AN ANALYSIS OF PSYCHOLOGICAL WELL-BEING

FROM AN

EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

by

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at the

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SUPERVISOR: PROF HE ROETS

FEBRUARY 2008

I declare that 'An analysis of psychological well-being from an educational psychological perspective' is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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SIGNATURE   DATE
(MRS A LE ROUX)

SUMMARY

In a study of psychological well-being, the researcher attempted to address the challenge of preventing mental illness and promoting mental health using an educational psychological perspective based on Unisa's Relations Theory.

According to Relations Theory, humans are understood by the relationships they form. The intra-psychic interaction of the components of the intra-psychic structure (I/ego, self, identity and self-concept) is responsible for people's behaviour, with the essences (attachment of meaning, involvement, experience and self-actualising) and the prerequisites (the forming of relations, the life-world and climate) forming the basis of the structure.

The researcher developed and administered a questionnaire on psychological well-being and conducted interviews, and on the basis of the findings reports that psychological well-being from an educational psychological perspective consists of a healthy and positive ego and self, clearly defined identities, positive thoughts and feelings, involvement in the life world, a positive and realistic self-concept and constructive self-talk, and self-realisation.

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iv

KEY WORDS

My ~~dearest~~ heartfelt thanks to all ~~the people~~those who ~~travelled with~~accompanied me on my journey and who can rejoice with me at finally ~~arriving at~~reaching a ~~beautiful ending~~its ~~consummation~~my destination.

The University of South Africa (Unisa)~~.~~

I came to know you when I was a young mother with four very small children. You gave me hope when I thought it ~~an impossibility~~was impossible to ~~further my studies~~ ever ~~again~~study further~~!~~. You made it so exciting and convenient for me that~~,~~ since those early days~~.,~~ I ~~have found myself~~been ~~as~~ a student of yours more than once~~!~~.
Thanks ~~for~~to every~~one~~ ~~person~~ who ~~have~~ has made this University what it is. My best wishes on the path ahead~~!~~.

My supervisor, Prof Elsabé Roets~~.~~

What a privilege ~~it was having~~to have a guide like you~~!~~. Thank you for your softly spoken voice and true wisdom. Thank you for living life as a 'yes' and being a role model for me and many other~~s~~.
And thank you for allowing me this opportunity~~!~~.

The course coordinator of the Guidance and Counselling degree:
Prof Elsabé Roets and all the lecturers~~.~~

I ~~want to courtsey you~~applaud you ~~for what you've told me~~ and salute you with the words of the song by Josh Groban:
"You raise me up so I can stand on mountains…"

All the wonderful people that I encountered while doing my practical work~~.~~
A very special thanks to the children ~~with whom~~ I worked with: Lize-Marie, CJ and Phillip. You are true survivors and showed me and the world what resilience means. ~~Thanks~~Thank you to your families who allowed me into your ~~houses~~homes and into the deepest part of your ~~psychies~~psyches.

My children Anna-Rosa, Frederick, Rhonddie and Gysbertus.

~~Thanks~~Thank you for the privilege of being your mother ~~! Thanks for what I have~~and from what I learn~~t~~ from ~~every~~each one of you. Since the day~~s~~ you were born – and even before ~~– that –~~ you have ~~been enriching~~enriched my life. You showed me new and exciting pathways with angles from easy to complex. I ~~highly regard~~value your uniqueness and your artistic and creative ways of being in the world. You will always be very special to me.

My husband Charl.

As always before ~~your~~you were there to keep the home fires burning! ~~Thanks~~Thank you for your encouragement and trust in me and ~~in~~ my latest venture. You ~~know~~have known me ~~from~~for many years and ~~realize~~realise how ~~very~~important this research on psychological well-being ~~was~~is ~~to~~for me.
I hope that you can also benefit from what we have shared on this road.

My parents Bertus and Rosa Els~~.~~

It was you who started it all when you gave me life~~!~~.
You also gave me a childhood which I believe~~,~~ started my fascination with people, creativity and nature.
You gave me an upbringing for which I ~~could~~can only thank you from the bottom of my heart.

~~In the last instance~~Lastly, I ~~want~~would like to thank all the readers of this story on psychological well-being.
May you find joy and hope in travelling ~~on~~this ~~beautiful~~road.

I still believe, that everyone ~~person~~ who wants psychological well-being, can have it, but YOU MUST HAVE THE WILL!

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TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION TO THE STUDY ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

1.1 AWARENESS OF STUDY

Why is it that some of us generally feel like dancing and jumping for joy, while others turn a melancholy face to the world? Why are we energised by some people's enthusiasm for life, while others tap our resources? Could it be that some people are just born 'lucky' while others seem to attract adversity.

During my life as a child, learner, woman, student, creative being, spouse, mother, teacher, researcher, spiritual being and lover of life, I have always been aware of these two groups of people: the 'lovers of life' and the melancholy ones – I will call them the 'well-dwellers'.

I see 'lovers of life' as people who love life in all its abundance. They love the good as well as the bad; the joys as well as the sorrows; the successes as well as the hardships; sunny days as well as dark nights.

These people always have a smile on their face, even when real challenges come their way. They just seem to cope well with life and, even when dealing with their problems, still have some leftover life, love and energy to hand out to their fellow human beings.

Beautiful people, these lovers of life; and I don't mean just physically beautiful, although they are not excluded from the gifts of Aphrodite (the Greek goddess of beauty). These people display certain positive characteristics, such as the ability to work hard but not to the extent that they become workaholics; they

can express kindness without giving up their assertiveness; they can dream without losing their grip on reality; they live with an appreciation for the smallest and the largest entities in the universe; they love life, but they are not afraid of death.

And then there are the 'well-dwellers'. They are people who live as if the bad things in life outnumber the good; as if there are more sorrows than joy; more hardship than success; more dark nights than sunny days. These people walk around with listless faces carrying the world on their shoulders. They seem not to be coping with life's challenges even though they use the energy of others as well as their own.

These well-dwellers are not pleasant to be around. Sometimes they seem to 'escape' from life by burying themselves in a well deep in mother earth where they will not be confronted by life's challenges. They don't seem to mind the steep unfriendly walls of their well or the fact that the beautiful blue sky is reduced to just a small blue pinprick where they're living; they don't mind hearing life's traffic as a faint noise from down under; they don't mind not being part of life. They isolate themselves and become hermits. They think that if they run away they will be happy.

While doing my literature study, the researcher came across a metaphor that may be appropriate to mention at this stage. The metaphor up-down depicts these two opposite life orientations: '…going up is normally more difficult than going down; …the idea of going up should convey achievement and excellence…(it) represents what we want to reach or attain; something good. Down connotes the opposite idea. We fall into bad habits…An abyss symbolizes downfall, emptiness and chaos' (Crous, 2007:22).

Throughout my life I have been aware of these two groups of people: lovers of life, and well-dwellers. Could it be that the well-dwellers are happy with their situation? I don't think so. But how could life be so discourteous as to bestow some people with all life's riches, while others struggle along on a never-ending path littered with thorns and potholes?

The reader might ask why I care about the well-dwellers' isolation, depression, fears and anxieties, phobias and dysfunction. The answer is that I really care about people who suffer from these anxieties. I care about people who see themselves as life's black sheep. I care about people who have given up on life, and who choose to escape from it.

I care because I believe there is hope. I believe there is hope for everyone who wants life.

My fascination with the conquerors, the survivors, the people who choose life, has continued throughout my life. Looking back I think this fascination was the motivation for my previous studies in education, psychology, emotion, giftedness, creativity and now - therapy.

I remember when studying creativity that the idea of self-talk came up. I wanted to know what was going on 'inside' creative people's minds because so many of them had survived against severe odds. My interest was in what creative people were saying to themselves? Although an investigation into self-talk was not realised at that time, I now feel as if I have come a full circle. Here I am again, focusing on psychological well-being with self-talk as one of the topics to be addressed.

While doing my internship in psychology I once again came to realise that some people have strengths while others don't. One day during break I passed Jewel, a twelve-year-old girl, on my way to the staff room. 'Ma'm, I need counselling', she said to me. In a session the following day when she sketched the difficult circumstances she was experiencing it became clear to me that she was coping quite well and exhibiting an inner strength that fascinated me. I was also impressed by the fact that while still so young and not having been exposed to the therapy world, she realised her need for counselling. What was it that urged her to seek counselling? What made her cope so well against all the odds? Why do some people want to better their lives? Why do some people love life and others seemingly do not?

The aim of this study is to investigate the lives of people who love life, people who cope well, and people who are empowered to live a 'beautiful' life: What do they do, how do they do it and what are their strengths?

And…most importantly - how can we learn from them and apply the knowledge to our own lives?

This study is an analysis of psychological well-being. This phenomenon may be viewed from a number of different angles; I decided to carry out this analysis using a Relations Theory approach.

As a former student at Unisa I had been exposed to the Relations Theory which was formulated in the eighties as a theory of educational psychology by Professors J D Vrey and L J Jacobs. I feel comfortable discussing psychological well-being from this viewpoint as I believe we cannot discard a person's upbringing and early years when trying to understand and help a person holistically. Parenting methods and personalities, as well as past experiences can still have an impact in adulthood. Belief systems and cognitive impressions may influence the way we think and relationships and activities may form the basis of new relationships. I believe that a person can be best understood and helped by investigating the relationships he or she has formed throughout his or her life: relationships with the self; other people; things; ideas and values. The study will therefore be conducted using the Relations Theory.

1.2 SHORT LITERATURE OVERVIEW ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

Current literature on psychological well-being is summarised in the following table. A more detailed discussion will follow in CHAPTER 2.

TABLE 1.2 LITERATURE OVERVIEW OF PSYCHOLOGICAL WELL-BEING

Introducer	Central idea and main points	Reference
Antonovsky (1979).	* Sense of coherence (SOC): 'the core construct of Antonovsky's salutogenic model'	* Schumann, A., Hapke, U., Meyer, C., Rumpf, H-J., John, U. 2003. Measuring

		Sense of Coherence with only three items: A useful tool for population surveys. *British Journal of Health Psychology*, 8(4), November, pp. 409–421.
	** According to Antonovsky the SOC is a global orientation that expresses the extent to which one has a pervasive enduring though dynamic feeling of confidence that i) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable ii) the resources are available to one to meet the demands posed by these stimuli iii) these demands are challenges, worthy of investment and engagement ** Antonovsky introduced the concept of generalised resistance resources (GRR's) that can facilitate effective tension management in any situation of demand. ** Fried (1982) introduced a three-fold classification of stress that ranges from i) catastrophic stress (results from disasters; affects entire regions or populations) ii) acute stress (the consequence of crises which affect people with an urgency that necessitates immediate response) iii) endemic stress (continuous and manifold changes, demands, threats, deprivations, frequently small in scale and embedded in daily events).	** Strümpfer, D.J.W. 1990. Salutogenesis: A new paradigm. *South African Journal of Psychology,* 20(4), pp. 265–275.
	* Strümpfer (1990, p. 266) also mentioned the so-called 'third	* Strümpfer, D.J.W. 1990. Salutogenesis: A new

	force' personality theorists who were all in this mode.	paradigm. *South African Journal of Psychology*, *20*(4), pp. 265–275.
Maslow (1954; 1973)	Maslow's (1954, 1973) need for self-actualisation	
Humanists	the humanistic psychology in general	
Rogers (1959)	Rogers' (1959) concepts of 'actualizing tendency' and the fully functioning personality.	
Goldstein (1939)	Goldstein (1939) introduced the ideas of tendencies to ordered behaviour, optimal performance and the drive to self-actualisation	
Rouer's (1954)	Rouer's (1954) emphasis on social learning could also be viewed as an origin of salutogenic thinking.	
White's (1959)	White's (1959) concept of competence motivation was another, particularly as developed further by	
Dezi (1975)	Dezi (1975) into a view of intrinsic motivation emphasizing competence and self-determination.	
Strümpfer, D. J. W. (1990; 1995).	* Antonovsky's (1979) concept of 'salutogenesis', referring to the origins of health, should be broadened to 'fortigenesis', which refers to the origins of psychological strength in general.	* Strümpfer, D. J. W. 1995. The origins of health and strength: From 'salutogenesis' to fortigenesis'. *South African Journal of Psychology, 25*(2) June, pp. 81–89.
	**Stressors are omnipresent, rather than the exception but people nevertheless survive and are remaining healthy. According to Strümpfer five salutogenic constructs which help to explain this occurrence are	** Strümpfer, D.J.W. 1990. Salutogenesis: A new paradigm. *South African Journal of Psychology*, *20*(4), pp 265–275.
Antonovsky Kobasa (1979; 1982) Ben-Sira (1985); Thomas (1981); Colerick (1985)	i) sense of coherence ii) personality hardiness iii) potency iv) stamina v) learned resourcefulness (Rosenbaum)	

	* Other salutogenesis-related constructs could also be listed according to Strümpfer:	* Strümpfer, D. J. W. 1990. Salutogenesis: A new paradigm. *South African Journal of Psychology, 20*(4), pp. 265-275.
Rouer	i) internal-external locus of control	
de Charms	Ii) personal causation	
Kohn & Schooler	Iii) self-directedness	
Bandura	Iv) self-efficacy and human agency	
Crandall	V) social interest	
Lefcourt & Martin	Vi) sense of humour	
Seligman, M. 1996.	Increase individual happiness, which developed into the three routes to happiness (Crous, 2007: 4): i) positive emotion and pleasure (The pleasant life) ii) engagement (The engaged life) iii) the meaningful life	Crous, F. 2007. UP: Branding the positive. Johannesburg: University of Johannesburg.
Crous, Freddie. 2007	UP: Branding the positive. Inaugural professorial lecture, University of Johannesburg. The branding of a new discipline: Positive Psychology.	Crous, F. 2007. UP: Branding the Positive. Johannesburg: University of Johannesburg.

1.3 DEMARCATION OF THE STUDY

The short literature overview under section 1.2 shows the reader the many different factors relating to psychological well-being.

The following diagram shows the focus of the study on psychological well-being, with reference to the existing body of knowledge on psychological well-being.

DIAGRAM 1.3 THE FOCUS OF THE STUDY

Psychological well-being
- Definitions
- Trait or state?
- Dimensions (physical; emotional; social; etc.)
- Predictors
- Resources
- Protective factors
- Risk factors
- Maintenance and enhancement
- Development
- Age; Money.

Theories on psychological well-being
- Psychoanalysm
- Behaviorism
- Existentialism
- Humanism
- Relations Theory (Unisa)

Holistic wellness
- 16 Dimensions
- 5 Major life tasks (Adler).
- Research gap: relationship between wellness and other constructs (Sivik, et al.).

Salutogenesis

A Antonovsky as 'bearer of the torch'
- Sense of Coherence (SOC)
- Generalized Resistance Resources (GRR's)
- Sociological critique of holistic well-being movement.

Fortigenesis

D J W Strümpfer's view and research
- Five constructs
- More salutogenesis-related constructs.
- 'Third force' personality theorists

AN ANALYSIS OF PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

Positive psychology

M Seligman
- Three routes to happiness
i) The pleasant life
ii) The engaged life
iii) The meaningful life
- Building positive qualities'

Freddie Crous
- UP: Branding the Positive.

Stressors
- Omnipresence of stressors.
- Classification of stressors.
- Origins of stress.

Measuring instruments
- SOC-29; 13; 3 (Antonovsky, 1987).
- Wellness Evaluation of Lifestyle (WEL), (Witmer et al, 1993)
- Memorial University of Newfoundland Scale of Happiness (MUNSH), (Kozma & Stone, 1994).

The pathogenic versus salutogenic paradigm
- The pathogenic paradigm.
- The salutogenic paradigm.
- Implications of the salutogenic paradigm.

8

1.4 STATEMENT OF THE PROBLEM

What does psychological well-being mean from an educational psychological perspective?

This title implies the following:

- What is psychological well-being?
- What does a psychological-educational perspective mean?

1.5 AIMS OF THE STUDY

TABLE 1.5 AIMS OF THE STUDY

To do a literature search on:	To do an empirical investigation on well-being from an educational psychological perspective.	To give guidelines on psychological well-being as well as on the application of the Relations Theory:
- Psychological well-being - The educational psychological perspective – Unisa's Relations Theory.		- To be able to know what psychological well-being means - To recognise problems preferably in advance - To help a therapist in any intervention - To apply the Relations Theory in the research area of psychological well-being.

1.6 HYPOTHESIS / RESEARCH QUESTIONS

- What is psychological well-being? Is there a clear definition or description of the phenomenon?

- What does an educational psychological perspective mean? Explain the Relations Theory of Unisa as such a perspective: What are the structures of the theory and what questions do the theory asks and answers?

- How does a psychologically well person function according to the Relations Theory? What can be said about the person's relations with the self, others, objects and values?

1.7 FORTHCOMING CHAPTERS

- CHAPTER 2 consists of a literature study on psychological well-being where firstly, holistic wellness, psychological well-being and relational constructs will be discussed. Secondly the educational psychological perspective based on the Relations Theory of Unisa will be explained.

In the first section, D J W Strümpfer's fortigenic perspective will be discussed as well as five salutogenic-related constructs (Sense of coherence; hardy personality; potency; stamina and learned resourcefulness). The salutogenic paradigm of A Antonovsky who introduced the term 'sense of coherence' (SOC) and 'generalized resistance resources' (GRR's) will be explained. The contribution of the 'third force' personality theorists will be mentioned. As representatives of Positive psychology the researcher will refer to the contribution of F Crous and M Seligman. Similarities between the salutogenic and fortigenic paradigm, Positive psychology, the 'third force' personality theorists and the Relations Theory will begin to surface and discussed in CHAPTER 4 when the research results will be analysed. Stressors and their omnipresence, classification and origins will be noted. Some implications of the salutogenic paradigm will be pointed out and important boundaries mentioned. Risk and protective factors with regard to psychological well-being will be named.

In the second section the focus will be on the Relations Theory of Unisa. The intra-psychic structures (the prerequisites; the activities necessary for

maturance; and the client as person) will be discussed as well as the nine categories represented by nine icons.

- The research design consisting of two parts will be discussed in CHAPTER 3. Firstly a questionnaire on psychological well-being was developed by the researcher and will be administrated. The questionnaire is based on the literature study and represents the nine categories of the Relations Theory. Secondly an interview using open ended questions will be done with each candidate. The interview is also based on the Relations Theory.

- In CHAPTER 4 the research results will be given and analysed and conclusions derived from the research results will be made.

- CHAPTER 5 consists of recommendations for the enhancement of psychological well-being.

- In CHAPTER 6 the conclusion of the study will be drawn. An overview will be given and recommendations for further study will be proposed.

1.8 CLARIFICATION OF CONCEPTS

- PSYCHOLOGICAL WELL-BEING

Psychological well-being is an internal focused method of attaching value to the quality of life and effective experience generally accepted as a scientific construct with long-term (propensity or disposition) and short term (mood) components similar in design to the trait state distinction in anxiety (Diener et al., in Hermon & Hazler 1999: 340).

- PARADIGM

The term paradigm was introduced into philosophy of science in 1962 by Kuhn to describe a set of beliefs so fundamental that they are immune from empirical testing (Strümpfer, 1990: 265). Boring (in Strümpfer, 1990: 265)

introduced the German term Zeitgeist, invented by Goethe 'for the source of events that occur "neither by agreement nor by fact, but self-determined under the multiplicity of climates of opinion"'.

- PATHOGENIC PARADIGM

At the heart of the pathogenic paradigm is the assumption that diseases are caused by physical, biochemical, microbiological and psychosocial agents. In present-day form, the emphasis is on multifactorial determination, usually in terms of risk factors (Strümpfer, 1990: 265-275).

- SALUTOGENESIS

From 'salus' = health (Latin); 'genesis' = origins (Greek) (Strümpfer, 1990: 265-275).

- FORTIGENESIS

Fortigenesis refers to the origins of psychological strength in general (from Latin: fortis =strong).
Other English words have the same root:

Fortify: to impart physical strength, vigour or endurance or to
strengthen mentally or morally
Fort: a fortified place
Fortitude: strength and courage in adversity or pain (Strümpfer, 1995: 82).

- RESILIENCE

Both concepts 'resilience' and 'salutogenesis' try to explain 'how people can manage their lives in spite of difficult life conditions'. The two concepts provide new instruments for health promotion action (Lindstroem, 2001: 7-12).

- GENERALIZED RESISTANCE RESOURCES (GRR's)

What is common to all resistance resources is that they help 'making sense out of stressors with which individuals are constantly bombarded'. Through repeated experience of such sense-making, a person develops over time a

strong sense of coherence (SOC), the central construct of Antonovsky's salutogenic model (Antonovsky, 1987: 47-55).

Antonovsky (1972) introduced the concept of generalized resistance resources (GRR's) that can facilitate effective tension management in any situation of demand. Resistance resources are only potentially available; it is up to the person to actuate them in overcoming pathogens and stressors. People differ in the extent to which they kinetically transform potential into actuality. What makes the difference is the strength of the SOC. People with a stronger SOC are more likely to show a readiness and willingness to exploit the resources that they have at their potential disposal (Strümpfer, 1990: 268-269).

- SENSE OF COHERENCE (SOC)

The Sense of Coherence (SOC) "…expresses the extent to which an individual has a pervasive, enduring though dynamic, feeling of confidence that life is comprehensible, manageable, and meaningful" (Antonovsky, 1987: 47-55). Antonovsky's sense of coherence recognizes the inherent abilities of the human system that counteract the tendency toward stress and disease (McCubbin, (Ed) et al., 1998: 313).

According to Antonovsky the SOC is a global orientation that expresses the extent to which one has a pervasive enduring though dynamic feeling of confidence that:
  i)   The stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable (Comprehensible).
  ii)   The resources are available to one to meet the demands posed by these stimuli (Manageable).
  iii) These demands are challenges, worthy of investment and engagement (Meaningful).
The SOC is a dispositional orientation, not a state or a trate
(Strümpfer, 1990: 265-275).

- AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

The essences (attachment of meaning, involvement, experience and self-actualising) together with the prerequisites (the forming of relations, the life-world and climate) form the basis of the intra-psychic structure (I/ego, self, identity and self-concept). The intrapsychic interaction of the components of this structure is responsible for the person's behaviour, which leads to self-actualising.

- ICONS ON THE RELATIONS THEORY

The following icons will be used to represent the different aspects of the Relations Theory.

TABLE 1.8 ICONS REPRESENTING THE RELATIONS THEORY

I/EGO	SELF	IDENTITY	EXPERIENCE	INVOLVEMENT

THOUGHTS	SELF-CONCEPT	SELF-TALK	SELF-ACTUALISATION

These icons are discussed in detail in CHAPTER 2.

1.9 SUMMARY OF CHAPTER 1

In CHAPTER 1 the researcher tells how she became aware of the study. A short literature overview on psychological well-being and the educational psychological perspective according to the Relations Theory had been done and the study demarcated. The research problem is stated and the aims of the study formulated. The reader has also been introduced to the forthcoming chapters of the study on psychological well-being from an educational psychological perspective. Concepts have been clarified. The reader is now referred to CHAPTER 2 for the literature study on psychological well-being.

CHAPTER 2 LITERATURE STUDY ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

2.1 INTRODUCTION

Mental disorders are one of the leading causes of disability and a tragic contributor to mortality, with suicide representing one of the leading preventable causes of death worldwide. According to the landmark Global Burden of Disease study, commissioned by the World Health Organization and the World Bank, four of the 10 leading causes of disability for people aged five and older are mental disorders. In 1999, Dr David Satcher, (M.D., Ph.D.), the Surgeon General of the USA, stated in a Mental Health Report that among developed nations, twenty-eight percent of the adult population and twenty-one percent of children meet the full criteria for a mental disorder. Billions of dollars are spent annually on the treatment of mental disorders and research in order to develop better treatments and improved services for diverse clinical populations (http://www.psychotherapy.ro/content/view/68/93/).

Dr Satcher states that we know more today about how to treat mental illness effectively and appropriately than we know with certainty how to prevent mental illness and promote mental health. Illnesses of the body once shrouded in fear – such as cancer, epilepsy, and HIV/AIDS to name just a few – are increasingly being seen as treatable, survivable, even curable ailments. Yet, despite unprecedented knowledge gained in just the past three decades about the brain and human behaviour, mental health is often an afterthought and illnesses of the mind remain shrouded in fear and misunderstanding. Tragic and devastating disorders such as schizophrenia, depression and bipolar disorder, Alzheimer's disease, the mental and behavioural disorders suffered by children, and a range of other mental disorders affect nearly one in five Americans in any year, yet continue too frequently to be spoken of in whispers and with shame. Common sense and respect for our fellow humans tell us that a focus on the positive

15

aspects of mental health demands our immediate attention (http://www.surgeongeneral.gov/library/mentalhealth/home.html).

Psychology (and the other social sciences) has up to now functioned mainly in a paradigm of pathogenic thinking, following clinical psychology which has shown the way for much of our thinking about people. It is such a deep-flowing current of belief that many psychologists have difficulty seeing any alternative. They are often at a loss to answer the question: 'What is health?' when not allowed to define it as absence of illness (Strümpfer, 1990: 265, 266).

According to Strümpfer, a new paradigm that emphasises the origins of health or wellness, is strongly in the ascent, and can best be named 'salutogenesis' (from salus = health (Latin); genesis = origins (Greek). Aaron Antonovsky (1979, 1987 in Strümpfer, 1990: 266) a medical sociologist at Ben-Gurion University in Israel, is the leading proponent of the new paradigm. Some constructs such as hardiness, potency, stamina and learned resourcefulness have developed independently and seem quite clearly part of the new paradigm, since its primary concern is with the maintenance and enhancement of wellness, in addition to the prevention and treatment of illness. Strümpfer (1990: 274) states that the mere existence of these constructs 'with such a high degree of similarity must lend credibility to such a conclusion'.

Comment [MSOffice1]: Is this correct – it is the only way I can make meaning of what you wrote.

Research on psychological well-being, happiness and life satisfaction quintupled in the 1980s (Myers & Diener, in Hermon & Hazler, 1999: 342). The increasing creation of wellness programmes in higher education is evidence of institutional efforts to improve the quality of life, psychological well-being and holistic development of students on campus (Hettler et al., in Hermon & Hazler, 1999 :339).

In 1996, as president of the American Psychological Association (APA), Martin Seligman found himself in the ideal position to bolster the '…,scientific study of the strengths and virtues that enable people to flourish and thrive' (Crous, 2007: 3). Seligman did not opt for 'strength psychology' but decided on the more emotive 'positive psychology' which, according to Crous, was most probably taken from the work of the humanist psychologist Maslow. Positive psychology was 'christened' in 1998 and changed the focus of psychology '… from preoccupation only with

repairing the worst in life, to also building positive qualities' (Crous, 2007:4). For Seligman 'the bottom line of work in positive psychology is to increase individual happiness' (Crous, 2007: 5).

In discussing models of post trauma intervention, Stuhlmiller and Dunning (in Violanti et al., 2000: 10-24) argue that psychological debriefing from a pathogenically oriented diagnostic framework 'overshadows positive outcomes' and 'may undermine individual and collective responsibility and resilience'. They called for a critical rethinking 'to incorporate a balanced perspective that includes self-reliance, resilience, and the positive utilization of everyday occupational and personal connections for recovery'. My personal view on Relations Theory is that it fills this gap because it is a balanced perspective of the major role that relations play in everyday life, which includes self-reliance and resilience by strengthening the self and using everyday occupational and personal connections.

Adding to this, Paton (in Violanti et al., 2000: 153-165) demonstrated the need for alternative ways of thinking about patterns of interaction between people and adversity: they advocate the adoption of a salutogenic paradigm for conceptualising, researching, designing and delivering effective trauma intervention; an intervention that facilitates recovery and growth in those who have faced adversity. I maintain that Unisa's Relations Theory fits this pattern.

Promoting mental health …will require scientific know-how but, even more importantly, a societal resolve that we will make the needed investment. The investment does not call for massive budgets; rather, it calls for the willingness of each of us to educate ourselves and others about mental health and mental illness, and thus to confront the attitudes, fear, and misunderstanding that remain as barriers before us. It is my intent that this report will usher in a healthy era of mind and body for the Nation (Dr David Satcher, 1999, http://www.surgeongeneral.gov/library/mentalhealth/home.html).

What follows in this chapter is a short exposition of research done on the matter.

2.2 HOLISTIC WELLNESS

Wellness is more than just a physical issue (Ardell et al., in Hermon & Hazler, 1999: 339). Emotional and social dimensions of wellness are just as important

(Archer et al., in Hermon & Hazler, 1999: 339). Sivik et al., (in Hermon & Hazler, 1999: 339) made a particularly strong call for filling the research gap with studies on the relationship between wellness and other constructs.

