THE INFLUENCE OF PSYCHOSOCIAL FACTORS ON THE SUBJECTIVE WELL-BEING OF ADOLESCENTS

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Statement

I, Natasha Basson, declare that the dissertation submitted by me for the Magister Societatis Scientiae (Psychology) degree in the Faculty of Humanities at the University of the Free State is my own independent work and has not previously been submitted by me at another university/faculty. I furthermore cede copyright of the dissertation in favour of the University of the Free State

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N Basson Date

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I keep six honest serving men.
They taught me all I knew:
Their names are What and Why and When
And How and Where and Who.

- Rudyard Kipling

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CHAPTER 1: Introduction and Problem Statement

1.1. Problem Statement

Worldwide changes are shifting the conditions in which adolescents prepare for adulthood and this has brought an increase in the need for specific and effective youth interventions and programs. Adolescence is a very important phase in the development process as it is during this phase that the adolescent is virtually launched into the outside world. There is probably no more important a period in the life span of a human for the development of the self than adolescence. In the years between thirteen and the early twenties the adolescent gradually separates herself from her family both socially and emotionally as well as economically and mentally. She may also develop different tastes and attitudes, as she begins to find her own way in the world. Erik Erikson stated that the optimal time for achieving a sense of identity is during adolescence. He describes sense of identity as a 'feeling of being at home in one's body, a sense of knowing where one is going and an inner assurance of anticipated recognition from those who count' (Erikson, 1969, p. 165).

During adolescence, although individuals can explore adult roles, they do so still under the protection of authoritative figures such as parents and teachers. This exploration stage of human development paves the way for the future behaviour of the individual. Decisions made during this stage have far-reaching consequences for the adolescent. These decisions can result in either health enhancing or health compromising behaviour. Examples of these decisions include a career choice which may lead to work satisfaction; becoming involved in risky juvenile behaviour which could lead to delinquency and criminality; risky sexual behaviours which could result in teenage pregnancy or the contraction of sexually transmitted diseases and AIDS (Call et al., 2002). It could also lead to experimentation with substances which could in turn result in substance dependency and abuse. Adolescents are more inclined to engage in activities that yield short term satisfaction than in activities that may seem to contribute

towards abstract long term goals (Pitman, Diversi & Ferber, 2002). The interpersonal skills that adolescents need to adjust in society are changing, especially the need to communicate across ethnic, gender and religious boundaries (Larson et al., 2002). As adolescents grow to be the leaders of the future it is of utmost importance to ensure their psychological well-being and life satisfaction, so that they may emerge as well balanced adults. With the variety of possibilities available to adolescents, the choices they make are becoming increasingly complex and confusing and it is therefore very important to provide support to adolescents so that they can prepare for their future.

In modern society the extensive changes in family and school environments often contribute to risky behaviour in adolescents. Healthy risk-taking is a positive tool in an adolescent's life for discovering, developing, and consolidating her identity. Many adolescents however engage in unhealthy risk behaviours such as: substance abuse, dangerous dieting, eating disorders, staying out all night, unprotected sexual activity, gang violence, handling weapons, bullying, shoplifting and stealing. Specific problems that can arise from such risky behaviours during adolescence include increased levels of stress, depression, anxiety, anorexia and substance dependence. Powell, Denton and Mattsson (1995) estimate that the prevalence rate for major depression in adolescence range from 0.4% to 6.4%. According to the South African National Youth Risk Behaviour Survey (2002) 28% of the adolescent participants (ages between 14 and 18) attempted suicide (in the Northern Cape 26.8% attempted suicide), while 34% reported occasional alcohol drinking, 24% drink alcohol at least once a week and 23% engage in binge drinking. The same survey indicates that 22.1% of male and 22.9% of female grade 11 students engage in risky sexual behaviour without any means of protection (Reddy et al., 2002).

Although many adolescents engage in health compromising and risky behaviour, a large number of adolescents seem to be adjusting effectively. Numerous adolescents excel academically and achieve outstanding results in fields such as sports, music and culture. There are large groups of adolescents that cope

successfully regardless of peer pressures and increased demands placed upon them (Sigelman & Rider, 2006). This leads to the question: 'Which factors influence the successful adaptation of adolescents?'

Subjective well-being is multidimensional and many different factors interact to determine the well-being of individuals. These factors include: personal and environmental stressors and resources, coping styles as well as demographic variables such as race, gender and socio-economic class. Adolescents with high levels of subjective well-being developed fewer externalizing problems in the wake of stressful events than did those with low levels of subjective well-being. This suggests that subjective well-being functions as a buffer against life stressors (Park, 2004). Life satisfaction is negatively linked to violent problem behaviours among adolescents, such as physical fighting and weapon carrying, with depression, anxiety, neuroticism, loneliness, symptoms of psychological disorders and teacher ratings of school-discipline problems (Suldo & Huebner, 2004; Valois et al., 2001). Adolescent subjective well-being should therefore be studied in order to understand the factors that may promote life satisfaction and positive affect of adolescents. These factors mitigate the negative effects of stressful life events and work against the development of psychological and behavioural problems (Rask, Astedt-Kurki & Laippala, 2002).

The future holds many threats and promises. To be paralyzed by the extent and speed of change in an increasingly diverse world is to silently add to a bleak scenario in which the youth without access to preparation for work, interpersonal engagement, or personal life will be left behind. The specific consequences of having large numbers of adolescents lingering are unforeseen but it is known that it could gravely weaken the ideals of economic growth and humanistic social order. Redefining social strategies to accommodate the new goals for adolescents, understanding the needs of adolescents and being aware of the factors that influence their positive development can lead to a more positive scenario for both adolescents and society in the new century.

1.2. Research goals and questions

1.2.1. Overarching aim

The purpose of this study is to investigate factors that influence adolescent subjective well-being. The differences in factors affecting white and black participants respectively will also be explained.

1.2.2. Specific goal

The goal of this study is to determine whether life stressors and resources that adolescents experience, their levels of hope as well as the coping strategies employed by them, can be used to predict their levels of subjective well-being.

The following goals have been formulated for this research study:

1. Determine the levels of satisfaction with life amongst a sample of adolescents in the Northern Cape Province.
2. Clarify significance of differences between the white and black participants with regard to their well-being as well as the stressors, resources and coping strategies that they employ.
3. Investigate the influence of psychosocial factors, namely individual factors (such as a sense of hope), as well as contextual factors (focusing on social support from parents, family, friends and teachers) on the level of satisfaction with life experienced by the adolescent participants.
4. Explore the differences between the white and black groups with regard to the factors that explain the variance in their respective levels of satisfaction with life.
5. Determine the influence of demographic factors such as race and gender on satisfaction with life.

1.2.3. Research questions

The researcher will attempt to answer the following research questions:

- What are the levels of satisfaction with life reported by the sample of adolescents in the Northern Cape Province?
- What are the influences of stressors and resources, such as hope and social factors, such as social support and environmental stressors on the subjective well-being of adolescents?
- What are the differences in predictors of the levels of satisfaction with life for the white and black groups respectively?
- To what extend do the stressors and resources reported by white and black participants differ?

1.3 Methodology

1.3.1. Research design

The research process will involve a cross-sectional, quantitative research process where psychometric instruments will be administered to participants to gather data. The following questionnaires will be used in order to gather the data: (1) The Satisfaction with Life Scale, (Diener, Emmons, Larsen & Griffin, 1985) (2) The Hope Scale, (Snyder et al., 1991) (3) The Life Stressors and Social Resources Inventory, Youth Form, (Moos & Moos, 1994) (4) The Coping Orientations to the Problems Experienced Questionnaire (COPE), (Carver et al., 1989) as well as a (5) Biographical questionnaire.

1.3.2. Ethical considerations

The following ethical guidelines as proposed by the APA have been followed:

- Permission for conducting the research was obtained from the Department of Education, schools and parents
- Research participants were notified about the nature of the research and informed consent was obtained from them

- Participants were assured that all information would be anonymous and kept confidential
- No form of deception was used to obtain information
- All participants were treated equally
- Psychologists and psychometrists conducted the testing and this allowed for the debriefing of respondents in case psychological distress occurred as a result of the testing

1.4 Concept clarification

Reference to the male gender (he/his/himself) is included in reference to the female gender (she/hers/herself), unless otherwise stated.

1.4.1. Satisfaction with Life:

For the purpose of this study satisfaction with life is defined as a general appraisal of an individual's quality of life according to her personal standards. These judgments of how satisfied an individual is, is based on her life and standards that each individual establishes for herself and should not be externally imposed.

1.4.2. Stressors:

In this study a stressor is defined as a stimulus or state that causes physiological or psychological arousal in an individual. Stressors are emotional or physical demands (positive or negative) that result in stress.

1.4.3. Resources:

In the current research study resources are seen as both external sources such as social support, as well as internal sources such as dispositional traits that individuals use to master stressful circumstances. These have a bearing on long-term consequences effecting subjective well-being, general health, and functioning in the world.

1.4.4. Coping:

For the purposes of this research coping is defined as the process of managing taxing circumstances, expending effort to solve personal and interpersonal problems, and seeking to master, minimize, reduce or tolerate stress or conflict

1.4.5. Adolescence:

For the purposes of this study the term adolescence refers to a developmental stage in which the individual ranges from about 11 years of age to approximately 20 years of age. In the current study the respondents are in their mid to late adolescent years, ranging from 15 to 20 year olds.

1.5. Delineation of the study

This study is divided into six chapters; this chapter serves as an overall introduction.

In **Chapter 2** the concept **subjective well-being** is conceptualized. The conceptualization includes an overview of the dimensions of well-being, perspectives on subjective well-being, a number of models of subjective well-being as well as the consequences thereof.

In **Chapter 3** the focus falls on adolescence. It includes a thorough investigation of this developmental stage and reports on studies of subjective well-being experienced by this age group.

In **Chapter 4** the method and procedures used to conduct this research study are explained. The research design, objectives of the research study as well as the characteristics of the participants, data gathering process, measuring instruments and statistical analyses will be explained.

In **Chapter 5** the findings of the study are presented and this chapter includes a discussion regarding these findings.

In **Chapter 6** a summary of the research results, conclusions, limitations and recommendations for further research are presented.

Chapter 2: Subjective Well-being

2.1. INTRODUCTION

In this chapter, subjective well-being will be conceptualized, providing a broad overview of the different perspectives on subjective well-being. Different models of well-being will be described, ultimately selecting the most appropriate model that will serve as theoretical guide model for the current study. Dimensions of well-being and related concepts will also be presented in this chapter. The cognitive component of subjective well-being; namely satisfaction with life, together with the emotional component; positive/negative affect, will be discussed in more detail. Lastly the factors contributing to subjective well-being and the consequences thereof will be examined.

2.2. CONCEPTUALIZING SUBJECTIVE WELL-BEING

2.2.1. INTRODUCTION

Subjective well-being is a construct that reflects an understanding of an individual's appraisal of her life. These appraisals may be primarily cognitive (e.g. life satisfaction) as well as affective, consisting of pleasant or unpleasant emotions that individuals experience (e.g. happiness and depression). The notion of subjective well-being incorporates positive factors and not just the absence of negative factors (Park, 2004).

Many researchers have defined well-being, but as Gasper (2002) points out, the term **well-being** is a concept or idea referring to whatever is assessed in an evaluation of a person's life situation or 'being'. Summarized, it is the description of the state of the individual's life situation. A hallmark of subjective well-being is that it centers on the individual's personal judgements and not upon some criterion judged by the researcher as important (Diener, 1984).

2.2.1.1. DEFINITIONS

There are three primary components of subjective well-being: life satisfaction, high levels of pleasant affect, and low levels of unpleasant affect. Subjective well-being is structured such that these three components form an overall factor of interrelated variables. Meister (1991) suggests that subjective well-being is a comprehensive and flexible concept that is broader than health. The following discussion takes a closer look at how prominent researchers have defined subjective well-being.

2.2.1.1.1. Definitions of subjective well-being

Subjective well-being is defined by Snyder and Lopez (2002, p. 63) as “A person’s cognitive and affective evaluations of his or her life. These evaluations include emotional reactions to events as well as cognitive judgements of satisfaction and fulfillment”. In agreement with Snyder and Lopez’s view that subjective well-being includes both cognitive and affective components, Carr (2004, p. 12) defines subjective well-being as “A positive psychological state characterized by a high level of satisfaction with life, a high level of positive affect and a low level of negative affect”. According to Vleioras and Bosma (2005) subjective well-being refers to feeling well, which is highly parallel to the characteristics of a healthy personality set forth by Erikson. According to Diener (1984) well-being is a multidimensional construct that includes cognitive and affective components. Diener (1984) further defines subjective well-being in terms of three primary components: life satisfaction, positive affect and negative affect. It is clear from the abovementioned definitions that the following two aspects form the core of subjective well-being and that the cognitive and emotional aspects are fully intertwined. The cognitive component refers to life satisfaction and the emotional component divided into positive and negative affect (Bradburn, 1969; Diener, 1998). The emphasis in this study falls on the cognitive component.

Human well-being is often treated as a multidimensional concept that consists of a number of distinct dimensions. Theoretical research has identified an array of dimensions; these include social (shared understanding), physical (being healthy and fit), psychological (individual characteristics of an inherently positive state such as happiness as well as an absence of depression), spiritual (belief in a higher power) and material (standard of living) dimensions (Alkire, 2002; Martinez & Dukes, 1997). A large body of evidence indicates that although subjective well-being components share some common variance, a substantial amount of the variance is unique to each component (Busseri et al., 2007). Various combinations of life satisfaction, positive and negative affect are therefore possible.

2.2.1.1.2. Definition of Life Satisfaction

Life satisfaction represents the cognitive component of subjective well-being. Veenhoven (1993) argued that global judgments, such as life satisfaction, are very important in assessing subjective well-being because it best reflects the philosophical notion of the good life. Life satisfaction can be defined as an overall, cognitive evaluation of the quality of an individual's life in general or with important, specific domains such as satisfaction with work, marriage, school and other life areas (Diener, 1994; Myers & Diener, 1995; Zullig et al., 2005). Life satisfaction judgments are not absolute but rather based on an individual's evaluation of salient information. Information used by one person to evaluate her life satisfaction may be insignificant to another. Life satisfaction is thought to be moderated by the extent to which one's physical desires and one's psychological desires are met (Diener & Seligman, 2002). People use information from different areas to construct their judgments and also differ in the degree to which they evaluate their moods and emotions when calculating life satisfaction. Life satisfaction can therefore change from time to time (Snyder & Lopez, 2002). In contrast to this view are the findings of Oishi et al. (1999) who found that life satisfaction remains constant across time.

2.2.1.1.3. Definition of Positive/Negative affect

The emotional component of subjective well-being is represented by the concepts positive and negative affect. Positive and negative affect are considered to be highly distinct and weakly correlated (Diener & Emmons, 1985). Barbara Frederickson's *broaden and build model* hypothesizes that positive emotions broaden an individual's awareness and then build upon the resultant learning to create future emotional and intellectual resources. Positive emotions also help an individual to increase their available alternative methods and these resources are longer lasting. Frederickson also indicates that another advantage of positive emotions is that positive emotions may act as antidotes to negative emotions (Compton, 2005).

Positive affectivity is a characteristic that reflects individual differences in positive emotional experiences; it is the extent to which an individual expresses pleasure, enthusiasm and contentment and reflects the co-occurrence of positive emotional states such as joy, interest, excitement, confidence and alertness. Positive affectivity can further be described by the following sub-dimensions: cheerful, happy, lively, confident, daring, alert and determined to name but a few (Ben-Zur, 2003; Carr, 2004; Kail & Cavanaugh, 2007; Snyder & Lopez, 2002). Researchers have shown that positive affect is a category in memory used spontaneously by people to organize their thoughts; it is part of the approach-oriented behavioural facilitation system which orientates the individual to seek out potentially rewarding situations that could yield happiness. Positive affectivity is quite consistent across various situations and contexts (Aspinwall & Staudinger, 2003; Carr, 2004; Snyder & Lopez, 2002). It has been found that social behaviour such as interpersonal relationships, the number of close friends and relatives, contact with these close companions, the number of acquaintances, involvement in social organizations, overall social activity, extraversion, exercise and physical activity as well as religion or spirituality correlate with positive affectivity and can increase positive mood (Snyder & Lopez, 2002; Watson, 2002). High

levels of positive affectivity are more likely when a person is focused outward and involved in their environment. Watson (2000) therefore suggests that anybody is capable of experiencing substantial levels of positive affectivity. In contrast to this view, Clark and Watson (1999) indicate that positive affectivity is highly heritable, with the rearing environment having a modest effect on the development of this trait.

Negative affect is the extent to which an individual is irritable, easily distressed and prone to rage. It is subjective distress and dissatisfaction and is composed of negative emotional states such as anger, fear, sadness, guilt, contempt and disgust (Ben-Zur, 2003; Kail & Cavanaugh, 2007). Negative affectivity is an aspect of the avoidance/ withdrawal-orientated behavioural inhibition system and acts to reduce the approach-behaviour. Thus keeping the individual away from danger, pain or punishment and correlates with the personality trait, neuroticism (Carr, 2004; Snyder & Lopez, 2002; Watson, 2002). According to Carr (2004) negative affectivity peaks in late adolescence and then declines with age at least until mid adulthood. Life satisfaction and positive affect mitigate the negative effects of stressful life events and work against the development of psychological and behavioural problems in youth (Park, 2004).

2.2.1.1.4. Conclusion

A critical component of subjective well-being is not simply the tendency to experience positive and negative emotions, but the tendency to make either positive or negative attributions of one's emotions, life events and one's behaviour. Therefore, an individual who experiences high levels of subjective well-being is experiencing high life satisfaction, frequent positive affect and low levels of negative affect.

The different perspectives explaining well-being will be discussed in the following section.

2.2.1.2. DIFFERENT PERSPECTIVES OF WELL-BEING

Different researchers have conceptualized well-being from different perspectives. In this section the different perspectives, including the personological, developmental and holistic/integrative perspective on subjective well-being will be examined.

2.2.1.2.1. Personological perspective

Many researchers conceptualize well-being from a personological perspective. Personality is often referred to as a structured combination of attributes, motives, values and behaviours unique to each individual and consists of personality traits or characteristics such as sociability, independence and dominance (Sigelman & Rider, 2006). These traits are believed to be relatively enduring and the presence or absence of traits allows some individuals, more than others, to enjoy a higher level of subjective well-being.

According to Cummins and Nistico (2002) it is proposed that positive, cognitive reference to the self, generates a feeling of satisfaction and that satisfaction with the self is the strongest predictor of subjective quality of life found to date. Personal traits such as self-acceptance and environmental mastery, self-esteem, self–confidence and energy, a sense of personal control, sociability, optimism as well as control expectancies have notable associations with subjective well-being. Good social relationships and having a sense of meaning have been found to be positively correlated to subjective well-being (Diener, 1984; Diener & Diener, 1995b; Diener & Fujita, 1995; Myers & Diener, 1995; Ryff, 1989).

2.2.1.2.2. Developmental perspective

Other researchers emphasize the developmental stage which an individual is moving through, indicating that well-being is defined differently for each person, depending on the developmental stage that they have reached (Sigelman & Rider, 2006). Developmental stages that people progress through

can be defined as a well-defined phase of the life cycle that is depicted by a specific set of abilities, motives, emotions or behaviours that form a coherent pattern. Each stage is viewed as different from the one before or the one that is to come (Sigelman & Rider, 2006). An adolescent girl's experience of subjective well-being will therefore differ from that of a middle-aged woman. For an adolescent girl having an exciting social life and being popular amongst her friends may increase her subjective well-being, but for a middle aged woman, having a stable career and a prosperous family with children who are obedient may increase her subjective well-being regardless of her social standing (Arnett, 2000).

2.2.1.2.3. Holistic and Integrated perspective

Various other researchers suggest that well-being is determined by a dynamic, complex and multidimensional process experienced by the individual. The environmental factors and the societal feedback, together with the personality traits of the individual, all combine to ultimately lead to the level of subjective well-being experienced by the individual (Sigelman & Rider, 2006).

Theorists such as Witmer and Sweeney (1992) and Seeman (1989) also take contextual factors into consideration; they incorporate principles from the systems theory and their models range from highly abstract to more pragmatic in focus. Researchers who are of the opinion that all these perspectives, to some extent, hold true, argue that it is important to take not only personality traits and the developmental stage of the individual into consideration, but also to include environmental factors and to form a more integrated approach towards subjective well-being. An earlier model from a systemic approach indicates that individual well-being involves an integrated method of functioning, suggesting reciprocal integration. Changes in well-being on either the physical, spiritual, psychological, social, emotional or intellectual dimensions have an influence on well-being in the other dimensions (Dunn,

1961). Ryff (1989) indicates that the theoretical formulation of well-being is a comprehensive field, surrounding positive self-regard, mastery of the surrounding environment, quality relations with others, continued growth and development, purposeful living and the capacity for self-determination, all of which interact to determine well-being.

2.2.1.2.4. Conclusion

It is clear from the discussion regarding the different perspectives on well-being that subjective well-being is a multidimensional construct. Well-being and specifically subjective well-being, is largely dependent on the individual, whether it is determined by her developmental stage and the maturity that she has reached, the personality characteristics and traits that she has, or the combination of various processes that influence her well-being. Viewed from different perspectives, subjective well-being is therefore still determined by the interaction between the individual and her personal surroundings.

2.2.2. MODELS OF WELL-BEING

As subjective well-being is an abstract and multidimensional concept that has numerous definitions and assumptions, various approaches and models have been developed to incorporate these diverse aspects. The following are models that have been looked at in order to gain the best understanding of the factors that influence well-being. Research has indicated that multi-factorial clarifications better enhance knowledge about subjective well-being than what single factor explanations do.

2.2.2.1. The Wellness Model (Adams, Bezner & Steinhardt, 1997)

According to Adams, Bezner and Steinhardt (1997) perceived wellness is a multidimensional affective, salutogenic construct and their Wellness Model consists of six dimensions, based on the strength of theoretical support and the quality of experiential evidence supporting each dimension (Adams,

Bezner & Steinhardt, 1997). From **figure 1** it can be observed that the top of the model represents wellness as it extends to the fullest probable degree, whereas the tightly tapered bottom signifies illness. Change in every dimension influences and is influenced by change in all other dimensions. The views in this model link up well with Dunn's (1961) definition of wellness, which defines wellness as being adjusted towards making the most of individual capabilities and potential aptitudes.

