

**THE ROLE OF ATTRIBUTIONAL STYLES, SATISFACTION WITH LIFE,  
GENERAL HEALTH AND SELF ESTEEM ON THE PSYCHOLOGICAL WELL  
BEING OF ADOLESCENTS**

**BY**

**JABULANI CAESAR MBOWENI**

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE

**DEGREE OF MASTER OF SOCIAL SCIENCE IN CLINICAL  
PSYCHOLOGY**

IN THE DEPARTMENT OF PSYCHOLOGY OF THE FACULTY OF HUMAN AND  
SOCIAL SCIENCE OF THE NORTH WEST UNIVERSITY, MAFIKENG CAMPUS

118700457

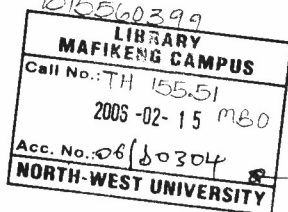
**DATE: MAY 2005**

Supervisor : S.W. Niemand  
Co-supervisor : Q.M. Temane



060006403J

North-West University  
Mafikeng Campus Library



## TABLE OF CONTENTS

	<b>Page</b>
List of Tables	iii
Declaration	iv
Acknowledgements	v
Summary	vi
Remarks	viii
Instructions to Authors	ix
List of Tables	ix
Manuscript	x
Title	xi
Abstract	xii
INTRODUCTION	1-8
METHOD	8
Research Design	8
Participants	8
Measuring Instruments	9-11
Procedure	12
Data Analysis	12
Ethical Considerations	13
Results	14
DISCUSSION	17
REFERENCES	19
Appendix A	26

**List of Tables**

<b>Table 1: Definitions of theory-guided dimensions of well being</b>	6
<b>Table 2: Descriptive Characteristics of participants</b>	9
<b>Table 3: The Relationship among predictors and psychological well being</b>	15
<b>Table 4: Correlation matrix of scales in the study</b>	16
<b>Table 5: Descriptive Statistics of scales</b>	16
<b>Table 6: Comparison of means for external and internal attributions between males and females</b>	17

**Declaration**

I declare that this dissertation for the degree of Master of Social Science in Clinical Psychology at the North West University, Mafikeng Campus hereby submitted, has not been previously submitted by me for a degree at this or any other university. This is my own work in design and execution; and all the material contained herein has been duly acknowledged.

.....

**J.C. MBOWENI**

**Acknowledgements**

I would like to thank my supervisors, Miss Sarah Niemand and Mr Michael Temane for their assistance, patience, and support.

I sincerely appreciate the consistent support from my family and my two sisters Tshidi and Pearl throughout the period when I was conducting this study. Most significantly, I am grateful to my wife, Mapule and my children, Gadifele, Amogelang and Neo for having being tolerant of the inconveniences I caused them at the time I was busy with this study.

Above all I thank God for being with me all the way and being my comforter in time of need.

## Summary

The aim of the study was to determine whether adolescent psychological well being can be significantly influenced by attributional style, general health, satisfaction with life and self esteem. A cross-sectional research design was implemented for this study. An availability sample of 130 learners from 2 high schools; namely Batlounge and Kgobokwe in the Ramatlabama area in rural North West Province (RSA) were chosen to collect data. The learners were selected using the stratified random sampling technique. All participants described themselves as equally traditional and westernised with a high value placed on individual goals and community goals. The respondents were 12-22 years old.

Participants responded to a questionnaire consisting of six sections. The first section comprised of biographical data. Psychological well-being was measured in terms of distinctions between hedonism and eudaimonism. The Satisfaction With Life Scale (SWLS) was used to measure hedonism and the PWB scale by Ryff (1995) was used to measure eudaimonism. General health was measured by the 28 item General Health Questionnaire (GHQ-28). The cognitive Attributional Style Questionnaire (CaQ) measured attributional style. The 10 item Rosenberg's Self Esteem Scale (SES) was used to measure self esteem.

The quantitative data for the research, which was gathered through questionnaires, was subjected to statistical analysis. This was done through the utilisation of the Statistical Package for Social Sciences (SPSS ver. 12). Descriptive statistics and Cronbach alpha reliability indices were computed for each scale. Regression analysis was used to establish the relative contribution made by the independent variables; Attributional style (AS), Self Esteem (SE), General Health (GH) and Satisfaction With Life (SWL); on the dependent variable (psychological well being). Analysis of Variance (ANOVA) is used to test the significance of  $R^2$ , which is the same as testing the significance of the regression model as a whole.

