AN INVESTIGATION INTO THE SUBJECTIVE WELL-BEING OF THE FEMALE STRIPPER

by

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ABSTRACT

This study investigated the subjective well-being of female strippers. The effect that certain variables namely, self-esteem, general health, self-efficacy, perceived social support and sense of coherence had on subjective well-being and the independent components of subjective well-being, namely life satisfaction and positive and negative affect, were investigated. The sample consisted of 75 female strippers and was a consequence of a combination of purposive and convenience non-probability sampling. These women were employed at Teazers - a chain of strip clubs in Gauteng, South Africa. Information was gathered through self-reported questionnaires with quantifiable scales. The results of the regression models showed that life satisfaction depends on perceived social support, but positive and negative affect depends on self-esteem and general health. If life satisfaction and positive and negative affect is combined into a measurement of subjective well-being, 6.7% of the total variance in subjective well-being is uniquely explained by self-esteem.

KEY TERMS: Strippers; Subjective well-being; Life satisfaction; Positive and negative affect; Self-esteem; General health; Self-efficacy; Perceived social support; Sense of coherence

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

Sex work can be described as a situation where payment is exchanged for some kind of sexual activity. These sexual activities include different kinds of situations: legal activities that do not include person-to-person client contact; legal activities that include person-to-person client contact, but not intercourse and illegal forms of sex work where there is intimate person-to-person client contact (Sloan & Wahab, 2004).

According to Sloan and Wahab (2004) strip clubs form one segment of the sex industry and stripping is a legal activity that involves person-to-person contact without intercourse. It must however be noticed that the adult entertainment industry, including strip clubs, is legal in South Africa (Gould & Fick, 2007) and many other countries, but not everywhere, as implied by Sloan and Wahab (2004). Strippers, exotic dancers and strip clubs are all words that may be associated with eroticism, illegitimate actions and deviance (Sloan & Wahab, 2004). Female bodies can be seen as an object of sexual desire (Wesely, 2002) – especially in the sex industry. The word object is used, since strippers feel that they should organise their identity on the basis of being desired as a body, not a human being (Peretti & O'Conner, 1989).

Against this background the following question can therefore be asked: How do these people (strippers) evaluate their lives? This question refers to the field of subjective well-being. Subjective well-being is described as the emotional and cognitive self-evaluation of peoples' lives (Diener, Oishi & Lucas, 2003).

This study, therefore, investigated the subjective well-being of the female stripper. More specifically, the study aimed to investigate the effect of certain variables on subjective well-being. These variables are self-esteem, general

health, self-efficacy, perceived social support and sense of coherence. This research also aimed to investigate the effect that self-esteem, general health, self-efficacy, perceived social support and sense of coherence had on the independent components of subjective well-being, namely satisfaction of life (cognitive evaluation) and positive and negative affect (emotional evaluation).

1.2 BACKGROUND TO THE STUDY

Not much research has been done globally on the psychology of strippers. This study will specifically focus on the female stripper. To be even more precise – no research of a quantitative nature on female strippers could be found within the South African context. According to Lewis (cited in Wesely, 2003) most research within this industry can be placed into three main categories: (1) motivation for entering the industry and socialisation; (2) the patterns of interaction between the strippers and the customers; (3) roles, stigma and stigma management. The above three main categories mentioned do not include research on the emotional and cognitive well-being of the female stripper. It can therefore be said that there is not sufficient literature on the well-being of female strippers, especially within a South African context. This gap in research regarding the well-being of the female stripper is the rational for my study, which will focus specifically on the subjective well-being of the female stripper.

1.3 PROBLEM STATEMENT

There is a lack of research and therefore a lack of knowledge regarding the subjective well-being of female strippers and the underlying constructs that influence subjective well-being, especially within the South African context. It should therefore be kept in mind that this study is in essence exploratory, since the literature regarding the subjective well-being of strippers is limited. The underlying constructs that influence subjective well-being, was identified through previous literature. The importance of these constructs and how they relate to subjective well-being are discussed in Chapter 2.

Against the above problem statement the following research question is presented:

Do self-esteem, general health, self-efficacy, perceived social support and sense of coherence have a significant effect on strippers' subjective well-being and on the relatively independent components of subjective well-being namely, life satisfaction and positive and negative affect?

1.4 OBJECTIVES OF THE STUDY

Against the background of the above-mentioned research question, this research study has the following objectives:

- To determine if the subjective well-being, life satisfaction, positive and negative affect, self-esteem, general health, self-efficacy, social support and sense of coherence of strippers will be significantly below average.
- To determine if there is a relationship between strippers' subjective well-being and self-esteem.
- To determine if there is a relationship between strippers' subjective well-being and general health.
- To determine if there is a relationship between strippers' subjective well-being and self-efficacy.
- To determine if there is a relationship between strippers' subjective well-being and perceived social support.
- To determine if there is a relationship between strippers' subjective well-being and sense of coherence.
- To determine the effect that self-esteem, general health, self-efficacy, perceived social support and sense of coherence will have on subjective well-being. This objective is broken down into two objectives due to the two relatively independent components of subjective well-being namely, life satisfaction and positive and negative affect. These two objectives are presented below.

- To determine the effect that self-esteem, general health, self-efficacy, perceived social support and sense of coherence will have on life satisfaction.
- To determine the effect that self-esteem, general health, self-efficacy, perceived social support and sense of coherence will have on positive and negative affect.

1.5 IMPORTANCE AND BENEFITS OF THE STUDY

Previous studies done on strippers, as discussed in Section 1.2, researched three main categories: (1) motivation for entering the industry and socialisation; (2) the patterns of interaction between the strippers and the customers; (3) roles, stigma and stigma management (Lewis, cited in Wesely, 2003). Research studies done on the three main categories were of a qualitative nature and therefore gave a specific view of a small sample of strippers selected for these studies. In comparison to research on prostitution, research on topless dancers (also referred to as strippers) is scarce (Sloan & Wahab, 2004). No previous studies have researched the well-being (with specific reference to subjective well-being) of the female stripper. As far as the researcher could determine no studies with research questions of a qualitative or quantitative nature could be found referring to this issue. It was decided that the research question for this study would be of a quantitative nature. The reason for this being that the researcher wanted to obtain a more generalised view of strippers with regards to their subjective well-being.

This study was conducted within a South African context and consequently addresses the lack of research, regarding this issue, within the South African context.

From an academic perspective this study is important as it addresses overall structural interrelationships among a set of certain salient variables. The results obtained from the models of subjective well-being, life satisfaction and positive

and negative affect will broaden the horisons for future researchers regarding the issue of strippers' subjective well-being.

This study can be beneficial from a managerial point of view. Strippers practice a peripheral profession. Due to the nature of the profession there may be costs, both individually and in relationship to wider society. Strip club management should strive to minimise or remove any harmful effects within the clubs and maximise the long-term positive effect regarding the well-being of the employees. Management should realise that they can turn profits while conducting their business in an ethical and social responsible manner. It is therefore important for management to become aware of certain variables that may influence the well-being of their employees. This realisation could be beneficial for both management and the employees.

1.6 RESEARCH DESIGN AND METHODOLOGY

The classification scheme provided by Cooper and Schindler (2003) has been used as basis to describe the research design applied in this study. According to Cooper and Schindler (2003) research design can be classified according to the following eight descriptors: degree of research question crystallisation, purpose of the study, method of data collection, researcher control of variables, time dimension, topical scope of the study, research environment and the participants' perceptions of the research activity.

This study can be described as a *formal study*. According to Cooper and Schindler (2003) a formal study commences with a research question or hypotheses and the aim is to obtain an answer for the research question and to test the given hypotheses.

Cooper and Schindler (2003) distinguish between a *descriptive* and *causal* study when referring to the purpose of the study. Cooper and Schindler (2003) states that a study is descriptive in nature when the research is concerned with finding out the who, what, when, where and how. This study is a descriptive study in the sense of reporting on an existing state of affairs. This study however also looks

at the relationship among variables and is in effect testing three models – a model of well-being, life satisfaction and positive and negative affect. At the outset the study is descriptive, although subsequently possible causal relationships are explored.

Data for this study was collected through self-administered questionnaires. This method of data collection is classified as an *interrogation/communication* method. In this study the researcher did not have control over the variables in the sense of being able to influence them, therefore implying an *ex post facto* research design. This study was carried out once, over a short period of a few months and signifies a snapshot of one moment in time. According to Cooper and Schindler (2003) the previous mentioned description implies a *cross-sectional study*.

This was a *statistical study* as it aimed to make suggestions about the characteristics of the total population by studying a target group (sample) that was representative of the total population. Hypotheses were tested through inferential statistics. The study was executed in real environmental situations, therefore implying *field conditions* (Cooper & Schindler, 2003). Participants knew that research was being done by means of self-administered questionnaires that they had to complete and therefore the study was conducted as a *modified routine*.

The sample consisted of 75 female strippers employed at a certain chain of strip clubs, namely Teazers. These strip clubs are situated in Pretoria, Midrand, Rivonia and Cresta. Non-probability sampling methods namely, purposive and convenience sampling, was used for this study.

The measuring instrument used to collect data in this study was by means of a self-reported questionnaire with quantifiable scales. The quantifiable scales measured the following key constructs: overall satisfactions with life, positive and negative affect, self-esteem, general health, self-efficacy, social support and sense of coherence. Previous research, that made use of the scales included in

this questionnaire, indicated that these scales showed evidence of high internal consistency reliability.

The sample was accessed through negotiation with the owner of Teazers (see Appendix A). Strict procedures were followed to obtain the data from the participants. Questionnaires, with instructions to the participants, the owner of Teazers and his personal assistant (see Appendix B), were given to the personal assistant who acted as mediator between the researcher and participants. The personal assistant collected the data and gave regular feedback to the researcher.

The data was captured and statistical analysis was done, using the statistical software, SPSS Version 12.0 for Windows. Upon collection of the data, the data was captured by means of a simple coding system that was prepared in advance during the development of the measuring instrument. The data was screened and cleaned before the analysis process started. The findings have been reported by means of descriptive and inferential statistics. Frequency tables were used to report on the demographic data of the female strippers. Inferential statistics consisted of correlation and multivariate regression analysis. At the interval level of measurement Pearson's product moment correlation was used to test the relationship between two variables. Multivariate regression analysis was used to determine the effect that self-esteem, general health, self-efficacy, social support and sense of coherence had on subjective well-being, life satisfaction and positive and negative affect and to determine which of these constructs had the strongest influence on subjective well-being, life satisfaction and positive and negative affect.

1.7 STRUCTURE OF THE DISSERTATION

Chapter 1: Introduction

The first chapter commences with an introduction and proceeds to the background, research problem and objectives of this research study. The importance and benefits of the study are discussed. This is followed by a brief discussion on the research design, methodology and the data analysis process.

Chapter 2: Literature Review

The literature review provides the key term definitions, previous research regarding female strippers, an outline of available literature on subjective well-being, self-esteem, general health, generalised self-efficacy, perceived social support, sense of coherence and the hypotheses of this study.

Chapter 3: Research design and methodology

This chapter describes the research and sampling design. It also gives a brief discussion with reference to the ethical considerations of this study. The chapter concludes with detailed description of the manner in which the data were collected, prepared and analysed.

Chapter 4: Results

The results chapter commences with reliability analysis. The results of the descriptive statistics, in terms of the objectives that were stated for this study, are provided. The chapter further investigates procedures utilising inferential statistics to test a set of hypotheses.

Chapter 5: Summary and implications of findings, limitations and recommendations

This chapter discusses the findings of the study and states the implications and limitations of the study. Lastly recommendations for future research are offered.

1.8 CHAPTER SUMMARY

This chapter was an introduction to the study. It provided the background to the study as well as the problem statement and objectives. The importance and benefits of the study and the research design and methodology were discussed. The chapter gave an outline of the structure of the dissertation.

The next chapter comprises of the literature review. This chapter gives an outline of the key definitions, available literature on female strippers, aetiology of subjective well-being and the hypotheses of the research study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

A literature review has been performed to provide background and motivation for the study. The chapter revolves around the key term definitions, previous research regarding female strippers, aetiology of subjective well-being and the hypotheses of this study.

2.2 DEFINING THE KEY TERMS

This study will focus on subjective well-being of female strippers. To contextualise, it is necessary to define (or clarify) a number of key terms namely, the sex industry, exotic dancing (stripping), strip clubs, subjective well-being, satisfactions with life, positive and negative affect, self-esteem, general health, self-efficacy, social support and sense of coherence. In this section consideration is given to the way in which these key terms have been defined for the purpose of this study.

Sex industry: The sex industry is described as "the industry formed of commercial enterprises which employ men and women in various capacities, generally relating to what is described as adult entertainment or erotica" (Wikipedia, n.d.). For this study the sex industry and adult entertainment will be used interchangeably, unless otherwise specified.

Exotic dancing: Wesely (2002, p. 1186) defines exotic dancing as "sex work that involves either topless or nude dancing". During an exotic dance, the performers (known as a strippers), gradually removes their clothes to music. For the purpose of this study exotic dance will be referred to as stripping. In this study stripping was considered to be a legal activity that involves person-to-person contact without intercourse, as stated by Sloan and Wahab (2004).

Strip club: A strip club is defined as a bar or nightclub that provides stip tease (the erotic undressing and removal of a stripper's clothing) and most likely other related services such as lap dances (Wikipedia, 2008). Men are the main clients of strip clubs (Wikipedia, 2008). It should however be noticed that not all clients are male and not all strippers are female. It depends on the type of club and the market within that given club or chain of clubs. For the purpose of this study the strippers were female.

Subjective well-being: According to Diener, Suh, Lucas and Smith (1999, p. 277) subjective well-being can be defined as "a broad category of phenomena that includes people's emotional responses, domain satisfactions, and global judgements of life satisfaction." According to Diener et al. (2003) subjective well-being involves people's evaluations of their lives on an emotional and cognitive level. Diener (cited in Westaway & Maluka, 2005) states that subjective well-being consists of three fairly independent components. These components are life satisfaction, positive affect and negative affect. Hence, life satisfaction refers to a cognitive, judgemental process and positive and negative affect refer to affective, emotional conditions (Diener, cited in Westaway & Maritz, 2003).

Positive affect refers briefly to: "… the extent to which a person feels enthusiastic, active and alert" (Watson, Clark & Tellegen, 1988, p.1063).