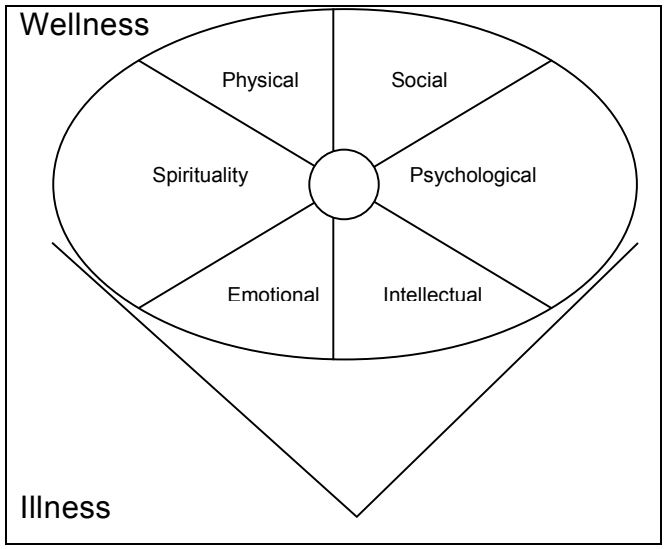

Figure 1

The Wellness Model, (Adams, Bezner & Steinhardt, 1997, p210)

The six dimensions of this wellness model are:

- **Physical wellness,** which is a positive perception and expectation of physical health
- **Spiritual wellness,** which is a belief in an unifying force between mind and body
- **Psychological wellness,** which can be defined as a general perception that one will experience positive outcomes to the events and circumstances of life
- **Social wellness,** which has been defined as the perception of having support available from family and friends in times of need and the perception of being a valued support provider

- **Emotional wellness,** which is defined as having a secure self-identity and a positive sense of self-regard, both of these contributing to self-esteem
- **Intellectual wellness,** which is the perception of being internally energized by an optimal amount of intellectually stimulating activity (Adams et al., 1997).

The model of Witmer and Sweeney (1992) will be discussed next to illustrate the factors that they have emphasized in their clarification of well-being.

2.2.2.2. Wheel of wellness and prevention (Witmer & Sweeney, 1992)

Witmer and Sweeney (1992) recommend a model of wellness and prevention over the life span that integrates theoretical perceptions from psychology, anthropology, sociology, religion and education. Experimental and applied research data from personality, social, clinical and health psychology have been utilized to conceptualize this model (Witmer & Sweeney, 1992). The characteristics of the healthy person over the life span are illustrated under five tasks, which are represented as a wheel of wellness, as represented by **figure 2**. The characteristics of wellness are expressed by the five life tasks of spirituality, self-regulation, work, love and friendship. These life tasks interrelate with the life forces of family, community, religion, education, government, media, and business.

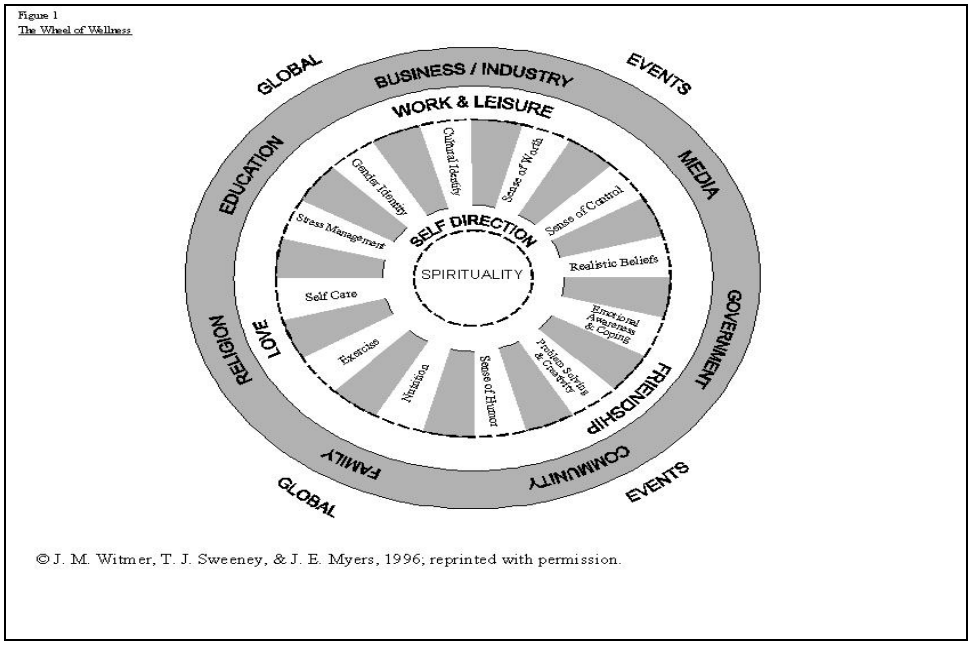

Figure 2

Wheel of wellness and prevention (Witmer & Sweeney, 1992, p142)

At the centre of the wheel is:

- **Spirituality** which translates to purposiveness, optimism and values
- **Self-regulation** is the second life task, which includes such characteristics as sense of worth, sense of control and spontaneous responsiveness.
- **Work** as a third life task not only affords economic sustenance, but also serves psychological and social functions.
- The fourth life task **Friendship** enables the individual to connect to others and form social relationships.
- Wellness is enhanced by the fifth life task **Love**, in which our health is nurtured in marriage or intimate relationships through trust, caring and companionship.

The life tasks are influenced by forces from within the individual and from outside the individual such as family, religion, community, education and media. All of these components interact for the well-being of the individual (Witmer & Sweeney, 1992).

2.2.2.3. Ryff's model of well-being

The convergence of numerous frameworks of positive functioning serves as the theoretical foundation that produced a multidimensional model of well-being (Ryff 1989; Ryff & Keyes, 1995). This model consists of six distinct dimensions of positive psychological functioning which encompasses a breadth of wellness.

The six components that comprise the model of Ryff are:

- **Self-Acceptance**, which can be defined as positive evaluations of oneself and one's past life; accepting oneself and one's personal situation are regarded as the best guarantee for wellness (Sastre, 1999).
- **Positive Relations with Others,** which refers to the possession of quality relations with others and having rewarding relationships with others.
- **Autonomy,** which can be defined as a sense of self-determination. This is simplified as independence and the ability to regulate behaviour. Therefore the individual can conduct self-evaluation, minimizing the need for the approval of others.
- **Environmental Mastery,** which is the capacity to manage effectively one's life and surrounding world. This includes choosing and creating environments suitable to personal psychological conditions. Ryff (1989) emphasizes the importance of being involved in activities outside of the self, which may lead to environmental mastery.
- **Purpose in Life,** which can be defined as the belief that one's life is purposeful and meaningful. It is of great importance that clear comprehension of life's purpose, a sense of directedness and intentionality is gained
- **Personal Growth,** which is a sense of continued growth and development as a person**.** Psychological wellness requires developing your full potential, growing and expanding as a person.

The theoretical formulation of well-being was thus supported as a multifaceted domain surrounding positive self-regard, mastery of the surrounding environment, quality relations with others, continued growth and development, purposeful living and the capacity for self-determination. Research data by Ryff (1989) indicates the replicative consistency of age and sex differences on these various aspects of well-being. Women scored significantly higher than men on the Positive Relations with Others and Personal growth components (Ryff, 1989).

2.2.2.4. Integrated Stress and Coping model of Moos and Schaefer (1993)

The basic assumption of this model hypothesizes that personal and environmental stressors and resources, together with the life crises and transitions experienced by the individual, combine to form the cognitive appraisal and coping skills that establish the health and well-being of the individual.

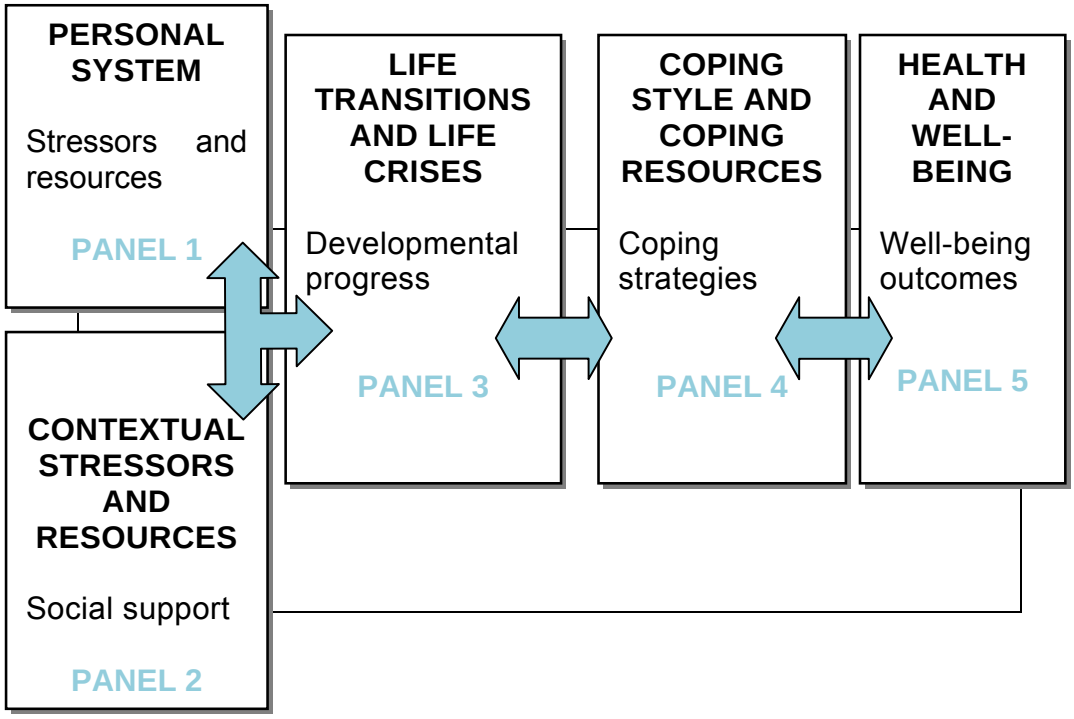

Figure 3

The integrated Stress and Coping process model (Moos & Schaefer, 1993, p237).

According to the integrated stress and coping model (**figure 3**), an individual's health and well-being are considerably affected by her exposure to stressors, as well as the accessibility and functionality of personal and environmental coping resources (Moos & Schaefer, 1993).

The stress and coping model consists of 5 panels, which are bidirectional:

- *Panel 1* is the **personal system**, which consists of personal stressors and resources. Hope and self-esteem as well as the lack of hope and self-esteem are examples of stressors and resources. This is a relatively stable disposition that affects the selection of appraisal and coping processes, which influence the cumulative outcome (Moos & Schaefer, 1993). In the current study, hope together with race, were considered in terms of the personal contribution to the well-being criterion.
- Social support, health and financial factors all form part of *Panel 2*, **Contextual stressors and resources.** These are important determinants of the health and well-being of the individual. Examples of this could be economic stability, unemployment, famine, relationships with significant others, support from others, availability of information. The contextual influences that were investigated in this study included financial stress, home environment and relationships within the adolescent's sphere
- *Panel 3*, **Life transitions and life crises** which include developmental processes and traumas, all form an interactive part as the specific stage of development determines eventual health and well-being. In this study the stage of human development that was focused on, was adolescents who are in the senior phase of secondary schooling.
- **Coping style and coping resources**, such as positive appraisal, cognitive distortions and coping strategies form part of *Panel 4* and specific coping strategies that adolescents apply were looked at in this study.
- *Panel 5*, **Health and Well-being**, which concludes the positive health and well-being outcomes (Moos & Schaefer, 1993). In this study adolescent

well-being and specifically life satisfaction, formed the criterion variable and is regarded as the health outcome being measured.

2.2.2.5. Conclusion

From the aforementioned discussion it can be deduced that well-being is influenced by numerous factors. However, there are main themes that come across most of the models, highlighting the cognitive and affective components of subjective well-being. It is clear from the different models that subjective well-being has a cognitive component as mentioned by the Wellness Model (Intellectual wellness); the Wheel of Wellness (Self-regulation and work); Ryff's model (Self-acceptance and autonomy) and Moos and Schaefer (Coping style and resources) as well as an affective component, which is also described by the Wellness Model (Emotional wellness and spiritual wellness); the Wheel of Wellness (Friendships and love); Ryff's model (Positive relations with others and purpose in life) and Moos and Schaefer (Personal system). What stems from all these models is the complexity of subjective well-being and how it is influenced by numerous factors, ranging from personal evaluations, relationships with others as well as resources to mastering the environment. It is important to note that changes in one sphere influence what happens in other spheres. In this study, the integrated stress and coping model of Moos and Schaefer (1993) will be used as guide theoretical model to conceptualize the psychosocial factors that influence adolescent well-being

2.2.3. FACTORS CONTRIBUTING TO SUBJECTIVE WELL-BEING

The field of subjective well-being includes the undesirable states that are treated by clinical psychologists, but it is not limited to the study of these undesirable states. Therefore, this field deals not just with the causes of depression and anxiety, but also with the factors that differentiate slightly happy people from moderately happy and extremely happy people (Ryff,

1989). Subjective well-being is determined by personal judgements of the individual's internal experiences. An external frame of reference is not imposed when assessing subjective well-being. In addition subjective well-being focuses on longer-term states, not just momentary moods. Often what leads to momentary happiness may not be the same as what produces long-term subjective well-being (Ryff & Singer, 2002).

2.2.3.1. PERSONAL STRESSORS/ RESOURCES

Stressors as well as resources play an important part in determining and maintaining subjective well-being. In this section, Hope and Self-esteem will be discussed as examples of resources, contributing to satisfaction with life. The definition, determinants and consequences of hope and self-esteem will be discussed. In the discussion to follow, hope and self-esteem are described as resources and their functions as resources are illustrated. It is important to note that a lack of either hope or self-esteem could be classified as a stressor. If the person does not experience high levels of hope or self-esteem, it could place a considerable amount of stress on the individual and impair her functioning. Other examples of stressors and resources are self-confidence, easy going disposition, sense of coherence, perceived mastery and dispositional optimism.

2.2.3.1.1. Hope

Hope is a positive motivational state that is based on an interactively derived sense of successful agency and pathways with agency referring to goal-directed energy and pathways referring to the planning that is required to meet one's goals (Snyder, Irving & Anderson, 1991). Snyder (2000) has conceptualized Hope as the sum of the capability to plan one's ways to attain your desired goals, regardless of barriers and motivation to use these pathways. Hopeful thoughts are centered on the belief that one can discover pathways to desired objectives and become motivated to make the most of

those pathways. Individuals need to think they have the necessary skills and pathways to reach their desired goals (Snyder et al., 1998).

Snyder (2000) indicates that a hopeful adult has a certain profile; these adults have experienced just as many setbacks but believe that they can overcome diversity and can cope with the challenges that they have to face. Hopeful adults continue to have positive internal dialogue, talking themselves through difficult situations, focusing on their own successes rather than their failures and experiencing obstacles in attaining their valued goals. These obstacles are often broken down into smaller, manageable obstacles and are experienced with fewer negative emotions. Hope also derives strength when it entails some level of obstruction but these obstructions should not make the goal unattainable. If an individual is convinced of reaching a goal, there is no need for hope (Snyder, 2000).

Individuals who experience high levels of hope embrace such self-talk agentic phrases as “I can do this” and “I am not going to be stopped” (Snyder et al., 1998). Hope correlates negatively with depression, is predictive of physical and mental health as well as health promoting behaviour. Optimistic and hopeful people are therefore happier and healthier; they have more effective immune systems, cope better with stress and have better social support networks (Peterson, 2000; Snyder, 2000; Schneider & Stevenson, 1999).

2.2.3.1.2. Self-esteem

According to cognitive behaviourists the one thing that is even more important than what a person is capable of doing, is what a person thinks she is capable of doing (Bandura, 1997). William James (1890) wrote that a person with high self-esteem has either accomplished a lot or expected very little from herself. James (1890) defined self-esteem as the belief of self-worth that develops from the proportion of our actual successes to our pretensions, pretensions being the personal judgements of our potential successes. From this definition it is clear that self-esteem is how we evaluate ourselves and determine our own self-

worth. In a more recent conceptualization of self-esteem Rosenberg (1985) defined self-esteem as an individual's feelings of value about himself or herself. In accordance with both James and Rosenberg, Snyder and Lopez (2002) defined self-esteem as the evaluative dimension of the self-concept. It is viewed as a psychological state of self-evaluation on a scale that ranges from positive to negative. An individual's self-esteem is based upon a combination of the objective information about oneself and the subjective evaluation of that information. For some individuals self-esteem is a right, whilst for others, it is a benefit that is gained by suitable behaviour (Hewitt, 1998; Pope et al., 1989).

Schmidt and Padilla (2003) argue that a positive self-concept and an engaging family life are in itself indicators of healthy performance which positive psychology seeks to understand. An individual's self-esteem increases when a person succeeds, is praised or experiences another's love, making self-esteem dependent not only on the individual's perceptions of herself but also on the perceptions that others hold of her (Snyder & Lopez, 2002; Schmidt & Padilla, 2003). Self-esteem is thought to be influenced by the individual's early unconditional acceptance into her social environment (Hewitt, 1998). Darling and Steinberg (1993) found that parents who combine warmth with moderate levels of control, accepting their children's strengths and weaknesses and setting high, yet achievable standards, help their children to develop strong self-esteem (Hewitt, 1998). Self-esteem is also influenced by social factors such as socio-economic status, accomplishments, having power to influence others, acting morally and receiving acceptance (Hewitt, 1998). In westernized culture, where importance is placed upon membership and acceptance, evaluation of talents, independence and individual action, the contemporary idea of self-esteem and how to boost it applies greatly (Hewitt, 1998). In westernized culture children are graded in school, rated on their athletic or musical abilities and accomplishments, and assigned to "popular" or "unpopular" peer groups. Hence the individual is only responsible for their

personal credit and satisfaction (Hewitt, 1998). Twenge and Crocker (2002) found minorities vary in levels of self-esteem when compared to whites. For example, African–Americans had higher levels of self-esteem when compared with Caucasians, whilst Hispanics and Asians had lower self-esteem scores. Twenge and Crocker (2002) conclude that self-esteem amongst ethnic groups appear to be partially explained by cultural differences in self concept, although these differences are not the only influencing factor.

Most practitioners view positive self-esteem as a central factor in good social-emotional adjustment. High self-esteem is associated with good personal judgement across the lifespan, positive affectivity, personal independence and acceptance, androgyny and internal locus of control, greater self-knowledge, setting suitable goals, fulfilling personal obligations, coping well with criticism and managing stress well. A high level of self-esteem therefore is a strong predictor of well-being (Diener, 1984; Dumont & Provost, 1999; Hewitt, 1998; Rosenberg, 1985; Snyder & Lopez, 2002).

2.2.3.1.3. Other dispositional factors

Some of the other dispositional factors that influence subjective well-being that will be discussed briefly are sense of coherence, perceived mastery and dispositional optimism.

Sense of coherence is described as a 'global orientation, a pervasive feeling of confidence that the life events one faces are comprehensible, that one has the resources to cope with the demands of these events and that these demands are meaningful and worthy of engagement' (Antonovsky, 1987, p. 19). According to Antonovsky (1992) an individual with a strong sense of coherence is cognitively and emotionally able to order the nature of problems and is willing to confront them. Sense of coherence has been linked with lower levels of depression, anxiety, life stress and physical symptoms (Bowman, 1996; Frommberger et al., 1999; Schnyder, Buechi, Sensky & Klaghofer, 2000) and with enhanced psychological and physical well-being and functional ability (Kivamaki, Feldt,

Vahtera & Nurmi, 2000). Another dispositional factor is **perceived mastery** which refers to the “perceived ability to significantly alter events” (Burger, 1989, p. 246). High levels of mastery among adolescents have been associated with adjustment, measured in terms of low depressive symptoms and negative life events (Herman-Stahl & Peterson, 1996). **Dispositional optimism** is another dispositional factor that influences subjective well-being. It refers to the anticipation that good outcomes will occur when confronting major problems (Scheier & Carver, 1985). This quality is considered to be a determinant of sustained efforts to deal with problems, as contrasted with turning away and giving up. Dispositional optimism has been found to enhance adaptation following stressful encounters (Ben-Zur, 2002). Among adolescents, dispositional optimism was found to be related to positive adjustment (Herman-Stahl & Peterson, 1996), to intentions to avoid unsafe sex (Carvajal et al., 1998) and to avoiding substance use (Carvajal et al., 1998). Thus, optimism may contribute to subjective well-being by buffering the effects of stress as well as by promoting active coping and engagement in healthy behaviours.

2.2.3.1.4. Conclusion

Hope is a component of personal resources and stressors. It is very important as individuals with high levels of hope are happier and cope better. Other personal resources that are of importance are self-esteem, sense of coherence, perceived mastery and dispositional optimism. If these components can be enhanced and maintained, the ultimate subjective well-being of an individual can be increased. As some of the personal stressors and resources have been identified it is also important to take a look at the contextual stressors and resources that affect subjective well-being.

2.2.3.2. CONTEXTUAL STRESSORS/ RESOURCES

Social support is increased through close supportive relationships between parents and their children, between siblings and between extended family members. These supportive relationships enhance subjective well-being and happiness. Strong social relationships, including relationships with family, friends, members of the opposite sex and teachers contribute to well-being (Argyle 2001; Myers & Diener 1995). Satisfaction with family has a consistent and strong association with global life satisfaction through childhood and adolescence, but satisfaction with friends and satisfaction with self become increasingly important as children mature (Park, 2003; Park & Huebner, 2003). In addition to social support, the importance of tangible resources and the lack of these tangible resources should be mentioned. Resources such as the physical home environment, money, social services and the infrastructure that an individual has at her disposal affect her subjective well-being immensely.

The following discussion is focused on specific social resources that influence the individual; a lack of these resources could act as a stressor.

