuff" [It happened slowly, but there is definitely a difference … by enjoying each day by paying attention to the good stuff].

Flourishing: The process. It was acknowledged that flourishing could not be viewed as an automatic process, or simply, a once-off identification of psychological strengths or the mere exposure to information regarding positive human health. The role of committed effort was highlighted by the participants since the mastering of certain skills and techniques was required for the plan-of-action to become like a second nature or habitual action. Flourishing was understood as an enduring process and put into words such as "… it is like watering a plant and the flowers will appear".

Empowered by skills. Participants seem to have experienced empowerment in mastering simple but effective skills and techniques, such as practising kindness and compassion by helping others. The application of these doable skills was enjoyed as daily activities: "Ek maak seker dat ek positief dink as ek opstaan in die oggende" [I ensure that I think in a positive way when I get up in the mornings].

The role of emotions and constructive coping. These techniques were regarded as helpful and contributing to overall positive functioning. The implementation of positive emotions aided youngsters to feel happier, and the application of these happy thoughts were articulated as "… jy omvou jou hele lewe met hierdie goeie gevoelens … en jy dink aan al die voorregte wat jy geniet … en jou doelwitte" [You cover your whole life with these good feelings … and you think about all the privileges … and your goals]. It appeared that the use of positive emotions influenced effective coping, and improved functioning.

It was also found that the well-being programme made it possible for the participants to be more honest regarding the experience of their emotions, especially negative emotions, and this was expressed as "You are allowed to cry…" It was stated that the inclusion of the negative with the positive enabled the teenagers to cope better with the negative (e.g., anxiety or sadness); that is, it is not about replacing the negative emotional experience, but the inclusion of positive emotions that leads to increased strength to deal with the sadness.

Negative feedback. It appeared that a few participants, 3 out of 56, did not find the well-being strategy appropriate regarding the enhancement of well-being. These participants showed very little engagement with the information and it seems that they relied mainly on external support. The role of self-induced barriers and anticipated negative outcomes seemed to indicate the absence of well-being, such as languishing and a seeming powerlessness to implement the well-being strategy. This helplessness was put into words as "… dalk moet daar met die graad 8 groep gewerk word."; "Julle is 11 jaar te laat vir my" [Maybe you should engage with the grade 8 group. You are 11 years too late for me].

Discussion

The aim of this study was to evaluate the effect of a well-being intervention to enhance psychosocial functioning and flourishing. The intention of the well-being strategy was to increase the probability of psychosocial wellness and to decrease the experience of languishing in a group of South African adolescents, through skill development and sustainable behavioural change. Quantitative and qualitative findings indicated that the intervention had a positive effect.

It was quantitatively established that the well-being intervention had a positive effect on specific facets of psychosocial well-being of individuals in the experimental group, and that the percentage of flourishing participants increased in the case of the experimental group, with a simultaneous drop in the prevalence of languishing participants in this group. The specific measures of psychosocial health indicated that the experimental and control groups were comparable in functioning during pretesting. Although relatively few differences were established in the course of the successive assessments between the experimental group and the control group, within group differences over time suggested a positive effect of the intervention in the case of the experimental group. It must be noted that the potency of the intervention might be dependent on the length (10 sessions over 6 months) of the presented programme, and that the experienced increase of well-being is accomplished primarily after some time. Seligman, Steen, Park, and Peterson (2005) suggested that the benefits of strategies aimed at the enhancement of well-being may not begin immediately, but rather might have a delayed (but long-term) effect. The increase in psychosocial wellness in the case of the experimental group, in contrast to the control group, indicated that it was in all probability not mere maturation that led to higher levels of well-being. The increase in well-being is noteworthy, especially as Keyes (2009) indicated that flourishing may decline over time. Keyes suggests that flourishing may decline, whereas moderate mental health increases during adolescence, and that there is a loss of approximately 10 % of flourishing between ages 12–14 (middle school) and ages 15–18 (high school). While nearly 5 in 10 of those ages 12–14 are flourishing, it was found that 4 in 10 of those ages 15–18 are flourishing, and only 2 in 10 adults are flourishing. The findings of the present study are in line with previous research that have indicated that interventions targeting person-centred factors, such as personal resources and psychological strengths, might increase well-being (Neenan, 2009; Seligman et al., 2005; Suldo, Huebner, Friedrich, & Gilman, 2009).

The increase in levels of social, emotional, and psychological well-being as components of mental health, as conceptualized in Keyes' model, was specifically shown by the within-group results of the experimental group over the course of successive evaluations. Findings revealed that the largest increase in well-being was with regard to the level of social well-being in adolescents, as measured by Keyes' scale, followed closely by emotional well-being and improved levels of psychological well-being. This finding is important especially when taking into account Keyes' statement (2009) that it is not sufficient that youth experience emotional well-being

(regularly feel happy) and psychological well-being (becoming better persons when confronted by challenges), but they also manifest lower social well-being (they seldom feel that they have something important to contribute to society, and had difficulty in accepting that people may not like them). From a developmental perspective, the development of greater social competence during this life phase is very important. The development of greater social competence is also very important in the current South African context, with its great diversity of peoples. Increased social well-being within this specific South African context may also be understood in view of cultural orientation, where the group is often central, and the self is interdependently defined as the collectivist self, as expressed in the construct of "Ubuntu" from the Zulu saying "Umuntu ngumuntu ngabatu" [A person is a person through other persons]. Positive relations and societal well-being are, however, also part of personal fulfilment and emotional and physical wellness (Diener & Diener, 2008). The change in social well-being as an effect of the programme is probably mainly an intrapersonal change, as measured with the Mental Health Continuum scale, since no significant differences were found on the Fortitude Questionnaire with regard to friends and family, or in seeking support from friends and family as coping strategies. The changes thus did not come about because of more support perceived from family and friends, but were part of a new experience of the relevant individuals' own strengths in the social context.

Apart from the well-being programme's contribution towards the enhancement of psychosocial wellness in adolescents, it was found in a comparison of the experimental and control group that the experimental group experienced fewer somatic symptoms, less anxiety, and less depression than the control group during follow-up evaluation. These findings are in line with growing evidence that shows the buttressing effect of certain psychological strengths against negative outcomes, and the beneficial role towards wellness. This is in accordance with previous research that indicated that the building of strengths not only reduces the possibility of negative outcomes, such as suicidal ideation, depression, and substance abuse, but also offers important pointers for thriving; for example, school success and managing responsibilities (Park & Peterson, 2009).

Qualitative findings revealed that participants experienced the well-being strategy as a new and different viewpoint; namely, the activation of psychological resources and the building of a *strong life*. The participants in the experimental group reported the discovery of an innovative language and a new cognitive script or approach to life, in contrast to the familiar focus on risks, eradication of "wrong-doing", and the unlearning or "fixing" of bad habits. It seems that as opposed to the strength-focused approach, South African youths were confronted in the past, to a large extent, by paradigms aimed largely at supporting youngsters to cope with existing crises by focusing on *what is wrong* (cf. Seligman, 2002: "extinguishing fires"); for example, broken homes and the prevention of dysfunctional behaviours, such as sexual risk behaviours and HIV/AIDS. Research confirms this typical focus on *what goes wrong* in humans, including psychological, physical, and educational disabilities (Huebner et al., 2009). Therefore, it is important to extend efforts to build strengths and flourishing in youth as part of school curricula and general health promotion programmes.

Apart from this new and "positive" viewpoint of mental health that seemed to make a difference, the aspects of active agency, purposeful living, constructive coping (problem solving and suppression of negative thoughts and feelings), and the importance of self-worth were highlighted. The qualitative findings indicated that participants were able to translate positive functioning into ordinary daily activities (cf. "ordinary magic", Masten, 2001) as the implementation and cultivation of psychological strengths, such as the practice of kindness towards family and friends by supporting and helping others with daily chores or writing thank you notes, sending words of encouragement via cellphones (SMS), and the regular expression of appreciation. Participants experienced enhanced performance in several areas of functioning where they applied personal strengths; for example, they mentioned improved self-regulation, proactive behaviour, improved persistence, and the attainment of goals.

Exposure to the well-being intervention provided new skills to participants in their experience. Healthy adolescents do not necessarily live problem-free lives, but the programme equipped them with a more honest understanding and effective expression of their emotions. Buckley and Saarni (2009) indicated that the effective management of emotions—distressing emotions in particular—requires the coordination of numerous skills of emotional competence. Participants valued the learning of the language of emotion and knowing how to regulate emotional arousal when dealing with conflict. Coping skills and the honest management of (negative) emotions were acknowledged as opposed to previous ineffective coping mechanisms, such as blaming and denial when dealing with anger. The programme made adolescents aware of the importance of acquiring an adequately developed lexicon of emotions in order to cope effectively with the emotional demands of several contexts, amongst others, the school as learning environment.

From the qualitative findings, it emerged that emotional competence is particularly important for constructive coping and psychological well-being. While most participants benefited from the awareness of habituated behaviour when experiencing negative life events and emotions, such as anger, many expressed their initial lack of ability to handle self-blame, catastrophe, depression, and worry. The development of constructive coping strategies are very important for South African youth, as many of them have to cope with problems such as domestic violence, impaired relationships, substance abuse, and constant threats from high levels of crime, sexual abuse, and severe poverty.

The intervention quantitatively showed a stronger impact during follow-up evaluation than directly after completion of the programme. This may be explained by the post-evaluation of the programme taking place directly after the intervention, which coincided with the beginning of the end of the year exams—a rather stressful time for learners—and that the follow-up evaluation was after the Christmas holidays, which represented a more relaxing time. However, differences in the functioning of participants in the experimental and control groups are shown. An alternative or additional interpretation for the stronger functioning of participants in the experimental group at the follow-up than at posttesting may be that skills are learned and new habits are formed over time. The development of strengths and skills to enhance well-being is a process that unfolds with practice over time. Qualitatively it was also evident that flourishing cannot be viewed as an instantaneous event or simply as

happening after a unique identification of psychological strengths. Growth towards and maintenance of flourishing is a continuous process. This process involves behaviour training and competency (skills). Although the development of strengths and cognitive content are imperative to facilitate behaviour modification, as was done with the well-being strategy, the skilled application of techniques and of habit formation over time are important. Changing behaviour means more than merely changing minds (Neal, Wood, & Quinn, 2006). Participants from the experimental group continued practicing, which led to the experience of positive outcomes. This upward spiral of positive functioning over time was also reported in qualitative data. This finding is in line with the suggestion by Seligman et al. (2005) that the benefits of strategies aimed at the enhancement of well-being may not begin immediately, but may rather have a delayed (but long-term) effect. This is in agreement with Catalano, Berglund, Ryan, Lonczak, and Hawkins, 2002, stating that longer-term follow-ups enable researchers to better document the effects of interventions.

Qualitative results support and elaborate on the quantitative findings by illuminating the multifaceted structure of flourishing within the dimensions of psychological, emotional, and social well-being in this group of learners. It is evident that results from both the quantitative and qualitative studies indicate that the well-being intervention contributed in several respects to the building of psychosocial wellness, probably via the activation of selected psychological strengths in the experimental group. Strength-congruent activities also provided a forceful method to deal with lower levels of well-being and symptoms of ill-being. As the current programme, which focused on strengths, could lower the levels of symptoms of mental illness (anxiety and depression), this may have implications for clinical practice and provide support for positive therapies, such as those of Fava and Ruini (2003), Linley and Joseph (2004), and Niemiec (2012).

In conclusion, the implemented programme and strategies had a positive effect on the psychosocial functioning of the group of participants. The intervention can be conceived as a process of tilling, planting, and nurturing of adolescents that may result in an enhancement of functioning towards flourishing. Participants understood this process of growing (Bracken, 2009), as facilitated by the well-being strategy an enduring process, which was verbalized as "… it is like watering a plant and the flowers will appear". The findings also suggest that the enhancement of adolescents' psychosocial well-being is not a luxury, but rather a necessity, since the absence of mental illness does not automatically imply positive human health, and levels of psychosocial functioning may actually decrease over time. This is in line with Keyes' viewpoint that a different approach is needed to enhance levels of well-being in order to counteract pathological symptoms and increase well-being resources.

Limitations

The main limitation of this study was the lack of a random assignment of participants, and the small sample. A small sample size could lead to reduced statistical power. It should be recognized that in applied research settings, as applicable to

quasi-experimental designs, the sample size may present a challenge. Although the generalization of results may be an aim in survey research, emphasis is placed on internal validity and the identification of the possible cause-and-effect relationship between the well-being intervention and positive outcomes during quasi-experimental research. According to Gillham, Reivich, and Shatté (2002), attrition rates are likely to increase when researchers include longer-term follow-ups in their programme evaluations. Attrition was due to participants being absent from school because of end-of-the-academic-year exams, with the result that several participants failed to complete their assessments. Since findings of this study cannot be generalized to all adolescents, further research is necessary.