Witmer, Sweeney and Myers (in Hermon & Hazler, 1999: 339) translated many of the wellness concepts into a holistic wellness model. Their original model consisted of sixteen dimensions later categorized into five major life tasks based on Adler's theory of life tasks:

      i.   Spirituality (a profound depth of appreciation for life)

      ii.   Self-regulation (composite variable measuring effectiveness in coping with self)

     iii.   Work, recreation and leisure (ability to integrate a lifestyle)

     iv.   Friendship

     v.   Love (recognition of social interdependence)

The Wellness Evaluation of Lifestyle (WEL) assess these five life tasks on a 5-point Likert-scale (Witmer et al., 1993).

A study by Hermon and Hazler (1999: 341) revealed that the variables self-regulation and work/recreation/leisure of the Wellness model seem to be the best predictors of a college students' psychological well-being (state and trait).

The strong relationship between self-regulation and psychological well-being is supportive of Lightsey's comprehensive review (1996) of research studies that found consistently positive relationships between generalized self-efficacy and psychological well-being. Tasks that constitute the self-regulation variable are: managing stress; sense of worth; control; emotional responsiveness and management; intellectual challenge; nutrition; exercise; sense of gender; cultural identity. Experiencing success in these self-regulating tasks seem to be associated with higher levels of psychological well-being.

Strong relationships found between the work/recreation/leisure variable and psychological well-being seemed to support and expand previous findings that work satisfaction is a good predictor of longevity (Hermon & Hazler, 1999: 342). The WEL's comprehensive definition is evaluated by the amount the person is engaging in meaningful activity, regardless of the absence or presence   of monetary gain (Hermon & Hazler, 1999: 342).

2.3 PSYCHOLOGICAL WELL-BEING AND RELATIONAL CONSTRUCTS

Psychological well-being is not something that could be achieved as a single goal, but is influenced by many variables. Some of these variables have little or no effect, where others have the possibility to make a huge impact. In the following paragraphs some of these relational constructs will be discussed.

- MONEY

Some people may think that money and affluence result in psychological wellness, but in the contrary. Not only has recent psychological research shown the truth of the maxim 'Money can't buy happiness', but has begun to demonstrate that when people organize their lives around the pursuit of wealth, their happiness can actually decrease. Research by psychologists Diener and Myers documents that, once individuals have enough money to pay for their basic needs of food, shelter, etc., money does relatively little to improve happiness. People who 'buy into' the messages of consumer culture report lower personal well-being. According to research by psychologist Kasser, individuals who says that goals for money, image and popularity are relatively important to them also report less satisfaction in life, fewer experiences of pleasant emotions and more depression and anxiety. In addition to these problems with personal happiness, research suggests that strivings for affluence also hurt social relationships and promote ecologically-destructive behaviour (2006. American Psychological Association Online. Psychology Matters. If I were a rich man. (http://www.simpleliving.net).

- MEANING

Zika and Chamberlain found that there was a strong association between meaning in life and well-being (Zika & Chamberlain, 1992: 133-145).

According to the WELL cited earlier, the comprehensive definition of the variable work / recreation / leisure is evaluated by the amount the person is engaging in meaningful activity, regardless of the absence or presence of monetary gain (Hermon & Hazler, 1999: 342).

- SOCIAL SUPPORT

Social support is an important factor promoting mental health. Higher levels of social support are associated with better cardiovascular, endocrine, and immune system function (Uchino et al., in Gilbreath & Benson, 2004: 259). Higher social support at work is related to lower levels of psychiatric disorder and sickness absence and may help employees to cope with problems in their personal relationships outside of work (Gilbreath & Benson, 2004: 255-266).

Antonovsky mentioned the absence of references to the larger social system in current writings about the holistic approach to health. Vital contributions to health are made by social stability and peace, rewarding work, and a dignified place in society. Failure to confront the social forces that make for well-being limits understanding and affects any therapy (Antonovsky, 1995: 6-12).

- STRESSFUL LIFE EVENTS

Persons are sometimes affected by stressful events at work. Stressful work events can lead to anxiety, depression, burnout, somatic complaints, and higher healthcare costs (Manning et al., in Gilbreath & Benson, 2004: 259).

Stressful life events have been found to be correlated with concurrent and prospective illness (Maddi et al., 2004: 259). If severe enough, stressful events can lead to post-traumatic stress disorder and have long-lasting negative effects on well-being. 'Even for those at the peak of mental health, [stressful events] erode quality of life and place people at risk for symptoms and signs of mental disorders', says the Surgeon General of the United States of America (Gilbreath & Benson, 2004: 259).

Since working provides important endpoints of well-being, Sense of Coherence's (SOC's) relationships to job satisfaction, job involvement, organizational commitment and conscientiousness were investigated by Strümpfer and Mlonzi (2001: 30-37). In Study 1 significant relations of SOC with job satisfaction and commitment but not job involvement were revealed. Study 2 showed significant relations with job satisfaction, commitment and conscientiousness. Study 3 revealed significant relations with other scales (Job Descriptive Index's Work).

- HEALTH PRACTICES

Resent research has shown that psychological states and life traumas, including divorce and loss of employment, can adversely affect immune system responses (Ornstein & Swencionis, 1990: 262).

An individual's lifestyle - particularly in terms of health practices - is regarded as the most important influence on human health in contemporary industrial society. Lifestyle can predict future mortality rates, morbidity, disability and psychosomatic distress (Donaldson & Blanchard, in Gilbreath & Benson, 2004: 260).

- DEPRESSION

In conducting a study from a salutogenic perspective on how men cope with major depression in daily life with the help of professional and lay support, Skaersaeter (Skaersaeter et al., 2003: 153-162) mentioned that worldwide, major depression is one of the main causes of premature death and lowered functional capacity, and its importance will increase in the coming years.

This fact is one of the reasons that made the researcher do the research on psychological well-being. The researcher wants to give hope to people who claim that they 'have' depression. People don't need to live in a whirl pool of never-ending depression. The researcher beliefs that depression is an outcry from a person who has lost his/her true self by living an adapted or ideal self, and who could achieve psychological well-being by applying some of the recommendations given in CHAPTER 5.

In an investigation on the relationship between major depression (using the Beck depression Inventory) and the salutogenic construct of sense of coherence (using the Sense of Coherence scale), Carstens and Spangenberg (1997: 1211-1220) found significant negative correlations between scores on 'Depression' and total scores on the SOC scale as well as all three of its subscales. A low score on 'Meaningfulness' was the best predictor of scores on Depression.

- SENSE OF COHERENCE

'Sense of Coherence(SOC) is a key concept in a theoretical model of salutogenesis and fortigenesis, which attempts to explain the origins of psychological strength' (Strümpfer & Mlonzi, 2001: 30-37).

The Sense of Coherence (SOC) has been shown to be related to a number of stress moderators such as locus of control, mastery, optimism, and hardiness. SOC has also been directly linked to a variety of outcome measures such as coping, health, somatic complaints, and life satisfaction. Antonovsky's theoretical analysis provides a comprehensive conceptual map to study the role of SOC in reducing stress and increasing resistance (Korotkov, in Fry & Wong, 1998: 51-70).

- RESPONSIBILITY, THOUGHTS AND ACTIONS

Optimal health is achieved when a person assumes responsibility for his or her failure or success. Murray suggests that persons have to learn to identify self-defeating and illness-promoting thoughts and impulses, and counter them with self-endorsing thoughts and wellness-promoting actions (Murray, 1996: 1378-1381).

With regard to the process of traumatic stress intervention, Violanti (in Paton et al., 2000: 225) says that 'individuals to a large extent control their own destiny when it comes to dealing with trauma. The individual is thus an active agent in the process of healing, along with supportive help of professionals or peers'.

- PERSONALITY

Using the Sjoebring system of personality dimensions (intellectual capacity; activity; impulsivity; sociability) to examine possible salutogenic factors in mental health, a higher frequency of positive mental health was associated with high intellectual functioning, high activity level, and low impulsivity. These variables seem to increase coping capacity and therefore may increase stress resilience (Cederblad et al., 1996: 11-19).

- CHILDHOOD FACTORS

The personal dispositions during childhood associated with adult positive mental health were childhood positive self-esteem, successful coping, internal locus of

control and intellectual capacity. Childhood family factors, such as trusting relations with a parent and shared values, were also important (Cederblad et al., 1995: 1-11).

In an investigation on children's' perceptions of themselves when experiencing academic failure, the following were reported: more loneliness; less coherence; lower peer acceptance and different patterns of friendship qualities than average-achieving peers. Teachers also rated them as demonstrating higher levels of disruptive and hyperactive behaviours (Margalit & Efrati, 1996: 69-79).

In a study of coping resources of maltreated children in the family, Sagy and Dotan (2001: 1463-1480) found that buffering variables that may contribute to better coping were sense of family coherence, psychological sense of school membership, and social support.

The relationship between experiences within the family context during childhood and the development of the SOC is also highlighted in a study by Sagy and Antonovsky (2000: 155-166) which hypothesized four types of life experiences that shape the SOC: consistency; load balance; participation in shaping outcome, and emotional closeness. Results indicated that participation in shaping outcomes was the most relevant.

- LOVE

'. …the type of love experienced by late adolescents was found to influence their well-being and health. Reciprocated love was associated with self-confidence, interest in the environment, low NK cell activity, and good general health. On the other hand, unrequited love was associated with depression, lack of relaxation, and recent hang-over. Findings indicated that being in love was salutogenic, provided that love was reciprocated' (Smith & Hokland, 1988: 44-49).

- AGE

Research by Charles et al., (2006, in American Psychological Association Online. www.psychologymatters.org/fitness.html) supports the 'socioemotional selectivity' theory that, as people get older and become more aware of more limited time left in life, they direct their attention to more positive thoughts, activities and memories. 'With age, people place increasingly more value on

emotionally meaningful goals and thus invest more cognitive and behavioural resources in obtaining them'.

In a study by Brooks (1998: 227-248) on successful aging and the advancement of theory on family care giving, he found that three dimensions of quality of life are life satisfaction, social health, and overall physical health. Applied to the study of aging, the salutogenic model has the potential to explain variations in the quality of life in later life, and the continued development of the theory could produce insights on ways to prevent the elderly from becoming dependent.

2.4 D J W STRüMPFER

2.4.1 INTRODUCTION

As said earlier the term 'paradigm' was introduced into philosophy of science in 1962 by Kuhn to describe a set of beliefs so fundamental that they are immune from empirical testing (Strümpfer, 1990: 265; 266).

The appearance of a new paradigm, 'salutogenesis' with its emphasize on the origins of health or wellness, was surely in the accent with researchers focusing on aspects of well-being: Maslow (1954) on self actualization; Rogers (1959) on fully functioning personality; Kobasa (1979) on hardy personality; Ben-Sira (1985) on potency; Thomas (1981) and Colerick (1985) on stamina; and Rosenbaum (1988) on learned resourcefulness, to name but a few (Strümpfer, 1990: 266-274).

For Strümpfer (1990: 266) the earliest indication of this paradigm in psychological literature is Super's (1955) distinction between hygiology and psychopathology, where hygiology refers to the normalities even of abnormal persons.

In tracing the roots of hygiology, one have to go back to ancient Greece. Physicians worked under the patronage of Asklepios, a physician of antiquity, later created the god of medicine. In that tradition, each disease has a well-defined cause which can be controlled by attacking the causative agent. Western medicine still relies on 'magic bullets - drugs that exert specific effects

on specific diseases through known biochemical mechanisms' (Strümpfer, 2003: 69). Hygia, a daughter of Asklepios and the goddess who watched over the health of Athens, was not involved in the treatment of the sick, but she was the guardian of wellness. In Rome she became known as Salus.

Salus' view on well-being could be related to the practice of much more ancient Chinese healers who see their role as increasing natural resilience and resistance. The oldest medical text written in the third millennium BC stated: 'The sages did not treat those who were already ill; they instructed those who were not yet ill…. ' (Strümpfer, 2003: 69). The statement continued, that medicines used to combat diseases which have already developed, can be compared to the behaviour of those who begin to dig a well after they have become thirsty.

Despite all the work done by numerous researchers, Strümpfer (1990: 266) considers Aaron Antonovsky (1979; 1987) as the clearest proponent of this new paradigm. Strümpfer felt however, that focusing on the origins of health alone is not explaining everything. 'The meaning of health becomes overextended… when it is used as a metaphor for general well-being' Strümpfer suggested 'fortigenesis' because it is more embracing and more holistic than salutogenesis (Strümpfer, 1995: 82).

During the researcher's literature study for the topic, 'An analysis of psychological well-being from an educational psychological perspective', the researcher noticed the close parallel between Unisa's Relations Theory and fortigenesis. While Unisa's Relations Theory accentuates a strong and realistic ego, self and self-concept, clearly formed identities and self-actualization as optimal goal, fortigenesis focuses on psychological strengths of people. And don't psychological strengths imply a strong and realistic ego, self and self-concept, clearly formed identities and a self-actualization person?

Another hypothesis might be that the Relations Theory could be used very effectively as a diagnostic as well as therapeutic tool within the new paradigm of saluto-/fortigenesis. Jacobs (in Jacobs & Vrey, 1982: 50-120) did show in his doctorate that the Relations Theory could be used diagnostically as well as

therapeutically, but that was in the early eighties when the new paradigm of saluto-/fortigenesis wasn't comprehended as a reality yet.

Another implication arising from the similarity between Unisa's Relations Theory and fortigenesis might be in the area of classifying a person as belonging to a certain category of abnormality according to the fourth edition of the Diagnostical and Statistical Manual (DSM-IV) of the American Psychological Association (APA). Do we really need lists of characteristics according to which a person should be classified as belonging to some category of abnormal behaviour? Could we really classify a person as depressed or bipolar or paranoid etc., when he/she satisfy for example 'four of the six' entities on the list? What about the people's own strengths, ego, self, self-concept, goals, attribution of meaning, involvement in life world; experiences and self-actualization? These and other implications will be addressed in CHAPTER 5 when recommendations for the enhancement of psychological well-being will be made.

In what follows will be a short discussion of Strümpfer's viewpoints. Later in CHAPTER 2 (2.15.1) the researcher will point out some similarities between saluto- and fortigenesis, and the Relations Theory.

2.4.2 FORTIGENESIS - A FORTIGENIC PERSPECTIVE

Strümpfer (1990: 265-274) mentioned that a new paradigm seems to be present in a variety of research: The paradigm of salutogenesis (tracing the origins of health). Salutogenesis, based on Antonovsky's writings is suggested, in contrast to the traditional pathogenic paradigm that emphasized the abnormal (Strümpfer, 1990: 265-274).

Although Strümpfer considers A Antonovsky (1979) as the clearest proponent of the new paradigm, Strümpfer feels that the concept of 'salutogenesis', referring to the origins of health, should be broadened to 'fortigenesis', which refers to the origins of psychological strength in general (Strümpfer, 1995: 81-89).

2.4.3 FIVE SALUTOGENIC-RELATED CONSTRUCTS

Some constructs have developed independently but seem quite clearly part of the new paradigm since its primary concern is with the maintenance and enhancement of wellness, in addition to the prevention and treatment of illness. These constructs all deal with 'how people manage stress and stay well', which was also Antonovsky's 1987-subtitle (Strümpfer, 1990: 265).

According to Strümpfer five salutogenic constructs are:

- Sense of coherence (Antonovsky) - the core construct of Antonovsky's salutogenic model.
- Personality hardiness (Kobasa)
- Potency (Ben-Sira)
- Stamina (Thomas and Colerick)
- Learned resourcefulness (Rosenbaum)

Strümpfer stated that stressors are omnipresent, rather than the exception, and that people are nevertheless surviving and are remaining healthy. These five salutogenic constructs will be discussed in the following paragraphs.

- SENSE OF COHERENCE

This construct will be discussed when Antonovsky is discussed in CHAPTER 2.6

- HARDY PERSONALITY

According to Strümpfer (1990: 270) 'personality hardiness' or the 'hardy personality' is probably the salutogenic construct best known to psychologists. On the basis of existential personality theory, Kobasa (1979) proposed hardiness as a global personality construct which moderates stress-health relationships. Hardiness was conceived as consisting of three components:

i.   Commitment (vs. alienation): A belief in the truth, importance and value of what one is and what one is doing; a tendency to involve

oneself actively in many situations in life (work; family; friendship; social organization).

ii. Control (vs. powerlessness): A tendency to belief and act as if, by and large, one can influence the events of one's life through what one imagines, says, and does, with an emphasis on personal responsibility.

iii. Challenge (vs. threat): An expectation that change rather than stability is the norm in life and that change will present one with opportunities and incentives for personal development.

- POTENCY

Ben-Sira, a professor of Social Work at the Hebrew University in Jerusalem, coined the construct of 'potency' (Strümpfer, 1990:272).

Potency implies 'a person's enduring confidence in his own capacities as well as confidence in and commitment to his/her social environment which is perceived as being characterized by a basically meaningful and predictable order and by a reliable and just distribution of rewards'. It is the outcome of successful past experiences of coping and hence comprises mastery and self-appreciation. Weak potency results from a history of unsuccessful coping experiences. These alternatives of experience contribute to either a view of society as meaningful and ordered, or an orientation of anomie, which in turn are related to either commitment to society or alienation. Similarities to Antonovsky's SOC seem quite clear.

- STAMINA

According to Strümpfer (1990: 272) two authors, Thomas (1981) and Colerick (1985) have used the concept of 'stamina' in a salutogenic context. Thomas (1981) a physician, used a dictionary definition of the word: 'The physical and moral strength to resist or withstand disease, fatigue, or hardship, endurance'.

She demonstrated facets of a healthy personality and contrasted those with characteristics of a group of persons who committed suicide; a group who developed major cancer and another group who had at an early age myocardial infarcations or angina pectoris. Unusual life circumstances were also mentioned. According to her, humans are born with different potentialities and susceptibilities which life experiences may then be mold into a protective shield undergirding future health (Strümpfer, 1990: 272).

Strümpfer (1990: 272 & 273) felt that Colerick's study on patterns of aging, qualified her research to be put in a salutogenic context. Colerick investigated the qualities which distinguished older persons who demonstrated emotional resilience despite age-related losses and life change. She found high positive correlations with education, robust past health, a 'triumphant' perception of hard times, and a perception of supportive interactions with kin and non-kin.

Strümpfer mentioned that one of Colerick's summary statements is strongly reminiscent of statements by Antonovsky on SOC and by Kobasa on hardiness: 'Elderly with high stamina for managing change have learned through the years that change is inevitable, challenging and manageable … triumph perceptions in later life flow from years of success in acting on the environment. In old age, these individuals look beyond age-related limitations for new ways to use energy – increasing understanding, extending skills, discovering more abilities' (Strümpfer, 1990: 273).

- LEARNED RESOURCEFULNESS

The last construct Strümpfer (1990: 273) includes in the salutogenic paradigm, is that of learned resourcefulness, introduced by Rosenbaum (1988) a psychologist from Tel- Aviv University.

Rosenbaum included beliefs as well as skills and self-control behaviours which all people learn in different degrees through informal training from the moment of birth. To Rosenbaum learned resourcefulness is not a personality trait but a personality repertoire: A set of complex behaviours; cognitions and affects that are in constant interaction with the person's physical and social environment, evoked by many situations and providing the basis for further learning.

29

Three phases are identified in the process of self-regulation:

    i. Representation during which the person experiences a cognitive and/or emotional reaction to changes within him-/herself or the environment.

    ii. Evaluation of the changes as desirable/threatening, and an evaluation whether anything can be done about it.

    iii. Action/coping to minimize negative effects of the internal/external changes.

Strümpfer (1990: 273) said people who succeeded in the past to self-regulate their internal responses acquire skill in doing so, hence in future they expect also to be able to do so. Thus learned resourcefulness provides a basis for further learning and is a source of information for judgments of self-efficacy in coping. Low resourceful persons judge themselves inefficacious in coping with emotional and complex tasks, and dwell more on their deficiencies than on the task.

According to Strümpfer (1990: 273), a 1988-article by Rosenbaum deserves attention in a salutogenic context where Rosenbaum mentioned that the focus of research should shift from studying the pathological parts of human beings, towards studying the healthy aspects of behaviour. Rosenbaum added that this will further our understanding on how most individuals remain well adjusted despite exposure to stresses of modern life.

2.4.4 MORE SALUTOGENIC-RELATED CONSTRUCTS

Strümpfer (1990: 265) mentioned other salutogenic-related constructs which will not be discussed here:

- Internal-external locus of control (Rouer, 1966)
- Personal causation (de Charms, 1968)
- Self directedness (Kohn & Schooler, 1983)
- Self-efficacy and human agency (Bandura, 1982; 1989)
- Social interest (Crandall, 1980)
- Sense of humour (Lefcourt & Martin, 1986)

2.4.5 'THIRD FORCE' PERSONALITY THEORISTS

Strümpfer (1990: 266) also mentioned the so-called 'third force' personality theorists who were all in the salutogenic mode. They will not be discussed here, but the reader is referred to TABLE 2.15.8 where the similarities between the 'third force' personality theorists and the Relations Theory will be given.

2.5 POSITIVE PSYCHOLOGY: FREDDIE CROUS AND MARTIN SELIGMAN

2.5.1 INTRODUCTION

In this short discussion of positive psychology the researcher is referring to Professor Freddie Crous as representative in South Africa, and to Martin Seligman from the United States of America (USA) as international representative.

In his inaugural professorial lecture at the University of Johannesburg, Crous told the story of how Martin Seligman, newly appointed presidency of the American Psychological Association found himself in 1996 without a mission for his presidency (Crous, 2007: 1).

One day when Seligman was weeding his garden he yelled at his daughter because she had been distracting him. She walked away but was back with the words: '…if I can stop whining, you can stop being such a grouch'. Not only did she helped him clarify a theme for his presidency, she also 'inspired a new brand of psychology' (Crous, 2007: 3).

Seligman realised 'the scattered and disparate lines of theory and research about what makes life most worth living' needed an overarching unifying term. He decided on 'positive psychology' instead of 'strength psychology' and when Seligman took office of the presidency in 1998, positive psychology was 'christened'.

2.5.2 THE AIM OF POSITIVE PSYCHOLOGY

The aim of positive psychology are stated as follows: 'To begin to catalyse a change in the focus of psychology from preoccupation only with repairing the worst things in life, to also building positive qualities'. Specific concerns would therefore be with positive subjective experience, positive individual traits and positive institutions (Crous, 2007: 4).

For Seligman individual happiness can be dissolved into three routes to happiness (Crous, 2007: 5):

- Positive emotion and pleasure (The pleasant life)
- Engagement (The engaged life)
- The meaningful life.

It was Barbara Fredrickson (Crous, 2007: 7) who formulated a 'broaden-and-build' theory of positive emotions which suggests that positive emotions 'are not merely reflections of optimal functioning, they actively produce it' – in the present as well as in the long term.

Positive emotions:

- Broaden a person's attention, thinking and actions.
- Undo lingering negative emotions.
- Fuel psychological resilience.
- Build consequential personal resources.
- Trigger upwards spirals towards greater wellbeing in the future.

The reader is referred to TABLE 2.15.9 for similarities between the Relations Theory and Positive Psychology.

2.6 AARON ANTONOVSKY

2.6.1 INTRODUCTION

Researchers considered the Sense of Coherence (SOC) as 'the core construct of Antonovsky's salutogenic model' (Schumann et al., 2003: 409-421).

The SOC is a dispositional orientation, not a state or a trate. It embraces components of perception, memory, information processing and affect into habitual patterns of appraisal, based on repeated experiences of sense-making that have been facilitated by GRR's. It also translates into a repertoire of concrete behaviours, built upon experiences of success in dealing with many situations (Strümpfer, 1990: 268).

2.6.2 DEFINITION OF THE SENSE OF COHERENCE

According to Antonovsky the SOC is a global orientation that expresses the extent to which one has a pervasive enduring though dynamic feeling of confidence that:

i. The stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable.
ii. The resources are available to one to meet the demands posed by these stimuli.
iii. These demands are challenges, worthy of investment and engagement.

These three portions of the definition describe the three core components which Antonovsky identified on the basis of a qualitative study of fifty one persons who had experienced major trauma with inescapable major consequences for their lives but were thought (by the individuals who identified them for the study) to be coping remarkably well. A description of each of these components follows (Strümpfer, 1990: 268):

- COMPREHENSIBILITY

Comprehensibility refers to the extent to which the person perceives the stimuli deriving from one's internal and external environments as clear, ordered, structured and consistent information, and on the basis of which he can expect that these stimuli will in future also be orderable, explicable and even predictable. It means that the perceptions make cognitive sense.

- MANAGEABILITY

Manageability refers to the extent to which the person perceives the events of his life as experiences that are at least bearable, or better still, can be coped with or even better, challenges that can be met. The 'available resources' of the definition may be under the person's own control but may also be under the control of legitimate others who have the power to resolve matters in his interest (spouse, relatives, friends, physician, God).

- MEANINGFULNESS

Meaningfulness refers to the extent to which the person feels that life makes sense emotionally, rather than cognitively. Some of the problems and demands of living are felt to be welcome challenges, motivating one to invest energy.

2.6.3 A WEAK SENSE OF COHERENCE (SOC)

In terms of the above mentioned components of the SOC, a person with a weak SOC (Strümpfer, 1990: 269) would:

i. Perceive internal and external stimuli as noise, not information, as inexplicable disorder and as unpredictable in future.
ii. Experience the events of life as unfortunate things that happen to him and victimise him unfairly
iii. Feel that nothing in life mattered much, or worse, are unwelcome demands and wearisome burdens.

2.6.4 GENERALIZED RESISTANCE RESOURCES (GRR's)

- DEFINITION OF GRR's

According to Antonovsky, what is common to all generalized resistance resources is that they help making sense out of stressors with which individuals are constantly bombarded (Antonovsky, 1987: 47-55). Through repeated experience of such sense-making, a person develops over time a strong sense of coherence.

- SOME GRR's

Antonovsky's generalized resistance resources can facilitate effective tension management in any situation of demand. Some GRR's include:

    i. Physical and biochemical GRR's like immunosuppresors and potentiators.

    ii. Artefactual-material GRR's – wealth (that can buy food, clothing. etc), power, status, services.

    iii. Cognitive GRR's particularly knowledge intelligence (avoiding AIDS or carcinogens).

    iv. The emotional GRR of ego identity.

    v. Coping strategies (overall plans of action for overcoming stressors).

    vi. Interpersonal-relational GRR's (social support, commitment).

    vii. Macrosociocultural GRR's of 'ready answers provided by one's culture and its social structure' (religion) (Strümpfer, 1990: 268).

- AVAILABILITY

Resistance resources are only potentially available; it is up to the person to actuate them in overcoming pathogens and stressors. People differ in the extent to which they kinetically transform potential into actuality. What makes the difference is the strength of the SOC: People with a stronger SOC are more likely to show a readiness and willingness to exploit the resources that they have at their potential disposal (Strümpfer, 1990: 269).

- CRITIQUE

Dossey (1994: 13-15) discusses the elimination of meaning from the study of human illness in the last 200 years and the contrasting viewpoint of A Antonovsky that more than molecules are involved in health. Dossey feels that social factors must be considered to understand health and illness. He feels that Antonovsky's model may not go far enough because the systems theory of health does not include self-awareness. Dossey also feels that biopsychosocial models consider consciousness as superfluous and ignore the spiritual aspects of healing.

2.7 OTHER THEORIES ON OPTIMAL FUNCTIONING

The definition of the optimal functioning person by some of the main stream theories (Psychoanalysm; Behaviourism; Existentialism, etc.) seem to be related to the self-actualising person according to the Relations Theory. The reader is referred to TABLE 2.15.10 for similarities between these theories and the Relations Theory.

2.8 PATHOGENESIS VERSUS SALUTOGENESIS

The pathogenic orientation is directed generally at finding out why people fall ill and specifically, why they develop particular disease entities. Such understanding is then used to find ways of combating and preventing each of the diseases in turn. At the heart of the pathogenic paradigm is the assumption that diseases are caused by physical, biochemical, microbiological and psychosocial agents. In present-day form, the emphasis is on multifactorial determination, usually in terms of risk factors. For instance, Type A behaviour pattern is viewed as a psychosocial risk factor for coronary heart disease, along with standard medical risk factors like elevated serum cholesterol, hypertension and heavy cigarette smoking (Strümpfer, 1990: 266).

As clarified earlier, salutogenesis try to explain 'how people can manage their lives in spite of difficult life conditions' (Lindstroem, 2001: 7-12).

Psychofortigenesis relates to the term 'salutogenesis' and refers to the origin of psychological strengths. It can thus be regarded as the opposite of psychopathogenesis.