Negative affect is described as: "…a general dimension of subjective distress and unpleasurable engagement that subsumes a variety of aversive mood states, including anger, contempt, disgust, guilt, fear and nervousness…" (Watson et al., 1988, p.1063).

Veenhoven (1991, p. 10) describes life satisfaction as: "… the degree to which an individual judges the overall quality of his life-as-a-whole favourably".

Self-esteem: Rosenberg (cited in Westaway & Maluka, 2005, p.568) defines self-esteem as: "A positive or negative attitude towards the self".

General health: For this study general health refers to general psychological health and not general medical health as implied by the term. Psychological (mental) health is defined as a state of relatively good adjustment that signifies a feeling of content, a zest for life and actualisation of potential and skills, as well as the absence of psychopathological conditions (Plug, Louw, Gouws & Meyer, 1997).

It is operationalised with a questionnaire (general health questionnaire) which provides a quantitative determination of a person's sense of mental health. According to Wissing and Van Eeden (2002, p. 34) the aim of the general health questionnaire is the following: "…detecting common symptoms which are encountered in the various syndromes of mental disorders and will thus differentiate individuals with psychopathology as a general class from those who are considered to be normal".

Self-efficacy: Bosscher and Smit (1998, p. 339) defines self-efficacy as follows: "The belief of a person in his or her ability to organise and execute certain behaviours that are necessary in order to produce given attainments".

Perceived social support: According to Steese, Dollette, Phillips, Hossfeld, Matthews and Taormina (2006, p.60) perceived social support can be defined as: " The experience or the perception of being cared for, valued, included, and/or guided by others, especially one's family, peers, and/or community members".

Sense of coherence: For this study sense of coherence was described by Zimprich, Allemand and Hornung (2006) as: "… the association between life stresses and health." Sense of coherence consists of three components namely: comprehensibility, manageability and meaningfulness. This study focused on sense of coherence as a whole and did not distinguish between the three independent components.

2.3 RESEARCH ON FEMALE STRIPPERS

Compared to the research done on prostitution, the research and therefore the literature on strippers is scarce. The research done on strippers is mainly of a qualitative nature, such as the studies by Sloan and Wahab (2004); Wesely (2002); Wesely (2003); Barton (2002) and Murphy (2003). Most of the available studies are not very relevant to the present study.

This study was conducted in South Africa, where stripping is a legal activity. In South Africa it is illegal to exchange sexual services (services that include sexual intercourse) for financial reward. The adult entertainment industry, however, is legal in South Africa. Adult entertainment does not involve the selling of sex (sexual intercourse). This form of entertainment would include strip clubs and the adult film industry (Gould & Fick, 2007).

Skipper and McCaghy (cited in Sloan and Wahab, 2004) identified three main conditions why women choose to work in the sex industry, namely: (1) a tendency towards exhibitionism for gain, (2) a perception of the easy economic rewards of stripping and, (3) stripping as an available working alternative.

In the research done by Sloan and Wahab (2004), four groups of women who worked as strippers were identified. The first group was the survivors. These women had extensive histories of childhood abuse. They worked as strippers because they needed the money and had few skills or options. Secondly there were the non-conformists. This group was referred to as the hippies or rebels who usually came from an upper socio-economic status background. The third group, referred to as the workers, were predominantly from the working class and worked as strippers because it was the job that offered the highest income in accordance with their available skills and qualifications. The last group identified by Sloan and Wahab (2004) was the dancers. These women usually took traditional dance lessons from their childhood years to the verge of pursuing a professional dance occupation. These women switched to stripping because of their interest in the industry. The stripping industry gave them the opportunity to

dance and receive good payment for their skill. This group would quit if it was no longer fun for them.

Female bodies can be seen as an object of sexual desire (Wesely, 2002) – especially in the sex industry. The word object is used, since strippers feel that they should organise their identity on the basis of being desired as a body, not a human being (Peretti & O'Conner, 1989). Customers pay for sexual bodies - not for individual personalities (Wesely, 2002). Strippers gain emotional control over their male customers through symbolic communication (Pasko, 2002). The male customer, however, still has pervasive power over the stripper. The male customer and his desires still define the sex-object role that the dancers must assume and perform.

A stripper's external appearance is carefully planned. They may even consider reconstructing their bodies by means of body technologies (Wesely, 2003). In order to fit an ideal feminine look, these women manipulate their bodies by going on crash diets, lying in tanning booths and obtaining breast augmentation (Murphy, 2003). They will go overboard to maintain their sexy, skinny look seeing that their bodies are a source of their value. They use laxatives and engage in obsessive exercise to stay thin. Drugs are also often used to serve as a weight-control mechanism (Wesely, 2003).

Customers decide which bodies they will pay for and how they will treat these bodies (Wesely, 2002). Many men who utilise these services feel that since they pay, they are entitled to treat these barely naked or naked women with disrespect and abuse (Barton, 2002). In order for these women to make money they have to become what the customers want them to be (Murphy, 2003). Some of the men want a sexy girlfriend for the night; some need a therapist; some desire a sex object that can form part of their fantasy world and other customers just want to stare at a naked female body (Pasko, 2002). The female strippers may endure insulting and degrading comments, sexual offers and even physical threats from customers (Murphy, 2003). According to Pasko (2002) a stripper's work is executed with negative psychological and social

consequences. These women deal with constant threat of rejection that has an impact on their self-esteem (Barton, 2002). In order to hide and keep their real feelings a secret they admit to using alcohol and drugs (Pasko, 2002).

A large number of these women decide to do this work, out of a perception that this is indeed the only way they have power over men. Within a strip club power is attained by strippers, just as easily as it is lost when the client becomes abusive (Wesely, 2002). It therefore becomes necessary for strippers to anticipate how they are going to manage prospective situations. This is related to their self-efficacy, which according to Steese *et al*. (2006) refers to "beliefs in one's capacities to organise and execute the course of action to manage prospective situations". Strippers should also have a coping strategy to deal with negative situations. These strategies may include that they solve the problem themselves, seek social support or avoid the problem by means of withdrawal (Wissing & Van Eeden, 2002).

2.4 AETIOLOGY OF SUBJECTIVE WELL-BEING

Conceptualisation of subjective well-being - also referred to as psychological well-being – is diverse (Wissing & Van Eeden, 2002). The essence and characteristics of subjective well-being have led to the development of a number of perspectives, constructs and models.

The majority of the literature on subjective well-being suggests that subjective well-being consists of two components, namely a cognitive component and an affective or emotional component (Ben-Zur, 2003; Westaway & Maluka, 2005). The cognitive, judgemental component comprises of life satisfaction (Ben-Zur, 2003; Diener (as cited in Westaway & Maritz, 2003)) and the emotional component consists of positive and negative affect (Ben-Zur, 2003). Positive affect is an indication of the co-occurrence of a positive emotional condition and negative affect, on the other hand, refers to dissatisfaction and subjective distress. Meyer and Diener (as cited in Ben-Zur, 2003) has a contradictory view of life satisfaction, in that they feel that it also consists of a cognitive and

emotional components. For this study, life satisfaction will solely be considered as the cognitive component of subjective well-being.

Based on the literature, several constructs that can have an effect on subjective well-being have been identified. Those constructs that will be investigated in this study, will now be discussed.

2.4.1 Self-esteem

Self-esteem can clearly influence the levels of subjective well-being (Diener *et al.*, 2003). According to Tesser and Martin (2006) self-esteem is a process that entails goal pursuit and this process is important to well-being and psychological functioning. They further argue that if a person does not succeed in obtaining self-relevant goals, it would lead to a negative state of well-being.

Barton (2002) says that a stripper's self-esteem, as well as her desire and need for money, will determine her choice to enter and stay in this industry. Bess (as cited in Peretti & O'Conner, 1989, p.82) states that "women with low or negative self-worth and self-acceptance tend to become stripteasers." In the beginning dancing increase their self-esteem and they feel powerful (Barton, 2002). If they then encounter an unproductive day in terms of earnings, they feel negative about themselves. Self-esteem and the stripper's emotional state become tied to the amount of money she earns.

Daily rejection forms part of the stripper's life (Barton, 2002). When these women feel that they fall short of the sexualised ideal, they become immensely self-critical (Wesely, 2003). This rejection in turn has an effect on the strippers' self-esteem. Strippers' self-esteem decline gradually the longer they work in the strip clubs due to negative experiences in the clubs, the low social status of the occupation and the high consumption of drugs and alcohol. This is in accordance with Murphy (2003), who states that stripping has a negative effect on self-esteem.

Rosenberg (cited in Wesely, 2003, p.651) states that “in such an environment there may well be a disconcerting mismatch between the individual’s taken for granted self concept, representing his [her] fundamental framework for dealing with his [her] world, and the messages about himself [herself] returned by others”. Many studies have found a relationship between well-being and self-esteem (Neto, 1992). Diener (as cited in Neto, 1992) argued that a high self-esteem can be seen as one of the strongest predictors of well-being. Meyer and Diener (as cited in Ben-Zur, 2003) suggested that subjective well-being is positively related to the internal qualities of self-esteem.

Following from the above research findings, the hypothesis can therefore be formulated that there is a relationship between subjective well-being and self-esteem.

2.4.2 General health

Well-being is an important determinant of mental health (Hu, Stewart-Brown, Twigg & Weich, 2007) and visa versa. In this study general health refers to general mental health, measured by the General Health Questionnaire (GHQ). The general health questionnaire is often used as an indicator to measure psychological well-being (Nagjavo, Krol, Szilasiova, Stewart, Van Dijk & Van Den Heuvel, 2000), as it rarely fails to provide reliable and effective measures of well-being.

Subjective well-being is not synonymous with mental health (Diener, Suh & Oishi, 1997). According to Keyes (2002) dimensions of subjective well-being are symptoms of mental health. Keyes (2002) further states that a syndrome of symptoms of positive feelings and positive functioning in life is described as mental health. During the last four decades, the use of subjective well-being as predictor of components of mental health has been well established (Keyes, 2002). Diener et al. (1997) states that it has however not been established if high subjective well-being is essential for mental health, but it can be said that most individuals consider it to be a desirable characteristic.

It can therefore be hypothesised that there is a relationship between subjective well-being and general health.

2.4.3 Self-efficacy

Strippers should anticipate how they are going to manage prospective situations. This seems to be linked to the concept of self-efficacy. According to Steese *et al*. (2006) self-efficacy refers to "beliefs in one's capacities to organise and execute the course of action to manage prospective situations".

Bandura (1992) states that there is increasing support that individual accomplishments and positive well-being require an optimistic sense of self-efficacy. According to Bandura (1992) personal well-being is best achieved by highly accurate self-appraisal. Social cognitive theory provides information on how to give power to people with self-regulatory capabilities, competencies and a sound self-belief of efficacy. This enables them to improve their psychological (subjective) well-being.

There is also evidence that self-efficacy assessment influences emotion (Ewart, 1992). The relationship between emotion and self-efficacy is bi-directional. In some situation self-efficacy influences emotion, while in other situations, emotion influences appraisals of self-efficacy (Ewart, 1992).

In a study done by Ewart (1992) on self-efficacy and chronic disease, he established that high and increasing levels of perceived self-efficacy (to deal with the chronic disease) are associated with improvement in symptoms, social activities and physical and subjective well-being.

For this study it is therefore hypothesised that there is a relationship between subjective well-being and self-efficacy.

2.4.4 Social support

According to Shumaker & Brownell (as cited in Schwarzer, Dunkel-Schetter, Weiner & Woo, 1992) social support has been defined as a resource "perceived by the provider or the recipient to be intended to enhance the well-being of the recipient". Well-being may be affected by the resources that people have (Ben-Zur, 2003). These recourses may include family, friends and significant others.

Strippers are aware of the stigmatisation of their occupation. They tend to be embarrassed by their occupation and as a consequence become socially isolated within their daily lives (Pasko, 2002). These women are also often unable to sustain an adequate relationship with the opposite sex (Peretti & O'Conner, 1989; Murphy 2003). Various dancers fail to disclose that they are strippers to family and friends (Barton, 2002) and by keeping their lives a secret they do not gain any social support outside the strip club regarding their occupation. Thompson and Harred (as cited in Murphy, 2003) argues that strippers within the same strip club (or chain of clubs), may form a "family" of sorts, discussing the potentially deviant and isolating occupation among themselves. Social support is defined as "the experience or perception of being cared for, valued, included, and/or guided by others, especially one's family, peers and/or community members" (Steese et al., 2006, p. 66). Social support can be seen as an agent that promotes well-being (Vaux, cited in Steese et al., 2006).

From the above discussion, the following hypothesis was derived: There is a relationship between subjective well-being and social support.

2.4.5 Sense of coherence

Antonovsky (as cited in Zimprich et al., 2006) describes sense of coherence in terms of the relationship between life stresses and health.

Sense of coherence consists of three components. These components are comprehensibility, manageability and meaningfulness. According to Antonovsky

(as cited in Zimprich et al., 2006), people have a strong sense of coherence if they measure high on all three of the components. Measuring high on these three components will imply a decrease in perceived life stress, and will in return promote health (Zimprich et al., 2006).

Sense of coherence is seen as an important determinant of psychological well-being and positive correlations have been found between sense of coherence and psychological well-being (Antonovsky, as cited in Zimprich et al., 2006; Diener et al., 2003; Larsson & Kallenberg, as cited in Zimprich, 2006; Wissing & Van Eeden, 1997). A study done by Buddeberg-Fischer and Klaghofer (as cited in Zimprich, 2006), on the development of body image in adolescence, found that adolescents with a low sense of coherence showed lower levels of psychological well-being. These findings are also typical of adults.

It is therefore hypothesised that there is a relationship between subjective well-being and sense of coherence.

2.5 HYPOTHESES

This study focuses on the subjective well-being of the female stripper. Strippers are a unique group of individuals. Stripping is a legal occupation, but as the literature revealed, is stigmatised. Pasko (2002) argues that strippers' occupation is perpetuated by inequality and is carried out with negative psychological and social consequences. These women are aware that their choice of occupation has negative consequences: stigmatisation, victimisation and isolation. It can therefore be said that stripping as a profession differs from other occupations with regard to the negative consequences towards the self. The emotional and cognitive evaluation of strippers' lives therefore comes to mind and this subsequently refers to the field of subjective well-being. Several constructs that have an effect on subjective well-being were identified through the literature review. These constructs were self-esteem, general health, self-efficacy, perceived social support and sense of coherence.