Recommendations for Future Research

This programme will benefit from further development and rigorous evaluation in the future, given the potential that it showed in this sample. Future research could examine the factors that make individuals more receptive to the benefit of interventions, especially regarding the promotion of positive human health—in contrast to existing paradigms of damage-control, where it is satisfactory to seek therapy, coupled with the supposed acceptance of being symptom-free. It is also necessary to establish the effectiveness of well-being programmes by determining the dynamics of factors, such as teenagers' temperament, culture, cognitive development, gender, and the processes involved; that is, mediating factors such as the exposure to positive role models (parents, educators) within various contexts. Furthermore, the development of measurement tools is needed to assess adolescents' well-being—particularly within the school environment—by focusing on the identification of specific psychological strengths in order to encourage budding teenagers to flourish. In addition, further research is needed with other groups of participants, and with participants in other age brackets and developmental phases.

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References

Baltes, P. B., & Freund, A. M. (2003). Human strengths as the orchestration of wisdom and selective optimization with compensation. In L. G. Aspinwall & U. M. Staudinger (Eds.), *A psychology of human strengths: Fundamental questions and future directions for a positive psychology* (pp. 23–47). Washington, DC: American Psychological Association.

Blanchard, K., Meyer, P. J., & Ruhe, D. (2007). *Know can do: Put your know-how into action*. San Francisco: Berrett-Koehler Publishers.

Bracken, B. A. (2009). Positive self-concepts. In R. Gilman, E. S. Huebner, & M. J. Furlong (Eds.), *Handbook of positive psychology in school* (pp. 89–106). New York: Routledge.

Buckley, M., & Saarni, C. (2009). Emotion regulation: Implications for positive youth development. In R. Gilman, E. S. Huebner, & M. J. Furlong (Eds.), *Handbook of positive psychology in schools* (pp. 107–108). New York: Routledge.

Catalano, R. F., Berglund, M. L., Ryan, J. A. M., Lonczak, H. S., & Hawkins, J. D. (2002). Positive youth development in the United States: Research findings on evaluations of positive youth programs. *Prevention and Treatment, 5*(15), 1–113.

Chen, G., Gully, S. M., & Eden, D. (2001). Validation of a new general self-efficacy scale. *Organizational Research Methods, 4*(1), 62–83.

Chesney, M. A., Neilands, T. B., Chambers, D. B., Taylor, J. M., & Folkman, S. (2006). A validity and reliability study of the coping self-efficacy scale. *British Journal of Health Psychology, 11*, 421–437.

Cohn, M. A., & Fredrickson, B. L. (2010). In search of durable positive psychology interventions: Predictors and consequences of long-term positive behavior change. *The Journal of Positive Psychology, 5*(5), 355–366.

Creswell, J. W. (2005). *Qualitative inquiry and research design: Choosing among five traditions*. London: Sage.

Deci, E. L., & Ryan, R. M. (2002). The'what' and 'why' of goal pursuits: Human needs and the self-determination of behaviour. *Psychological Inquiry, 11*(4), 227–268.

Diener, E., & Diener, R. B. (2008). *Happiness: Unlocking the mysteries of psychological wealth*. Oxford: Blackwell Publishing.

Fava, G. A. (1999). Well-being therapy: Conceptual and technical issues. *Psycho-therapy and Psychosomatics Bulletin, 125*, 276–302.

Fava, G. A., & Ruini, C. (2003). Development and characteristics of a well-being enhancing psychotherapeutic strategy: Well-being therapy. *Journal of Behavior Therapy and Experimental Psychiatry, 34*, 45–63.

Field, A. (2005). *Discovering statistics using SPSS* (2nd ed.). London: Sage.

Fredrickson, B. L. (2005). Positive emotions. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 120–134). New York: Oxford University Press.

Fredrickson, B. L., & Branigan, C. (2005). Positive emotions broaden the scope of attention toward emotional well-being. *Psychological Science, 13*, 172–175.

Fredrickson, B. L., & Losada, M. F. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist, 60*(7), 678–686.

Fredrickson, B. L., Mancuso, R. A., Branigan, C., & Tugade, M. M. (2000). The undoing effect of positive emotions. *Motivation and Emotion, 24*, 237–258.

Freeman, M. (2004). HIV/AIDS in developing countries: Heading towards a mental health and consequent social disaster? *South African Journal of Psychology, 34*(1), 139–159.

Gillham, J. E., Hamilton, J., Freres, D. R., Patton, K., & Gallop, R. (2006). Preventing depression among early adolescents in the primary care setting: A randomized controlled study of the Penn Resiliency Program. *Journal of Abnormal Child Psychology, 34*, 203–219.

Gillham, J. E., Reivich, K. J., Freres, D. R., Chaplin, T. M., Shatté, A. J., Samuels, B., et al. (2007). School-based prevention of depressive symptoms: A randomized controlled study of the effectiveness and specificity of the Penn Resiliency Program. *Journal of Counseling and Clinical Psychology, 75*(1), 9–19.

Gillham, J. E., Reivich, K., & Shatté, A. (2002). Positive youth development, prevention, and positive psychology: Commentary on positive youth development in the United States. *Prevention & Treatment, 5*(18), 1–10.

Goldberg, D. P., Gater, R., Sartorius, N., Usten, T. B., Piccinelli, M., Gureje, O., et al. (1997). The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological Medicine, 27*, 191–197.

Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine, 9*, 139–145.

Haidt, J. (2006). Elevation and the positive psychology of morality. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 275–289). Washington, DC: American Psychological Association Press.

Huebner, E. S., Gilman, R., & Furlong, M. J. (2009). A conceptual model for research in positive psychology in children and youth. In R. Gilman, E. S. Huebner, & M. J. Furlong (Eds.), *Handbook of positive psychology in schools* (pp. 3–8). New York: Routledge.

Ivankova, N. V., Creswell, J. W., & Stick, S. L. (2006). Using mixed-methods sequential explanatory design: From theory to practice. *Fields Methods, 18*(1), 3–20.

Kerlinger, F. N., & Lee, H. B. (2000). *Foundations of behavioural research* (4th ed., pp. 652–657). Orlando, FL: Harcourt College Publishers.

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behaviour, 43*, 207–222.

Keyes, C. L. M. (2003). Complete mental health: An agenda for the 21st century. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 293–312). Washington, DC: American Psychological Association Press.

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*, 539–548.

Keyes, C. L. M. (2006). Mental health in adolescence: Is America's youth flourishing? *The American Journal of Orthopsychiatry, 76*, 395–402.

Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing. *American Psychologist, 62*(2), 95–108.

Keyes, C. L. M. (2009). The nature and importance of positive mental health in America's adolescents. In R. Gilman, E. S. Huebner, & M. J. Furlong (Eds.), *Handbook of positive psychology in schools* (pp. 9–24). New York: Routledge.

Keyes, C. L. M., Dhingra, S. S., & Simoes, E. J. (2010). Change in level of positive mental health as a predictor of future risk of mental illness. *American Journal of Public Health*,| Published online October 21, 2010: e1–e6. doi:10.2105/AJPH.2010.192245.

Keyes, C. L. M., Wissing, M. P., Potgieter, J., Temane, Q. M., Kruger, A., & Van Rooy, S. (2008). Evaluation of the Mental Health Continuum Short Form (MHC–SF) in Setswana speaking South Africans. *Clinical Psychology and Psychotherapy: An International Journal of Theory and Practice, 15*, 181–192.

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*, 606–613.

Leontiev, D. (2006). Positive personality development: Approaching personal autonomy. In M. Csikszentmihalyi & I. S. Csikszentmihalyi (Eds.), *A life worth living: Contributions to positive psychology* (pp. 49–61). New York: Oxford University Press, Inc.

Linley, P. A., & Joseph, S. (2004). Toward a theoretical foundation for positive psychology in practice. In A. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 713–731). Hoboken, NJ: Wiley.

Linley, P. A., Joseph, S., & Goodfellow, B. (2008). Positive changes in outlook following trauma and their relationships to subsequent posttraumatic stress, depression and anxiety. *Journal of Social and Clinical Psychology, 27*, 877–891.

Linley, P. A., Joseph, S., Harrington, S., & Wood, A. M. (2006). Positive psychology: Past, present, and (possible) future. *The Journal of Positive Psychology, 1*(1), 3–16.

Lyubomirsky, S. (2007). *The how of happiness: A scientific approach to getting the life you want*. New York: Penguin Press.

Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of positive affect: Does happiness lead to success? *Psychological Bulletin, 131*, 803–855.

Masten, A. S. (2001). Ordinarymagic: Resilience processes in development. *American Psychologist, 56*(3), 227–238.

Neal, D. T., Wood, W., & Quinn, J. M. (2006). Habits: A repeat performance. *Association for Psychological Science, 15*(4), 198–202.

Neenan, M. (2009). *Developing resilience: A cognitive-behavioural approach*. London: Routledge.

Niemiec, R. (2012). Mindful living: Character strengths interventions as pathways for the five mindfulness trainings. *International Journal of Wellbeing, 2*(1), 22–33. doi:10.5502/ijw.v2i1.2.

Park, N., & Peterson, C. (2009). Strengths of character in schools. In R. Gilman, E. S. Huebner, & M. J. Furlong (Eds.), *Handbook of positive psychology in schools* (pp. 65–76). New York: Routledge.

Patel, V., Flisher, A. J., Nikapota, A., & Malhotra, S. (2008). Promoting child and adolescent mental health in low and middle income countries. *Journal of Child Psychology and Psychiatry, 49*(3), 313–334.

Pearce, J. A., II, & Robinson, R. B. (1994). *Formulation, implementation, and control of competitive strategy* (5th ed., pp. 216–328). Boston: Irwin.

Peterson, C. (2006). The values in action (VIA) classification of strengths. In M. Csikszentmihalyi & I. S. Csikszentmihalyi (Eds.), *A life worth living: Contributions to positive psychology* (pp. 29–48). New York: Oxford University Press.

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. New York: American Psychological Association.

Pretorius, T. B. (1998). *Fortitude as stress-resistance: Development and validation of the Fortitude Questionnaire (FORQ)*. Bellville, South Africa: University of the Western Cape.

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069–1081.

Schwarzer, R., Diehl, M., & Schmitz, G. S. (1999). *Self-Regulation Scale.* Retrieved October 28, 2006, from http://www.fu-berlin.de/gesund/skalen

Seligman, M. E. P. (2002). *Authentic happiness*. London: Nicholas Brealey Publishing.

Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*(5), 410–421.

Smith, E. J. (2006). The strength-based counselling model. *The Counselling Psychologist, 34*(1), 13–79.

Suldo, S. M., Huebner, E. S., Friedrich, A. A., & Gilman, R. (2009). Life satisfaction. In R. Gilman, E. S. Huebner, & M. J. Furlong (Eds.), *Handbook of positive psychology in schools* (pp. 27–36). New York: Routledge.

Van Schalkwyk, I., & Wissing, M. P. (2010). A mixed method study of psychological well-being in a group of South African adolescents. *Journal of Psychology in Africa, 20*(1), 53–60.

Wegner, L., Flisher, A. J., Caldwell, L. L., Vergnani, T., & Smith, E. A. (2008). Healthwise South Africa: Cultural adaptation of a school-based risk prevention programme. *Health Education Research, 23*(6), 1085–1096.

Westerhof, G. J., & Keyes, C. L. M. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Deviation, 17*(2), 110–119.

Wissing, M. P., & Temane, Q. M. (2008). The structure of psychological well-being in cultural context: Towards a hierachical model of psychological health. *Journal of Psychology in Africa, 18*(1), 45–56.

Yates, T. M., & Masten, A. S. (2004). Fostering the future: Resilience theory and the practice of positive psychology. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 521–539). Hoboken, NJ: Wiley.

Chapter 28
Conclusions and Challenges for Future Research

Marié P. Wissing

In this chapter I will first note some findings from studies in this volume, and the meaning and importance of bringing such studies together in such a volume. Second, I will indicate gaps, challenges, and possibilities for further well-being research in South Africa, and specifically for research in positive psychology in general.

Contributions and Conclusions

Chapters in this volume illustrate basic as well as applied well-being research in the multicultural South African context. The various studies have been conducted in a great variety of contexts and with quantitative, qualitative, and mixed-method approaches, including newly validated or developed quantitative measures, such as the General Well-Being Scale, and innovative qualitative approaches, such as the Mmogo-method™. Chapters include reviews, empirical studies and position papers, and report on well-being research conducted in the domains of education, work, health, family and clinical contexts including participants from urban and rural, and unicultural and multicultural settings, covering a variety of topics. Studies also span the well-being of adolescents, adults, and older people.

Well-being research has rapidly developed in South Africa, as elsewhere in the world. This has contributed to a diversity in lines of research that have facilitated the growth of psychofortology/positive psychology as a subdiscipline within psychology, but also to the current state of seemingly fragmented knowledge in this area. This volume contributes to the integration of findings within the South African context by bringing together examples of well-being research from some larger research

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programmes. As such, this volume may facilitate overview studies by academics and postgraduate students in the field, provide pointers to further basic research and evaluation of applications, and also contribute to the development of positive psychology in general, and a deeper understanding of well-being in diverse and multicultural contexts.

