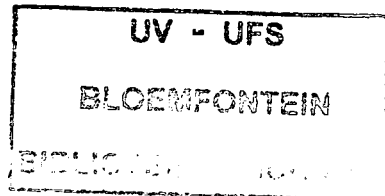


6149 94719



University Free State



34300003178328

Universiteit Vrystaat

University Free State

**THE EXPERIENCE OF WELLNESS IN EARLY
ADULTHOOD:
A MULTICULTURAL PERSPECTIVE**

By

Francois Potgieter

This dissertation (in article format) is being submitted in accordance with the partial
requirements for the degree

**MAGISTER ARTIUM
(CLINICAL PSYCHOLOGY)**

in the

**FACULTY OF HUMANITIES
DEPARTMENT OF PSYCHOLOGY**

at the

UNIVERSITY OF THE FREE STATE

Supervisor: Dr. H.S. Van den Berg

November 2004

I (Francois Potgieter) declare that the article hereby submitted by me for the M.A. degree in Clinical Psychology 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 article in favour of the University of the Free State.

Francois Potgieter

30/11/2004

Universiteit van die
Vrystaat
BLOEMFONTEIN

2 - MAY 2006

UV SASOL BIBLIOTEEK

ACKNOWLEDGEMENTS

My sincere thanks to the following people:

- Yolande, my caring and supportive fiancé
- My family who have supported me throughout my studies
- My supervisor, Dr Henriëtte Van den Berg for her patience and support during
· this study
- Prof Karel Esterhuyse for assisting with the statistical analysis
- My fellow interns at the Free State Psychiatric Complex for their support and
encouragement
- Mr. and Mrs Venter for translation and language
- My Heavenly Father for guidance, support and strength

F. POTGIETER

Bloemfontein

November 2004

THE EXPERIENCE OF WELLNESS IN EARLY ADULTHOOD: A MULTICULTURAL PERSPECTIVE

CONTENTS

Introduction and literature review	page 1
Research method	page 12
Statistical procedures	page 17
Results and discussion of results	page 19
Results of the hierarchical regression analysis	page 25
Conclusion and recapitulation	page 30
Recommendations for future research	page 33
Suggestions for practice/policy makers	page 34
References	page 34
Appendix	page 41

LIST OF TABLES

Table 1	Alpha-coefficients of measuring instruments	page 15
Table 2	Frequency distribution of the sample according to biographical variables	page 16
Table 3	Means and standard deviations for the research group as a whole	page 19
Table 4	Means and standard deviations for criterion and predictor variables with regard to each cultural group	page 21
Table 5	Means and standard deviations for criterion and predictor variables with regard to each gender	page 22
Table 6	Correlations between the predictor variables and the criterion variable for the group as a whole, as well as for the cultural groups and genders	page 24
Table 7	Contributions of the different predictor variables to R^2 with regard to the wellness of young black adults and young white adults	page 26
Table 8	Contributions of the different predictor variables to R^2 with regard to the wellness of young female adults and young male adults	page 28

ABSTRACT

Young adults experience a considerable amount of strain from the tasks that present themselves during this stage of development. At the same time, contemporary studies fail to incorporate the effect of this strain on the young adult's sense of psychological wellness. While the nature of psychological wellness remains controversial to define, certain core dimensions exist. Ryff (1989) articulated six dimensions under the umbrella of the structure of wellness, namely self-acceptance, positive relations with others, self-determination, environmental mastery, purpose in life and personal growth. Studies on young adults' interaction with the developmental tasks that present themselves during this stage of development and the ultimate influence on these adults' wellness in the South African context have, as yet, received little attention. The aim of this study was to determine the extent to which the roles of intimacy, a sense of belonging and occupation influence the experience of wellness in early adulthood. Differences between race and gender were also investigated. A sample of 150 working adults from different ethnic groups was included in this study (non-experimental prospective design). Further criteria included that the adults had to be between the ages of 22 and 33 with a minimum educational level of grade 11. The Multidimensional Wellness Scale (Ryff & Keyes, 1995) was used to measure wellness as the criterion variable while the Hope Scale (Snyder et al, 1991), Fortitude Scale (Pretorius, 1997), Work and Life Experience Questionnaire (Van Zyl & Van der Walt, 1991) and Self-efficacy Scale (Sherer et al., 1982) were used to measure the predictor variables. A self compiled biographical questionnaire was used to obtain biographical information. From the hierarchical regression analysis, statistically and practically significant results were obtained for the entire group. The predictor variables explained between 72.52% and 79.57% of the variance in the levels of wellness for the total group. Furthermore, the predictor variables explain 79.57% of the variance in the levels of wellness of young black adults, 72.52% of young white adults, 77.28% of young female adults and 72.66% of young male adults. A sense of hope was found to be a consistently significant contributing factor in the experience of wellness for all groups. While hope was found to be the strongest predictor of the level of wellness of the participants, stressors outside the work situation, stressors within the work situation as well as general self-efficacy and social self-efficacy also made significant contributions. Furthermore, significant differences in the experience

of psychological wellness were found between both races as well as between the two genders.

KEY WORDS: Psychological wellness, hope, Stressors within the work situation, stressors outside the work situation, self-efficacy, fortitude, appraisal of general social support, appraisal of family support, Work and Life Experience Questionnaire, Hope Scale, Fortitude Scale, Self-efficacy Scale, Multidimensional Wellness Scale

ABSTRAK

Jong volwassenes ervaar 'n redelike mate van stres as gevolg van take tydens hierdie ontwikkelingsfase. Terselfdertyd blyk dit asof huidige studies nie die effek van hierdie stres op die jong volwassene se gevoel van psigologiese welstand inkorporeer nie. Terwyl die aard van psigologiese welstand steeds moeilik definieerbaar is, bestaan daar sekere sleuteldimensies. Ryff (1989) artikuleer ses dimensies onder die sambreel van die struktuur van welstand, naamlik selfaanvaarding, positiewe verhoudings met ander, self-determinasie, omgewingsbemeestering, doel in die lewe en persoonlike groei. Tot dusver het studies oor jong volwassenes en hul interaksie met die ontwikkelingstake wat na vore kom en die invloed daarvan op die psigologiese welstand van hierdie volwassenes, min aandag geniet binne die Suid Afrikaanse konteks. Die doel van hierdie studie was om die mate waartoe die rolle van intimiteit, die ervaring van algemene sosiale ondersteuning en beroepsverwante ervaringe, welstand in vroeë volwassenheid beïnvloed te ondersoek. Verskille tussen rassegroepe en geslag is ook ondersoek. 'n Steekproef van 150 werkende volwassenes van verskillende etniese groepe is in hierdie studie ingesluit (nie-eksperimentele prospektiewe ontwerp). Verdere insluitingskriteria sluit in dat die deelnemers tussen die ouderdomme van 22 en 33 met 'n minimum onderrigskwalifikasie van graad 11 moes wees. Die Multidimensionele Welstandskaal (Ryff & Keyes, 1995) was gebruik om die kriteriumveranderlike (psigologiese welstand) te meet, terwyl die Hoopskaal (Snyder et al, 1991), Fortaliteitskaal (Pretorius, 1997), Werks- en Lewenservaringe Vraelys (Van Zyl & Van der Walt, 1991) en Selfbekwaamheidsvraelys (Sherer et al., 1982) gebruik is om die voorspeller veranderlikes te meet. 'n Self-opgestelde biografiese vraelys is gebruik om biografiese inligting te kry. Uit die hierargiese regressie analise, is statisties sowel as praktiese beduidende resultate vir die totale groep gekry. Die voorspeller veranderlikes verklaar tussen 72.52% en 79.57% van die variansie in die vlakke van welstand vir die totale groep. Verder het die voorspeller veranderlikes 79.57% van die variansie in die vlakke van welstand van jong swart volwassenes, 72.52% van jong wit volwassenes, 77.28% van jong vroue volwassenes en 72.66% van jong manlike volwassenes verklaar. 'n Gevoel van hoop het konsekwent 'n beduidende bydrae gemaak tot die ervaring van welstand by al die groepe. Alhoewel 'n gevoel van hoop die sterkste voorspeller van die vlak van welstand van al die groepe was, het stressore buite werksverband, stressore binne werksverband en selfbekwaamheid ook 'n beduidende bydrae gelewer. Verder, is

statistiese beduidende verskille tussen beide rasse sowel as tussen die twee geslagte gevind.

SLEUTELWOORDE: Psigologiese welstand, hoop, stressore binne werksverband, stressore buite werksverband, selfbekwaamheid, fortaliteit, beoordeling van algemene sosiale ondersteuning, beoordeling van algemene gesinsondersteuning. Werks- en Lewensomstandighede Vraelys, Hoopskaal, Fortaliteitskaal, Selfbekwaamheidskaal, Multidimensionele Welstandskaal.

Introduction and literature review

Adults are shaped into who they are by a number of experiences throughout their lives. These experiences, whether biological, social, environmental or psychological, have a formative effect on young adults and prepare them for the developmental tasks of the period of early adulthood. The question "Who am I?" is one many people ask during this life stage: the answers to this question will form the basis for future adult decision-making, the setting of priorities and the person's orientation towards life (Franz, 1995). Arnett (2000) states that, for many young people, emerging adulthood is a time when questions about their future become paramount. Self-statements and self-evaluations on a variety of fronts in this regard presumably have an effect on the young adult's subjective sense of psychological wellness.

Social psychologists have long been interested in factors that influence peoples' judgements about wellness, such as their mood states or whether their judgments are based on the frequency or intensity of positive emotional states (Ryff, 1989). Contemporary literature reveals that conceptualisations of the nature of psychological wellness are very diverse, and that the nature and/or dimensions of psychological wellness are still unclear (Van Eeden & Wissing, 2002). According to this literature, a subtle shift is taking place towards positive psychology, which takes human functioning and psychological experience into consideration. Fava and Ruini (2003) agree that there is increasing interest in the road to positive psychology. These authors further define positive psychology as a domain that focuses on the building of human strengths. Positive psychology thus implies a shift away from the exclusive focus on pathology that has dominated so much of the discipline of psychology in the past, resulting in a conceptualisation of human beings as lacking the positive features that make life worth living, such as hope, wisdom, courage, creativity, a vision for the future, spirituality, responsibility and perseverance (Csikszentmihalyi & Seligman, 2000).