Earlier Super made a distinction between 'hygiology' and 'psychopathology'. According to Super, Hygiology was the concern of counselling psychology and referred to 'the normalities even of abnormal persons, with locating and developing personal and social resources and adaptive tendencies so that the individual can be assisted in making more effective use of them' (Strümpfer, 1990: 265-275).

Strümpfer (1990: 266) also mentioned the so-called 'third force' personality theorists who were all in this mode:

- Maslow's (1954, 1973) need for self-actualization.
- The humanistic psychology in general.
- Rogers' (1959) concepts of 'actualizing tendency' and the fully functioning personality.
- Goldstein (1939) introduced the ideas of tendencies to ordered behaviour, optimal performance and the drive to self-actualization.
- Rouer's (1954) emphasis on social learning could also be viewed as an origin of salutogenic thinking.
- White's (1959) concept of competence motivation was another, particularly as developed further by Dezi (1975) into a view of intrinsic motivation emphasizing competence and self-determination
  (Strümpfer, 1990: 265-275).

COMPLEMENTARY VIEWS

Antonovsky said that acceptance of the salutogenic view does not imply rejection of the pathogenic view. The two paradigms do different things and in many respects complement each other. The two ought to enrich and stimulate growth in each other, but the salutogenic paradigm is vitally important to new insights and new growth in the social sciences. The salutogenic approach holds promise for integration of knowledge at a new, higher level (Strümpfer, 1990: 265-275).

2.9 STRESSORS

- OMNIPRESENCE OF STRESSORS

Antonovsky's core assumption is 'of heterostasis, disorder and pressure toward increasing entropy as the prototypical characteristic of the living organism' (Strümpfer, 1990: 266). At any one time at least one third and quite possibly a majority of the population of any modern industrial society is characterised by some morbid condition – deviance, clinically or epidemiologically defined, is 'normal'.

People are inclined to equate stress with rather unusual and extreme circumstances, but according to Pearlin and Schooler's (in Strümpfer, 1990: 266) observation, 'many of the difficult problems with which people cope are not unusual problems impinging on exceptional people in rare situations, but are persistent hardships experienced by those engaged in mainstream activities within major institutions'.

- CLASSIFICATION

Fried (1982) introduced a three-fold classification of stress that ranges from 'catastrophic stress (results from disasters; affects entire regions or populations), to acute stress (the consequence of crisis which affect people with an urgency that necessitates immediate response, to endemic stress (continuous and manifold changes, demands, threats, deprivations, frequently small in scale and embedded in daily events' (Strümpfer, 1990: 265-275).

- ORIGINS

Fried emphasized the diverse origins of endemic stress in economic, political, social, physical-environmental, psychological and physiological events or conditions. He also indicated how readily these events cumulate and summate to produce increased strain and alteration of social behaviour. Endemic stress is often neglected in the considerations of social scientists. Antonovsky too expressed the opinion that even people in comfortable sheltered environments

are fairly continuously exposed to fairly serious stressors (Strümpfer, 1990: 267). For instance, accidents are immanent in all human societies, regardless of precautions. Infinitely worse is the 'unbelievable hell on earth of so large a part f the world's population'. Torment, destruction, exploitation, infighting and oppression are added to individual hunger, pain, sorrow, fear and anger. In the light of evidence of this kind, Antonovsky concluded that 'stressors are omnipresent in human existence', in fact, 'the human condition is stressful' (Strümpfer, 1990: 267). Antonovsky continued: 'Given the ubiquity of pathogens …it seems to me self-evident that everyone should succumb to this bombardment and constantly be dying'. Since this is patently not the case, the question then follows, 'How anyone ever stays alive?', but even more important, 'Whence the strength?'. This line of thinking leads one to attend to the range of what Antonovsky labelled 'generalized resistance resources' which people use for coping with a diversity of pathogens and stressors (Strümpfer, 1990: 267).

2.10 IMPLICATIONS OF THE SALUTOGENIC PARADIGM

Implications of this salutogenic paradigm, which Antonovsky (Strümpfer, 1990: 265-275) has pointed out, are the following:

- To do away with the dichotomy of people being either diseased or healthy (the health-ease/ dis-ease continuum) with all of us falling somewhere between the two theoretical poles of total terminal illness and total wellness. A consequence of this shift is that the total population becomes subject to study, rather than small samples of people who show particular forms of disease.

- The salutogenic paradigm rejects the commonly held assumption that stressors are inherently bad, in favour of 'the possibility that stressors may have salutory consequences'. For example, the stressor arouses a condition of tension in the person. If the tension is managed poorly, stress results and the way for disease is open, but if it is managed well, the stressor may remain neutral or even become health enhancing. In contrast to the pathogenic question: 'How can we eradicate this or that stressor?',

the salutogenic question is: 'How can we learn to live, and live well, with stressors, and possibly even turn their existence to our advantage?'.

- We ought to study the 'deviant case', for example when an hypothesis about the relationship between a pathogen or stressor and given conditions (smoking and lung cancer) has been confirmed, still only part of the variance is accounted for: The pathogenecist is content with hypothesis confirmation while the salutogenecist looks at the deviant case and will ask, who are the smokers who do not get lung cancer. The salutogenic question would be, 'What is it that enables some people to do well?'. In general, 'the deviants are those who make it against the high odds that human existence poses' (Strümpfer, 1990: 265-275).

2.11 BOUNDARIES

Having a strong SOC does not mean that the person views his entire world as comprehensible, manageable and meaningful. People set boundaries and what happens outside these does not trouble them. However, Antonovsky (Strümpfer, 1990: 265-275) maintained that there are four spheres that cannot be excluded if the person is to maintain a strong SOC, namely:

- His own feelings
- Immediate interpersonal relations
- The major sphere of activity (work; reality)
- Existential issues of death, inevitable failures, shortcomings, conflict and isolation.

Since the majority of adults spend the largest portion of their waking hours in the workplace, it is a dominant source of external as well as internal stimulation, to be comprehended, managed and made meaningful.

2.12 RISK AND PROTECTIVE FACTORS

There are certain risk as well as protective factors for psychological well-being. To say that health is only within the patient is to ignore for example, the social pressures that lead people to act in pathogenic fashions. Ideal conditions foster the will to live (Antonovsky, 1995: 6-12).

40

As mentioned earlier, Antonovsky referred to the absence of references to the larger social system, in current writings about the holistic approach to health. Vital contributions to health are made by social stability and peace, rewarding work, and a dignified place in society. The researcher thinks this also has great implications for South Africa where so many people have to live in slumlike conditions. For instance, referring to the Aids pandemic, the distribution and use of anti-retroviral medication (ARV's) are greatly obstructed due to gross social circumstances. Health plans can only be carried out if money, time, friends, and freedom are available. Failure to confront the social forces that make for well-being limits understanding and affects any therapy (Antonovsky, 1995: 6-12).

Zika and Chamberlain (1992: 133-145) found that there was a strong association between meaning in life and well-being. Adding to this were the findings of a study by Hollnagel et al., (2000: 529-534) on men's self-assessed personal health resources. Men considered the following as personal health resources: Optimism; good self-esteem; job satisfaction; ability to cope with stress at work; leisure activities and relaxation with friends producing energy; and fitness and lifestyle activities.

The educational psychological perspective according to the Relations Theory will be discussed later in CHAPTER 2, but the researcher thinks it may be applicable to mention some risk and protective factors at this stage (Roets, 2006).

TABLE 2.12.1 RISK AND PROTECTIVE FACTORS FOR PSYCHOLOGICAL WELL-BEING (INTRAPSYCHIC)

RISK FACTORS FOR PSYCHOLOGICAL WELL-BEING	PROTECTIVE FACTORS FOR PSYCHOLOGICAL WELL-BEING
• Expect other persons to fulfil our needs	• Look after own needs – self nurturance.
• Using too much defence mechanisms	• Break down the defence mechanisms.
• Not continuing forming new identities and mourning identities we loose.	• Form new identities and mourn the identities we loose.
• Degenerative self talk in stead of optimism.	• Change degenerative self talk to affirmative self talk.
• Not having a good self-concept.	• Form a realistic positive self-concept.

TABLE 2.12.2 RISK AND PROTECTIVE FACTORS FOR PSYCHOLOGICAL WELL-BEING (FROM THE EXTERNAL WORLD)

RISK FACTORS FOR PSYCHOLOGICAL WELL-BEING	PROTECTIVE FACTORS FOR PSYCHOLOGICAL WELL-BEING
• Social support (no allies)	• Get social support.
• Family support (none or ineffective)	• Family support is a most important buffer.
• Medical conditions.	• Must work harder to attain psychological well-being.
• Financial constraints.	• Try to better financial constraints.
• Time constraints.	• Try to organise time: time for self; friends; needs; etc.
	• Coping skills (problem solving; communication; etc) – restoring intrapsychic processes.
	• Resilience: ability to bounce back.
	• Humour: to laugh at yourself.
	• Let go of unfinished business.

The factors which have an influence on psychological well-being as mentioned under point 2.3 could also be considered as risk and/or protective factors.

2.13 THE RELATIONS THEORY (UNISA'S MODEL)

2.13.1 ESSENCES OF THE RELATIONS THEORY

The important essences of the Relations Theory, its educational psychological or intrapsychic structure, can be summarised in the following table (Jacobs, 1987: 2):

TABLE 2.13.1 ESSENCE OF THE RELATIONS THEORY

THE PREREQUISITES	THE ACTIVITIES NECESSARY FOR MATURANCE	THE CHILD (CLIENT) AS PERSON
• Forming of relations • Climate	• Attribution of meaning • Involvement • Experience • Self-actualisation	• The I/Ego • The self • Identity • Self-concept

The educational psychological structure will be discussed in the following paragraphs.

2.13.2 THE EDUCATIONAL PSYCHOLOGICAL STRUCTURE FOR DIAGNOSIS AND THERAPY

The following paragraphs are taken for the greater part from Unisa lecture notes by Professor H.E. Roets (2006) on the Relations Theory. The researcher also integrated the work of the founders of the theory, Jacobs and Vrey (1982) and Jacobs (1987).

2.13.2.1 PREREQUISITES (INTERPSYCHIC PROCESSES)

FORMING OF RELATIONS

The child (person) forms relationships with everyone and everything that he becomes involved with. These relationships are usually dynamic and interactive and are initiated by the individual through his involvement and his assigning of meaning within his life-world. The relationship can manifest itself in an attraction or a rejection, friendliness or unfriendliness which either draws the two poles together or drives them apart. The relationship is either pleasant or unpleasant and is either encouraged or avoided.

- RELATIONSHIP WITH EDUCATORS (PARENTS OR TEACHERS)

The relationship is both cognitive and affective. The affective aspect should be characterised by a caring, loving and trusting relationship. Conversely, an unpleasant relationship may be neglectful, ignoring and distrusting. A child then develops a feeling of acceptance or rejection. It also has a cognitive quality as the educator leads the child to perceive, understand and make sense of his world. The child's relationship with his parents is paramount and forms the basis of the quality of his other relationships.

- RELATIONSHIP WITH PEERS

The relationship with peers is also characterised with polarity of rejection or acceptance. Relationships with peers orientates the child as a social being. When he is with other children, he compares himself with them and this develops his self-identity as well as influences his self-concept. Peers are particularly important in adolescence.

43

- RELATIONSHIP WITH HIM- / HERSELF

The relationship with himself involves attributing meaning to himself and developing a self-image. Positive feedback from significant others and the experiencing of success, result in a positive evaluation of himself and the converse also occurs. A child's self-concept regarding himself, is build around the polarity effect of self-acceptance vs. self-rejection. His self-concept plays a role in the type and quality of relationships that the child (person) is able to form.

- RELATIONSHIP WITH OBJECTS AND IDEAS

While involved with objects and ideas, the person attributes meaning to them and enters into relationships with them. In order to assign meaning to them, involvement and experience are necessary. Knowledge leads to orientation and it has a denotative (factual) and connotative (affective) meaning.

- RELATIONSHIP WITH GOD / SPIRITUALITY

The relationship with God / Spiritual entity refers to a spiritual relationship between man and a divine being. This belief or disbelief has an important influence on his perception of and his actions in every situation in which he finds himself.

THE CLIMATE

The climate refers to the prerequisites for the engagement between the client and therapist. This climate breaks down - in a positive way - the masks behind which the individual hides for protection of the self. The important components of this climate are the following (Jacobs, 1987: 6 & 7):

- LOVE

Love is recognised by affection and self-sacrifice. Unconditional acceptance is so true of love, that there is never a disbelief.

- KNOWLEDGE

A relationship between two people is not possible if the two persons don't know each other. This knowledge entails much more than objective knowledge - an affectionate aspect plays an important role.

- CARE

Knowledge implies care. The one has to care for the other's welfare, health, joy and sorrows.

- RESPECT

Respect implies that the one accepts the other actively and positively. It also means that a person will be his own person and not becomes someone else's image.

- TRUST

Without trust, love is not possible. When there's trust, the person feels safe, and he will be able to take risks. Trust implies that the person feels accepted and feel that he matters.

- TRUTH

Truth implies total genuiness. When a person is truthful, he communicates his real emotions in such a way that everybody knows exactly where they stand with him. Truth is a prerequisite for authentic communication between people.

2.13.2.2 ACTIVITIES NECESSARY FOR MATURANCE TOWARD ADULTHOOD

The following paragraphs are taken for the greater part from Unisa lecture notes by Professor H.E. Roets (2006) on the Relations Theory. The researcher also integrated the work of the founders of the theory, Jacobs and Vrey (1982) and Jacobs (1987).

SIGNIFICANCE ATTRIBUTION

- Significance attribution is the meaning a person attributes to people, objects, norms and ideas in his world. Meaning only exists in the thoughts of a person that understands. Therefore, meaning is totally unique and subjective in nature and can be regarded as one's personal understanding of his life-world.

- Meaning of the world makes orientation to the world and orientation to one-self possible. By attributing meaning, a child / person is able to recognise, know, understand, act and form relationships.

- The greater the involvement, the more intense the experience and the more meaningful it will be as he differentiates, integrates and evaluates.

- Meaning can be both denotative and connotative. Denotative meaning has a logical dimension which makes communication and common understanding possible. Connotative meaning is uniquely personal in nature. An experience can be so intense that the denotative meaning is concealed by connotative (illogical) meaning attribution and this then clouds the persons understanding. Take for example a person with a fear of spiders or snakes: the connotative meaning is such that the denotative meaning is concealed and the person develops anxiety. 'Any person who is faced with a situation that should have meaning, but is instead meaningless, will experience anxiety' (Lindgren and Fisk, in Jacobs, 1982: 12).

- Meaning goes together with understanding a particular experience. Meaning attribution is more cognitive and logical and is made up of thought processes regarding an experience. With this in mind a person orientates himself and form relations with people, objects, ideas, etc. When a child doesn't understand, it may lead to conduct disorders like truancy and personality problems like an inferiority complex (Jacobs and Vrey, 1982:11).

- Thinking is influenced by emotions. An affective dimension is always present.

- Rational thinking is logical, objective and committed to the truth. Irrational significance attribution is a result of illogical reasoning and deduction – it does not concur with reality.

- Self-actualization is not possible until an individual knows, understands and is capable of attribution of meaning.

INVOLVEMENT

- Involvement is one of the educational essences. It refers to the human physical and psychological act of being concerned with, giving attention to a person or a matter because a person wants to do so.

- The will is essential to involvement as the will is the basic intentionality of the human psyche. Intentionality refers to the psychic vitality or vigour with which a meaningful objective is pursued and achieved with great effort.

- Involvement requires knowledge because a person cannot become involved in a matter or events of which he is ignorant and which are unimportant to him. He becomes involved with a view of greater and deeper knowledge and understanding.

- Involvement leads to the achievement of goals, and affects cognitive structure, emotional structure and motoric action. It leads to fulfilment within the person's life-world.

- Inadequate involvement leads to under actualisation. It gives rise to feelings such as failure, anxiety, frustration and bewilderment. Uninvolvement has an effect on a child's cognition, affective life and value system. The uninvolved child has deeper problems that ask for therapeutic assistance (Jacobs and Vrey, 1982:12).

- Involvement implies a willingness to be involved in life experience.

- Involvement presuppose goals. It is not passive – action is entailed.

- It is an action of choice and is significant to the person. Involvement is essential to self-actualisation.

- Involvement is a person's concern with a situation – the way in which one acts in a given situation.

- Involvement is an inner force, an urge, need, a longing for development, unfolding and self-actualisation.

- Components of involvement include perseverance; dedication; hard work; commitment.

- To be involved with something infers a total part of it –'being'.

- Involvement leads to identification with people, places or things – a need to know more.

EXPERIENCE

- Experience is related to the emotional affective dimension. It is a meaningful event involving the whole person. It involves the evaluation of a fluid situation into broad categories of pleasant or unpleasant.

- Feelings such as excitement, disappointment, frustration, satisfaction, indicate how a person is emotionally affected by a situation. The quality and intensity of the emotion will be determined by the situation. Therefore, experience does not happen in a vacuum but is related to a person's situation.

- Experience influences involvement in every significant action as well as the quality of relationships formed. Experiences acts as a source of reference for the meaning attributed to new experiences.

- As an individual, one directly experiences a situation – becoming the recipient of the values and meanings attributed to that situation.

- Each experience is accompanied by feeling and willing, each different in intensity and quality.

- Experience determines the quality of relationships.

- Experience is emotional, which can be measured in degrees of pleasantness or unpleasantness.

- No one can select experience, but each individual assigns their own meaning (attribution) to that experience.

- Experience is given unique meaning by every individual – this experience can be positive or negative as seen in physical perception (pain; energy); social relationships (rejection; enjoyment); with objects and ideas (frustration; success), and spiritual experiences (confusion; peace).

- Experiences determine the clarity and stability of the meaning assigned by a person.

- Affective experience is necessary for significance attribution because the experience is registered in the brain as a Gestalt, which will serve as a reference point for the interpretation and assimilation of new experiences.

- Experience determines the quality of significance attribution and involvement and act as incentive for similar activities (Jacobs and Vrey, 1982:12 & 13).

The interaction between experience and meaningfulness is illustrated in the following diagram (the icons will be explained in CHAPTER 2.14):

DIAGRAM 2.13.2.2(a) A SIMILARITY BETWEEN THE RELATIONS THEORY AND POSITIVE PSYCHOLOGY

> The similarity between the Relation Theory and the positive psychology movement is obvious when Frederickson (in Crous, 2007:11) says, 'the relationship between positive meaning and positive emotions is considered reciprocal: Finding positive meaning not only triggers positive emotion, but also positive emotions…should increase the likelihood of finding positive meaning in subsequent events'.

SELF-ACTUALISATION

- Self-actualisation refers to the individual's deliberate endeavours to realise the latent, positive potential of his self. It refers to the best a person can be, all that he is able to attain. This is individually determined and based on his abilities, potential, needs and wants. It is the basic driving force behind all human behaviour.

- According to Jacobs and Vrey (1982:13), the self-actualising person is actively busy to try to realise his potential in every area of his existence: physical skills; cognitive potential; experiences; value system; etc. A self-actualising person has energy and potential available to focus on circumstances outside himself.

- Self-actualisation can only occur through the integrated interaction between his own active participation and educational guidance. According to Maslow, self-actualisation can only occur once all the lower needs have been met.

- Self-actualisation refers to what a child/person can, wants to and ought to become:

    What he can become is based on psychic and physical potential and the development of abilities such as physical powers, intelligence, aptitude and personality traits.

    What he wants to become is based around his connotative life manifested in his interests, longings and expectations.

    What he ought to become is determined by a combination of what he can and wants to become as well as the norms accepted by a society. Norms include conscientiousness, reliability and involvement.

- Characteristics of the self-actualising person is his capability of understanding and attributing meaning while he progressively orientates himself. Orientation involves intense involvement in activities and an intense experience of meaningful experiences.

- The self-actualising person is so involved in the task and experience it so intense and attribute meaning in such a way, that he rise above himself. It is thus necessary to transcend above the immediate constraints of time, space, physical and psychic potential, in order to actualise his potential that lies somewhere in the future. This transcendence assume a realistic self-concept that includes a distance from and evaluation of the own identity, incorporated in self-knowledge (Jacobs and Vrey, 1982:13).

50

DIAGRAM 2.13.2.2(b) A SIMILARITY BETWEEN THE RELATIONS THEORY
AND EXISTENTIALISM AND HUMANISM

The similarity between the Relations Theory and Existentialism (Frankl) as well as
Humanism (Maslow) is drawn as follows:

'Only to the extent to which man fulfils a meaning out there in the world, does he fulfil
himself'
(Frankl, in Jacobs and Vrey, 1982:13).

Self-actualizing people are '…without one single exception, involved in a cause outside
their own skin in something outside themselves'
(Maslow, in Jacobs and Vrey, 1982:13).

2.13.2.3 THE CHILD (CLIENT) AS PERSON (INTRAPSYCHIC STRUCTURE)

Although the different concepts of a person (I; self; self-concept; identity) are distinguishable, they can not be separated from each other. While the person functions physically, psychically and spiritually as a whole entity, the distinction is only made to get a clearer picture of the person in his uniqueness (Jacobs and Vrey, 1982: 23).

Four of the entities which form the intrapsychic structure will be discussed. The following paragraphs are taken for the greater part from Unisa lecture notes by Professor H.E. Roets (2006) on the Relations Theory. The researcher also used the books of Jacobs and Vrey (1982) and Jacobs (1987).

I OR EGO

- The I/Ego is the subject who actively experiences, observes, think, decide, remember and plan. 'I' is associated with that which always stays the same. According to Kuypers (in Jacobs and Vrey, 1982: 17) the 'I' is the psychical energy beneath every action and thought of people. The functioning of a person, i.e. to think, to feel, to act, is united in the 'I'.

- The I/Ego is the manager of the person. It is the energy source of all psychological activity. The ego negotiates the conflict between the id and

the super-ego. The ego attempts to satisfy a person's needs in a socially acceptable manner.

- The id threatens the ego with tension, discomfort and pain if drives are not met, similarly the superego with punishment and guilt.

- The needs of the ego include: regard, recognition, respect as an individual, prestige and status and the need to feel worthy and important. If needs are met, this results in an ego strength, which is manifested in self-confidence, self-empowerment, high self-esteem and a good concept. The person is then prepared to venture into the world and acquire knowledge.

- If the needs are ignored, it results in feelings of inferiority and helplessness and this leads to ego-disintegration.

- The ego protects itself through various defence mechanisms. These are strategies used by the ego to defend itself against conflict between the forbidden drives and moral codes.

- If the ego is threatened the ego employs defence mechanisms to prevent disintegration. These defence mechanisms, essential in the short term, may be counter-productive in the long term as they inhibit real growth of the personality.

- The ego gives life to the self and determines the atmosphere in which the self can express itself.

DIAGRAM 2.13.2.3(a) A SIMILARITY BETWEEN THE RELATIONS THEORY AND PSYCHOANALYSIS (FREUD)

The similarity between the Relations Theory and Psychoanalysis.
According to Freud a person's personality consists out of three components: id, ego and super-ego. Behaviour is the result of the interaction between these systems

(Jacobs, 1987: 1).

THE SELF

- The self is a psychological construct. We are consciously aware of the self. It is the sum total of all our own. It includes ideas, attitudes, thoughts, values and commitments.

- The self includes the person's subjective environment, his personal centre of experience and significance.

- The self is built up of experiences that are both positive and negative. These experiences are subjective in nature. The person expresses his personality through the self.

- The self is made up of many different identities.

- If there are problems in one area of the self, one may suspect that other areas have been affected as well.

- The self-concept refers to what we think of ourselves.

- Self-esteem refers to how we feel about ourselves.

DIAGRAM 2.13.2.3(b) A SIMILARITY BETWEEN THE RELATIONS THEORY AND PSYCHOANALYSIS (JUNG)

The similarity between the Relations Theory and Psychoanalysis.
Jung's view on the self:
The self is 'the whole range of psychic phenomena in man – it expresses the unity of the personality as a whole'
(Jung in Roets, 2006).
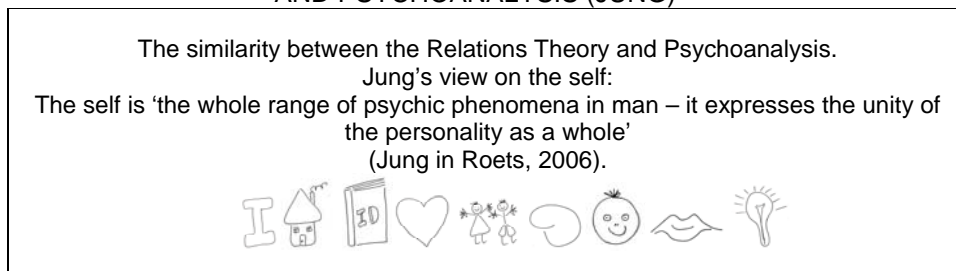
IDENTITY

- Identity involves knowing who and what one is and the knowledge that one is distinguishable from all others. Identity refers to the meanings which a person attributes to himself. The formation of identity begins with the differentiation of self as a separate individual.

- A child forms identities on the strength of his involvement with people, things and himself, his significance attribution to and experience of his own potential, his connotative life and the norms which he subscribes to.

- He develops a concept of himself as a person in various spheres of his life: 'Me as learner'; 'Me as son'; 'Me as friend'. He may develop positive or negative identities related to various spheres of his life.

- A child who has established clear identities is able to adopt realistic standpoints such as: 'I can or cannot'; 'I want or I don't want to'; 'I should or should not'.

- A child who has a realistic definition is able to actualise his defined self. He is able to do so as he has clearly defined limits for his essential self. He is then able to adapt, negotiate and compromise.

- If his identity is not fully established, the child becomes diffuse, unsure and unrealistic about what he can, wants to and ought to become. He can then be negatively influenced by peers, media or parents.

- As one develops from childhood, the awareness of a sense of self becomes evident. It is concerned with the elements of the personality, which are distinguishing. Identity formation occupies a central position for ego development. Adolescence is a critical period for identity formation or identity diffusion.

- Identity is the internal subjective component of oneself.

- Identities are multi-faceted – every identity is built on the experience, involvement and meaning that is assigned to a situation.

SELF-CONCEPT

The following paragraphs are taken for the greater part from Unisa lecture notes by Professor H.E. Roets (2006) on the Relations Theory. The researcher also integrated the work of the founders of the theory, Jacobs and Vrey (1982) and Jacobs (1987).

- The self-concept is the core of the personality and it is therefore meaningful to the individual.

- The core of the self-concept exists out of the evaluation of the self according to own subjective norms (Jacobs & Vrey, 1982: 21).

- A positive self-concept refers to a person who accepts their strengths and their weaknesses.

- A realistic positive self-concept is the healthiest self-concept and refers to the person whose understanding of their strengths and weaknesses is accurate and realistic. However, the negative aspects do not dominate the person's personality and do not affect their striving towards becoming.

- An unrealistic positive self-concept refers to the person who evades the real self. He focuses on strengths but these tend to be unrealistic and he is not able to accept his weaknesses.

- A negative self-concept refers to a person who tends to focus on his weaknesses.

- A realistic negative self-concept often occurs when a person experiences a severe personal blow. The self-concept then moves towards the negative pole. This is often of a passing nature but if it persists, it will affect his becoming.

- A person whose self-concept is unrealistically negative will experience difficulties. In this case, the negative aspects of the personality dominate and the pendulum swings beyond realistic experience and becomes fixed in the negative pole. This results in a poor self-esteem.

- Behaviour is determined by a person's self-concept. He reacts to experiences in a manner that is congruent with his concept of self. Therefore a person's behavioural tendencies are an important clue to his

DIAGRAM 2.13.2.3(c) THE SELF ACCORDING TO MAY

Eigenwelt is the self in relation to itself or the self knowing itself (May, in Roets, 2006).

2.13.2.4 SELF TALK OR INTRAPSYCHIC DIALOGUE

The following paragraphs are taken for the greater part from Unisa lecture notes by Professor H.E. Roets (2006) on the Relations Theory. The researcher also integrated the work of the founders of the theory, Jacobs and Vrey (1982) and Jacobs (1987).

- Self talk is the way a person talks to himself about himself. The discussion usually takes place in his mind.

- The conversation usually vacillates between positive and negative extremes. His intrapsychic dialogue influences the way he experiences things, attributes significance and becomes involved with them. This dialogue involves all aspects of a person such as physical and intellectual skills, scholastic abilities and relationships.