Based on the findings of previous research regarding the above mentioned constructs, the following hypotheses were formulated with regard to the female stripper.

2.5.1 Hypothesis 1

The subjective well-being of female strippers is significantly below (scale) average.

2.5.2 Hypothesis 2

The self-esteem of female strippers is significantly below (scale) average.

2.5.3 Hypothesis 3

The general health of female strippers is significantly below (scale) average.

2.5.4 Hypothesis 4

The generalised self-efficacy of female strippers is significantly below (scale) average.

2.5.5 Hypothesis 5

The perceived social support of female strippers is significantly below (scale) average.

2.5.6 Hypothesis 6

The sense of coherence of female strippers is significantly below (scale) average.

2.5.7 Hypothesis 7

There is a significant relationship between female strippers' subjective sense of well-being and their self-esteem.

2.5.8 Hypothesis 8

There is a significant relationship between female strippers' subjective sense of well-being and their general health.

2.5.9 Hypothesis 9

There is a significant relationship between female strippers' subjective sense of well-being and their self-efficacy.

2.5.10 Hypothesis 10

There is a significant relationship between female strippers' subjective sense of well-being and their perceived social support.

2.5.11 Hypothesis 11

There is a significant relationship between female strippers' subjective sense of well-being and their sense of coherence.

2.5.12 Hypothesis 12

Self-esteem, general health, self-efficacy, perceived social support and sense of coherence have a significant effect on female strippers' subjective well-being.

2.5.13 Hypothesis 13

Self-esteem, general health, self-efficacy, perceived social support and sense of coherence have a significant effect on female strippers' life satisfaction.

2.5.14 Hypothesis 14

Self-esteem, general health, self-efficacy, perceived social support and sense of coherence have a significant effect on female strippers' positive and negative affect.

2.6 CHAPTER SUMMARY

This chapter consisted of the review of previous literature regarding female strippers, the key term definitions, aetiology of subjective well-being and the hypotheses of this study.

The next chapter describes the research methodology, the research and sampling design and the manner in which the data was collected, prepared and analysed. Furthermore the ethical considerations of relevance to this study are discussed.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter describes the research methodology employed in this study. This includes the research and sampling design and the manner in which the data was collected (the instrument used), prepared and analysed. Chapter three also provides a brief discussion of the ethical considerations towards this study.

3.2 RESEARCH DESIGN

Research design refers to the plan of investigation of the problem statement, in order to resolve the specific problem. The plan of investigation can be seen as the overall programme of the research, including the collection, measurement and analysis of the data (Cooper & Schindler, 2003).

The classification scheme provided by Cooper and Schindler (2003) has been used as basis to describe the research design applied in this study. According to Cooper and Schindler (2003) research design can be classified according to the following eight descriptors: degree of research question crystallisation, purpose of the study, method of data collection, researcher control of variables, time dimension, topical scope of the study, research environment and the participants' perceptions of the research activity. The nature and contribution of these descriptors will now be elaborated on.

3.2.1 Degree of research question crystallisation

This study can be described as a *formal study*. According to Cooper and Schindler (2003) a formal study commences with a research question or hypotheses and the aim is to obtain an answer for the research question and to

test the given hypotheses. A specific structure is used, involving exact procedures and data source specifications (Cooper & Schindler, 2003).

This study commenced with a problem statement, research question and objectives. It aimed to provide answers to the given objectives through hypotheses testing. A self-administered questionnaire, which had a specific structure, was used to collect data. This data was analysed and the findings were reported (See chapter 4).

3.2.2 Purpose of this study

Cooper and Schindler (2003) distinguish between a *descriptive and causal study* when referring to the purpose of the study. Cooper and Schindler (2003) states that a study is descriptive in nature when the research is concerned with finding out the who, what, when, where and how. This research was conducted by means of a self-administered questionnaire (how), with female strippers (who), employed at Teazers in the Gauteng area (where), during January 2007 to April 2007 (when). The main purpose of this study was to determine the relationship between strippers' subjective well-being and self-esteem, general health, self-efficacy, social support, sense of coherence (what). Furthermore this study aimed to explore the effect that these constructs had on subjective well-being and the relatively independent components of subjective well-being namely, satisfaction with life and positive and negative affect (what). This study is a descriptive study in the sense of reporting on an existing state of affairs. It however also looks at the relationship among variables and is in effect testing three models – a model of well-being, life satisfaction and positive and negative affect. Although the study has a major descriptive component, the ultimate aim is to produce a set of predictive models, and in this sense it is causal.

3.2.3 Method of data collection

The method of data collection that was used in this study is classified as an *interrogation/communication method*. According to Cooper & Schindler (2003) this method implies that data is collected by a researcher through personal or

impersonal ways. Data for this study was collected through self-administered questionnaires.

The sample was drawn from a specific chain of strip clubs (Teazers). The personal assistant to the manager of the chain of strip clubs, helped to distribute and collect the completed questionnaires. The researcher was readily available to assist the personal assistant of Teazers, who acted as mediator between the researcher and the participants. The owner preferred that the personal assistant would act as mediator and distribute and collect the questionnaires. Participant confidentiality was explained to the personal assistant. The personal assistant understood that she was not allowed to compromise on confidentiality as this could influence the outcome of the study. The participants were allowed to complete the questionnaires in their own time. The participants had the researcher's contact details to phone the researcher if they had any questions regarding the questionnaire.

3.2.4 Researcher control of variables

In this study the researcher made use of a self-administered questionnaire. The researcher had no control over the variables in the sense of being able to influence them (Cooper & Schindler, 2003), therefore implying an *ex post facto design*. In can therefore be said that specific variables were not directly manipulated to look for their effect on other variables. Feedback obtained from a self-administered questionnaire is mostly non-personal, thus implying a situation that is not easily manipulated. The researcher could therefore only report on what happened (Cooper & Schindler, 2003).

3.2.5 Time dimension

This study was carried out once, over a short period of a few months and signifies a snapshot of one moment in time of the subjective well-being of these specific female strippers. According to Cooper and Schindler (2003) the previous mentioned description implies a *cross-sectional study*.

3.2.6 Topical scope of the study

Cooper and Schindler (2003) distinguish between statistical and case studies when referring to the topical scope of the study. Descriptive statistics were reported and hypotheses were tested quantitatively by means of inferential statistics. A *statistical study* was therefore undertaken. These studies are designed for breadth rather than depth (Cooper & Schindler, 2003).

3.2.7 Research environment

Cooper and Schindler (2003) distinguish between two types of research environments, namely actual environmental conditions (field conditions) and manipulated conditions (laboratory conditions). According to the two research environments identified above, this study would relate more to *field conditions.* Field conditions would however have been a more accurate description if this study focused on the observation of the behaviour of the female strippers in a natural environment. In this study questionnaires were given to the participants and completed in natural environments, namely at the strip clubs and at their residences. Research was thus carried out under actual environmental conditions in the sense that no manipulation of variables took place, but participants were asked to interpret their own attitudes or feelings and this does not entirely relate to the term *field conditions.*

3.2.8 Participants' perceptions of the research activity

The study was conducted as a *modified routine*. Participants knew that research was being done by means of self-administered questionnaires that they had to complete.

3.3 SAMPLING DESIGN

This section describes the target population as well as the sampling method used. It also provides sample details by means of a socio-demographic profile of the participants who took part in the study.

3.3.1 Target population

According to Cooper and Schindler (2003, p.179) a population is defined as "the total collection of elements about which we wish to make some inference". A population element, alternatively, is the subject on which the measurement is being undertaken (Cooper & Schindler, 2003).

In this study the target population consisted of female strippers (above eighteen years) working in South Africa. In South Africa stripping is legal and fairly well tolerated. The participants worked for a chain of strip clubs, namely Teazers. Due to safety considerations towards the researcher it was decided to only focus on female strippers within this chain of strip clubs. Teazers target a certain South African market segment. They claim to be a respectable strip club and rules are clearly stipulated in their Code of Conduct (Teazers, 2007). The strippers participating in this study, were employed at four of the seven Teazers chain strip clubs in South Africa, namely Pretoria, Midrand, Rivonia and Cresta. The sample therefore consisted of female strippers employed at Teazers in the Gauteng area. At this point in time there are eight clubs - a new club opened in Boksburg. During the data collection phase this club did not exist.

3.3.2 Sampling method

Non-probability sampling was used in this study, thus referring to sampling where the choice of elements is not determined by the statistical principle of randomness (Terre Blanche, Durrheim & Painter, 2006). According to Cooper and Schindler (2003) this sample type is subjective and non-random. A combination of purposive and convenience non-probability sampling was used to obtain the desired sample. For the purpose of this research the target population

was female strippers working in South Africa and therefore a strip club organisation was contacted to find the desired participants.

Purposive sampling means that certain cases that are typical of the population are selected (Terre Blanche et al., 2006). This sample was a consequence of purposive sampling, since a specific strip club organisation, in a specific geographical area, was used in order to gain access to the strippers. Furthermore convenience sampling was used to obtain the participants within four clubs which for part of the specific chain of strip clubs. When using convenience sampling the subjects are chosen on the basis of access and availability. This method suggests that any female stripper within one of these four clubs may have been included in the sample. If strippers were asked to participate and they were willing to do so, they were included in the sample.

The sample consisted of 75 female stripper participants. The sample size was determined by taking account of the methods of analysis used for this study. Multiple regression formed part of the statistical analysis of data and Stevens (cited in Pallant, 2005, p. 142) states that “for social science research, about 15 subjects per predictor are needed for a reliable equation” if regression is done. This study has five predictors and therefore a minimum of seventy five participants (5 x 15) are needed for a reliable equation.

During the data collection phase 167 strippers were employed at the four strip clubs. Questionnaires were given to 82 participants. Provision was made for errors that would probably occur during completion of the questionnaires. A final number of 75 questionnaires were usable (it was a coincidence that 75 questionnaires were usable), thus representing a 91.5% (75/82 x 100) response rate.

3.3.3 Sample details

A socio-demographic profile of the respondents, who took part in the study, is presented in Tables 1 and 2 below.

Descriptive statistics reporting on age and number of years involved in stripping is presented in Table 1 below. Four participants did not respond to these two questions. The mean number of years that the strippers have been stripping is 2.76 years. The minimum amount of time that any participant has spent in the stripping industry was 1 month (i.e. 0.08 years) and the maximum time spent in the stripping industry was 10 years. The mean age of the participants was 25.49 years, with a range of 19 to 39 years and a standard deviation of 3.99.

Table 1

Descriptive statistics for the number of years in the stripping industry and age of strippers (n=71)

	n	Minimum	Maximum	Mean	SD
Number of years stripping	71	0.08	10.0	2.76	2.35
Age (in years)	71	19	39.0	25.49	3.99

From the histogram presented in Figure 1 it could be seen that only 7% (five participants) of the strippers were less than twenty years of age. 88.73 % (sixty three participants) of the female strippers were less than thirty years and 77% were between twenty and thirty years. Only 11.27% were between thirty and forty years. All the participants were younger than forty.

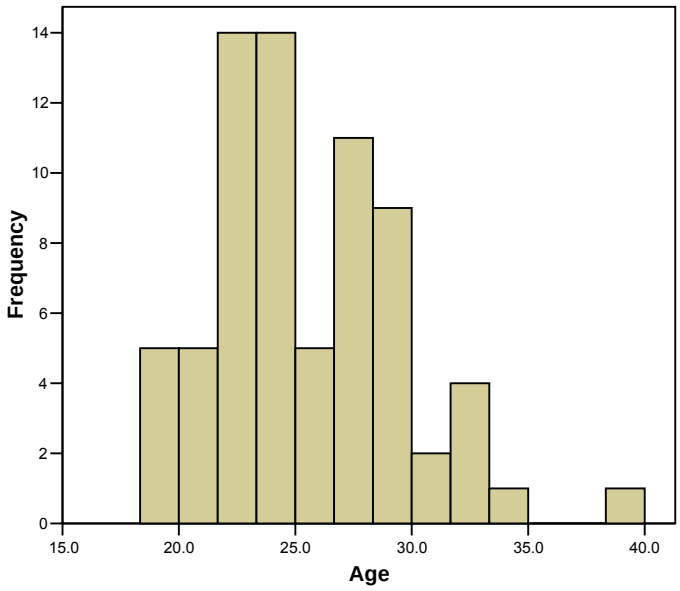

Figure 1. Histogram of the age distribution of the strippers

Table 2 reflects the frequency distributions of the participants in terms of race, home language, South African citizenship, level of education and marital status. In terms of race, white participants dominated and made up 84% of the sample. The majority of the participants' home language was English (49.3%) and 82.7% of the participants were South African citizens. 42.7% of the participants had matric as the highest educational level. 22.7% of the participants had tertiary education in the form of a diploma or degree. Marital status indicated that 50.7% of the participants were single.

Table 2

Frequency distributions of race, home language, South African citizenship, levels of education and marital status of participants (n=75)

	n	**%**		**n**	**%**
Race			Level of Education		
Black	5	6.7	Less than grade 12	21	28.0
Coloured	4	5.3	*Grade 12 (matric)*	*32*	*42.7*
Indian	3	4.0	Certificate	5	6.7
White	*63*	*84.0*	Diploma	11	14.7
Other (example Chinese)	0	0	Degree	6	8.0
Total	75	100	Postgraduate degree	0	0
Home Language			Total	75	100
Afrikaans	27	36.0	Marital Status		
English	*37*	*49.3*	*Single*	*38*	*50.7*
African Language	4	5.3	Live-in relationship	18	24.0
Other	7	9.3	Married	12	16.0
Total	75	100	Separated	0	0
South African Citizenship			Divorced	7	9.3
Yes	*62*	*82.7*	Widowed	0	0
No	13	17.3	Total	75	100
Total	75	100			

3.4 ETHICAL CONSIDERATIONS

Cognisance was given to ethical considerations throughout the project.

Permission was requested from the owner of the chain of strip clubs to obtain access to the strippers. He was provided with a letter (see Appendix A). The letter explained the purpose of the research and asked permission to gain entrance to the strip clubs and the women employed at these clubs as strippers (see Appendix A). Permission was granted. Due to the sensitive nature of the research it was decided that the researcher would work closely with the owner's personal assistant and not individually with the participants. It was decided that the personal assistant would be the intermediary between the researcher and the participants. Training was provided to the personal assistant. The personal assistant therefore acted as mediator in the form of a fieldworker. The purpose of the research, the questionnaire, instructions and the importance of confidentiality were thoroughly explained to the personal assistant.