2.2.3.2.1. Family and Parents

A person's first experience and knowledge of others come from the experiences within the family. The family is a powerful socializing agent and research has confirmed that the quality of the attachment and bonding processes between parent and infant in the first few months and years of life are important for the later emotional health of the individual. Scott and Scott (1998) suggest that although other factors such as social experience or peer groups are important in shaping a child, the influence of family remains an essential factor. The family creates an environment in which the child can safely learn about the world (Peiser & Heaven, 1996). The family process theory suggests that family members share a subjective reality, including shared values and world views (Larson & Richards, 1991). Social

competence, which is learned by virtue of interactions in the family, is required in all interpersonal engagement and may operate in various ways to protect individuals from maladjustment and promote life satisfaction (Fogle, Huebner & Laughlin, 2002). Research indicates that family relationships throughout the lifespan have vital flow-on effects for a number of domains, such as autonomy and later independence, individual pathology and problem behaviour (Peiser & Heaven, 1996).

Parents play a significant role in the family as they are the main determinants of the quality of family relationships. According to Jaccard and Dittus (1991) parents affect their children in the following ways: parents act as role models from whom children learn by observing and imitating. Parenting style and child rearing practices have important consequences for the emotional and social development of the children. Children also adopt their parents' values and belief systems and look to their parents for information regarding an array of topics. Family relations undergo remarkable alterations as the child matures. The attainment of independence, one of the central themes in adolescent development, requires the renegotiation of relations with parents and movement from a situation characterized by compliance to one of greater mutuality between the parties. Good parenting takes the form of an authoritative parenting style; this is a flexible, responsive and nurturant style of parenting. Baumrind (1971) suggested that authoritative parents are controlling and challenging, but they are also warm, balanced and sympathetic to their children's needs and growing desires. They are supportive parents who encourage positive, rational and interactive communication while using firm and consistent discipline. An affectionate parent that positively evaluates her child and provides emotional support conveys to the child a feeling of value, which forms the basis of the child's self-esteem (Cohen et al., 1994). Authoritative parenting also encourages independence but within a framework of discipline, with the necessary limits and expectations explained and justified, though these may be questioned by the child or even renegotiated

(Erwin, 1993). Parental acceptance and support also encourages the child to explore personal limits and discover competencies, which are important for self-concept development (Dekovic & Meeus, 1997). Authoritative parenting style is likely to yield children that are better equipped to deal with hazardous life events, more confident about their abilities, better adjusted and score higher on competence, social development, self-esteem and mental health, ultimately having a more robust self-concept than those who rate their parents as permissive or authoritarian (Furnham & Chen, 2000; McClun, 1998; Shucksmith, Hendry & Glendinning, 1995).

2.2.3.2.2. Siblings

In comparison to other family relationships, such as parent–child and marital relations, the contributions of sibling relationships to individual development and family functioning have been given scant attention (Kramer & Bank, 2005). The sibling world provides a critical window for understanding the ways in which children's experiences with their brothers and sisters may foreshadow variations in individual well-being and adjustment later in childhood, adolescence and well into adulthood (Kramer & Bank, 2005).

Siblings form an integral part of most children's social worlds. Brothers or sisters can be a source of frequent companionship, help, or emotional support. Older siblings can serve as caretakers, teachers and role models; in some instances they can even help compensate for absent or distant parents. In their interactions with each other, siblings may acquire many social and cognitive skills (Furman & Buhrmester, 1985). Amongst preschool-aged and early-school-aged children, sibling relationships characterized by more negative and less positive interaction, have been related to externalizing behavioural problems (Deater-Deckard, Dunn & Lussier, 2002; Garcia et al., 2000). Problematic interactions with siblings may contribute indirectly to problem behaviour by hindering opportunities to learn important social and emotional skills. Sibling relationships versus friendships also tend to be characterized by more frequent and intense conflict (DeHart, 1999;

Gleason, 2002). This difference may stem from the involuntary and asymmetrical nature of sibling relationships, along with siblings' need to share space, possessions and parental attention (DeHart, 1999)

2.2.3.2.3. Peers

Friendships symbolize trust, loyalty, equality, consideration, mutual understanding and intimacy. Friendships are based on emotional attachment, understanding and sincere interest in one another, while also sharing their feelings, thoughts, beliefs and behaviours with one another (Hartup & Stevens, 1999; Louw & Louw, 2007). Social interaction with peers also provides the opportunity to experience emotions and express feelings for age-mates of the same or opposite sex, as well as to develop skills in dealing with and expressing such emotions (Coleman & Hendry, 1990). Romantic relationships represent an important part of an individual's life. Two points about these cherished relationships are important: establishing close romantic relationships is an important developmental task during adolescence and involvement in and the quality of romantic relationships are essential correlates of well-being (Argyle, 2001; Arnett, 2000; Myers, 1992).

Several studies have shown strong links between affiliation with deviant friends and adolescents' delinquent behaviour (Agnew, 1991; Elliott & Menard, 1996; Simons, Wu, Conger & Lorenz, 1994). Elliott and Menard (1996) showed that the initiation of delinquency for most 11 and 12 year olds begin with deviant peer association. Even Gottfredson and Hirschi (1990), who emphasize individual characteristics such as bonding to conventional society to explain delinquency, granted that association with deviant peers might facilitate the development of delinquency in individuals already exhibiting anti-social tendencies. Agnew (1991) showed that the association with friends who engage in serious delinquency has an impact on delinquency only when adolescents are strongly attached to peers or spend much time with them and when peers manifest deviant attitudes and encourage deviant behaviour.

Children's friendships with their peers are generally recognized as contributing to their well-being; having a close friend predicts higher self-esteem, feeling relaxed, being "myself", and psychological maturity. Friendships are intrinsically satisfying as it provides companionship, stimulation, a sense of belonging and emotional support (Dunn, 2004; Hartup & Stevens, 1999; Hays, 1988). Not only do positive relationships with peers promote happiness, negative social interactions may also reduce happiness and subsequent social interactions. Social rejection and isolation may decrease happiness. Friendship satisfaction is more strongly linked to life satisfaction in individualistic countries (Diener & Diener, 1995).

2.2.3.2.4. School

Children spend a lot of their time at school and it is thoroughly documented that besides academic attainment, schools can have a profound impact on many areas of a child's development (Shmotkin, 1998). These influences may be positive or negative; for some children school is a place where they are stimulated, valued and encouraged to achieve their full potential. For others it is a place of fear, failure and alienation. Olweus (1993) suggests that the social context and culture of schools can play a key role in a child's level of achievement and emotional well-being. Teachers play an important role in the school environment as they often act as role models and are important sources of support and feedback.

2.2.3.2.5. Financial and physical environment

Money is a fundamental aspect of human life throughout the world. People spend a large fraction of their time earning and spending money and use market goods during all of their waking and sleeping moments. From 1975 to 1993 the number of cars in the world almost doubled and automobiles in developing countries increased threefold. Although industrialized societies still use a disproportional share of electricity, the amount consumed in the developing countries tripled

between 1980 and 1995. Even in the poorest region of the world, sub-Sahara Africa, the availability of many commodities approximately doubled in the 20 year period from the 1970's to the 1990's; some of these commodities are meat and cereal production, electricity use and automobile purchases (U.N. Development Programme, 1998).

Wealth is related to many positive life outcomes (Furnham & Argyle, 1998). For example, people with a higher income have better health and mental health, can afford improved health care services, have greater longevity, lower rates of infant mortality, are less frequently the victims of violent crime, have access to better social services and experience fewer stressful life events (Mayer, 1997; Smith et al., 1997; Wilkinson, 1996). Financial problems are a strong predictor of depression (Wheaton, 1994). Given the array of positive variables that correlate with income, it should not be surprising if wealthier people were significantly happier than others, but even so, this view is also open to debate. Dittmar (1992) found that rich people were perceived as more intelligent and successful; she also found that wealthy individuals were viewed as more unfriendly and cold. Another reason that income might not strongly predict higher subjective well-being is that most people must earn their money and wealthier people thus might be required to spend more of their time in work and have less time available for leisure and social relationships.

2.2.3.2.6. Conclusion

From the discussion it is clear that social relationships are vital for the well-being of an individual. It is important that an individual forms close relationships with her family as good relationships with both parents and siblings can impact positively on her well-being. Moreover, a good relationship with friends of the same and opposite sex can increase life satisfaction and ultimately her well-being. Having more financial and physical resources also contribute to greater levels of subjective well-being.

2.2.3.3. DEVELOPMENTAL STAGE/ LIFE CRISIS

Well-being is dynamic and changes as individuals go through different life stages. Each stage holds different demands and developmental tasks to master. The developmental stage that an individual has reached will influence the level of well-being and the factors contributing to well-being. This will be discussed further in the next chapter.

2.2.3.4. COPING AND COGNITIVE STYLE

The ability to adapt to stress and adversity is a central facet of human development. Successful adaptation to stress includes the ways in which individuals manage their emotions, think constructively, regulate and direct their behaviour, control their autonomic arousal and act in the social and nonsocial environments to modify or lessen sources of stress. These processes have all been included to varying degrees within the construct of coping (Compas et al., 2001).

2.2.3.4.1. Definition

Coping is viewed as an ongoing dynamic process that changes in response to the changing demands of a stressful encounter or event. Coping can be defined as “a response aimed at diminishing the physical, emotional and psychological burden that is linked to stressful life events and daily hassles” (Snyder & Dinoff, 1999, p. 5). Lazarus and Folkman (1984, p. 141) defined coping as ‘‘constantly changing cognitive and behavioural efforts to manage specific external and/ or internal demands that are appraised as taxing or exceeding the resources of the person’’. The coping process is complex and generally unfolds over time. The process includes the appraisal of the stressor, the individual’s own capacity to deal with it and the strategies to deal with the stressor. Before a coping strategy is selected, a stressor must be appraised. This cognitive process of appraisal consists of a continuous, evaluative process of categorizing the encounter (Lazarus & Folkman, 1984). Two types of appraisal have been described: primary and secondary appraisal. Primary appraisal is an evaluation

of what is at stake while secondary appraisal is an evaluation of the stressful situation with respect to what coping resources and options are available. Further, secondary appraisal includes an evaluation of the likelihood that a given coping option will result in the outcome that is desired, as well as the likelihood that the individual can apply the chosen strategies effectively (Lazarus & Folkman, 1984).

2.2.3.4.2. Dimensions of coping

The most widely used dimensions of coping are problem versus emotion focused coping, primary versus secondary control coping and engagement versus disengagement coping. Other dimensions that have been used relatively less often include self-focus and external focus of coping, cognitive and behavioural coping and active and passive coping (Compas et al., 1999; Rudolph et al., 1995).

The **problem**- and **emotion-focused** dimension reflects the function of coping responses to either act on the source of stress in the environment or react to negative emotions that arise from a stressful encounter or event (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) defined **problem-focused** coping as a coping style in which the individual attempts to change the situation that is causing the stress through the use of realistic strategies which can change the situation that is causing stress. She can either change the environment in which she is, or she can change herself in order to rid the situation of stress (Compton, 2005). **Emotion-focused** coping has been defined by Lazarus and Folkman (1984) as an individual's attempts to change negative emotions; it is aimed at normalizing the emotional response to a stressor. The goal is to "release the tension, forget the anxiety, eliminate the worry or just release the anger" (Compton, 2005, p. 118). However, there is a certain degree of criticism of this dimension as it is overly broad and places many dissimilar types of coping into these two general categories (Coyne & Gottlieb, 1996). The **primary** versus **secondary control coping** dimension refers to the orientation of the individual

to either enhance a sense of personal control over the environment and her reactions (primary control) or adapt to the environment (secondary control) (Rudolph et al., 1995). **Primary control** refers to coping attempts that are directed toward influencing objective events or conditions and directly regulating one's emotions (e.g. regulated emotional expression). **Secondary control** coping includes efforts to fit with or adapt to the environment and typically may include acceptance or cognitive restructuring. **Engagement coping** includes responses that are oriented either toward the source of stress or toward one's emotions or thoughts (e.g. problem solving or seeking social support); **disengagement coping** refers to responses that are oriented away from the stressor or the individual's emotions or thoughts (e.g. withdrawal or denial) (Ayers, Sandier, & Twohey, 1998; Compas et al., 1999). Lastly **avoidance** is aimed at refusing to confront difficulties presented by life; an individual attempts to reject the importance of the stressor or the impact that it has had on her life (Lazarus & Folkman, 1984). Literature on stress and coping provide numerous examples of the differences in coping strategies related to gender and gender identity. Traditionally, it has been reported that males tend to endorse more active, problem-focused coping strategies (Lazarus & Folkman, 1984) and, as a result, are often viewed as more effective copers than females (Hovanitz & Kozora, 1989). More contemporary theories have suggested that males are more competitive, task-oriented and aggressive in problem solving, especially in the work domain, whereas females are prosocial, assertive and empathic in coping, especially in the interpersonal domain (Hobfall, Dunahoo, Ben-Porath, & Monnier, 1994). Compass and Orosan (1993) indicate that problems that have been appraised as manageable are most often associated with problem-focused strategies, while problems that have been appraised as unchangeable are often managed with emotion-focused strategies. Therefore the interpretation that women make use of emotion-focused coping more often, could simply be due to the fact that women are frequently exposed to situations in which they have minimum control (Barnyard & Graham-Berman, 1993; Compass & Orosan, 1993). Marshall (1993) emphasizes that the coping behaviour of women should

be interpreted in the context in which they function. A specific problem in a life domain therefore influences the coping behaviour and the coping strategy used. Moos and Schaefer (1993) found that women often make use of approach and avoidance strategies. This does not prove that women do not use problem-focused coping; merely that men and women use different strategies in coping with stressful events.

2.2.3.4.3. Effectiveness of coping strategies

Coping can be seen as a cycle of events, involving an appraisal process that takes into account the levels of stress and resources, followed by the selection and implementation of coping strategies. Effective coping should lessen the burden of challenges of both short-term immediate stress and should also contribute to longer-term stress relief (Compton, 2005). The long-term effects of coping are seen when coping builds resources that will help to guard the individual against future stressors and challenges.

2.2.3.5. MODERATING VARIABLES

Data from various studies has indicated that demographic factors, such as age, gender, ethnicity, income, education, socio-economic status and geographical location are correlated to happiness and life satisfaction (Myers & Diener, 1995; Triandis, 2000; Watson, 2000; Wissing & Van Eeden, 1994). Some of the moderating variables that influence subjective well-being are as follows:

2.2.3.5.1. Socio-economic/ political stability

A factor which moderately correlates with life satisfaction is income. Research would suggest that people who live in countries that have higher socio-economic conditions are happier than those who live in countries with low socio-economic conditions. These findings can however be attributed to the fact that individuals in wealthier countries have more material goods and have high levels of human rights, greater longevity and more equality (Diener & Diener, 1995; Snyder &

Lopez, 2002). Diener, Suh and Oishi (1997) suggest that income only influences subjective well-being at lower levels where physical needs are at stake, but that increasing levels of wealth above this level make little difference to well-being. Higher levels of subjective well-being were found in individuals that reside in countries with a stable democracy, social equality and institutions that run smoothly (Diener & Diener, 1995; Suh, 1999; Triandis, 2000).

2.2.3.5.2. Gender and Age

Ben-Zur (2003) found gender to be the only demographic or background variable contributing to subjective well-being. Argyle (1999) suggests that older men are happier than older women and subjective well-being of men tend to increase steadily over the life span whereas subjective well-being of women increases up to age 25, slightly decreases between ages 25 to 35 and only shows a steady increase from age 35 (Mroczeck & Kolarz, 1998). In a South African study, Roothman, Kirsten and Wissing (2003) found differences between men and women in regard to their self-evaluated overall experience of psychological well-being.

According to Compton (2005) research does not support the cultural myth that young people are happier than older people, although young people experience more intense emotions. Experiencing intense emotions does not produce higher levels of subjective well-being. Some studies have however indicated a contradictory view and suggest that older people are indeed happier and more fulfilled than younger people (Argyle, 1999).

2.2.3.5.3. Culture

Culture has a profound influence on the conceptualization of life satisfaction. In cultures where there is strong emphasis on life satisfaction, people are more likely to use their positive domains to evaluate life satisfaction whereas people in cultures that do not place emphasis on life satisfaction are more likely to use their negative domains to evaluate life satisfaction (Diener,

2000b). According to Möller (2000) white South Africans are more satisfied than black South Africans with their lives as a whole. One of the reasons for this finding is that for many black people the reality of post-apartheid may have been disappointing. It appears that the subjective well-being of South Africans is a compromise between expectation and reality (Möller, 2000; Peltzer, 2001). Subjective well-being has been found to be higher in individualistic cultures (Diener & Diener, 1995; Suh, 1999; Triandis, 2000).

Diener and Diener (1995) demonstrated that self-esteem is a stronger predictor of life satisfaction in individualistic cultures than in collectivistic cultures because individualistic cultures emphasize a positive self-view. Culture influences subjective well-being in at least two different ways. Culture has direct effects on subjective well-being. People living in individualistic, rich and democratic cultures have higher levels of subjective well-being than do those living in collectivistic, poor and totalitarian cultures (Diener et al., 1999; Veenhoven, 1993). Culture also moderates the relation between hedonic balance and life satisfaction (Suh et al., 1998). Individualistic cultures emphasize the independence of individuals, whereas collectivistic cultures emphasize the interdependence of individuals and their close others (Kashima, Yamaguchi, Kim, Choi, Gelfand & Yuki, 1995; Triandis, 2000). Individualistic cultures emphasize freedom of choice and individuals' needs, whereas collectivistic cultures emphasize duties, others' needs and acceptance of one's fate. For collectivists, following cultural norms is more important than maximizing pleasure (Suh et al., 1998). Hence, collectivists tend to pay less attention to the emotional consequences of events and emotions feature less prominently in their life-satisfaction judgments. It is important though to ensure that research studies on cultural differences in life satisfaction are not just a reflection of differences in socio-economic conditions that might influence the exposure to stressors and resources.

2.2.3.5.4. Conclusion

Subjective well-being is clearly affected by variables in the individual's environment. Each individual will encounter different moderating variables at different times. It is important to take note that income, recreational activities and goals can increase life satisfaction and subjective well-being. Lastly, the culture in which an individual was raised may also have an impact on how the individual views her life and the criteria that she uses to assess her well-being.

2.2.4. CONSEQUENCES OF SUBJECTIVE WELL-BEING

A psychologically well person displays the following characteristics that are all integrated into a complex system which functions effectively as a holistic unit and which grows in time. These characteristics include: perception of self-esteem and self-worth, constructive thinking skills, coping strategies to deal with stress, self-regulated behaviour, sense of social support, guided in thought feeling and behaviour by a set of values that promote life satisfaction. Such holistic integration is a manifestation of the individual's high level of adaptability, satisfaction and mastery of life's demands. As a result, individuals therefore differ in how they experience and describe psychological well-being (Wissing & van Eeden, 1994).

Subjective well-being proves important in its own right but additionally contributes to a variety of positive outcomes such as acting as a buffer against a variety of negative outcomes (Park, 2004). Individuals who are happy and satisfied with life are good problem solvers, show better work performance, have meaningful social relationships, display virtues such as forgiveness and generosity. They have more adaptive dispositions and temperaments, tend to be more resistant to stress, have better self enhancing cognitive styles. These individuals also tend to volunteer more, have more positive work behaviour and experience better physical and mental health (Diener 1984, 1994, 2000; Frisch, 2000; Pressman & Cohen, 2005; Snyder & Lopez, 2002). Thus, a high level of subjective well-being is conceptualized as an indicator of optimal

human functioning and is considered an important personal and societal goal (Diener, 2000; Keyes, 2007; Seligman, 2000).

2.2.5. CONCLUSION

From the above discussion, it is clear that subjective well-being is a multidimensional construct, viewed by various researchers from different perspectives. There are numerous stressors and resources as well as coping strategies which affect subjective well-being. For the purposes of this study, subjective well-being will be conceptualized according to the integrated Stress and Coping process model of Moos and Schaefer (1993). The component of subjective well-being that is going to be looked at in this study is life satisfaction.

Chapter 3: Subjective well-being of adolescents

3.1 INTRODUCTION

In this chapter the focus is on adolescents and their subjective well-being. A closer look is taken at the factors that influence adolescent well-being and the consequences of subjective well-being in adolescence.

3.2 ADOLESCENTS

3.2.1 INTRODUCTION

The adolescent stage is a stage of multidimensional development which involves a process that extends over a significant period of a person's life. Adolescence usually begins at age 11 to 13 years and ends between 17 to 21 years (Louw & Louw, 2007). It occurs between childhood and adulthood when the individual is confronted by a series of developmental hurdles and challenges. Adolescents' development involves life tasks such as the development of identity, achieving independence from the family while staying connected and fitting into a peer group. The developmental process entails numerous changes which occur from childhood to adulthood. It is also a time when the individual is required to act in accordance with social roles, engaging with peers and members of the opposite sex and to complete the requirements of schooling and making decisions regarding a future career. **Adolescents,** as Durkin (1995) correctly states, is a distinct group of individuals and stereotypes misjudge their variety and overstate their liabilities.

3.2.2 DEVELOPMENTAL STAGE

Each period of human development brings with it new challenges and opportunities for personal growth. Adolescents have to manage biological, psychological, educational and social role changes all at the same time. In late

adolescence the roles of adulthood must be addressed in almost every area of life (Bandura, 2001; Geldard & Geldard, 2004; Louw & Louw, 2007).

3.2.2.1 Physical development

Adolescence is often seen as the physical transition from child to adult. This developmental stage is characterized by two major changes in physical development namely the growth spurt and puberty. Pinyerd and Zipf (2005) indicate that the *growth spurt* is characterized by the sudden increase in height and weight. Girls usually enter the growth spurt at 10.5 years and reach a peak by age 12 when the growth rate then declines and returns to a slower rate at about age 13. As boys lag behind girls by 2 to 3 years, they usually begin their growth spurt by age 13, peak at 14 years and by age 16 have declined and returned to a slower growth rate. Rapid muscle development over the adolescent years makes both boys and girls noticeably stronger and physically more capable than they were as children (Seger & Thorstensson, 2000). According to Colarusso (1992) adolescence begins with the well-defined maturation event called *puberty.* Puberty signals the beginning of a process of profound physical changes and is the point at which the adolescent reaches sexual maturity. Puberty involves biological events which surround the first menstruation in girls and the first ejaculation in boys (Geldard & Geldard, 2004; Shaffer & Kipp, 2007). For most girls sexual maturation starts at age 9 to 11, with the first menarche at age 12. For boys, however, puberty starts at age 11 to 12 and peaks at age 13 to 14.5 (Pinyerd & Zipf, 2005).