Contributions highlight and illustrate, among others, new constructs developed by South African researchers (e.g., fortigenesis, fortology, psychofortology) and how they relate to other constructs and conceptualizations of well-being (Strumpfer, Chap. 2); the confluence and natural affinity between positive psychology and educational studies that focus on constructive, positive aspects of education, but also the possibility of a larger strength-based approach (Eloff, Chap. 3); and the contribution of postmodern career construction counselling for life design as a strategy to manage the diversity divide in South Africa (Maree, Chap. 4). The latter approach can help people master repeated transitions in life, enabling them to make meaning in their lives and create holding environments in which they can find careers while also making social contributions.

Several chapters have contributed to a deeper understanding of resilience in the educational and family contexts, and the health sector, drawing on individual and system-embedded resources. An analysis of case studies of groups of Black female teachers provides a deep understanding of the multifaceted nature of teacher resilience in the face of HIV/AIDS, challenges the conventional understandings of teacher resilience as simply a personal task, and invites critical examination of current discourses of teacher vulnerability and resilience (Theron, Chap. 5). Ebersohn (Chap. 6) developed an African-unique relationship-resourced resilience (RRR) model based on longitudinal intervention case study research. This model depicts collective resilience as found in educational settings that are faced with chronic and cumulative adversity and limited resources. From a collectivistic cosmology, and using the metaphor of a honeycomb, she proposes that it is connected groupings of people who appraise risk as stressors to communal well-being, and that relationship links are the resource hubs that enable people to survive or overcome adversity. Research on resilience in health care providers in the health sector in South Africa showed in qualitative (Van den Berg et al., Chap. 8) as well as mixed-method (Koen et al., Chap. 19) studies that nurses and doctors manifest relatively high levels of resilience despite the very challenging circumstances of their work. The identified manifestations, resources, processes, and mechanisms are valuable for informing strategies for promotion of well-being in service providers, which is essential to sustaining high-quality health service delivery. Greeff (Chap. 13) provided an overview of research conducted on family resilience in various cultural groups in South Africa, and showed that qualities, such as family hardiness and community integration, are used by most to adapt to a crisis, whereas other qualities, such as seeking social support and family chores, are used when required by a specific kind of crisis or a specific type of family.

Linked to the idea of resilience, several chapters in this volume covered the topic of coping as manifested in a variety of contexts. In a quantitative exploration of coping styles, self-reported stress levels, and psychological well-being of a cohort of

urbanized African teachers, Willers et al. (Chap. 12) showed that these teachers experienced their work environment as highly stressful, but structural equation modelling analyses indicated that it is not the amount of stress experienced that mostly influences their mental health, but rather the way in which they cope with stressors. In qualitative studies using the Mmogo-method™ (an African inspired visual projective technique) among others, Roos (Chaps. 16 and 18) showed the importance of spirituality and relational coping in older African people's coping with adversities. The role of the community in coping with adversity and vulnerability in low-resourced African contexts is also argued in Ferreira's (Chap. 17) model of asset-based coping. With reference to findings from a larger research programme in a school-based intervention study with an initial qualitative approach followed by an interpretevist phase, she conceptualized asset-based coping as the ability of individuals or communities to deal with life challenges by identifying and mobilizing existing assets, such as local resources, networks, skills, and knowledge within the community, as well as external resources available to the community.

Associated with coping and resilience research, some chapters focused in depth on self-regulation as a core strength, and showed its association with social support and culture (Botha, Chap. 23) as well as commitment in an academic and interpersonal context (Human-Vogel, Chap. 24). Botha pointed out the scarcity of research on self-regulation as a well-being promotive and preventative strength, in contrast to the many studies on self-regulation in adversity and challenges. Human-Vogel indicated the disparity in lines of research on self-regulation as a fundamental process for agency that reflects the capacity to consciously control behaviour in all kinds of settings, and evaluated the role of commitment in bringing coherence and consistency to the understanding of self-regulation processes in academic and family contexts.

Several chapters reported on the validation and/or adaptation of measures of well-being in a variety of contexts; for example, Rothmann (Chap. 9) explored the structural equivalence, item bias, and reliability of the Orientations to Happiness Questionnaire (OHQ) and Satisfaction with Life Scale (SWLS) in convenience samples of employees from South Africa and Namibia, and found them wanting in some regards in both samples. Khumalo et al. (Chap. 10) investigated the validity of the General Psychological Well-being Scale (GPWS) in a Setswana-speaking adult sample ($N = 1{,}275$), using CTT, SEM, and item-response theory (IRT) approaches. The findings showed that the GPWS is a reliable measure, with a multifaceted hierarchically organized factor structure, but it is differentially influenced by socioenvironmental factors. Maree and Maree (Chap. 21) clarified the relationship between hope and goals, and revised the Goal Achievement Questionnaire (GAQ) by means of Rasch modelling, for which they then showed its relationship with academic performance in a large group of multicultural students ($N = 6{,}860$).

A great deal of research on well-being in work and organizational contexts are being done in South Africa in several larger research programmes. Chapter 7 is an example of such studies conducted in the Optentia research programme. Rothmann (Chap. 7) explored dimensions, antecedents, and outcomes of employee well-being and flourishing in the southern African work and organizational context, and found

that flourishing in work contexts, and in everyday life, shared a great deal of variance, but also have differential predictors. His findings showed that flourishing employees feel good (they are satisfied and experience positive emotions at work), but they also function well on a psychological level (they are dedicated, self-determined, find meaning and purpose at work, experience harmony, and are energetic), and social level (in terms of social acceptance, social growth, social contribution, social coherence, and social integration).

Some of the research reported in this volume focused on complementary means of assessment and analyses and/or the role of personal and sociodemographic variables in understanding the manifestations of well-being. The latter is informative for public health policy. Van der Westhuizen (Coetzee) et al. (Chap. 22) evaluated the applicability of the constructs and measures of sense of coherence and hope orientation in a group of postgraduate students ($N = 730$), and compared gender and race groups on these measures. They found no differences between gender groups on these scales, but found statistically significant differences between the race groups on both measures, in both classical and Rasch analyses. They indicated the value of using both CTT and Rasch theory and analyses with their complementary strengths in assessment research in the South African context. Thekiso et al. (Chap. 14) holistically explored the psychological well-being, physical health, and quality of life of a group of farm workers as well as the relations among these facets, in a mixed-methods sequential explanatory design. Apart from glimpses of resilience, participants showed relatively poor physical and psychological health, as well as contextual restraints, providing a holistic view from which pointers for future policy and interventions could be deducted. Chap. 20 (Wissing et al.) presents some baseline data on psychosocial well-being in urban and rural areas, as manifested in four studies from 1998 to 2010 in Setswana-speaking groups in South Africa. This research showed the importance of implementing a variety of measures of well-being for a comprehensive understanding of well-being during urbanization because it was found that urban and rural participants showed different patterns of well-being and strengths (e.g., urban groups scored higher on most measures, but rural groups scored higher on spirituality as a facet of well-being). On a theoretical level, findings supported the distinction between pathology and well-being as separate, but correlated dimensions of psychosocial health. The findings are informative for public health policy and the development of specifically targeted interventions.

The topic of hope touched upon by Maree and Maree (Chap. 21) and by Van der Westhuizen (Coetzee) et al. (Chap. 22) is a salient focus in South Africa at the moment, as can be noted in many other South African studies.

In an overview and evaluation of selected findings from the FORT research programme (forté = strength), through the lens of the constructs feeling good, functioning well, and being true, Wissing and Temane (Chap. 11) contended that feeling good and functioning well as constructs were both applicable in the South African context. These phenomena overlap on an empirical level, to some extent, but also operate differently in terms of associations, dynamics, contexts, and patterns of well-being in individualistic and collectivistic cultural contexts. In the case of flourishing, people feeling good and functioning well are well-integrated across life

domains, but this is not the case for languishing persons. The authors pointed out that *being true*, as manifested in character strengths, are differently patterned in an African context than is reported in Western literature. They also pointed to the scarcity of reflection on meta-theoretical assumptions and philosophical ethical perspectives on the relationship between values and behavior in the FORT research programme thus far, as is also the case in positive psychology literature elsewhere.

Some chapters report findings on the evaluation of intervention programmes. Guse and Fourie (Chap. 25) provided a theoretical framework for the alignment of hypnotherapy, practiced from Ericksonian and ego state perspective, with a positive psychology perspective, and showed in a mixed-method multiple case study design how hypnotherapy can be applied to enhance psychosocial well-being and to reduce symptoms in survivors of childhood sexual abuse. Kirsten and Du Plessis (Chap. 26) explored the nature of subclinical eating disorders and their correlates, and provided a rationale for a risk-protective focus grounded in positive psychology theory. They found that interventions grounded in positive psychology significantly reduce risk factors and promote protective factors. Whereas the previous chapters referred to studies in a clinical context, Van Schalkwyk and Wissing (Chap. 27) evaluated an intervention programme to enhance flourishing in a multicultural group of adolescents in a school context, with the implementation of a mixed-method approach. The experimental group received an intervention that focused on the development of skills such as self-regulation, persistence, gratitude, perspective, enthusiasm, and kindness, whereas the control group received a generic youth programme. Findings indicated that the intervention contributed to increased levels of psychosocial well-being and decreased symptoms of ill-health in the experimental group, in comparison to the control group, even in a later follow-up evaluation. The intervention was seen as a process of tilling, planting, and nurturing of adolescents that resulted in an enhancement of functioning towards flourishing.

Challenges for Future Research

All the chapters in this volume outline specific avenues for further research in that particular line of inquiry. In this section, I will point to some challenges and opportunities for further research in positive psychology as applicable in South Africa, but also in positive psychology in general.

The framework for research in positive psychology in South Africa that was suggested more than a decade ago (Wissing, 2000) is still relevant, but many new and more specific avenues for further research can now be indicated by building on developments in the field. Broad pointers in the 2000 framework, also adopted in the broad aims of the FORT research programme, were that well-being research needs to focus on the nature, dimensions, and dynamics of wellness on individual, group, community, and population levels, and to focus on understanding manifestations in various phases of the life cycle (childhood, adolescence, adulthood, old age) in various contexts (in education and business, in love and work, and in a variety of

cultural, economic and physical surroundings), while taking into account internal and external risk and protective factors, demographics, and other moderating or mediating variables, whereafter socially responsible and ethically respectable programmes and interventions, based on scientifically-validated knowledge, can be developed, and their effectiveness and efficiency evaluated. Against the backdrop of past and current developments in positive psychology, I note the following challenges for reflection and research in positive psychology, on which I will comment from the more general and abstract issues to more specific lines of research and topics.

Disciplinary perspective. The view taken of positive psychology as a field of science will influence the future direction of research. Positive psychology was initially deemed a *movement*, for example, by Seligman and Csikszentmihalyi (2000). Thereafter, and even in more recent times (e.g., Huppert, 2009), some refer to it as *a new paradigm*—which I do not think is the case, at least not from a Kuhnian perspective because theories and models in positive psychology do not invalidate existing theories or methods in psychology, but only creatively add to new understandings. At present, there is consensus that positive psychology is a vibrant and explosively developing *new (sub-)field of science* (Fredrickson, in Jarden, 2012a; Hart & Sasso, 2011; King, 2011; Wong, 2011), within or parallel to psychology, but several future scenarios are possible: Positive psychology may be completely *integrated and dissolved within psychology* as a mother discipline, as opined by Lyubomirsky, "[Positive psychology] does not need to be a special field anymore, as so may psychologists are now studying the positive side of life" (Lyubomirsky in Jarden, 2012b, p. 79) in which case research will not focus specifically on positive psychology issues. Others, such as Boniwell (Jarden, 2012c) opined that positive psychology should, in all instances, be integrated back into psychology as usual, but remain a distinct sub-field, and not outside of psychology as in the United States and the United Kingdom. Another possibility is that positive psychology will develop into a new movement or *field of science in the humanities, with a broad view on flourishing*, as promoted by Seligman, Diener, and Peterson (2011) and Pawelski (2011, 2012). In this case, research will have a broader focus than traditional psychological and behavioural aspects—positive psychology will then not be a subfield of psychology anymore. As positive psychology already has a strong identity and impact, my guess is that it will *continue to be a subdiscipline*, with increasing depth in basic and applied research, but in close collaboration with other subdisciplines within psychology and also with other disciplines in transdisciplinary social and health studies and applications. Of course, more than one of the above possibilities may realize simultaneously (a subdiscipline in psychology and a broader social movement). It is a challenge to build a solid basic research knowledgebase in positive psychology, and from there develop and evaluate scientifically informed applications while staying open and growing as a field, without making premature decisions about the direction in which the discipline should evolve.