- Negative self talk often initiates an unrealistic negative self-concept as the individual puts himself down. He will tell himself that he is 'stupid' even if he is of average intelligence. He is not aware of how unrealistic and untrue this dialogue can be. It can have a debilitating effect as the child (client) is disempowered and feels incapable when his intrapsychic dialogue is negative and critical.

- Intrapsychic dialogue is the catalyst that moves the pendulum of the self-concept between the positive and negative poles. Intrapsychic dialogue and its resulting encouragement or criticism is dependent on how the child experiences his circumstances, how he attributes meaning to them and the extent of his involvement.

56

Summarized, the educational psychological structure of diagnosis and therapy is as follows (Jacobs, L.J. 1987: 18 & 19):

- The therapist has to establish an empathic relation with the client in a climate associated with love; knowledge; respect; care; trust and truth.
- The therapist has to listen carefully and actively to the client.
- The therapist helps the client to become aware of his/her self talk.
- The therapist has to get to the self talk of the client in order to identify if the client's identities are strongly or weakly established.
- By listening to the client's self talk, his involvement, attribution of meaning and experiences helps the client to see how he evaluates himself (self-concept) and the way he sees himself as a person (identity).
- The therapist helps the person to look at himself objectively and to pay attention to the following: I accept myself; I'm a person; I'm worthy; I'm important; I'm responsible.
- The person who accepts himself's behaviour is as follows: I give meaning and I determine (to what and how effectively); I think and I determine.

2.14 EXPLANATION OF THE RELATIONS THEORY
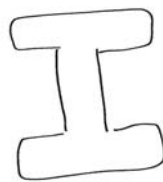
I / EGO
• Freud's concept. • The ego attempts to satisfy a person's needs in a socially acceptable manner. • The ego negotiates the conflict between the id and the super-ego. • The ego is the manager of the self; the energy source of all psychological activities. • Needs of the ego: regard; recognition; respect as individual; need to feel worthy; prestige and status; etc. • If the needs of the ego are met, it results in a healthy ego and ego strength. • Ego strength manifested in: self-confidence; self-empowerment; high self-esteem; good self-concept.

- If needs are ignored: feelings of inferiority; helplessness; poor self concept; and may lead to ego disintegration.
- Ego is the spirit of the self.
- Ego is reflected in self-concept and behaviour; ego manifests itself in our personality.
- Ego development starts at five years of age. Ego decentralisation results when a person take the role of another and are able to negotiate. [Before five years: kids are egocentric].
- The ego protects itself through defence mechanisms to prevent disintegration.
- Defence mechanisms: aggression; repression; projection; rejection; sublimation; denial; rationalisation; displacement; dissociation; regression; compensation.
- Defence mechanisms: in short term possibly effective; may be counter-productive in long term as they inhibit personal growth.
- C in 16PF: -C shows probable relation problems.
- Couldn't address relation problems before ego is strengthened.
- Ego strength shows resilience (ability to bounce back)
- Poor ego: fight or flight.
- Disintegration of ego is psychotic: client goes to place where nobody can find him/her (ex. A person may become a catatonic schizophrenic; dissociation: I'm not here or a person escapes to own world (very dangerous).
- Ego frailties/vulnerable ego is OK: ex. apathy: psychological numbness.
- Depression is a mechanism to cope because the person can't cope with life.
- Joy: ultimate of psychological well-being, whereas happiness is relative satisfaction.
- Ego gives life to the self; determines atmosphere in which self can express itself.
- Psychopathology: Expect other persons to fulfil our needs; ego disintegration.
- Therapy: To strengthen the ego; needs to be met; self nurturance.

SELF

- Self is a psychological construct.
- According to Jung: the whole range of psychic phenomena in man – it expresses the unity of the personality as a whole.
- Self includes the personal centre of a person's experience and significance.
- Self is the sum total of my personal life: thoughts, emotions; values; experiences; attitudes; ideas.
- The first relation of a person is the relation with the self – we're alone at birth and at death.
- Self is built up of experiences that are both positive and negative. These experiences are subjective in nature.
- Self is made up of many different identities.
- If there are problems in one area of the self, other areas may have been affected as well.
- Self = house (metaphor): we have to look after our house.

- Questions on the house: Who builds the foundations? Who maintains the house? What happens if there's no door, window? (we are afraid); Are there any locked rooms? (have to open it; get rid of garbage). Sometimes the house becomes too small – we have to add rooms (studies; have another child); etc.
- Who helped to build the house? Are the foundations strong? Who pushed out a window, a door?
- Ideal self/true self/adapted self?
- Therapist mustn't look against the story (drug addiction; stealing, etc.)
- Client needs to take back disowned self
- Self is disowned due to anxiety; relations; grudge; dominance; etc.
- True self: to be your own person – not to explain 'Why? What?'. Not to answer to other people.
- Self must be very selfish iro own inner being.
- Good start for therapist: Determine needs of client (3 Wishes); analyze needs.
- Needs lead to self nurturance.
- Psychopathology: The person uses too much defence mechanisms to protect the self. Learned mechanism in childhood – can become bigger problem in adulthood.
- Therapy: Break down defence mechanisms.

IDENTITY

- Who am I? What am I? Answers: Me as a scholar..;Me as a son…;Me as a friend…;etc.
- The development of a concept of himself as a person in various spheres of his life.
- Identities may be positive or negative; related to various spheres of a person's life.
- Identity involves knowledge that one is distinguishable from all others.
- Identity refers to the meanings which a person attributes to himself.
- Identities forms on three levels: involvement with people/things/himself; his significance attribution to, and experience of his own potential/conative life/norms he subscribes to.
- Forming of identity begins with the differentiation of self as a separate individual.
- Individualisation process develops from two years onwards (terrible two's) as well as during adolescence (peer group pressure); identities are often denied by other persons.
- Adolescence is a critical period for identity formation or identity diffusion.
- Especially during adolescence, the client realizes 'I have to be my own person'.
- Conformism is OK at beginning, but client needs to grow into his/her own person.

- A person with a clearly established identity, is able to adopt realistic standpoints such as: I can/can not; I want/don't want, etc.
- A person with a clearly established identity, has clearly defined limits for his essential self and can adapt, negotiate and compromise.
- If identity is not fully established a person becomes diffuse, unsure, unrealistic about what he can, wants to, ought to become and can negatively be influenced by peers, parents, and media.
- Identities: Evaluated by self and other.
- True Self: To be your own person
- To find the true you in all facets of life.
- Not to explain 'Why?' / 'What?'
- To know: 'What do I like/not like?'; 'What can I do/not do?'.
- Determine by: Wishes; metaphors; personality and interest questionnaires; needs; goals; 'What gives me my energy?'.
- Collage: gives current state versus how a person would like to see him/her in future.
- Psychopathology: Not continuing forming new identities and mourning identities we loose.
- Therapy: To form new identities; ex: ABC model of Albert Alice (Act; Belief; Consequence).

THOUGHTS
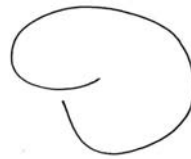
- Does the client have a realistic perception of his own life world? (In therapy: cognitive restructuring)
- Does the client understand his own life world?
- Reticular act system (RAS): doesn't have a thinking mode.
- Psychopathology: Fear; argument in brain results in drop in immunity system; more adrenaline and less serotonin; body functions are put on hold; negative thoughts result in sadness/aggression/depression.
- Therapy: Positive thoughts results in happiness/function/creativity. Use cognitive restructuring: ABC model (Albert Alice)
- 'Change your thinking – change your life': Sir Laurence Olivier.

EXPERIENCE

- Deal with emotions.
- Therapist asks client: How do you feel?

INVOLVEMENT
• Active involvement of client in his life world. • Shows psychological vitality.

SELF-CONCEPT
• The self-concept determines behaviour. • The self-concept is the evaluation of the image that the client has about his identity in respect of his self. • The self concept is the result of evaluation on two levels: cognitive and emotional. • Self-concept: What do I think about myself? • Self-esteem: How do I feel about myself? • We are priceless. • We have different self-concepts – each refers to one of our identities. • If identity is not good, then self-concept is not good. • Psychopathology: If the self-concept is not good, then self-actualising won't be good. • Therapy: Help the client to form a realistic positive self-concept.

SELF-TALK
• What is the client saying to himself? It could be affirmative (I'll try; I'm OK; I can do it) or degenerative (I'm scared'; I'm not OK; It's too much; I can't handle it'). • Degenerative self talk is like erosion: it can lead to addiction; etc. • Affirmative self talk can also become a habit. • Easier to do therapy if therapist can break through to self talk of client • Self talk is integrated in client's personality. • Magic place: client has dialogue with himself. Questions and answers. • The brain can not distinguish between positive or negative and can therefore be changed. • Self talk can secrete hormones; chemicals; chemicals affect every cell of body.

61

• Cells of body are revitalised every nine months. • Cell membranes becomes thicker with negative imputs and the cells deteriorate; good thoughts can't enter cells; illnesses like cancer may develop. • Psychopathology: Degenerative self talk. • Therapy: Try to go to the client's self talk; self talk 'can be activated' by clicking on any icon of Relations Theory. Change degenerative self talk to affirmative self talk. Don't focus on only one aspect.	
SELF-ACTUALIZING	
• 'To show up for your dreams'. • To be the person that you want to be; to be your own person. • To become the best you can be – when you actualise your potential. • Frankl: higher order values; meaning outside your self. • Characteristics of self-actualising persons: contentment; appreciation of small things in life; good interrelationships; creative; live according to own set of principles without violating/ignoring those of others; etc. • Ultimate aim: psychological well-being. • Psychopathology: Client is not actualising his/her potential. • Therapy: Help the client to get to the stage of actualising his potential. How? Go back to intrapsychic processes. • Helps client to show up for his/her dreams.	

2.15 SIMILARITIES BETWEEN PSYCHOLOGICAL WELL-BEING AS STATED IN THE LITERATURE STUDY, AND THE RELATIONS THEORY.

While doing the investigation on psychological well-being, the researcher realised that similarities exist between relating concepts found in the literature study and the Relations Theory – similarities will be drawn in the next section.

TABLE 2.15.1 SIMILARITIES BETWEEN THE RELATIONS THEORY AND SALUTOGENESIS AND FORTIGENESIS

Salutogenesis and Fortigenesis	SHARING ICONS	THE RELATIONS THEORY
Salutogenesis (origins of health).		A strong ego; strong self; clear identity; positive experiences; involvement in life; positive attribution of meaning; realistic self-concept; positive self talk; self-actualising person.

Fortigenesis (origins of psychological strength)		A strong ego; strong self; clear identity; positive experiences; involvement in life; positive attribution of meaning; realistic self-concept; positive self talk; self-actualising person.

TABLE 2.15.2 SIMILARITIES BETWEEN THE RELATIONS THEORY AND THE HARDY PERSONALITY (COMMITMENT)

HARDY PERSONALITY: COMMITMENT	SHARING ICONS	THE RELATIONS THEORY
Importance and value of what one is and…		Positive self talk and experiences implies: A strong ego; strong self; clear identity; involvement; attribution of meaning; strong self-concept; positive self-talk; self-actualising
…what one is doing		Self-actualising person implies: A strong ego; strong self; clear identity; positive experiences; involvement in life; positive attribution of meaning; realistic self-concept; positive self talk; self-actualising person.
A tendency to involve oneself actively…		Involvement implies: A strong ego; strong self; clear identity; positive experiences; attribution of meaning; strong self-concept; positive self talk; self-actualising person
…in many situations in life		Different identities implies: A strong ego; strong self; clear identity; positive experiences; involvement; attribution of meaning; strong self-concept; positive self talk; self-actualising person

TABLE 2.15.3 SIMILARITIES BETWEEN THE RELATIONS THEORY AND THE
HARDY PERSONALITY (CONTROL)

HARDY PERSONALITY: CONTROL	SHARING ICONS	THE RELATIONS THEORY
A tendency to belief and act		Thoughts (I think I can) implies: self talk is positive. Also: A strong ego; strong self; clear identity; positive experiences; involvement; attribution of meaning; strong self-concept; self-actualising person
One can influence the events of one's life		Positive and realistic self and self-concept; involvement in own life-world. Also: A strong ego; clear identity; positive experiences; attribution of meaning; self-actualising person

TABLE 2.15.4 SIMILARITIES BETWEEN THE RELATIONS THEORY AND
THE HARDY PERSONALITY (CHALLENGE)

HARDY PERSONALITY: CHALLENGE	SHARING ICONS	THE RELATIONS THEORY
Change will present one with opportunities…		Thoughts (I think I can); attribution of meaning; self talk is positive. Also: A strong ego; strong self; clear identity; positive experiences; involvement; realistic self-concept; self-actualising person
…incentives for personal development		Involvement in own life - growth towards positive and realistic self and self-concept. Also: A strong ego; clear identity; positive experiences; involvement; attribution of meaning; self-actualising person

TABLE 2.15.5 SIMILARITIES BETWEEN THE RELATIONS THEORY AND
　　　　　　　POTENCY

POTENCY	SHARING ICONS	THE RELATIONS THEORY
'A person's enduring confidence in his own capacities		Thoughts (I think I can); self-talk is positive. Implies: A strong ego; strong self; clear identity; positive experiences; involvement; attribution of meaning; realistic self-concept; self-actualising
Commitment to his/her social environment		Involvement in life. Implies: A strong ego; strong self; clear identity; positive experiences; attribution of meaning; realistic self-concept and self-talk; self-actualising
Successful past experiences of coping…		Experiences in life was positive; attribution of meaning; involvement. Implies: A strong ego; strong self; clear identity; realistic self-concept and self-talk; self-actualising
…and hence comprises mastery and self-appreciation		Thoughts: I think I can Emotions: I know I can Positive and realistic self-concept; self-actualizing. Also: strong ego; strong self; clear identities; involvement; self-concept is positive and realistic; self-talk is positive
Experiences contribute to either a view of society as meaningful and ordered, or an orientation of anomie…		Experiences in life; involvement; attribution of meaning Implies: ego strength or weakness; strong/poor self; clear/unclear identities; self-concept is realistic or unrealistic; positive/negative self-talk; self-actualising or not
…which in turn are related to either commitment to society or alienation.		Experiences in life; involvement in life; attribution of meaning

65

		Implies: ego strength or weakness; strong/poor self; clear/unclear identities; self-concept is realistic or unrealistic; positive/negative self-talk; self-actualising or not

TABLE 2.15.6 SIMILARITIES BETWEEN THE RELATIONS THEORY AND
        STAMINA

STAMINA	SHARING ICONS	THE RELATIONS THEORY
Physical and moral strength to resist		Thoughts: I think I can; I will Emotions: I know I can Self-talk is positive. Implies: strong ego; strong self; clear identities; involvement; positive and realistic self-concept; self-actualising.
…committed suicide; developed major cancer; myocardial infarcations or angina pectoris at an early age		Not self-actualising his/her potential; experiences negative; attribution of meaning negative Implies: ego weakness; poor self; unclear identities; involvement; self-concept is unrealistic and negative; negative self-talk
Life experiences may then be mold into a protective shield undergirding future health		Positive experiences; involvement; attribution of meaning; realistic and positive self and self-concept, and positive self-talk. Implies: strong ego; clear identities; self-actualising
Emotional resilience		Self is strong; ego is strong; identities are strong; positive experiences; involvement; attribution of meaning; self concept is realistic and positive; self talk is positive; self-actualising individual
Education		Attribution of meaning Implies: strong ego and self;

		identities clear; positive experiences; involvement; self concept is realistic and positive; self talk is positive; self-actualising individual
Robust past health		Experiences in life was positive; attribution of meaning; involvement. Implies: A strong ego; strong self; clear identity; realistic self-concept and self-talk; self-actualising
'Triumphant' perception of hard times		Experiences in life was positive; attribution of meaning; involvement. Implies: A strong ego; strong self; clear identity; realistic self-concept and self-talk; self-actualising
A perception of supportive interactions with kin and non-kin		Relations with self; people; objects; ideas and values form part of basic structure of Unisa's Theory
(Elderly) with high stamina for managing change have learned through the years that… …change is inevitable, challenging and manageable …triumph perceptions in later life flow from years of success in acting on the environment SOC (Antonovsky); Stamina (Kobasa)		Experiences in life was positive; attribution of meaning; involvement. Implies: A strong ego; strong self; clear identity; realistic and positive self-concept; positive self-talk; self-actualising
Look beyond age-related limitations		Thoughts: I think I can Emotions: I know I can Positive and realistic self-concept; self-actualising Also: strong ego; strong self; clear identities; involvement; self-concept is positive and realistic; self-talk is positive

TABLE 2.15.7 SIMILARITIES BETWEEN THE RELATIONS THEORY AND
LEARNED RESOURCEFULNESS

LEARNED RESOURCEFULLNESS	SHARING ICONS	THE RELATIONS THEORY
Beliefs; skills; self-control behaviours; cognitions and affects		Thoughts: I think I can Emotions: I know I can Positive and realistic self-concept and self-talk; self-actualising; experiences in life was positive; attribution of meaning; involvement. Implies: A strong ego; strong self; clear identity Thoughts: I think I can.
…in constant interaction		Involvement in life; relations form part of basic structure of Unisa's Theory. Implies: strong ego and self; clear identities; positive experiences; self concept is realistic and positive; self talk is positive; self-actualising individual
The person experiences a cognitive and/or emotional reaction to changes		Experience in life; attribution of meaning; involvement Implies: strong ego and self; clear identities; self concept is realistic and positive; self talk is positive; self-actualising individual
Evaluation of the changes as desirable/threatening		Evaluation of identities: experience in life; attribution of meaning; involvement Implies: ego strength; self strength; clear or unclear identities; self concept realistic or unrealistic; self talk positive/negative; self-actualising or not
Action/coping to minimize negative effects		Experiences and attribution of meaning; involvement; positive and realistic self-concept

		Implies: ego strength; self strength; clear identities; self talk positive; self-actualising
Succeeded in the past to self-regulate their internal responses acquire skill in doing so, hence in future they expect also to be able to do so		Experiences in life was positive; attribution of meaning; involvement. Implies: A strong ego; strong self; clear/new identities; realistic self-concept and self-talk; self-actualising
Low resourceful persons judge themselves inefficacious in coping with emotional and complex tasks		Thoughts: I think I can not. Emotions: I feel I can not. Self-talk is negative Implies: Ego is not strong; self is not strong; identities are not clear; involvement; self talk is negative; self-concept is unrealistic and negative; not self-actualising
Dwell more on their deficiencies than on the task		Thoughts: I think I can not. Emotions: I feel I can not. Self talk is negative; self-concept is unrealistic and negative Implies: Ego is not strong; self is not strong; identities are not clear; involvement; not self-actualising
Studying the healthy aspects of behaviour - SOC		Positive and realistic self; self talk; self-concept; a self-actualising person Implies: Ego is strong; identities are clear; experience; involvement; attribution of meaning

TABLE 2.15.8 SIMILARITIES BETWEEN THE RELATIONS THEORY AND
THE 'THIRD FORCE' PERSONALITY THEORISTS.

'THIRD FORCE' PERSONALITY THEORISTS	SHARING ICONS	THE RELATIONS THEORY
Maslow's (1954, 1973) need for self actualization. The humanistic psychology in general		Self-actualisation: the ultimate goal. High self-esteem – I'm worthy.

		Implies also: strong ego and self; identities clear; positive experiences; involvement; attribution of meaning; self concept is realistic and positive; self talk is positive
		Respect and care as one of the essentials of a relation.
Rogers' (1959) concepts of 'actualizing tendency' and the fully functioning personality.		Self-actualisation: the ultimate goal. Implies also: strong ego and self; identities clear; positive experiences; involvement; attribution of meaning; self concept is realistic and positive; self talk is positive
Goldstein (1939): tendencies to ordered behaviour; optimal performance; drive to self-actualization		Self-actualising person as ultimate goal; attribution of meaning; involvement; experience Implies also: strong ego and self; identities clear; self-concept is realistic and positive; self-talk is positive
Rouer's (1954) emphasis on social learning could also be viewed as an origin of salutogenic thinking.		Involvement; experience; attribution of meaning as prerequisites for maturance Implies also: strong ego and self; identities clear; self-concept is realistic and positive; self-talk is positive; self-actualising
White's (1959) concept of competence motivation, particularly as developed further by Dezi (1975) into a view of intrinsic motivation emphasizing competence and self-determination.		Thoughts: I think I can. Emotions: I feel I can. Implies: Strong ego and self; clear identities; self talk is positive; self-concept is realistic and positive; self-actualising.

TABLE 2.15.9 SIMILARITIES BETWEEN THE RELATIONS THEORY AND POSITIVE PSYCHOLOGY

POSITIVE PSYCHOLOGY	SHARING ICONS	THE RELATIONS THEORY
Building positive qualities		Attribution of meaning; positive experiences; involvement; self talk is positive; high self-esteem (I'm

		worthy; I can); strong ego, self and self-concept; clear identity. Implies: Self-actualisation as the ultimate goal
Positive subjective experience Positive individual traits		Experience as prerequisite for maturance; attribution of meaning; involvement; positive; self talk; high self-esteem (I'm worthy; I can); strong ego, self and self-concept; clear identity; self-actualisation as the ultimate goal
Positive emotion and pleasure (The pleasant life) Engagement (The engaged life) The meaningful life		Experience as prerequisite for maturance. Involvement as prerequisites for maturance Attribution of meaning as prerequisites for maturance Implies also: Strong ego, self and self-concept; clear identity; positive self talk; self-actualisation as the ultimate goal
Produce optimal functioning		Self-actualizing person is the ultimate goal Implies: Strong ego and self; clear identity; experience; attribution of meaning; involvement; self-concept; positive self talk
Broaden a person's attention, thinking and actions Fuel psychological resilience; build consequential personal resources Trigger upwards spirals towards greater wellbeing in the future Undo lingering negative emotions		Thoughts: I think I can. Emotions: I feel I can. Self is strong; ego is strong; identities are clear; self-concept is realistic and positive Self-actualising Self talk is positive

TABLE 2.15.10 SIMILARITIES BETWEEN THE RELATIONS THEORY AND
MAIN STREAM SCHOOLS OF THOUGHT

SCHOOLS OF THOUGHT	OPTIMAL FUNCTIONING	THE RELATIONS THEORY
PSYCHOANALYTICAL Freud: Id; Ego; Superego; Defence mechanisms (aggression; repression; projection; rejection; sublimation; denial; rationalisation; displacement; dissociation; regression; compensation).	• Ego must keep balance between id and super-ego • Ego mustn't be overwhelmed by defence mechanisms	 Self-actualising as ultimate goal
BEHAVIORISTS Bandura Role models: Child models behaviour – ex. child is not depressed, but models depressed parent.	• Learned behaviour can be unlearned	 Self-actualising as ultimate goal
EXISTENTIALISM Frankl (abstract; philosophical) Higher values	• Client have to discover/find own meaning	 Self-actualising as ultimate goal
CLIENT-CENTERED Rogers	• The relationship between therapist and client is already a healing process	 Self-actualising as ultimate goal

2.16 SUMMARY OF CHAPTER 2

In CHAPTER 2 the researcher discussed the literature investigation on psychological well-being. The educational psychological perspective based on the Relations Theory was illustrated using nine icons. Similarities between relational concepts like salutogenesis, fortigenesis etc., and the Relations Theory, were drawn.

The research design will be discussed in CHAPTER 3.

CHAPTER 3 RESEARCH DESIGN

3.1 INTRODUCTION

In this chapter the researcher will discuss the research design which is going to be followed. According to Mouton (2001: 55) a research design is a plan or blueprint of how you intend conducting the research. The focus is on the end product and what kind of result is aimed at, and the point of departure is the research problem or question, 'Put simply: What kind of study will you be doing?'

In this study, psychological well-being will be investigated. The research design will consist of a questionnaire, using Likert-type four-point scales, as well as a short interview with open-ended questions focusing on the respondents' views about psychological well-being. Both the questionnaire and interview will be based on phenomenological principles acquired by the literature study.

The research design necessitates a qualitative as well as quantitative research methodology because the questionnaire is a research method associated with quantitative research, whereas the interview is a research method associated with qualitative research. Qualitative and quantitative research will be discussed in the following sections, focusing especially on the characteristics and approaches of these methodologies.

The Relations Theory of Unisa which forms the theoretical foundation of this study, was already discussed in CHAPTER 2.

Some ethical principles need also to be discussed later in this chapter before commencement of the research.

3.2 QUALITATIVE RESEARCH

There are many research methods associated with qualitative research. Qualitative research is not easily defined but has certain characteristics that

distinguish it from quantitative research methods. Qualitative research concerns itself with approaches such as phenomenology, ecological psychology, ethnography, symbolic interactionism, and postmodernism (Struwig & Stead, 2001: 11). Research methods are participant observation, archival source analysis, interviews, focus groups, and content analysis. Therefore, qualitative research can be viewed as interdisciplinary, multi-paradigmatic, and multi-method (Denzin & Lincoln, in Struwig & Stead, 2001: 11).

3.2.1 CHARACTERISTICS OF QUALITATIVE RESEARCH

Some of the characteristics of qualitative research will be discussed (Struwig & Stead, 2001: 12-13).

- The participants' and researcher's perspectives.

Qualitative researchers are interested in understanding the issues being researched from the perspective of the research participants which means that you are trying to see through the eyes of the participants. A qualitative researcher has to analyse and interpret the data in association with the participants.

In this study on psychological well-being the researcher will also be trying to see through the eyes of the participants, and the data will be analysed and interpreted in association with the participants, therefore the Likert-style questions which will be extended with an interview with open-ended questions.

- Contextualism.

Human behaviour does not occur in a vacuum. It is necessary to provide a description and analysis of the context or social environment of the research participants. Contextualism emphasises the macro and micro contexts of the individual and how these contexts interact with one another. The historical context of the individual may also be important to the researcher. Contextualism is closely aligned to holism which examines social environments in their totality.

In this study on psychological well-being the social environment as well as the historical context of the research participants will be taken into account, not only by using different representative questions, but also when interpreting their answers.

- Process

It is necessary to understand how prior events play a role in the individual's thoughts or behaviours. Social events are not static and therefore understanding change and process is imperative.

In this study on psychological well-being prior events that played a role in the individual's thoughts or behaviours are taken into account when phenomena like identity forming, self-concept and self-realisation are addressed and implied as an ongoing process.

- Flexibility and the use of theories.

Qualitative researchers prefer to begin research in a relatively open and unstructured manner and may be hesitant to rely excessively on theory to provide a framework of what to research. Such an unstructured approach encourages the researcher to be sensitive to unexpected events. Qualitative researchers tend to be mistrustful of theories and prior research, partly because research participants and their contexts could differ to those discussed in the research literature. They argue that as the study progresses, so does their use of theories and research. However, theories are sometimes tested from qualitative perspectives.

In this study on psychological well-being where the researcher is focusing on psychological well-being from an educational psychological perspective, flexibility is implied because the Relations Theory is used to structure the study, but sensitivity to unexpected events is also essential.

3.2.2 QUALITATIVE RESEARCH APPROACHES

For much of the twentieth century most researchers believed that the only phenomena that counted were those that could be observed and measured.

Unfortunately, not all phenomena in the human world come naturally in quantities (Struwig & Stead, 2001: 13). It may be useful to consider qualitative research as any research that uses qualitative data. According to Tesch (in Struwig & Stead, 2001: 13), qualitative data refer to any information that the researcher gathers that is not expressed in numbers. Qualitative data include information such as words, pictures, drawings, paintings, photographs, films, videotapes, music and soundtracks.

Struwig and Stead (2001: 13) noted 26 different kinds of approaches to qualitative research. These can be grouped into research relating to the characteristics of language as communication, and research concerning the discovery of regularities. These approaches will be mentioned shortly.

3.2.2.1 QUALITATIVE RESEARCH RELATING TO THE CHARACTERISTICS OF LANGUAGE AS COMMUNICATION

The following description was taken mainly from Struwig & Stead (2001: 14-15).

- Content analysis

Content refers to messages, such as words, meanings symbols and themes. The text can refer to that which is written, spoken or visualised. Content analysis can include quantitative and qualitative evaluations of text. The central idea in content analysis is that the many words of the text are classified into fewer content categories.

In this study on psychological well-being where the researcher is focusing on psychological well-being from an educational psychological perspective, content analysis which includes both quantitative and qualitative evaluations of the text will be done. The central idea of classifying the many words of the text into fewer content categories will also be done when the researcher put all the information into nine categories.

- Discourse analysis and ethnography of communication

Discourse analysis and ethnography are closely related to linguistics. These methods try to discover patterns of communication that have functional relevance

for people. Discourse analysis is used to show how different discourses (ways of talking and behaving) can be employed to achieve certain effects in specified contexts.