The impact of these physical changes on the psychological state of adolescents can be profound. Each adolescent experiences a variety of individual differences, with some individuals moving through adolescence quickly and graciously whilst others are confronted with more challenging transitions (Geldard & Geldard, 2004; Louw & Louw, 2007). An early-maturing girl may develop breast buds at age 8 and reach menarche at age 10, whereas a late-developing boy may not begin to experience a growth of his penis until age 15 or a height spurt until age

16. The differences in the developmental rate therefore justify why adolescents are self-conscious about their appearances. Many girls develop a poor body image because they are bothered by the weight gains that typically accompany menarche (Cauffman & Steinberg, 1996; Seiffge-Krenke, 1998). Research reports that girls experience a mixture of positive and negative feelings about puberty (Koff & Rierdan, 1995; Moore, 1995). Boys, on the other hand, welcome the weight gain and voice change that accompany puberty. Boys do however become preoccupied with their physical and athletic abilities and often do not take much notice of the physical changes that they are experiencing (Benjat & Hernàndez-Guzman, 2002; Rosenblum & Lewis, 1999; Stein & Reiser, 1994). The majority of boys (62%) regard semenarche positively whereas only 23% of girls view menarche positively (Seiffge-Krenke, 1998).

The influence of the physical development and especially hormonal changes can lead to moodiness, bouts of depression and lower or more uneven energy levels (Sigelman & Rider, 2006). Because of the impact that these physical changes have on the individual it is vital to take note of the psychological development that must occur simultaneously with the physical changes to ensure that the adolescent becomes a well-adjusted adult.

3.2.2.2 Psychological Development

Significant cognitive, emotional, moral and social changes take place during adolescence. During adolescence individuals start thinking more like adults as they daily encounter intellectual challenges. According to Kail and Cavanaugh (2007) adolescence is considered to be a transitional period between the rapidly changing cognitive processes of childhood and the mature cognitive processes of adulthood. Thorndike (1997) indicates that intellectual growth continues its rapid pace in early adolescence and then slows and levels off in later adolescence. The continued maturation of the frontal lobes of the brain during adolescence is associated with several increases in cognitive capacities. These changes include better attention, perception, learning, thinking and remembering. The ability to

reject irrelevant information and formulate complex hypothetical arguments also changes in the cognitive capacity of an adolescent. During this developmental stage, the adolescent learns to think creatively and critically, organize an approach to a complex task and follow a sequence of steps to task completion (Geldard & Geldard, 2004; Louw & Louw, 2007; Shaffer & Kipp, 2007). According to Piaget's Theory of Cognitive Development, the fourth and final stage of cognitive development is known as the Formal Operations stage. This stage occurs gradually from age 11 or 12 and beyond and involves *hypothetico-deductive reasoning* (Inhelder & Piaget, 1958). Formal-operational thinking opens the door to the generation of hypothesis and the ability to consider hypothetical/ abstract propositions. At this stage of cognitive development the adolescent should also be able to think inductively, going from specific observations to broad generalizations. This newly acquired ability to reason abstractly also signifies that adolescents are starting to question many existing beliefs and values (Shaffer & Kipp, 2007; Sigelman & Rider, 2006).

The development of moral reasoning, the thought process involved when a judgement is made on whether something is right or wrong, also allows the adolescent to move beyond egocentric reasoning towards reciprocity in relationships (Sigelman & Rider, 2006). According to Kohlberg's three levels of moral reasoning, for most adolescents conventional reasoning (stages 3 and 4) becomes the dominant mode of thinking (Kohlberg, 1963). At this level of moral reasoning the individual has internalized many moral values and strives to obey the rules set by others. Adolescents act accordingly in order to win the approval of others and to maintain social order. The specific stages are: *stage 3: "Good Boy" or "Good Girl" Morality,* what is right is now what pleases, helps or is approved by others. People are often judged by their intentions and their feelings are considered. The next stage in Kohlberg's theory is *Stage 4: Authority and Social Order-Maintaining Morality. T*his stage involves rules that are made by legitimate authorities. The reason for conforming is not so much a fear of punishment but rather a belief that the rules should be followed to maintain social

order (Kohlberg, 1963). The impact of this moral development allows adolescents to take on a broader societal perspective on justice and to act in ways that would help maintain the social system. It also allows adolescents to rise above a concern with external rewards and punishments and express a real concern with living up to the moral standards that they have been taught. Many adolescents also want to view themselves as being moral citizens who are honest, fair, and caring (Sigelman & Rider, 2006).

Adolescents become less egocentric than younger children and they acquire the skill to take on the perspective of another. An adolescent's view of the self also becomes more abstract and complex. It involves the formation of a new identity and the need to find a place in society and gain a sense of belonging (Geldard & Geldard, 2004; Louw & Louw, 2007). Adolescence is commonly characterized by plenty of experimentation. Several adolescents also begin to experience strong emotions and rapid mood swings. Adolescence usually involves a growing interest in dating and therefore physical attractiveness and popularity are critical issues. The social development during this stage holds implications for personal self-esteem and an adolescent's comfort in the ability to establish relationships. Adolescents are more likely to report being in a good mood when with friends or when recreating (Buchanan, Eccles & Becker, 1992; Steinberg, 1999).

The impact of these cognitive and emotional changes on the developing adolescent can lead to family conflict. The adolescent may physically distance herself from her family and more arguments over minor issues such as an unmade bed or late hours start occurring. Evidence indicates that adolescents are moodier than children or adults, but not primarily due to hormones; for most adolescents shifts in mood were associated with changes in activities and social settings (Buchanan, Eccles & Becker, 1992; Seiffge-Krenke, 1998; Steinberg, 1990). Adolescent maturation can evoke ambivalent feelings from parents by reviving sexual feelings and memories of their own adolescence. Fear of impending old age or loss of their child's dependence on them can also result in conflict (Feldman & Elliott, 1990; Steinberg, 1990). As the adolescent matures

cognitively, she may begin to challenge longstanding family routines, customs, beliefs and values and may upset a once stable system. Conflict may arise between the adolescent and her parents as she starts to question the moral values that have been taught by her parents (Hines, 1997). The adolescent's moral identity motivates moral action and therefore increases moral reasoning (Sigelman & Rider, 2006).

3.2.2.3 Conclusion

In sum, literature on adolescence points to multiple and interwoven changes experienced by adolescents. It is a period in which immense development occurs and many developmental tasks have to be completed to ensure a positive sense of general well-being.

3.2.3 DEVELOPMENTAL TASKS

Changing goals, perceptions and social systems during the course of a person's life span change how people organize, control and assess their lives. Developmental tasks characterize societal and cultural definitions of normal development at different points in the life span. Each adolescent is an individual with a unique personality and special interests, likes and dislikes. There is however a series of developmental tasks that everyone faces during the adolescent years. The major task facing adolescents is to create a stable identity and become complete and productive adults.

3.2.3.1 Social tasks

From a developmental point of view, adolescence is the stage of life when young people are faced with biological, cognitive, psychological and social challenges. A smooth transition to adulthood involves negotiating these challenges successfully. Erickson (1968) sees the crisis of adolescence as intimacy versus isolation. The successful outcome of this stage leads to the ability to form close friendships and intimate relationships. Erikson (1968) considers that the **formation of a sense of identity** is the primary task for an individual in the

transition to adulthood. Identity has been defined as “having a clearly delineated self-definition comprised of those goals, values and beliefs that an individual finds personally expressive and to which he or she is unequivocally committed” (Waterman, 1985, p. 6). Identity develops within a social and cultural context and thus cannot by separated from social and cultural conditions (Doise, 1996).

Emotional crisis and upheaval are viewed as an appropriate response by the adolescent to the major psychological and societal tasks accompanying this phase of life. The tasks include dramatically reducing psychological dependency on parents, separating from the family and forming an adult identity (Erickson, 1968; Hines, 1997; Paley et al., 2000). Specific tasks for the adolescent are to accept her changing body and to deal with her sexuality in a developmentally healthy manner. Adolescents have to find their role in society, achieve new and more mature relations with others and attain emotional independence from parents and other adults. Preparation for marriage and family life as well as for an economic career needs to take place. The adolescent needs to take initiative which leads to creativity, leadership, altruism and civic engagement. One of the most important life skills that adolescents have to acquire is a set of values and an ethical system that operates as a guide to behaviour (Larson, 2000; Louw & Louw, 2007; Perkins, 1997; Vernon & Al-Mabuk, 1995).

Adolescents often feel pressured by their friends to engage in new behaviour patterns, while at the same time adolescents must perform to their parents’ expectation. Adolescents therefore walk a fine line in balancing the demands placed upon them with their own needs (Emler & Reicher, 1995). The tasks that adolescents face may also influence their sense of self and identity. For example, according to Elkind (1967), adolescent egocentrism tends to diminish in later adolescence, perhaps because the tasks adolescents face become less social in nature. Older adolescents are more likely to consider psychological qualities as more integral to their sense of self than social or physical qualities. The formation of an achieved identity is considered by many as essential to adolescent development (Klaczynski, 1990; Paley et al., 2000). Early in their high school

educational careers, adolescents have little need to make an enduring commitment to an identity; younger students tend to be less burdened with adult responsibilities and more interested in leisure and social activities. However, as they approach graduation, the social-institutional arrangements of the Western school system may compel students to think more systematically about themselves and to make commitments and form ideologies about their roles in society (Csikszentmihalyi & Larson, 1984).

3.2.3.2 Conclusion

The many developmental tasks facing adolescents are demanding but not impossible to master. Adolescents are testing independence, yet they are not fully independent and neither do they want to be so. By knowing the developmental tasks of adolescents, parents and adults can help turn mistakes made by adolescents into opportunities that enhance adolescents' mastery of life skills (Perkins, 1997).

3.2.4 PERSPECTIVES ON ADOLESCENT WELL-BEING

Contrasting perspectives exist on adolescent well-being. From one perspective adolescence is regarded as a responsibility-free period being cheerful and happy. In contrast to this perspective, some theorists express the view that adolescence is a time of rebellion, pushing boundaries and risky behaviours.

A popular conception of adolescence is that it is a time of “storm und drang” or storm and stress. This stage is characterized by conflict with parents and significant authority figures, psychosocial turmoil, discontinuity, moodiness, rebellion and high risk behaviour. The growing independence during adolescence means that adolescents experience emotional instability, question previously accepted values and rules. It is believed that adolescents argue more, are less affectionate and spend less time with their parents (Dumont & Provost, 1999; Southall & Roberts, 2002; Wolfson & Carskadon, 1998). Some researchers are however doubtful about the amount of empirical evidence supporting this view

(Arnett, 1999; Bandura, 1977; Louw & Louw, 2007). Frey and Röthlisberger (1996) express the viewpoint that the turmoil that is experienced during adolescence is often exaggerated and that most adolescents manage to adapt well. Adolescents are viewed as being better informed and more idealistic than their parents. Adolescents are also seen as honest and tolerant towards others (Louw & Louw, 2007, Steinberg, 1990). Bandura (2001) also views adolescents as being self-organizing, proactive, self-regulating and self reflecting as well as active contributors to their life circumstances and not just products thereof.

Schneider and Stevenson (1999) oppose the above mentioned views of adolescence as a time of rebellion versus the view that the adolescent years are always happy and healthy. They view adolescents as the *ambitious generation.* A generation with proud hopes and dreams but poor family, school and academic support to achieve these goals. According to Plant and Plant (1992) only a fraction of adolescents engage in risky behaviour such as drug use, serious eating disorders, suicide attempts or anti-social behaviours. It is equally true, however, that a large number of adolescents are insecure about their appearance, smoke and drink alcohol or break other minor laws. In other words, whilst only a minority of adolescents are anti-social or delinquent, a large number do occasionally engage in potentially risky behaviours (Plant & Plant, 1992). Distinctions between what is normal and abnormal are sometimes less clear during adolescence than what they are in earlier developmental stages; an example of this is substance use experimentation versus problem use (Cichetti & Rogosch, 2002).

3.3. SUBJECTIVE WELL-BEING OF ADOLESCENTS

3.3.1 Introduction

Gilman and Huebner (2003) suggested that most adolescents (ages 11 and above) experience positive, overall life satisfaction. Some studies did however reveal small differences related to gender, ethnicity and socio-economic status. There is consistent evidence that character strengths play an important role in positive youth development.

3.3.2 Definition of adolescent well-being

Columbo's (1986) conceptualization of adolescent well-being describes well-being as a multidimensional construct, incorporating psychological, physical and social dimensions. Adolescent well-being is a relatively broad concept referring to a good or satisfactory condition of existence. A state characterized by health, happiness and prosperity. It refers to the functioning of an adolescent at a high level of behavioural and emotional adjustment and adaptiveness and not merely an absence of illness (Reber & Reber, 2001). Adolescents with higher than average psychological well-being are regarded as more successful in meeting situational demands and stressors while a deficit in psychological well-being can mean a lack of success and the occurrence of emotional problems (Visser & Routledge, 2007). According to Bar-On (1998) the most important components of adolescent psychological well-being are self regard, interpersonal relationships, independence, problem solving, assertiveness, reality testing, stress tolerance, self-actualization and happiness.

3.3.3 Dimensions of well-being

Although many studies of adult life satisfaction have been conducted, there are few studies of adolescents' overall life satisfaction and/ or satisfaction with specific life domains. Studies examining the subjective perception of life satisfaction among adolescents found that life satisfaction was connected to distinct domains namely family, self, friends, school and living environment (Dew

& Huebner, 1994; Gilman et al., 2000; Zullig et al., 2001). The global satisfaction of adolescents is associated with safe family relations, a high perception of personal autonomy, equilibrium, appreciation of school and humour as well as a self-perceived healthy financial state and intact family type (Rask, Astedt-Kurki & Laippala, 2002).

3.3.4 Factors contributing to subjective well-being of adolescents

Having certain strengths and factors may directly influence adolescents' use of effective coping strategies or it may make adolescents more effective in enacting strategies (Lengua & Sandler, 1996). Factors that may enhance subjective well-being include hope, self-efficacy, self-esteem and certain personality traits

3.3.4.1 Hope and Self-efficacy

3.3.4.1.1 Hope

The changing cognitive capacity of adolescents which allow for increasing abstract reasoning often implies that an adolescent develops skills that enable the adolescent to cope with complex issues. Such issues can be an ever-increasing independence from parents, forming intimate relationships and focusing on career plans. This provides a platform in which the adolescent can build hope. More specifically, she can start planning her goals and ways in which to pursue these goals. Hopeful adolescents most probably have parents who act as role models and instill in their children a sense of hopefulness. There is also a secure attachment between these children and their parents. In a western culture, learning and performing on an academic front are important. Snyder, Cheavens and Michael (1999) therefore suggest that hope bears a substantial relationship with academic achievement. Adolescents with high levels of hope yield higher academic test scores. Hopeful thinking could help adolescents increase their self-esteem by increasing their levels of hope and increasing their academic achievement. Hope contributes to increases in athletic performance, promotes good health, prevents illness, facilitates psychological adjustment and

increases perceived social support (Argyle, 2001; Snyder et al., 1999). Hopeful thinking can increase sense of mastery and self-efficacy.

3.3.4.1.2 Self-efficacy

Self-efficacy is defined as one's sense of competence and confidence in performing behaviours to achieve a desired outcome (Bandura, 1977). Self-efficacy beliefs are among the most important determinants of behaviour. The incentive to take action is diminished if an individual does not believe that she has the capability to perform and coordinate the actions necessary to produce results. The significance of self-efficacy is underscored by research that identifies strong links between efficacy beliefs and important domains of human functioning, including mental and physical health outcomes (Maddux, 2002).

Belief in one's efficacy is a key personal resource, especially during adolescence as it increases self-development and successful adaptation. It operates by virtue of its impact on cognitive, motivational, affective and decisional processes. Efficacy beliefs affect whether individuals think optimistically or pessimistically and therefore affect an adolescent's goals and aspirations; how well they motivate themselves and their perseverance in the face of adversity. Efficacy beliefs also shape adolescents' outcome expectations — whether they expect their efforts to produce favourable outcomes or adverse ones. In addition, efficacy beliefs determine how environmental opportunities and challenges are viewed and also affect the quality of emotional life and vulnerability to stress and depression (Bandura, 2001).

Extant research supports gender differences in mean levels of self-efficacy during youth. For instance, adolescent boys report higher average levels of emotional self-efficacy than girls (Bacchini & Magliulo, 2003). High beliefs of self-efficacy enhance adolescents' confidence. This in turn enables them to embrace challenging goals, to longer sustain effort and consequently to succeed in school (Pajares & Schunk, 2001). Domain-specific self-efficacy during adolescence is related to numerous psychosocial adjustment indicators, including negative

indicators of functioning (e.g. psychopathology) and indicators of mental health that assess beyond the pathological or neutral point of functioning, such as subjective well-being (Suldo & Shaffer, 2007).

3.3.4.2 Self-esteem

Most adolescents' self-esteem is relatively stable, with a decline in early adolescence but a gradual increase in the later adolescent years (Robins et al., 2002; Verschueren, Marcoen & Buyck, 1998). The decline of self-esteem in early adolescence can be attributed to the fact that adolescents are more knowledgeable and realistic than younger children about their strengths and weaknesses and they may realize that they are not as good at something as they have been told (Jacobs et al., 2002; Robins et al., 2002). Another reason for this decline in the level of self-esteem could be the fact that adolescents are temporarily unsure of themselves. As an adolescent matures and develops, she forms and shapes her own identity and her level of self-esteem rises again in later adolescence (Cole et al., 2001). Self-esteem is an important aspect of an adolescent's overall functioning and seems to relate to other areas, including psychological health and academic performance (Hewitt, 1998). During adolescence self-esteem is based on evaluation of self-worth in several contexts namely: within the family, school, leisure setting and peer group (Harter, 1983; Heaven, 2001; Mruk, 2006).

Harter (1983) carried out detailed analyses to determine what makes adolescents experience positive self-esteem. He found that the following factors form the bases of a positive self esteem:

- Adolescent's relationship with her parents
- The adolescent's self-control of negative affect
- Self-acceptance
- Social conduct

Parental involvement and willingness to give adolescents autonomy and freedom positively correlate to high self-esteem in adolescents (Coopersmith, 1967;

Mbyoa, 1998; Rosenberg, 1965; Van Wyk, 1998; William, 1999). In a South African study, Wild and colleagues (2004) investigated associations among adolescents' self-esteem in six domains and risk behaviours. Results from this study show that grade 8 boys scored higher on sports and athletics and global self-esteem scales than grade 8 girls. Grade 11 boys scored significantly higher than grade 11 girls on all subscales of self-esteem except school self-esteem. Another finding by Wild et al., (2004) was that low global self-esteem was associated with an increased likelihood of suicidality in both sexes as well as having been bullied. Low global self-esteem was also associated with alcohol use in boys and of risky sexual behaviour in girls.

Corcoran and Franklin (2002) found that adolescents from intact families reported the highest self-esteem followed by adolescents from single-parent families (either because of divorce or death of a parent). In 2001 there were approximately 27.32% single-parent households in South Africa (Amoateng, 2004). The family structure in general and differences in family structures are important as it impacts on the availability of resources, socialization processes and parent-child relationships (Makola, 2007). Adolescents with higher self-esteem are more likely to be involved in close relationships (Eskilson & Wiley, 1999; Fullerton & Ursano, 1994). The interpretation of this association has often been that friendships contribute to self-esteem, but it is equally reasonable to assume that an individual's feelings of self-worth affect the capacity to establish close relationships with others (Berndt & Keefe, 1996; Dekovic & Meeus, 1997).

3.3.4.3 Personality Traits

Personality factors act as a broad-protective factor preventing or mitigating psychopathology. These factors also enable conditions that facilitate thriving. Personality strengths can be cultivated and strengthened by appropriate parenting, schooling, various youth development programs and healthy communities (Park, 2004).

Personality characteristics are regarded as biologically based characteristics that show continuity over time (Branje et al., 2007; McCrae & Costa, 1994). The Big Five personality factors include: Extraversion, Agreeableness, Conscientiousness, Emotional Stability and Openness to Experience (Goldberg, 1990). The idea of normative development towards greater adaptation suggests that with age individuals become more agreeable, conscientious, emotionally stable and open and somewhat less extraverted. Cross-sectional studies revealed that adolescents generally score higher in Extraversion and Emotional Stability and lower in Agreeableness and Conscientiousness than adults (Costa & McCrae, 1994; McCrae et al., 2000). Cross-sectional studies revealed that mean levels of Emotional Stability decrease for girls (between the age of 12 and 18) only (McCrae et al., 2000). In a study by Branje and colleagues (2007) on the Big Five personality trait development in adolescents the following was found: across adolescence, girls were found to change more often than boys. An increase was found for girls' self-reported Openness, self- and other-reported Conscientiousness and other-reported Agreeableness and Extraversion (Branje et al., 2007). Only three mean changes were found for boys: other-reported Openness and both self- and other-reported Extraversion decreased for boys. These gender differences in personality development may be related to differences in cerebral cortical development, during early adolescence, girls undergo a faster acceleration in cerebral cortical development than boys (Colom & Lynn, 2004).

3.3.4.3.1 Conclusion

Based on past research, it is claimed that particular personality dispositions enhance active coping styles, while others are known to lead to internal coping or withdrawal (Costa & McCrae, 1994; Frydenberg, 1990). Adolescents with internal locus of control, high self-esteem, extraversion, intrinsic motivation, self-efficacy and dispositional optimism report higher levels of life satisfaction, happiness and well-being (Gilman, 2001; Huebner, 1991). Playfulness has been suggested as a personality trait that might mediate positive coping and facilitate the reduction of

daily stress during adolescence (Liebermann, 1967). These personal factors interact with the following contextual stressors and resources in order to yield optimal subjective well-being.

3.3.4.4 Contextual stressors/ resources

Interpersonal relationships affect an adolescent's well-being. Stable and secure relationships with family and peers can assist adolescents in making a smooth transition into adulthood and to cope with negative life events (Cornwell, 2003; Liu, 2002; Way & Robinson, 2003). Social support is not the only contextual influence on well-being and attention will also be given to tangible stressors and resources.