The results of the study generally show that satisfaction with life, attributional styles, self-esteem and health meaningfully predict psychological well-being ( $R^2 = .41$ ). the practical significance of the finding based on the Steyn's formulation was 0.69. psychological well-being correlated positively with satisfaction with life, general health,

and the external attributions made by learners. There were no significant differences regarding the nature of attributions made by both male and female learners.

It is therefore recommended that adolescents get support from parents, engage in challenging activities, positive life events, and interact more with significant others for their well being. Further research into the mechanisms of how life satisfaction plays its role in positive youth development is needed to promote the psychological well-being of all youth.

**Remarks**

The reader is apprised of the following:

- References and the editorial style as prescribed by the *Publication Manual (5th edition)* of the American Psychological Association (APA) were followed in this dissertation. This is consistent with academic writing in Psychology using the APA-style in all scientific documents.
- The thesis is submitted in the form of a research articles.
- The article adopts the generic referencing style of the potential journal of publication if it is not consistent with editing style of the South African Journal of Psychology.



## **INSTRUCTIONS TO AUTHORS: South African Journal of Psychology**

The original typewritten manuscripts plus two copies must be submitted to the Editor: Professor N. Duncan, Institute for Social & Health Sciences, University of South Africa. P.O. Box 1087, Lenasia, 1820. E-mail: [sajp@unisa.ac.za](mailto:sajp@unisa.ac.za).

The manuscript must be accompanied by a letter stating that the paper has not been previously published, is the author(s) own original work and all list authors must sign the letter to indicate their agreement with the submission, the manuscript should be typed in a 12 point font, double spacing with generous margins, on one side of the paper only. The first page should contain the title of the paper, the author(s) name(s) and address(es), and the name and address of the author to whom correspondence should be addressed. The abstract should be on a separate page. The text of the paper should be started on a new page. Tables and figures should be numbered consecutively and submitted on separate A4 pages attached the manuscript. The appropriate positions in the text should be indicated. Once the article has been accepted for publication, a computer diskette must also be submitted ASCII is the preferred text format. The diskette should be clearly marked.

The format of articles should conform to the requirements of the South African Journal of Psychology: Guide to Authors, which is based on the Publication Manual of the American Psychological Association. The SAJP Guide can be obtained from the office of the Psychological Society of South Africa at a cost of R35.00, including VAT and postage.

**Illustrations and figures:** These should be prepared on A4 sheets. One set of original illustrations and figures of good quality drawing paper, or glossy photo prints and three sets of copies, should accompany the submission. The figures should be clearly labelled on the back. Authors are requested to pay particular attention to the proportions of figures so that they can be accommodated in single (82 mm) or double (170mm) columns after reduction, without wasting space. Figures should be numbered consecutively in Arabic numerals (Figure 1, Figure 2), and descriptive captions listed on a separate sheet of A4 paper. Graphs should be fully inscribed, and points should be indicated with standard symbols. All illustrations and figures should be grouped together at the end of the manuscript, and their appropriate positions in the text should be indicated.

It is strongly recommended that all manuscripts be carefully edited by a language specialist before submission. A note that the manuscript had been language edited should accompany the manuscript on submission.

**Manuscript**

**The role of Attributional Styles, Satisfaction with life, General Health and Self Esteem on the Psychological Well Being of Adolescents.**

**THE ROLE OF ATTRIBUTIONAL STYLES, SATISFACTION WITH LIFE,  
GENERAL HEALTH AND SELF ESTEEM ON THE PSYCHOLOGICAL WELL  
BEING OF ADOLESCENTS**

**BY**

**JABULANI CAESAR MBOWENI**

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE

**DEGREE OF MASTER OF SOCIAL SCIENCE IN CLINICAL  
PSYCHOLOGY**

IN THE DEPARTMENT OF PSYCHOLOGY OF THE FACULTY OF HUMAN AND  
SOCIAL SCIENCE OF THE NORTH WEST UNIVERSITY, MAFIKENG CAMPUS

DATE: MAY 2005

Supervisor : S.W. Niemand  
Co-supervisor : Q.M. Temane

**Abstract**

The role of attributional styles, satisfaction with life, general health and self-esteem on the psychological well being of adolescents was examined in this study. A sample of 130 male and adolescents in grade 12 was drawn from 2 high schools in Ramatlabama. The results of the study show that satisfaction with life, self-esteem, and general health, play a major role in psychological well-being. There is also a positive relationship among Satisfaction With Life, internal and external attributions, general health, self-esteem and psychological well-being. It is therefore recommended that adolescents get support from parents, engage in challenging activities, positive life events, and interact more with significant others for their well being.