- Ethno science and structural ethnography

Ethno scientists and structural ethnographers consider language as the most important mode for transmitting culture between successive generations. Ethno scientists place a great emphasis on reduction and statistical procedures in their analysis, while structural ethnographers pay more attention to definitional meanings in language.

- Symbolic interaction and ethno methodology

Symbolic interactionists believe that people are constantly in a process of interpretation and definition as they move from one situation to another. They deduce the most important features present in events. Ethno methodologists study common sense, how it originates and how people employ tacit rules in their social interactions.

3.2.2.2. QUALITATIVE RESEARCH CONCERNING THE DISCOVERY OF REGULARITIES

The following paragraphs were taken from Struwig and Stead (2001: 15 & 16).

- Research in which connections among identified and categorised elements are sought.

Struwig and Stead (2001: 15) mention the following three research methodologies which sought connections among identified and categorised elements:

Firstly, grounded theory aims to construct theory by producing concepts that fit the data. Secondly, ethnographic content analysis applies grounded theory to documents and both quantitative and qualitative methods can be used. Thirdly, events structure analysis is a method where the researcher tries to find the underlying logical structure according to which events happen.

In this study where the researcher is focusing on psychological well-being from an educational psychological perspective, there are some parallels with ethnographic content analysis because grounded theory is applied to documents and both quantitative and qualitative methods will be used to acquire and interpret the data.

- Research in which the identification of regularities is sought in the form of patterns.

Struwig and Stead (2001: 15 & 16) mention the following three research methodologies which sought the identification of regularities in the form of patterns:

Firstly, in phenomenography, interviews are primarily used and the different ways in which people experience, conceptualise, perceive or understand aspects of the world, are mapped out. Secondly, naturalist inquiry, holistic ethnography and educational ethnography all follow an inductive approach that begins with empirical observation and results in the development of theoretical categories. Thirdly, action research is outcome-orientated research in which the participants and researcher are both involved in decisions regarding the research process. Such research is often conducted to empower a disadvantaged community and social justice is an important guiding principle.

In this study on psychological well-being phenomenography as methodology is also applied because the researcher used an interview to map out the different ways in which people experience, conceptualise, perceive or understand aspects of psychological well-being.

- Research where the interest is in comprehension of the meaning of text or action.

Struwig and Stead (2001: 16) mention the following two research methodologies where the interest is in comprehension of the meaning of text or action. Firstly in phenomenology the main goal is to find common themes to illustrate the range of meanings of a phenomenon. Secondly, hermeneutics, case studies and life

histories all call for interpretation with one piece of data. Hermeneutics refers to the interpretation of meanings from texts.

In this study on psychological well-being comprehension of the meaning of the text is necessary. The approach of phenomenology is used where the main goal is to find common themes to illustrate the range of meanings of psychological well-being. The approach of hermeneutics will also be included.

In the previous paragraphs the researcher tried to explain the characteristics and approaches of qualitative research and why and how it is applied in this study on psychological well-being.

In the following paragraphs the researcher will try to explain the characteristics and approaches of quantitative research and the relevance thereof for this study.

3.3 QUANTITATIVE RESEARCH

Quantitative research is a form of conclusive research involving large representative samples and fairly structured data collection procedures. A primary role of quantitative research is to test hypotheses. A hypothesis is a statement regarding the relationship between or more variables; a hypothesis can be tested (Struwig & Stead, 2001: 4).

3.3.1 CHARACTERISTICS OF QUANTITATIVE RESEARCH

Characteristics of quantitative research will be discussed according to Struwig and Stead (2001: 4-6).

- Constructs and their measurement

Quantitative research examines constructs (variables) which are based on the hypotheses derived from a theoretical scheme. Constructs are the central focus in quantitative research and it must be specified precisely how the construct will be measured. The measurement of constructs tends to be undertaken through the use of questionnaires and/or some form of structured observation.

In this study on psychological well-being the researcher will use quantitative research to examine constructs (nine categories of psychological well-being) through the use of questionnaires and/or an interview based on questions derived from a theoretical scheme (The Relations Theory). However, the researcher will not make use of any hypotheses derived from a theoretical scheme.

- Causality

Quantitative research often tries to establish cause and effect relationships between constructs. Independent and dependent variables by quantitative researchers is evidence of the widespread tendency to establish causal relationships between variables (constructs). A causal relationship between constructs explain why things are the way they are by specifying the causes thereof. Quantitative researchers seek to absorb methods and assumptions of the natural scientist which generally have been interpreted in positivistic terms. The quantitative approach is based largely on positivism and neo-positivism. According to Neuman (in Struwig & Stead, 2001: 5) positivism is a research paradigm that combines a deductive approach with precise measurement of quantitative data so researchers can discover and confirm causal laws that will permit predictions about human behaviour. Neo-positivism (or post-positivism) states that reality can only be imperfectly understood, that research findings are probably true, and that qualitative research methods can also be employed.

In this study on psychological well-being the researcher's approach will be nearer to Neo-positivism (or post-positivism) than to positivism because post-positivism states that reality can only be imperfectly understood and that qualitative research methods can also be employed. The array of various qualitative methods which the researcher employed, had been discussed in the previous section.

- Generalisation

The quantitative researcher wishes to generalise results beyond the confines of the research sample. The preoccupation with establishing generality can probably be attributed to the quantitative researcher's tendency to imitate the methods of the natural scientist. Representativeness of samples is important.

In this study on psychological well-being the researcher will also generalise results beyond the confines of the research sample.

- Replication

The replication of a study provides a way of determining the extent to which findings are applicable to other contexts. A study is replicable when the study's research process is clearly and accurately described.

In this study the research process is clearly and accurately described and the findings are applicable to other contexts.

- Individual as focus

In quantitative research the individual is the focus of the empirical inquiry. The individualistic element has to do with its techniques of investigation which use the individual as a source of data, largely independent from other individuals. The individual's responses are collected to form overall measures for the sample. Quantitative researchers are influenced by positivism and view reality as if it were identical to the natural order.

In this study where the researcher is focusing on psychological well-being from an educational psychological perspective, a few individuals are used as a source of data and the influence of positivism not considered that important. Differences in individual responses are allowed which necessitate an essential sensitivity to unexpected events from the researcher's side.

3.3.2 QUANTITATIVE RESEARCH APPROACHES

The following paragraphs are taken from Struwig and Stead (2001: 7-10).

Struwig and Stead (2001: 7) noted that it is not possible to discuss all kinds of approaches to quantitative research in detail. The most common methods used to conduct quantitative research are exploratory, descriptive, experimental and quasi-experimental.

3.3.2.1 EXPLORATORY RESEARCH

Neuman (in Struwig & Stead, 2001; 7) defined exploratory research as research into an area that has not been studied and in which a researcher wants to develop initial ideas and a more focused research question. This type of investigation involves gathering a great deal of information from a small sample.

Three possible methods may be used in exploratory research, namely the study of secondary sources of information, an analysis of selected cases, and a survey of individuals who are likely to have opinions on the subject under investigation.

- Secondary sources of information can provide new insights into a problem.

- A survey of likely individuals can do the same. Respondents should be given the greatest possible freedom of response in order to generate new ideas. Focus group interview is a more structured method of collecting information where six to twelve respondents are brought together at one place to discuss the topic concerned.

In this study on psychological well-being the researcher also wants to gather a great deal of information from a small sample. Methods used will be the study of secondary sources of information (the literature study), an analysis of selected cases (the researcher's final four cases), and a survey of individuals who are likely to have opinions on the subject under investigation (those four cases and their opinions on psychological well-being).

3.3.2.2 DESCRIPTIVE RESEARCH

In contrast with exploratory research where flexibility characterises the research, descriptive research is an attempt to provide a complete and accurate description of a situation.

Two methods are case studies and the statistical method.

- Case studies

The case study method involves intensive study of a relatively small number of cases. The emphasis is on arriving at a complete description of constructs being studied, despite the small numbers of persons involved. This method is often used as a first step in the research process and conducted to isolate three factors, namely features that are common to all cases in the general group; features that are not common to all cases but are common to certain subgroups; and features that are unique to specific cases.

In this study where the researcher is focusing on psychological well-being from an educational psychological perspective, the emphasis is on arriving at a complete description of the constructs being studied despite the small numbers of persons involved.

- Statistical method

The statistical method examines a few variables in a large number of cases. Different statistical methods are employed to analyse data and instead of comparing individual cases by analogy as the case study method does, the statistical method focuses on measures of central tendency, percentages and other sophisticated statistical procedures. A better overall picture may emerge than that from a case study, but detailed insights into the research problem may be compromised.

In this study on psychological well-being the researcher will also use percentages as a statistical method to analyse the data.

3.3.2.3 EXPERIMENTAL AND QUASI-EXPERIMENTAL RESEARCH

- True experimental research designs.

True experimental research designs address research questions concerning causality, namely to what extent do a set of variables known as the independent variables, influence other variables known as dependent variables?

There are various types of true experimental designs and their use will depend on the research question and the extent to which the researcher has control over the variables. According to Christensen et al. (in Struwig & Stead, 2001: 9) true experimental research designs reflect the characteristics of the true experiment, namely:

* One or more hypotheses are developed to predict the effects of the independent variable(s) on the dependent variable(s)

* An independent variable has at least two levels (e.g. gender comprises males and female/s)

* The participants are randomly assigned

* There are controls for threats to internal validity

* Results can be generalised to certain samples outside the study.

- Quasi-experimental research designs.

Quasi-experimental research designs are similar to true experiments with the major difference being that the participants are not randomly assigned to groups. Quasi-experiments are useful in applied or field settings when the requirements of true experiments cannot always be met. According to Christensen et al. (in Struwig & Stead, 2001: 10) there are two major types of quasi-experiments, namely non-equivalent control group designs and interrupted time series designs.

In this study where the researcher is focusing on psychological well-being from an educational psychological perspective, neither true experimental or quasi-experimental research designs were employed because causality is not the issue under investigation.

In the previous paragraphs the researcher explained the characteristics and approaches of quantitative research and why and how it is applied in this study on psychological well-being.

In two of the previous sections (SECTION 3.2 and SECTION 3.3) the researcher tried to illustrate how the study on psychological well-being will be done by applying both qualitative as well as quantitative research methodologies. Before the research design will be presented in the latter part of CHAPTER 3, the ethical considerations have to be discussed. The researcher will focus on ethical issues in the following paragraphs.

3.4 ETHICAL ISSUES

Conducting research is an ethical enterprise. Schwarz (in Struwig & Stead, 2001: 66) refers to ethics as 'a system of morals, rules of behaviour'. Research ethics provide researchers with a code of moral guidelines on how to conduct research in a morally acceptable way. Adhering to the ethical guidelines may help to prevent researchers from engaging in scientific misconduct such as failing to maintain the privacy and confidentiality of the participants, plagiarism, distorting and inventing data, falsely reporting results, etc.

Struwig and Stead (2001: 67) believe that the 1992 Code of Ethics of the American Psychological Association is applicable to researchers from all disciplines. Five general principles based on the Code will be discussed in short.

- A researcher must be qualified and competent to undertake a particular research project.
- Integrity is important: The researcher must be honest, fair and respectful towards others and not attempt to mislead or deceive clients or research participants.
- Researchers must uphold the standards of their profession and accept responsibility for their actions.
- Researchers must respect the rights and dignity of others and not knowingly discriminate against people on the basis of the following factors: The respondents' privacy, confidentiality, autonomy, cultural and individual differences such as age, gender, ethnicity, religion, language, and socio-economic status.

- The welfare of others should be of major concern to researchers, and researchers should seek to avoid or minimise any harm befalling their research participants as a result of interaction with them.

According to the Health Professions Act, 1974 (Act No. 56 of 1974) in which the 'Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act of South Africa' were stated (Government Gazette, 2006: 41-44), a psychologist shall, prior to conducting research, enter with every research participant into an agreement that sets out the nature of the research and responsibilities of each party. The psychologist shall also get written informed consent from the (legally capable) participant whereby the psychologist shall inform the participant that he/she is free to participate, or to decline or withdraw from the research. Special care shall also be taken to protect the participant from adverse consequences of declining or withdrawing from participating. The psychologist also has to inform the participant of significant factors that may be expected to influence his or her willingness to participate such as risks, discomfort, adverse effects or exceptions to the requirement of confidentiality. The psychologist shall also explain any other matters about which the participant enquires. When a psychologist is uncertain whether a particular situation, course or action would violate these rules, he or she shall consult with another psychologist knowledgeable about ethical issues, or with a national psychology ethics committee, or with another authority in order to make the proper decision. When reporting research results, a psychologist shall not fabricate data or falsify results.

3.5 THE RESEARCHER'S RESEARCH ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

3.5.1 THE PILOT QUESTIONNAIRE

A pilot study (questionnaire), based upon the literature study was done firstly to ensure that the important aspects of psychological well-being were covered and

possible misunderstandings cleared up. In this pilot questionnaire, the icons representing the nine categories of the Relations Theory were used as guidance.

The researcher handed out fifteen pilot questionnaires to respondents and ten questionnaires were received back, upon which the final questionnaire were based.

The ethical aspects as stated above (SECTION 3.4), were discussed with all respondents beforehand.

3.5.2 THE FINAL QUESTIONNAIRE

After the pilot study, a final questionnaire TABLE 3.5.1 THE QUESTIONNAIRE ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE was designed and administered. The final questionnaire is based upon the nine icons representing the Relations Theory.

The final questionnaire was administered to four respondents and the ethical aspects mentioned in SECTION 3.4, were discussed beforehand with all the respondents.

3.5.3 THE INTERVIEW

An interview TABLE 3.5.2 THE INTERVIEW ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE using open-ended questions (or semi-structured questions), were put to the respondents.

The next section will consist of Tables 3.5.1 and 3.5.2.

After the above mentioned questionnaire and interview were conducted, the researcher will analyse and discuss the responses of the respondents in CHAPTER 4. Conclusions will be drawn.

Recommendations for the enhancement of psychological well-being will be made in CHAPTER 5. A synopsis of the study will be given in CHAPTER 6.

TABLE 3.5.1 THE FINAL QUESTIONNAIRE ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

PLEASE COMPLETE THE FOLLOWING SECTIONS BY MARKING THE MOST APPROPRIATE BLOCK, ACCORDING TO YOURSELF, WITH A TICK	PLEASE TICK THE BLOCK THAT YOU FEEL DESCRIBES YOU THE BEST

SECTION A   I / MY EGO
 	
                              (Who am I?)
	4-POINT LIKERT-SCALE
	    1=strongly agree
	    2=agree
	    3=disagree
	    4=strongly disagree

		1	2	3	4
Example: I love to teach.		√			
1. My needs are satisfied in a socially acceptable manner.	1				
2. I have conflict between the satisfying of my needs, and guilt feelings.	2				
3. I am in control of my life.	3				
4. I have lots of energy to do things.	4				
5. I feel respected as an individual.	5				
6. I feel worthy as a person.	6				
7. I am recognized as a worthy person.	7				
8. I feel good about myself.	8				
9. I have enough confidence for my daily activities.	9				
10. I make my own choices.	10				
11. I think good about myself.	11				
12. My needs are fulfilled.	12				
13. I have feelings of inferiority.	13				
14. I feel helpless.	14				
15. It feels as if my world is falling apart.	15				
16. I use aggression to cope.	16				
17. I repress thoughts and/or feelings.	17				
18. I project my feelings and/or thoughts on other people.	18				
19. I feel rejected at home.	19				
20. I don't want to acknowledge my shortcomings.	20				
21. I lack coping skills.	21				
22. I do things associated with somebody of a younger age.	22				
23. I compensate for things/feelings I missed out on.	23				
24. I'm happy with my relations (friends; family; myself; God).	24				
25. After hardship I have the ability to bounce back.	25				
26. I feel psychologically numb.	26				
27. I feel depressed.	27				
28. I am full of joy.	28				
29. I am a happy person.	29				
30. I feel rejected at work.	30				

SECTION B MY SELF (What do I think /feel about myself?)	1=strongly agree 2=agree 3=disagree 4=strongly disagree				
1. I like myself.	1				
2. I can be happy on my own.	2				
3. I fear death.	3				
4. I'm glad that I was born.	4				
5. I have had numerous positive experiences in life.	5				
6. I like to do a lot of things simultaneously.	6				
7. I have a diversity of interests.	7				
8. I want to take back my disowned self.	8				
9. I have lots of fears in my life.	9				
10. I'm not crippled by fears.	10				
11. I'm in some dysfunctional relationship at home.	11				
12. I'm in some dysfunctional relationship at work.	12				
13. I'm in some dysfunctional relationship in my family.	13				
14. I keep grudges against people.	14				
15. I feel I don't have to explain my actions to other people.	15				
16. My needs are satisfied at home.	16				
17. My needs are satisfied at work.	17				
18. I feel that I'm nurturing myself.	18				

SECTION C MY IDENTITY (Who and what I am?)	1=strongly agree 2=agree 3=disagree 4=strongly disagree				
1. I have different roles (identities) in various spheres of life.	1				
2. I feel positive about my roles in life.	2				
3. I can distinguish myself from all others.	3				
4. I have meaning in life (significance attribution).	4				
5. During adolescence I could be my own person.	5				
6. During adolescence I conform to the norms of the group.	6				
7. I'm able to adopt realistic standpoints.	7				
8. I feel confident when I'm saying 'I can/can not; I want to/don't want to'.	8				
9. I feel other people evaluate me positively.	9				
10. I am the person that I want to be.	10				
11. I don't feel the need to explain 'Why?' / 'What?' to other people.	11				
12. I am happy with myself.	12				
13. I want to grow personally.	13				
14. My life is meaningful.	14				
15. I feel positive about my role as ……………. (My career).	15				
16. I feel positive about my role as mom/dad (if applicable).	16				
17. I feel positive about my role as spouse/life companion (if applicable).	17				
18. I feel positive about my role as family member.	18				

SECTION D	MY THOUGHTS	1=strongly agree 2=agree 3=disagree 4=strongly disagree				
1. My world does make sense to me.		1				
2. I have positive thoughts most of the time.		2				
3. I think positive about the world out there.		3				
4. I think positive about myself.		4				
5. I think positive about my career.		5				
6. I think positive about my family.		6				
7. I think positive about my friends.		7				

SECTION E	MY FEELINGS	1=strongly agree 2=agree 3=disagree 4=strongly disagree				
1. I feel full of joy most of the time.		1				
2. I feel positive about the world out there.		2				
3. I feel positive about myself.		3				
4. I feel positive about my career.		4				
5. I feel positive about my family.		5				
6. I feel positive about my friends.		6				

SECTION F	MY INVOLVEMENT	1=strongly agree 2=agree 3=disagree 4=strongly disagree				
1. I'm busy with a lot of things in my life.		1				
2. I am full of energy when I think about all the activities I'm involved in.		2				
3. I don't want to do the things other people want me to do.		3				
4. I am depressed when I think about the things other people want me to do.		4				
5. I want to do the things I've planned to do.		5				
6. I'm involved with colleagues.		6				
7. I'm involved with hobbies/sport/community, etc.		7				
8. I'm involved with myself.		8				
9. I'm involved with friends.		9				
10. I'm involved with family members.		10				

SECTION G MY SELF-CONCEPT (How do I think about myself)	1=strongly agree 2=agree 3=disagree 4=strongly disagree			
1. I feel good about myself.	1			
2. I think I'm 'OK'.	2			
3. My friends think I'm OK.	3			
4. My spouse/life companion (if applicable) thinks I'm OK.	4			
5. My colleagues think I'm OK.	5			
6. My children (if applicable) think I'm OK.	6			
7. My family thinks I'm OK	7			
8. I am priceless.	8			
9. I think I am doing fine in life.	9			
10. I think I have a realistic impression of myself.	10			
11. The impression that I have about myself is positive.	11			

SECTION H SELF TALK (What do I say to myself)	1=strongly agree 2=agree 3=disagree 4=strongly disagree			
I SAY TO MYSELF:				
1. I think I'm coping with life.	1			
2. I like the life that I'm living.	2			
3. I get results when I set my mind to it.	3			
4. I get frustrated easily.	4			
5. When confronted with obstacles, I don't want to continue with the task.	5			
6. I can't handle problems at home.	6			
7. I can't handle problems at work.	7			
8. Life is difficult.	8			
9. I am OK.	9			
10. Life is OK.	10			
11. I like my job.	11			
12. I like my family.	12			
13. I like my friends.	13			
14. I like to get things done.	14			

SECTION I SELF-ACTUALISATION (I am actualising my potential)	1=strongly agree 2=agree 3=disagree 4=strongly disagree			
1. I am the person that I want to be.	1			
2. I am my own person.	2			
3. I am actualising my potential.	3			
4. I want to actualise my potential.	4			
5. I want to become the best that I can be.	5			
6. I live my life according to my own expectations.	6			
7. I have formulated goals outside of my own person.	7			
8. I have goals that are of higher order (personal growth; self-esteem; self-concept).	8			
9. I am content with my life.	9			
10. I can appreciate the small things in life.	10			
11. I am creative; I'm creating things.	11			
12. I live according to my own set of principles without violating/ignoring those of others.	12			
13. My ultimate aim is to be full of joy.	13			
14. I appreciate the life that I'm living.	14			

TABLE 3.5.2 THE INTERVIEW ON PSYCHOLOGICAL WELL-BEING FROM AN
EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

INTRODUCTORY SECTION	QUESTIONS ON PSYCHOLOGICAL WELL-BEING

a. Give your definition of psychological well-being.

b. How do you achieve psychological well-being?

c. How do you attain psychological well-being?

SECTION A I / MY EGO	(Who am I?)

1. How would you introduce yourself to the world? I am…….

2. Tell me about the role of the significant others in your early years?

3. When facing obstacles, do you fight or flight?

4. Can you tell about a situation where you showed resilience?

5. Tell about times when you feel depressed?

6. If you are/were in therapy, how do you feel about it?

SECTION B MY SELF	(What do I think /feel about myself?)

7. How would you present yourself using a metaphor?

8. Name your identities?

9. If you present your Self as a house (metaphor), please answer the following
   questions on the house:

   9.1 Who helped to build the house?
   9.2 Are there any locked rooms?
   9.3 Are the foundations strong?

10. Would you say you are living your true self, adapted self or ideal self? Explain.

11. If you could have three wishes, what would it be?

SECTION C — MY IDENTITY — (Who and what am I?)

12. How did you experience peer group pressure during adolescence?

13. Do you know when to say 'no' if you don't feel like doing something?

14. Would you say you are flexible?

15. How do you feel about your negotiating skills?

16. Do you sometimes feel diffused or unsure about what you can, want or ought to do? Please expand.

17. Tell about how you form new identities and about the old ones you've lost.

SECTION D — MY THOUGHTS

No questions were asked directly on thoughts because the client's thoughts are derived from all the other categories.

SECTION E — MY FEELINGS

No questions were asked directly on feelings because the client's feelings are derived from all the other categories.

SECTION F — MY INVOLVEMENT

18. Tell about the activities in your life that you're involved with (work; hobbies; friends; other).

19. Tell about your energy levels.

SECTION G — MY SELF-CONCEPT — (What/How do I think about myself)

20. How do you feel about yourself?

21. What do you think of yourself?

22. Show client a sketch of the self-concept pendulum and ask: 'Were there times that you feel more to one side of the pendulum?'

SECTION H	SELF TALK	(What do I say to myself)

23. What are you telling yourself about yourself.

24. Tell about your own degenerative talk about yourself.

25. Tell about your own affirmative talk about yourself.

SECTION I	SELF-ACTUALISATION	(I am actualising my potential)

26. Can you say that you're the person that you want to be?

27. To what extent have you realized your potential?

28. How do you value the small things in life?

29. Tell about your creativity.

30. How do you feel about living according to principles.

3.6 SUMMARY OF CHAPTER 3

In CHAPTER 3 the researcher discussed the research design which is going to be used for the investigation on psychological well-being. The research design consisted of a questionnaire, using four-point Likert-type scales, as well as a short interview with open-ended questions focusing on the respondents' views about psychological well-being. Qualitative as well as quantitative research methodology and ethical principles were illustrated in CHAPTER 3.

In CHAPTER 4 the researcher will give the research results of the study on psychological well-being from an educational psychological perspective, and analyse the results. Conclusions will be drawn.

CHAPTER 4 RESEARCH RESULTS

4.1 INTRODUCTION

In CHAPTER 3 the research design has been discussed in order to show how psychological well-being would be investigated from an educational psychological perspective. The research design consisted of a questionnaire, using Likert-type four-point scales, as well as a short interview with open-ended questions based upon the questionnaire.

In CHAPTER 4 the research results will be given and discussed. Both qualitative as well as quantitative analysing methods would be used because the questionnaire is a method usually associated with quantitative research, whereas the interview is a research method usually associated with qualitative research. The responses of the questionnaire and interview will be integrated and conclusions be drawn.

DIAGRAM 4.1 SUMMARY OF CHAPTER 4

RESEARCH RESULTS		ANALYSIS		CONCLUSION

*Questionnaire
*Interview
 	
(Section 4.3)
	→	*Qualitative
		*Quantitative
		*According to
		  9 categories
		
		(Section 4.4)
			→	*According to
				  9 categories
				
				(Section 4.5)
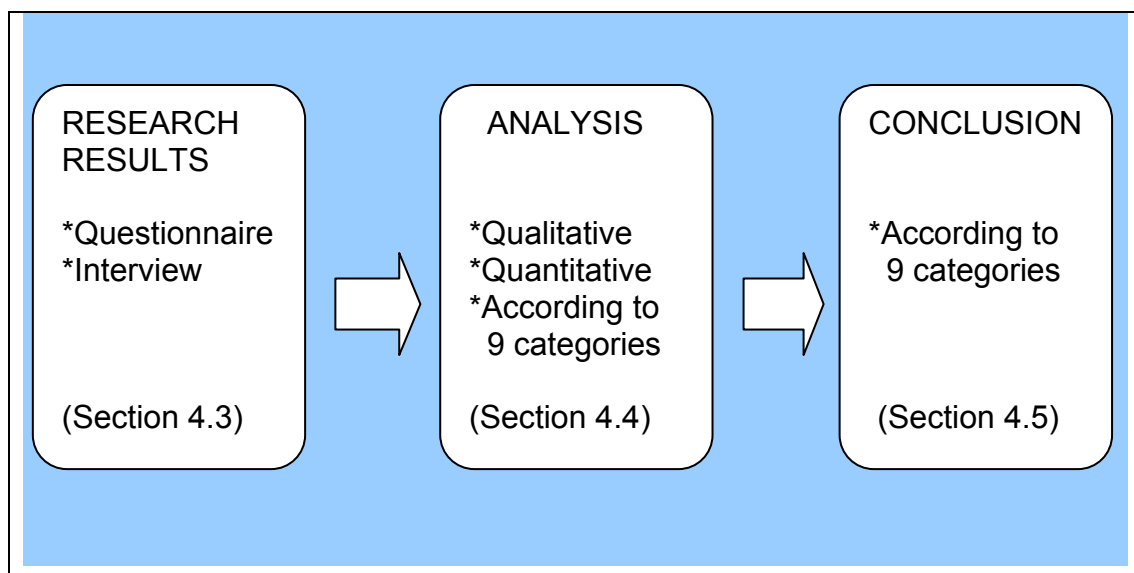
4.2 THE RESEARCHER'S RESEARCH ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

4.2.1 THE PILOT QUESTIONNAIRE ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

A pilot study/questionnaire based upon the literature study was done firstly to ensure that the important aspects of psychological well-being were covered and possible misunderstandings cleared up. In the pilot questionnaire, the icons representing the Relations Theory were used as guidance for the nine categories of questions.

The researcher handed out fifteen pilot questionnaires to respondents and ten questionnaires were received back, upon which the final questionnaire were based.

The ethical aspects were discussed with all respondents.

4.2.2 THE FINAL QUESTIONNAIRE ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

After the pilot study had been done, the final questionnaire TABLE 3.5.1 THE FINAL QUESTIONNAIRE ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE, based upon the nine icons representing the Relations Theory, was administered to four respondents which formed part of the pilot study.

The four respondents were well-functioning and well-loved teachers (one is a Deputy principal and one is a Head of Department) and included both gender (one female; three males) as well as Christian and Muslim belief systems (one Christian; three Muslim).

Most of the respondents have encountered some major obstacles in life, which the researcher only became aware of while doing the interviews with them because all of them were positively engaged in their lives: One of them lost a kidney, and half of her liver. Another one is a diabetic and on medication and has to monitor his insulin on a daily basis. The fact that his wife had been diagnosed with cancer recently resulted in financial problems which added to his challenges. Another one and his family had been forced to roam the streets for six years after their two estates had been taken from them.