3.3.4.4.1 Family

The family is considered vital in raising adolescents who are socially and emotionally well-adapted (Andrews & Morrison, 1997; Spruijt & de Goede, 1997). It would appear that adolescents who experience greater family challenge might also have higher levels of self-esteem (Schmidt & Padilla, 2003). Family challenge refers to the stimulation, discipline and training that parents and other family members present to the adolescent. Adolescents coming from a background that includes challenging family interactions may develop greater autonomy and goal directedness. These traits impact positively on self-esteem and confidence, all of which are important for healthy development and avoidance of risky behaviours (Rathunde et al., 2000). Ostrander, Weinfurt and Nay (1998) suggest that the family is an essential part of the adolescent's support system. Family provides emotional support both in the family unit and in the broader community. Henn (2005) found in a study on black adolescents in South Africa that family support appears to be of greater importance than peer support. Intact families, employed fathers, and more time spent with parents appear to be associated with positive perceptions in respect of familial support.

The family, however, may also have negative consequences on the adolescent's psychological well-being. Familial conflict such as divorce can lead to anxiety, depression, lowered self-esteem and aggressiveness (Hetherington, 2003; Louw, van Ede & Ferns, 1998).

3.3.4.4.2 Parents

Adolescence is a time of rapid development of the individual's social world and although it is a time in which much energy is devoted to the peer group and peer relationships, parents still continue to provide an anchor for adaptive exploration and successful coping with the many new and contradictory strains that adolescents experience (Erwin, 1993). In the past, psychological literature highlighted detachment from parents, the generation gap, tension in the parent-adolescent relationship and tribulations surrounding the development of independence when describing the social development of adolescents. Currently a more balanced view is maintained by focusing on the attachment bonds between parent and adolescent and the support system that parents provide as adolescents enter a wider and more complex social environment (Louw & Louw, 2007).

Contrary to the popular belief, most parents continue to exert a significant influence in their adolescent children's' lives. This has a direct influence on how the adolescent will deal with stressors to which she is exposed. The traditional view that conflict is the norm in adolescence has been proven incorrect by epidemiological studies (Heaven, 2001). In the case where conflict does occur in the parent-adolescent relationship it is about mundane topics such as untidiness, music and curfew-times. Conflicts rarely are about values and ethics (Heaven, 2001). Much of the conflict between parents and adolescents may be related to the adolescent's increasing need for autonomy, which may be so strong that they often rebel against the stricter control of their parents (Louw & Louw, 2007). An environment in which the parental relationship is stable and adaptive provides the adolescent with a feeling of security and safety in a time of constant change and development. Parental support is of greater importance for adolescent well-

being than the support provided by the peer group (Meeus & Dekovic, 1995). A South African study conducted by Malefo (2000) found a significant positive relationship between academic performance and the Family Environment Scale factor of Control. These results suggests that clearly defined and enforced limits and rules in the family have a positive effect on the adolescent's academic as well as overall performance.

A positive self-esteem among adolescents is related to the perceived happiness of their biological parents (Heaven, 2001). This shows that the actual composition of the family is not as important as whether the family is conflict-ridden or not. Inter-parental conflict affects the level of stress that an adolescent experiences and this has a negative impact on her adjustment and performance. Research findings reported by Barber and Eccles (1992) has suggested that adolescents adjust better in conflict-free one-parent homes than in conflict ridden intact homes. Chase-Landsdale, Gordon, Brooks-Gunn and Klebanov, (1997) indicate that parents in higher socio-economic neighbourhoods use less corporal punishment and resort more frequently to learning-related play, both having more positive influences on adolescent development.

According to Heaven (2001) adolescents from authoritative homes have high levels of competence, adjustment, academic competence, psychosocial development and have low levels of problem behaviour and psychological problems. Parents act as buffers against feelings of anxiety, depression and insecurity (Amato 1994; Dekovic & Meeus, 1997; Louw & Louw, 2007). Noller and Patton (1990) suggest that parents who are supportive and tend to use low levels of coercion are inclined to have adolescents who are socially more competent. Adolescents learn to express, rather than hide their ideas and to take responsibility for them when challenged by their parents. They start to assert themselves as individuals and parents begin to recognize them as such. At the same time adolescents seek their parents' acceptance and respect for the new individuals they are becoming (Jackson & Rodriguez-Tomé, 1993). Fostering positive families, encouraging authoritative parenting and effective

communication among family members and focusing on emotional and instrumental support are all ways to promote psychological well-being among adolescents (Park, 2004).

3.3.4.4.3 Siblings

The sibling relationship in adolescence is an emotionally charged one, marked by conflict and rivalry but also nurturance and social support (Lempers & Clark-Lempers, 1992). Although very few longitudinal studies have been conducted that assess sibling relationship quality, there is some evidence that sibling relationships are generally consistent in their quality across much of the childhood period (Kramer & Kowal, 2005). Bullock (2002) emphasizes the importance of siblings in the adjustment of adolescents. Sibling relationships have generally been found to become less intimate as children enter adolescence by virtue of increased involvement with peers (Buhrmester, 1992; Dunn, et al., 1994). Sibling relationships may however improve in quality as the siblings' relationships with parents become more differentiated (Feinberg, McHale, Crouter & Cumsille, 2003). Research has shown that emotional support is a prime feature of sibling relationships and that an older sibling often provides care and assistance in school to their younger brothers and sisters (Cicirelli, 1994; 1995). According to Jenkins and Smith (1990) sibling support has a protective function in families that experience trouble. Adolescents who have received sibling support therefore have a higher probability of doing better in school and having better mental health. Dunn, Slomkowski and Beardsall (1993) found that sibling support is associated with higher perceived self-competence and better adjustment. The quality of the sibling relationship affects not only adolescents' peer relations, but their adjustment in general. Positive sibling relationships contribute to adolescent school competence, sociability, autonomy and self-worth (Steinberg & Morris, 2001).

In contrast to this view, other researchers argue that sibling relationships could have a high frequency of conflict and violence (Goodwin & Roscoe, 1990; Steinmetz, 1977). Some adolescents also report lower levels of companionship,

intimacy and affection with their siblings than do children or preadolescents (Buhrmester & Furnman, 1990; Clark-Lempers, Lempers & Ho, 1990). At the same time, siblings can influence the development of problem behaviour (Conger et al., 1997). For example, younger sisters of childbearing adolescents are more likely to engage in early sexual activity and to become pregnant during adolescence. Siblings also influence each other's drug use and antisocial behaviour (Steinberg & Morris, 2001). Witmer and Weiss (2000) found in a study on older sibling support and younger sibling adjustment that only when the older sibling was viewed in a positive light did they have significant associations with younger siblings' better adjustment.

3.3.4.4.4 Peers

In adolescence it is not only family but also peers who become more and more important as a reference group. Often the adolescent's desire for autonomy and freedom clashes with the prolonged dependency on parents; this is likely to put a strain on all family members (Bergman & Scott, 2001; Jackson & Rodriguez-Tomé, 1993). Adolescents in the early stages of development tend to use their peer group as a source of emotional support without a strong need to conform to group pressure (Wilgenbusch & Merrel, 1999). Many studies emphasize the positive aspects of peer relations such as closeness to peers, satisfaction with peer relations and acceptance by peers. During adolescence interaction with peers is a very important part of adolescents' social and emotional development (Ary et al., 1999). As the adolescent spends more time with the peer group, the group has an increased impact on the adolescent's self-concept (Coleman & Hendry, 1990; Crosnoe & Needham, 2004). According to Heaven (2001) the nature of social relationships change as the adolescent moves through cognitive, social and emotional changes. Some friendships may lose their appeal as individual interests are challenged and changed. Peer relations become more intense and extensive and fulfill multiple functions such as socialization into heterosexual behaviour, facilitation of identity development and organization of status structures (Berndt, 1990; Coleman & Hendry, 1990). An adolescent who

develops positive self-evaluation may be more able to form positive friendships, be more approachable for others and may be prepared to disclose thoughts and feelings. Greene and Ways' (2006) findings indicate that adolescents' perceptions of the quality of friendships improved from middle to late adolescence.

Belonging to a peer group is of importance during adolescence as it is mostly through this sense of belonging that the individual achieves a sense of identity and independence. Friendship also enhances happiness and can act as a laboratory where one can try out one's role as a young adult and attempt various social roles. Peers can also help adolescents cope with the stressors they are exposed to, counteract loneliness and isolation and also contribute towards the adolescent's self-concept development (Ary et al., 1999; Diener & Seligman, 2002; Jackson & Rodriguez-Tomé, 1993; Louw & Louw, 2007). An adolescent could experience marked levels of stress and low self-esteem as a result of not having friends (Hays, 1988).

3.3.4.4.5 Opposite sex

Another important change in the relationship setting of adolescents is romantic attachments that emerge. These attachments are very often brief, unstable and susceptible to change as the adolescent is in a stage of exploration and experimentation (Geldard & Geldard, 2004). As Erikson (1968) suggested that adolescent love is an attempt to arrive at a description of one's identity by projecting one's self-image on another and by examining the reflection. Louw and Louw (2007) indicate that due to the various forms of romantic relationships during adolescence, it is not always easy to determine the influence of romantic relationships on the adolescent's development. It does seem that too serious or steady relationships at too early an age may limit adolescents' interactions with same-gender peers. Serious romantic relationships may also limit heterosexual interactions, thereby limiting social development. For older adolescents, serious relationships may provide a sense of security, promoting openness, honest feedback and resolving conflicts. Social resources, especially romantic

relationships, powerfully predict the positive affect component of subjective well-being (Diener & Fujita, 1995). Most adolescents experience powerful feelings of romantic love. As a result, they may suffer a blow in self-esteem when rejected by the person they love or may feel conflicted when their own feelings change (Geldard & Geldard, 2004).

3.3.4.4.6 School

Self-esteem has been acknowledged as a significant variable in the "teacher expectancy" effect, in which teachers establish pupil performance by their beliefs in pupils' ability (Murray & Pianta, 2007). Adolescents' perceptions of their own social capabilities were inconsistent with the teachers' perceptions of their typical social behaviour (Huebner, 1991).

A study by Buchanan and Hudson (2000) found that boys with a high self-esteem were more likely to be in a school with an anti-bullying policy and with a policy that they believed was 'working'. Frisch et al. (2005) found life satisfaction levels among college students to be a sound base upon which to significantly predict academic retention. Huebner and colleagues (2000) found in a study on high-school scholars that a significant number of students reported considerable dissatisfaction with school experiences, suggesting particular concerns for this major life domain.

Dropping out of school before graduating is seen as one of the biggest educational and social problems worldwide. Education is essential in reducing poverty and poor socio-economic conditions (Townsend et al., 2008). Bullying in schools is pervasive and relates to learners dropping out of school; it also leads to increased psychosomatic complaints, depression, anxiety, low self-esteem and suicide (Carney, 2000; Fekkes, Pijpers & Verloove-Vanhorick, 2004). Bullying also has negative consequences for schooling as it causes fear of school, absenteeism and stunted academic progress (Muscari, 2002). In South Africa, bullying is a big problem with far reaching consequences. Data collected on bullying ranges from 61% of learners in Tshwane (Neser, Ovens, Van der

Merwe, Morodi & Ladikos, 2003) and 41% in a nationally representative sample of high school learners (Reddy et al., 2002). School drop out can also lead to larger economic, emotional and physical problems.

3.3.4.4.7 Moderating variables

Studies of children and adolescents consistently find that demographic variables such as age, grade, gender, intelligence and parental occupation have at most a weak relationship with measures of adolescent life satisfaction (Gilman & Huebner, 2003; Huebner 1997; Schmidt & Padilla, 2003).

a) Gender and age

Frey and Röthlisberger (1996) found that girls receive higher levels of support from their peers than boys do. Liu (2002) indicates that the peer group and the family play a greater role in protecting and guarding adolescent girls from depression, whereas in the case of boys, the peer group and the family only act as a shield and don't provide as much protection against depression. There is a marked gender difference in well-being with boys reporting higher positive self-esteem, lower negative self-efficacy, less unhappiness, and fewer past worries, compared to girls. Thus in adolescence, girls' well-being is significantly lower than boys' well-being (Bergman & Scott, 2001; Kling *et al.*, 1999; Quatman & Watson, 2001). Bergman and Scott (2001) also found that self-esteem, self-efficacy, happiness and past worries are more interconnected for girls than for boys. Self-esteem is negatively linked with past worries. Whereas the relationships between self-esteem and self-efficacy and between unhappiness and past worries do not interact with gender, the correlation of self-esteem and self-efficacy with unhappiness and past worries tends to be stronger for girls than boys. As predicted, girls' self-concept is more strongly dependent on their unhappiness and past worries, than that of boys (Bergman & Scott, 2001). Contradictory to these findings, Natvig, Albreksten and Qvarnstrom (2003) found no significant differences between boys and girls with respect to their reported degree of happiness.

Ostrander et al. (1998) reports that family support is more important during the earlier stages of adolescence and that its importance lessens through the adolescent years as the individual gains more autonomy and independence. Adendorff's (1998) findings support this idea; he found greater levels of support from parents, extended family and friends among younger adolescents.

b) Culture

In a study by Schmidt and Padilla (2003) regarding self-esteem in adolescents the following racial differences were found; Asian students report the lowest levels, followed by Hispanic and White Students, with Black adolescents reporting the highest levels of self-esteem. Field et al. (1995) suggests that white and Hispanic adolescents have greater levels understanding with their fathers and friends than black adolescents do. Adendorff (1998) also found that black adolescents in South Africa experience less parental support. This finding could be attributed to the fact that black citizens in South Africa are still affected by migrant labour and therefore have less time for interaction with their children. A fact that is changing for many white parents in South Africa as well. Adendorff (1998) also found that both white and black adolescents in South Africa viewed their relationship with their parents as the greatest source of stress in their lives. White adolescents put their friends second and school/ teachers third, while black adolescents put finances second and their friends third on the list.

The South African culture is an unusual one because of its mixture of English, Afrikaans, Asian and indigenous African populations. Numerous changes are also taking place as many African cultures are becoming more westernized. An example of the differences between Western and indigenous values can be seen in the following example, in indigenous African cultures, mature adults are described in words that are translatable as careful, cooperative, obedient and willing to help. Adolescents are taught to respect seniority, to be obedient to elders and to bond with their peers. In contrast to this are the words frequently used to describe mature adults in Western cultures: autonomous, independent

and individualistic. It appears that social responsibility is highly valued in the African populations whereas personal autonomy is highly valued in Western populations (Low, Akande & Hill, 2005).

The youth culture in this multimedia electronic generation is absorbed in new forms of social interactions (Oksman & Turtiainen, 2004). Present-day adolescents are filling empty periods of their everyday lives using mobile communication, text messaging and chat sites in expanded personal and virtual networks. In such disembodied communications, these individuals can control their self-presentation and shape their personal identities. These private forms of communication permit independence from parental supervision of the virtual world of adolescents (Oksman & Turtiainen, 2004).

3.3.4.4.8 Conclusion

The peer group and parents fulfill different needs for the adolescent. Parents provide guidance where necessary, skills-training and a forum to discuss future-related problems, such as school and work. The peer group provides recreational outlets, friends of similar ages share developmental tasks and the group represents a context in which to experiment with adult behaviours. Culture and family compositions provide a frame of reference for the adolescent and can act as both resources and stressors.

3.3.5 Coping and cognitive style

Psychosocial stress is a significant, pervasive risk factor for psychopathology in childhood and adolescence (Grant, Compas, Thurm, McMahon & Ey, 2000). The ways in which adolescents cope with stress play a potentially important moderating role on the impact of stress on the current and future adjustment of these individuals. The development of characteristic ways of coping in adolescence may place individuals on either more versus less adaptive developmental trajectories and may be a precursor of patterns of coping throughout adulthood.

Stress is regarded as occurring when the individual views circumstances as taxing or exceeding personal resources and thus endangering well-being (Pervin & Oliver, 2001). However, while stress is an inevitable part of the human condition, coping determines whether the impact of the stress will be negative or positive. Good coping skills are defined as the effective management of stressors. For an adolescent to cope under difficult circumstances, coping skills are needed. The acquisition of knowledge and skills takes place with the unfolding of the developmental process. Knowledge is a body of information gained from formalized learning and life experience and skills can be considered an application of knowledge. Skills range from relatively simple, concrete abilities, such as the ability to brush one's teeth, to proficiency in a particular area, such as solving advanced mathematical equations (Zeitlin & Williamson, 1994). The effectiveness of an adolescent's coping skills will depend on the magnitude of the problem and her own ability to think flexibly.

Numerous psychological interventions for the treatment and prevention of psychopathology are designed to enhance the coping skills of adolescents (Kendall et al., 1997). A wide variety of specific subtypes of child and adolescent coping have been identified.

- Problem solving, which includes seeking informational support, cognitive restructuring, physical activities,
- Emotion resolution, which includes seeking understanding, emotional release or ventilation, seeking social support, acceptance, humor, and
- Avoidance, which entails distractions, distancing, suppression, social withdrawal, denial, alcohol or drug use (Compas et al., 2001).

Late adolescents, who were high in masculinity, endorsed higher levels of problem-focused coping strategies than those who were low in masculinity. In contrast, late adolescents who were high in femininity endorsed higher levels of emotion-focused coping strategies than those who were low in femininity. Overall, gender identity made an important and independent contribution to the endorsement of coping strategy use (Renk & Creasy, 2003).

In a study by Gillespie and Akhurst (2005) on identified problems and coping styles of adolescents across three schools in South Africa, the highest frequency of problems experienced related to money, illness and injury, substance abuse, problems with friends and family, racial tension and depression. Gillespie and Akhurst (2005) identified a shift in the nature of problems experienced between disadvantaged and more 'westernised' schools. In disadvantaged schools, teachers and learners find ways to keep going in spite of the odds; however, no significant differences in coping styles were found.

3.4. IMPACT OF SUBJECTIVE WELL-BEING

Life satisfaction among adolescents is positively correlated to a variety of desirable psychological characteristics, physical health and healthy behaviours (Frisch, 2000; Park, 2004). Adolescents with high levels of subjective well-being are socially well -adjusted despite the presence of ongoing peer stressors or the lack of peer resources. Youth with high levels of subjective well-being therefore develop fewer externalizing problems in the wake of stressful events than those with low levels of subjective well-being. This finding suggests that subjective well-being functions as a buffer (Park 2004). Emmons (1996) indicates that setting specific and attainable goals has been linked to higher levels of psychological well-being and that a strong goal orientation within activities may keep adolescents from engaging in risk-behaviours, such as substance use or delinquency.

Suldo and Huebner (2004) showed that high levels of life satisfaction in adolescents reduced the likelihood of subsequent externalizing behaviours. Specific externalizing behaviours include smoking and using alcohol, marijuana, other illegal drugs, driving while impaired, being a passenger in a car driven by an intoxicated driver and teen pregnancy. Global life satisfaction judgments have been shown to predict substance abuse (Zullig et al., 2001), suicide (George, 2005) and deaths due to fatal injuries (Koivumaa-Honkanen et al., 2002). Adolescents with lower life satisfaction are at risk in respect of a variety of

psychological and social problems such as depression and maladaptive relationships with others (Furr & Funder, 1998). Life satisfaction is negatively linked to violent problem behaviours among adolescents, such as physical fighting and weapon carrying, with depression, anxiety, neuroticism, loneliness being symptoms of psychological disorders and teacher ratings of school-discipline problems (Suldo & Huebner, 2004; Valois et al., 2001). Bergman and Scott (2001) also explored the links between psychological well-being and risky behaviours.

3.5 THREATS TO ADOLESCENT WELL-BEING

Problem behaviours are behaviours with the potential to harm the social development and health of adolescents. Specific problems that can arise for adolescents include stress, depression, anxiety, anorexia, etc. At particular moments in time an adolescent may be developmentally more protected or more vulnerable to adversities (Rutter & Smith, 1995). Therefore Buchanan and Hudson (2000) suggest that risk and protective factors are not absolute or static.

According to Holmbeck, Crossman, Wandrei and Gasiewski (1994) nearly half of all adolescents report difficulty in coping with stressful situations at home or school. The prevalence rate for major depression in adolescents has been estimated to range from 0.4% to 6.4% and is twice as prevalent in females than in males (Powell, Denton & Mattsson, 1995). According to the South African National Youth Risk Behaviour Survey (2002) 28% of adolescents nationally attempted suicide and needed medical treatment, 19.0% was contemplating suicide and 17.3% had made two or more attempts at suicide. Feelings of sadness and hopelessness are experienced by 25% of male adolescents and 24.3% of female adolescents. In the Northern Cape Province these feelings of sadness and hopelessness are experienced by 23.2% of adolescents (Reddy et al., 2002). The aspect of eating disorders is a growing problem amongst present-day adolescents. International statistics point at between 2 and 10 in every 1,000 adolescents, aged 12-18, having an eating disorder at any given point in their

lives (Steinberg, 1993). The South African National Youth Risk Behaviour Survey (2002) indicates that nationally 9.0% of adolescents are underweight, with 17.2% being overweight. In the Northern Cape Province 27.6% of male and 7.0% of female adolescents are underweight and 6.2% of male and 15.6% of female adolescents are overweight (Reddy et al, 2002).

Steinberg (1993) found that nearly all adolescents have used alcohol and two - thirds have used cigarettes. Nearly half of all seniors in high school have tried marijuana and about one-fifth have smoked it in the past month. An association has also been found between adolescent substance use and co-morbid psychiatric disorders, such as conduct and mood disorders (Gilramy, 2000). The current profile of substance abuse among South African adolescents in many ways mirror the trends found globally among adolescents (Parry et al., 2004). It has been noted that the quantity and frequency of alcohol consumption among adolescents in South Africa are on the increase and the age at which drinking starts is declining (Flisher et al., 1993). Alcohol is particularly attractive to the youth as it is seen as a sign of maturity or adulthood. The South African National Youth Risk Behaviour Survey (2002) reports that 34% of young people between the ages of 14 and 18 years drink alcohol occasionally and 24% drink alcohol at least once a week, while 3% reported daily alcohol use. Nationally 31.8% of adolescents drank alcohol during the month before taking the survey and 23% engages in binge drinking (Reddy et al., 2002). Nationally 56% of adolescents had never smoked or been exposed to tobacco (Reddy et al., 2002). Parry and colleagues (2004) investigated alcohol use trends among South African adolescents. Results from their study point to high levels of alcohol misuse among high school students, with alcohol being the most common substance of abuse. Marijuana is the most frequently reported illicit drug abused by adolescents. This is reflected in the large proportion of adolescents receiving treatment for marijuana, marijuana-positive arrestees and marijuana-positive trauma patients. Marijuana smoked together with methaqualone is the second most common primary drug of abuse in Cape Town (Parry et al., 2004).