Alignment of the different levels of the scientific text. Research in positive psychology currently shows a poor alignment of metatheoretical assumptions, theoretical postulates, and descriptions of empirical phenomena. In the past, there was

very little reflection on epistemological metatheoretical aspects, but recently in the development of positive psychology, the issue of descriptive vs. prescriptive positive psychology came to the fore. At present, the issue of values, ethics, and metatheoretical assumptions are flagged, for example, by Haybron (2007a, b), and Fowers (2012), who challenged researchers in positive psychology to explicate their metatheoretical/epistemological assumptions; by Sheldon (2011), who warned against positive psychology as an ideological stance, where the subject matter is seen as inherently good and philosophical, and where psychological levels become mixed up; and by Waterman (2013), who invited research on the link between philosophical and psychological accounts of the good life—especially on the explication of implicit philosophically ethical perspectives on the relationship between values and behaviour that influence our preferred theories and empirical focus. A possible way forward is argued by Richardson (2012) who explored the implications of virtue ethics for psychology. He urged psychologist to overcome individualism and instrumentalism imbedded in most of western psychology and develop a "strong relationality" in orientation that is context sensitive and more in line with a virtue ethics perspective. Slife (2012) described how such a relational ontology can be used as backdrop for practical applications. In the future, we need to explicate our epistemological assumptions more, and to make sure they resonate with what is proposed in models and theories, and what is implied for empirical investigations and applications in practice. This is, however, a challenge because philosophy proposes normative views (a template for all), whereas we know in psychology that the good life is manifested and understood differently in various contexts, and because the same constructs (e.g., eudaimonia, happiness, the good life) are used, to a great extent, with different denotations in philosophy and psychology. Reflections on metatheoretical assumptions and worldviews are especially important in positive psychology when research is being conducted in different cultural contexts and when evidence from positive psychology research is used in practical applications.

The focus of positive psychology: The good, the good and the bad, or just…? Initially, the idea was that positive psychology research should specifically focus on what is right with people: positive traits, experiences, and strengths (Seligman & Csikszentmihalyi, 2000). Following this line of thinking, Simonton (2011) also recently argued, on the grounds of his histriometric analyses, that positive psychology should focus only on the *good* or *positive*, in order to have the maximum impact in the long run: However, he expects positive psychology to move towards a synthesis of the good and the bad. Currently, many prominent researchers in positive psychology contend that positive psychology research should focus on positive and negative experiences, but with a main focus on the positive (e.g., Fredrickson, in Jarden, 2012a; Linley, in Jarden, 2012d). Several authors have stressed that the good and bad are inextricably linked and should always be researched as such; for example, research on resilience includes, per definition, the positive and negative (e.g., Seery, 2011; Ungar, 2011). Ryff (2012a) strongly argued that *the negative* play an essential role in adaptive human flourishing. Probing into the deeper dialectic of

darkness and light, she argued that the positive and the negative in human experiences are part of life itself, and inextricably linked. You cannot understand well-being without ill-being: That is life. She illustrated this with reference to the conceptualizations of the components of well-being, as described in her well-being model; for example, Self-acceptance builds on one's own positive and negative attributes—in the presence of the shadow in the self, you are coming into the triumphs of the positive life; Purpose in life may help you to grow even in adversity; Personal growth illustrates the human spirit's ability to thrive against obstacles; Environmental mastery includes the proactive creation of environments in the process of seeking the best person–environment fit; Autonomy reflects the experience of a deliverance from convention and walking to the beat of your own drummer; Positive relations with others means the management of relationship ups and downs.

Recently, a third position has been taken by McNulty and Fincham (2012), who challenged the assumption that specific psychological characteristics and processes are inherently beneficial for well-being. They contend that the supposedly positive processes, such as forgiveness, kindness, optimistic expectations, and positive thoughts, can either benefit or harm well-being, depending on the interpersonal context in which they operate. They illustrate their position with reference to forgiveness, which may, in the long run, be detrimental to the well-being of women who are in abusive relationships. They thus contend that characteristics are not good per se. MacNulty and Fincham's perspective is criticized by various authors (Lyubomirsky, 2012; Riva, 2012; Waterman, 2012) who referred to flaws in argumentation although they support the contention that context is important. Even though all positive psychology researchers will not agree with their position, McNulty and Fincham (2012) gave sane advice for further research in the discipline; namely, that positive psychology should (a) examine the conditions under which the same processes and traits may promote versus threaten well-being, (b) examine these processes in both healthy and unhealthy people, and (c) examine well-being over substantial periods of time. From where positive psychology as a science currently is, I think our challenge is to develop a mature positive psychology in which our research will unravel the dynamics of positive and negative experiences, processes, and contexts contributing to the construction of good lives in times of jubilation and heroism and major adversity, as well as in the mundane everyday life, as stressed by King (2011).

Conceptualizations and clarifications in positive psychology. The rapidly developing field of positive psychology currently shows many and diverse models and constructs. As yet, there is no general consensus on a master theory or explanatory framework. There is some evidence of a movement towards more inclusive systems theories; for example Sheldon's (2011) multi-level model, Ungar's (2011) ecological framework, and Witherington's (2007) dynamic systems approach integrating contextualistic and organismic perspectives. Some researchers lament the fragmented character of positive psychology, with its many diverse *positive topics*, constructs, and models, and indicate the need for better integration and higher-level models. However, it is still questionable whether we are ready to integrate findings

and theoretical propositions, or to create new theories that will explain most of what we know by now. Perhaps it will be better if we continue to study a great variety of constructs for a deeper understanding of phenomena and their similarities, differences, and functions in a variety of contexts before over-arching explanatory models can be built.

Currently there are two main streams of conceptualizations of well-being that guide research in positive psychology; namely, the hedonic and the eudaimonic perspectives (Biswas-Diener, Kashdan & King, 2009; Ryan & Deci, 2001; Waterman, 1993). Happiness and meaningfulness, as constructs representing the hedonic and eudaimonic perspectives, respectively, have shown some overlaps in previous research, but also have shown some important differences (e.g., Baumeister, Vohs, Aaker, & Garbinsky, in press; Delle Fave, Brdar, Freire, Vella-Brodrick, & Wissing, 2011), and much more research is still needed to further clarify their denotations and connotations, specifically for various life domains and contexts.

Further construct clarifications are necessary in positive psychology. Problems are, for example, that the same construct is often used in positive psychology with different denotations; for example, the construct psychological well-being is used by many (e.g., Delle Fave, Brdar, et al., 2011) as an umbrella term for well-being, whereas others (Keyes, 2007; Ryff, 2012b; Wong, 2011) use it to indicate a subcomponent of well-being. The same situation is found for the construct autonomy that is used with clear differences in Self Determination Theory (Ryan & Deci, 2000), and in Ryff's model (Ryff, 1995, 2012a). Another problem is that different constructs are used on theoretical level for the same phenomenon on the empirical level, as shown in large overlaps when measured and factor analyzed (e.g., Wissing & Van Eeden, 2002).

Future research in positive psychology should pay attention to construct clarifications, but also specifically to the clarification of dynamics that may link phenomena captured in constructs (i.e., the connective processes among phenomena). Another important challenge for positive psychology as a discipline is to advocate that indictors of well-being that are used to inform public policy should also include meaning components apart from happiness and satisfaction scores, as is currently the case in the UN World Happiness Report (Helliwell, Layard, & Sachs, 2012) that focuses only on the happiness indices. Therefore, more research should be conducted from the eudaimonic perspective to evaluate existing measures of meaning and to develop the most appropriate measures to be included in public health studies.

Uncovering universal and contextual manifestations of well-being. Many of the supposedly generally applicable findings from positive psychology research actually show a strong cultural bias, as indicated by Bermant, Talwar & Rozin (2011), Marks (Jarden, 2012e), Slife and Richardson (2008), and Uchida (2011), among others. However, Sheldon (2011) defended positive psychology as not being too overly individualistic, as critiqued. Currently, the contextual embeddedness of well-being experiences and processes (both happiness and meaning) are now increasingly being recognized (Boniwell in Jarden, 2012c; Haybron, 2011; Heine,

Proulx, & Vohs, 2006; Marks in Jarden, 2012e; McNulty & Fincham, 2012; Steger, 2011; Ungar, 2008, 2011; Wong, 2011). Therefore, it is important to disentangle universal and contextual facets of well-being in further research. Thus far, it has been shown, on the one hand, that some facets are globally important contributors to the experience of meaning and happiness in life; for example, in having relationships with people you can count on (Brdar et al., 2008; Diener in Jarden, 2012f) and in having basic needs met (Diener in Jarden, 2012f; Veenhoven, 2010). On the other hand, it had been shown that, for example, some societies tend to be happier than others (Helliwell et al., 2012) and that self-esteem is a stronger predictor of well-being in individualistic nations (Diener in Jarden, 2012f), whereas social satisfaction is a stronger predictor of well-being in African collectivistic groups (Wissing & Temane, 2008).

One of the most important contextual variables to take into account in further positive psychology research is culture. Culture matters because it shapes people's conceptions of what a good life is, and thereby provides meaning-making systems that guide behaviour. Culture also provides opportunities and limitations for self-expression and behaviour (Delle Fave & Bassi, 2009), influencing how well-being will be manifested and arrived at. It is important for future research, especially well-being research in South Africa, to take into account that culture refers to more than the individualist–collectivist distinction. It includes multiple dimensions, such as religion and region, and socioeconomic status, as explicated in Cohen's (2009) multiple world perspective. Complexity perspectives, such as Bronfenbrenner's (1995) ecosystems theory, or Ungar's (2011) ecological framework, may aid research towards a broader understanding. The role of religion and spirituality are viewed to be important in general (Kashdan & Nezlek, 2012; Van Dierendonck, 2004) or in specific cultural contexts (Temane & Wissing, 2006). Delle Fave, Wissing, Brdar, Vella-Brodrick, and Freire (2013) argued that a deeper understanding of the impact of culture and context is necessary, indicating that research thus far has mainly considered contextual factors to the extent that they are incorporated into the individuals' definition of themselves, and thus separating the individual from their environment while both the individual and the environment continuously and ceaselessly undergo changes. Delle Fave (2012) also indicated that more culture-fair models are needed.

However, it is a challenge to measure and understand the experience of well-being or happiness and meaning in a comparable way in Western and non-Western collectivistic Asian and African contexts (Helliwell et al., 2012). For example, a typical question in studies is "All things considered, how satisfied are you with your life as a whole nowadays?" The wording "your life" does not have the same denotations, connotations, and weight in individualistic and collectivistic societies: The importance of the individual is less in a collectivistic context. Thus, cultural differences influence the weight and the meaning individuals attribute to norms, daily activities, and social roles. More research is needed in this regard. Apart from the abovementioned problem, it is important that more attention is paid—in South Africa and elsewhere—to the development and validation of indigenous measures of well-being.

It is a further challenge to understand and include strengths from collectivistic perspectives. Bermant et al. (2011) argued for a positive psychology with a more inclusive worldview, specific from cultures where religion, philosophy, and psychology are intertwined. They suggested additional strengths from a Southeast Asian perspective. These include Selflessness—decentering of the self in which the goal is the correct relationship between the self and the world (selflessness widens consciousness, more concern for others, and something greater than the self); Subordinating of personal benefit; Non-attachment as an acceptance of life without wasteful emotions, where calm, focused action is the norm (not disengagement). Asian collectivism and African collectivism may differ in some regards (Wissing & Temane, 2008). Are there unique African strengths? Can we conceptualize the *African appreciation* of the past and deep respect for ancestors linked with spirituality in terms of value-based strengths? This is different from the western positive psychology focus on the present, or present and future, or, at best, a balance between time perspectives as indicated by Baumeister et al. (in press). Other African strengths may include subordinating personal benefit for a social good; and expectation/acceptance of hierarchical caring. The African continent invites the exploration of such possibilities in future positive psychology research. What would the linchpin be for a wellness conceptualization in an African context? Something to do with people, the sun, and Earth?

Another major challenge for future research in positive psychology is to explore the experiences of well-being and strengths in *multicultural societies* specifically. Thus far, cross-cultural research on well-being has compared findings in one cultural context with that in another (e.g., Uchida, & Kitayama, 2009), or research is conducted on multicultural groups as if they are homogeneous groups. South Africa as a multicultural country (see Chap. 1) provides a unique opportunity to explore and understand how living in a multicultural context facilitates well-being, or what the unique expression of well-being is in a multicultural society. Up to now, very little research in this regard had been done in positive psychology in general.