Several holistic models of wellness, including aspects of psychological wellness, have been proposed. Van Eeden and Wissing (2002) state that, in some of these models, the authors implicitly or explicitly incorporate principles of systems theory, while others

have a more eclectic empirical base. Sastre (1999) states that a great deal of research has been conducted on wellness and several factors of wellness have been investigated, although it appears that wellness as such remains difficult and controversial to define. Some constructs and ideas seem to overlap, while others differ markedly. However, there is agreement on the fact that wellness may prove very subjective and that it involves an intrinsic sense of self-satisfaction and evaluation, social support and satisfying relationships, as well as a good sense of self, which manifests as individual fortitude.

In studying the available literature, three main perspectives on positive psychological functioning come to the fore. The first stems from the field of personology, where different views on optimal functioning have been described in line with differences in personality theories, though no generally accepted theory on the nature of optimal psychological functioning seems to exist (Van Eeden & Wissing, 2002). Secondly, a dimensional approach has been formulated. The main proponent here is Dr Carol Ryff, who formulated certain core dimensions to psychological wellness (Van Dierendonck, 2003). Ryff claimed that extensive literature defining positive psychological functioning is available, including such perspectives as Maslow's concept of self-actualisation, Roger's view of the fully functioning person, Jung's formulation of individuation and Allport's conception of maturity. However, she added that, apart from lacking credible assessment procedures and actual criteria for wellness, these conceptualisations were also value-laden (Keyes & Ryff, 1995). Nevertheless, Ryff integrated these loosely formulated conceptualisations into a parsimonious summary, including similar features that constitute the core dimensions of her alternative formulation of psychological wellness in each perspective. Ryff's multidimensional model of psychological wellness will be discussed later on in this article. Finally, the life-span developmental perspectives are articulated. These emphasise the different challenges a person is confronted with during various phases of the life cycle (Van Eeden & Wissing, 2002). This study is conceptualised within this developmental frame of reference, and concerns the significance of the subjective experience of role mastery in early adulthood and its influence on the experience of wellness in different life dimensions.

According to Pretorius (1997), wellness is a state of complete physical, mental and social wellness, and not merely the absence of disease or infirmity. Wellness can be ascribed to a sense of self-efficacy, which is described as a generalised expectancy of personal mastery in a variety of situations (Sherer et al., 1982). Goldsmith and McGregor (1998) confirm that wellness is a state where individuals have a sense of security, a sense of being respected and a sense of self-worth, feel connected to those around them, have access to resources and are able to participate in the decision-making that has an effect on them. Young adults are therefore striving to carve out their place in the world and to achieve autonomy, while guarding against feelings of isolation, stagnation and despair. In the South African context, young adults find themselves placed under increased pressure, exacerbated by economic instability, unemployment, transformation on the political front and AIDS (Mittner, 1996). According to Elliot (1994), failure to fulfil the tasks of adulthood adds to this pressure, as society inevitably attaches derogatory labels to such adults, referring to them as “social failures” or “the lost generation”.

The developmental stages outlined by Levinson (1978) will now be discussed. Levinson states that, during the novice phase of adulthood (early adulthood), individuals become independent from their parents, both emotionally and financially. It appears that young adults strive to set certain goals on the basis of what they would like to achieve in life. Modern trends in the understanding of psychological wellness represent a greater recognition of the central role played by peoples’ goals, coping efforts and dispositions (Diener, Lucas, Smith & Suh, 1999). Individuals seek someone to guide them as a mentor, and to provide support. The goal of self-sufficiency necessitates the development of a career. Importantly, the young adult also seeks intimacy in a relationship with a person who can assist in the endeavour to attain a particular dream (Louw, Louw & Van Ede, 1998). A process is thus facilitated whereby new roles are assumed and new goals are pursued, such as a sense of belonging, intimacy and a career (Levinson, 1978). This study sets out to determine whether the achievement of such goals is conducive to a subjective sense of coherence, which will affect the individual’s hope for the future and sense of wellness.

In the light of the important role of goals, it makes sense to view hope as an integral part of an individual's sense of psychological wellness. Snyder (1995) defines hope as "...the process of thinking about one's goals, along with the motivation to move toward (agency) and the ways to achieve (pathways) those goals" (p. 355). Snyder also found that individuals with elevated levels of hope experience success, goal attainment and happiness to a greater extent, and also have diminished stress levels. In the South African context, Delport (2003), while investigating adolescent optimism, found that black adolescents experience higher levels of optimism and hope than their white counterparts. Abi-Hashem (2001) reflects that the re-emphasis on hope in modern psychology is refreshing and indeed necessary, and it is for this reason that hope is included in this study.

It seems likely that role variables are important components of the paths to wellness in midlife (Ostrove, Stewart & Vandewater, 1997). It remains unclear whether similar variables are important to the experience of wellness in early adulthood, prior to midlife. Many psychologists agree that there may be a "life review" in old age, which, if successful, will result in coming to terms with aging and death, or will give rise to despair if unsuccessful (Stewart & Vandewater, 1999). However, having a role bestowed on you due to chronological age does not necessarily imply that this role has been mastered. The quality of experience associated with each role is a key aspect of wellness (Helson, Elliot & Leigh, 1990). This implies that, when the roles or tasks of early adulthood present themselves, the individual has to master them, or have a subjective sense of mastery or fulfilment of these roles, in order to experience wellness. It is proposed in this study that a life review may indeed be conducted in early adulthood, influencing the experience of wellness during this phase of development. This review may be less pronounced than that occurring in midlife (the infamous "midlife crisis"), or the review of old age. It may be more related to the fulfilment of roles in certain life domains. However, it is proposed in this study that the outcome of this review will be evident in the individual's experience of wellness during this time. This study intends to search for evidence that young adults experience wellness to a greater or lesser extent on the basis of the degree to which life roles are fulfilled.

Keyes and Ryff (1995) articulated six core dimensions of psychological wellness, stating that, in most cases, previous discussions centred on the distinction between positive and negative affect and life satisfaction. Before Ryff's research, early conceptualisations of wellness focused on certain macro-level social changes such as changes in education, employment patterns, urbanisation or political tensions and how they affected the life situations of individuals and, in turn, their sense of psychological wellness.

In *The Multidimensional Model of Psychological Wellness*, Ryff (1989) explained the six dimensions under the umbrella of the structure of wellness, namely self-acceptance, positive relations with others, self-determination, environmental mastery, purpose in life and personal growth. The first dimension is that of **self-acceptance**, in which regard Ryff identified a positive attitude towards oneself as a central characteristic of positive psychological functioning. Sastre (1999) also identified self-acceptance as an important determinant of wellness, stating that accepting yourself as well as your situation is the best guarantee for wellness. Secondly, **positive relations with others** and rewarding interactions contribute to a greater sense of wellness. Here too, Fava and Ruini (2003) agree that relationships may be influenced by deeply entrenched attitudes, leading to inhibition and a lessened sense of psychological wellness. The third dimension is concerned with **self-determination**, independence and the ability to regulate behaviour, as manifested in autonomy. This implies the individual's ability to conduct self-evaluation, minimising the need for the approval of others. Adams et al. (2000) reflect on stress literature, emphasising that perceived internal resources contribute to subjective wellness. Fourthly, **environmental mastery**, or the individual's ability to choose/create environments suitable to his or her psychological conditions, is defined as a characteristic of mental health. Here, Ryff (1989) mentions the importance of being involved in activity outside the self as a route to attaining environmental mastery. The fifth dimension is that of **purpose in life**, where the emphasis is on a clear comprehension of life's purpose, a sense of directedness and intentionality. In reviewing the available literature on purpose in life, Granello and Savolaine (2002) found that there is a significant relationship between wellness and meaning, since meaning plays an essential role in defining

individual wellness. Finally, Ryff includes **personal growth** in the dimensions of wellness. She asserts that psychological functioning requires developing your full potential, growing and expanding as a person. Kasser, Share, Sheldon and Smith (2002) maintain that personal growth also involves self-awareness, self-acceptance and social integration.

Early theorists often focused on the negative effects of multiple roles and postulated theories of "role strain", according to which wellness is impaired by the overload and conflict inherent in fulfilling numerous, often incompatible, roles (Ostrove et al., 1997). However, more recent findings tend to indicate positive relationships between the number of roles a person fulfils and various indexes of psychological wellness (Barnett & Marshall, 1991). It is important to establish whether the fulfilment of multiple roles such as intimacy, occupation and a sense of belonging is sufficient to determine wellness, or whether it is actually the experience within these roles and successful fulfilment thereof that plays the more significant role in determining life satisfaction. There seems to be a lack of clarity surrounding the importance of role involvements in predicting wellness (Ostrove et al., 1997). It is thus important to assess, not only the fact that adults have to fulfil certain roles such as intimacy, occupation and a sense of belonging, but also the extent to which these roles are attained. This would presumably have an effect on the individual's sense of wellness, life satisfaction and hope for the future. Kiran, Mridula and Subbakrishna (2003) found that women in particular experienced a greater sense of wellness in the absence of role strain, although they emphasise the importance of the support network with regard to enhancing problem- and emotion-focused coping as significant factors for psychological wellness.

It can be difficult to formulate a definition of the experience of *intimacy*. Subjective experiences of love and intimate relationships appear to differ vastly from one individual to the next. The definition of love, intimacy and relationships implicitly involves differences in experience. Sternberg (1986) postulated an early triangular theory of love. The three components he included are intimacy (important for this study), passion and decision/commitment. Holmberg and MacKenzie (2002) highlight the fact that

individuals have relationship scripts according to which they expect their relationships to develop, and explain that these scripts are usually consensually shared, culture-specific notions of normative relationship development. From these findings it appears that the wellness (with regard to intimacy) of the individual is related to expectations according to which relationships are evaluated. This study will investigate these findings. After all, according to Fletcher and Simpson (2000), individuals comparing their own relationships to normative relationships can evaluate the quality of their own relationships, which is necessary to establish whether there is a contribution to overall wellness.