Adolescent substance use may also have a number of adverse social consequences. Substance abuse has been associated with academic difficulties, declining grades, absenteeism, truancy and school drop-out (Sutherland & Shepherd, 2001; Zhang & Wieczorek, 1997).

Risky sexual behaviours such as inconsistent condom use and sexual intercourse with multiple partners are relatively common among adolescents and youth in South Africa. The number of adolescents engaging in this behaviour does however seem to be decreasing (Simbayi, Chauveau & Shisana, 2004). Risky behaviours increase the risk of unplanned pregnancies and the contraction of sexually transmitted infections (STI's) particularly HIV/AIDS (Brook et al., 2006). Very few South African studies have examined the associations between adolescent risky sexual behaviour and factors such as personality, emotional status and behavioural tendencies. Studies conducted elsewhere have highlighted at least four such factors that play a key role in adolescent risky sexual behaviour. Increased adolescent involvement in risky sexual behaviour is associated with increased rebelliousness (Brook et al., 2006), difficulty in emotional control (Kahn, Kaplowitz, Goodman & Emans, 2002), delinquent behaviour (Ketterlinus, Lamb, Nitz & Elster, 1992) and depressive symptomatology or psychological distress (DiClemente et al., 2001). The South African National Youth Risk Behaviour Survey (2002) reports that 22.1% of male and 22.9% of female grade 11 students engage in risky sexual behaviour without any means of protection (Reddy et al., 2002).

Adolescent deaths are mostly due to accidents involving automobiles or firearms. Deaths in automobile accidents are often linked to driving too fast, drinking alcohol and not wearing a seatbelt (Rivara & Grossman, 1996). Yet another finding by the South African National Youth Risk Behaviour Survey (2002) shows that nationally 34.5% of adolescents have driven in a car with someone who was driving under the influence of alcohol. Nationally 10.2% of male adolescents and 5.5% of female adolescents indicate that they themselves drove a car after drinking alcohol. In the Northern Cape Province 11.4% of males and 4.9% of

females drove after using alcohol (Reddy et al., 2002). Accidents involving firearms are linked to easy access to firearms in the home (Rivara & Grossman, 1996). According to the South African National Youth Risk Behaviour Survey (2002) 14.3% of adolescents belonged to a gang, with 8.5% carrying a gun and 17.8% carrying a knife. Nationally 30.2% of adolescents had been in a physical fight. In the Northern Cape Province specifically, 49.2% of male adolescents and 18.8% of female adolescents reported being involved in a physical fight (Reddy et al., 2002). Adolescent deaths from accidents can be explained, in part, because adolescents take unnecessary risks that adults often find unacceptable (Nell, 2002). To a certain degree, risk-taking can be seen as an inevitable consequence of adolescence. Some even argue that a certain amount of experimentation with risk and deviance is important and necessary in adolescence (Shedler & Block, 1990). Adolescents are likely to place greater emphasis on the social consequences of their decisions, such as upsetting their friends and less emphasis on the health consequences (Kail & Cavanaugh, 2007).

3.6. UNDERSTANDING AND PROMOTING ADOLESCENT WELL-BEING

The process of building good character among youth and ultimately enhancing their subjective well-being is complex. The goal of positive youth development is to build and strengthen resources that enable adolescents to grow and flourish throughout life. Raising happy, healthy and moral children is the ultimate goal, not only of all parents but also of all societies. If adolescents are encouraged to become morally strong and reasonable at a young age, they develop into sensible and respectable adults. It is, after all, these young individuals who hold the future in their hands. They are the leaders of the future and if their levels of well-being are high, they can function at a higher optimal level and all of society can benefit from that (Argyle, 2001; Diener & Diener, 1995; Park, 2004). Developing methods to assess happiness in adolescents can provide a process to review the influence of community, school and government initiatives on

adolescent well-being. Distinguishing correlates and predictors of happiness in adolescents can help parents, educators and researchers identify strategies to advance adolescent happiness. By comparing the factors that contribute to happiness in adolescence with those in children and adults, we can begin to understand how happiness and the factors that contribute to happiness differ between age groups (Argyle, 1999).

Adolescent mental health and well-being are affected by a wide range of factors, including developmental and biological, physical and social factors. Adolescents' flawed reasoning has been implicated as contributing towards self-harming behaviours (Moos & Schaefer, 1993). As the costs of crime, teen pregnancies, an undereducated underclass living in poverty and substance abuse have increased, policy-makers and researchers have looked more seriously at prevention as a potentially cost-effective approach to reduce the prevalence of these behaviours. Efforts to improve quality of education, reduce crime and violence, combat substance abuse and prevent unwanted pregnancies have progressed through the last decade (Hawkins, 1999). Holmbeck and colleagues (1994) have proposed the following prevention methods that can aid adolescent development and help prevent psychosocial problems;

- Having a strong source of social support including friends, parents, siblings or other adults that adolescents can turn to,
- Participation in activities and organizations helps adolescents to promote self-esteem and aids group involvement,
- Being in good schools, having teachers and counselors who help adolescents strive towards goals and
- Developing a sense of self-worth.

As Seligman (2002) implied, positive youth development may be facilitated when institutions, traits (e.g. character strengths) and subjective experiences (e.g. happiness) are in alignment. Positive institutions enable positive traits, which in turn enable positive subjective experiences (Park & Peterson, 2003). The main goals of youth programs are building cognitive, psychological and social assets

that prepare adolescents to navigate life's pathways. Youth programs also aid conquering obstacles along the way and achieving a successful life. Youth programs provide support and opportunities where adolescents can acquire new skills and build self-confidence and a sense of community while actively participating in various activities and practicing various skills under adult supervision and supports (Park, 2004).

3.7. CONCLUSION

Adolescence can therefore be seen as a stage in which the individual needs to learn to structure her social environment, to establish meaningful relationships and to develop the skills to mastering developmental tasks. She must learn to share her problems with others and maintain the social relationships which may move towards long-term friendships. For the majority of individuals development into the adolescent years involves a major expansion in the range and complexity of their social life. Entry into adolescence leads to less direct supervision and control by adults, more involvement with peers, participation in a wider and generally less nurturing school situation and movement within a wider geographical and social environment. Adolescent hope and well-being are important, as it leads to a hopeful adult.

Life is full of challenges, stressors and risks, both major and minor. Facing such challenges is part of human development. Neither society nor parents can completely guard children from them. It is after all the adolescents who themselves have to encounter these challenges. However, society can prepare them to overcome adversities in life and in addition teach them to succeed. By identifying significant developmental strengths such as character strengths and life satisfaction, by facilitating their development and by strengthening and maintaining them, we can help adolescents achieve the healthy, happy and good lives that they all deserve.

In the next chapter the research methods used in this study will be discussed.

Chapter 4: Methodology

4.1 INTRODUCTION

In this chapter the research method will be discussed. The research design, objectives of the research study as well as the characteristics of the participants, data gathering process, measuring instruments and statistical analyses will be explained.

4.2 RESEARCH DESIGN

A correlational design was used in the first part of this study. Satisfaction with life, the cognitive component of psychological well-being, served as the criterion variable, while a number of psychosocial variables including hope, social stressors, social resources (parents, siblings, teachers, peers) and coping strategies served as the predictor variables. The influence of demographic variables such as race was also investigated. A limitation of such a design is that although a correlational design indicates a relationship between variables, a correlational design cannot indicate whether this relationship is causal (Howell, 2004).

In the second part of the study, a criterion group design was used. The significance of differences between the white group and the black group in the sample was investigated. All the variables, as mentioned in the above paragraph, were compared for both groups.

4.3 AIMS

The researcher aimed to determine whether psychosocial factors (stressors and resources) and coping strategies significantly influence the satisfaction of life of adolescents of the Northern Cape Province and whether the black and white participants differ significantly with regard to all the variables mentioned. The relative contribution of all the variables will also be determined for the white and black participants respectively.

The specific goals of the current study were to:

1. Determine the levels of satisfaction with life amongst a sample of adolescents in the Northern Cape Province.
2. Clarify the significance of differences between the white and black participants with regard to their well-being as well as the stressors, resources and coping strategies that they employ.
3. Investigate the influence of psychosocial factors, namely individual factors (such as a sense of hope), as well as contextual factors (focusing on social support from parents, family, friends and teachers) on the level of satisfaction with life experienced by the adolescent participants.
4. Explore the differences between the white and black groups with regard to the factors that explain the variance in their respective levels of satisfaction with life.
5. Determine the influence of demographic factors such as race and gender on satisfaction with life.

The following methods were used to gather and analyse the data of this study.

4.4 PARTICIPANTS

The researcher used an existing data set that had been collected at 12 Northern Cape provincial schools. A stratified random sample was used to ensure balanced representation of gender and age groups in the sample. The group consisted of 590 learners in Grades 10 to 12 (the mean age of the sample was 17.3 years with a standard deviation of 1.66). The group consisted of 266 male learners and 322 female learners. As can be inferred from **Table 1** 45.2% of the group consisted of male learners and 54.8% of female learners. From the group 20.3% is from a rural background and 79.7% from an urban background. The majority of the group consisted of Afrikaans speaking students (73%), while the remaining participants reported the following languages: English 6.4%, Xhosa 7%, Sesotho 0.7% and Setswana 13%. The sample consisted of 23% White pupils, who comprised the white group with the remaining 77% of the participants

comprising the black group. The composition of the black group included Coloured, black and Asian pupils. The demographic characteristics of the participants are reported in **Table 1**

Table 4.1: Frequency distribution of the sample according to biographical variables.

Biographical variable	N	%
Gender		
Male	267	45.2
Female	323	54.8
Race		
White	133	23
Black	455	77
Gender and Race		
White – Males	54	9
White – Females	79	13
Black – Males	212	37
Black – Females	243	41
Home language		
English	38	6.4
Afrikaans	430	73
Xhosa	41	7
Sesotho	4	0.7
Sestwana	77	13
Background		
Rural	120	20.3
Urban	470	79.7

4.5 DATA GATHERING

Permission was granted by the Northern Cape Department of Education, the respective headmasters, parents and the learners for the research study. Participation was voluntary and all respondents gave informed consent and were informed that results would remain confidential and anonymous. (See Appendix A for a copy of the informed consent form). The data was gathered on a day set aside by the Department of Education in the Northern Cape Province. The questionnaires were completed by learners at their respective schools. Psychologists and psychometrists from the Educational Support Services of the Education Department, Northern Cape Province assisted in data gathering

and assisted in answering any questions that could arise during test administration. As English is the official language of communication of the Northern Cape Education Department, the questionnaires were only made available in English. The psychologists and psychometrists administering the questionnaires were trained to deal with questions regarding the translation of items and the meaning of items.

Rapport was maximized through assessing the learners in groups of approximately 20 learners. The battery of tests was completed in a time frame of 3 hours with the learners having a break of 30 minutes halfway through the tests when refreshments were served.

4.6 MEASURING INSTRUMENTS

The following measuring instruments were used to assess the criterium and predicting variables

4.6.1 *The Satisfaction with Life Scale* (Diener, Emmons, Larsen & Griffin, 1985) is a five-item scale that assesses an individual's personal judgement of her general quality of life in order to measure the construct of life satisfaction. This measure is used to measure the cognitive component of subjective well-being. The items are completed on a seven-point Likert scale with a response range consisting of 1-strongly disagree to 7-strongly agree. This measure has been found to have favourable psychometric properties. Numerous research studies found acceptable content and criterion related validity. According to Pavot and Diener (1993) the internal consistency of the scale is good with coefficients of 0.8 and more. In a study of South African adolescents Henn (2005) found the alpha coefficient to be 0.59. Cultural and language differences could have resulted in a lower internal consistency in her group of black participants.

4.6.2 *The Hope Scale* (Snyder et al., 1991) was used to measure two interrelated aspects of hope, namely **Hope agency** (a sense of successful determination in meeting goals in the past, present and future) and **Hope pathways** (confidence in the ability to devise plans in order to meet goals). The measure is scored according to an eight-point rating scale, extending from definitely false to definitely true. Alpha coefficients of between 0.74 (agency) and 0.88 (pathways) are reported by Snyder et al. (1991) for the measuring instrument. In a South African study by Potgieter (2004) alpha coefficients were calculated as 0.81 and 0.75 for Hope (agency) and Hope (pathways) respectively.

4.6.3 *The Life Stressors and Social Resources Inventory, Youth Form* (Moos & Moos, 1994). This scale is mostly used to provide an indication of what the individual considers to be stressors and resources in her environment. The measuring instrument consists of 209 items broadly divided into two sections - life stressors and social resources. This measuring instrument has a total of sixteen subscales, nine of which measure life stressors and seven measuring social resources. The subscales for life stressors (SS) consist of: Physical Health (PH), Home and Money (HM), Parents (PAR), Siblings (SIB), Extended Family (FAM), School (SCH), Friends (FR), Boyfriend/Girlfriend (BG) and Negative Life Experience (NLE). The subscales for social resources (SR) are: Parents (PAR), Siblings (SIB), Extended Family (FAM), School (SCH), Friends (FR), Boyfriend/Girlfriend (BG) and Positive Life Experience (PLE). In a South African study conducted by Wissing (1996) the Cronbach alpha-coefficients ranged from 0.79 to 0.88 for the life stressors scales and 0.78 to 0.91 for the social resources scales. The subscale Boyfriend/Girlfriend (both as a stressor and as a resource) has been excluded as a variable as too many participants did not complete all the items of this subscale.

4.6.4 *The Coping Orientations to the Problems Experienced Questionnaire (COPE)* (Carver et al., 1989) is a multidimensional coping inventory to assess the different ways people respond to stress. It contains fourteen scales made up from fifty-three individual items. Each subscale contains four items, except for the *Alcohol and drug disengagement subscale* that consist of only one item. Items are completed on a four-point Likert scale ranging from (1) *not at all* to (4) *a lot.* The subscales are grouped into three broad categories namely problem-focused strategies, emotion-focused strategies and dysfunctional strategies. Carver et al. (1989) found alpha-coefficients to be between 0.45 and 0.92 for the internal consistency of the subscales. In a South African study on an adult sample, Storm and Rothman (2003) found coefficients ranging from 0.25 to 0.65 for this questionnaire. The small number of items per subscale may be the reason for these low alpha coefficients (Storm & Rothman, 2003).

Subscales of the COPE scale:

a) Problem-focused subscales

Subscale 1: Active coping

This subscale represents the active efforts to remove, get around or reduce the impact of the stressor.

Subscale 2: Planning

This subscale evaluates the cognitive processes used in the planning of dealing with a stressor and includes thoughts about the problem, as well as generating active steps to solve the problem.

Subscale 3: Suppression of competing activities

This subscale reflects the efforts that are put in place to put other projects aside or to avoid becoming distracted by other activities.

Subscale 4: Restraint coping

This subscale determines the amount of restraint that the individual uses in order to use the best strategy at the best possible time to solve the problem.

Subscale 5: Seeking social support for instrumental reasons

This subscale consists of asking others for help, looking for advice and gaining information from others when a problem arises.

b) Emotion-focused subscales

Subscale 6: Seeking social support for emotional support

This subscale reflects the amount of sympathy, understanding and moral support sought from others when the individual is confronted with a stressful event.

Subscale 7: Positive reinterpretation and growth

This subscale evaluates the degree to which a person attempts to look for alternative ways to interpret the situation and a more positive meaning to the stressful event.

Subscale 8: Acceptance

This subscale determines the degree to which the individual attempts to accept the reality of a stressful situation.

Subscale 9: Turning to religion

This subscale measures the predisposition tendency of an individual to turn to religion in a stressful event. This may include prayer, searching for comfort and spiritual guidance in a religious relationship.

Subscale 10: Focus on and venting of emotions

This subscale determines the tendency to focus on emotional discomfort and distress while experiencing problematic situations, as well as venting those emotions.

c) Dysfunctional, or less effective strategies

Subscale 11: Denial

This subscale measures the extent to which an individual refuses to accept that a particular problem exists or simply ignores the problem.

Subscale 12: Behavioural disengagement

This subscale reveals the extent to which an individual stops efforts to try and solve the problem and reach her goals.

Subscale 13: Mental disengagement

This subscale measures the extent to which the individual will try and distract herself from dealing with the problem by doing other activities, including daydreaming, sleeping or watching television.

Subscale 14: Alcohol-drug disengagement

This subscale reflects the tendency to resort to the use of alcohol, medication and/or drugs in an attempt to forget about the problem.

For this study the COPE subscales have been grouped together in 3 categories namely problem focused, emotion focused and dysfunctional coping.

4.6.5 *Biographical questionnaire.* This questionnaire, consisting of eleven items, was used to gather information on age, gender, grade, language preference and geographical location. Further data such as parental marital status as well as parental employment status was gathered by means of this questionnaire (See Appendix B).

Alpha coefficients were calculated for all scales and subscales of the measuring instruments for the current group of participants and are reported in **Table 2**.

Table 4.2: Cronbach's alpha-coefficients for all the scales and subscales

Scale	Number of items	Alpha coefficient
Satisfaction with Life		
	5	0.71
Hope		
Subscales:		
Agency	4	0.59
Pathway	4	0.42
The Life Stressors and Social Resources Inventory		
Stressors subscales:		
Physical Health(PH)	26	0.88
Home and Money (HM)	12	0.84
Parents (PAR)	19	0.85
Siblings (SIB)	6	0.81
Family (FAM)	5	0.77
School (SCH)	11	0.81
Friends (FR)	6	0.72
Boyfriend / Girlfriend (BG)	5	0.79
Negative life events (NLE)	73	0.80
Resource subscales		
Parents (PAR)	10	0.90
Siblings (SIB)	5	0.88
Family (FAM)	7	0.83
School (SCH)	5	0.80
Friends (FR)	10	0.80
Boyfriend / Girlfriend (BG)	5	0.90
Positive life events (PLE)	30	0.70

Scale	Number of items	Alpha coefficient
The Coping Orientations to the Problems Experienced Questionnaire Subscales:		
Problem focused coping	20	0.82
Emotion focused coping	20	0.78
Dysfunctional coping	13	0.65

These alpha-coefficients indicate that the scales and subscales of the measuring instruments reflect high internal consistency. According to Nunnally and Bernstein (1994) coefficients of 0.60 and above are considered acceptable for non-cognitive constructs. Both the hope-agency and the hope-pathway scales are low and should therefore be interpreted carefully.

4.7 STATISTICAL ANALYSIS

Descriptive statistics (means and standard deviations) were calculated for all variables (scales and subscales). Intercorrelations between the variables were calculated for the two groups respectively: the white group and the black group (which included black, Coloured and Asian respondents) and the significance of differences in means were investigated. A hierarchical regression analysis was performed to determine the extent of the variance in satisfaction with life that is explained by the predictor variables. Again the results were calculated for the white and black groups respectively.

4.8 CONCLUSION

The aims, research design, demographics of the participants, the data gathering process, measuring instruments and statistical analysis were explained in this chapter. The results of the study will be presented and discussed in the following chapter.

Chapter 5: Results and discussion

5.1 INTRODUCTION

In this chapter the findings of the study are presented. Subsequent to the presentation of the results, the findings are discussed.

The descriptive statistics (means, standard deviations and intercorrelations) with respect to the criterion and predictor variables, were calculated for the research group as a whole (Table 5.1) and separately for the White and Black groups (Table 5.2).

5.2 DESCRIPTIVE STATISTICS

5.2.1 Descriptive statistics for the total group

Table 5.1 Means and standard deviations for the total research group

Scales	Minimum	Maximum	Mean	Standard deviation
Satisfaction with Life Scale				
	5.00	35.00	24.84	6.07
Hope Scale Subscales:				
Agency	6.00	32.00	23.71	4.73
Pathways	5.00	32.00	23.45	4.88
The Life Stressors and Social Resources Inventory **Stressor subscales:**				
Physical Health (PH)	0	19.00	2.09	3.42
Home and Money (HM)	0	34.00	11.36	7.67
Parents (PAR)	0	19.20	6.55	3.95
Siblings (SIB)	0	24.00	9.01	5.84
Family (FAM)	0	20.00	6.78	4.67
School (SCH)	0	44.00	16.08	8.26
Friends (FR)	0	24.00	7.21	4.61
Negative life events (NLE)	0	38.00	12.14	6.61

Scales	Minimum	Maximum	Mean	Standard deviation
Resource subscales:				
Parents (PAR)	0	20.00	10.77	5.41
Siblings (SIB)	0	20.00	11.24	6.08
Family (FAM)	0	28.00	17.18	6.65
School (SCH)	0	20.00	11.06	4.97
Friends (FR)	0	40.00	24.45	7.79
Positive life events (PLE)	0	26.00	11.65	4.34
The Coping Orientations to the Problems Experienced Questionnaire (COPE Scale) Subscales:				
Problem focused coping	21.00	80.00	56.90	9.20
Emotion focused coping	21.00	80.00	58.00	8.75
Dysfunctional coping	13.00	52.00	31.74	5.93

The participants obtained a mean score of 24.84, (standard deviation of 6.07) for the criterion variable **Satisfaction with Life** measured by The Satisfaction with Life Scale. Pavot and Diener (1993) note that a score of 20 represents the neutral point on the scale (the point at which a respondent is neither satisfied nor dissatisfied) and that the mean life satisfaction scores across samples tend to range from 23 to 28, representing slightly satisfied to satisfied levels of life satisfaction. The current research group's mean score of 24.84 is indicative of slightly above average levels of life satisfaction. According to a South African study on youths done by Du Toit (1999), her sample had a mean score of 23.94 (Standard deviation of 5.77). This demonstrates that the two samples have fairly similar levels of life satisfaction.

The participants obtained the following mean scores for the hope subscales, 23.71 for **hope (agency)** (standard deviation of 4.73) and 23.45 for **hope (pathways)** (standard deviation of 4.88). These scores are indicative of an

above average sense that they can reach their goals, as well as high levels of confidence in their abilities to devise plans in order to reach these goals. These scores are consistent with scores found by Potgieter (2004) in a multi-ethnic investigation on wellness in young adults, with mean scores of 24.73 for hope (agency) and 23.86 for hope (pathways).