Basic research and application. There is currently a tension between basic research and application in positive psychology as also noted by prominent researchers such as Fredrickson, Kashdan, and Linley, interviewed by Jarden (2012a, 2012d, 2012g). Both the need and the many opportunities for application cause practice to take precedence over proper scientific checks in some instances. This situation may accelerate basic science, but unfortunately, premature application can be a threat to positive psychology as a science (Csikszentmihalyi & Nakamura, 2011). Whereas some researchers such as Fredrickson, Kashdan, and Steger (in Jarden, 2012a, 2012g, 2012h) have cautioned against too early application of positive psychology because of insufficient evidence, others such as Parks (in Jarden, 2012i) have contended that application had been positive psychology's greatest contributions up to now, and that it is a distinctive feature of positive psychology that science and practice fit so well together. Vallerand (in Jarden, 2012j) also opined that the interface between research and application is at the heart of positive psychology, and that it is a major challenge to ensure a good interface through good research and

evidence-based practice. It is questionable whether all interventions in practice should be evidence-based (as stressed nowadays), or whether being *scientifically informed* is enough, as proposed by Kashdan (in Jarden, 2012g) and others.

Currently, knowledge from the positive psychology base is being applied in many domains; for example, *education* (Ebersöhn & Ferreira, 2011; McGovern, 2011; Oades, Robinson, Green, & Spence, 2011; Parks, 2011; Ruini et al., 2009), *organizations* (Csikszentmihalyi, 2003; Marks, 2012; Rothmann & Rothmann Jr., 2010; Steger & Dik, 2010), *psychotherapy* (Joseph & Linley, 2006; Magyar-Moe, 2009; Rashid, 2009), *physical health* (Huffman et al., 2011; Ryff, 2012a, b; Ryff & Singer, 2000, 2002; Walsh, 2011), *recreation* (Haybron, 2011; Nisbet, Zelensky, & Murphy, 2010), *public policy* (Huppert, 2012; Keyes, 2007), *career coaching* (Maree, 2010), and *life span development* (Biswas-Diener, Kashdan, & Minhas, 2011; Lyubomirsky, 2008; Proctor et al., 2011; Steger, Oishi, & Kashdan, 2009). Many interventions that may be applicable in *healthy* as well as *unhealthy populations* had also been developed (cf. Catalino & Fredrickson, 2011; Cohn & Fredrickson, 2010; Duckworth, Steen, & Seligman, 2005; Huffman et al., 2011; Sin & Lyubomirsky, 2009). In all the domains mentioned above, and in others, there are many more opportunities and needs for further research and evaluation of applications. Such an evaluation, and a better understanding of the processes and mechanisms through which interventions work in which contexts, will enable us to develop more specifically targetted, appropriate, and effective programmes for different populations.

Ensuring a healthy interface between basic research and application requires that the impact of the application be evaluated on a regular and longitudinal basis. In the future, more research is needed on what is effective for whom, at what time, and in which instances is a particular intervention or strategy possibly even harmful. Evaluation of theory-based interventions may facilitate a better understanding of the dynamics and mechanisms through which interventions work.

It is a challenge for positive psychology to enhance the well-being of people through good science without creating false expectations. Therefore, the question is how do we communicate our scientific findings to inform the general public so that they can distinguish between wishful thinking and positive psychology as science/evidence-based application? Another major challenge is to discern how we can bring the best of positive psychology as a science to the general public, but especially to the poor, in order to enhance well-being in sustainable ways as will be shown in longitudinal research. Approaches such as Marujo and Neto's (2012) work on the Azores Islands, and Biswas-Diener's (2011) work using appreciative interviewing, may be one of the starting points.

Hot topics in positive psychology research. Some specific lines of inquiry are now emerging in positive psychology, inviting further cutting edge research. These include the following:

Eudaimonic perspectives. Whereas the previous decade of research in positive psychology, to a great extent, focused on life satisfaction and positive emotions—representing a more hedonic conceptualization of well-being—clarifications of eudaimonic facets and processes of well-being are now moving to the forefront, although research

in this regard has already come a long way from the humanistic movement in psychology, personality theorists, and other such research as that of Csikszentmihalyi (1990) on flow. Current research from a eudaimonic perspective includes, for example, studies on meaning, virtue, and meaning-making systems (e.g., Fowers, Mollica, & Procacci, 2010; Hicks & King, 2009; Kashdan in Jarden, 2012g; Lambert et al., 2010; Morgan & Farsides, 2009; Schlegel & Hicks, 2011; Schnell, 2010, 2011; Steger, 2011; Steger, Kashdan, Sullivan, & Lorents, 2008; Steger, Oishi, & Kesebir, 2011; Wong, 2011), and on similarities and differences between happiness and meaning in connotations, denotations, measures, dynamics, and outcomes (e.g., Baumeister et al., in press; Delle Fave, Brdar, et al., 2011). Fowers (2012) contends that the most basic point about eudaimonia is that it is an ethical concept – it is about living the best kind of life; a life of functioning well as described by Aristoteles. This way of living refers to activity and can not be limited to a mental state or process. The implications of a virtue ethics perspective or strong relational ontology for theories and practice in positive psychology need to be explored in future research. Hutta (2012) asked whether meaning/eudaimonia's benefits extend beyond the well-being of close others to the well-being of the broader environment and community. This needs to be established. Much more research from a eudaimonic perspective also needs to be conducted in the South African and broader African contexts, in order to enhance our cross-cultural and multicultural understanding of eudaimonic facets. This is important, as most of the original research from a eudaimonic approach had been conducted in cultures that had been influenced by Greek philosophy, and thus Aristotelian ideas that inform the eudaimonic perspective, as indicated by Tiberius (2012). Meaning will probably be universally relevant, but its expression and contexts of experience may differ between traditional individualistic and collectivistic cultures. My expectation is that eudaimonic well-being as expressed and understood in an African context will very well dove tail with a relational ontology as described by Fowers (2012), Richardson (2012), and Slife (2012).

Resilience. Resilience as a phenomenon, as well as programmes to develop resilience in individuals and groups, are now strongly in focus in positive psychology research. Such research includes studies on resilience and post-traumatic growth (Hart & Sasso;, 2011; Tedeschi & Calhoun, 2004; Wong, 2011), resilience in various contexts (Theron, 2012; Theron & Theron, 2010; Ungar, 2011, 2012; see also Ebersöhn, Chap. 6; Ferreira, Chap. 17; Koen et al., Chap. 19; Theron, Chap. 5; and Van den Berg, Chap. 8 in this volume), resilience and character strengths (Niemiec in Jarden, 2012k; Proctor et al., 2011), and evaluations of resilience training programmes (e.g., Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Vera & Shin, 2006). Research on resilience is specifically cutting edge as it includes a focus on both the good and the bad, as well as on individual (intrapersonal) and contextual strengths and challenges.

Interventions. Apart from the abovementioned studies on interventions to enhance resilience, many studies nowadays explore the effectiveness and impact of interventions and specific strategies on well-being (e.g., Boehm, Lyubomirsky, & Sheldon, 2011; Coatsworth & Sharp, 2012; Froh, Sefick, & Emmons, 2008; Niemiec, 2012;

Otake, Simai, Tanaka-Matsumi, Otsui, & Fredrickson, 2006; Proctor et al., 2011; Seligman, Steen, Park, & Peterson, 2005; Sheldon, & Lyubomirsky, 2006; Wong, 2009; see also Guse, Chap. 25; Kirsten & du Plessis, Chap. 26; and Van Schalkwyk & Wissing, Chap. 27 in this volume). As can be noticed in some of the abovementioned studies, strategies already in popular use in interventions include character strengths, positive emotions, gratitude, and mindfulness. Now we need to explore when they will apply, why they sometimes do not work, and when they might be detrimental, as warned by McNulty and Fincham (2012), Lyubomirsky (Jarden, 2012b) and Kashdan (Jarden, 2012g). However, much more research is still needed on other kinds of interventions with different theoretical backdrops, as applied in various settings, and including interventions where individual-level changes are measured, but also where group- or community-level changes are explored. Further research also needs to pay particular attention to mediators, moderators, and root psychological mechanisms that enable people to achieve higher-levels of well-being.

Optimal interventions should include both enhancement of positive feelings and reflection on—and clarification of—values (eudaimonic facets). Interventions including both should be compared to interventions including only the one or the other. Attention should be paid to the development of specifically targeted interventions, and be evaluated as such because well-being may differ in various cultural and other contexts. Thereafter, replications should be conducted in various populations.

An interesting new development in positive psychology is that of e-health interventions (e.g., Schueller & Parks, 2012). Differences in effectiveness of e-health and conventional interventions for various population groups need to be explored.

Relational well-being. Relationship well-being is becoming a very important topic in positive psychology research (Algoe, Gable, & Maisel, 2010; Avivi, 2009; Fredrickson, 2011; Fredrickson in Jarden, 2012a; Gable, Gonzaga, & Strachman, 2006; Lambert et al., 2010; McNulty & Fincham, 2012; Roffey, 2012), including intimate personal relations, intergenerational relations, and social and group relations, with facets such as secure attachments, minding relationships, relational appreciation, and love as shared positive experiences. We know a lot about positive relationships from relationship science and clinical/counseling psychology, as well as from positive psychology in terms of outcomes, but, in spite of Gable and colleagues' work (Gable & Impett, 2012; Gable, Reis, Impett, & Asher, 2004; Reis & Gable, 2003) on constructive responding, we need to know much more about the processes and dynamics of positive relationships, its connections to other facet of being, and how to build positive relations from a positive psychology perspective. Relationships (family and friends) is one of the most important resources for well-being (the interpersonal context in which people spend much of their lives), and the degree of relational well-being is often part of models of well-being and used as an outcome variable in studies on individual flourishing, but relatively little research has been conducted in positive psychology on the phenomenon of a positive me–you connection per se, the *we*, and its dynamics.

Fredrickson (2011) also argued in her keynote address at the second International Positive Psychology Conference of the International Positive Psychology Association (IPPA) that the focus in positive psychology should now shift from

intrapsychological facets to a more social and interpersonal perspective. She presented a range of studies to show the benefits of shared positive emotions, and then built a case for love as not only one of the many positive emotions, but as the pinnacle emotion that stems specifically from micromoments of shared positive emotional experiences—be it joy, gratitude, serenity, interest, etc. These moments are, according to Fredrickson (2011), marked by momentary increases in investment in the well-being of the other, lead to biobehavioural synchrony and mutually responsive action tendencies, which typically build embodied rapport—both physically and socially—over time. From this perspective, new possibilities emerge to facilitate interpersonal well-being by building micromoments of positive emotional connection in daily life. Further research in this regard is necessary.

Further research on relational well-being is not only necessary because research has shown that relationships with family and friends are the most important resources for happiness and meaning in people's lives (e.g., Delle Fave, Brdar, et al., 2011; Haybron, 2011), but also because of some seemingly paradoxical findings (Haybron, 2011): Relationships are very important to people, and happiness seem to increase, in general, over time. However, a large scale epidemiological study (McPherson, Smith-Lovin, & Brashears, 2006) indicated that the number of confidants per person has decreased, that a quarter of Americans have no one, and that there is a decrease in social ties with one's neighbours. What is going on? More studies on interpersonal relations and how to enhance them are indicated.

Context and culture. As indicated above, there is now a strong drive to better understand the impact of culture on well-being, moving beyond the traditional Western individualistic and Asian and African collectivistic orientations and values, to the situatedness in time, place, language, and religion, and including sociodemographic contexts, such as place of residence, gender, education, and income level (Bermant et al., 2011; Cohen, 2009; Delle Fave & Bassi, 2009; Delle Fave, Massimini, & Bassi, 2011; Hartig et al., 2010; Haybron, 2011; Marks in Jarden, 2012e; McNulty & Fincham, 2012; Nafstad, Blakar, Botchway, & Rand-Hendriksen, 2009; Oishi, 2010; Wong, 2011; see also Wissing et al., Chap. 20 in this volume). With the spread of positive psychology to countries all over the world, and with the increasing trend towards globalization, the issue of universal versus specific cultural facets of well-being is now an important topic in positive psychology. Research on cultural variations in well-being also now take note of acculturation and adaptation into target cultures during people's movement and immersion into new contexts. The importance of social and socioeconomic contexts in understanding resilience, and the caveats and ethical complexities in such research, are well articulated by Theron (2012) and Ungar (2012).

Another new focus point in positive psychology is the interaction between the manufactured and the natural environments and psychosocial well-being. With the convergence of positive psychology and recreational/leisure studies, a new line of research is increasingly coming to the forefront, with possibilities for application that may influence the quality of life for many people, and not only for those few who are part of formal interventions for individuals or groups. The link between

nature and well-being is a specific focus (Haybron, 2011; Iwasaki, 2008; Nisbet, Zelenski, & Murphy, 2010).

Organizational and social level orientation. A strong organizational and social level orientation is opening up in positive psychology research, which, among others, specifically focuses on a variety of work contexts and societal facets. Vallerand and colleagues (Vallerand, 2012) recently introduced the new construct "optimal functioning in society" (OFIS) which they conceptualized in terms of five components; namely, high levels of (a) psychological well-being (meaning in life and satisfaction with life), (b) physical health, (c) positive relationships, (d) performance in the main field of endeavor (e.g., studies or work), and (e) caring about the welfare of the immediate community and that of society at large. This larger social and organizational-level orientation is also shown in well-being research in educational systems and other work contexts (Csikszentmihalyi, 2000; Linley in Jarden, 2012d; Parks, 2011; Steger & Dik, 2010; see also Ebersöhn, Chap. 6; Maree, Chap. 4; Rothmann, Chap. 7; and Willers et al., Chap. 12 in this volume), and even more broadly in economics, literature, and sociology (Bruni & Porta, 2007; Diener in Jarden, 2012f; Marks in Jarden, 2012e; Pawelski, 2011, 2012).