The questionnaires, together with written letters with instructions (for the owner, the personal assistant and the participants) (see Appendix B and C), were taken to Teazers. These letters stated the following:

- Participation was voluntary and the participants knew that they could refuse to participate or stop at any given time without prejudice.
- The overall results would be presented for the group as a whole, not individually. The participants therefore had no need to be afraid that the results would reveal the identity of a specific individual. No form of identity was required. The identities of the participants were strictly confidential and no names were connected with the questionnaires in any way.
- It was recommended that the participants complete the questionnaires on their own and not in a group situation. The researcher explained that in a group situation the participants may influence each other's answers. This may lead to discussion of the questions and this may in return influence their sincerity. A group situation may also intrude on the participants' privacy regarding their answers, which may influence their truthfulness.

During a staff meeting the owner of Teazers and the personal assistant communicated the letter and instructions to the participants. Due to the legal requirements of this work, no participants were under the age of eighteen. It was highlighted that the participants' responses to the questionnaires would be kept confidential and that it would not be used to discriminate against them. For any additional questions regarding the completion of the questionnaire the researcher provided the researcher's contact number on the questionnaire. The researcher was at all times available to the participants. The personal assistant was also provided with a cell phone number and e-mail address of the researcher. Regular feedback regarding questionnaire completion progress was given to the researcher. As a token of the researcher's appreciation, incentives were provided (a little bag tag made with love) for each participant who participated in the research study through completion of a questionnaire.

Once the questionnaires were obtained from the personal assistant they were stored in a safe place. The only person who had access to them was the researcher. The results were only discussed with the supervisor. It was agreed upon beforehand that a report on the findings, as well as the dissertation outline, would be sent to the owner. The report together with a permission agreement contract (see Appendix D) was sent to the owner, asking permission to use the name of the club – *Teazers* - in this dissertation. The permission agreement also informed the owner that a copy of the dissertation would be available in the UNISA library after completion and that it would be possible that a research article on the findings may be published in an accredited South African Journal. He was therefore informed that the information obtained from this research study would be publicly available. The permission agreement was signed by him.

The strip club owner and participants will be provided with the final dissertation to reflect on the research findings.

3.5 INSTRUMENT

Formal hypotheses were tested, relating to relationships among variables and models of subjective well-being, life satisfaction and positive and negative affect. These hypotheses necessitated quantified data. Information was gathered by means of self-reported questionnaires with quantifiable scales. The quantifiable scales (see Appendix C) measuring the following key constructs: overall satisfactions with life, positive and negative affect, self-esteem, general health, self-efficacy, perceived social support and sense of coherence (refer to Chapter 2 for information on the salient variables).

3.5.1 Questionnaire development

All the questions in the questionnaire, except the socio-demographic questions, related directly to the stated research objectives and hypotheses. The draft questionnaire was pre-tested on a convenience sample of two people. These participants were asked to complete the questionnaire, in order to point out problematical words or questions. After the questionnaire was corrected, the final approved questionnaire was used to gather the actual data essential for the study.

3.5.2 Questionnaire

The title of the questionnaire was the *Subjective Well-Being Questionnaire* (see Appendix C). The questionnaire consisted of eight pages. The questionnaire was not so lengthy that it was likely to lead to errors due to fatigue or boredom. The first page was a cover letter to the participants (see Appendix C). This letter stated the identity of the researcher, her field of study and her affiliation, namely the University of South Africa. In this letter a brief description of the purpose of the research was stated, confidentiality and anonymity were addressed and instructions were given to the participants. Contact details that the participants could use to contact the researcher were also provided.

The next part of the questionnaire (Section A – Section G) consisted of existing standardised scales. These scales measured the following constructs: Satisfaction with life, positive and negative affect, self-esteem, general health, self-efficacy, perceived social support and sense of coherence. The scales used as measurement for each of the above constructs, along with the number of items of each scale, are presented in Table 3.

Table 3

Scales used to measure the constructs

Construct	Scales used for measurement (Existing scales)	Number of items
Satisfaction with life	Satisfaction with Life Scale	5 items
Positive and negative affect	Positive (PA) and Negative (NA) Affect Scale	10 PA items 10 NA items
Self-esteem	Rosenberg's Self-Esteem Scale	10 items
General health	General Health Questionnaire	28 items
Self-efficacy	Revised Schwarzer's General Self-Efficacy Scale	10 items
Social support	The Multidimensional Scale of Perceived Social Support	12 items
Sense of coherence	Sense of Coherence Scale	13 items

The last section of the questionnaire (Section H) addressed socio-demographic questions. These questions were related to race, home language, South African citizenship, level of education, marital status, sexual status, number of years in the stripping industry and the age of the participant. Due to the sensitive nature of these questions, they were asked last, when rapport with the participants was already established.

Each section of the questionnaire started with instructions on how to complete this specific section. The majority of the questions were close-ended and participants simply had to mark the answer in the most appropriate block.

The measurement of each of the above mentioned constructs (Table 3) will now be discussed in more depth. *Refer to the questionnaire in Appendix C for the following discussion*.

- **Life Satisfaction**

This construct was measured through the Satisfaction with Life Scale (Westaway & Maluka, 2005; Westaway & Maritz, 2003). According to Westaway and Maritz (2003) the Satisfaction with Life Scale was developed to measure satisfaction with life as a whole.

The scale, used to measure life satisfaction, consists of 5 items and constitutes section A of the questionnaire. None of the items in the scale were reversed scored. The construct was measured by means of a 7-point scale. All the scale points on the scale used to measure this construct were labelled, ranging from '7' ("strongly agree") to '1' ("strongly disagree"). The division of each item into a 7-point measurement scale (Likert scale) was consistent with the original form of this scale (Westaway & Maluka, 2005; Westaway & Maritz, 2003). During the data preparation phase this 7-point scale was converted to a 5-point scale by means of a conversion equation (see the explanation for this below under "subjective well-being"). The responses given by participants on the scale were averaged to obtain an overall satisfaction with life score. A higher overall score indicated a higher level of satisfaction with life.

- **Positive and Negative Affect**

Positive and negative affect were measured with the Positive and Negative Affect Scale (PANAS) (Watson et al., 1988). This scale consisted of 20 items and section B of the questionnaire measured this construct. Ten of the items on the scale indicate positive affect (PA) items and 10 items indicate negative affect (NA) items. The items were measured on a 5-point scale where participants had to evaluate the extent to which words that signify emotions may apply to them, ranging from '1', "very slightly" to '5', "extremely". The negative affect items (items 7, 9, 11, 12, 13, 16, 18, 20, 23 and 25) were reversed scored. By doing this, '1' indicated a negative feeling and '5' a positive feeling. The responses given by participants on the scale were averaged to obtain an overall positive and negative affect score. A higher overall score would therefore indicate a more positive feeling in general.

- **Subjective Well-Being**

For the purpose of this study subjective well-being was considered as consisting of three relatively independent components. These components were positive affect, negative affect and satisfaction with life. In other words, the first two scales (life satisfaction and positive and negative affect), in sections A and B of the questionnaire, were combined to form an overall measurement of subjective well-being. To accomplish this it was necessary to convert the life satisfaction scale from a 7-point to a 5-point scale, before adding the two scales together and finding their mean (see section 3.6.1). Subsequently both the (converted) life satisfaction and positive and negative scales were averaged. These scales were then summed together and averaged again to obtain the total subjective well-being scores. '1' indicated a negative feeling and '5' a positive feeling of subjective well-being.

- **Self-Esteem**

This construct was measured through Rosenberg's Self-esteem Scale (Westaway & Maluka, 2005). The scale consists of 10 items and section C measured self-esteem. Each item was scored from '1', strongly disagree to '4', strongly agree. Items 28, 30, 33, 34 and 35 had to be reversed scored. The responses given by participants on the scale were averaged to obtain an overall self-esteem score, with '1' indicating a negative feeling and '4' a positive feeling towards the self.

- **General Health**

This construct was measured through the General Health Questionnaire. This questionnaire consists of 28 items and in the questionnaire section D measured general health. These items were measured on a 4-point scale. Before analysis, in the questionnaire that the participants received, '1' was an indication of excellent general health and '4' referred to poor general health. During analysis it was decided to invert the scale, thus implying that '1' would indicate poor general health and '4' excellent general health. This was done for consistency purposes

– therefore the low values in all the scales indicated negative evaluations and high values, positive evaluations. For the purpose of this study a total score was obtained for overall general health and not sub-scale scores for the four subscales of general health, namely somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. The responses given by participants on the scale were averaged to obtain an overall general health score.

- **Self-Efficacy**

Self-efficacy was measured through Schwarzer's Generalised Self-Efficacy Scale (Jerusalem & Schwarzer, n.d.). This scale consists of 10 items and is measured by section E in the questionnaire. Each item consists of a statement that can be responded to on a scale that ranges from '1' "not at all true", '2' "barely true", '3' "moderately true" and '4' "exactly true". It follows that '1' indicated a negative attitude and '4' a positive attitude. None of the items in this scale were reverse scored. The responses given by participants on the scale were averaged to obtain an overall self-efficacy score.

- **Perceived Social Support**

This construct was measured through the Multidimensional Scale of Perceived Social Support (Canty-Mitchell & Zimet, 2000). The scale consists of twelve items and was measured through section F in the questionnaire. This 12 item scale used a 7-point Likert-type response format ('1', very strongly disagree and '7', very strongly agree). '1' indicated a perception of a lack of social support and '7' a perception of strong social support from family, friends and significant other. The responses given by participants on the scale were averaged to obtain an overall self-efficacy score.

- **Sense of Coherence**

Sense of coherence was measured through the Sense of Coherence Scale, developed by Antonovsky (Zimprich et al., 2006). This scale consists of 13 items and was measured through section G in the questionnaire. It was measured on a 7-point continuum. '1' indicated a negative sense of coherence and '7' a positive

sense of coherence. The responses given by participants on the scale were averaged to obtain an overall sense of coherence score.

3.5.3 Reliability assessment

Previous research indicated that these scales showed evidence of high internal consistency reliability. The published Cronbach alpha coefficients are reflected in Table 4. A Cronbach alpha of 0.7 or higher is an indication that the items in a specific scale are homogeneous, therefore reflecting the same underlying construct (University of Pretoria, 2005).

Table 4

Internal consistency of the scales

Construct	Scales used for measurement	Previous research studies Internal Consistency (Cronbach Alpha)
Satisfaction with life	Satisfaction with Life Scale	0.77 (Westaway & Maluka, 2005)
Positive(PA) and Negative(NA) Affect	Positive and Negative Affect Scale	PA: α = 0.84 NA: α =0.90 (Ben-Zur, 2003)
Self-esteem	Rosenberg Self-Esteem Scale	0.97 (Westaway & Maluka, 2005)
General Health	General Health Questionnaire	0.69 - 0.90 (Wissing & Van Eeden, 2002)
Self-efficacy	Schwarzer's General Self-Efficacy scale	0.76 -0.90 (Jerusalem & Schwarzer, n.d.)
Perceived Social Support	The Multidimensional scale of Perceived Social Support	0.93 (Canty-Mitchell & Zimet, 2000)
Sense of Coherence	Sense of Coherence Scale	0.78 - 0.93 (Wissing & Van Eeden, 2002)

The Cronbach alpha coefficients were also calculated for each of the scales from the data in this study, to act as a check of the consistency of the scales. This will be reported in Chapter 4, section 4.2.

3.6 PREPARATION AND ANALYSIS OF DATA

After data is collected, researchers generate information by analysing data. According to Cooper and Schindler (2003) data analysis has to do with the reducing of accumulated data into a manageable size, development of summaries, looking for patterns and applying statistical techniques.

This section describes how the data were prepared. A description is also given of the method of data analysis used in this study.

3.6.1 Data preparation

After completion of the questionnaires the responses were captured in the statistical software programme, SPSS Version 12.0 for Windows (Pallant, 2005). Data was captured into a SPSS spreadsheet. After the data was captured, the database was cleaned.

After the questionnaires were obtained from the participants they were checked for completeness. A questionnaire was considered incomplete if 25% or more of the responses were missing (University of Pretoria, 2005). The values obtained from each participant for each variable was then captured (entered) into the statistical program. Seven questionnaires were randomly checked to see if the responses in the database corresponded with the responses on the paper questionnaires. The minimum and maximum values for each variable were checked next.

Some of the items in some of the scales were phrased in such a way that a negative evaluation produced a low value on the scale, while in other cases a low value was given to a high evaluation of a statement in an item. It was therefore necessary to reverse score some of the items in a scale to make the measurement consistent. The internal consistency reliability for each of the multiple item rating scales was also checked (refer to section 3.5.3). The Cronbach alpha was computed to check the internal consistency of the scale. The recommended cut-off value for internal consistency reliability is a reliability

coefficient of ≥ 0.70 (University of Pretoria, 2005) and therefore a reliability coefficient of ≥ 0.70 was regarded as acceptable as mentioned in section 3.5.3.

The 7-point “satisfaction with life” multiple-item scale was converted to a 5-point scale by means of a mathematical formula. It was necessary to do this in order to make the original 7-point scale comparable with a 5-point scale, so that the two scales could be treated as of equal weight. These scales were then summed together and averaged to obtain a total subjective well-being scale score. The 7-point scale had to be transformed to a 5-point scale with a mean of 3 (M = 3) and a standard deviation of 1 (SD = 1). The following procedure was repeated for each of the five variables in the Life Satisfaction Scale:

- The standard deviation over the whole sample was calculated (Old_SD). The following formula was then used to determine a new variable for each of the five variables to be transformed:

  New_val = ((Old_val-4) / Old_SD) + 3

  (Old_val refers to the old value (counting out of seven) and New_val refers to the new value (counting out of five). Old_SD is the old standard deviation that was calculated above.)

A single or composite variable was created next to represent the total construct. This was done through the calculation of summated scale scores. A copy of the data set has been saved for reference.

After the data set was cleaned, data analysis took place. The following section gives a brief description of the method of data analysis and the statistical techniques used.