The respondents were known to the researcher for some time and a true and trusting relationship had been formed, which created a warm and accepting climate in which the research could be conducted. The respondents were very eager to participate and they enjoyed the questionnaire and interview. The researcher also beliefs that the responses of the respondents were sincere and true.

The ethical aspects were discussed with all respondents and confidentiality assured.

4.2.3 THE INTERVIEW ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

An interview TABLE 3.5.2 THE INTERVIEW ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE, using open-ended questions (semi-structured questions) were put to the respondents. The research results will be given and discussed in the next sections.

4.3 THE RESEARCH RESULTS

The research results according to the final questionnaire and interview will be given in the following sections.

The answers of the respondents, represented by a capital letter (G; F; S; R) will be given in the following table (TABLE 3.5.1 THE FINAL QUESTIONNAIRE ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE).

Respondent 1 = G

Respondent 2 = F

Respondent 3 = S

Respondent 4 = R

The results will be discussed in Section 4.4.

4.3.1 RESEARCH RESULTS OF THE FINAL QUESTIONNAIRE ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE (TABLE 3.5.1)

TABLE 3.5.1 PLEASE COMPLETE THE FOLLOWING SECTIONS BY MARKING THE MOST APPROPRIATE BLOCK, ACCORDING TO YOURSELF, WITH A TICK	PLEASE TICK THE BLOCK THAT YOU FEEL DESCRIBES YOU THE BEST

SECTION A   I / MY EGO   (Who am I?)

4-POINT LIKERT-SCALE
1=strongly agree
2=agree
3=disagree
4=strongly disagree

		1	2	3	4
Example: I love to teach.	Ex	√			
1. My needs are satisfied in a socially acceptable manner.	1	GFSR			
2. I have conflict between the satisfying of my needs, and guilt feelings.	2		G	R	FS
3. I am in control of my life.	3	GFSR			
4. I have lots of energy to do things.	4	G	FSR		

98

	1	2	3	4
5. I feel respected as an individual.	5	GSR	F		
6. I feel worthy as a person.	6	SR	GF		
7. I am recognized as a worthy person.	7	GS	FR		
8. I feel good about myself.	8	GFSR			
9. I have enough confidence for my daily activities.	9	GFSR			
10. I make my own choices.	10	GFSR			
11. I think good about myself.	11	GFS	R		
12. My needs are fulfilled.	12	S	FR		
13. I have feelings of inferiority.	13				GFSR
14. I feel helpless.	14				GFSR
15. It feels as if my world is falling apart.	15				GFSR
16. I use aggression to cope.	16			R	GFS
17. I repress thoughts and/or feelings.	17		G	R	FS
18. I project my feelings and/or thoughts on other people.	18		GF	SR	
19. I feel rejected at home.	19				GFSR
20. I don't want to acknowledge my shortcomings.	20			FR	GS
21. I lack coping skills.	21			R	GFS
22. I do things associated with somebody of a younger age.	22		F	R	GS
23. I compensate for things/feelings I missed out on.	23		F	R	GS
24. I'm happy with my relations (friends; family; myself; God).	24	GFSR			
25. After hardship I have the ability to bounce back.	25	GFS	R		
26. I feel psychologically numb.	26			R	GFS
27. I feel depressed.	27			R	GFS
28. I am full of joy.	28	GS	FR		
29. I am a happy person.	29	GS	FR		
30. I feel rejected at work.	30			R	GFS

SECTION B MY SELF (What do I think /feel about myself?)	1=strongly agree 2=agree 3=disagree 4=strongly disagree			
		1	2	3	4
1. I like myself.	1	GFSR			
2. I can be happy on my own.	2	GFSR			
3. I fear death.	3	GF		SR	
4. I'm glad that I was born.	4	GFSR			
5. I have had numerous positive experiences in life.	5	GFS	R		
6. I like to do a lot of things simultaneously.	6		S	FR	G
7. I have a diversity of interests.	7	FS	GR		
8. I want to take back my disowned self.	8		GSR		F
9. I have lots of fears in my life.	9			R	GFS
10. I'm not crippled by fears.	10	GS	R		F
11. I'm in some dysfunctional relationship at home.	11			R	GFS
12. I'm in some dysfunctional relationship at work.	12			R	GFS
13. I'm in some dysfunctional relationship in my family.	13			R	GFS
14. I keep grudges against people.	14			FR	GS
15. I feel I don't have to explain my actions to other people.	15	GFS		R	
16. My needs are satisfied at home.	16	GFSR			
17. My needs are satisfied at work.	17	GSR	F		
18. I feel that I'm nurturing myself.	18	GS	R	F	

SECTION C MY IDENTITY (Who and what am I?)		1=strongly agree 2=agree 3=disagree 4=strongly disagree		

	1	2	3	4
1	FS	R	G	
2	FS	GR		
3	GFS	R		
4	GFS	R		
5	FS	GR		
6			GR	FS
7	GS	FR		
8	GFS	R		
9	S	GR	F	
10	FSR	G		
11	GFSR			
12	GFSR			
13	FS	GR		
14	GS	R		
15	GS	FR		
16	FS	G		
17	FS			
18	GFS	R		

1. I have different roles (identities) in various spheres of life.
2. I feel positive about my roles in life.
3. I can distinguish myself from all others.
4. I have meaning in life (significance attribution).
5. During adolescence I could be my own person.
6. During adolescence I conform to the norms of the group.
7. I'm able to adopt realistic standpoints.
8. I feel confident when I'm saying 'I can/can not; I want to/don't want to'.
9. I feel other people evaluate me positively.
10. I am the person that I want to be.
11. I don't feel the need to explain 'Why?' / 'What?' to other people.
12. I am happy with myself.
13. I want to grow personally.
14. My life is meaningful.
15. I feel positive about my role as ……… (my career).
16. I feel positive about my role as mom/dad (*if applicable).
17. I feel positive about my role as spouse/life companion*
18. I feel positive about my role as family member.

SECTION D MY THOUGHTS		1=strongly agree 2=agree 3=disagree 4=strongly disagree		

	1	2	3	4
1	GFS	R		
2	GFSR			
3	FSR		G	
4	GFSR			
5	GFS	R		
6	GFSR			
7	GFS	R		

1. My world does make sense to me.
2. I have positive thoughts most of the time.
3. I think positive about the world out there.
4. I think positive about myself.
5. I think positive about my career.
6. I think positive about my family.
7. I think positive about my friends.

SECTION E MY FEELINGS		1=strongly agree 2=agree 3=disagree 4=strongly disagree		

	1	2	3	4
1	GFS	R		
2	FS	R	G	
3	GFSR			
4	GFS		R	
5	GFSR			
6	GFS	R		

1. I feel full of joy most of the time.
2. I feel positive about the world out there.
3. I feel positive about myself.
4. I feel positive about my career.
5. I feel positive about my family.
6. I feel positive about my friends.

SECTION F	MY INVOLVEMENT		1=strongly agree 2=agree 3=disagree 4=strongly disagree			

	1	2	3	4
1	F	GSR		
2		GSR		F
3	G	FR	S	
4		F	R	GS
5	G	FR		
6	GS	R		F
7	FS	GR		
8	GFS	R		
9	GS	R	F	
10	GFSR			

1. I'm busy with a lot of things in my life.
2. I am full of energy when I think about all the activities I'm involved in.
3. I don't want to do the things other people want me to do.
4. I am depressed when I think about the things other people want me to do.
5. I want to do the things I've planned to do.
6. I'm involved with colleagues.
7. I'm involved with hobbies/sport/community, etc.
8. I'm involved with myself.
9. I'm involved with friends.
10. I'm involved with family members.

SECTION G	MY SELF-CONCEPT (How do I think about myself)	1=strongly agree 2=agree 3=disagree 4=strongly disagree

	1	2	3	4
1	GFSR			
2	GFS		R	
3	FS	G	R	
4	FS			
5	FS	GR		
6	FS	G		
7	GFS	R		
8	GS	R	F	
9	GFS	R		
10	GFS	R		
11	GFS	R		

1. I feel good about myself.
2. I think I'm 'OK'.
3. My friends think I'm OK.
4. My spouse/life companion (if applicable) thinks I'm OK.
5. My colleagues think I'm OK.
6. My children (if applicable) think I'm OK.
7. My family thinks I'm OK
8. I am priceless.
9. I think I am doing fine in life.
10. I think I have a realistic impression of myself.
11. The impression that I have about myself is positive.

SECTION H	SELF TALK (What do I say to myself)	1=strongly agree 2=agree 3=disagree 4=strongly disagree

I SAY TO MYSELF:

	1	2	3	4
1	GF	SR		
2	FR	GS		
3	GFR	S		
4		G	R	FS
5			GR	FS
6			R	GFS
7			R	GFS
8			GR	FS

1. I think I'm coping with life.
2. I like the life that I'm living.
3. I get results when I set my mind to it.
4. I get frustrated easily.
5. When confronted with obstacles, I don't want to continue with the task.
6. I can't handle problems at home.
7. I can't handle problems at work.
8. Life is difficult.

9	GFS	R		
10	GFS	R		
11	GFS	R		
12	GFSR			
13	GFS	R		
14	GFS	R		

| SECTION I   SELF-ACTUALISATION (I am actualising my potential) | 1=strongly agree 2=agree 3=disagree 4=strongly disagree |

9. I am the person that I want to be.
2. I am my own person.
3. I am actualising my potential.
4. I want to actualise my potential.
5. I want to become the best that I can be.
6. I live my life according to my own expectations.
7. I have formulated goals outside of my own person.
8. I have goals that is of higher order (personal growth; self-esteem; self-concept).
9. I am content with my life.
10. I can appreciate the small things in life.
11. I am creative; I'm creating things.
12. I live according to my own set of principles without violating/ignoring those of others.
13. My ultimate aim is to be full of joy.
14. I appreciate the life that I'm living.

	1	2	3	4
1	GFSR			
2	GFSR			
3	S	FR	G	
4	FS	GR		
5	GFS	R		
6	GFS	R		
7	FS	R	G	
8	GFS	R		
9	GFSR			
10	GFSR			
11	GSR	F		
12	GFSR			
13	GFSR			
14	GFSR			

4.3.2 RESEARCH RESULTS OF THE INTERVIEW ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE (TABLE 3.5.2)

In TABLE 3.5.2 the researcher uses the same capital letters of the previous

section to represent each respondent's answers:

Respondent 1 = G

Respondent 2 = F

Respondent 3 = S

Respondent 4 = R

TABLE 3.5.2	
INTRODUCTORY SECTION	**QUESTIONS ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE**

a. Give your definition of psychological well-being.

G: Psychological well-being is governed by my line of thought which is drawn from a vast field of experiences and occurrences in my life. These ultimately affect my emotions and consequently my reactions.

Psychological well-being for me is a state of mind, spirit and body reacting harmoniously. This well-being is closely related to a consciousness and presence of God (for me). Many religious teachings stress a firm faith in God. It is towards this that I try to strive. If I serve God, obey God's commandments, adhere to the advices given by God – only tranquillity and absolute peace of mind results.…
If we could lead a simple, uncomplicated life of obeisance, and divorce the attitude that' I'm in charge/I want/I must have', our needs become uncomplicated, our accountability becomes uncomplicated, my interaction with mankind becomes uncomplicated, to serve and connect with God becomes uncomplicated, hence, my spiritual or psychological wellbeing is balanced, because our lives are filled with grace, and contentment of heart is achieved. I try to live by a simple philosophy: If you have erred yesterday and fear the retribution of tomorrow, fix it today. To err is human, to forgive, divine.

We need to be the change that we want to see. It starts with me. Everything that I want to have in life becomes simple if I start to GIVE it first. If I want love, I need to GIVE love to others.

S: To be at peace with God.
F: Stability in my life: my home; my work; my religion.
R: Finding a balance in one's life - spiritually, mentally and emotional.

b. How do you achieve psychological well-being?

G: Included in the above (a).

S: To listen to God and do what he asks from me.

F: Through balance and equilibrium. I divide my time in sections and try to pay attention to everything. I have to accept my shortcomings. I don't believe to hold problems inside, but to go and speak to the person.

R: To be happy with yourself, family and to have faith in God. I believe my faith and family keeps me emotionally happy, but I am happy on my own too. We have a new addition to our family …Tomorrow she is getting her name…We'll have a meal with lots of food as usual. That is what keeps us emotionally happy - family. It is our family values and bond that keeps me going.

SECTION A	I / MY EGO	(Who am I?)

1. How would you introduce yourself to the world? I am…….

G: Just by being me: This is me.

S: I am a do-er; I don't speak much. The world is like a play and I'm one of the characters in the play. I want to mean something to other persons; be a role model for the learners.

F: I'm quite a normal guy; humble, modest, not significant, with weaknesses.

R: I would introduce myself to the world as a woman firstly. It is important that a woman is to be known, because without a woman in the house, the house collapses. I'm part of a loving family and more important, I'm a career woman who is independent. I never aimed to be a teacher, but my father said, I must go and study. I got a bursary and after twenty eight years I'm still here (R is the Deputy principal of the school).

2. Tell me about the role of the significant others in your early years?

G: A nuclear family; tight knitted friends at that stage.

S: My mom and dad. I was always interested in my mom's sewing and my dad's painting and wondering how they were doing it.

F: My parents: we're a close family. My mom: she's very loving. My eldest brother through which example I became a teacher. They're all religious.

R: My mother played a significant role in my life because she was always at home. She always told us stories. Relationships were important to her. I realised her importance after she died and there was nobody at home to welcome you. It hits me like a bolt out of the blue. My father created a community spirit in us. He always said, for a better future and a good life, we must have a good education. To him, education was very important.

3. When facing obstacles, do you fight or flight?

G: Halfway in-between. I will flight if necessary; I'm cautious about fighting; I avoid confrontation. I don't want to criticise; condemnise or confront.

S: I fight. There were many examples in my life. I stood my ground.

F: I stand my ground. I try not to get me in such situations – sort it out beforehand.

R: I put up a fight (humorously said). I was the middle child at home and the second youngest daughter. We were encouraged to voice our opinions and to speak out. Everybody had a role to play. We had to sort things out before we went to bed. I was raised with that, that even if we had our differences, we needn't be angry and cross with our brothers and sisters. My mom was quiet but full of wisdom.

4. Can you tell about a situation where you showed resilience?

G: In a more subtle way – I don't make a scene

S: My wife was diagnosed with cancer in October 2006, and afterwards I had financial problems. I had myself put under financial administration. Now I'm out of the restraints.

F: I'm 35 years old and I have my own house; I'm financially secure. After my mom's and dad's different family estates were taken from them without any financial compensation at that time, our family was on the road for six years. Those obstacles only encouraged us. I believe we have to fix things instead of blaming. Also when my volley ball teams encountered problems in competitions, I believe we have to fix it. When we loose in the finals, we must consider it as an encouragement. Everybody can, except those that don't want to.

R: Four years ago I went to Australia to help my sister who was sick (and died). I didn't know how I would cope on my own in a strange country, but I was able to do it and to get things done.

5. Tell about times when you feel depressed?

G: Very few times. Say once a year I go into a slump. Sometimes I feel very lonely, but there is no trigger for that.

S: Sometimes I feel depressed, but I don't let it get me under; I get a counter-force. I believe you have to do something that could lift your spirit.

F: During the last Ramadan (A Muslim time of reflexion) I realised that I had too much on my plate: my family; photography;
religion; volley ball; teaching, and I wasn't paying much attention to my religion.

R: This is difficult to think about. I try not to be. I try to be positive. I try to see the light at the end of the tunnel.

6. If you are/were in therapy, how do/would you feel about it?

G: I would either work through problems or go to a friend and if it really bothers and I cannot fix it, I'll look up (to God) - in more or less seven occasions it works better than anything else.

S: I am a therapist in class; I'm a psychologist and a counsellor.

F: I didn't grow up with therapy and will resort to my elder brother or the Imam.

R: It depends if it's done professionally. If you don't talk about things, it snowballs. It's important to talk and not allow the problem to manifest. Talk about the problems.

SECTION B	MY SELF	(What do I think /feel about myself?)

7. How would you present yourself using a metaphor?

G: I'm a soul mate. If I'm you're friend, then I'm you're friend 250% times. I expect it from you as well. I will go to the moon for others. My expectations are very high – exceptionally high, but this is not measured in materialistic terms.

S: I'm a star – I shine for ever. I touch people with my light rays.

F: I'm a calm friendly person; a go-getter; I like to do things and not just to speak about it.

R: My learners in class say I'm a dictionary because I always use words that they don't know. Another learner says I'm an encyclopaedia.

8. Name your identities?

G: Teacher; nurturer; doctor; lawyer; mediator and counsellor (at school I have to be all those things), but overall, I'm a friend. The difference between a chommy and a friend is, with a chommy you can laugh, but a friend helps you when you're in trouble.

S: Teacher; husband; father; psychologist; artist; photographer; sculptor; designer; architect; motor mechanic; plumber; electrician; builder; cabinet-maker; tiler; programmer; IT technologist.

F: Teacher; husband; father; photographer; videotographer; IT editor; volley ball coach.

R: Teacher (deputy principal); nurse; counsellor; social worker; friend; mother for lots of children; I'm myself.

9. If you present your self as a house (metaphor), please answer the following questions on the house:

9.1 Who helped to build the house?

G: No one, except my experiences and external influences. The latter means my family, God, friends. I don't waste my time with an idiot. I'm fickle; too casual and forgive easy and believe, let bygones be bygones.

S: My parents; God; brothers; sister; girlfriend; wife; mr George (a teacher and colleague).

F: My parents; God.

R: My parents; my brothers and sisters.

9.2 Are there any locked rooms?

G: No.

S: No. My art brings out any locked-up things.

F: No; I'm not secretive.

R: Not really. I'm open, but I think it has to do with your self-concept, hasn't it? My father built our self-confidence because self-concept was very important to him. He said we had to be an individual, but we could be lots of different characters.

9.3 Are the foundations strong?

G: Yes, with God's help.

S: Yes, strong, because of God; I want to please God.

F: Yes.

R: Yes, with the help of people: My parents and teachers - my teacher Visagie in sub A; my literature teacher dr Richard Reeve; my English teacher in high school mr Johannes.

10. Would you say you are living your true self, adapted self or ideal self? Explain.

G: I'm content with who I am. There's nothing in particular that I yearn for and hope for, but that doesn't mean I'm not ambitious. It's just that I'm not materialistic. I make no difference between people I encounter – good manners is what counts for me.

S: True self.

F: Yes.

R: Yes, I accept me as I am.

11. If you could have three wishes, what would it be?

G: Sanity for the rest of my life (I want to know and realise who's in charge and where my needs come from); health (there is nothing as pleasing as health); contentment (I want for nothing).

S: Wisdom; love; do God's work.

F: Want to go to heaven; health; love (for all).

R: Being happy; go on a world trip (laughs); enough money to live comfortably.

SECTION C	MY IDENTITY	(Who and what am I?)

12. How did you experience peer group pressure during adolescence?

G: There wasn't any.

S: I didn't submit to it. I always asked 'Why?'

F: My elder brothers were always there. Even today they're my best friends.

R: I didn't really.

13. Do you know when to say 'no' if you don't feel like doing something?

G: Yes.

S: Yes.

F: Definitely.

R: Yes.

14. Would you say you are flexible?

G: Reasonably

S: Yes – I have to be flexible when working with these children (meaning they're from different and lower socio-economic backgrounds); I have to give them several chances.

F: Definitely. I will compromise.

R: Most times.

15. How do you feel about your negotiating skills?

G: I'm assertive enough.

S: I have to work on these.

F: I'm too soft sometimes.

R: I have to negotiate all the time – from the book orders to the children.

16. Do you sometimes feel diffused or unsure about what you can, want or ought to do? Please expand.

G: Very seldom.

S: Before I begin with a task I will always make sure how to do it; plan beforehand.

F: No.

R: Sometimes ………(unclear)

17. Tell about how you form new identities and about the old ones you lost.

G: I adapt because I grew.

S: I don't discard my old roles; I take on new roles every day because I learn; I want to learn to weld and do carpentry.

F: I didn't loose old ones; get new ones.

R: I didn't loose old ones, but work on new ones.

SECTION D	MY THOUGHTS

To get information on the client's thoughts the researcher integrated answers given in the questionnaire and interview.

SECTION E	MY FEELINGS

To get information on the client's feelings the researcher integrated answers given in the questionnaire and interview.

SECTION F	MY INVOLVEMENT

18. Tell about the activities in your life that you're involved with (work; hobbies; friends; other).

G: I like extra-mural activities, especially athletics. In the community as well as in church, I'm not involved in much activities. To summarise: I'm a very moderate person.

S: I'm quite involved in my church work – I will do the design in plays and do the paint work.

F: The same as I've already mentioned.

R: I have activities at school and at home.

19. Tell about your energy levels.

G: I'm very inactive and do no sport. In respect of school work, I do lots of work at home.

S: Some days I'm tired (He's a diabetic but it's under control. Sometimes his eye sight is affected). My wife mostly tell me to go to bed because I don't want to stop.

F: I gained weight recently and want to get rid of it. I've considered to start tennis playing. I get headaches I think because of my workload but it has nothing to do with my teaching job or my photography.

R: It fluctuates.

SECTION G	MY SELF-CONCEPT	(What/How do I think about myself)

20. How do you feel about yourself?

G: Quite positive.

S: I love myself.

F: Good.

R: Positive; good.

21. What do you think of yourself?

G: Also, quite positive.

S: According to the Bible scripture, I have to love myself ('do to your neighbour as to Yourself').

F: I'm doing good.

R: Positive; good.

22. Show respondents a sketch of the self-concept pendulum and ask: "Were there times that you feel more to one side of the pendulum?"

G: On the positive realistic side.

S: Most of the times to the positive side.

F: I have a realistic self-concept. If not, I plan to do something when it's not the case.

R: Realistic and positive side.

SECTION H	SELF TALK	(What do I say to myself)

23. What are you telling yourself about yourself?

G: Things are OK; keep it OK; make it OK.

S: I have to love myself.

F: I am capable of doing things.

R: I'm a woman; independent; my career and my family is important to me.

24. Tell about your own degenerative talk about yourself.

G: I very rarely talk degenerative – I would say 'No'. I have a high self-esteem.

S: I don't talk like that.

F: No, I absolutely don't do that.

R: Not really.

25. Tell about your own affirmative talk about yourself.

G: I like myself.

S: I want to be positive.

F: When I have success, I praise God because it is due to Him.

R: It's positive – especially after 'Oprah', because of what she's doing for women. She
brings out the positive in women's lives and tells you who and what you can be.

SECTION I	SELF-ACTUALISATION	(I am actualising my potential)

26. Can you say that you're the person that you want to be?

G: Yes, and if not, I make it so.

S: Yes.

F: Yes, I'm content but I believe I can do better.

R: Yes.

27. To what extent have you realized your potential?

G: About fifty percent of the potential I know of. I could still go, but I'm not aware of
my full potential.

S: I'm happy now, but I want to grow more; I want to complete my degree before I'm
55 years old.

F: I want to do better in all aspects; I don't want to be in a comfort zone.

R: Mostly. No (laugh), I don't drive, but I was never interested in it.

28. How do you value the small things in life?

G: Absolutely high.

S: It is important.

F: The small things in life is very important; to say 'Thank you'.

R: Very important. To say 'Thank you' and being grateful is very important.

29. Tell about your creativity.

G: I'm quite creative – not with regard to art, but in my career and especially in the planning of my lessons (He showed me examples and it is very creatively planned; his work is taken as examples by other teachers).

S: I love to do a lot of things; I like to figure things out; I'm an artist and I like to do several things (paint; sculpture; etc.).

F: I have different learners in my class, each coming from a different background, abilities, etc. I have to be creative in accommodating every one. I have to be loving as well.

R: I think I lost quite a lot of it – my knitting and sewing – because of the demands from the Educational Department. I don't have time, but I still read.

30. How do you feel about living according to principles?

G: That's what I do – live according to God's principles.

S: I live according to the principles of God.

F: My believe in God is very important to me.

R: It's very important. Principles and values in life should be stepping stones. It starts at home – in relationships, when you learn about morals. It means to be thankful and not to take anything for granted…I believe we must appreciate every day…. My daily living is based upon my religion: If I have enough, why do I want too much? Health is more important, because if I were the richest person in life but sick, money means nothing.

Perhaps my view also has to do with me staying in hospital for a big operation when I was twenty two years old. I lost my right kidney and half of my liver. I knew God would lead Professor Krige who did the operation. I became aware of the meaning of endurance and a positive attitude in life, also when I met a girl of sixteen, seventeen years old who had been paralysed. She often asked me to read to her because she couldn't even lift her arms to hold the book, but she always said she would walk again and against all odds, she walked again. I think that was a turning point in my life.

4.4 DISCUSSION OF RESEARCH RESULTS

In the following discussion of the results the researcher will integrate the respondents' answers on both the questionnaire, TABLE 3.5.1 THE FINAL QUESTIONNAIRE ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE, and the interview TABLE 3.5.2 THE INTERVIEW ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE.

Regarding the questionnaire, due to space restrictions the researcher will only discuss the results where three and/or four responses were given for the same question. The researcher will discuss the responses according to the nine categories or icons and refer to the question by stating the specific question, for example Question 1.

A percentage will be attached to the answers on each question, indicating the number of respondents who gave that specific response. For example, 100% attached to a question means that 100% of the respondents gave that answer, where 75% attached to a question means that 75% of the respondents gave that answer.

With regard to the integration of the respondents' answers in the Interview, the researcher will state it for example as follows, Interview, Question 1.

4.4.1 SECTION A MY EGO

In Section A the respondents have to answer questions on their ego state, represented by the question 'Who am I?'

The following questions were given the 'strongly agree' or 'agree' answer.

SECTION A	I / MY EGO (Who am I?)	
Question	'strongly agree' or 'agree'	Number of respondents (Percentage)
1	My needs are satisfied in a socially acceptable manner.	100
3	I am in control of my life.	100
8	I feel good about myself.	100
9	I have enough confidence for my daily activities	100
10	I make my own choices.	100
24	I'm happy with my relations (friends; family; myself; God).	100
4	I have lots of energy to do things.	75
5	I feel respected as an individual.	75
11	I think good about myself.	75
25	After hardship I have the ability to bounce back.	75

All of the respondents say their needs are satisfied in a socially acceptable manner (Question 1; 100%) which shows their ability to look after themselves. All the respondents feel in control of their lives (Question 3; 100%).

A strongly developed ego is also represented by the fact that most of the respondents have the ability to bounce back after hardship (Question 25; 75%) and hardship was a given in most of their lives as stated by the individual interviews (Interview, Question 3; 4; 30). For example, Respondent F and his family roamed the streets for six years after both his parents' estates were taken from them without any financial compensation at that time. Respondent S is a diabetic on medication and has to monitor his insulin on a daily basis. His wife was recently diagnosed with cancer and her treatment resulted in financial hardship. As a young woman, Respondent R lost a kidney, and half of her liver.

The respondents have confidence for their daily activities (Question 9; 100%), which shows a positive and realistic self-concept. The respondents feel and think good about themselves (Questions 8; 100% and 11; 75% respectively) and rarely did they have feelings of depression. On the contrary, the respondents reply with 'I won't let it get me under' / 'I believe you have to do something that could lift your

spirit' / 'This is difficult to think about. I try not to be. I try to be positive. I try to see the light at the end of the tunnel' (Interview, Question 5).

The respondents feel respected as individuals (Question 5; 75%) and happy with their relationships concerning their friends, family, themselves and God (Question 24; 100%). All of them name the importance of their families in their lives and the positive attribution of meaning to their relationships with their moms, dads, brothers and sisters (Interview, Question 2). Respondent R says, 'My mother played a significant role in my life…Relationships were important to her' / '…we are a close family' (Interview, Question 2). Respondent G describes himself as '…a soul mate. If I'm you're friend, then I'm you're friend two hundred and fifty percent times. I expect it from you as well. I will go to the moon for others' (Interview, Question 7).

Three respondents agree that they have lots of energy to do things (Question 4; 75%). A more detailed discussion with regard to this point will follow under Section F (Involvement).

The following questions were given the 'strongly disagree' or 'disagree' answer.

SECTION A	I / MY EGO (Who am I?)	
Question	'strongly disagree' or 'disagree'	Number of respondents (Percentage)
13	I have feelings of inferiority.	100
14	I feel helpless.	100
15	It feels as if my world is falling apart.	100
19	I feel rejected at home.	100
16	I use aggression to cope.	75
21	I lack coping skills.	75
26	I feel psychologically numb.	75
27	I feel depressed.	75
30	I feel rejected at work.	75

All the respondents strongly disagree that they feel helpless (Question 14; 100%), a fact which correlates with Question 3 (100%) of the previous section where they say that they feel in control of their lives.