Moss and Schwebel (2004), after extensively studying previous definitions of intimacy, proposed a formal definition thereof as "...determined by the level of commitment and positive affective, cognitive, and physical closeness one experiences with another person in a reciprocal (although not necessarily symmetrical) relationship". More importantly, according to findings in the Grajek-Sternberg study (1984), the intimacy component of love forms a common core in loving relationships. Moss and Schwebel (2004) add that most individuals seek and work to achieve intimacy in their lives, and that experiencing intimacy is identified as a factor that helps individuals maintain their physical and mental health. With regard to young adults' perception of marriage, for example, Van Rooyen (2002) states that relationships as such have changed throughout the world, including in South Africa. She found that there is a general decline in marriages, identifying an increase in "cohabiting relationships" as the chief contributing factor. However, Van Rooyen found no differences between culture groups regarding attitudes toward marriage. Thus, intimacy is included as a measure of a close, loving relationship that influences psychological wellness.

An integral and important, yet stress-evoking role or task that presents itself in early adulthood is that of establishing a career or occupation. It is proposed that successful completion of this task is reflected in job satisfaction and subjective experience. Durham, Judge and Locke (1997) offered a theory linking "core evaluations" of the self to job satisfaction. Furthermore, core evaluations are defined as fundamental assessments that individuals make about themselves and their self-worth. It is hypothesised that, if the self-

evaluation of job satisfaction is positive, this will contribute to a sense of improved wellness, since it represents fulfilment of one of the postulated life roles in early adulthood.

In a study on the experience of work completed by Sutherland (2003), the extent to which employee expectations materialise from the employment relationship was emphasised as a factor that influences the measure of worker wellness, reactions and attitudes. Job satisfaction, self-evaluations, perceived job characteristics and job complexity are interrelated and interdependent (Bono, Judge & Locke, 2000). Diener, Lucas, Smith and Suh (1999) reveal that growth in the field of subjective wellness reflects larger societal trends concerning the value of the individual. This value includes the importance of subjective views in evaluating life and the recognition that wellness necessarily includes positive elements that transcend economic prosperity. Terblanche (1996) highlights the focus placed on money and success, particularly with regard to males. Men are required to be ambitious and competitive, and to achieve financial and material success (Mullet, 2002). The findings of Kinebanian, Josephsson and Piškur (2002) regarding the occupation and wellness of Slovenian individuals reflect themes of the occupation as an organiser of a preferred rhythm that creates a sense of a balanced life, the creator of an experience of mastery and control, a facilitator of social relationships and a way to connect with and contribute to family and society. In South Africa in particular, black workers may experience less work satisfaction as they are still exposed to discrimination within the workplace, their expectations may prove unrealistic and they will have to contend with organisations being unable to handle diversity successfully. Van den Berg (2001) states that black women experience more stress than white women, but adds that there is a shortage of literature pertaining to the stress levels of black workers in general. From the available literature, it is apparent that many possible dimensions exist when worker wellness is conceptualised. Thus, the extent to which workers' expectations and needs are met in their work situation is assessed as one dimension of the individual's greater experience of wellness.

Apart from the workplace, all individuals belong to many different social groups, and the effects of such membership can be profound (Baron & Byrne, 2000). A group consists of two or more interacting persons who share common goals, have a stable relationship, are somehow interdependent and have the perception that they are, in fact, part of a group (Paulus, 1989). In the light of this definition, it becomes clear that belonging to a group requires interaction with others. It also seems that the group members should have some common goal to which they all aspire. Belonging to a group implies that the relationship between the members will continue for quite some time. The interdependence of the members implies that, if one member is affected by something, all the members will be affected in some way. Most importantly for this study, the members must recognise that they are part of a group.

The reasons why people choose to be part of a group seem to be multifaceted. Groups help to satisfy important psychological or social needs such as giving and receiving attention and affection or a sense of belonging (Baron & Byrne, 2000). Hofstede (1980) stated that the survival of the human race will greatly depend on the ability of individuals to act jointly. Research suggests that people, especially those from marginalized groups, find acceptance and are able to live out their dreams within a group (Bargh & McKenna, 1998). Mullet (2002) states that, in collectivistic cultures (particularly African cultures) it is believed that every individual inherently belongs to a group. Mullet adds that the members provide psychological support for one another, and that each member's needs are catered for.

Receiving support from and belonging to a social group seems to be an integral part of the experience of wellness. Gençöz and Özlale (2004) agree that support from one's social group and satisfaction with friends and relatives contribute to positive affect, a sense of mastery and control and ultimately self-worth and self-esteem. According to these authors, social support can help a person to deal with negative life stressors, which results in improved psychological wellness. They also state that feeling appreciated within a group is largely related to self-esteem, and can be linked directly to psychological wellness. Groenewald (1998) found that, in South Africa, loneliness was

experienced to a greater extent by blacks than by whites. Mullet (2002) also found similar trends in adolescents in South Africa, where white adolescents experienced a greater sense of culture membership than black adolescents, and thus experienced less loneliness and a greater sense of belonging. In the light of these findings, this study therefore regards the importance of successful interactions and belonging to any particular group as an integral part of the individual's experience of wellness.

It stands to reason that differences in demographic factors may influence wellness within the different domains. After studying the available literature, Van Eeden (1996) concluded that most authors agreed that such moderating factors could indeed influence the psychological wellness of individuals. She added that, although these are not the only factors influencing psychological wellness, race, culture, age, gender and relationship status can be seen as primary moderating aspects in the psychological wellness of individuals. This study investigates differences in race and gender and the resulting influence on the individual's experience of wellness within the different life domains.

Peltzer (2001) found that, when South Africans were asked how satisfied they are with their lives as a whole, whites answered more positively than blacks. Møller and Saris (2001) state that racial categories remain a critical determinant of many aspects of life and domain wellness in South Africa. Møller (1996) also found that the subjective wellness perception of the majority of black students at the University of Natal, South Africa, was one of depression, as compared to that of white students at the same university. It is therefore imperative to investigate the influence of race differences in the experience of wellness pertaining to intimacy, occupation and a sense of belonging in young adults.

There appears to be very little difference in the experience of intimacy as a determinant of wellness within relationships when gender is considered (Holmberg & MacKenzie, 2002). Burleson (2003) agrees that differences in emotional experiences, relationships and positive support relating to gender are superseded by the influences of ethnicity. In a South African study, however, Kirsten, Roothman and Wissing (2003) found that

differences exist between the self-evaluated overall experience of psychological wellness in men and women. In the same study, no differences were found between genders with regard to sense of coherence, social aspects or affect balance and satisfaction with life. Furthermore, McKelvey and McKenry (2003) found, while comparing white and black divorced mothers, that white mothers demonstrated higher levels of psychosocial wellness in the domains of personal mastery, informal support, perceived economic wellness and positive changes in psychosocial wellness than black mothers.

Alwang, Mills and Taruvinga found a decline in the experience of wellness relating to economic/socio-economic status in both urban and rural residents in Zimbabwe in the 1990's, and Zapf (1991) concluded that stress relating to cultural transitions provides a motivating force for learning and performance (presumably contributing to a sense of self-efficacy and, ultimately, wellness). After the first South African open general elections in 1994, black South Africans in particular seemed very positive, especially since they had lived under apartheid rule for forty years. The question was whether democracy had indeed paved the way for a greater sense of hope for the future and improved experience of wellness, with opportunities now presenting themselves on all horizons. However, the reality for many black South Africans may be disappointing, as Møller (2000) reports that subjective wellness among South Africans appears to be a compromise between expectations and reality, and "...the dynamics underlying perceptions of subjective wellness in societies in transition may be particularly complex" (p. 49).

Many South Africans seem to be emigrating to other parts of the world in search of "greener pastures". Orakwue (2003) states "...the prospect of a minority white skin no longer being automatic pass into privilege, riches, jobs, has led to an exodus of young, educated, affluent whites to places like London and the English shires" (p. 56). It remains probable, however, that the stress of attaining the developmental tasks of early adulthood, the fulfilment of adult roles and the pressure placed upon young adults - both intrapersonally and externally - could have an effect on the experience of wellness, as well as hope for the future. It seems that many researchers have postulated the roles and

tasks that become evident in this phase of life, though it is still necessary to examine its exact impact on the wellness of the young adult, and whether this contributes to a sense of satisfaction among young adults in South Africa.

On the basis of the aforementioned literature, this study aims to determine the extent to which the roles of intimacy (involvement in relationships/family/friends), a sense of belonging and occupation influence the experience of wellness in early adulthood. The influence of the ability to achieve goals and devise plans to attain these goals, as well as the effect of work-related stressors on overall wellness, will also be investigated. Finally, the influence of differences in demographic factors such as race and gender will be investigated.

Research method

With reference to the literature review, it is clear that the researcher intends to determine the extent to which certain role and biographical variables influence the psychological wellness of young adults. In this investigation, wellness is the criterion variable, with stressors, appraisal of self, appraisal of family relationships, appraisal of general social support, self-efficacy and hope as the predictor variables. A non-experimental prospective design is used in this study.

Criterion and predictor variables

Ryff's Multidimensional Wellness Scale was used to get an indication of the level of psychological wellness experienced by young adults. The instrument provides measurements for total subjective wellness, constituted by adding the six scores recorded on the Self-Acceptance, Environmental Mastery, Positive Relations, Purpose in Life, Personal Growth and Autonomy subscales, to obtain a total score used as an index of psychological wellness.

As noted, various predictor variables were used in this investigation. Firstly, stress factors referring to work-related and non-work-related stressors were taken into consideration. These scores indicate the extent to which the person's expectations/needs are satisfied in

the work environment. A total score was obtained for each of the seven stressor scales. Secondly, information pertaining to the fortitude of the participants was obtained. In this instance, the three subscales of the Fortitude Questionnaire (appraisal of family support, self-appraisal and appraisal of general social support) were used to assess the participants' experience of intimacy within relationships. Thirdly, the self-efficacy of the participants was determined with regard to the two subscales of general self-efficacy and social self-efficacy. The experience of having a sense of belonging to a particular group was measured using the social aspects of this particular scale. Finally, hope was determined by assessing the agency and pathway subscales of the Hope Scale. Certain biographical variables such as the ethnicity and gender of the participants served as moderating variables.