3.6.2 Method of data analysis and statistical techniques used

The focus of any analysis takes one of the three basic forms, namely hypothesis-testing, description and estimation. In this study analysis was through the *testing of hypotheses.* With a hypothesis-testing focus, the aim is to test specific propositions concerning the variables of interest and use the evidence provided by the sample to draw conclusions regarding these propositions for the population as a whole. As a sample is drawn based on a probabilistic approach, sampling error is possible. In order to determine whether the effects that are observed in the sample data can be generalised to the population on the basis of probabilities of greater than chance, significance tests, which are statistical techniques designed to help determine whether the sample results are likely to hold in the population as a whole, are carried out (Diamantopoulos & Schlegelmilch, 2000).

Statistical analysis was performed, using the statistical software, SPSS Version 12.0 for Windows (SPSS, 2008). Appropriate descriptive statistics will be reported and techniques such as correlation and regression will be used to test the hypotheses.

3.7 CHAPTER SUMMARY

This chapter described the research methodology and design employed in this study. A brief discussion regarding the ethical considerations toward the study was also given Chapter 3 also gave details concerning the research instrument used to collect the data and the manner in which this data was prepared and analysed. The research findings are presented in Chapter 4.

CHAPTER 4

RESULTS

4.1 INTRODUCTION

Chapter 3 discussed the research design and methodology employed for this study. In this chapter the results of the data analysis will be discussed. This includes scale reliability, descriptive statistics and finally the outcome of the testing of the hypotheses (as presented in chapter 2, section 2.5). The chapter concludes with the testing of the regression models, to determine the effect that self-esteem, general health, generalised self-efficacy, perceived social support and sense of coherence had on strippers' subjective well-being, life satisfaction and positive and negative affect.

4.2 RELIABILITY OF THE SCALES

The reliability of the multiple-item rating scales, used in this study, was tested by determining internal consistency reliability, by means of the Cronbach alpha coefficient. Cronbach's alpha communicates a summary measure of the inter-correlation that exists between a set of scale items (Churchill, as cited in University of Pretoria, 2005). A Cronbach alpha of 0.7 or higher was used as an indication that the items in a specific scale were homogeneous, therefore reflecting the same underlying construct.

The Cronbach alpha coefficient was determined for the following constructs (scales): life satisfactions, positive and negative affect, self-esteem, general health, generalised self-efficacy, perceived social support, sense of coherence and subjective well-being.

Table 5 shows the results of the Cronbach alpha reliability coefficient for the measured scales. From the results it can be seen that all the Cronbach alpha

(α) coefficients were greater than 0.7, therefore demonstrating reliable scales with high internal consistency. It ranged from 0.824 for the sense of coherence scale to 0.954 for the generalised self-efficacy scale. Given the generally high α coefficients it was decided to retain the scales in their published form and not to attempt to improve them by removing a few items which would have limited utility in this case. These findings were consistent with the findings of previous research that made use of these scales (as presented in Chapter 3, section 3.5.3).

Table 5

Reliability analysis for the constructs (scales) measured in this study

Constructs	Scales used for measurement	Cronbach's α	Items per scale
Life satisfaction	Satisfaction with Life Scale	0.894	5
Positive and negative affect	Positive and Negative Affect Scale	0.868	20
Self-esteem	Rosenberg Self-Esteem Scale	0.862	10
General health	General Health Questionnaire	0.942	28
Generalised self-efficacy	Schwarzer's General Self-Efficacy scale	0.954	10
Perceived social support	The Multidimensional scale of Perceived Social Support	0.927	12
Sense of coherence	Sense of Coherence Scale	0.824	13
Subjective well-being	Satisfaction with Life Scale Positive and Negative Affect Scale	0.899	25

4.3 DESCRIPTIVE STATISTICS

The results in Table 6 provide descriptive statistics, based on the overall (total) scale scores on life satisfaction, positive and negative affect, self-esteem, general health, generalised self-efficacy, perceived social support, sense of coherence and subjective well-being. Refer to chapter 3, section 3.5.2 for information regarding the scales.

The minimum and maximum values, means and standard deviations were obtained from 75 participants. The mean of the subjective well-being scale was 3.67 (M=3.67, SD=0.62). This mean suggested a positive subjective well-being.

The means obtained for the relatively independent components of subjective well-being were the following: life satisfaction was 3.42 (M=3.42, SD=0.84); positive and negative affect was 3.93 (M=3.94, SD=0.55). The mean of 3.42 obtained from the life satisfaction scale, indicated a positive feeling with regards to life satisfaction. It can therefore be assumed that the strippers have a positive feeling towards life. A positive and negative affect mean of 3.93 indicated a general positive feeling.

The mean of the self-esteem scale was 3.36 (M= 3.36, SD=0.51), thus indicating a positive feeling towards the self. The general health mean was 3.41 (M=3.41, SD=0.43) and this was an indication of good mental health. The mean obtained from perceived self-efficacy was 3.18 (M=3.18, SD=0.66). 3.18 was an indication of positive self-efficacy. Perceived social support was 4.78 (M=4.78, SD=1.40). This value was 0.78 above the mean average of the scale, which is 4.0. It was therefore an indication of a relatively positive feeling towards the perceived social support from family, friends and significant others. The mean obtained for the sense of coherence scale was 4.51 (M=4.51, SD=0.87) and this was an indication of a positive sense of coherence.

Table 6

Descriptive statistics for the strippers' overall subjective well-being, life satisfaction, positive and negative affect, self-esteem, general health, generalised self-efficacy, perceived social support and sense of coherence scales

	Number of respondents	Minimum	Maximum	Scale Range	M	SD
Subjective Well-being Scale	75	2.27	4.99	1-5	3.67	0.62
Life Satisfaction Scale	75	1.19	5.00	1-5	3.42	0.84
Positive and Negative Affect Scale	75	2.65	4.90	1-5	3.94	0.55
Self-Esteem Scale	75	1.89	4.00	1-4	3.36	0.51
General Health Scale	75	1.96	3.96	1-4	3.41	0.43
Generalised Self-Efficacy Scale	75	1.00	4.00	1-4	3.18	0.66
Perceived Social Support Scale	75	1.67	7.00	1-7	4.78	1.40
Sense of Coherence Scale	75	2.85	6.54	1-7	4.51	0.87

4.4 HYPOTHESES REGARDING SCALE AVERAGES

The focus of Hypothesis 1 to 6 was to determine if female strippers would generally have a below scale average on subjective well-being, self-esteem, general health, generalised self-efficacy, perceived social support and sense of coherence. From the literature presented in chapter 2, section 2.4, it would be reasonable to expect that the strippers would test below scale average on these constructs.

Scale average refers to the number, of the middle value, of the scale. The subjective well-being, life satisfaction and positive and negative affect scales ranged from '1' to '5' and the scale average for these scales was therefore 3. The self-esteem, general health and generalised self-efficacy scales ranged from '1' to '4' and had a scale average of 2.5. The perceived social support and sense of coherence scales on the other hand ranged from '1' to '7' and had a scale average of 4.

The alternative hypotheses were as follows:

H1: The subjective well-being of female strippers is significantly below scale average.

H2: The self-esteem of female strippers is significantly below scale average.

H3: The general health of female strippers is significantly below scale average.

H4: The generalised self-efficacy of female strippers is significantly below scale average.

H5: The perceived social support of female strippers is significantly below scale average.

H6: The sense of coherence of female strippers is significantly below scale average.

From the descriptive statistics, presented in Table 6, section 4.3, it can be seen that the mean values for all the constructs presented in hypotheses 1 to 6 were

above scale averages and it was therefore not necessary to test the hypotheses through one-group t-tests. Not one of the six null hypotheses could therefore be rejected.

4.5 CORRELATION ANALYSIS

Hypotheses 7 to 11 (section 4.5.1 to section 4.5.5) were tested by way of correlation analyses.

The constructs *subjective well-being, self-esteem, general health, self-efficacy, perceived social support and sense of coherence* was measured at an interval level of measurement. The suitable parametric hypothesis test for the hypotheses was Pearson's product-moment correlation.

The five hypotheses were all tested at a 1% significance level (i.e., $\alpha = 0.01$). A more stringent alpha value was chosen to adhere to the assumption of independence of observations. The data was collected from different branches of the same strip club company. Within a branch participants are involved in some form of interaction with one another. Many tests are also done on the same data and therefore chances of a significant result by chance get bigger. Some violation of this assumption may have occurred and it was therefore decided to set a more stringent alpha value ($p < 0.01$).

Table 7 presents the results of the Pearson's product-moment correlations (two-tailed) between subjective well-being and self-esteem, general health, generalised self-efficacy, perceived social support and sense of coherence. The results of the hypotheses below are based on the findings in Table 7.

Table 7

Correlation analyses (n=75)

		Self-Esteem	General Health	Generalised Self - Efficacy	Perceived Social Support	Sense of Coherence
Subjective Well-Being	Pearson Correlation (r)	0.703*	0.592*	0.438*	0.491*	0.577*

*Correlation is significant at the 0.01 level (2-tailed).

4.5.1 Hypothesis 7

H7 focused on the relationship between strippers' subjective well-being and self-esteem. The alternative hypothesis of H1 is as follows:

> H7: There is a relationship between strippers' subjective sense of well-being and their self-esteem.

The relationship between subjective well-being and self-esteem was investigated using Pearson's product-moment correlation coefficient (see Table 7). There is a strong positive correlation between the two variables ($r=+0.703$, $n=75$, $p< 0.000$). The p value is smaller than 0.01 and the null hypothesis is therefore rejected. The measurement of self-esteem (independent variable) explained 49% ($r^2=0.494$) of the variance in subjective well-being (dependant variable) and therefore indicated a moderate effect size.

4.5.2 Hypothesis 8

H8 focused on the relationship between strippers' subjective well-being and general health. The alternative hypothesis of H2 is as follows:

> H8: There is a relationship between strippers' subjective sense of well-being and their general health.

From Table 7 it can be seen that there is a positive relationship between subjective well-being and general health ($r=+0.592$, $n=75$, $p<0.000$). The p value is smaller than 0.01 and the null hypothesis is therefore rejected. A correlation of $r =+0.592$, indicated a 35% shared variance ($r^2=0.35$). The effect size is therefore not great, as general health only explain 35% of the variance in subjective well-being.

4.5.3 Hypothesis 9

The focus of H9 was on the relationship between strippers' subjective well-being and their self-efficacy. The alternative hypothesis of H9 is as follows:

> H9: There is a relationship between strippers' subjective sense of well-being and their self-efficacy.

Self-efficacy had a significant positive correlation with subjective well-being ($r=+0.438$, $n=75$, $p<0.000$) (see Table 7). The p value is smaller than 0.01 and the null hypothesis is therefore rejected. Although a significant correlation was found, the coefficient of determination ($r^2=0.19$) was small, thus indicating that only 19% of the variance was explained. Although the relationship was significant the effect size was small.

4.5.4 Hypothesis 10

H10 centred on the relationship between strippers' sense of well-being and their perceived social support. The alternative hypothesis of H10 is as follows:

> H10: There is a relationship between strippers' subjective sense of well-being and their perceived social support.

The hypothesis that there is a relationship between subjective well-being and perceived social support has been confirmed in table 7 ($r=0.491$, $n=75$, $p< 0.000$). The p value is smaller than 0.01 and the null hypothesis is therefore rejected. These findings indicate a significant positive correlation between the two variables. $r^2=0.24$ and the measurement of sense of coherence consequently explained 24% of the variance in subjective well-being. It can therefore be said that the effect size was rather small.

4.5.5 Hypothesis 11

H11 focused on whether there was a relationship between strippers' sense of well-being and their sense of coherence. The alternative hypothesis of H11 is as follows:

> H11: There is a relationship between strippers' subjective sense of well-being and their sense of coherence.

The results of the test are shown in Table 7. The correlation between subjective well-being and sense of coherence is $r=0.577$ ($n=75$, $p<0.01$). The p value is smaller than 0.01 and Ho is therefore rejected. From these findings it can be said that there is a positive relationship between subjective well-being and sense of coherence. The measurement of sense of coherence explained 33% ($r^2=0.33$) of the variance in subjective well-being and therefore indicated a rather low effect size.

4.6 REGRESSION MODELS

Hypotheses 12 to 14 were tested by way of multivariate regression analyses (section 4.6.1 to section 4.6.3).

Busseri, Sadava and Decourville (2007) argues that a number of researchers examine the components of subjective well-being separately, while other researchers combine the measures of life satisfaction and positive and negative affect into a composite subjective well-being score. In a study conducted by Diener and Lucas (as cited in Busseri et al., 2007) it was found that subjective well-being components correlate in a different way with the same set of variables. Different studies done by Diener and his colleagues established that the components of subjective well-being should be assessed separately. In contrast to this view other researchers have combined the relatively independent components of subjective well-being into a composite subjective well-being score that produced an overall measure of subjective well-being (Busseri, et al., 2007).

For the above reason it was decided to study three regression models namely:

- A regression model for subjective well-being
- A regression model for the component life satisfaction
- A regression model for the component positive and negative affect

Multivariate regression analysis was used to determine the effect that self-esteem, general health, self-efficacy, social support and sense of coherence had on subjective well-being and it was also determined which of these constructs had the strongest influence on subjective well-being. Multivariate regression analyses were also run on two independent components of subjective well-being, namely satisfaction with life and positive and negative affect. Subjective well-being, life satisfaction and positive and negative affect were respectively the criterion variables for each of the hypotheses. The predictor variables for the three hypotheses were self-esteem, general health, self-efficacy, perceived social support and sense of coherence.

Assumptions of multiple regression were tested in the next section. Section 4.6.2 to section 4.6.4 evaluated the regression models and each of the predictor variables. The three hypotheses were all tested at a 1% significance level (i.e., $\alpha = 0.01$).

4.6.1 Testing the assumptions of multiple regression

- **Assumption of sample size**

Sample size was discussed in Chapter 3, section 3.3.2. The requirement that the number of cases should be (75 or more) was met.

- **Assumption of multicollinearity**

The relationship among the independent variables is referred to as multicollinnearity (Pallant, 2005). Table 8 presents the inter-correlation matrix of the variables entered into the three regression models respectively. All the relationships in Table 8 are significant at the 1% level.