Question 15 (100%) also correlates with Questions 3 and 14 where all respondents strongly disagree that their world is falling apart.

The respondents also strongly disagree that they feel rejected at home (Question 19; 100%), a fact emphasised by Question 24 (100%) of the previous discussion (They are happy with their relations), as well as by the Interview where they stated how important their family relationships were (Interview, Question 2; 9; 30).

All of the respondents strongly disagree that they have feelings of inferiority (Question 13; 100%) which correlates with answers in the previous section: They feel in control of their lives (Question 3; 100%), and They make their own choices (Question 10; 100%).

Most of the respondents strongly disagree that they lack good coping skills (Question 21; 75%); Interview Question 3; 4; 5; 16) and most of them don't use aggression as coping skill (Question 16; 75%).

Depression and psychological numbness is not a problem for most of the respondents (Question 27; 75%, and Question 26; 75%, respectively; Interview, Question 5).

Question 30 (75%) correlates with Question 24 (100%) of the previous section when the respondents strongly disagree that they feel rejected at work, and strongly agree that they are happy with their relations.

4.4.2 SECTION B MY SELF

In Section B the respondents have to answer questions on their self, represented by the question 'What do I think / feel about myself?'

The following questions were given the 'strongly agree' or 'agree' answer.

SECTION B	MY SELF (What do I think /feel about myself?)	
Question	'strongly agree' or 'agree'	Number of respondents (Percentage)
1	I like myself.	100
2	I can be happy on my own.	100
4	I'm glad that I was born.	100
16	My needs are satisfied at home.	100
5	I have had numerous positive experiences in life.	75
8	I want to take back my disowned self.	75
15	I feel I don't have to explain my actions to other people.	75
17	My needs are satisfied at work.	75

All the respondents strongly agree that they like themselves (Question 1; 100%), which shows a regard for, and an acceptance of themselves as a person despite their weaknesses. The acceptance of themselves as unique individuals is also represented by their responses during the interview (Interview, Question 20; 21): 'Quite positive' / 'I love myself' / 'Good' / 'Positive; good' / 'Quite positive' / 'According to the Bible scripture, I have to love myself' / 'I'm doing good' / 'Positive; good'.

Question 1 correlates with Question 15 (75%) which states that they feel they don't have to explain their actions to other people. All the respondents feel sure about what they can, want or ought to do (Interview, Question 16).

The respondents strongly agree that they can be happy on their own (Question 2; 100%) which shows that they are able to find their own meaning in life, emphasized by numerous positive experiences (Question 5; 75%). The respondents also state in the interview (Interview, Question 18) their involvement in their individual life worlds.

Question 16 (100%) and 17 (75%) respectively show that their needs are satisfied at home and at work which implies that they're able to formulate goals according to their own needs and see to the fulfilment of it – a fact associated with a strongly

developed ego as already stated in Section A (They're in control of their lives, Question 3; 100%) and they have no feelings of inferiority (Question 13; 100%).

The fact that the respondents are glad that they were born (Question 4; 100%) shows the meaning they have attached to their lives. Most of them agree that they want to take back their disowned selves (Question 8; 75%).

The following questions were given the 'strongly disagree' answer.

SECTION B	MY SELF (What do I think / feel about myself?)	
Question	'strongly disagree'	Number of respondents (Percentage)
9	I have lots of fears in my life.	75
11	I'm in some dysfunctional relationship at home.	75
12	I'm in some dysfunctional relationship at work.	75
13	I'm in some dysfunctional relationship in my family.	75

Most of the respondents strongly disagree that they have lots of fears in their lives (Question 9; 75%) which correlates with several answers in Section A: They are in control of their lives (Question 3; 100%); They strongly disagree that they feel helpless (Question 14; 100%); They strongly disagree that they lack coping skills (Question 21; 75%). Interview, Question 3, conjoins with these facts and emphasizes that the respondents stand their ground when facing obstacles. Respondent R says: 'I put up a fight (humorously said). I was the middle child at home and the second youngest daughter. We were encouraged to voice our opinions and to speak out. Everybody had a role to play. We had to sort things out before we went to bed. I was raised with that, that even if we had our differences, we needn't be angry and cross with our brothers and sisters'.

The respondents' answers on Questions 11, 12 and 13 (They strongly disagree that they are in dysfunctional relationships; 75%) correlate strongly with Question 24 (100%) of Section A which states their happiness with their relationships

concerning their friends, family, themselves and God – a fact emphasized throughout the Interview (Question 2; 3; 6; 7; 9; 30).

4.4.3 SECTION C MY IDENTITY

In Section C the respondents have to answer questions on their identity, represented by the question, 'Who and what am I?'

The following questions were given the 'strongly agree' answer.

SECTION C	MY IDENTITY (Who and what am I?)	
Question	'strongly agree'	Number of respondents (Percentage)
11	I don't feel the need to explain 'Why?' / 'What?' to other people.	100
12	I am happy with myself.	100
3	I can distinguish myself from all others.	75
4	I have meaning in life (significance attribution).	75
8	I feel confident when I'm saying 'I can/can not; I want to/don't want to'.	75
10	I am the person that I want to be.	75
18	I feel positive about my role as family member.	75

All respondents strongly agreed that they are happy with their identities (Question 12; 100%), drawing a close parallel between answers in Section B where the respondents say they like themselves (Question 1; 100%) and they are glad that they were born (Question 4; 100%) which indicates meaning attribution by all of the respondents.

Most of the respondents' identities are clearly identified (Question 3; 75%) and they show confidence in taking their own decisions (Question 8; 75%), a fact stressed also in the Interview (Interview, Question 16) when asked if they sometimes feel diffused about what they can/want/ought to do. Their responses were: 'Very seldom' / 'I'll plan beforehand'. A clearly defined identity also implies ego strength because the respondent knows his/her own boundaries as

represented by Question 8 (75%): I feel confident when I'm saying 'I can/can not; I want to/don't want to', as well as Question 11 (100%): I don't feel the need to explain 'Why?' / 'What?' to other people.

Interview responses also emphasize that the respondents are living their true selves and not their adapted or ideal selves (Interview, Question 10). Adding to the clarity of their identities are the answers attained in the Interview (Interview, Question 9.2) when the respondents were asked if they have any locked rooms: 'No'/ 'I'm not secretive'. On this question one respondent replies: 'Not really. I'm open, but I think it has to do with your self-concept, hasn't it? My father built our self-confidence because self-concept was very important to him. He said we had to be an individual, but we could be lots of different characters'.

The respondents' answers on the question if they know when to say 'no' if they don't feel like doing something (Interview, Question 13) also stress their strong identities. Their answers were: 'Yes' / 'Yes, definitely' / 'Yes'.

Even during adolescence, the respondents experienced very little peer group pressure: 'There wasn't any' / 'I didn't submit to it. I always asked 'Why?'' / 'My elder brothers were always there. Even today they're my best friends' / 'I didn't really…(experience peer group pressure)' (Interview, Question 12).

Some consequences of a clearly defined identity (the latter to be seen as a buffer against peer group pressure, or pressures in adult life), will be discussed in more detail in CHAPTER 5 as recommendations for the enhancement of psychological well-being.

The respondents have numerous identities as stated in the Interview (Interview, Question 8): 'Teacher; nurturer; doctor; lawyer; mediator and counsellor; friend; husband; father; psychologist; artist; photographer; sculptor; designer; architect; motor mechanic; plumber; electrician; builder; cabinet-maker; tiler; programmer; IT technologist; videographer; IT editor; volley ball coach; deputy principal; nurse; social worker; mother for lots of children; I'm myself'. (Please note that all of them have a full time job).

Most respondents feel positive about their role as a family member (Question 18; 75%) which indicates a well defined identity as family member. The importance of the family was one of the outstanding responses acquired through the Interview (Interview, Question 2; 9; 12; 30).

Too few responses per question in the 'disagree' / 'strongly disagree' column compelled the researcher not to discuss any further answers in Section C.

4.4.4 SECTION D MY THOUGHTS

In Section D the respondents have to answer questions on their thoughts.

The following questions were given the 'strongly agree' answer by the respondents.

SECTION D	MY THOUGHTS	
Question	'strongly agree'	Number of respondents (Percentage)
2	I have positive thoughts most of the time.	100
4	I think positive about myself.	100
6	I think positive about my family.	100
1	My world does make sense to me.	75
3	I think positive about the world out there.	75
5	I think positive about my career.	75
7	I think positive about my friends.	75

In Section D almost all the respondents' answers (twenty four out of the possible twenty eight) are ticked 'strongly agree' which may be an indication that the respondents have a strong cognitively inclination towards their life world.

All of the respondents have positive thoughts most of the time (Question 2; 100%); They think positive about themselves (Question 4; 100%) and think positive about their families (Question 6; 100%). Most of the respondents think positive about the world out there (Question 3; 75%); their career (Question 5; 75%) and their friends (Question 7; 75%). Throughout the Interview the strong positive predisposition of the respondents were evident (Interview, Question 1; 3; 4; 5; 6; 7; 8; 9; 10; 11; 12;13; 14; 15; 16; 17; 18; 19; 20; 21; 22; 23; 24; 25; 29; 30).

The respondents' world does make sense to them (Question 1; 75%), an answer which strongly correlates with answers in Section A where the respondents feel in control of their lives (Question 3; 100%); they strongly disagree that they feel helpless (Question 14; 100%); they strongly disagree that their world is falling apart (Question 15; 100%) and they feel they don't have to explain their actions to other people (Section B, Question 15; 75%).

Defining psychological well-being (Interview, Question a) the respondents' attribution of meaning to their lives become clear. Important factors to them are: 'Stability in my life, my home, my work, my religion' / '…balance and equilibrium. I divide my time in sections and try to pay attention to everything. I have to accept my shortcomings. I don't believe to hold problems inside, but to go and speak to the person'.

More cognitive factors associated with attribution of meaning are mentioned in the Interview (Interview, Question 30): 'Principles and values in life should be stepping stones. It starts at home – in relationships, when you learn about morals. It means to be thankful and not to take anything for granted…I believe we must appreciate every day…. My daily living is based upon my religion: If I have enough, why do I want too much? Health is more important, because if I were the richest person in life but sick, money means nothing'.

4.4.5 SECTION E MY FEELINGS

In Section E the respondents have to answer questions on their feelings.

The following questions were given the 'strongly agree' answer by the respondents.

SECTION E	MY FEELINGS	
Question	'strongly agree'	Number of respondents (Percentage)
3	I feel positive about myself.	100
5	I feel positive about my family.	100
1	I feel full of joy most of the time.	75
4	I feel positive about my career.	75
6	I feel positive about my friends.	75

In Section E almost all the respondents' answers (nineteen out of twenty four) are 'strongly agree' which may be an indication that the respondents have strong positive feelings towards their life world.

All of the respondents have very positive feelings about themselves (Question 3; 100% and Interview, Question 5) and their families (Question 5; Interview, Question 2; 6; 8; 9). Most of the respondents feel very positive about their career (Question 4; 75%) and friends (Question 6; 75% and Interview, Question 7; 8; 9). Most of them feel full of joy most of the time (Question 1; 75% and Interview, Question a; 7; 11; 20; 21; 30), also indicated by Question 7 (Interview): 'I am a star – I shine forever'.

Feelings are not separated from our thoughts, and the intertwinement is illustrated by one respondent's definition of psychological well-being: 'Psychological well-being is governed by my line of thought which is drawn from a vast field of experiences and occurrences in my life. These ultimately affect my emotions and consequently my reactions…. Psychological well-being for me is a state of mind, spirit and body reacting harmoniously' (Interview, Question a).

4.4.6 SECTION F MY INVOLVEMENT

In Section F the respondents have to answer questions on their involvement in their life world.
The following questions were given the 'strongly agree' or 'agree' answer by the respondents.

SECTION F	MY INVOLVEMENT	
Question	"strongly agree" or "agree"	Number of respondents (Percentage)
10	I'm involved with family members.	100
1	I'm busy with a lot of things in my life.	75
2	I am full of energy when I think about all the activities I'm involved in.	75
8	I'm involved with myself.	75

All of the respondents are strongly involved with family members (Question 10; 100% and Interview Question 2; 6; 8; 9)

Most of the respondents are strongly involved with themselves (Question 8; 75% and Interview Question 1; 4; 7; 8; 9; 10; 17; 26; 27; 29) and busy with a lot of things (Question 1; 75% and Interview Question 7; 8; 17; 18; 29). Their involvement in life were illustrated by their numerous identities, stated in the Interview (Interview, Question 8) as well as already discussed in Section C ('Teacher; nurturer; doctor; lawyer; mediator and counsellor; friend; husband; father; psychologist; artist; photographer; sculptor; designer; architect; motor mechanic; plumber; electrician; builder; cabinet-maker; tiler; programmer; IT technologist; videographer; IT editor; volley ball coach; deputy principal; nurse; social worker; mother for lots of children; I'm myself'.

They have lots of energy for all these activities (Question 2; 75% and Interview, Question 3; 4; 7; 9.3; 15; 19; 27). The respondents show psychical strength when they voice their dreams of realising their potential even further: 'I'm happy now, but I want to grow more; I want to complete my degree before I'm 55 years old' and 'I want to do better in all aspects; I don't want to be in a comfort zone' and 'I realized about fifty percent of the potential I know of. I could still go, but I'm not aware of my full potential'. The latter fact of not being aware of the full potential as well as the consequences thereof is of great importance to the researcher, and will be addressed in the last chapter when recommendations will be made.

According to the Relations Theory, attribution of meaning as stated by the respondents' answers in Section D, as well as positive experiences as stated in Section E, lead to meaningful involvement as we have seen in Section F.

4.4.7 SECTION G MY SELF-CONCEPT

In Section G the respondents have to answer questions on their self-concept (How do I think about myself).

The following questions were given the 'strongly agree' answer by the respondents.

SECTION G	MY SELF-CONCEPT (How do I think about myself)	
Question	'strongly agree'	Number of respondents (Percentage)
1	I feel good about myself.	100
2	I think I'm 'OK'.	75
7	My family thinks I'm OK	75
9	I think I am doing fine in life.	75
10	I think I have a realistic impression of myself.	75
11	The impression that I have about myself is positive.	75

All the respondents feel good about themselves (Question 1; 100%). This fact was stated throughout the discussion of the previous sections and correlates well with answers given for example in Section A where it is clear that the respondents have strong ego's: 'I feel good about myself' (Question 8: 100%); 'I have enough confidence for my daily activities' (Question 9: 100%) and 'I make my own choices' (Question 10; 100%). These answers also correlate with answers given in Section B where the respondents show a well developed and positive self by saying that their needs are satisfied at home and at work (Question 16; 100% and 17; 75% respectively).

Question 2, 9, 10 and 11 of Section G emphasized a positive and realistic self-concept by most of the respondents (all 75%). Question 7 (My family thinks I'm OK) show strong correlations with answers in other sections such as those in Section B where the relationships at home and in the family are good (Question 11 and 13; both 75%), and in Section C (Question 18; 75%) where the respondents feel positive about their roles as family members.

The Interview (Interview, Questions 20, 21, 22) affirm the above mentioned findings when the respondents reply with regard to how they feel about themselves: 'Quite positive' / 'I love myself' / 'Good' / 'Positive; good'. With regard

to what do they think of themselves, the answers are more or less the same: 'Also, quite positive' / 'According to the Bible scripture, I have to love myself' / 'I'm doing good' / 'Positive; good'. When showed a sketch of the self-concept pendulum and asked where they would place themselves most of the time, their replies were: 'On the positive realistic side' / 'Most of the times to the positive side' / 'I have a realistic self-concept. If not, I plan to do something when it's not the case' / 'Realistic and positive side'.

There are only three responses out of a possible forty four in the 'strongly disagree' / 'disagree' category and they will not be discussed.

4.4.8 SECTION H SELF TALK

In Section H the respondents have to answer questions on their self talk; 'What do I say to myself?'

The following questions were given the 'strongly agree' answer by the respondents.

SECTION H	SELF TALK (What do I say to myself)	
Question	'strongly agree'	Number of respondents (Percentage)
12	I like my family.	100
3	I get results when I set my mind to it.	75
9	I am OK.	75
10	Life is OK.	75
11	I like my job.	75
13	I like my friends.	75
14	I like to get things done.	75

The self talk of most of the respondents about their families are very positive (Question 12; 100%) and shows a correlation with several responses from other sections: I'm involved with family members (Section F, Question 10; 100%); I feel positive about my role as family member (Section C, Question 18; 75%); I think positive about my family (Section D, Question 6; 100%).

The respondents' self talk regarding their overall relationships are very positive: They talk positive about themselves (Question 9; 75%), their lives (Question 10; 75%), their jobs (Question 11; 75%) and their friends (Question 13; 75%). Positive self talk implies a strong and realistic self-concept (Section G) with resulting goal setting and action (Question 3; 75% and Question 14; 75%). The interview responses (Interview, Question 23) affirm the findings of the questionnaire when the respondents say: 'Things are OK; keep it OK; make it OK' / 'I have to love myself' / 'I am capable of doing things' / 'I'm a woman; independent; my career and my family is important to me'. When asked about their affirmative talk about themselves (Interview, Question 25), their answers were: 'I like myself' / 'I want to be positive' / 'When I have success, I praise God because it is due to Him' / 'It's positive – especially after 'Oprah', because of what she's been doing for women. She brings out the positive in women's lives and tells you who and what you can be'.

The respondents rarely talk degenerative about themselves: 'I very rarely talk degenerative – I would say 'No'. I have a high self-esteem' / 'I don't talk like that' / 'No, I absolutely don't do that' (Interview, Question 24).

The following questions were given the 'strongly disagree' answer by most respondents.

SECTION H	SELF TALK (What do I say to myself)	
Question	'strongly disagree'	Number of respondents (Percentage)
6	I can't handle problems at home.	
7	I can't handle problems at work.	

Questions 6 (75%) and Question 7 (75%) clearly show the respondents' ability to have control over their lives. They strongly disagree that they can't handle problems at home and at work. These responses correlate with several answers in previous sections which show the respondents' ability to have control over their lives. In Section A (Question 9; 100% and Question 10; 100% respectively),

respondents say they have enough confidence for their daily activities and they make their own choices.

To have control over one's life implies for example a strong ego (Section A), clear identities (Section C) and a positive and realistic self-concept (Section G).

4.4.9 SECTION I SELF-ACTUALISATION

In Section I the respondents have to answer questions on their self-actualisation.

The following questions were given the 'strongly agree' answer by all or most of the respondents.

SECTION I	SELF-ACTUALISATION (I am actualising my potential)	
Question	'strongly agree'	Number of respondents (Percentage)
1	I am the person that I want to be.	100
2	I am my own person.	100
9	I am content with my life.	100
10	I can appreciate the small things in life.	100
12	I live according to my own set of principles without violating/ignoring those of others.	100
13	My ultimate aim is to be full of joy.	100
14	I appreciate the life that I'm living.	100
5	I want to become the best that I can be.	75
6	I live my life according to my own expectations.	75
8	I have goals that is of higher order (personal growth; self-esteem; self-concept).	75
11	I am creative; I'm creating things.	75

All the respondents strongly agree that they are the person they want to be and they're actualising their potential: 'I am the person that I want to be' (Question 1; 100%) and 'This is me' (Interview, Question 1); 'I am my own person' (Question 2; 100%); 'I am content with my life' (Question 9; 100%).

An answer obtained from the interview (Interview, Question 1) shows the respondent's clearly defined identity which enables her to actualise her potential: 'I would introduce myself to the world as a woman firstly. It is important that a woman is to be known, because without a woman in the house, the house collapses. I'm part of a loving family and more important, I'm a career woman who is independent'.

Most of the respondents want to become the best that they can be (Question 5; 75%), and although they may be content now, they have goals set out: 'I'm happy now, but I want to grow more' / 'I want to complete my degree before I'm 55 years old' / 'I want to do better in all aspects' / 'I don't want to be in a comfort zone' (Interview, Question 27).

The respondents also reply that they are creative and creating things (Question 11; 75% and Interview, Question 29), which implies a positive and realistic self-concept.

The respondents live their lives according to their own expectations (Question 6; 75%) and principles (Question 12; 100%) without violating those of others, which means they are formulating their own goals – a fact affirmed positively by the Interview (Question 10; 16; 20; 21; 22).

One respondent's answer about the extent to which he has realised his potential (Interview, Question 27), has implications for his self-actualising and will be addressed in CHAPTER 5 under recommendations. The respondent replies, 'About fifty percent of the potential I know of. I could still go, but I'm not aware of my full potential'.

All of the respondents appreciate the life they're living (Question 14; 100% and Interview, Question 30). They can appreciate the small things in life (Question 10; 100% and Interview, Question 28) and according to Question 8 (75%), have goals that are of higher order (personal growth; self-esteem; self-concept) – characteristics associated with self-actualising persons (Maslow). All of the respondents say their ultimate aim is to be full of joy (Question 13; 100%).

Responses on their three wishes (Interview, Question 11) accentuate the respondents' values and appreciation of life:

Respondent G: 'Sanity for the rest of my life (I want to know and realise who's in charge and where my needs come from); health (there is nothing as pleasing as health); contentment (I want for nothing)'.

Respondent S: 'Wisdom; love; do God's work'.

Respondent F: 'Want to go to heaven; health; love (for all)'.

Respondent R: 'Being happy; go on a world trip (laughs); enough money to live comfortably'.

There are too few responses in the categories 'strongly agree'/'disagree' to be discussed.

In the previous paragraphs of CHAPTER 4, the research results were given and discussed. Both the responses on the Questionnaire (TABLE 3.5.1) and those attained through the Interview (TABLE 3.5.2) were integrated according to the nine categories of the Relations Theory. Conclusions will be drawn in the next section.

4.5 THE CONCLUSIONS OF THE RESEARCH ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

In the following paragraphs the conclusions of this study will be drawn according to the nine categories of the Relations Theory.

4.5.1 SECTION A	I / MY EGO (Who am I?)

With regard to the ego, psychological well-being is associated with people who show the following characteristics/behaviour:

- Their needs are satisfied in a socially acceptable manner which shows their ability to look after themselves and others.

- They feel in control of their lives with no feelings of inferiority, and don't experience feelings of helplessness or that their world is falling apart, which is a clear sign of a strongly developed ego.

- They have the ability to bounce back after hardship, which implies good coping skills and an abstinence from aggression as coping strategy.

- They have confidence for their daily activities and make their own choices which shows a positive and realistic self-concept.

- They feel and think good about themselves, and rarely experience feelings of depression. Psychological numbness is not a problem, but on the contrary, they show resilience and a positive attitude.

- They feel respected as individuals and happy with their relationships concerning their friends, family, themselves and God. They stress the importance of their families and don't feel rejected at home or at work.

- They have lots of energy to do things.

4.5.2 SECTION B	MY SELF (What do I think / feel about myself?)

With regard to the self, psychological well-being is associated with people who show the following characteristics/behaviour:

- They like themselves
  (Correlates with Section A: they feel and think good about
  themselves).

- They don't have to explain their actions to other people; they feel sure about what they can, want or ought to do.
  (Correlates with Section A: they feel in control of their lives).

- They can be happy on their own, which shows that they are able to find their own meaning in life.
  (Correlates with Section A: Their needs are satisfied)

- They have numerous positive experiences, as well as an involvement in their individual life worlds.

- Their needs are satisfied at home and at work, which implies that they're able to formulate goals according to their own needs and see to the fulfilment of it, showing a strongly developed ego.

  (Correlates with Section A: They're in control of their lives; they have

  no feelings of inferiority).

- They are glad that they were born, a fact that shows the meaning they have attached to their lives.

- They don't have lots of fears.

  (Correlates with Section A: They are in control of their lives).

- They have functional relationships.

  (Correlates with Section A: They're happy with their relationships)

4.5.3 SECTION C	**MY IDENTITY (Who and what am I?)**

With regard to identity, psychological well-being is associated with people who show the following characteristics/behaviour:

- They are happy with their identities.

  (Correlates with Section B: They like themselves; they are glad

  that they were born). This is an indication of positive meaning

  attribution.

- Their identities are clearly defined, a fact that implies ego strength because the respondent knows his/her own boundaries. They know when to say 'no'.

- They show confidence in taking their own decisions.

- They are living their true selves and not their adapted or ideal selves.

- During adolescence, they experienced very few peer group pressure which indicates a clearly defined identity.

- They have numerous identities.

- They feel positive about their role as a family member which indicates a well defined identity as family member.

- The importance of the family was one of the outstanding responses acquired.

4.5.4 SECTION D	MY THOUGHTS

With regard to thoughts, psychological well-being is associated with people who show the following characteristics/behaviour:

- They are strongly positively inclined towards their life world: They have positive thoughts most of the time; they think positive about themselves, their families, about the world out there, their careers and their friends.
- Their world does make sense to them.
- Their definitions of psychological well-being show an integration of body, mind and spirit.
- Stability in their life, home, career and religion is important.
- Balance and equilibrium in their lives are important.
- Dividing of their time is important.
- Acceptance of their own shortcomings is important.
- They don't believe to hold problems inside, but to address the problem (or go and speak to the specific person).
- They attribute meaning to principles and values which should be stepping stones to learn about morals. Small things like, to be thankful and not to take anything for granted; an appreciation of every day; religion; health, are important.

4.5.5 SECTION E	MY FEELINGS

With regard to feelings, psychological well-being is associated with people who show the following characteristics/behaviour:

- They experience strong positive feelings towards their life world, themselves, their families, their careers and friends.
- They feel full of joy most of the time.
- Their feelings are not separated from their thoughts, but psychological well-being is a state of mind, spirit and body reacting harmoniously.

4.5.6 SECTION F	MY INVOLVEMENT

With regard to involvement, psychological well-being is associated with people who show the following characteristics/behaviour:

- They are strongly involved with family members and with themselves.
- Most of the respondents are busy with a lot of things in life, as represented by their numerous identities.
- They have lots of energy for all their activities and radiate psychical strength when voicing their dreams of realising their potential even further: They want to grow more; want to do better in all aspects of life; don't want to be in a comfort zone.
- They know they 'could still go', but may not be aware of their full potential.
- According to the Relations Theory, attribution of meaning stated by the respondents' answers in Section D, and positive experiences as stated in Section E, lead to meaningful involvement as we have seen in Section F.

4.5.7 SECTION G	MY SELF-CONCEPT (How do I think about myself)

With regard to the self-concept, psychological well-being is associated with people who show the following characteristics/behaviour:

- They feel good about themselves and love themselves which suggests strong egos and positive and realistic self-concepts.
- If perhaps they would experience the slightest feelings of negativity or depression, they would do something about it.
- They have enough confidence for their daily activities which points at a well developed and positive self.
- They make their own choices and say their needs are satisfied at home and at work which suggests their ability to look after themselves and formulating unique goals according to their own personalities and circumstances.
- Their relationships at home and in their families are good; they feel positive about their roles as family members.

4.5.8 SECTION H	SELF TALK	(What do I say to myself)

With regard to self talk, psychological well-being is associated with people who show the following characteristics/behaviour:

- Their overall self talk is very positive as voiced by one of the respondents: 'Things are OK; keep it OK; make it OK'.
- Their self talk about their families are very positive; they think positive about their families; they feel positive about their role as a family member.
- Their self talk regarding their overall relationships are very positive: They talk positive about themselves; their lives; their jobs and their friends.
- Their positive self talk implies a strong and realistic self-concept which results in goal setting and action.
- They belief in themselves and feel they are capable of doing things.
- They like to get things done.
- They display the ability to have control over their lives and can handle problems at home and at work.
- They stress the importance of role models like their parents, teachers, siblings and other people like Oprah Winfrey.
- They rarely talk degenerative about themselves ('No, I absolutely don't do that').

4.5.9 SECTION I	SELF-ACTUALISATION
	(I am actualising my potential)

With regard to self-actualisation, psychological well-being is associated with people who show the following characteristics/behaviour:

- They are actualising their potential: 'I am the person that I want to be'; 'This is me'.
- They want to become the best that they can be and although they're happy now, they want to grow more and want to do better in all aspects and don't want to be in a comfort zone.

- They are creative which suggests a positive and realistic self-concept which would allows them to live their lives according to their own expectations.
- One respondent mentioned that he has realised about fifty percent of his potential that he knows of – this aspect will be discussed under the recommendations which follows.
- They value the small things in life and appreciate the life they're living.
- They have goals that are of higher order (personal growth; self-esteem; self-concept).
- Their ultimate aim is to be full of joy.
- Respondents' answers on their three wishes show their state of self-actualisation:

	First wish	Second wish	Third wish
G	Sanity for the rest of my life (I want to know and realise who's in charge and where my needs come from);	Health (there is nothing as pleasing as health)	Contentment (I want for nothing)
S	Wisdom	Love	Do God's work.
F	Want to go to heaven	Health	Love (for all)
R	Being happy	Go on a world trip (laughs)	Enough money to live comfortably

4.6 SUMMARY OF CHAPTER 4

In CHAPTER 4 the research results was given and the findings discussed according to the nine categories of the Relations Theory.