Holistic biopsychosocial health and public policy. A focus on holistic biopsychosocial health and multidisciplinary approaches (Fredrickson, in Jarden, 2012a; Ryff, 2012a, b; Walsh, 2011; see also Thekiso et al., Chap. 14 in this volume) are increasingly important in positive psychology research. For example, Walsh (2011) convincingly made a case for more attention to lifestyle changes (including exercise, time in nature, nutrition, positive relationships, relaxation and stress management, recreation, spiritual involvement, and service to others) and the benefits thereof for physical and mental health and well-being. He pointed out the financial benefits for individuals and society, and argued the importance of these health promoting lifestyles for public health promotion in general. Much research has been conducted on separate facets, but little has been done on holistic interventions aiming at public health and wellness promotion. The new focus on *well-being and public policy* is also argued by several other researchers (e.g., Forgeard, Jayawickreme, Kern, & Seligman, 2011; Huppert, 2012; Keyes, 2007; Keyes, Dhingra, & Simoes, 2010). Sheldon's (2011) advice for public policy is that social environments should be designed in such a way that they enable people to meet their basic needs for competence, autonomy, and relatedness, as postulated to be important by self-determination theory. How will this in practice be done and evaluated?

Positive aging. Well-being in older people is currently a matter of great concern in positive psychology in view of the aging of populations, especially in the Western world (Boniwell in Jarden, 2012c; Reker, 2005; Reker & Woo, 2011; Ryff, 2012b; Ryff & Singer, 2009; Vaillant, 2002). Ryff (2012a) argued with reference to empirical findings that there is growing evidence that eudaimonic well-being (e.g., purpose in life, personal growth, and positive relations with others) offers protection against the health challenges of aging. The protective effects shown are in terms of better biological regulation (e.g., reduced cardiovascular and inflammatory risk

markers) as well as actual disease outcomes. She has contended that it should be explored whether and how eudaimonic well-being can be promoted in older people. This is an important line for further research because it is a great challenge in aging to maintain functional capabilities in spite of the accumulation of chronic illnesses that characterize most older adults.

Other foci. Several other lines of research are also increasingly on the forefront in positive psychology; namely, *Values and Moral psychology* (Haidt, 2008; Haybron, 2007b; Schwartz, 2012; Wong, 2011); *Spirituality* (Hardt, Schultz, Xander, Becker, & Dragan, 2012; Kashdan & Nezlek, 2012; see also Roos, Chap. 16 in this volume); *Self-regulation* and *Regulatory processes outside of consciousness* (Kashdan in Jarden, 2012g; Luchies, Finkel, & Fitzsimons, 2011; Steger in Jarden, 2012h; see also Botha, Chap. 23 and Human-Vogel, Chap. 24 in this volume); *Neuroscience of well-being* (Davidson, 2011; Fredrickson & Davidson, 2011). All these areas are opening up new questions and research opportunities that will enhance a deeper understanding of human well-being.

Methods of research. Another area of innovative developments can be found in the methods of research. The Oxford handbook of methods in the positive psychology (Ong & Van Dulmen, 2006) is an illustration of this growing interest. New qualitative strategies are being developed (e.g., Delle Fave, Brdar, et al., 2011; Roos, Chap. 18 in this volume), the importance of mixed methods are being stressed (Camfield, Crivello, & Woodhead, 2009; Delle Fave & Bassi, 2009), and so-called unobtrusive and cost-effective measures of well-being in large populations are being developed; for example, the World-Well-Being Project of Seligman and colleagues gathering information from Facebook updates, Blog posts, Tweets, and Google search queries of millions of people (Eichstaedt et al., 2012; Kern et al., 2012). Research in all these areas are rapidly developing, which consequently are also opening up new questions for further reflection and exploration. Delle Fave et al. (2013) have contended that multimethod, multidisciplinary perspectives are needed in which theory-driven and evidence-based approaches are blended, in order to reach a deeper understanding of the human experience of well-being.

Paradoxes and other questions. Apart from the abovementioned seemingly paradoxical findings on interpersonal relations, several other issues invite a deeper exploration; for example, the brain finds it easy to be negative, but it is important for people to experience positive emotions according to positive psychology for good relations, health, and cognition. Can this tendency be shifted in the long-term? Higher eudaimonic well-being will not necessarily increase positive feelings—though it might. When, for whom, and in what context? Will seeking happiness make you happier? It depends (cf. Mauss, Tamir, Anderson, & Savino, 2010).

The well-known, so-called *Easterlin paradox* (Easterlin, 1974; Easterlin, McVey, Switek, Sawangfa, & Zweig, 2010) still needs further clarification. Easterlin has contended that people think money is important for feeling good, but research shows that more money does not make a person happier. He noted that although material needs are met more so over time, happiness does not consequently increase.

Veenhoven and others (e.g., Veenhoven & Hagerty, 2006), however, did not find this contradiction: They refer to evidence that happiness is determined not only by relative income, but also by absolute income. Recently, though, it had been shown that even thinking about money undermines the ability to feel good (Quoidbach, Dunn, Petrides, & Mikdaajczak 2010). Can these seemingly contradictory findings be ascribed to the possibility that we need more meaning in our lives to feel happy, and that both the hedonic and eudaimonic facets of well-being need to be taken into account in this kind of research? Another well-known issue is the so-called *Schwartz paradox of choice:* Freedom of choice is important and has increased in Western democratic societies. It is associated with autonomy and well-being, yet many choices can be overwhelming (Schwartz, 2000). When is the ability to be a *satisficer* versus a *maximizer* in choice more important?

Many studies in positive psychology advise that people should practice their highest (i.e., signature) strengths as often as possible, and also in new contexts, for optimal well-being. Is this always advisable? Is a balance of strengths over value clusters not possibly a better option in some instances? For example, when a person's strengths are all from the first wisdom cluster, then a cognitive, intrapersonal form of well-being may be overpowering to such an extent that compassion and other relatedness facets of well-being suffer. From another perspective, Bermant et al. (2011) have suggested that we should distinguish between focus and balance strengths. The dynamic approach to psychological strength development and the intervention of Biswas-Diener et al. (2011) is more advisable than traditional strengths interventions. In this approach, strengths are seen as contextual phenomena that may show distinctive patterns in line with interests, goals, values, and situational factors. These ideas need to be explored in further research.

In Closing: Research and Well-Being in South Africa

Well-being research in South Africa may help us in a small way to become the people we hope to be. The formal recognition of positive psychology as a scientific subdiscipline has a short history, but a long road of antecedental insights. In South Africa, we have a long and painful history, but a promising new road as a nation. Referring to a vision from the National Development Plan 2012–2030 (www.npconline.co.za), Njabulo Ndebele and Antjie Krog painted a 2030 picture that declares "We feel loved, respected and cared for at home, in the community and the public institutions we have created; we feel understood, we feel trustful, we feel trusted, we feel accommodative, we feel accomodated, we feel informed, we feel healthy, we feel safe, we feel resourceful and inventive, we learn together, we talk to each other, we share our work, we play, we worship, we ponder and laugh, we are energised by sharing our resourcefulness, we are resilient". And also, "Now, in 2030, our story keeps growing as if spring is always with us. Once we uttered the dream of a rainbow. Now we see it, living it. It does not curve over the sky. It is refracted in each one of us at home, in the community, in the city, and across the land, in an abundance of

colour" (Ndebele & Krog, 2012, p. 31). Well-being research and positive psychology/psychofortology as a science now in 2012 show the abundance of growth as in spring. My vision is that it will continue to grow through the seasonal cycles of science, from the vibrance of spring to the richness of summer, the autumn harvest of validated findings to apply in practice, and the wintery discovering of one's own limitations, wrong assumptions, and falacies. Out of the deep reflection and quiet winter growth, a new cycle will start, breaking open glorious new understandings, flowing over in sustainable applicabilities that will bring joy and meaning to the lives of many—in an abundance of colour.

Then we will also, from a scientific point of view in positive psychology, understand what resilience in a group or nation means, how to measure it, and how compassion, joy, meaning, and resilience in individual relationships, groups, communities, and nations can be facilitated in scientifically informed, culturally appropriate, and sustainable ways.

References

Algoe, S. B., Gable, S. L., & Maisel, N. C. (2010). It's the little things: Everyday gratitude as a booster shot for romantic relationships. *Personal Relationships, 17*, 217–233.

Avivi, Y. E. (2009). Linking relationship quality to perceived mutuality of relationship goals and perceived goal progress. *Journal of Social and Clinical Psychology, 28*, 137–164.

Baumeister, R. F., Vohs, K. D., Aaker, J. L., & Garbinsky, E. N. (in press). Some key differences between a happy life and a meaningful life. *Journal of Positive Psychology*. Retrieved from http://faculty-gsb.stanford.edu/aaker/pages/documents/SomeKeyDifferencesHappyLifeMeaningfulLife_2012.pdf.

Bermant, G., Talwar, C., & Rozin, P. (2011). To celebrate positive psychology and extend its horizons. In K. M. Sheldon, T. B. Kashdan, & M. F. Steger (Eds.), *Designing positive psychology: Taking stock and moving forward* (pp. 430–438). New York: Oxford University Press.

Biswas-Diener, R. (2011). Applied positive psychology: Progress and challenges. *The European Health Psychologist, 13*, 24–26.

Biswas-Diener, R., Kashdan, T. B., & King, L. A. (2009). Two traditions of happiness research, not two distinct types of happiness. *The Journal of Positive Psychology, 4*(3), 208–211.

Biswas-Diener, R., Kashdan, T. B., & Minhas, G. (2011). A dynamic approach to psychological strengths development and interventiom. *The Journal of Positive Psychology, 6*(2), 106–118.

Boehm, J. K., Lyubomirsky, S., & Sheldon, K. M. (2011). A longitudinal experimental study comparing the effectiveness of happiness-enhancing strategies in Anglo Americans and Asian Americans. *Cognition & Emotion, 25*, 1152–1167.

Brdar, I., Delle Fave, A., Engeser, S., Freire, T., Vella-Brodrick, D., Wissing, M. P., et al. (2008, July). *Eudaimonic happiness and the Eudaimonic Happiness Inventory: A cross-cultural investigation*. In 4th European Conference on Positive Psychology, Opatje/Rijeka, Croatia.

Bronfenbrenner, U. (1995). Developmental ecology through space and time: A future perspective. In P. Moen, G. H. Elder Jr., & K. Lüscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (pp. 619–647). Washington, DC: American Psychological Association.

Bruni, L., & Porta, P. L. (Eds.). (2007). *Handbook on the economics of happiness*. Bodmin, Cornwall, UK: M P G Books.

Camfield, L., Crivello, G., & Woodhead, M. (2009). Wellbeing research in developing countries: Reviewing the role of qualitative methods. *Social Indicators Research, 90*(1), 5–31.