To adhere to the assumption of multicollinearity it should first be established if the independent variables (self-esteem, general health, generalised self-efficacy, perceived social support, sense of coherence) show some relationship with the dependant variables (subjective well-being, life satisfaction, positive and negative affect). For an indication that the dependant variables show at least some relationship with the independent variables the numbers in the row "subjective well-being", "life satisfaction" and "positive and negative affect" should be at least above 0.3 (Pallant, 2005). The results, as presented in Table 8, are all above 0.3, therefore indicating a relationship between the three dependent variables and the independent variables (also refer to section 4.5.1 to section 4.5.5).

Table 8

Inter-correlation matrix of variables used in the three regression models (n=75)

		Independent variables				
		Self-esteem	General health	Generalised self-efficacy	Perceived social support	Sense of coherence
Dependant variables	Subjective well-being	0.703	0.592	0.438	0.491	0.577
	Life satisfaction	0.514	0.439	0.332	0.468	0.482
	Positive and negative affect	0.796	0.659	0.477	0.389	0.562
Independent variables	Self-esteem	1.000	0.652	0.551	0.453	0.583
	General health	0.652	1.000	0.409	0.340	0.488
	Generalised self-efficacy	0.551	0.409	1.000	0.360	0.400
	Perceived social support	0.453	0.340	0.360	1.000	0.483
	Sense of coherence	0.583	0.488	0.400	0.483	1.000

From table 8 it can be seen that the correlation between each of the independent variables are not too high. Tabachnick and Fidell (as cited in Pallant, 2005) suggest that a correlation of 0.7 would be too high and would violate the assumption of multicollinearity. All the independent variables correlating with the rest of the independent variables imply that there is a lot of redundancy. The regression model will show which of the independent variables are most important and whether the others add something to the explanation above and beyond which has been accounted for already.

Table 9 explains the collinearity diagnostics. This was done to identify problems with multicollinearity that may not be evident in the inter-correlation matrix. The collinearity diagnostics were the same for all three the regression models. The values for *Tolerance* were all above 0.1, indicating that multiple correlation with the other variables were low and therefore the possibility of multicollinearity was excluded. The *Variance Inflation Factor (VIF)* for all the variables was below 10 and multicollinearity was excluded. The assumption of multicollinearity was therefore not violated.

Table 9

Collinearity diagnostics: Tolerance and Variance Inflation Factor (VIF) values

	Collinearity Statistics	
	Tolerance	VIF
(Constant)		
Self-esteem	0.415	2.413
General health	0.556	1.800
Generalised self-efficacy	0.675	1.482
Perceived social support	0.712	1.405
Sense of coherence	0.581	1.721

- **Assumption of normality, linearity and homoscedasticity and outliers**

Residual analysis compares the observed data with the same data as predicted by the regression models. It can be used for checking assumptions of normality, linearity and homoscedasticity in regression analysis. Checking assumptions hold considerable benefits in the sense that associated assumptions helps to avoid Type I and II errors (Osborn & Waters, 2002). Non-normality, curvilinearity and heteroscedasticity often increase effect size. With reference to partial correlation and multiple regression, effect size of other variables can be over-estimated if the covariant is not reliably measured, therefore indicating that the full effect of the covariate(s) would not be removed.

When checking for normality “the residuals should be normally distributed about the predicted dependant variable scores” (Pallant, 2005, p. 143). Figure 2, 3 and 4 give the results of the Normal Probability Plots of the regression standardised residuals. In all three the figures the points are lying in an acceptable straight

diagonal line (In figure 2 and 3 the plots indicate a small deviation from the normal distribution). This is an indication that there are no major deviations from normality.

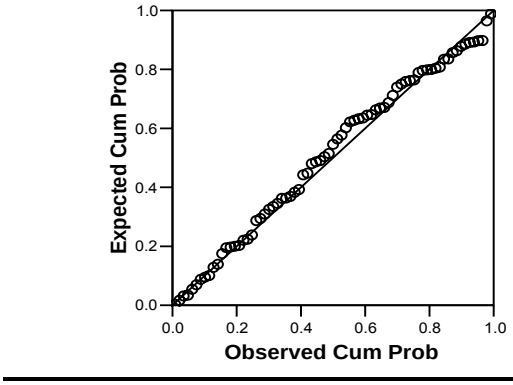

Figure 2. Normal Probability Plot of the regression standardised residuals for the dependent variable: Subjective well-being

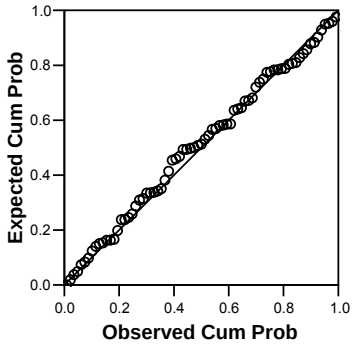

Figure 3. Normal Probability Plot of the regression standardised residuals for the dependent variable: Life satisfaction

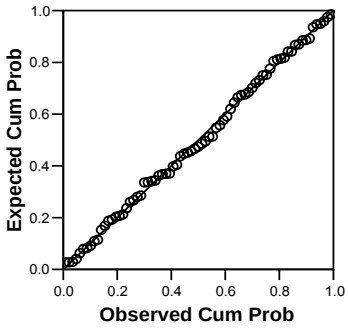

Figure 4. Normal Probability Plot of the regression standardised residuals for the dependent variable: Positive and negative affect

Figure 5, 6 and 7 give the results of the scatterplots for standardised residuals. Normality, linearity and homoscedasticity can be evaluated through the examination of the residual plots. The residual plot for all three these figures are more or less distributed in a triangular, with a concentration of points along the center (the 0 point). Figure 7 may tend towards heteroscedasticity. The centralised rectangle indicates that the assumptions of normality, linearity and homoscedasticity are not violated. Data is homoscedastic if the variance around the regression line is the same for all the values of the predictor variable.

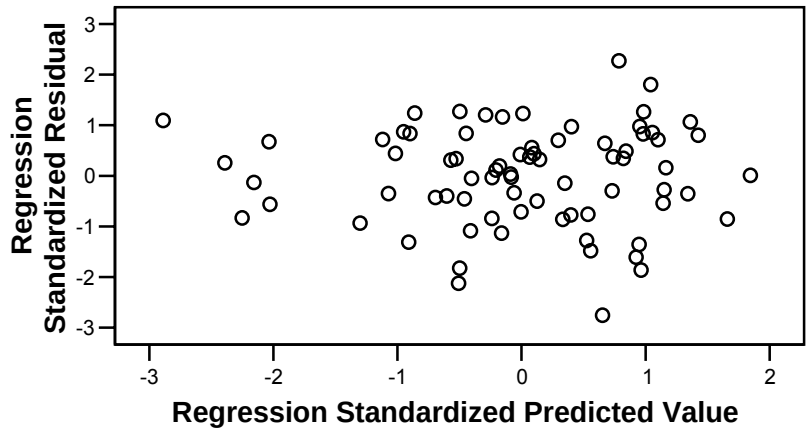

Figure 5. Scatterplot for standardised residuals for the dependent variable: Subjective well-being

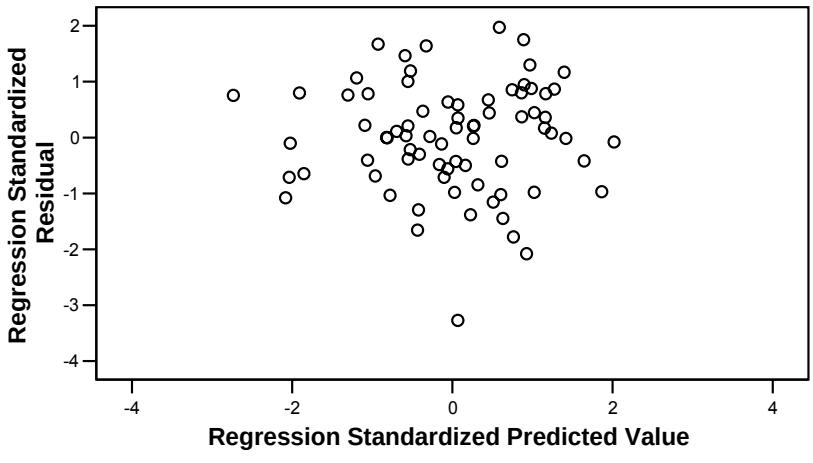

Figure 6. Scatterplot for standardised residuals for the dependent variable: Life satisfaction

Table 10 shows an unusual case (participant number 73). Casewise diagnostics present the results of cases with a standard residual above 3.0 and below -3.0, which shows a standard residual of below – 3.0 (standard residual= - 3.27) for this case. This outlier can also be observed by inspection of Figure 6. The participant reported a life satisfaction score of 1.19, but the model predicted a value of 3.45. The participant's measurement of life satisfaction is of poorer quality than the model predicted.

This unusual case, however, did not have any undue influence on the results of the model. According to Tabachnick and Fidell (as cited in Pallant, 2005) cases with a Cook's distance value larger than 1, may be a potential problem. The maximum value for Cook's Distance (Table 10) is 0.534, showing that the single outlier signifies no major problems.

Table 10

Casewise Diagnostics for the dependent variable: Life satisfaction

Case Number	Standard Residual	Life satisfaction	Predicted Value	Residual
73	-3.27	1.19	3.45	-2.26
Cook's Distance: Maximum = 0.534				

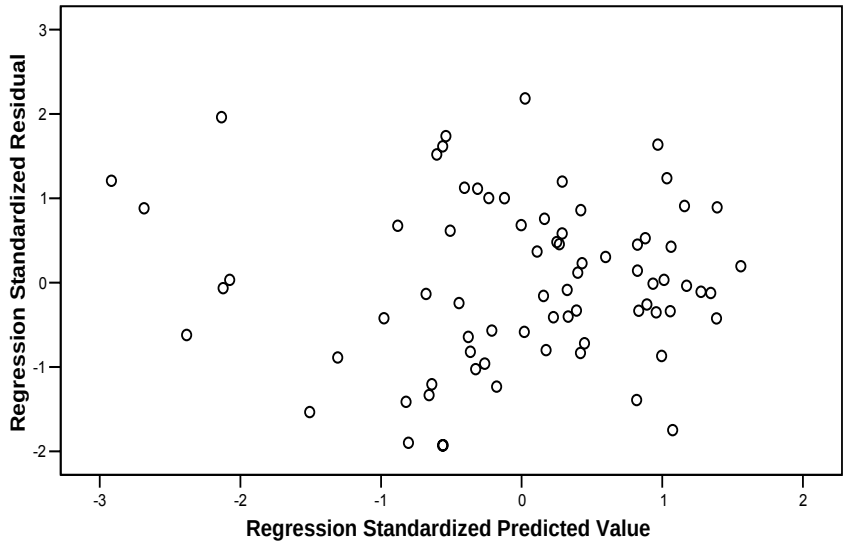

Figure 7. Scatterplot for standardised residuals for the dependent variable: Positive and negative affect

The previous results confirmed that the assumptions of normality, linearity and homoscedasticity and outliers were not violated.

4.6.2 Regression model: Subjective well-being

H12 focused on whether self-esteem, general health, self-efficacy, perceived social support and sense of coherence had a significant effect on subjective well-being. The alternative hypothesis of H12 is as follows:

> H12: Self-esteem, general health, self-efficacy, perceived social support and sense of coherence have a significant effect on strippers' subjective well-being.

Table 11 indicates that 57.6% of the variance in the criterion variable (subjective well-being) is explained by the model. This is a reasonably high effect size. The multiple correlation coefficient of R=0.759 is significant ($F(5;69)=18.742$; $p< 0.00$). The p value is smaller than 0.01 and Ho is rejected. Multiple regression analysis therefore revealed that self-esteem, general health, generalised self-efficacy, perceived social support and sense of coherence accounted for a significant and relatively large amount of variance in subjective well-being (R= 0.576). In other words, the model is good at predicting a person's subjective well-being.

Table 11

Model summary for subjective well-being

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.759(a)	0.576	0.545	0.418

Table 12 evaluated each of the predictor variables individually with respect to the criterion variable. Self-esteem (Beta=0.404) had the largest beta coefficient and therefore made the strongest contribution in explaining the criterion variable. In assessing the effect of the other predictor variables on subjective well-being, the results showed that self-esteem was the only predictor variable that had a significant effect on subjective well-being at a 1% significant level. Self-esteem

therefore made a unique contribution to the prediction of subjective well-being (Sig.=0.001; p<0.01).

Subjective well-being and self-esteem is positively correlated (r=0.703) (also refer to section 4.5.1). General health, self-efficacy, social support and sense of coherence also correlates significantly with subjective well-being, self-esteem and each other, but do not make a significant additional contribution to predicting subjective well-being. It is therefore important to also investigate the correlation between subjective well-being and self-esteem after controlling the effects of the other predictor variables. Through the investigation of the Part correlation coefficient it can be seen that 6.7% (0.260^2) of the total variance in subjective well-being is uniquely explained by self-esteem.

Table 12

Coefficients for the criterion variable: Subjective well-being

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
	B	Std. Error	Beta			Zero-order	Partial	Part
(Constant)	0.172	0.406		0.423	0.674			
Self-esteem	0.493	0.149	0.404	3.316	0.001	0.703	0.371	0.260
General health	0.271	0.153	0.187	1.774	0.081	0.592	0.209	0.139
Generalised self-efficacy	0.014	0.090	0.014	0.152	0.880	0.438	0.018	0.012
Perceived social support	0.070	0.041	0.158	1.704	0.093	0.491	0.201	0.134
Sense of coherence	0.120	0.073	0.169	1.639	0.106	0.577	0.194	0.129

The regression models for the components of subjective well-being, namely life satisfaction and positive and negative affect will be investigated in section 4.6.3 and section 4.6.4.

4.6.3 Regression model: Life satisfaction

H13 concentrated on whether self-esteem, general health, self-efficacy, perceived social support and sense of coherence had a significant effect on life satisfaction. The alternative hypothesis of H13 is as follows:

H13: Self-esteem, general health, self-efficacy, perceived social support and sense of coherence have a significant effect on strippers' satisfaction with life.

The model, in Table 13, explained 36.6% of the variance in the criterion variable (life satisfaction). Over a third of the variance is therefore explained by the model. The multiple correlation coefficient of R=0.605 is significant (F(5;69)=7,977; p<0.000). The p value is smaller than 0.05 and Ho is therefore rejected.