Measuring instruments

The following measuring instruments were used in this study.

1. Ryff's Multidimensional Wellness Scale was used to measure the following dimensions of wellness: Self-Acceptance (3 items), Environmental Mastery (3 items), Positive Relations (3 items), Purpose in Life (3 items), Personal Growth (3 items) and Autonomy (3 items) (Keyes & Ryff, 1995). The items are measured on a 6-point scale. 1 (disagree strongly) is the lowest possible score and 6 (agree strongly) is the highest possible score. This questionnaire has yet to be standardised for the South African population. The reliability of the 3-item per subscale questionnaire used in this study is good, with an α -coefficient of 0.73 (Dierendonck, 2003). The total score was calculated to reflect the participant's overall level of wellness (a maximum of 108 could be obtained on this scale). The higher the score, the greater the participant's sense of wellness.
2. The Life and Work Experience Questionnaire (Van Zyl & Van der Walt, 1991) was used to measure both work-related and non-work-related stress. Causes outside the work situation, as well as causes within the work situation (organisational functioning, task characteristics, physical working conditions, career matters, social matters and remuneration, fringe benefits and personal policy), were measured. The stress scales indicate the degree to which the participant's needs and expectations are

satisfied. The α -coefficient for internal consistency on this instrument is 0.87, and a correlation coefficient of 0.82 was found for test-retest reliability. An α -coefficient of 0.83 was also obtained by Van Eeden (1996) during a study on students from different racial groups. A Kuder-Richardson 8 (KR8) reliability coefficient of 0.85 was obtained on the stressors outside the work situation subscale, with a test-retest reliability coefficient of 0.80 (Van Zyl & Van der Walt, 1991). For stressors within the work situation, KR8 coefficients of 0.83 (for organisational functioning and task characteristics) and 0.84 (for physical working conditions, career matters, social matters and remuneration) were found. The test-retest coefficients were 0.72, 0.65, 0.62, 0.72, 0.69 and 0.65 for organisational functioning, task characteristics, physical working conditions, career matters, social matters and remuneration respectively (Van Zyl & Van der Walt, 1991). It is important to note that high scores attained on the stressors outside the work situation subscale indicate that the participant's needs are not being satisfied, while low scores on the stressors within the work situation subscale are indicative of needs not being met on this specific subscale. The test was developed in South Africa, and reliability and validity have been proven to be acceptable in all South African studies.

3. The Self-Efficacy Scale (Sherer et al., 1982) was used to determine the levels of self-efficacy and the general self-efficacy of the participants. A high score on each of the subscales (Social Self-efficacy and General Self-efficacy) indicates a greater sense of self-efficacy with regard to the particular subscale. The reliability coefficient for the general self-efficacy scale is 0.86, and 0.71 for the social self-efficacy scale (Sherer et al., 1982). These are coefficients for an American sample, and have not been determined for a South African population.
4. The Fortitude Scale (Pretorius, 1997) was used to measure self-appraisal, family appraisal and appraisal of general support in order to ascertain the participants' sense of belonging, satisfaction with relationships and self-appraisal. Three scores are obtained by adding the responses for the respective subscales. The reliability of the scale is 0.85 for the total score and between 0.74 and 0.82 for the subscales, on South African participants.

5. The Hope Scale (Snyder et al., 1991) was used to measure two interrelated aspects of hope, i.e. agency (sense of successful determination in meeting goals in the past, present and future) and pathways (confidence in the ability to devise plans in order to meet goals). A high score indicates a greater sense of successful determination in meeting goals and confidence in the ability to devise successful plans in order to meet goals. The reliability coefficient for the agency subscale ranges from 0.70 to 0.84, while the pathways subscale alphas range from 0.63 to 0.86, for an American sample.
6. A self-compiled biographical questionnaire with questions regarding the participants' age, race, gender and employment status was used to obtain demographical data.

The internal consistency of the instruments was also investigated by computing Cronbach's α -coefficient via the SPSS computer program (SPSS Incorporated, 1983).

These coefficients are reported in table 1.

Table 1: Alpha coefficients of measuring instruments in this study

Construct	Scale	α -coefficients
Multidimensional Wellness Scale	Total	0.909
Fortitude Scale	Appraisal of family support	0.823
	Appraisal of self	0.751
	Appraisal of general social support	0.852
Self-efficacy Scale	Social Self-efficacy	0.430
	General Self-efficacy	0.728
Life and Work Circumstances Questionnaire	Stressors outside work situation	0.902
	Stressors within work situation:	
	Organisational functioning	0.822
	Task characteristics	0.819
	Physical working conditions	0.809
	Career matters	0.822
	Social matters	0.805
Hope Scale	Remuneration	0.878
	Agency	0.818
	Pathway	0.754

The computed coefficients in Table 1 indicate that the scales of the measuring instruments provide acceptable, internally consistent measures. According to Nunnally

and Bernstein (1994), coefficients of 0.6 and above are considered acceptable for non-cognitive constructs. The social self-efficacy subscale on the Self-Efficacy Scale is slightly low, and should therefore be evaluated carefully. A possible explanation could be the small number of items included in the social self-efficacy subscale.

Research participants

An availability sample of 150 participants (81 females, 69 males, 75 black and 75 white participants) in the developmental stage of early adulthood (between the ages of 22 and 33) was included in this study. The participants mostly came from the Bloemfontein and Pretoria areas, as the researcher has access to these areas. Frequency scores and percentages were computed for the biographical information measured on a nominal scale. This information is presented in Table 2. The SAS computer programme (SAS Institute, 1985) was used for this purpose. The research was implemented with the informed consent of the participants.

Table 2: Frequency distribution of the sample according to biographical variables

Biographical variable	N	%
Gender		
Male	69	46
Female	81	54
Ethnicity		
Black	75	50
White	75	50

Table 2 indicates that 46% of the group consists of males, and 50% of the participants indicated that they belong to the black population group. An inclusion criterion for the group was that the participants had to be between the ages of 22 and 33. For this reason, the ages of the participants are not included here. Further inclusion criteria were, among others, that the participants had to be employed, have at least a grade 11 scholastic qualification and be willing to participate in the study.

Collection of data

The participants were located within the Pretoria and Bloemfontein areas. It was endeavoured to select the participants as representatively as possible. It was decided that half of the participants should be black (including black, coloured and Asian participants), and the rest white. Collecting the questionnaires after a number of days needed to be done respectfully in order not to frustrate the participants by placing pressure on them, especially since it took some time to complete the questionnaires. Clear instructions were given to the participants, and it was suggested that they complete the questionnaire in one sitting.

3. Statistical procedures

Descriptive statistics (means and standard deviations) of all the variables (scales and subscales) measured on the interval scale were calculated. The *t*-test was used to investigate the significance of the differences in average scores with regard to the criterion as well as the predictor variables for the research group, in respect of gender and culture.

In order to investigate the extent to which the variance in wellness can be attributed to the predictor variables, a hierarchical regression analysis was performed. This work method entails, firstly, the determination of the total variance that is explained collectively by the predictor variables (complete model) with regard to the criterion. Subsequently, one of the predictor variables was omitted each time in order to determine that particular variable's contribution to the explanation of the variance. The percentage variance that is explained by a specific set of variables is indicated by R^2 (squared multiple correlation coefficient).

The hierarchical *F*-test was used to determine the statistical significance of the contribution made by a specific variable or set of variables to the R^2 value. The *F*-test is calculated as follows:

$$F = \frac{(R^2_{y,1...k_1} - R^2_{y,1...k_2}) / (k_1 - k_2)}{(1 - R^2_{y,1...k_1}) / (N - k_1 - 1)}$$

where:

$R^2_{y,1...k_1}$ = Squared multiple correlation coefficient for the larger number of independent variables

$R^2_{y,1...k_2}$ = Squared multiple correlation coefficient for the smaller number of independent variables

k_1 = Larger number of independent variables

k_2 = Smaller number of independent variables

N = Total number of cases (Van der Walt, 1980)

When the significance of an increase in R^2 is investigated, it is also necessary to calculate the effect size of the contribution made by a particular predictor. The effect size gives an indication of the contribution to R^2 in terms of the unexplained variance proportion of the complete model. According to Van der Westhuizen, Monteith en Steyn (1989), the effect size of the individual contributions can be calculated in terms of f^2 by means of the following formula:

$$f^2 = \frac{R^2 - R^2_1}{1 - R^2}$$

where:

R^2 = proportion variance explained by the complete model

R^2_1 = proportion variance explained by the smaller number of independent variables

According to Cohen (Steyn, 1999), the following guideline values may be used:

$f^2 = 0,01$: small effect

$f^2 = 0,15$: medium effect

$f^2 = 0,35$: large effect

These effect sizes provide information on the practical importance of the relationships that may be found to exist between variables. In addition to the hierarchical regression analyses, the intercorrelations between the predictors and the criterion variable will be indicated and discussed briefly.

Results and discussion of results

Before reporting and discussing the results of the hierarchical regression analyses, the descriptive statistics (means, standard deviations) of all the relevant variables for the research group as a whole, as well as for the two cultural and gender groups, will be indicated and discussed. The correlation coefficients between the predictors and the criterion variable will also be indicated for the group as a whole, as well as for the two cultural groups and genders.

The descriptive statistics (means and standard deviations) with regard to the criterion and predictor variables for the research group as a whole are shown in Table 3.