The researcher integrated the respondents' answers on both the questionnaire and interview (TABLE 3.5.1 THE FINAL QUESTIONNAIRE ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE, and TABLE 3.5.2 THE INTERVIEW ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE).

Conclusions were drawn according to the nine categories of the Relations Theory.

Recommendations for the enhancement of psychological well-being will be made in the next chapter, CHAPTER 5.

CHAPTER 5 RECOMMENDATIONS FOR THE ENHANCEMENT OF PSYCHOLOGICAL WELL-BEING

5.1 INTRODUCTION

In CHAPTER 4 the research results of the investigation of psychological well-being from an educational psychological perspective were given and analysed and conclusions were drawn.

In CHAPTER 5 the researcher proposes recommendations for the enhancement of psychological well-being and gives guidelines for the development of a positive and realistic self-concept.

5.2 RECOMMENDATIONS FOR THE ENHANCEMENT OF PSYCHOLOGICAL WELL-BEING

Psychological well-being is not an unreachable dream, but could be well within the reach of most normal persons that want to set psychological well-being as a goal.

In what follows, the researcher will suggest some recommendations and give guidelines for parents, teachers, psychologists and any reader who wish to grow personally and reach a state of psychological well-being. These recommendations and guidelines were deducted from the research conclusions.

With regard to children, it is implied that the guidelines will be made applicable for children and that they be assisted and guided by a knowledgeable adult, parent, teacher or psychologist. For example, children need to be assisted in the creation of the necessary opportunities to enable them to develop a

healthy ego, or to be creative, or to actualise their potential, etc. Education per se, means that the child is in need, and the child needs an educator to help him/her on the path of the actualising of his/her potential.

TABLE 5.2.1 A HEALTHY AND POSITIVE EGO

The development of a healthy ego is very important for psychological well-being

• Needs have to be satisfied in a socially acceptable manner
• Get in control of your life
• Work on feelings of inferiority
• Work on feelings of helplessness
• Work on the feeling that the 'world is falling apart'
• Learn good coping skills to enable you to bounce back after hardship
• Abstain from aggression as coping strategy
• Build your confidence for your daily activities
• Make your own choices
• Feel and think good about yourself
• Work on feelings of depression and acquire a positive attitude..
• Respect yourself and other
• Satisfying and happy relationships are important: Work on relationships concerning friends, family, yourself and God.
• Work on feelings of rejection at home or at work
• Work on your energy levels and available to do things.

TABLE 5.2.2 A HEALTHY AND POSITIVE SELF

The development of a healthy and positive self is very important for psychological well-being

• You may/have to feel and think good about yourself.
• You don't need to explain your actions to other people because you have to make your own choices and take the responsibility for that.

• Find your own meaning in life.
• Try to create numerous chances for positive experiences.
• Get involved in your individual life world.
• See to it that your needs are satisfied at home and at work.
• Formulate goals that make sense to you.
• Try to attach meaning to your life.
• Put your fears in life, to the side.
• Create and work on functional relationships.

TABLE 5.2.3 CLEARLY DEFINED IDENTITIES

The development of a clearly defined identity is very important for psychological well-being

• Make sure that you are happy with your identities – the kind of identities, as well as the quantity thereof.
• Learn how to say 'no'. Clearly identified identities will assist you in making choices because you'll know your own boundaries.
• A clearly identified identity can be seen as a buffer against peer group pressure, or pressures in adult life.
• Make your own decisions with confidence.
• Live your true self instead of your adapted or ideal self.
• Don't give in to group pressure (or any peer group pressure). Think for yourself.
• Work on your role as a positive member of your family.
• Take note of the importance of being in a loving and respecting family and consider your attribution.

TABLE 5.2.4 POSITIVE THOUGHTS

The development of positive thoughts is very important for psychological well-being
• Think positive about yourself, your family, the world out there, your career and your friends.
• Look for meaning in your life and make sure your life world makes sense to you.
• Look for an integration of your body, mind and spirit.
• Divide your time between those things that are important to you.
• Work towards stability in your life, home, career and religion.
• Work towards balance and equilibrium in your life.
• Accept your own shortcomings and work to better them.
• Don't hold problems inside you – address the problem.
• Consider your principles and values. Do you appreciate the small things in life? Are you thankful and do you not take anything for granted? Do you appreciate every day/your religion/your health?
• According to the Relation Theory, if you become more involved in your life world with accompanying positive experiences (or vice versa), you will attribute meaning to your life world.

TABLE 5.2.5 POSITIVE FEELINGS

The development of positive feelings is very important for psychological well-being
• Work towards the experiencing of positive feelings towards your life world, yourself, your family, your career and friends. If not, address the situation and reconsider your goals, attitude, strategies, etc.
• Create opportunities which can leave you with feelings of joy.
• Work towards the harmonious integration of mind, spirit and body.
• According to the Relation Theory, if you become more involved in your life world with accompanying attribution of meaning to your life world (or vice versa), you will have more positive experiences.

TABLE 5.2.6 INVOLVEMENT IN LIFE WORLD

To be involved in your life world is very important for psychological well-being.
• Work towards positive and creative involvement in your own life world as well as in those of your family members' life worlds.
• Get involved with several things in life which is meaningful to you (i.e. represented by your different identities).
• Voice your dreams, realise your potential and work towards them. Look for, or create opportunities to grow more. Don't stay in a comfort zone.
• Radiate your energy and psychical strength towards your fellow citizens – perhaps they can learn from you and get more involved in their own life worlds too.
• Look for ways of getting to know yourself better in order to realise your optimum potential: Go for psychometric and psychology evaluations; speak to a therapist or life coach, etc.
• According to the Relation Theory, if you have positive experiences in your life world with accompanying attribution of meaning to your life world (or vice versa), you will become more involved in your life world.

TABLE 5.2.7 A POSITIVE AND REALISTIC SELF-CONCEPT

The development of a positive and realistic self-concept is very important for psychological well-being
• You have to love yourself – if not, you have to address this, for example, by speaking to a professional.
• You need a positive and realistic self-concept. If this is not the case, speak to a professional.
• If perhaps you may experience the slightest feelings of negativity or depression, address this cognitively and do something about it.
• Work on your confidence and if you feel you don't have enough, speak to a professional.

• Make your own choices and take responsibility for it.
• Formulate your own unique goals according to your life circumstances, personality and life skills.
• Address your needs (without harming society) and look after yourself.
• Work on your relationships at home and in your family because the family is a very important support system.

A positive and realistic self-concept is very important for the self-actualising of a person, therefore the researcher wants to add the following guidelines (Wicks-Nelson & Israel, 2000: 137) for any parent, teacher, psychologist or interested person who wants to know more about the development of a positive self-concept.

Although the guidelines are written with the child in mind, some of these may be applicable for adults as well Most of the guidelines were also mentioned under Section 5.2 as recommendations flowing from the researcher's findings.

- FEARS: Fears may hinder the development of a healthy ego/self/identities/self-concept/self talk and self-actualisation and because fears are prevalent in young children, adults working with children can take notice of the following: The development of the ten highly prevalent fears were most frequently attributed to informational (e.g. a child hears stories about traumatic experiences from others) and modelling factors (e.g. a child observes a fearful parent). Therefore adults should try to be responsible with information sharing and modelling behaviour. For example, adults should watch what they speak in front of children - don't expand on the negative, violent, aggressive, etc. media articles or TV programmes. Instead, put these into perspective and help the child to see the 'bad thing' as an opportunity that needs solutions.

- PARENTING STYLES: Parents may influence the development of anxiety through their parenting styles. Dadds and colleagues (in Wicks-Nelson & Israel 2000 :137) found that parents of anxious children

listened less to their children; pointed out fewer positive consequences of adaptive behaviour; were more likely to respond to a child's solutions that were avoidant. Parents of non-clinic children were more likely to listen to and agree with their children's plans that were neither aggressive or avoidant. Therefore adults should listen to their children, try to understand what they're saying and encourage adaptive and non-aggressive behaviour.

- OVERPROTECTIVE PARENTS: Parents of anxious children have also been described as intrusive and overprotective. (Dumas, LaFreniere & Serketich in Wicks-Nelson & Israel, 2000 :137) found that mothers of anxious children exhibited the highest levels of aversive control (criticism; intrusions) and the lowest levels of compliance and responsivity to their child. This leads to the limited development of prosocial behaviours and of adaptive coping styles in anxious children. Therefore adults shouldn't be overprotective of children, but encourage them to make their own choices. When children are used to parents always being around and 'running their life' for them, they will not be able to operate on their own, and may have serious difficulty in coping with adult life later on. Adults also shouldn't criticise children, but be responsive and try to comply in order for children to develop prosocial behaviours and coping skills.

- SENSE OF CONTROL OVER EVENTS: These kinds of parenting styles may contribute to the child's failure to develop a sense of control over events, which may contribute to a vulnerability to develop anxiety and other internalizing disorders (Chorpita & Barlow, in Wicks-Nelson & Israel 2000:137). Therefore, adults should help children gain control over their lives and encourage them to make responsible choices. Try to empower them by giving them opportunities to decide over what is important for them (according to the developmental phase). The researcher would suggest that parents should include children from an early age, in decision making, e.g. where the family should go for the holidays; the theme of the next birthday party; etc.

- COGNITIONS: Specific cognitions may develop (the perception of situations as hostile or threatening) that may place the youngster at risk for developing or maintaining anxiety problems (Bell-Dolan, in Wicks-Nelson & Israel 2000 :137). Therefore parents, teachers, psychologists and other persons who are responsible for children's upbringing, should help children to see the world as positive and full of exciting opportunities. The parent with a depressive or anxious personality feels negative about life and has to be aware of this possible devastating effect on children.

- ATTACHMENT: Insecure mother-child attachments (or therefore any primary caregiver-child attachments) have been shown to be a risk factor for the development of anxiety disorders (Bernstein, Borchardt & Perwein in Wicks-Nelson & Israel 2000:137), and therefore a risk factor for the development of a healthy ego/self-concept and actualising of the child's potential. Parents or care-givers should try to secure their relationships with children by getting help from experts or reading about the subject. Parents or care-givers should be counselled on healthy and positive attachment relationships between themselves and the child.

- ADULTS AND THEIR DEMONS. Any adult working with vulnerable children should make sure that they have addressed their own demons (personality disorders; other severe dysfunctions, etc.), in order not to project them on the children.

A real life example which shows an adult's demons: Most of the children in the grade two teacher's class have tummy aches with no medical reasons. Elize one of the bright learners in the class also has tummy aches and when her mom asked her about it, Elize told her towards the end of every school day the teacher asks her (Elize) to fetch the wooden plank – the one with the nail in the one end - so that the teacher could spank the learners for their mistakes made during the day. Afterwards the teacher hugs all of them at the door when they leave for home. Doesn't this teacher urgently need counselling?

TABLE 5.2.8 POSITIVE AND CONSTRUCTIVE SELF TALK

Your self talk is very important for psychological well-being
• Take care that your overall self talk is positive. If not, speak to a professional.
• Take care that you don't talk degenerative about yourself.
• Take care that your self talk about relationships (your self; your family; friends; career) is positive. If not, speak to a professional.
• Belief in yourself and your capability to do things.
• Be active and don't just talk.
• Complete the things you have planned to do.
• Be in control of your life.
• Handle problems at home and at work.
• Choose good role models.

TABLE 5.2.9 ONGOING SELF-ACTUALISATION

Your self-actualisation is very important for psychological well-being
• Are you the person that you want to be? Can you say: "This is me"?. If not, seek professional guidance.
• Do you want to become the best that you could be? If not, seek professional guidance.
• If you're unsure about your potential, seek advice from a professional and get to know yourself.
• You need to be creative and (re)/discover your creative abilities.
• Live your life according to your own expectations.
• You have to work on a positive and realistic self-concept.
• Take care about the small things in life – usually they're very important.
• Appreciate life and the life you're living.
• Set goals of higher order (personal growth; self-esteem; self-concept).
• Are you full of joy? If not, seek professional guidance.

5.3 SUMMARY OF CHAPTER 5

In CHAPTER 5 the researcher made recommendations for the enhancement of psychological well-being according to the nine categories based on the Relations Theory.

Specific guidelines were also made for teachers, parents, psychologists and interested people, regarding the development and enhancement of a positive and realistic self-concept which is necessary for self-actualisation.

In the last chapter, CHAPTER 6, a synopsis of the research project will be given and recommendations made for further study.

CHAPTER 6 CONCLUSION OF STUDY: OVERVIEW AND RECOMMENDATIONS FOR FURTHER STUDIES

6.1 INTRODUCTION: THE THEME

The theme of this research is:

AN ANALYSIS OF PSYCHOLOGICAL WELL-BEING

FROM AN

EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

Mental disorders are one of the leading causes of disability and among developed nations, twenty eight percent of the adult population and twenty one percent of children meet the full criteria for a mental disorder. The researcher's study on psychological well-being is an attempt to address these challenges and hopefully contribute to the body of knowledge on the positive aspects of mental health.

Psychological well-being could be researched from different perspectives. Strümpfer mentioned the paradigm of pathogenic thinking in which psychology (and also the other social sciences) has been functioning mainly, but noted that the new paradigm salutogenesis which emphasizes the origins of health or wellness is strongly in the ascent.

Against the backdrop of different perspectives the researcher chose to use the Relations Theory of Unisa for the investigation of psychological well-being.

Although not the main aim of this study on psychological well-being, throughout the investigation the researcher was aware of similarities between salutogenesis, fortigenesis and positive psychology, and the Relations Theory. According to the

Relations Theory, people can be understood by the relationships they formed, for example with themselves, other people, objects and values. By getting involved in a constructive relationship, experiencing the relationship positively and attaching significance to it, a person will develop a healthy ego, self, different identities and self-concept and through positive self talk come to actualise his/her potential.

The essences (attachment of meaning, involvement, experience and self-actualising) together with the prerequisites (the forming of relations, the life-world and climate) form the basis of the intra-psychic structure (I/ego, self, identity and self-concept). The intrapsychic interaction of the components of these structure is responsible for the person's behaviour, which leads to self-actualising.

6.2 THE CHAPTERS OF THE STUDY ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

The theme is facilitated in six chapters, illustrated in the following table:

TABLE 6.2 CONTENT OF CHAPTERS

CHAPTER	
1	INTRODUCTION
2	LITERATURE STUDY ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE
3	RESEARCH DESIGN
4	RESEARCH FINDINGS AND ANALYSIS
5	RECOMMENDATIONS FOR THE ENHANCEMENT OF PSYCHOLOGICAL WELL-BEING, AND GUIDELINES
6	CONCLUSIONS OF STUDY: OVERVIEW AND RECOMMENDATIONS FOR FURTHER STUDY

6.2.1 CHAPTER 1 INTRODUCTION

In Chapter 1 the researcher described her awareness of the study. Current literature on psychological well-being was summarized and a demarcation of the study followed, showing the different aspects which could be researched.

6.2.1.1 THE RESEARCH PROBLEM

- What is psychological well-being?
- What does an educational psychological perspective mean?.

6.2.1.2 THE AIMS OF THE STUDY

- To do a literature search on:

  -psychological well-being

  -the educational psychological perspective – Unisa's Relations
   Theory.

- To do an empirical investigation on psychological well-being from an educational psychological perspective.

- To give guidelines on psychological well-being and on the application of the Relations Theory:

  -to be able to know what psychological well-being means

  -to recognise strengths of psychological well-being in people and
   work positively on the strengths to enhance and expand them

  -to increase natural resilience and resistance

  -to take preventative measures to ensure psychological well-being

  -to recognise problems preferably in advance and work towards
   psychological well-being

  -to help a therapist in any intervention, either in diagnosing and/or
   therapy

  -to be 'guardians of wellness' (like Hygia the daughter of Asklepios)

The reader was introduced to the different chapters of the study and a clarification of concepts which had been used in the study, followed.

6.2.2 CHAPTER 2 LITERATURE STUDY ON PSYCHOLOGICAL WELL-BEING

In CHAPTER 2 the researcher reported about the literature study that had been done.

In the opening paragraphs, psychological well-being and relational constructs like for example, money, meaning, social support, stressful life events, depression and childhood factors, were discussed.

As said earlier, Strümpfer reported the appearance of a new paradigm, 'salutogenesis' with its emphasize on the origins of health or wellness. For Strümpfer the earliest indication of this paradigm in psychological literature is Super's (1955) distinction between hygiology and psychopathology. In tracing the roots of hygiology, one has to go back to Ancient Greece where Hygia, a daughter of Asklepios and the goddess who watched over the health of Athens, was not involved in the treatment of the sick, but she was the guardian of wellness. In Rome she became known as Salus. Salus' view on wellbeing could be related to

the practice of much more ancient Chinese healers who see their role as increasing natural resilience and resistance (Strümpfer, 2003: 69).

Strümpfer considers Aaron Antonovsky (1979; 1987) as the clearest proponent of this new paradigm and Antonovsky's sense of coherence (SOC) is considered by most researchers as 'the core construct of Antonovsky's salutogenic model'. Three aspects intertwine to form the sense of coherence:

(i) comprehensibility, the ability to understand and comprehend the
situations of life;

(ii) manageability, the ability to manage demands; and

(iii)meaningfulness, the ability to derive meaning from the situations and demands that one confronts.

Strümpfer felt however, that focusing on the origins of health alone is not explaining everything and suggested 'fortigenesis' which focuses on the origins of psychological strengths because he feels it is more embracing and more holistic than salutogensis.

In Chapter 2 the new direction namely positive psychology had also been discussed with the focus on building positive qualities. The contributing views of Professor Freddie Crous and Martin Seligman were mentioned. Crous says that according to Seligman, individual happiness can be dissolved into three routes to happiness: The pleasant life; the engaged life and the meaningful life. Similarities were drawn between the perspectives of positive psychology and the Relations Theory regarding psychological well-being.

The researcher also referred to a few main stream theories and their view on optimal functioning which relates to the Relations Theory self-actualising person. According to Freud (the Psychoanalytical Theory) a person's ego has to keep the balance between the id and super-ego and shouldn't be overwhelmed by defence mechanisms like agression; projection and denial. For Behaviourists like Bandura, learned behaviour can be unlearned. Frankl (Existentialism) stated that a person has to find his/her own meaning, and according to the client-centered theory of

Rogers, the relationship between the therapist and client could already be a healing process.

The important essences of the Relations Theory and its educational psychological structure were discussed and can be summarised in the following three categories: The first category stated the prerequisites which consist of the forming of relations; the climate and the activities necessary for maturance. The second category stated the attribution of meaning; involvement; experience and self-actualisation and the third category stated the child (client) as person with his/her I/Ego; self; identity and self-concept. Nine icons based upon the Relations Theory, were used to represent the educational psychological perspective.

6.2.3 CHAPTER 3 RESEARCH DESIGN

A short discussion on qualitative and quantitative research followed in CHAPTER 3 where the reader will find the final questionnaire and the interview questionnaire, i.e. the researcher's empirical research on psychological well-being.

The importance of ethical issues were also mentioned.

6.2.4 CHAPTER 4 RESEARCH RESULTS AND ANALYSIS

In CHAPTER 4 the researcher analysed the research results of the investigation on psychological well-being from an educational psychological perspective according to the nine categories of the Relations Theory. The research were discussed according to the three phases of the research: Firstly a pilot questionnaire based upon the literature study was designed and administered; secondly a final questionnaire based upon the pilot questionnaire were compiled and given to the respondents for completion. Lastly an individual interview with every respondent, based upon the literature study and questionnaire, were done. In essence the analysis concern the following questions according to the nine categories:

SECTION A I / MY EGO: Who am I?

SECTION B MY SELF: What do I think/feel about myself?

SECTION C MY IDENTITY Who and what am I?

SECTION D MY THOUGHTS: What do I think?

SECTION E MY FEELINGS: How do I feel?

SECTION F MY INVOLVEMENT: How engaged am I?

SECTION G MY SELF-CONCEPT: How do I think and feel about myself?

SECTION H SELFTALK: What do I say to myself?

SECTION I SELF-ACTUALISATION: How do I realise my potential?

The findings of what psychological well-being from an educational psychological perspective entails, were given according to the nine categories. Summarized the researcher's findings were as follows:

SECTION A: A healthy and positive ego.

SECTION B: healthy and positive self.

SECTION C: A clearly defined identity.

SECTION D: Positive thoughts.

SECTION E: Positive feelings.

SECTION F: Involvement in life world.

SECTION G: A positive and realistic self-concept.

SECTION H: Positive and constructive selftalk.

SECTION I: Ongoing self-actualisation.

6.2.5 CHAPTER 5 RECOMMENDATIONS FOR THE ENHANCEMENT OF PSYCHOLOGICAL WELL-BEING, AND PROPOSED GUIDELINES

In CHAPTER 5 recommendations for the enhancement of psychological well-being were made. Guidelines based on the findings, were proposed for teachers, parents, psychologists and readers who wish to achieve psychological well-being.

6.2.6 CHAPTER 6 CONCLUSION AND RECOMMENDATIONS

In the last chapter, CHAPTER 6, the reader is given a synopsis of the whole research project, and recommendations were made for further study.

6.3 CONTRIBUTIONS OF THE LITERATURE AND EMPIRICAL STUDY ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

- Clarification of the research theme and relevant concepts.

One of the contributions of the literature study on psychological well-being is that a certain body of literature was identified which helped to clarify the research theme and relevant concepts. Nowadays (psychological) 'well-being' is easily misinterpreted and several popular meanings attached to the word. Hopefully the literature study contributes to a better understanding of psychological well-being and also clarifies what an educational psychological perspective is.

- Similarities between the Relations Theory, and saluto- and fortigenesis and positive psychology.

By doing the literature study the researcher identified similarities between the new paradigm represented by saluto- and fortigenesis and positive psychology, and the Relations Theory. For example, the Relations Theory accentuates a strong and realistic ego, self and self-concept, clearly formed identities and self-actualisation as optimal goal, whereas salutogenesis also states psychological health as an optimal goal. An implication of self-actualisation according to the Relations Theory is that it could be a buffer against illness, which shows another similarity with salutogenesis' claim to the prevention of illness. The sense of coherence (SOC) stated as a dispositional orientation which focuses on meaningfulness, management and comprehension of life, shows definite similarities with the categories of the Relations Theory (attachment of meaning, involvement and experience).

Fortigenesis' focus on the psychological strengths of people implies a strong and realistic ego, self and self-concept, clearly formed identities and self-actualisation as stated by the Relations Theory.

Positive psychology focus on the building of positive qualities, which is an implication of the self-actualising person of the Relations Theory. A clear cut similarity between positive psychology and the Relations Theory is shown by positive psychology's 'pleasant life'; 'engaged life' and 'meaningful life', which resonate with experience, involvement and attachment of meaning of the Relations Theory.

- A diagnostic and therapeutic tool.

The Relations Theory could be used very effectively as a diagnostic as well as therapeutic tool within the new paradigm of saluto-/fortigenesis and positive psychology. Jacobs (in Jacobs & Vrey, 1982: 50-120) did show in his doctorate that the Relations Theory could be used diagnostically as well as therapeutically, but that was in the early eighties of the previous century when the new paradigm of saluto-/fortigenesis and positive psychology wasn't comprehend as a reality yet.

- A questionnaire on psychological well-being from an educational psychological perspective.

A questionnaire on psychological well-being from an educational psychological perspective was developed and could be used to evaluate a person's psychological well-being. The researcher is of the opinion that psychological well-being cannot be measured by digits alone, and that any statistics should only be used as orientation points for further investigation and/or therapy.

- Non-classification in categories of abnormality.

According to a previous paradigm represented by the fourth edition of the Diagnostical and Statistical Manual (DSM-IV) of the American Psychological Association (APA), a person is classified as belonging to a certain category of abnormality (ex. depressed, bipolar or paranoid) when he/she satisfies for

example 'four of the six' entities on the lists given in the DSM-IV. Opposing the perspective of the DSM-IV, the researcher's view is that an educational psychological perspective gives hope by focusing on a person's ego, self, identities, self-concept, self talk, and self-actualisation – entities that could be developed and enhanced to psychological well-being.

Summarized, according to the researcher the educational psychological perspective differs hugely from the DSM-IV perspective with regard to psychological well-being and hopefully contributes in a positive way by not putting a person in a negative and social degrading category when his/her self-concept and identities may be weakened already. Instead, the educational psychological perspective try to identify a person's strengths and weaknesses according to the categories of the Relations Theory, but consider the development of any weaknesses as the challenge towards self-actualising.

- Prevention of mental illness and promotion of mental health.

As stated earlier, Dr Satcher pleads for the prevention of mental illness and promotion of mental health. The researcher hope that by focusing on psychological well-being from an educational perspective, any fears and misunderstandings, whisperings and shame will be not be seen as a threat any more. May psychological well-being be seen as an exciting opportunity and possibility for every person who wants to grow psychologically and experience joy.

6.4 LIMITATIONS OF THE STUDY ON PSYCHOLOGICAL WELL-BEING FROM AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE

This dissertation on psychological well-being from an educational psychological perspective is in part fulfilment of the requirements for the MEd (Guidance and Counselling) degree, therefore fewer respondents were used. The number of respondents may have an influence on the outcomes, but the researcher doesn't believe that the number of respondents play such a big role in this research. A reason for this statement is that all psychological well persons show similar

characteristics according to the nine categories of the Relations Theory and that lesse or fewer respondents might not influence the findings.

6.5 RECOMMENDATIONS FOR FURTHER STUDIES

- The researcher pointed out the close relationship between psychological well-being and a person's relationships. In today's society which is characterised by so many dysfunctional relationships (parent-child; marital; work place, etc.), the researcher recommend further research into any of these relationships, in order to prevent mental health and promote well-being.

- Research has shown that there are certain risk factors which challenge psychological well-being. Risk factors could be investigated in order to minimise their influence on a person's psychological well-being.

- Research has also shown that there are certain factors which enhance psychological well-being. These factors could be investigated in order to maximise their influence on a person's psychological well-being.

- All of the concepts of the intrapsychic structure (I/ego, self, identity and self-concept) of the Relations Theory fulfil a role regarding psychological well-being; their impact on psychological well-being could be investigated further.

- Further research regarding the essences of the Relations Theory (attachment of meaning, involvement, experience and self-actualising) could be done: How does a person attach meaning to a relationship– is it in a positive or negative way? What could be done to help a person attaching positive meaning to a relationship? How involved is a person in his/her life world? What could be done to help a person to get more involved in his/her life world? How does a person experience relationships – positive or negative? What could be done to help a person to experience relationships more positively? In what way is the person actualising his potential? How could a person be helped to actualise his/her potential better?

Further research regarding the prerequisites (the forming of relations, the life-world and climate) could be done: How does a person form relationships? How does the

life-world of a person look like and how could it be made more comprehensible and meaningful? How could the person acquire more power and control in his life world? How does the climate look like: Is there love, understanding, empathy, care, respect and trust in the relationship? How could the climate be enhanced so that the relationship could function optimally? Antonovsky mentioned in CHAPTER 2, the absence of references to the larger social system in current writings about the holistic approach to health. Vital contributions to health are made by social stability and peace, rewarding work, and a dignified place in society. Failure to confront the social forces that make for well-being limits understanding and affects any therapy.

6.6 THE END

In this study on psychological well-being, the researcher tried to analyse psychological well-being using an educational psychological perspective based on the Relations Theory of Unisa. On the way similarities were drawn between the Relations Theory and other upcoming views on psychological health and well-being like those of salutogenesis, fortigenesis and positive psychology.

Guidelines for the enhancement of psychological well-being were deducted from the research conclusions. With regard to children, it is implied that the guidelines will be made applicable for children and that they be assisted and guided by an knowledgeable adult, parent, teacher or psychologist. For example, children need to be assisted in the creation of the necessary opportunities to enable them to develop a healthy ego, or to be creative, or to actualise their potential, etc. Education per se, means that the child is in need, and the child needs an educator to help him/her on the path of actualising his/her potential.

Psychological well-being is not an unreachable dream, but could be well within the reach of most normal persons who want to set psychological well-being as a goal.

Together with personal growth and joy, the outcomes of psychological well-being could be a strong and healthy ego, self and self-concept; diverse and clearly defined identities; positive self talk, thoughts and emotions and self-actualisation as an ultimate goal.

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