Catalino, L. I., & Fredrickson, B. L. (2011). Tuesdays in the lives of flourishers: The role of positive emotional reactivity in optimal mental health. *Emotion, 11*, 938–950.
Coatsworth, J. D., & Sharp, E. H. (2012). Discovering positive lives and futures: Adolescent eudaimonic expression through activity involvement. In A. Waterman (Ed.), *The best within us: Positive psychology perspectives on eudaimonic functioning (Chapter 12)*. Washington, DC: American Psychological Association.
Cohen, A. B. (2009). Many forms of culture. *American Psychologist, 64*(3), 194–204. doi:10.1037/a0015308.
Cohn, M. A., & Fredrickson, B. L. (2010). In search of durable positive psychology interventions: Predictors and consequences of long-term positive behavior change. *The Journal of Positive Psychology, 5*(5), 355–366.
Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York: Harper Perennial.
Csikszentmihalyi, M. (2000). *Beyond boredom and anxiety: Experiencing flow in work and play*. San Francisco: Jossey-Bass.
Csikszentmihalyi, M. (2003). *Good business*. London: Hodder & Stoughton.
Csikszentmihalyi, M., & Nakamura, J. (2011). Positive psychology: Where did it come from, where is it going? In K. M. Sheldon, T. B. Kashdan, & M. F. Steger (Eds.), *Designing positive psychology: Taking stock and moving forward* (pp. 3–8). New York: Oxford University Press.
Davidson, R. (2011). *Change your brain by transforming your heart*. Keynote at the Second World Congress of Positive Psychology, Philadelphia, PA.
Delle Fave, A. (2012). *Positive psychology and the study of well-being: Cross-cultural challenges*. Invited lecture at the 30th International Congress of Psychology, Cape Town, South Africa.
Delle Fave, A., & Bassi, M. (2009). The contribution of diversity to happiness research. *The Journal of Positive Psychology, 4*(3), 205–207.
Delle Fave, A., Brdar, I., Freire, T., Vella-Brodrick, D., & Wissing, M. P. (2011). The eudaimonic and hedonic components of happiness. *Social Indicators Research, 100*(2), 158–207.
Delle Fave, A., Wissing, M. P., Brdar, I., Vella-Brodrick, D., & Freire, T. (2013). Perceived meaning and goals in adulthood: Their roots and relation with happiness. In A. Waterman (Ed.), *The best within us: Positive psychology perspectives on eudaimonic functioning (Chapter 11)*. Washington, DC: American Psychological Association.
Delle, F. A., Massimini, F., & Bassi, M. (2011). *Psychological selection and optimal experience across cultures*. Dordrecht, the Netherlands: Springer.
Duckworth, A. L., Steen, T. A., & Seligman, M. E. P. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology, 1*, 629–651. doi:10.1146/annurev.clinpsy.1.102803.144154.
Easterlin, R. A. (1974). Does economic growth improve the human lot? In P. A. David & M. W. Reder (Eds.), *Nations and households in economic growth: Essays in honor of Moses Abramovitz*. New York: Academic.
Easterlin, R. A., McVey, L. A., Switek, M., Sawangfa, O., & Zweig, J. S. (2010). The happiness-income paradox revisited. *Proceedings of the National Academy of Sciences of the United States of America, 107*(52), 22463–22468. doi:10.1073/pnas.1015962107.
Ebersöhn, L., & Ferreira, R. (2011). Coping in an HIV&AIDS-dominated context: Teachers promoting resilience in schools. *Health Education Research, 26*(4), 596–613. doi:10.1093/her/cyr016.
Eichstaedt, J. C., Schwartz, H. A., Kern, M. L., Dziurzynski, L., Ramones, S. M., & Ungar, L. H. (2012). *Unobtrusively measuring the well-being of large populations: The World Well-Being Project*. Paper presented at the 6th European Positive Psychology Conference, Moscow, Russia.
Forgeard, M. J. C., Jayawickreme, E., Kern, M. L., & Seligman, M. E. P. (2011). Doing the right thing: Measuring wellbeing for public policy. *International Journal of Wellbeing, 1*(1), 79–106. doi:10.5502/ijw.v1i1.15.
Fowers, B. J. (2012). Placing virtue and the human good in psychology. *Journal of Theoretical and Philosophical Psychology, 32*(1), 1–9.

Fowers, B. J., Mollica, C. O., & Procacci, E. N. (2010). Constitutive and instrumental goal orientations and their relations with eudaimonic and hedonic well-being. *The Journal of Positive Psychology, 5*(2), 139–153. doi:10.1080/17439761003630045.

Fredrickson, B. L. (2011). *Love: A new lens on the science of thriving*. Keynote at the Second World Congress of Positive Psychology, Philadelphia, PA.

Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology, 95*(5), 1045–1062.

Fredrickson, B. L., & Davidson, R. (2011). *Path breaking findings from the science of meditation*. Keynote at the Second World Congress of Positive Psychology, Philadelphia, USA.

Froh, J. J., Sefick, W. J., & Emmons, R. A. (2008). Counting blessings in early adolescents: An experimental study of gratitude and subjective well-being. *Journal of School Psychology, 46*, 213–233.

Gable, S. L., Gonzaga, G. C., & Strachman, A. (2006). Will you be there for me when things go right? Supportive responses to positive event disclosures. *Journal of Personality and Social Psychology, 91*, 904–917. doi:10.1037/0022-3514.91.5.904.

Gable, S. L., & Impett, E. A. (2012). Approach and avoidance motives and close relationships. *Social and Personality Psychology Compass, 6*, 95–108.

Gable, S. L., Reis, H. T., Impett, E., & Asher, E. R. (2004). What do you do when things go right? The intrapersonal and interpersonal benefits of sharing positive events. *Journal of Personality and Social Psychology, 87*, 228–245.

Haidt, J. (2008). Morality. *Perspectives on Psychological Science, 3*, 65–72.

Hardt, J., Schultz, S., Xander, C., Becker, G., & Dragan, M. (2012). The spirituality questionnaire: Core dimensions of spirituality. *Psychology, 3*(1), 116–122.

Hart, K. H., & Sasso, T. (2011). Mapping the contours of contemporary positive psychology. *Canadian Psychology, 52*, 82–92.

Hartig, T. A., Van den Berg, C. M., Hagerhall, M., Tomalak, N., Bauer, R., Hansmann, A., et al. (2010). Health benefits of nature experience: Psychological, social and cultural processes. In K. Nilsson, M. Sangster, C. Gallis, T. Hartig, S. de Vries, K. Seeland, & J. Schipperijn (Eds.), *Forests, trees and human health*, (pp. 127–168). New York: Springer.

Haybron, D. M. (2007a). Life satisfaction, ethical reflection and the science of happiness. *Journal of Happiness Studies, 8*, 99–138.

Haybron, D. M. (2007b). Well-being and virtue. *Journal of Ethics and Social Philosophy*, *2*(2). Retrieved from http://www.jesp.org/PDF/WellBeingandvirtue.pdf

Haybron, D. M. (2011). Central Park: Nature, context, and human wellbeing. *International Journal of Wellbeing, 1*(2), 235–254. doi:10.5502/ijw.v1i2.6.

Heine, S. J., Proulx, T., & Vohs, K. D. (2006). The meaning maintenance model: On the coherence of social motivations. *Personality and Social Psychology Review, 10*, 88–110.

Helliwell, J., Layard, R., & Sachs, J. (Eds.). (2012). *World Happiness Report (United Nations)*. Retrieved from http://www.earth.columbia.edu/sitefiles/file/Sachs%20Writing/2012/World%20Happiness%20Report.pdf

Hicks, J. A., & King, L. A. (2009). Meaning in life as a subjective judgment and a lived experience. *Social and Personality Psychology Compass, 3*(4), 638–653. doi:10.1111/j.1751-9004.2009.00193.x.

Huffman, J. C., Mastromauro, C. A., Boehm, J. K., Seabrook, R., Fricchione, G. L., Denninger, J. W., et al. (2011). Development of a positive psychology intervention for patients with acute cardiovascular disease. *Health International, 16*, e13. doi:10.4081/hi.2011.e13.

Huppert, F. A. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-being, 1*(2), 137–164. doi:10.1111/j.1758-0854.2009.01008.x.

Huppert, F. A. (2012). *Interventions to improve flourishing in the population*. Symposium at the 6th European Positive Psychology Conference, Moscow, Russia.

Hutta, V. (2012). Pursuing eudaimonia versus hedonia: Distinctions, similarities, and relationships. In A. Waterman (Ed.), *The best within us: Positive psychology perspectives on eudaimonic functioning (Chapter 6)*. Washington, DC: American Psychological Association.

Iwasaki, Y. (2008). Pathways to meaning-making through leisure-like pursuits in global contexts. *Journal of Leisure Research, 40*(2), 231–249.
Jarden, A. (2012a). Positive psychologists on positive psychology: Barbara Fredrickson. *International Journal of Wellbeing, 2*(2), 116–118. doi:10.5502/ijw.v2i2.10.
Jarden, A. (2012b). Positive psychologists on positive psychology: Sonja Lyubomirsky. *International Journal of Wellbeing, 2*(2), 79–82. doi:10.5502/ijw.v2i2.3.
Jarden, A. (2012c). Positive psychologists on positive psychology: Ilona Boniwell. *International Journal of Wellbeing, 2*(2), 119–124. doi:10.5502/ijw.v2i2.11.
Jarden, A. (2012d). Positive psychologists on positive psychology: Alex Linley. *International Journal of Wellbeing, 2*(2), 83–87. doi:10.5502/ijw.v2i2.4.
Jarden, A. (2012e). Positive psychologists on positive psychology: Nic Marks. *International Journal of Wellbeing, 2*(2), 110–115. doi:10.5502/ijw.v2i2.9.
Jarden, A. (2012f). Positive psychologists on positive psychology: Ed Diener. *International Journal of Wellbeing, 2*(2), 88–91. doi:10.5502/ijw.v2i2.5.
Jarden, A. (2012g). Positive psychologists on positive psychology: Todd Kashdan. *International Journal of Wellbeing, 2*(2), 72–78. doi:10.5502/ijw.v2i2.2.
Jarden, A. (2012h). Positive psychologists on positive psychology: Michael Steger. *International Journal of Wellbeing, 2*(2), 92–97. doi:10.5502/ijw.v2i2.6.
Jarden, A. (2012i). Positive psychologists on positive psychology: Acacia Parks. *International Journal of Wellbeing, 2*(2), 98–104. doi:10.5502/ijw.v2i2.7.
Jarden, A. (2012j). Positive psychologists on positive psychology: Robert Vallerand. *International Journal of Wellbeing, 2*(2), 125–130. doi:10.5502/ijw.v2i2.12.
Jarden, A. (2012k). Positive psychologists on positive psychology: Ryan Niemiec. *International Journal of Wellbeing, 2*(2), 105–109. doi:10.5502/ijw.v2i2.8.
Joseph, S., & Linley, P. A. (2006). *Positive therapy: A meta-theory for positive psychological practice*. New York: Routledge.
Kashdan, T. B., & Nezlek, J. B. (2012). Whether, when, and how is spirituality related to well-being? Moving beyond single occasion questionnaires to understanding daily process. *Personality and Social Psychology Bulletin, 20*(10), 1–13. doi:10.1177/0146167212454549.
Kern, M., Schwartz, H. A., Eichstaedt, J. C., Ramones, S. M., Dziurzynski, L., Kosinsk, M., et al. (2012). *Personality and word use: Positive and negative expressions of self through social media*. Paper at the 6th European Conference on Positive Psychology, Moscow, Russia.
Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist, 62*(2), 95–108.
Keyes, C. L. M., Dhingra, S. S., & Simoes, E. J. (2010). Change in level of positive mental health as a predictor of future risk of mental illness. *American Journal of Public Health*, *100*(12), 2366–2371. doi:10.2105/AJPH.2010.192245
King, L. A. (2011). Are we there yet? What happened on the way to the demise of positive psychology. In K. M. Sheldon, T. B. Kashdan, & M. F. Steger (Eds.), *Designing positive psychology: Taking stock and moving forward* (pp. 439–446). New York: Oxford University Press.
Lambert, N. M., Stillman, T. F., Baumeister, R. F., Fincham, F. R., Hicks, J. A., & Graham, S. M. (2010). Family as a salient source of meaning in young adulthood. *The Journal of Positive Psychology, 5*, 367–376.
Luchies, L. B., Finkel, E. J., & Fitzsimons, G. M. (2011). The effects of self-regulatory strength, content, and strategies on close relationships. *Journal of Personality, 79*, 1251–1279.
Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. New York: Penguin Press.
Lyubomirsky, S. (2012). Positive psychologists on positive constructs. *American Psychologist, 67*(7), 574. doi:10.1037/a0029957.
Magyar-Moe, J. L. (2009). *Therapist's guide to positive psychological interventions*. San Diego, CA: Elsevier Academic Press.
Maree, J. G. (2010). Brief overview of the advancement of postmodern approaches to career counseling. *Journal of Psychology in Africa, 20*(3), 361–369.
Marks, N. (2012). *Delivering happiness at work*. Presentation at the 6th European Conference on Positive Psychology, Moscow, Russia.

Marujo, H. A., & Neto, L. M. (2012). *Appreciative inquiry: A transformative and communicational tool for intervention and research*. Invited lecture at the North-West University, Potchefstroom, South Africa.

Mauss, I. B., Tamir, M., Anderson, C. L., & Savino, N. (2010). Can seeking happiness make people unhappy? Paradoxical effects of valuing happiness. *Emotion, 11*, 807–815.

McGovern, T. V. (2011). Virtues and character strengths for sustainable faculty development. *The Journal of Positive Psychology, 6*(6), 446–450.

McNulty, J. K., & Fincham, F. D. (2012). Beyond positive psychology? Toward a contextual view of psychological processes and well-being. *American Psychologist, 67*(2), 101–110.

McPherson, M., Smith-Lovin, L., & Brashears, M. E. (2006). Social isolation in America: Changes in core discussion networks over two decades. *American Sociological Review, 71*(3), 353–375.

Morgan, J., & Farsides, T. (2009). Measuring meaning in life. *Journal of Happiness Studies, 10*(2), 197–214. doi:10.1007/s10902-007-9075-0.

Nafstad, H. E., Blakar, R. M., Botchway, A., & Rand-Hendriksen, K. (2009). Globalization, ideologies and well-being: A study of a West African and North European society. *The Journal of Positive Psychology, 4*, 305–315.

Ndebele, N., & Krog, A. (2012, August 9). The vision for SA in 2030. *City Press*, p. 31.