Table 3: Means and standard deviations for the research group as a whole

Variable	N	X	s
Criterion variable:			
Multidimensional Wellness Scale	150	87.88	14.52
Predictor variables:			
Stressors outside the work situation	150	36.20	12.37
Stressors within the work situation:			
Organisational functioning	150	18.86	6.54
Task characteristics	150	43.72	10.07
Physical working conditions	150	21.22	6.68
Career matters	150	22.33	7.03
Social matters	150	21.99	5.96
Remuneration	150	23.10	9.71
Fortitude Scale:			
Appraisal of family support	150	20.65	4.63
Appraisal of self	150	20.79	4.20
Appraisal of general social support	150	17.91	4.37
Self-efficacy Scale:			
General self-efficacy	150	59.70	9.48
Social self-efficacy	150	19.95	4.04
Hope Scale:			
Agency	150	24.73	5.88
Pathway	150	23.86	6.18

It is evident from table 3 that the participants obtained a mean score of 87.88, with a standard deviation of 14.52. This is only slightly lower than the mean score of 89.6 determined by Keyes and Ryff (1995) for a group of United States adults between the ages of 25 and 48, while investigating the structure of psychological wellness. According to Van Zyl and Van der Walt (1991), the mean score of 36.2 with regard to stressors outside the work situation is considered to be high, while the mean scores of the subscales of stressors within the work situation are in the normal range (see appendix for table of guidelines for assessment of mean scores). The mean scores for appraisal of family support (20.65) and appraisal of general social support (17.91) on the fortitude questionnaire were found to be higher than those obtained by Pretorius (1997), i.e. 19.91 and 16.61 respectively, on a group of South African students, while self-appraisal (20.79) was found to be lower than the mean score of 21.33 indicated by Pretorius for the same group. Washington (1999) reported mean scores of 60.33 for general self-efficacy and 19.41 for social self-efficacy. The mean score of 59.70 for general self-efficacy obtained in this study is thus lower, and the mean score of 19.95 attained for social self-efficacy is slightly higher. Finally, with regard to the mean score of 24.73 obtained on the agency subscale (Hope Scale) and the mean score of 23.86 on the pathways subscale, none of the available studies seem to include separate mean scores for these two subscales, and they could thus not be compared.

Subsequently, the investigation focused on the significance of the differences in average scores with regard to the criterion as well as the predictor variables for the research group, in respect of gender and culture. The *t*-test for independent groups was used for this purpose. Cohen's *d*-value was calculated in order to get an indication of the practical significance of the results. The following guideline values can be used to interpret this value: 0.2 small; 0.5 medium; and 0.8 large. The results for the cultural groups appear in table 4, and for gender in table 5.

Table 4: Means and standard deviations for criterion and predictor variables with regard to each cultural group

Variable	Black			White			<i>t</i>	<i>d</i>
	N	X	s	N	X	s		
Multidimensional Wellness Scale	75	84.85	17.04	75	90.91	10.77	-2.60*	-0.42
Stressors outside the work situation	75	41.25	10.74	75	31.15	11.88	5.47**	0.82
Stressors within the work situation:								
Organisational functioning	75	18.25	5.86	75	19.47	7.13	-1.14	
Task characteristics	75	40.92	9.81	75	46.52	9.59	-3.54**	-0.56
Physical working conditions	75	19.17	5.71	75	23.27	6.99	-3.93**	-0.61
Career matters	75	21.92	6.86	75	22.73	7.22	-0.71	
Social matters	75	20.83	6.09	75	23.16	5.62	-2.44*	-0.39
Remuneration	75	23.28	8.99	75	22.92	10.45	0.23	
Fortitude Scale:								
Appraisal of family support	75	20.97	4.64	75	20.32	4.63	0.86	
Appraisal of self	75	20.73	4.48	75	20.84	3.94	-0.15	
Appraisal of general social support	75	17.71	4.74	75	18.12	3.99	-0.58	
Self-efficacy:								
General self-efficacy	75	56.36	9.18	75	63.04	8.61	-4.60**	-0.70
Social self-efficacy	75	20.17	3.65	75	19.73	4.41	0.67	
Hope:								
Agency	75	23.43	7.04	75	26.03	4.09	-2.77*	-0.44
Pathway	75	22.59	7.29	75	25.13	4.51	-2.57*	-0.41

** $p \leq 0,01$

* $p \leq 0,05$

The results in table 4 show statistically significant differences in the average scores for the two cultural groups with regard to wellness, stressors outside the work situation, stressors within the work situation (task characteristics, physical working conditions and social matters), general self-efficacy and hope (agency and pathway).

Furthermore, it is clear that, with the exception of the *Stressors outside the work situation*, young white adults consistently obtained significantly higher average scores on the above-mentioned variables than young black adults. This is indicative of white participants experiencing fewer stressors within the work situation and young black adults experiencing less satisfaction with the specific work dimension, including issues regarding the characteristics of the task(s) to be performed, physical working conditions and social matters. Additionally, with regard to *Stressors outside the work situation*, young black adults obtained higher average scores than young white adults. Higher scores on this subscale indicate more stress, and it is thus apparent that young black adults also experience more stress outside the work environment. In view of the content of the items on these subscales, the most likely explanation for this is the lack of resources available to young black adults, including lack of infrastructure, financial and social problems and health problems. It is thus understandable that the black group of participants experiences greater stress due to economic and financial deficits, as compared to the circumstances of the white group of participants.

The statistically significant differences all show a medium to large effect size, which indicates that the results are also of moderate to considerable practical value. The results for both genders appear in table 5.

Table 5: Means and standard deviations for criterion and predictor variables with regard to each gender

Variable	Male			Female			<i>r</i>	<i>d</i>
	N	<i>M</i>	<i>s</i>	N	<i>M</i>	<i>s</i>		
Wellness	69	84.32	15.55	81	90.91	12.93	-2.84**	-0.45
Stressors outside the work situation	69	37.97	11.23	81	34.69	13.15	1.63	
Stressors within the work situation:								
Organisational functioning	69	19.12	6.82	81	18.64	6.32	0.44	
Task characteristics	69	42.41	10.61	81	44.84	9.51	-1.48	
Physical working conditions	69	20.61	6.64	81	21.74	6.71	-1.03	

Variable	Male			Female			<i>t</i>	<i>d</i>
	N	X	s	N	X	s		
Career matters	69	21.93	7.56	81	22.67	6.57	-0.64	
Social matters	69	20.71	6.19	81	23.09	5.56	-2.48*	-0.40
Remuneration	69	22.74	9.79	81	23.41	9.69	-0.42	
Fortitude:								
Appraisal of family support	69	19.59	4.98	81	21.54	4.13	-2.62**	-0.42
Appraisal of self	69	20.64	4.80	81	20.91	3.65	-0.40	
Appraisal of general social support	69	17.22	4.71	81	18.51	4.00	-1.81	
Self-efficacy:								
General self-efficacy	69	58.71	8.93	81	60.54	9.90	-1.18	
Social self-efficacy	69	19.88	4.34	81	20.01	3.79	-0.19	
Hope:								
Agency	69	23.30	6.71	81	25.94	4.79	-2.80**	-0.45
Pathway	69	22.73	6.52	81	24.83	5.73	-2.10*	-0.34

** $p \leq 0,01$ &

* $p \leq 0,05$

The results in table 5 indicate differences in the average scores for the two genders with regard to wellness, stressors within the work environment (social matters), family support and hope (agency and pathway).

Furthermore, it is clear that the young female adults consistently obtained a significantly higher average score on the above-mentioned variables than young male adults. These scores indicate that young female adults experience a greater degree of psychological wellness than young male adults. The results also reveal that young male adults experience greater stress with regard to status-related social matters within their jobs, as well as maintaining positive relations. Young female adults also experience greater appraisal of family support than young adult males.

In this case, the statistically significant differences all have a medium effect size, which indicates that the results are also of moderate practical value.

Secondly, the correlation coefficients between the predictor and criterion variables were calculated for the group as a whole, as well as for the two cultural groups and genders. The results appear in table 6.

Table 6: Correlations between the predictor and criterion variables for the group as a whole, as well as for the cultural groups and genders

Items	Wellness				
	Group as a whole (N=150)	Black (N=75)	White (N=75)	Men (N=69)	Women (N=81)
Stressors outside the work situation:	-0.14	0.09	-0.30**	-0.10	-0.14
Stressors within the work situation:					
Organisational functioning	0.28**	0.33**	0.22	0.47**	0.10
Task characteristics	0.49**	0.59**	0.27*	0.61**	0.34**
Physical working conditions	0.37**	0.44**	0.23*	0.58**	0.15
Career matters	0.40**	0.45**	0.33**	0.53**	0.23*
Social matters	0.51**	0.64**	0.25*	0.62**	0.34**
Remuneration	0.29**	0.33**	0.30**	0.36**	0.22*
Fortitude:					
Appraisal of family support	0.32**	0.36**	0.33**	0.24*	0.34**
Appraisal of self	0.53**	0.51**	0.62**	0.52**	0.57**
Appraisal of general social support	0.29**	0.31**	0.25*	0.37**	0.13
Self-efficacy:					
General self-efficacy	0.37**	0.34**	0.32**	0.48**	0.26*
Social self-efficacy	0.31**	0.35**	0.33**	0.32**	0.31**
Hope:					
Agency	0.74**	0.73**	0.72**	0.74**	0.71**
Pathway	0.73**	0.73**	0.69**	0.74**	0.70**

** p ≤ 0,01

* p ≤ 0,05

Table 6 indicates that, for the group as a whole, all the predictor variables (with the exception of stressors outside the work situation) correlate significantly on the 1% level with the criterion variable, i.e. wellness. All the above-mentioned correlations are positive. With regard to young white adults, stressors outside the work situation correlate significantly with their wellness on the 1% level. However, this correlation is negative, which means that the more stress young white adults experience outside the working environment, the lower their level of wellness will be. This makes sense when one considers that this scale is indicative of stressors relating to family problems, financial circumstances, phase of life, the general economic situation in the country, changing technology, facilities at home, social situations, status, health, background, effect of work on home life, transport facilities, religious life, political views, the availability of accommodation and recreational facilities (Van der Walt & Van Zyl, 1991). Additionally, the organisational functioning of young white adults and young female adults did not correlate significantly with the criterion variable. Furthermore, the task characteristics, physical working conditions, social matters and appraisal of general social support of young white adults correlated significantly with their wellness on the 5% level. Appraisal of family support also correlated on the 5% level with the wellness of young men. On the other hand, the career matters and general self-efficacy of young females correlated with their wellness on the 5% level. Interestingly, physical working conditions and appraisal of general social support did not correlate significantly with the criterion variable on either the 1% or the 5% level for young females.