Table 13

Model summary for life satisfaction

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.605(a)	0.366	0.320	0.69116

Table 14 evaluated each of the predictor variables individually with respect to the criterion variable. Perceived social support (Beta=0.241) had the largest beta coefficient and therefore made the strongest contribution in explaining the criterion variable. Perceived social support was not statistically significant (Sig.=0.038; p>0.01) at the 1% level, but was however significant at the 5% level (Sig.=0.038; p<0.05) and made a unique contribution to the model. The significant levels for each of the predictor variables indicated that none of the predictor variables were significant predictors of the criterion variable, over and above the other predictor variables.

Life satisfaction and perceived social support is positively correlated (r=0.468) (also refer to section 4.5.4). Self-esteem, general health, self-efficacy and sense of coherence also correlate significantly with life satisfaction, perceived social support and each other, but do not make a significant additional contribution to predicting subjective well-being. The correlation between life satisfaction and self-esteem, after controlling for the effects of the other predictor variables, was therefore investigated. 4.1% (0.203^2) of the total variance in life satisfaction is uniquely explained by perceived social support.

Table 14

Coefficients for the criterion variable: Life satisfaction

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
	B	Std. Error	Beta			Zero-order	Partial	Part
(Constant)	-0.124	0.673		-0.185	0.854			
Self-esteem	0.359	0.247	0.216	1.453	0.151	0.514	0.172	0.139
General health	0.255	0.253	0.129	1.007	0.318	0.439	0.120	0.096
Generalised self-efficacy	0.004	0.149	0.003	0.029	0.977	0.332	0.003	0.003
Perceived social support	0.144	0.068	0.241	2.118	0.038	0.468	0.247	0.203
Sense of coherence	0.170	0.122	0.175	1.394	0.168	0.482	0.166	0.134

4.6.4 Regression model: Positive and negative affect

H14 was whether self-esteem, general health, self-efficacy, perceived social support and sense of coherence had a significant effect on strippers' positive and negative affect.

The alternative hypothesis of H14 is as follows:

> H14: Self-esteem, general health, self-efficacy, perceived social support and sense of coherence have a significant effect on strippers' positive and negative affect.

Table 15 indicates that 67.7% of the variance in the criterion variable (positive and negative affect) was explained by the model. This is a high effect size. The multiple correlation coefficient of R = 0.823 is significant ($F (5; 69) = 28.915$; $p < 0.00$). The p value is smaller than 0.05 and the null hypothesis is therefore rejected.

Table 15

Model Summary for positive and negative affect

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.823(a)	0.677	0.654	0.32424

The results of the evaluation of each of the predictor variables individually, with respect to the criterion variable, can be seen in Table 16. Self-esteem (Beta=0.577) had the largest beta coefficient and therefore made the strongest contribution in explaining the criterion variable. Self-esteem made a unique contribution to the prediction of positive and negative affect at the 1% significant level (Sig.=0.000; $p<0.01$). If a level of significance of 5% is accepted, then general health also makes a significant contribution to the model.

Positive and negative affect correlates positively with self-esteem (r=0.796) and general health (r=0.659) respectively (also refer to section 4.5.1; section 4.5.2). Self-efficacy, social support and sense of coherence also correlates significantly with positive and negative affect, self-esteem, general health and each other, but do not make a significant additional contribution to predicting positive and negative affect. The Part correlation coefficient illustrate that 13.7% (0.371^2) of the total variance in positive and negative affect is explained by self-esteem and 2.7% (0.165^2) by general health.

Table 16

Coefficients for the criterion variable: Positive and negative affect

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
	B	Std. Error	Beta			Zero-order	Partial	Part
(Constant)	0.468	0.316		1.481	0.143			
Self-esteem	0.628	0.116	0.577	5.427	0.000	0.796	0.547	0.371
General health	0.287	0.119	0.222	2.414	0.018	0.659	0.279	0.165
Generalised self-efficacy	0.023	0.070	0.027	.329	0.743	0.477	0.040	0.023
Perceived social support	-0.004	0.032	-0.011	-.134	0.894	0.389	-0.016	-0.009
Sense of coherence	0.071	0.057	0.111	1.241	0.219	0.562	0.148	0.085

4.7 ADDITIONAL INVESTIGATION OF DATA

Additional information, regarding the subjective well-being between South African citizens and non-South African citizens, was investigated. Descriptive statistics indicated that the subjective well-being mean scores of South African citizens (M

=3.74) and non-South African citizens (M=3.34) were similar. Though, on average, South African citizens' subjective well-being was more positive than non-South African citizens. An independent sample t-test was conducted to see if the difference was significant. The results of the t-test (t (73)=2.23, p=0.029; p <0.05) indicated that there was a significant difference in the mean scores of the South African citizens and the non citizens in terms of subjective well-being.

4.8 CHAPTER SUMMARY

Chapter 4 presented the results of the reliability of the scales, descriptive statistics, correlation analysis and the three regression models.

From the results of the regression models the following can be concluded. Life satisfaction depends on perceived social support, but positive and negative affect depends on self-esteem and general health. If life satisfaction and positive and negative affect is combined into a measurement of subjective well-being, self-esteem is the variable that captures most of the variance.

The next chapter consists of a more detailed discussion of the results. It also provides the limitations of the study and recommendations for future research.

CHAPTER 5

SUMMARY AND IMPLICATIONS OF FINDINGS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter conveyed the results of the research. Chapter 5 commences with a discussion of these results, with specific reference to the descriptive statistics, correlation analyses and regression models. The discussion summarises the findings of the study and states the implications and limitations of the study. Lastly recommendations for future research are offered.

5.2 SUMMARY AND IMPLICATIONS OF FINDINGS

This section gives a summary and possible explanation of the results obtained from the descriptive statistics (mean), correlation analyses and the regression models conveyed in Chapter 4.

The descriptive statistics showed that the results of the mean scores of subjective well-being, self-esteem, general health, generalised self-efficacy, perceived social support and sense of coherence were rather high; they were higher than the scale averages. These results were however unexpected.

From previous research done on strippers (refer to Chapter 2) it was expected that the results would be evident of a low self-esteem and poor perceived social support and this would subsequently also have shown poor subjective well-being. Literature indicates that self-esteem can be seen as one of the strongest predictors of well-being (Diener, as cited in Neto, 1992) and well-being is an important determinant of mental health (Hu et al., 2007). In addition to this, Murphy (2003) stated that stripping has a negative effect on self-esteem. It can therefore be argued that if strippers have a low self-esteem, they would also have a low level of subjective well-being, which would in turn result in low levels

of mental health. From the results of a study done by Buddeberg-Fischer and Klaghofer (as cited in Zimprich *et al*., 2006) it can be said that a low sense of coherence shows lower levels of psychological well-being and vice versa. It could therefore be argued that if strippers have a low self-esteem it could affect their well-being negatively, which would consequently result in lower levels of sense of coherence. These women also fail to disclose that they are strippers to family and friends (Barton, 2002) and by keeping their lives a secret, they do not gain any social support outside the strip club regarding their occupation. It would therefore be expected that these women would have scored a below average mean on perceived social support.

In this study the results revealed that the majority of strippers' subjective well-being, self-esteem, general health, sense of self-efficacy, perceived social support and sense of coherence were above scale average. These more positive results may be due to the following reasons. Firstly, this specific chain of strip clubs cater for a more exclusive and upmarket segment of the market. This, by implication, can be attributed to strict rules assigned by management to the customers, in order to protect the clubs' employees. It could be that working for Teazers, give a sense of security. The rules of Teazers can be viewed on their website - Teazers Code of Conduct (Teazers, 2007). Secondly there could have been the chance that participants did not believe the assurance of anonymity, since the personal assistant did have access to the data.

These results imply that this research should not be generalised to strippers in general. It can also be argued that if strippers are given a reasonable environment to work in, and a context were they feel accepted, there is no reason why strippers should show indications of psychological distress. A more in-depth study or studies will be needed to see if this is indeed true.

The correlation analyses revealed the following findings. Subjective well-being correlated with all the independent variables, namely self-esteem, general health, self-efficacy, perceived social support and sense of coherence. As can be seen from the literature reviewed in Chapter 2, it was evident that the results would

show a correlation between subjective well-being and the five independent variables. The findings of the analyses further indicated that all the correlations were positive. It therefore implied that if the strippers' subjective well-being gets higher, so does self-esteem, general health, self-efficacy, perceived social support and sense of coherence for most of the sample members, irrespective of the absolute values.

Three models were tested. The first model was developed to see how subjective well-being related to certain constructs, tested on a potentially vulnerable group of female strippers. This model tested if self-esteem, general health, self-efficacy, perceived social support and sense of coherence had an effect on the subjective well-being of the female stripper. 57.6% of the variance in subjective well-being was significantly explained by the model. General health, self-efficacy, social support and sense of coherence correlated significantly with subjective well-being and the other independent variables, but did not make a significant additional contribution to predicting subjective well-being. Self-esteem was the only variable that made a significant unique contribution to the prediction of subjective well-being. The correlation between subjective well-being and self-esteem after controlling for the effects of the other predictor variables was investigated. 6.7% of the total variance in subjective well-being was uniquely explained by self-esteem.

In other words the greatest contribution on predicting subjective well-being was made by self-esteem. The other variables did not add significantly to the ability of the model to predict. The other variables did however have a significant correlation with subjective well-being, when considered on their own. This is due to great redundancy in the data: the independent variables are greatly intercorrelated with each other. Once the variance that they share in common with self-esteem is removed, they do not each make a significant unique contribution. This can be seen also by looking at the generally low partial correlations (the unique contribution of the particular independent variable to the prediction of the dependant variable).

Higher self-esteem led to higher subjective well-being and the other variables would not increase subjective well-being significantly. These findings were confirmed by previous research stating that self-esteem and subjective well-being were positively correlated (Ben-Zur, 2003). Diener (as cited in Neto, 1993) also argued that a high self-esteem can be seen as one of the strongest predictors of well-being.

A satisfied employee leads to fewer problems for management and management can retain these employees better. It is therefore important for the management of the strip clubs, the customers, family, significant others, friends and the general public to be aware of the importance to build self-esteem. By knowing the impact that self-esteem has on subjective well-being, management is empowered to define and create a beneficial strategy, which promotes a higher self-esteem. Companies should realise that their employees are not always informed about the stigma regarding the sex industry, the insensitive and ruthless comments that can be made by customers, family, significant others, friends and the general public. Due to the stigma, employees can not necessarily share their negative (or positive) experiences regarding their work with people external to the industry. Strategies, intervention programmes and the necessary resources therefore need to be in place within the company structure. During induction and training of new employees the following topics need to be addressed: stigmatisation of the occupation and how to cope with it; how to deal with difficult customers; skills to improve self-esteem. Management should encourage their employees to seek professional help from counsellors, psychologists, psychiatrists and medical doctors if they feel the need for it.

The regression models for the components of subjective well-being, namely life satisfaction and positive and negative affect were also investigated to determine how the independent variables impacted on these to components. The second model therefore tested if self-esteem, general health, self-efficacy, perceived social support and sense of coherence had an effect on life satisfaction. The findings led to the following conclusion. All of the above mentioned predictor variables had an effect on life satisfaction. Perceived social support however made a unique contribution to life satisfaction at the 5% level of significance.

4.1% of the total variance in life satisfaction was uniquely explained by perceived social support. It can therefore be said that life satisfaction is mainly a consequence of social support. If a stripper has a good social support system, her life satisfaction is high and the other variables don't add much.

The third model tested if self-esteem, general health, self-efficacy, perceived social support and sense of coherence had an effect on positive and negative affect. Once again all the predictor variables had an effect on the criterion variable - positive and negative affect. As for the first model, self-esteem made a contribution to the prediction of positive and negative affect, as did general sense of (psychological) health. 13.7% of the total variance in positive and negative affect is explained by self-esteem and 2.7% by general health. Once again management should become aware of the importance of a beneficial strategy to promote a higher self-esteem. Intervention programmes may be considered.

In this study the participants do not show high levels of psychological distress, but to promote well-being, the focus should be on self-esteem, social support and general (psychological) health.

5.3 LIMITATIONS

This section highlights a number of limitations of the current study that should be considered.

- The sampling method used in this study was non-probability sampling. Non-probability sampling has a few limitations that will now be discussed further. Probability sampling is superior to non-probability sampling by means of a smaller chance of sampling error (Cooper & Schindler, 2003). By using non-probability sampling, each stripper did not have a known non-zero chance to be included in the sample. This may have led to bias, influencing the sample selection procedure and making the sample less representative of the strip club company population. This may in return lead to misrepresentation of the research findings. Strippers who were

willing to complete the questionnaires may present other profiles than those who have chosen not to participate.

- It was difficult to gain access to strippers within a relatively safe environment. As a specific chain of clubs was used as source of research participants, results may not be representative of the whole industry. It is hence necessary to generalise with caution.

- The researcher worked closely with the personal assistant of the strip club and not individually with the participants. The researcher therefore had no control of possible group discussions regarding the questionnaire, peer pressure (participants may have influenced each others answers) and pressure from management that may have occurred.

- Existing scales were used to measure the constructs. Although the level of language usage did not seem to be a problem during the pilot study, the language level of some of the items should be adapted for the less educated participants. The questionnaire was in English and 50.6% of the participants' native tongue was not English.

- Item 104 of the questionnaire "*Indicate your sexual status*" did not give all the possible options for participants to choose from. It gave options for single people and married people, but left out the options for people that were in a non-marital relationship. This was not picked up during the pilot study, but only when the research data came back. The data obtained from this question was disregarded during the data analysis process.

- This study investigated the subjective well-being of a potentially unique and vulnerable group. It is unclear if the model is a model unique to this group of subjects, or whether it is a general model for subjective well-being.

5.4 RECOMMENDATIONS FOR FUTURE RESEARCH

This section highlights a number of recommendations for future research. Some of these recommendations specifically relate to the findings of the current study, while a number of recommendations have been identified through the literature review.

Recommendations for future research which relate to the findings of the current study

- There is a lack of psychological distress which is contrary to what the literature seems to suggest. It may be that in South Africa the strippers are uniquely happy as opposed to other countries. These results need to be confirmed. Qualitative in-depth interviews may be considered.

- Future research could target the strip club industry in general as opposed to one specific strip club company, thus obtaining a more representative group of this target population. If possible it would be advisable for the researchers to do their own fieldwork and collect the data themselves. This would insure that confidentiality can be controlled more strictly. More control can be administered and possible intimidation and influences from colleagues and management can be minimised.