Niemiec, R. (2012). Mindful living: Character strengths interventions as pathways for the five mindfulness trainings. *International Journal of Wellbeing, 2*(1), 22–33. doi:10.5502/ijw.v2i1.2.

Nisbet, E., Zelenski, J., & Murphy, S. A. (2010). Happiness is in our nature: Exploring nature relatedness as a contributor to subjective well-being. *Journal of Happiness Studies, 12*, 303–322. doi:10.1007/s10902-010-9197-7.

Oades, L. G., Robinson, P., Green, S., & Spence, G. B. (2011). Towards a positive university. *The Journal of Positive Psychology, 6*, 432–439.

Oishi, S. (2010). Culture and well-being: Conceptual and methodological issues. In E. Diener, J. F. Helliwell, & D. Kahneman (Eds.), *International differences in well-being* (pp. 34–69). New York: Oxford University Press.

Ong, A. D., & Van Dulmen, M. (Eds.). (2006). *Oxford handbook of methods in positive psychology*. New York: Oxford University Press.

Otake, K., Shimai, S., Tanaka-Matsumi, J., Otsui, K., & Fredrickson, B. L. (2006). Happy people become happier through kindness: A counting kindnesses intervention. *Journal of Happiness Studies, 7*, 361–375.

Parks, A. C. (2011). The state of positive psychology in higher education: Introduction to the special issue. *The Journal of Positive Psychology, 6*(6), 429–431.

Pawelski, J. (2011). *The positive turn: Why positive psychology and the humanities need each other*. Symposium at the Second World Congress of Positive Psychology, Philadelphia, USA.

Pawelski, J. O. (2012). *Culture, well-being, and the eudaimonic turn in literary studies*. Paper presented at the 6th European Conference on Positive Psychology, Moscow, Russia.

Proctor, C., Tsukayama, E., Wood, A. M., Maltby, J., Eades, J. F., & Linley, P. A. (2011). Strengths gym: The impact of a character strengths-based intervention on the life satisfaction and well-being of adolescents. *The Journal of Positive Psychology, 6*(5), 377–388.

Quoidbach, J., Dunn, E. W., Petrides, K. V., & Mikdaajczak, M. (2010). Money giveth, money taketh away: The dual effect of wealth on happiness. *Psychological Science, 21*(6), 759–763.

Rashid, T. (2009). Positive interventions in clinical practice. *Journal of Clinical Psychology: In Session, 65*(5), 461–466.

Reis, H. T., & Gable, S. L. (2003). Toward a positive psychology of relationships. In C. L. Keyes & J. Haidt (Eds.), *Flourishing: The positive person and the good life* (pp. 129–159). Washington, DC: American Psychological Association.

Reker, G. (2005). Meaning in life of young, middle-aged, and older adults: Factorial validity, age, and gender invariance of the Personal Meaning Index (PMI). *Personality and Individual Differences, 38*, 71–85.

Reker, G. T., & Woo, L. C. (2011). *Personal meaning orientations and psychosocial adaptation in older adults*. Retrieved from http://sgo.sagepub.com/content/early/2011/04/28/2158244011405217. doi:10.1177/2158244011405217

Richardson, F. C. (2012). On psychology and virtue ethics. *Journal of Theoretical and Philosophical Psychology, 32*(1), 24–34.
Riva, G. (2012). Personal experience in positive psychology may offer a new focus for a growing discipline. *American Psychologist, 67*(7), 574–575. doi:10.1037/a0029955.
Roffey, S. (2012). *Positive relationships: Evidence based practice across the world*. Dordrecht, The Netherlands: Springer.
Rothmann, S., & Rothmann, S. (Jr). (2010). Factors related to employee engagement in South African organisations. *SA Journal of Industrial Psychology, 36*(2), 1–11. doi:10.4102/sajip.v37i1.895.
Ruini, C., Ottolini, F., Tomba, E., Belaise, C., Albieri, D. V., Offidani, E., et al. (2009). School intervention for promoting psychological well-being in adolescence. *Journal of Behavior Therapy and Experimental Psychiatry, 40*, 522–532.
Ryan, M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(1), 68–78.
Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology, 52*, 141–166.
Ryff, C. D. (1995). Psychological well-being in adult life. *Current Directions in Psychological Science, 4*(4), 99–104.
Ryff, C. D. (2012a). *Contradiction at the core of positive psychology: The essential role of the negative in adaptive human functioning*. Keynote at the 6th European Positive Psychology Conference, Moscow, Russia.
Ryff, C. D. (2012b). Eudaimonic well-being and health: Mapping consequences of self-realization. In A. Waterman (Ed.), *The best within us: Positive psychology perspectives on eudaimonic functioning (Chapter 4)*. Washington, DC: American Psychological Association.
Ryff, C. D., & Singer, B. (2000). Interpersonal flourishing: A positive health agenda for the new millennium. *Personality and Social Psychology Review, 4*(1), 30–44.
Ryff, C. D., & Singer, B. (2002). From social structure to biology: Integrative science in pursuit of human health and well-being. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 541–555). New York: Oxford University Press.
Ryff, C. D., & Singer, B. (2009). Understanding healthy aging: Key components and their integration. In V. L. Bengston, D. Gans, N. M. Pulney, & M. Silverstein (Eds.), *Handbook of theories of aging* (2nd ed., pp. 117–144). New York: Springer.
Schlegel, R. J., & Hicks, J. A. (2011). The true self and psychological health: Emerging evidence and future directions. *Social and Personality Psychology Compass, 5*, 989–1003.
Schnell, T. (2010). Existential indifference: Another quality of meaning in life. *Journal of Humanistic Psychology, 50*(3), 351–373.
Schnell, T. (2011). Individual differences in meaning-making: Considering the variety of sources of meaning, their density and diversity. *Personality and Individual Differences, 51*, 667–673.
Schueller, S. M., & Parks, A. C. (2012). Disseminating self-help: Positive psychology exercises in an online trial. *Journal of Medical Internet Research, 14*(3), e63. doi:10.2196/jmir.1850.
Schwartz, B. (2000). Self-determination: The tyranny of freedom. *American Psychologist, 55*, 79–88.
Schwartz, S. (2012). *How values underlie and undermine happiness*. Keynote at the 6th European Positive Psychology Conference, Moscow, Russia.
Seery, M. D. (2011). Resilience: A silver lining to experiencing adverse life events? *Current Directions in Psychological Science, 20*(6), 390–394. doi:10.1177/0963721411424740.
Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*(1), 5–14.
Seligman, M. E. P., Diener, E., & Peterson, C. (2011). *New directions in positive psychology*. Opening session of the Second World Congress of Positive Psychology, Philadelphia, USA.
Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*(5), 410–421.
Sheldon, K. M. (2011). What's positive about positive psychology? Reducing value-bias and enhancing integration within the field. In K. M. Sheldon, T. B. Kashdan, & M. F. Steger (Eds.),

Designing positive psychology: Taking stock and moving forward (pp. 421–429). New York: Oxford University Press.
Sheldon, M., & Lyubomirsky, S. (2006). How to increase and sustain positive emotion: The effects of expressing gratitude and visualizing best possible selves. *The Journal of Positive Psychology, 1*(2), 73–82.
Simonton, D. K. (2011). Positive psychology in historical perspective: Predicting its future from the past. In K. M. Sheldon, T. B. Kashdan, & M. F. Steger (Eds.), *Designing positive psychology: Taking stock and moving forward* (pp. 447–454). New York: Oxford University Press.
Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of Clinical Psychology, 65*(5), 467–487.
Slife, B. D. (2012). Virtue ethics in practice: The Greenbrier Academy. *Journal of Theoretical and Philosophical Psychology, 32*(1), 35–42.
Slife, B. D., & Richardson, F. C. (2008). Problematic ontological underpinnings of positive psychology. *Theory & Psychology, 18*(5), 699–723.
Steger, M. F. (2011). *Meaning in life: Catchbasin of consciousness*. Invited lecture at the North-West University, Potchefstroom.
Steger, M. F., & Dik, B. J. (2010). Work as meaning. In P. A. Linley, S. Harrington, & N. Page (Eds.), *Oxford handbook of positive psychology and work* (pp. 131–142). Oxford, UK: Oxford University Press.
Steger, M. F., Kashdan, T. B., Sullivan, B. A., & Lorents, D. (2008). Understanding the search for meaning in life: Personality, cognitive style, and the dynamic between seeking and experiencing meaning. *Journal of Personality, 76*, 199–228.
Steger, M. F., Oishi, S., & Kashdan, T. B. (2009). Meaning in life across the life span: Levels and correlates of meaning in life from emerging adulthood to older adulthood. *The Journal of Positive Psychology, 4*(1), 43–52.
Steger, M. F., Oishi, S., & Kesebir, S. (2011). Is a life without meaning satisfying? The moderating role of the search for meaning in satisfaction with life judgments. *The Journal of Positive Psychology, 6*(3), 173–180.
Tedeschi, R. G., & Calhoun, L. G. (2004). A clinical approach to posttraumatic growth. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 405–419). Hoboken, NJ: Wiley.
Temane, Q. M., & Wissing, M. P. (2006). The role of spirituality as a mediator for psychological well-being across different contexts. *South African Journal of Psychology, 36*(3), 582–597.
Theron, L. C. (2012). Resilience research with South African youth: Caveats and ethical complexities. *South African Journal of Psychology, 42*(3), 333–345.
Theron, L. C., & Theron, A. M. C. (2010). A critical review of studies of South African youth resilience, 1990–2008. *South African Journal of Science*, *106*(7/8), Article 252. Retrieved from http://www.sajs.co.za/sites/default/files/publications/pdf/252-2140-6-PB.pd
Tiberius, V. (2012). Recipes for a good life: Eudaimonism and the contribution of philosophy. In A. Waterman (Ed.), *The best within us: Positive psychology perspectives on eudaimonic functioning (Chapter, 1)*. Washington, DC: American Psychological Association.
Uchida, Y. (2011). A holistic view of happiness: Belief in the negative side of happiness is more prevalent in Japan than in the United States. *Psychologia, 53*, 4.
Uchida, Y., & Kitayama, S. (2009). Happiness and unhappiness in East and West: Themes and variations. *Emotion, 9*(4), 441–456.
Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*, 218–235.
Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *The American Journal of Orthopsychiatry, 81*(1), 1–17.
Ungar, M. (Ed.). (2012). *The social ecology of resilience*. New York: Springer.
Vaillant, G. (2002). *Aging well*. Boston: Little, Brown and Co.
Vallerand, R. J. (2013). Passion and optimal functioning in society: A eudaimonic perspective. In A. Waterman (Ed.), *The best within us: Positive psychology perspectives on eudaimonic functioning (Chapter 9)*. Washington, DC: American Psychological Association.

Van Dierendonck, D. (2004). The construct validity of Ryff's Scales of Psychological Well-being and its extension with spiritual well-being. *Personality and Individual Differences, 36*(3), 629–643.
Veenhoven, R. (2010). Life is getting better: Societal evolution and fit with human nature. *Social Indicators Research, 97*, 105–122.
Veenhoven, R., & Hagerty, M. (2006). Rising happiness in nations 1946–2004: A reply to Easterlin. *Social Indicators Research, 79*, 421–436.
Vera, E. M., & Shin, R. Q. (2006). Promoting strengths in a socially toxic world: Supporting resiliency with systemic interventions. *The Counseling Psychologist, 34*(1), 80–89.
Walsh, R. (2011). Lifestyle and mental health. *American Psychologist*, *66*(7), 579–592. Retrieved from http://janebirr.com/amp-ofp-walsh.pdf. doi:10.1037/a0021769
Waterman, A. S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of Personality and Social Psychology, 64*, 678–691.
Waterman, A. S. (2012). In support of labeling psychological traits and processes as positive and negative. *American Psychologist, 67*(7), 574. doi:10.1037/a0029957.
Waterman, A. S. (Ed.). (2013). *The best within us: Positive psychology perspectives on eudaimonic functioning*. Washington, DC: American Psychological Association.
Wissing, M. P. (2000, May). *Wellness: Construct clarification and a framework for future research and practices*. Keynote address: First South African National Wellness Conference, Port Elizabeth.
Wissing, M. P., & Temane, Q. M. (2008). The structure of psychological well-being in cultural context: Towards a hierarchical model of psychological health. *Journal of Psychology in Africa, 18*(1), 45–56.
Wissing, M. P., & Van Eeden, C. (2002). Empirical clarification of the nature of psychological well-being. *South African Journal of Psychology, 32*, 32–44.
Witherington, D. C. (2007). The dynamic systems approach as metatheory for developmental psychology. *Human Development, 50*, 127–153.
Wong, P. T. P. (2009). Meaning therapy: An integrative and positive existential psychotherapy. *Journal of Contemporary Psychotherapy, 60*(2), 85–93. doi:10.1007/s10879-009-9132-6.
Wong, P. T. P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology, 52*(2), 69–81.

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