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

5. Results of the hierarchical regression analyses

Hierarchical regression analyses were performed in order to investigate the contributions of the various predictor variables to the explanation of the variance in wellness among young adults. The regression analyses for the two cultural groups and genders were done separately. The results for young black adults and young white adults appear in table 7.

Table 7: Contributions of the different predictor variables to R^2 with regard to the wellness of young black and young white adults

Black adults					
Variables in analysis	Variable omitted	R^2	Contribution to R^2	F	f^2
1. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	-	0.7957	-	-	-
2. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha	hp	0.7632	0.0325	10.83**	0.16
3. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+hp	ha	0.7471	0.0486	16.20**	0.24
4. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+ha+hp	se	0.7535	0.0422	14.07**	0.21
5. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+sf+ha+hp	gs	0.7957	0.0000	-	
6. sow+of+tc+pw+cm+sm+rm+fs+sa+gs+sf+ha+hp	ss	0.7949	0.0008	0.27	
7. sow+of+tc+pw+cm+sm+rm+fs+ss+gs+sf+ha+hp	sa	0.7955	0.0002	0.07	
8. sow+of+tc+pw+cm+sm+rm+sa+ss+gs+sf+ha+hp	fs	0.7952	0.0005	0.17	
9. sow+of+tc+pw+cm+sm+fs+sa+ss+gs+sf+ha+hp	rm	0.7867	0.0090	3.00	
10. sow+of+tc+pw+cm+rm+fs+sa+ss+gs+sf+ha+hp	sm	0.7628	0.0329	10.97**	0.16
11. sow+of+tc+pw+sm+rm+fs+sa+ss+gs+sf+ha+hp	cm	0.7861	0.0096	3.20	
12. sow+of+tc+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	pw	0.7940	0.0017	0.57	
13. sow+of+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	tc	0.7864	0.0093	3.10	
14. sow+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	of	0.7532	0.0425	14.17**	0.21
15. of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	sow	0.7957	0.0000	-	
White adults					
Variables in analysis	Variable omitted	R^2	Contribution to R^2	F	f^2
1. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	-	0.7252	-	-	-
2. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha	hp	0.6211	0.1041	20.82**	0.38
3. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+hp	ha	0.6928	0.0324	6.48*	0.12
4. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+ha+hp	se	0.7246	0.0006	0.12	
5. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+sf+ha+hp	gs	0.7193	0.0059	1.18	
6. sow+of+tc+pw+cm+sm+rm+fs+sa+gs+sf+ha+hp	ss	0.7222	0.0030	1.00	
7. sow+of+tc+pw+cm+sm+rm+fs+ss+gs+sf+ha+hp	sa	0.7112	0.0140	2.80	
8. sow+of+tc+pw+cm+sm+rm+sa+ss+gs+sf+ha+hp	fs	0.7240	0.0012	0.40	
9. sow+of+tc+pw+cm+sm+fs+sa+ss+gs+sf+ha+hp	rm	0.7245	0.0007	0.14	
10. sow+of+tc+pw+cm+rm+fs+sa+ss+gs+sf+ha+hp	sm	0.7248	0.0004	0.08	
11. sow+of+tc+pw+sm+rm+fs+sa+ss+gs+sf+ha+hp	cm	0.7206	0.0046	0.92	
12. sow+of+tc+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	pw	0.7240	0.0012	0.24	
13. sow+of+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	tc	0.7213	0.0039	0.78	

Variables in analysis	Variable omitted	R ²	Contribution to R ²	F	p
14.sow+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	of	0.7149	0.0103	2.06	
15. of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	sow	0.7210	0.0042	0.84	

Key: [sow=stressor outside work; of=organisational functioning; tc=task characteristics; pw=physical working conditions; cm=career matters; sm=social matters; rm=remuneration; fs=family support; sa=self-appraisal; ss=general social support; gs=general self-efficacy; se=social self-efficacy; ha=hope agency; hp=hope pathway].

- ** p ≤ 0,01
- * p ≤ 0,05

Firstly, it is clear that the 14 predictors collectively explain 79.57% (R²=0.7957) of the variance in the wellness of young black adults [F_[14;60] = 16.69], which is significant on the 1% level.

Investigation of the contribution of individual variables to R² clearly indicates that five variables, namely hope pathway (hp), hope agency (ha), social self-efficacy (se), social matters (sm) and organisational functioning (of), each make a significant contribution (on the 1% level) to the explanation of the variance in the wellness of young black adults. Hope pathway accounts for 3.25%, hope agency 4.86%, social self-efficacy 4.22%, social matters 3.29% and organisational functioning for 4.25% of the variance in the wellness of young black adults. In the light of the guideline values of the various effect sizes (see *f*²), table 7 makes it clear that the contributions of all the predictors are indicative of medium effect sizes. Thus, the contributions of the above-mentioned variables have both statistical and practical significance.

Secondly, it is clear that the 14 predictors collectively explain 72.52% (R²=0.7252) of the variance in the wellness of young white adults [F_[14;60] = 11.31], which is significant on the 1% level.

Investigation of the individual variables' contribution to R² clearly indicates that only two variables, namely hope pathway (hp) and hope agency (ha), make a significant individual contribution (on the 1% and 5% levels respectively) to the explanation of the variance in

the wellness of young white adults. Hope pathway accounts for 10.41% and hope agency for 3.24% of the variance in the wellness of young white adults. In view of the effect size of hope pathway ($f^2 = 0.38$), it is clear that the result is of great practical significance and is therefore very meaningful. The result of the second variable, namely hope agency, is of medium importance since it has a medium effect size.

The results for young female and young male adults appear in table 8.

Table 8: Contributions of the different predictor variables to R^2 with regard to the wellness of young female and young male adults

Female					
Variables in analysis	Variable omitted	R^2	Contribution to R^2	F	f^2
1. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	-	0.7728	-	-	-
2. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha	hp	0.7209	0.0519	17.30**	0.23
3. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+hp	ha	0.7199	0.0529	17.63**	0.23
4. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+ha+hp	se	0.7610	0.0118	3.93	
5. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+sf+ha+hp	gs	0.7602	0.0126	4.20*	0.06
6. sow+of+tc+pw+cm+sm+rm+fs+sa+gs+sf+ha+hp	ss	0.7717	0.0011	0.37	
7. sow+of+tc+pw+cm+sm+rm+fs+ss+gs+sf+ha+hp	sa	0.7517	0.0211	7.03**	0.09
8. sow+of+tc+pw+cm+sm+rm+sa+ss+gs+sf+ha+hp	fs	0.7689	0.0039	1.30	
9. sow+of+tc+pw+cm+sm+fs+sa+ss+gs+sf+ha+hp	rm	0.7711	0.0017	0.85	
10. sow+of+tc+pw+cm+rm+fs+sa+ss+gs+sf+ha+hp	sm	0.7440	0.0288	9.60**	0.13
11. sow+of+tc+pw+sm+rm+fs+sa+ss+gs+sf+ha+hp	cm	0.7706	0.0022	0.73	
12. sow+of+tc+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	pw	0.7723	0.0005	0.10	
13. sow+of+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	tc	0.7699	0.0029	0.58	
14. sow+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	of	0.7426	0.0302	6.04*	0.13
15. of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	sow	0.7700	0.0028	0.93	
Males					
Variables in analysis	Variable omitted	R^2	Contribution to R^2	F	f^2
1. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	-	0.7266	-	-	-
2. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha	hp	0.6940	0.0326	6.52*	0.12
3. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+hp	ha	0.6701	0.0565	11.30**	0.21

Variables in analysis	Variable omitted	R ²	Contribution to R ²	F	f ²
4. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+gs+ha+hp	se	0.7206	0.0060	1.20	
5. sow+of+tc+pw+cm+sm+rm+fs+sa+ss+sf+ha+hp	gs	0.7263	0.0003	0.06	
6. sow+of+tc+pw+cm+sm+rm+fs+sa+gs+sf+ha+hp	ss	0.7261	0.0005	0.10	
7. sow+of+tc+pw+cm+sm+rm+fs+ss+gs+sf+ha+hp	sa	0.7254	0.0012	0.24	
8. sow+of+tc+pw+cm+sm+rm+sa+ss+gs+sf+ha+hp	fs	0.7259	0.0007	0.14	
9. sow+of+tc+pw+cm+sm+fs+sa+ss+gs+sf+ha+hp	rm	0.7251	0.0015	0.30	
10. sow+of+tc+pw+cm+rm+fs+sa+ss+gs+sf+ha+hp	sm	0.7175	0.0091	1.82	
11. sow+of+tc+pw+sm+rm+fs+sa+ss+gs+sf+ha+hp	cm	0.7262	0.0004	0.08	
12. sow+of+tc+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	pw	0.7224	0.0042	0.84	
13. sow+of+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	tc	0.7251	0.0015	0.30	
14. sow+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	of	0.7180	0.0086	1.72	
15. of+tc+pw+cm+sm+rm+fs+sa+ss+gs+sf+ha+hp	sow	0.7213	0.0053	1.06	

Key: [sow=stressor outside work; of=organisational functioning; tc=task characteristics; pw=physical working conditions; cm=career matters; sm=social matters; rm=remuneration; fs=family support; sa=self-appraisal; ss=general social support; gs=general self-efficacy; se=social self-efficacy; ha=hope agency; hp=hope pathway].

** p ≤ 0,01

& * p ≤ 0,05

Table 8 makes it clear that the 14 predictors collectively explain 77.28% (R²=0.7728) of the variance in the wellness of young female adults [F_[14;66] = 16.03], which is significant on the 1% level.