The scores of the current research group on the subscales of **The Life Stressors and Social Resources Inventory, Youth Form**, were somewhat higher than results reported by Moos and Moos (1994) as well as those by Wissing (1996). In a South African study on university students by Wissing (1996) the only difference between scores was the stressor **school (SCH)** with a mean of 11.65 which compared to 16.08 for the current group. This result indicates that the current sample therefore experiences school as a greater stressor than did the group of Wissing (1996). In comparing the group results of the current study to another South African study on first-year university students (Makola, 2007) slight differences were recorded in the subscale **Home and Money (HM)** with a mean of 15.40 to the mean of 11.36 of the current study, which was considerably lower than the mean amongst the participants of Makola (2007). This indicates that for the participants in the current study Home and Money did not act as a major stressor. For the subscale **friends (FR)** as a resource a mean score of 21.42 was obtained by the research participants of Makola (2007) compared to the mean of the current study which was significantly higher at 24.45. This score indicates that for the participants of the current study, friends were seen as a bigger resource and means of social support. This difference might be attributed to developmental differences as young adults may focus more attention on intimate adult relationships and less on peer relationships. Yet, in another South African study Du Toit (1999) shows a difference in the stressor **Physical Health (PH).** Du Toit's sample obtained a mean of 1.00 and the sample in the current study obtained a mean of 2.09. This result indicates that the current group experienced physical health as more stressful than did the

group in Du Toit's study. Comparing the *resource subscales* with the results obtained by Du Toit (1999) the following differences were found: the current sample obtained a mean of 10.77 for Parents (PAR), whereas Du Toit's sample obtained a mean of 13.75. The current sample had a mean of 11.24 for Siblings (SIB) and Du Toit's sample had a mean of 14.16. While the current sample also obtained a mean of 24.45 for Friends (FR) that of Du Toit's group obtained a mean of 29.39. These results indicate that the participants in the current study experience parents, siblings and friends as lesser resources than did the participants in Du Toit's study.

On the predictor **cope** as measured by The Coping Orientations to the Problems Experienced Questionnaire (COPE), participants' mean scores on the different subscales were 56.90 for problem-focused coping (standard deviation of 9.20), 58.00 for emotion-focused coping (standard deviation of 8.75) and 31.74 for dysfunctional coping (standard deviation of 5.93). The participants therefore more frequently make use of emotion-focused coping than problem-focused coping. Participants in a study by Segal et al. (2001) obtained mean scores of 52.90 for problem-focused coping, 53.20 for emotion-focused coping and 38.8 for dysfunctional coping. This indicates that the participants in the current study make more frequent use of a wide range of coping strategies.

5.2.2 Descriptive statistics for the white and the black groups

Table 5.2 Means and standard deviations for the White group and the Black group

Scales	WHITE GROUP N=133		BLACK GROUP N=455	
	Mean	Standard deviation	Mean	Standard deviation
Satisfaction with Life Scale				
	25.11	5.87	24.77	6.15
Hope Scale Subscales:				
Agency	24.25	4.42	23.57	4.82
Pathways	23.45	4.97	23.45	4.85
The Life Stressors and Social Resources Inventory **Stressors subscales:**				
Physical Health (PH)	1.87	3.07	2.16	3.53
Home and Money (HM)	9.36	7.88	11.96	7.52
Parents (PAR)	7.36	4.09	6.31	3.87
Siblings (SIB)	9.50	5.77	8.89	5.86
Family (FAM)	6.16	4.20	6.98	4.80
School (SCH)	17.12	7.75	15.76	8.40
Friends (FR)	7.16	4.33	7.23	4.70
Negative life events (NLE)	11.42	6.82	12.29	6.46
Resource subscales:				
Parents (PAR)	11.95	5.06	10.45	5.46
Siblings (SIB)	11.79	5.68	11.11	6.18
Family (FAM)	17.90	6.09	17.02	6.78
School (SCH)	10.53	4.73	11.23	5.02
Friends (FR)	26.29	7.60	23.98	7.70
Positive life events (PLE)	11.18	4.26	11.80	4.36

Scales	WHITE GROUP N=133		BLACK GROUP N=455	
	Mean	Standard deviation	Mean	Standard deviation
The Coping Orientations to the Problems Experienced Questionnaire (COPE) Scale Subscales:				
Problem focused coping	56.59	9.28	56.97	9.20
Emotion focused coping	57.44	9.88	58.17	8.41
Dysfunctional coping	29.64	6.69	32.35	5.54

The results in table 5.2 show a number of differences in the average scores for the two ethnic groups with regard to satisfaction with life, hope (agency and pathways), stressors and resources and COPE.

On the **satisfaction with life** scale the white group obtained a mean score of 25.11 compared to the mean of 24.77 of the black group. This indicates that both the white and the black groups reported very similar levels of perceived well-being. In a South African study by Du Toit (1999) the differences between white and black groups of youth had also been investigated. She found the white group to have a mean of 24.46 and the black group to have a mean of 21.15. The two groups in the current sample therefore experience levels of satisfaction that are more similar than did the groups in Du Toit's study.

The white and black groups obtained similar mean scores on the **hope** scale, with hope (agency) mean scores of 24.25 and 23.57 respectively and hope (pathways) mean scores of 23.45 for both the groups. It therefore seems as if both groups have similar beliefs in their capabilities and motivations towards reaching their goals. The two groups are very similar in their levels of well-being and levels of hope.

When looking at the differences in **stressors and resources** reported by the different groups, differences between the two groups have been found in the following subscales: The largest deviations were found in the **stressors** Home and Money (HM) and School (SCH). For Home and Money the white group obtained a mean of 9.36 and the black group obtained a mean of 11.96. Home and Money therefore seems to be a bigger stressor in the lives of the black group than in the lives of the white group. This finding compares to results obtained by Du Toit (1999) where the white group scored a mean of 6.06 for Home and Money (HM) and the black group scored a mean of 13.38. This also indicates that home and money was a greater source of stress for that black group. For the stressor School the white group obtained a mean of 17.12 whereas the black group obtained a mean of 15.76. It could be inferred that school is a slightly bigger source of stress for the white group than for the black group. In comparing the **resource** scales a difference in the resource subscale Friends (FR) was found, where a mean of 26.29 was obtained for the white group and a mean of 23.98 for the black group. This indicates that the white group views their friendships as being a bigger source of support than what the black group does. Again this finding compares to findings by Du Toit (1999). Her sample obtained mean scores of 30.55 for the white group and 24.72 for the black group in the resource Friends, also indicating that friends are a greater resource for the white group in her study.

Lastly for the **cope** scale, both the white and black groups got similar mean scores for problem and emotion focused coping. The only deviation between the groups was in the dysfunctional coping where the white group obtained a mean of 29.64 and the black group obtained a mean of 32.35. It seems therefore that the black group makes more frequent use of dysfunctional coping strategies.

5.3 INTERCORRELATIONS

Before the hierarchical regression analyses will be presented and discussed, the correlation between the predictor variables and the criterion, as well as the correlations between predictor variables will be reported and discussed. The Pearson's product momentum correlation coefficients between the variables are indicated in Table 5.3 for the Black group and Table 5.4 for the White group. The 1% level of significance was used and as more rigorous criteria, practical significance of $r > 0.3$ indicates a medium effect size and $r > 0.5$ indicates a large effect size.

Table 5.3 Correlations between predictor and criterion variables for the Black group (N =455)

	Satisfaction with life	Hope Agency	Hope Pathway	(PH) Physical Health	(HM) Home and Money	(SPAR) Parents	(SSIB) Siblings	(SFAM) Family	(SSCH) School	(SFR) Friends	(NLE) Negative life events
Satisfaction with life											
Hope Agency	0.3* +										
Hope Pathway	0.2*	0.48* +									
(PH) Physical Health	-0.04	-0.05	-0.04								
(HM) Home and Money	0.04	-0.02	-0.06	-0.03							
(SPAR) Parents	-0.06	-0.11	-0.06	0.03	0.1						
(SSIB) Siblings	0	0.07	0.05	0.09	0.08	0.36* +					
(SFAM) Family	-0.05	0	-0.1	0.09	0.2*	0.3* +	0.42* +				
(SSCH) School	0	0.02	0	0.12	0.13*	0.35* +	0.36* +	0.41* +			
(SFR) Friends	-0.01	-0.03	-0.06	0.08	0.15*	0.33* +	0.36* +	0.43* +	0.55* ++		
(NLE) Negative life events	0.01	0.02	0	0.19*	0.23*	0.32* +	0.2*	0.24*	0.32* +	0.29*	
(RPAR) Parents	-0.02	0.07	0	-0.04	-0.26*	0.15*	0.06	-0.1	0.04	0.04	-0.15*
(RSIB) Siblings	-0.03	0.03	0.04	-0.05	-0.13*	0	0.04	-0.11	-0.02	-0.03	-0.08
(RFAM) Family	-0.1	0.01	-0.03	-0.06	-0.2*	0.01	0.02	-0.14*	0.11*	0.02	-0.12
(RSCH) School	0	-0.03	-0.04	-0.05	-0.06	0.05	0.05	0.1	0.2*	0.1	0
(RFR) Friends	-0.05	0	-0.03	0	-0.2*	0.06	0.12	0.06	0.14*	0.06	-0.08
(PLE) Positive life	0	-0.06	0.01	0.05	-0.13*	0.22*	0.07	0.03	0.13*	0.12	0.34* +

events											
Cope Problem focused	0.23*	0.31* +	0.35* +	0.03	-0.01	-0.05	0.04	-0.03	0.1	0	0
Cope Emotion focused	0.2*	0.29*	0.29*	-0.03	0.02	-0.8	0.03	-0.06	0.03	-0.05	0
Cope Dysfunctional	0.06	-0.09	0.01	-0.03	0.06	0.08	0.04	-0.01	0.05	0	0.03

	(RPAR) Parents	(RSIB) Siblings	(RFAM) Family	(RSCH) School	(RFR) Friends	(PLE) Positive life events	Cope Problem focused	Cope Emotion focused	Cope dysfunc
Satisfaction with life									
Hope Agency									
Hope Pathway									
(PH) Physical Health									
(HM) Home and Money									
(SPAR) Parents									
(SSIB) Siblings									
(SFAM) Family									
(SSCH) School									
(SFR) Friends									
(NLE) Negative life events									
(RPAR) Parents									
(RSIB) Siblings	0.32* +								
(RFAM) Family	0.34* +	0.43* +							
(RSCH) School	0.17*	0.27*	0.37* +						
(RFR) Friends	0.22*	0.28*	0.41* +	0.38* +					
(PLE) Positive life events	0.27*	0.13*	0.21*	0.16*	0.2*				
Cope Problem focused	0.02	-0.02	0.07	-0.08	0.00	-0.02			
Cope Emotion focused	0.02	-0.06	-0.02	-0.04	-0.03	-0.05	0.73* ++		
Cope Dysfunctional	0.03	-0.04	0.02	0.03	0.00	0.00	0.3* +	0.4* +	

The correlation coefficients in Table 5.3 show that on the 1% level of significance there are significant correlations between the criterion (Satisfaction with life) and hope (agency) (0.3) and hope (pathways) (0.2). Statistical significant correlations were also found on the 1% level between Satisfaction with Life and Problem-focused coping (0.23) and Emotion-focused coping (0.2). The positive significant coefficients indicate that the higher the individual's satisfaction with life the higher her hope (both agency and pathways) and coping (both problem and emotion focused).

There is a significant correlation on the 1% level between *hope (agency)* and hope (pathways) (0.48), Cope (problem-focused) (0.23) and Cope (emotion-focused) (0.29). *Hope (pathways)* and Cope (problem-focused) (0.35) and Cope (emotion-focused) (0.29) showed significant coefficients on the 1% level. These significant coefficients indicate that hope (agency) and hope (pathways) increase as cope (both problem and emotion focused) increases. Hope agency also increases as hope pathways increases.

Significant correlations on the 1% level of significance have been indicated in the following stressor subscales, which correlated significantly with each other: The stressor **Parents (SPAR)** showed significant coefficients with the following: the stressor Siblings (SSIB) (0.36), stressor Family (SFAM) (0.3), the stressor School (SSCH) (0.35), the stressor Friends (SFR) (0.33) and (NLE) Negative life events (0.32). The stressor **Siblings (SSIB)** correlated with the following stressors: Family (SFAM) (0.42), School (SSCH) (0.36) and Friends (SFR) (0.36). **Family (SFAM)** as a stressor correlated with the following stressors: School (SSCH) (0.41) and Friends (SFR) (0.43). The Stressor **School (SSCH)** had significant correlations with the following stressors: Friends (SFR) (0.55) and Negative Life Events (NLE) (0.32) whereas the stressor **Negative life events (NLE)** correlated with the following resource Positive Life Events (PLE) (0.34). The resource subscales showed the following correlations on the 1% level of significance. **Parents (RPAR)** as a resource correlates significantly with Siblings (RSIB) (0.32) and Family

(RFAM) (0.34). The resource **Siblings (RSIB)** correlates with Family (RFAM) (0.43). When looking at the resource **family (RFAM)** it is clear that it correlates with the following resources: School (RSCH) (0.37) and Friends (RFR) (0.41). **School (RSCH)** correlates with Friends (RFR) (0.38).

On the 1% level as has been discussed previously, **COPE (problem-focused)**, showed significant coefficient with satisfaction with life (0.23), hope (agency) (0.31) and hope (pathways) (0.35). It also correlates with emotion-focused coping (0.73) and dysfunctional coping (0.3). **COPE (emotional-focused)** showed significant coefficients on the 1% level with satisfaction with life (0.2), hope (agency) (0.29) and hope (pathways) (0.29) as well as problem-focused (0.73) and dysfunctional coping (0.4). On the 1% level significant coefficients between **COPE (dysfunctional)** and cope (problem-focused) (0.3) and cope (emotional-focused) (0.4) was found. This indicates that coping, problem and emotion focused as well as dysfunctional coping, increases as satisfaction with life and hope (both agency and pathways) increase. The styles of coping also have positive significant coefficients indicating that as one increases so do the others.

Table 5.4 Correlations between predictor and criterion variables for the White group (N = 133)

	Satisfaction with life	Hope Agency	Hope Pathway	(PH) Physical Health	(HM) Home and Money	(SPAR) Parents	(SSIB) Siblings	(SFAM) Family	(SSCH) School	(SFR) Friends	(NLE) Negative life events
Satisfaction with life											
Hope Agency	0.24*										
Hope Pathway	0.27*	0.54* ++									
(PH) Physical Health	-0.08	0.03	-0.02								
(HM) Home and Money	-0.06	-0.05	0.05	-0.05							
(SPAR) Parents	-0.15	0	-0.03	0.08	0.06						
(SSIB) Siblings	0.22	0.06	-0.03	0.16	0.08	0.44* +					
(SFAM) Family	-0.08	-0.05	-0.12	0.1	0.32* +	0.36* +	0.33* +				
(SSCH) School	-0.16	-0.01	0.09	0.12	0.04	0.35* +	0.47* +	0.26*			
(SFR) Friends	-0.02	0.09	0.18	0.07	0.21	0.3* +	0.42* +	0.32* +	0.57* ++		
(NLE) Negative life events	-0.11	0.07	0.09	0.24*	0.28*	0.3* +	0.19	0.26*	0.21	0.21	
(RPAR) Parents	0.11	0.06	0.05	-0.05	-0.27*	-0.2	-0.02	-0.2	0.13	-0.06	-0.16
(RSIB) Siblings	0.16	-0.03	-0.09	-0.19	-0.25*	-0.13	-0.08	-0.18	-0.1	-0.25*	-0.19
(RFAM) Family	0.16	0.06	0.07	0.01	-0.37* +	-0.1	-0.03	-0.26	0.01	-0.1	-0.14
(RSCH) School	-0.11	-0.15	-0.09	-0.11	-0.12	-0.11	-0.1	-0.05	-0.06	-0.12	-0.18
(RFR) Friends	-0.06	-0.04	-0.15	-0.07	-0.42* +	-0.03	0.02	-0.16	-0.02	-0.25*	-0.24*
(PLE) Positive life events	0.02	-0.05	0	-0.02	0	0.12	0.12	0.12	0.14	0.05	0.35* +
Cope Problem focused	0.24	0.36* +	0.34* +	-0.02	0.07	0.17	0.04	-0.04	0.01	0.02	0.12
Cope Emotion focused	0.21	0.27*	0.29*	-0.11	0.09	0.03	-0.01	-0.07	-0.08	-0.06	0.14
Cope Dysfunctional	-0.18	-0.14	-0.09	-0.15	0.22	0.09	0.04	0.15	0	-0.02	0.06

	(RPAR) Parents	(RSIB) Siblings	(RFAM) Family	(RSCH) School	(RFR) Friends	(PLE) Positive life events	Cope Problem focused	Cope Emotion focused	Cope dysfunc
Satisfaction with life									
Hope Agency									
Hope Pathway									
(PH) Physical Health									
(HM) Home and Money									
(SPAR) Parents									
(SSIB) Siblings									
(SFAM) Family									
(SSCH) School									
(SFR) Friends									
(NLE) Negative life events									
(RPAR) Parents									
(RSIB) Siblings	0.49* +								
(RFAM) Family	0.53* ++	0.44* +							
(RSCH) School	0.19	0.23* +	0.33* +						
(RFR) Friends	0.46* +	0.39* +	0.53* ++	0.31* +					
(PLE) Positive life events	0.23*	0.16	0.15	0.2	0.15				
Cope Problem focused	-0.03	0.03	-0.12	-0.06	-0.12	0.1			
Cope Emotion focused	-0.06	0.03	-0.15	-0.02	-0.1	0.15	0.7* ++		
Cope Dysfunctional	-0.04	0.04	-0.03	-0.01	-0.2	0.02	0.26*	0.26*	

The correlation coefficients in Table 5.4 show that, on the 1% level of significance, there are significant correlations between the criterion (Satisfaction with life) and hope (agency) (0.24) and hope (pathways) (0.27). These positive significant coefficients indicate that the higher the individual's satisfaction with life the higher her hope (agency) and hope (pathways).

On the 1% level, there is a significant correlation between *hope (agency)* and hope (pathways) (0.54), Cope (problem-focused) (0.36) and Cope (emotion-focused) (0.27). *Hope (pathways)* and Cope (problem-focused) (0.34) and Cope (emotion-focused) (0.29) showed significant coefficients on the 1% level. These significant coefficients indicate that hope (agency) and hope (pathways) increase as cope (both problem and emotion focused) increases. Hope agency also increases as hope pathways increases.

On the 1%, the following stressors correlated significantly with each other: **(HM) Home and Money** showed significant coefficients with the stressor Family (SFAM) (0.32), the resource Family (RFAM) (-0.37) and the resource Friends (RFR) (-0.42). The stressor **Parents (SPAR)** showed significant coefficients with the stressor Siblings (SSIB) (0.44), stressor Family (SFAM) (0.36), the stressor School (SSCH) (0.35), the stressor Friends (SFR) (0.30) and (NLE) Negative life events (0.30). The stressor **Siblings (SSIB)** showed the following correlations on the 1% level: Family (SFAM) (0.33), School (SSCH) (0.47) and Friends (SFR) (0.42). **School (SSCH)** correlated with the stressor Friends (SFR) (0.57). **Negative Life Events (NLE)** correlated with the resource Positive life Events (PLE) (0.35). The resource subscales produced the following correlations: **Parents (RPAR)** correlated with Sibling (RSIB) (0.49), Family (RFAM) (0.53) and Friends (RFR) (0.46). The resource **Siblings (RSIB)** showed significant correlation with the following resources: Family (RFAM) (0.44) and Friends (RFR) (0.39). **Family (RFAM)** correlates with the resource School (RSCH) (0.33) and Friends (RFR) (0.53) and the resource **School (RSCH)** correlates with the resource Friends (RFR) (0.31).

On the 1% level, **COPE (problem-focused)** showed significant coefficients with COPE (emotional-focused) (0.70) and COPE (dysfunctional) (0.26). **COPE (emotional-focused)** showed significant coefficients on the 1% level with COPE (problem-focused) (0.70) and COPE (dysfunctional) (0.26). This indicates that the styles of coping also have positive significant coefficients indicating that as one increases so do the others.

The results of the hierarchical regression analyses will subsequently be discussed.

5.4 HIERARCICHAL REGRESSION

The SPSS-computer program (SPSS Incorporate, 2007) has been used for the hierarchical regression analyses, in order to investigate the contribution of the different predictor variables to the variation in adolescent well-being. The results of the hierarchical regression for the black and white groups are presented in Table 5.5 and Table 5.6 respectively.

The percentage of variance of the criterion that can be attributed to each of the variables is indicated as R^2. With regard to the specific contribution that each variable makes to the criterion, the R^2 – value will be determined, with and without the variable. The significance of the difference that appears in R^2 will be determined with hierarchical F-tests; the effect sizes (f^2) will also be determined and presented.