- By targeting the strip club industry in general the availability of participants will increase and therefore the sample size can also be increased.

- Through the findings of this research study, self-esteem was identified as a major important variable, in the prediction of subjective well-being and positive and negative affect. This variable needs further investigation to determine what the basis of self-esteem is.

- For future study, a control group of female non-strippers, within the same age group, would be recommended. By adding a control group, it could be determined if the model is unique to female strippers. From this data the

researcher could also determine how the model works for other groups and a comparison could be made between female strippers and non-strippers. Variables such as subjective well-being, self-esteem, general health, self-efficacy, social support and sense of coherence can be compared between the groups to determine if being a stripper differentiate.

Recommendations for future research identified through literature

- Limited research has been done internationally (and in South Africa) on the topic. It is therefore recommended that more research is done on the well-being of strippers. Male stripping is becoming more prominent. Research could be done on male strippers and comparisons between these two groups could also be considered.

5.5 CHAPTER SUMMARY

The chapter summarised the findings of the study, stated the implications and limitations of the study and gave recommendations for future research.

5.6 CONCLUSION

This was the first study of this nature conducted within South Africa. The strippers showed a lack of psychological distress which is contrary to which the literature seems to suggest. These findings need to be investigated further.

From the results it became evident that self-esteem had a prominent effect on the subjective well-being of the female stripper. Social support had an effect on life satisfaction and self-esteem and general (psychological) health on positive and negative affect.

The findings of this research can contribute to the development of strategies and intervention programmes within the entire strip club industry, which could in turn

lead to a better quality of life for the female stripper. It is evident that a satisfied and content employee leads to fewer problems for management and management can retain these people better.

Hopefully this research study will be improved by future researchers and it is anticipated that this study will open the doors for future research within this field of study.

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APPENDIX A

- Correspondence letter to the owner of Teazers -

Dear Lolly,

My name is Renée Jansen and I am currently a 2nd year Masters Student at UNISA. I am doing my Masters in Research Consultation. In order to complete my studies successfully I have to do a dissertation. The focus of my dissertation is to look into the well-being of women who work in strip clubs as strippers.

I would really appreciate it sincerely if you could assist me in doing this dissertation. I am gathering data through questionnaires. I need 82 women to complete these questionnaires in order for me to obtain valid statistical results. The identity of the women will be treated as strictly confidential. No form of identity is required on the questionnaire. The identity of your club will also be treated as strictly confidential.

I can present you with a copy of the dissertation after completion. Through participation in this research project, you can also use the results of the dissertation to your benefit if you wish to do so– social responsibility towards the women who work for you.

I am looking forward hearing from you.

Kind regards.
Renée Jansen
[E-mail address provided]
Cell: [contact number provided]

APPENDIX B

- Instruction letter to the owner of Teazers and his personal assistant -

Dear Lolly,

In the envelopes I have provided you with 82 questionnaires.

It would be highly appreciated if you could communicate the following information to the girls:

In order to obtain reliable and valid results from the data it is important to note the following:

- The overall results will be presented for the group as a whole, not individually. The participants should therefore not be afraid that the results may reveal the identity of a specific individual. In addition to this, no form of identity is required on the questionnaire and they can feel rest assured of confidentiality.
- The participants should please fill the questionnaire in as honestly as possible. It is advised that they fill it in individually and not in a group. In a group situation chances are there that they may influence each others' answers. This may lead to discussion of the questions and this may in return influence their sincerity. A group situation may also intrude on the participants' privacy towards their answers, which may also influence their sincerity.
- If the participants have any questions regarding the completion of the questionnaire (either because they don't understand the instructions of a specific section or don't understand a specific question within a section) they are more than welcome to contact me. I have provided them with my cell phone number and e-mail address on the questionnaire.

As a token of my appreciation, I shall provide you with incentives (a little bag tag made with love) for each girl who completed a questionnaire. I shall bring this to you when I come to collect the completed questionnaires.

Once again - Thank you so much for your willingness to be part of the research project (dissertation). Thank you to the girls as well.

Please feel free to contact me if you have any questions.

Regards,

Renée Jansen
[E-mail address provided]

Cell: [contact number provided]

Note: The personal assistant received the same letter with instructions.

APPENDIX C

- Subjective Well-being Questionnaire -

Office use only

STRICTLY CONFIDENTIAL

SUBJECTIVE WELL-BEING QUESTIONNAIRE

The following questionnaire forms part of a Masters Research dissertation. The focus of the dissertation is to look into the well-being of women who work in strip clubs as strippers.

It would be highly appreciated if you could complete the following questionnaire. Your participation is entirely voluntary and you can refuse to participate or stop at any time without prejudice. Please read the questions thoroughly and answer **all** of them as **honestly** as possible. All responses are anonymous and therefore your name will in no way be connected with the questionnaire. Your identity will therefore be treated as strictly confidential.

If you have any questions regarding the completion of the questionnaire please feel free to contact me.

Thank you for participating in this research study.

Best wishes for the future.

Renée Jansen
MSc (Research Consultation) Student
UNISA
Cell: [Contact number provided]

Instructions:

1. Completion of the questionnaire should take no longer than 30 minutes, since responses have been structured and all you have to do is to mark the appropriate answer with a cross (X).

2. Please follow the steps carefully in order to minimise the time taken to complete the questionnaire.

3. Please read the questions thoroughly and answer **all** of them as **honestly** as possible.

SECTION A

Instructions:

Please indicate the extent to which **each** statement applies to you. *Mark a cross (X) in the appropriate block.*

Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly Agree	Agree	Strongly agree
1	2	3	4	5	6	7

1.	In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2.	The conditions of my life are excellent.	1	2	3	4	5	6	7
3.	I am satisfied with my life.	1	2	3	4	5	6	7
4.	So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
5.	If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

SECTION B

Instructions:

The scale consists of a number of words that describe different feelings and emotions. Please indicate the extent to which **each** statement applies to you **in general,** meaning that this is how you usually feel. For example: You usually feel a little distressed in you life. *Mark a cross (X) in the appropriate block*

		very slightly	a little	moderately	quite a bit	extremely
6.	Interested	1	2	3	4	5
7.	Distressed	1	2	3	4	5
8.	Excited	1	2	3	4	5
9.	Upset	1	2	3	4	5
10.	Strong	1	2	3	4	5
11.	Guilty	1	2	3	4	5
12.	Scared	1	2	3	4	5
13.	Hostile	1	2	3	4	5
14.	Enthusiastic	1	2	3	4	5
15.	Proud	1	2	3	4	5
16.	Irritable	1	2	3	4	5
17.	Alert	1	2	3	4	5
18.	Ashamed	1	2	3	4	5
19.	Inspired	1	2	3	4	5
20.	Nervous	1	2	3	4	5
21.	Determined	1	2	3	4	5
22.	Attentive	1	2	3	4	5
23.	Jittery	1	2	3	4	5
24.	Active	1	2	3	4	5
25.	Afraid	1	2	3	4	5

SECTION C

Instructions:

Indicate the extent to which each statement applies to you. *Mark a cross (X) in the appropriate block.*

Strongly disagree	Disagree	Agree	Strongly agree
1	2	3	4

26.	I feel that I am a person of worth at least on an equal basis with others.	1	2	3	4
27.	I feel that I have a number of good qualities.	1	2	3	4
28.	All in all, I am inclined to feel that I am a failure.	1	2	3	4
29.	I am able to do things as well as others.	1	2	3	4
30.	I feel that I do not have much to be proud of.	1	2	3	4
31.	I take a positive attitude towards myself.	1	2	3	4
32.	On the whole, I am satisfied with myself.	1	2	3	4
33.	I wish I could have more respect for myself.	1	2	3	4
34.	I certainly feel useless at times.	1	2	3	4
35.	At times I think I am no good at all.	1	2	3	4

SECTION D

Instructions: Please read this carefully

I would like to know if you have had any medical complaints, and how your health has been in general, *over the past few weeks*. Please answer **all** the questions simply by making a cross(X) over the answer which you think mostly applies to you. Remember that I want to know about present and resent complaints, not those that you had in the past. **Have you recently:**

		1	2	3	4
36.	been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
37.	been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
38.	been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
39.	felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
40.	been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
41.	been getting feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
42.	been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual
43.	lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
44.	had difficulty in staying asleep?	Not at all	No more than usual	Rather more than usual	Much more than usual

SECTION D (continued)					
45.	felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
46.	getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
47.	getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
48.	found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
49.	feeling nervous and stung up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual
50.	managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
51.	taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
52.	felt on the whole that you were doing things well?	Better than usual	About the same as usual	Less well than usual	Much less well
53.	satisfied with the way you've carried out your tasks?	More satisfied	About the same as usual	Less satisfied than usual	Much less satisfied
54.	felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less than usual
55.	felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
56.	able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
57.	thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
58.	felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
59.	felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
60.	thought of the possibility that you might make away with yourself ?	Definitely not	I don't think so	Has crossed my mind	Definitely have
61.	found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
62.	found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
63.	found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely has

SECTION E

Instructions:

Indicate the extent to which **each** statement applies to you. *Mark a cross (X) in the appropriate block.*

Not at all true	Barely true	Moderately true	Exactly true
1	2	3	4

64.	I can always manage to solve difficult problems if I try hard enough.	1	2	3	4
65.	If someone opposes me, I can find means and ways to get what I want.	1	2	3	4
66.	It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4
67.	I am confident that I could deal efficiently with unexpected events.	1	2	3	4
68.	Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4
69.	I can solve most problems if I invest the necessary effort.	1	2	3	4
70.	I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4
71.	When I am confronted with a problem, I can usually find several solutions.	1	2	3	4
72.	If I am in a bind, I can usually think of something to do.	1	2	3	4
73.	No matter what comes my way, I'm usually able to handle it.	1	2	3	4

SECTION F

Instructions:

Please indicate the extent to which **each** statement applies to you. *Mark a cross (X) in the appropriate block.*

Very strongly disagree →						Very strongly agree
1	2	3	4	5	6	7

74.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
75.	There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
76.	My family really tries to help me.	1	2	3	4	5	6	7
77.	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
78.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
79.	My friends really try to help me.	1	2	3	4	5	6	7
80.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
81.	I can talk about my problems with my family.	1	2	3	4	5	6	7
82.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
83.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7

SECTION F (continued)								
84.	My family is willing to help me make decisions.	1	2	3	4	5	6	7
85.	I can talk about my problems with my friends.	1	2	3	4	5	6	7

SECTION G								
Instructions: Please indicate the extent to which **each** statement applies to you. *Mark a cross (X) in the appropriate block (1,2,3,4,5,6,7).*								
86.	Has it happened in the past that you were surprised by the behaviour of people who you thought you knew well?							
	Never happened	1	2	3	4	5	6	7 Always happened
87.	Do you have the feeling that you are in an unfamiliar situation and don't know what to do?							
	Very often	1	2	3	4	5	6	7 Very seldom or never
88.	Do you have very mixed up feeling and ideas?							
	Very often	1	2	3	4	5	6	7 Very seldom or never
89.	Does it happen that you have feelings inside you would rather not feel?							
	Very often	1	2	3	4	5	6	7 Very seldom or never
90.	When something happened, have you generally found that you							
	Overestimated or underestimated its importance	1	2	3	4	5	6	7 Saw things in the right proportion
91.	Has it happened that people who you counted on disappointed you?							
	Never happened	1	2	3	4	5	6	7 Always happened
92.	Do you have the feeling that you're being treated unfairly?							
	Very often	1	2	3	4	5	6	7 Very seldom or never
93.	Many people sometimes feel like losers in certain situations. How often have you felt this way in the past?							
	Never	1	2	3	4	5	6	7 Very often
94.	How often do you have feelings that you're not sure you can keep under control?							
	Very often	1	2	3	4	5	6	7 Very seldom or never
95.	Do you have the feeling that you don't really care about what goes on around you?							
	Very seldom or never	1	2	3	4	5	6	7 Very often
96.	Until now your life has had:							
	No clear goals or purpose at all	1	2	3	4	5	6	7 Very clear goals and purposes
97.	Doing the things you do every day is a:							
	Source of deep pleasure and satisfaction	1	2	3	4	5	6	7 Source of pain and boredom
98.	How often do you feel that there is little meaning in the things you do in your daily life?							
	Very often	1	2	3	4	5	6	7 Very seldom or never

SECTION H

Instructions:

Please provide the following background information. *Mark a cross (X) in the appropriate block*

99. Indicate your race.

Black	1
Coloured	2
Indian	3
White	4
Other (Specify) _____	5

100. Indicate your home language.

Afrikaans	1
English	2
African language	3
Other (Specify) _____	4

101. Are you a South African citizen?

Yes	1
No	2

102. Indicate your level of education.

Less than grade 12 (matric)	1
Grade 12 (matric)	2
Certificate	3
Diploma	4
Degree	5
Postgraduate degree	6

103. Indicate your marital status.

Single	1
Live-in relationship	2
Married	3
Separated	4
Divorced	5
Widowed	6

Indicate your sexual status.

Single and not sexually active	1
Single and sexually active	2
Married in a monogamous (closed) relationship (only sexually active with your husband)	3
Married in an open relationship (sexually active with more than one partner)	4

For how long have you been stripping? _____

How old are you? _____

Thank you for your willingness to complete the questionnaire.

APPENDIX D

- Permission agreement with the owner of Teazers -

PERMISSION AGREEMENT

Dear Lolly,

I need your permission to use the name of your company "**Teazers**" in the dissertation and would greatly appreciate you granting me permission to do so.

If you are able to grant me the requested permission, please sign this letter and return it to me.

Sincerely,

Renee Jansen
MSc (Psychology) (Research Consultation) Student
[E-mail address provided]
Cell: [contact number provided]

PERMISSION AGREEMENT

I, Lolly Jackson, hereby acknowledge that I have the right to grant the permission requested in this agreement. I am the rightful owner of Teazers. I hereby grant Renee Jansen the right to use the name of my company "**TEAZERS"** in her dissertation with the proposed titled "An investigation into the subjective well-being of the female stripper".

I am aware that:

- A copy of the dissertation will be available in the UNISA library.
- It is possible that a research article on the findings may be published in an accredited South African Journal.

Signed

By: _____ Date: _____

(Sign name)

Lolly Jackson