Investigation of the contribution of individual variables to R² clearly indicates that six variables, namely hope pathway (hp), hope agency (ha), self-appraisal (sa), social matters (sm), general self-efficacy (gs) and organisational functioning (of) each make a significant contribution (on the 1% and 5% levels respectively) to the explanation of the variance in the wellness of young female adults. Hope pathway accounts for 5.19%, hope agency 5.29%, general self-efficacy 1.26%, self-appraisal 2.11%, social matters 2.88% and organisational functioning for 3,02% of the variance in the wellness of young female adults. In the light of the guideline values of the various effect sizes (see f²), table 8 makes it clear that the contributions of all the predictors indicate medium effect sizes.

It is also clear that the 14 predictors collectively explain 72.66% ($R^2=0.7266$) of the variance in the wellness of young male adults [$F_{[14;54]} = 10.25$], which is also significant on the 1% level.

Investigation of the contribution of individual variables to R^2 clearly indicates that only two variables, namely hope pathway (hp) and hope agency (ha), make a significant individual contribution (on the 1% and 5% levels respectively) to the explanation of the variance in the wellness of young male adults. Hope pathway accounts for 3.26% and hope agency for 5.65% of the variance in the wellness of young male adults. In this case as well, the medium effect sizes of the two variables indicate that the result is of moderate importance. With regard to hope pathway, however, the effect size is small and is thus of minor practical significance.

6. Conclusion and recapitulation

Early adulthood is a stage of development during which planning and decision-making for the future become paramount. This proves to be a very stressful time in the young adult's life, as he/she is just beginning to chart the path that will be followed throughout the rest of life. Subjective experiences of wellness are subject to multifaceted self-evaluations of a variety of life domains. Life scripts are challenged and early adolescent goals are re-evaluated during this phase.

Results from this study indicate that the measuring instruments provide good internal consistency measures. The α -coefficient of the social self-efficacy subscale on the Self-efficacy Scale was low, and was therefore interpreted carefully. It was assumed that the small number of items on this subscale contributed to the slightly lower internal consistency.

The results indicate statistically significant differences in the average scores for the two cultural groups with regard to wellness, stressors outside the work situation, stressors within the work situation (task characteristics, physical working conditions and social matters), general self-efficacy and hope (agency and pathway). Statistically significant

differences were also found between the two genders with regard to wellness, social matters, appraisal of family support and hope (agency and pathway).

The overall wellness of young black adults was found to be lower than that of young white adults. This negative correlation could be indicative of Stewart and Vandewater's (1997) postulation that unsuccessful life reviews may result in despair. Thus, it seems that young black adults are not fulfilling the life roles they had envisaged as adolescents. Increased pressure, fuelled by political debates, may ultimately place black South Africans in a position where unrealistic expectations are not being met, with a resulting dampening effect on the experience of psychological wellness. The results also reflect findings similar to those made by Van Eeden (1996), since it appears that the moderating effects of demographic factors do play a role in the experience of wellness. The findings of this study are also in accordance with the findings of Peltzer (2001) and Møller (1996), who reflected that whites were more positive than blacks when answering questions on life satisfaction and wellness. It was found that hope, social self-efficacy, social matters and organisational functioning are significant factors with regard to young black adults. The wellness of young white adults is more heavily influenced by the hope pathways reflecting confidence in the ability to devise successful plans in order to meet desired goals (Snyder et al.). Furthermore, it is clear that young black adults experience more stressors, both within and outside the work situation. This possibly reflects inconsistencies between expectations and needs and perceived reality (Van Zyl, 1991). The results are of moderate to considerable practical value.

Young female adults scored higher on the Multidimensional Wellness Scale than young male adults, reflecting a greater sense of psychological wellness. These results concur with those of Kirsten, Roothman and Wissing (2003), who also reported differences in the experience of psychological wellness between the genders. Young female adults experience less stress with regard to status-related social matters within their jobs, maintaining positive relations, using their talents, progress in their work and job security. They do, however, appraise their family support more positively than young adult males do. These findings are similar to those of Kiran, Mridula and Subbakrishna (2003), who

reported greater use of social support as an important factor of female wellness. The results are also of moderate practical value.

Importantly, this study seems to indicate that the most significant predicting factor of wellness in early adulthood pertains to hope for the future, which stresses the importance of emphasising hope in modern psychology, as mentioned by Abi-Hashem (2001). Perhaps this suggests reasons for the aforementioned phenomenon of young adults leaving South Africa in search of “greener pastures” – they are finding less hope within their current contexts, and thus experience a reduced sense of psychological wellness.

The relatively small sample used in this study is considered a major limitation. Since the questionnaires took approximately 30 –40 minutes to complete, they had to be left with the participants. Fewer participants were thus willing to participate, as they felt increased pressure to complete the questionnaires. A larger research group would be of significant value, since results can more readily be generalised to larger populations. Obtaining a greater variety of participants from different areas would also add value to the results obtained. Although the questionnaires included in this study cover the most important life domains contributing to wellness, it is felt that a more focused instrument for the evaluation of intimacy could be incorporated.

Young adults need to be informed about the influence of the researched factors on the experience of psychological wellness, so that a greater sense of awareness can be facilitated in an endeavour to improve the overall wellness of the South African population.

The results of this study can make a valuable contribution with regard to social, economic and occupational deficits when the sense of psychological wellness among young black adults is considered. Important research needs to be incorporated with a view to exploring possible ways to improve the young adult’s experience of wellness and, in particular, hope agency and pathways. Programmes that incorporate psychological wellness

facilitation and greater control over general life satisfaction and hope can now be developed.

Recommendations for future research

The findings obtained can be of considerable practical value if further research is conducted. The domain variables described in this study have a significant influence on the experience of psychological wellness in young adults. They are closely related to hope for the future, ultimately having a decisive effect on the life satisfaction of young adults. Research pertaining to hope, especially during the transformation stage of 10 years of democracy in South Africa, and its influence on psychological wellness can be of particular value in the South African context. Furthermore, this research can be used as a benchmark study for other countries going through similar transitions.

Further research is necessary regarding specific cross-cultural differences in dealing with life stressors that present themselves in the different developmental stages throughout the individual's life cycle. Due to the fact that this study focused on a small sample of South Africans, it is necessary to consider incorporating a larger sample in order to obtain the information required to generalise the findings to the entire population. More research is needed regarding the experience of wellness in young adults, as it seems that little information is available in this regard. It would appear that current research focuses mainly on childhood and adolescent, middle-aged and elderly South Africans, leaving much room for research on the experiences of young adults.

In general, studying individuals' experience of wellness provides important information regarding the attitudes of South Africans and how they perceive their current living environments. Information is also yielded regarding the availability of resources and the extent to which certain expectations are being met.

It would be beneficial if a greater variety of South African-researched questionnaires could be developed, since this area seems to be under-emphasised. The great diversity and influence of cultural differences within the South African context necessitate the

development of such questionnaires, since overseas-researched instruments appear to lack adequate validity for the South African population.

Suggestions for practical implementation/policy-makers

As noted above, programmes that facilitate the acquisition of skills in order to give individuals the opportunity to take control over their lives, need to be developed. Providing means to achieve adolescent goals and childhood dreams seems to be an urgent necessity. It appears that hope for the future and an overall sense of wellness are diminished exponentially when expectations with regard to expressed needs are not met.

Awareness should be raised regarding the importance of involving communities in self-enrichment programmes and entrepreneurial courses in order to empower South Africans to carve out their place in the world and strive to meet their goals.

Schools should be encouraged to introduce courses on the effective mobilisation of available resources in their immediate environment so that individuals can become self-sufficient and autonomous, thus experiencing a subjective sense of goal attainment.

South Africans are a unique population, inherently driven to achieve. It is important to support the members of the community in such a way that their sense of wellness is nurtured and that satisfaction within the South African context is promoted.

7. References

- Abi-Hashem, N. (2001). Rediscovering hope in American psychology. *American Psychologist*, DOI: 10.1037//0003-066X.56.1.85, 85.
- Alwang, J., Mills, B.F. & Taruvinga, N. (2003). Changes in well-being in Zimbabwe, 1990-6: Evidence using semi-parametric density estimates. *Journal of African Economies*, 11(3), 326-364.

- Adams, T.B., Bezner, J.R., Drabbs, M.E., Steinhardt, M.A. & Zambarano, R.J. (2000). Conceptualisation and measurement of the spiritual and psychological dimensions of wellness in a college population. *Journal of American College Health*, 48, 165-173.
- Arnett, J. J. (2000). High hopes in a grim world: Emerging adults' views of their futures and "generation X". *Youth & Society*, 31(3), 267-286.
- Bargh, J.A. & McKenna, K.Y.A. (1998). Coming out in the age of the internet: Identity "demarginalization" through virtual group participation. *Journal of Personality and Social Psychology*, 75, 681 – 694.
- Barnett, R.C. & Marshall, N.L. (1991). The relationship between women's work and family roles and subjective well-being and psychological distress. In Chesney, M., Frankenhaeuser, M. & Lundberg, U. (Eds.). *Women, work and stress* (111 – 136). New York: Plenum Press.
- Baron, R.A. and Byrne, D. (2000). *Social Psychology* (9th ed.). Massachusetts: Pearson Education Company.
- Bono, J.E., Judge, T.A. & Locke, E.A. (2000). Personality and job satisfaction: The mediating role of job characteristics. *Journal of Applied Psychology*, 85, 237 – 249.
- Burleson, B.R. (2003). The experience and effects of emotional support: What the study of culture and gender differences can tell us about close relationships, emotion, and interpersonal communication. *Personal Relationships*, 10, 1-23.
- Crosby, F. (1987). *Spouse, parent, worker: On gender and multiple roles*. New Haven, CT: Yale University Press.
- Csikszentmihalyi, M & Seligman, M.E.P. (2000). Positive Psychology: An introduction. *American Psychologist*, 55, 5 –14.
- Delport, M. (2003). *Die verband tussen stressore, hulpbronne vir coping en optimisme by die stedelike adolessent*. Unpublished master's thesis, University of the Free State: Bloemfontein.
- Diener, E., Lucas, R.E., Smith, H.L. & Suh, E.M. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125, 276 – 302.