5.4.1 Hierarchical regression for the black group

Table 5.5 Contributions of the various variables to R^2 for the satisfaction with life of the Black group

Variables N=455	R^2	Contribution to R^2: Full minus diminished model	*F*	f^2
1. [cope]+[hope]+[stressor]+[resour]+[gender]	0,112	1-2 = 0,000	0,000	
2. [cope]+[hope]+[stressor]+[resour]	0,112			
3. [cope]+[hope]+[stressor]+[gender]+[resour]	0,112	3-10 = 0,021	1,750	
4. [cope]+[hope]+[stressor]+[gender]+par	0,092	4-10 = 0,001	0,500	
5. [cope]+[hope]+[stressor]+[gender]+sib	0,095	5-10 = 0,004	2,000	
6. [cope]+[hope]+[stressor]+[gender]+fam	0,095	6-10 = 0,004	2,000	
7. [cope]+[hope]+[stressor]+[gender]+sch	0,096	7-10 = 0,005	2,500	
8. [cope]+[hope]+[stressor]+[gender]+fr	0,094	8-10 = 0,003	1,500	
9. [cope]+[hope]+[stressor]+[gender]+ple	0,092	9-10 = 0,001	0,500	
10. [cope]+[hope]+[stressor]+[gender]	0,091			
11. [cope]+[hope]+[gender]+[resour]+[stressor]	0,112	11-20 = 0,023	1,437	
12. [cope]+[hope]+[gender]+[resour]+ph	0,090	12-20 = 0,001	0,500	
13. [cope]+[hope]+[gender]+[resour]+hm	0,093	13-20 = 0,004	2,000	
14. [cope]+[hope]+[gender]+[resour]+par	0,090	14-20 = 0,001	0,500	
15. [cope]+[hope]+[gender]+[resour]+sib	0,092	15-20 = 0,003	1,500	
16. [cope]+[hope]+[gender]+[resour]+fam	0,095	16-20 = 0,006	3,000	
17. [cope]+[hope]+[gender]+[resour]+sch	0,089	17-20 = 0,000	0,000	
18. [cope]+[hope]+[gender]+[resour]+fr	0,090	18-20 = 0,001	0,500	
19. [cope]+[hope]+[gender]+[resour]+nle	0,089	19-20 = 0,000	0,000	
20. [cope]+[hope]+[gender]+[resour]	0,089			
21. [cope]+[gender]+[resour]+[stressor]+[hope]	0,112	21-24 = 0,020	4,760**	0,02
22. [cope]+[gender]+[resour]+[stressor]+agency	0,112	22-24 = 0,020	10,00**	0,02
23. [cope]+[gender]+[resour]+[stressor]+pathway	0,096	23-24 = 0,004	2,000	
24. [cope]+[gender]+[resour]+[stressor]	0,092			
25. [gender]+[resour]+[stressor]+[hope]+[cope]	0,112	25-29 = 0,011	1,833	
26. [gender]+[resour]+[stressor]+[hope]+dysf	0,104	26-29 = 0,003	1,500	
27. [gender]+[resour]+[stressor]+[hope]+emot	0,106	27-29 = 0,005	2,500	
28. [gender]+[resour]+[stressor]+[hope]+probl	0,097	28-29 = 0,004	2,000	
29. [gender]+[resour]+[stressor]+[hope]	0,101			

** $p \leq 0,01$
* $p \leq 0,05$

The results in Table 5.5 firstly indicate that the combined variables account for 11.2% (R^2 = 0.112) of the variance in **satisfaction with life** of the black group. This R^2 – value is significant on the 5% level [$F_{21;\,429} = 1.797$].

Gender does not provide significant contributions towards the variance of satisfaction with life for the black group.

The results further indicate that the **set** of resources (parents, siblings, family, school, friends, boyfriend/girlfriend and positive life experiences) contribute 2.1% to the R^2 – value of satisfaction with life. This contribution is not significant on the 5% level. When the individual resources are taken into account, it is clear that none of the resources make a significant individual contribution to the variance of satisfaction with life for the black group.

The **set** of stressors (physical health, home and money, parents, siblings, family, school, friends, boyfriend/girlfriend and negative life events) contribute 2.3% to the R^2 – value of satisfaction with life. This **set** of variables is however not significant on the 5% level. If each individual stressor is examined, it is also clear that none of the stressor variables show a contribution to the variance of satisfaction with life for the black group.

The **set** of hope variables (agency and pathways) contribute 2.0% of the R^2 – value of satisfaction with life of the black group. This contribution is significant on the 1% level and the effect size is of slight practical value. When each hope variable is considered on its own, hope **agency** does explain 2.0% of the satisfaction with life of the black group. This contribution is significant on the 1% level [$F_{2;\ 429} = 10.0$; $p \leq 0.01$]. The corresponding effect size however indicates that the result have small practical significance.

The **set** of cope variables (problem-focused, emotion-focused and dysfunctional) contribute 1.1% of the R^2 –value of satisfaction with life of the black group. This set of variables is not statistically significant on the 5% level. When each individual coping variable is considered, it is clear that none of the coping scales show any significant contribution towards the variance of satisfaction with life in the black group.

From the discussion it can be concluded that none of the individual or sets of variables contribute significantly to satisfaction with life.

5.4.2 Hierarchical regression for the white group

Table 5.6 Contributions of the various variables to R^2 *for the satisfaction with life of the White group*

Variables N=133	**R^2**	**Contribution to R^2: Full minus diminished model**	***F***	***f^2***
1. [cope]+[hope]+[stressor]+[resour]+[gender]	0,335	1-2 = 0,004	0,678	
2. [cope]+[hope]+[stressor]+[resour]	0,331			
3. [cope]+[hope]+[stressor]+[gender]+[resour]	0,335	3-10 = 0,063	1,780	
4. [cope]+[hope]+[stressor]+[gender]+par	0,290	4-10 = 0,018	3,000	
5. [cope]+[hope]+[stressor]+[gender]+sib	0,302	5-10 = 0,030	5,000*	0,04
6. [cope]+[hope]+[stressor]+[gender]+fam	0,274	6-10 = 0,002	0,333	
7. [cope]+[hope]+[stressor]+[gender]+sch	0,277	7-10 = 0,005	0,833	
8. [cope]+[hope]+[stressor]+[gender]+fr	0,273	8-10 = 0,001	0,167	
9. [cope]+[hope]+[stressor]+[gender]+ple	0,283	9-10 = 0,011	1,830	
10. [cope]+[hope]+[stressor]+[gender]	0,272			
11. [cope]+[hope]+[gender]+[resour]+[stressor]	0,335	11-20 = 0,134	2,839**	0,20
12. [cope]+[hope]+[gender]+[resour]+ph	0,201	12-20 = 0,000	-	
13. [cope]+[hope]+[gender]+[resour]+hm	0,217	13-20 = 0,016	2,667	
14. [cope]+[hope]+[gender]+[resour]+par	0,207	14-20 = 0,006	0,909	
15. [cope]+[hope]+[gender]+[resour]+sib	0,238	15-20 = 0,037	6,167*	0,05
16. [cope]+[hope]+[gender]+[resour]+fam	0,202	16-20 = 0,001	0,149	
17. [cope]+[hope]+[gender]+[resour]+sch	0,247	17-20 = 0,046	7,667**	0,06
18. [cope]+[hope]+[gender]+[resour]+fr	0,204	18-20 = 0,003	0,448	
19. [cope]+[hope]+[gender]+[resour]+nle	0,231	19-20 = 0,030	5,000*	0,04
20. [cope]+[hope]+[gender]+[resour]	0,201			
21. [cope]+[gender]+[resour]+[stressor]+[hope]	0,335	21-24 = 0,012	1,017	
22. [cope]+[gender]+[resour]+[stressor]+agency	0,328	22-24 = 0,005	0,847	
23. [cope]+[gender]+[resour]+[stressor]+pathway	0,335	23-24 = 0,012	2,033	
24. [cope]+[gender]+[resour]+[stressor]	0,323			
25. [gender]+[resour]+[stressor]+[hope]+[cope]	0,335	25-29 = 0,091	5,085**	0,14
26. [gender]+[resour]+[stressor]+[hope]+dysf	0,334	26-29 = 0,090	15,517**	0,14
27. [gender]+[resour]+[stressor]+[hope]+emot	0,246	27-29 = 0,002	0,303	
28. [gender]+[resour]+[stressor]+[hope]+probl	0,256	28-29 = 0,012	1,846	
29. [gender]+[resour]+[stressor]+[hope]	0,244			

** $p \leq 0,01$

* $p \leq 0,05$

As can be inferred from the results in Table 5.6, 33.5% (R^2 = 0.335) of the variance in the satisfaction with life reported by the white group, it can be explained by the combined effect of all the predictor variables. This result is significant on the 1% level of significance [$F_{21;\ 112}$ = 1.835].

Gender does not deliver a significant contribution to the variance of satisfaction with life for the white group.

The results further indicate the **set** of resources (parents, siblings, family, school, friends, boyfriend/girlfriend and positive life experiences) contributing 6.3% to the R^2 – value of satisfaction with life. This contribution is not significant on the 5% level. When the individual resources are taken into account, it is clear that **siblings** do explain 3.0% of the variance of satisfaction with life for the white group. This contribution is significant on the 5% level [$F_{1;\ 130}$ = 5.00; $p \leq 0.05$]. The corresponding effect size indicates that the result is of small practical significance.

The **set** of stressors (physical health, home and money, parents, siblings, family, school, friends, boyfriend/girlfriend and negative life events) contribute 13.4% to the R^2 – value of satisfaction with life. This **set's** contribution is significant on the 1% level. The corresponding effect size indicates that the result has moderate to high practical significance. Examining each individual stressor, it is clear that **siblings, school and negative life events**, respectively explain 3.7% [$F_{1;\ 130}$ = 6.167; $p \leq 0.05$], 4.6% [$F_{1;\ 130}$ = 7.667; $p \leq 0.01$], and 3.0% [$F_{1;\ 130}$ = 5.00; $p \leq 0.05$] of satisfaction with life in the white group. The contribution of school is significant on the 1% level, while siblings and negative life events are significant on the 5% level. The effect sizes however have small practical value.

The **set** of hope variables (agency and pathways) contribute 1.2% to the R^2 – value of satisfaction with life in the white group. This result is not significant on the 5% level. When each hope variable is considered on its own, none of the

hope variables contributed significantly towards the variance of satisfaction with life in the white group.

The **set** of cope variables (problem-focused, emotion-focused and dysfunctional) contributed 9.1% of the R^2 –value of satisfaction with life of the white group. The contribution of this **set** of variables is significant on the 1% level. The effect sizes indicate that this result has medium practical value. The individual coping variables, **dysfunctional coping** contribute 9.0% of the satisfaction with life in the white group. The contribution of dysfunctional coping is significant on the 1% level [$F_{1;130} = 15.517$; $p \leq 0.01$] The effect sizes indicate that the result for dysfunctional coping does have medium practical significance.

A conclusion of the research results will be presented in the next chapter**.**

Chapter 6: Conclusion and recommendations

6.1 Introduction

In this chapter a conclusion of the main perspectives gleaned from the literature and the findings of the study are presented. This is followed by recommendations for future research and practices. The chapter is concluded with comments on the limitations of this research study.

6.2 Perspectives from the literature

Adolescence is a human developmental stage that involves a series of developmental hurdles and challenges, more specifically the development of identity, achieving independence from the family while staying connected and fitting into a peer group, as well as adjusting to numerous changes including physical, emotional, psychological, social and moral changes.

The majority of adolescents experience above average levels of subjective well-being (Gilman & Huebner, 2003). Appropriate parenting, schooling, developmental programs, healthy communities and specific character strengths positively influence adolescents' subjective well-being and prepare them for the demands of adulthood (Park, 2004).

Factors that have a significant influence on adolescent subjective well-being include personal resources such as hope, self-efficacy, self-esteem, independence and assertiveness. These yield happier and healthier adolescents (Seligman, 2002). Another factor is social resources such as stable and secure interpersonal relationships with parents, siblings and friends, parental involvement and approval. These resources increase satisfaction with life and have a positive effect on subjective well-being of adolescents. Yet another factor that influences adolescent subjective well-being is coping strategies including problem and emotion focused coping strategies (Kendall et al., 1997). In addition

to these factors personality traits such as Extraversion and Openness to experience, an optimal school environment and cultural differences also affect adolescent subjective well-being and encourages the balanced adaptation of adolescents and ensures that adolescents become well-adjusted adults (Park & Huebner, 2003).

Demographic variables such as age, gender, ethnicity, education, socio-economic status and geographical location have been found to correlate with happiness and life satisfaction (Myers & Diener, 1995; Triandis, 2000; Watson, 2000). Research suggests that individuals that live in countries with higher socio-economic conditions are happier than those individuals that live in countries with low socio-economic conditions. These higher levels of happiness could be attributed to more material goods, high levels of human rights, greater longevity and more equality which are experienced by people in wealthier countries (Diener & Diener, 1995; Snyder & Lopez, 2002). According to Compton (2005) the cultural myth that young people are more satisfied with their lives than older people is not supported by research. Research did however find that younger people experience more intense emotions, but this does not necessarily indicate higher levels of subjective well-being.

Individuals with higher levels of subjective well-being show more desirable psychological traits, better physical health and healthy behaviours. These adolescents have fewer externalizing problems such as smoking, using alcohol, marijuana, other illegal drugs, driving while impaired and teen pregnancy. High levels of subjective well-being may prevent adolescents from engaging in risk-behaviours (Emmons, 1996; Suldo & Huebner, 2004; Zullig et al., 2001).

6.3 Conclusion of results

The alpha-coefficients calculated for this sample of participants indicate that most of the scales and subscales of the measuring instruments used in the current study reflect high internal consistency. Most of the scales and subscales had alpha-coefficients of above 0.60 which are acceptable for non-cognitive constructs. The Hope (agency) and Hope (pathway) subscales however had alpha-coefficients of less than 0.60 and this should be taken into consideration when results are interpreted. The alpha-coefficient obtained for the satisfaction with life scale for the current sample is slightly higher than the alpha-coefficient obtained by participants in a study by Henn (2005). Henn (2005) tested black participants and the language barrier could explain the differences in alpha-coefficients obtained. The alpha coefficient for the current sample's Hope Scale is lower than the alpha coefficient reported by Potgieter (2004). As Potgieter (2004) investigated hope in young adults, the developmental maturity level could explain the differences in alpha-coefficients obtained.

The current sample reported above average levels of satisfaction with life, as well as hope agency and hope pathways. This is consistent with the view of Frey and Röthlisberger (1996) who express that most adolescents manage to adapt well. Gilman and Huebner (2003) also suggest that most adolescents experience positive life satisfaction.

The current sample also experiences School and Physical Health as greater stressors and Home and Money as being less of a stressor when compared to other South African studies. Explanations for this could be that the group's developmental focus is on their academic activities and making decisions about their futures. These stressors could also be important to the participants as the physical changes they experience as adolescents focus their attention on their bodies and health. When compared to other South African studies such as Wissing (1996); Makola (2007) and Du Toit (1999), the resources, parents and siblings and friends are viewed by the current sample as being

greater resources. Literature indicates that stable and secure relationships with family as well as with peers can aid adolescents in becoming well adjusted adults (Cornwell, 2003; Liu, 2002; Way & Robinson, 2003). The fact that the white participants in this study view friends as a great resource is consistent with literature of Coleman and Hendry (1990) as well as Crosnoe and Needham (2004) which suggest that as an adolescent spends time with the friends, the friendship group has an increased impact on the adolescent's self-concept. The current sample also shows greater flexibility in their use of coping strategies. The group may therefore experience greater management of stress and find that developmentally, they adjust better.

Comparison between the white and black participants involved in the study indicated the following differences. Home and Money appear to be a greater stressor in the lives of black respondents than in the lives of white respondents. This could be attributed to the fact that many black participants still come from previously disadvantaged homes where problems stemming from a lack of financial resources and infrastructure could be a great stressor. It could also be attributed to adolescents experiencing less tangible parental support as Adendorff (1998) found in black adolescents in South Africa. School is a greater source of stress for the white group than it is for the black group. Again this could possibly be because of the pressure placed on white adolescents to achieve and fulfill high standards placed upon them by their parents. This also relates to findings by Adendorff (1998) that show that white adolescents indicated that school and teachers were their third biggest stressor. Career choices are focused on in mid to late adolescence and having good academic results open up a variety of options. Adolescents therefore give attention to their school performance and can experience it as stressful. With regard to access to resources, the white group viewed friends as a greater resource than participants in the black group. Cultural differences may play a part in this explanation, as black participants from a more collectivistic culture may experience greater support from their family, while

white participants from a more westernized culture are free to find support outside of the family. The only other significant difference was found in dysfunctional coping, indicating that the black group makes more frequent use of this style of coping. Differences in the white and black groups should not be interpreted as being differences between racial groups only. These differences could also be attributed to the differences in the socio-economic conditions of the participants.

For both the white and the black participants in this study significant correlations were found between satisfaction with life and hope indicating that the individual's satisfaction with life increases as her level of hope (both agency and pathways) and coping (both problem and emotion focused) increase. Results of the data analysis indicate that hope (agency) and hope (pathways) increase as cope (both problem and emotion focused) increases and vice versa. Hope agency also increases as Hope pathways increases. Due to the low alpha coefficients of Hope agency and Hope pathways the results regarding the correlation between Hope and Satisfaction with life should be interpreted with caution. Literature suggests that hope plays a role in improvements in athletic performance, aids psychological adjustment and increases perceived social support. Hopeful thinking can increase sense of mastery and self-efficacy (Argyle, 2001; Snyder et al., 1999). All of these factors can therefore increase a sense of satisfaction with life.

The combination of the predictor variables explained 33.5% of the variance in satisfaction with life for the white group. While the predictor variables accounted for 11.2% of the variance in satisfaction with life in the black group. It is clear from these results that the combination of predictor variables provides a much better explanation of the factors influencing satisfaction with life of the white group than for the black group. More focus needs to be given to factors that influence subjective well-being in the participants of the black group. For the black participants hope (agency) is significant on the 1%. The combined set of variables is significant on the 1% level for the white group.

For the white group the resource siblings show a significant contribution, so does the stressors siblings, school and negative life events. Literature indicates that adolescents who have received sibling support have more opportunities of doing better in school and having better mental health (Jenkins & Smith, 1990). Frisch et al. (2005) determined that life satisfaction levels can predict academic retention, which is important for increasing socio-economic conditions. The combined impact of the coping variables as well as the unique contribution of dysfunctional coping contributes significantly on the 1% level to the satisfaction with life of the white participants in the study.

6.4 Recommendations

6.4.1 Recommendations for research

- More attention is needed to discover the significant factors that influence subjective well-being of black adolescents.
- In future the current study could be replicated using larger groups of adolescents from a greater variety of socio-economic backgrounds and different provinces, to determine whether adolescents in different areas of South Africa experience subjective well-being differently.
- The present study could encourage future longitudinal studies, where researchers do not only assess the subjective well-being of adolescents but also the long-term effects that high/low levels of subjective well-being in the adolescent years have on an individual's life as an adult.
- Research studies on Satisfaction with life, Hope, Stressors and Resources as well as Coping can also make a positive contribution to our understanding of adolescent subjective well-being and how to increase adolescents' levels of subjective well-being. Numerous variables that were not included in the current study, such as positive/negative affect balance, self-esteem and dispositional factors need to be investigated and their relationship with subjective well-being need to be established.

- Investigate the role of friends for the white and black groups separately. The white group experienced Friends as a greater resource than did the black group, It is important to understand the influence of friends on both groups. Friends and Peer relationships are important factors in an adolescent's life and a qualitative study may generate a better understanding of how these different racial groups experience support from their peers.

6.4.2 Recommendations for practice

- The findings of this research may contribute/lead to interventions that enhance and maintain adolescent subjective well-being. This could lead to adolescents being better adjusted to their new roles and expectations.
- In the present study Home and Money, School and Physical Health were indicated as sources of stress. It is therefore recommended that more time and energy should be given to help adolescents to cope with these specific stressors.
- Detailed attention should also be given to increasing the functional coping strategies of adolescents while reducing the dysfunctional coping strategies used by them.
- A more specific approach can be followed that will allow focus on building stress resistance in adolescents from low socio-economic groups.

6.5 Limitations of the study

The results of this study should be interpreted in light of the following limitations.

- The questionnaires were only administered in English as it is the official language of communication of the Department of Education in the Northern Cape but English was not the home language of the majority of the respondents. This could have lead to misunderstandings in completion of the questionnaires. To counteract any problems resulting from the language differences, fully trained psychologists and psychometrists assisted during the

testing. They were also available for debriefing and deal with questions resulting from the completion of questionnaires.

- The inclusion of more variables such as dispositional factors (sense of coherence, self-esteem, perceived mastery and other personality characteristics) could give a greater understanding of factors that influence subjective well-being.
- Using only satisfaction with life as indicator of subjective well-being, could have influenced the results. It would have been better to include positive/negative affect balance to gain a better understanding of subjective well-being in adolescents.
- The race categories could be extended, as the black group included coloured, black and Asian students but consisted primarily of coloured students. A separate category for black students might yield different results but too few African learners participated in the study due to the demographics of the Northern Cape province.
- The groups in the study could have been more homogenous regarding race, language and socio-economic status.

Irrespective of the abovementioned limitations, it is envisaged that the outcome of the research could provide a better understanding of adolescent subjective well-being.

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Appendix A

PARTICIPANT'S CONSENT FORM

Dear Participant

Thank you for considering participation in this study. The purpose of this study is to determine the availability of resources and support systems to our youth when they are confronted with stressful events. Furthermore, this study aims to focus on how these factors contribute towards positive and healthy adolescent development.

Participation in this study is voluntary and any possible identifying data will be held n the strictest confidence. While the data obtained will be published, questionnaires will be completed anonymously. Should you wish to obtain individual feedback on your data, this will be available at your request.

Your participation in this study will serve to provide a better understanding of how certain factors can enhance or limit the healthy development of our youth, whom ultimately, are our leaders of tomorrow. This study has the support and backing of the Department of Education Northern Cape Province, as well as the University of the Free State. As previously stated, participation is entirely voluntary and should you feel the need, you may withdraw from this study at any time.

Please complete the following part if you are willing to participate in this study.

_____ _____

Signature of participant Date

Appendix B

BIOGRAPHICAL QUESTIONNAIRE

1. **School: …….**

2. **Grade: …….**

3. **Age: …….**

4. **Sex (circle which you are): MALE / FEMALE**

5. **Indicate the place where you live**
    a) town or village
    b) suburb
    c) farm district

6. **Home language:**
    a) English
    b) Afrikaans
    c) Xhosa
    d) Zulu
    e) SeSotho
    f) Setswana
    g) Other (specify)

7. **Parent's education: How far did they study?**
    a) Mother ……..
    b) Father …….

8. Marital status of parents:

a) Married
b) Divorced
c) Single parent
d) Separated
e) Common law marriage

9. Employment status of parents:

Father

a) Permanent employment
b) Temporary employment
c) Self-employed (indicate formal or informal sector)
d) Unemployed

Mother

a) Permanent employment
b) Temporary employment
c) Self-employed (indicate formal or informal sector)
d) Unemployed

10. State your religious affiliation:

a) Christian
b) Traditional religion
c) Other (specify)
d) No affiliation

11. If applicable, how often do you attend religious ceremonies?

a) Weekly or more
b) Monthly
c) Occasionally
d) Not at all