- Durham, C.C., Judge, T.A. & Locke, E.A. (1997). The dispositional causes of job satisfaction: A core evaluations approach. *Research in Organisational Behaviour*, 19, 151 – 188.
- Durham, C.C., Judge, T.A., Kluger, A.N. & Locke, E.A. (1998). Dispositional effects on job satisfaction: The role of core evaluations. *Journal of Applied Psychology*, 83, 17 – 34.
- Elliot, M. (1994). Global whining: We're no. 1. *Newsweek*, 123 (23), 69.
- Epstein, C. (1983). The new total woman. *Working Woman*, 100 – 103.
- Fava, A. G. & Ruini, C. (2003). Development and characteristics of a well-being enhancing psychotherapeutic strategy: Well-being therapy. *Journal of Behaviour Therapy and Experimental Psychiatry*, 34, 45-63.
- Fletcher, G.J.O. & Simpson, J.A. (2000). Ideal standards in close relationships - their structure and functions. *Current Directions in Psychological Science*, 9, 102-105.
- Franz, C.E. (1995). A quantitative case study of longitudinal changes in identity, intimacy and generativity. *Journal of Personality*, 63, 27 – 46.
- Gençöz, T. & Özlale, Y. (2004). Direct and indirect effects of social support on psychological well-being. *Social Behaviour and Personality* 32 (5), 449 – 458.
- Goldsmith, S.L.T. & McGregor, E.B. (1998). Expanding our understanding of quality of life, standard of living, and well-being. *Journal of Family and Consumer Sciences*, Summer 1998, 2 – 6.
- Grajek, S. & Sternberg, R. J. (1984). The nature of love. *The Journal of Personality and Social Psychology*, 47, 312 – 329.
- Granello, P. F. & Savolaine, J. (2002). The function of meaning and purpose for individual wellness. *Humanistic Counselling, Education and Development*, 41, 178-189.
- Helson, R., Elliot, T. & Leigh, J. (1990). Number and quality of roles: A longitudinal personality view. *Psychology of Woman Quarterly*, 16, 331 – 347.
- Holmberg, D. & MacKenzie, S. (2002). So far, so good: Scripts for romantic relationship development as predictors of relational well-being. *Journal of Social and Personal Relationships*, 19(6), 777 – 796.

- Ickovics, J.R. & Rodin, J. (1990). Women's health: Review and research agenda as we approach the 21st century. *American Psychologist*, 45, 1018 – 1034.
- Kasser, T., Share, T., Sheldon, K. M. & Smith, K. (2002). Personal goals and psychological growth: Testing an intervention to enhance goal attainment and personal integration. *Journal of Personality*, 70(1), 5-31.
- Keyes, L.M. & Ryff, C.D. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719-727.
- Kinebanian, A., Josephsson, S. & Piškur, B. (2002). Occupation and well-being: A study of some Slovenian people's experiences of engagement in occupation in relation to well-being. *Scandinavian Journal of Occupational Therapy* (9), 63-70.
- Kiran, R., Mridula, A. & Subbakrishna, D. K. (2003). Coping and subjective well-being in women with multiple roles. *International Journal of Social Psychiatry*, 49(3), 175-184.
- Kirsten, D.K., Roothman, B. & Wissing, M.P. (2003). Gender differences in aspects of psychological well-being. *South African Journal of Psychology*, 33(4), 212-218.
- Levinson, D. J. (1978). *The seasons of a man's life*. New York: Ballantine Books.
- Louw, A.E., Louw, D.A. and Van Ede, D.M. (1998). *Human Development*. Pretoria: Kagiso Publishers.
- McKelvey, M.W. & McKenry, P.C. (2003). The psychosocial well-being of black and white mothers following marital dissolution: A brief report of a follow-up study. *Psychology of Woman Quarterly*, 27, 31-36.
- Mittner, M. (1996). Gaan ek ooit werk kry? *Finansies en Tegniek*, 48, 10-11.
- Møller, V. (2000). Happiness trends under democracy: Where will the new South African set-level come to rest? *Journal of Happiness Studies*, 2, 33-53.
- Møller, M. & Saris, W.E. (2001). The relationship between subjective well-being and domain satisfaction in South Africa. *Social Indicators Research*, 55, 97-114.
- Moss, B.F. & Schwebel, A.I. (2004). Marriage and romantic relationships defining intimacy in romantic relationships. *Family Relations*, 42(1), 31.
- Mullet, C. (2002). 'n Kruiskulturele ondersoek na die verband tussen individualisme/kollektivisme en eensaamheid by adolessente. Unpublished master's thesis, University of the Free State: Bloemfontein.

- Nunnally, J. and Bernstein, I.H. (1994). *Psychometric theory*. New York: McGraw-Hill.
- Orakwue, S. (2003). The reality in South Africa. *New African*, 419, 56-60.
- Ostrove, J.M., Stewart, A.J. & Vandewater, E.A. (1997). Predicting women's well-being in midlife: The importance of personality development and social role involvements. *Journal of Personality and Social Psychology*, 72, 1147 – 1160.
- Otto, J. (2002). *Die verband tussen toekomsydspektief en gesondheidspraktyke tydens vroeë volwasseheid*. Unpublished master's thesis, University of the Free State: Bloemfontein.
- Paulus, P.B. (Ed.). (1989). *Psychology of group influence* (2nd ed.). Hillsdale, NJ: Erlbaum.
- Peltzer, K. (2001). Psychological correlates of healthy lifestyles in black and white South Africans. *Social Behaviour and Personality*, 29(3), 249-256.
- Pretorius, T.B. (1997). *Salutogenic resistance resources: The role of personal and environmental characteristics in stress resistance*. Unpublished doctoral thesis, University of the Free State: Bloemfontein.
- Ryff, C.D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069-1081.
- SAS Institute (1985). *SAS user's guide: Statistics version 5th edition*. Cary: Author.
- Sastre, M.T.M. (1999). Lay conceptualisations of well-being and rules used in well-being judgments among young, middle-aged, and elderly adults. *Social Indicators Research*, 47, 203-231.
- Sherer, M., Maddux, J.E., Mercandante, B., Prentice-Dunn, S., Jacobs, B. & Rogers, R.W. (1982). The Self-Efficacy Scale: Construction and validation. *Psychology Reports*, 51, 663-671.
- Sims, R.R. (1994). Human resource management's role in clarifying the new psychological contract. *Human Resource Management*, 33(3), 373-382.
- Snyder, C. R. (1995). Conceptualising, measuring, and nurturing hope. *Journal of Counseling & Development*, 73, 355-360.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S.T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways:

- Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570-585.
- SPSS Incorporated (1983). *SPSS user's guide*. New York: Author.
- Sternberg, R.J. (1986) The triangular theory of love. *Psychological Review*, 93, 119 – 135.
- Stewart, A.J. & Vandewater, E.A. (1999). "If I had to do it over again...": Midlife review, midcourse corrections, and women's well-being in midlife. *Journal of Personality and Social Psychology*, 76, 270 – 283.
- Sutherland, J. (2002). The experience of work: Is working for an overseas-owned multinational so different? *Employee Relations*, 25 (2), 149-167.
- Thoits, P. A. (1983). Multiple identities and psychological well-being; A reformulation and test of the social isolation hypothesis. *American Sociological Review*, 48, 174 – 187.
- Van der Walt, H.S. (1980). Die wetenskaplike gebruik van inligting by voorligting en keuring vir vakleerlingopleiding. *Humanitas*, 6(2), 85 – 96.
- Van der Westhuizen, G.J.; Monteith, J.L. de K. & Steyn, H.S. (1989). Relative contribution of different sets of variables to the prediction of the academic achievement of black students. *South African Journal of Education*, 9(4), 769-773.
- Van Dierendonck, D. (2005). The construct validity of Ryff's scales of psychological well-being and its extension with spiritual well-being. *Personality and Individual Differences*, 36, 629-643.
- Van Eeden, C. & Wissing, M.P. (2002). Empirical clarification of the nature of psychological well-being. *South African Journal of Psychology*, 32, 32 – 44.
- Van Eeden, C. (1996). *Psigologiese welstand en koherensiesin*. D. Phil, Potchefstroom.
- Van Rooyen, H. (2002). *'n Kruiskulturele ondersoek na voorspellers van jong volwasse studente se houdings teenoor die huwelik*. Unpublished master's thesis, University of the Free State: Bloemfontein.
- Van Zyl, E.S. & Van der Walt, H. S. (1991). *Manual for the Experience of Work and Life Circumstances Questionnaire*. Pretoria: HSRC.

- Verbrugge, L.M. (1982). Women's social roles and health. In Berman, P. & Ramey, E. (Eds.). *Women: A developmental perspective* (NIH Publication No. 82-2298. 34 – 52). Washington, DC: U.S. Government Printing Office.
- Washington, O. (1999). Effects of cognitive and experiential group therapy on self-efficacy and perceptions of employability of chemically dependent women. *Issues on Mental Health Nursing*, 20, 181-189.
- Zapf, K.M. (1991). Cross-cultural transitions and wellness: Dealing with culture shock. *International Journal for the Advancement of Counselling*, 14, 105-119.

LIST OF APPENDIXES

Appendix 1:	Three point scale for the interpretation of scores	page i
--------------------	---	---------------

Appendix 1: Three point scale for the interpretation of scores

Scale	Levels of stress	Causes outside the work situation	Causes within the work situation					
			Organisational functioning	task characteristics	Physical working conditions	Career matters	Social matters	Remuneration, fringe benefits and personnel policy
Very high	98-200	41-80	2-11	9-34	2-13	3-16	2-16	0-17
High	80-97	34-40	12-16	35-40	14-18	17-21	17-20	18-22
Normal	40-79	16-33	17-34	41-69	19-34	22-39	21-34	23-48
x	72.00	28.52	20.44	47.09	22.38	26.08	24.46	28.47
s	17.02	8.30	6.22	9.44	6.40	6.70	5.48	8.83

The categories serve only as guidelines and they should not be regarded as absolute limits. In this regard it is particularly important to take into account that the scores within the limits of a category may differ to a reasonable extent, whereas the top category differs only slightly from the lowest score in the adjacent category.