## **The Role of Attributional Styles, Satisfaction with life, General Health and Self Esteem on the Psychological Well Being of Adolescents**

The role of neighbourhood characteristics has been implicated in the health outcomes of communities (Robert. 1998; Yen & Syme, 1999). Low socio-economic neighbourhood, such as most if not all of South Africa's rural areas, are more likely to suffer in terms of both the quantity and quality of municipal and public health services (Macintyre, Maciver, & Sooman, A. 1993). Hadley-Ives, Stiffman, Elze, Johnson and Dore (2000) found that actual neighbourhood characteristics influence adolescent's mental health over the perceived neighbourhood characteristics. Indeed, Amato & Zuo, (1992) had demonstrated empirically that differences exist between psychological well being in rural areas as compared to psychological well being in urban areas with higher levels in the latter. This study is focussed on the role of attributional style (AS), satisfaction with life (SWL), general health (GH), and self-esteem (SE) on the psychological well being (PWB) of black rural adolescents.

Adolescence is an age of increasing independence and autonomy, with more time being spent in neighbourhood settings, away from the family and formal social control institution of the school (Allison et al., 1999). Neighbourhood characteristics differ because of residential segregation and these differences influence child development and health (Garcia Coll et al., 1996). Neighbourhood poverty and socio-economic deprivation have reported to have negative effects on children's mental health (Kalff et al., 2001), internalising behaviour and school achievement (Duncan, Brooks Gunn, & Klebanov, 1994). Poverty has also been associated with school dropout rates (Sum & Fogg, 1991) as

well as elevated levels of loneliness and depression in rural adolescents (Lempers, Clark-Lempers, & Simons, 1989).

Adolescents in rural areas have few resources available to empower them about current developments in the country. They also do not get enough exposure programmes aimed at developing them to future adults who can participate fully in the building of the new South Africa. When they get a chance to socialise with their urban counterparts, they might feel that they are left behind thus this might lead to stress and low self-esteem. Social, cultural, economic and political consequences of rurality are also embedded in the social context in which rural residents grow up. Rurality depresses opportunities for, and the diversity of, social interactions resulting in a lack of anonymity, fewer contacts and greater likelihood of isolation. (Bourke, 2003) According to Leventhal & Brooks-Gunn (2000) the availability, accessibility, affordability, and quality of several types of resources in the community - learning, recreational, and social activities; childcare; schools; medical facilities; and employment opportunities - could influence child and adolescent outcomes. The question thus becomes, what influences the psychological well-being of rural adolescents in the rural context. To this extent a variety of independent variables such as attributional style, self-esteem, satisfaction with life and so forth.

Attributional style is an individual-differences variable that refers to the habitual ways in which people explain their positive and negative life experiences. This construct emerged from the attributional reformulation of the learned helplessness model, which posited that a person's explanatory style determines the extent to which learned helplessness is stable, pervasive, and undermining of self-esteem. According to this

model, causal attributions vary on three critical dimensions: locus, stability, and globality. Locus of causality refers to whether the outcome was due to something about the person (internal) or something about the situation or circumstances (external). Stability refers to whether the cause will again be present (stable) or is temporary (unstable). The third dimension, globality, refers to whether the cause influences just this particular situation or whether it influences other areas of the respondent's life global explanation (Higgins et. al, 2003).

A pessimistic (or depressive) attributional style is the tendency to explain negative life events with internal, stable, and global causes and to explain positive events with external, unstable, and specific causes. In contrast, an optimistic attributional style is the tendency to explain negative events with external, unstable, and specific causes and to explain positive events with internal, stable, and global causes. Pessimists are more likely than optimists to display helplessness deficits when they experience a negative event. Attributional styles have been demonstrated to play a mediating role between negative events and problems in living, such as depression, loneliness, and shyness. For example, a pessimistic AS appears to increase the risk for depression through the negative impact of the attributions on self-esteem (locus attributions) and expectations about future events (stability and globality attributions) (Higgins et.al., 2003)

The hopelessness theory of depression (Abramson, Metalsky, & Alloy, 1989) proposes that specific types of attributions can play an important causal role in the onset of depression. The model posits that individuals who are at risk for developing depression have a consistent style in which they make internal, stable, and global attributions for negative events. These negative attributions act as a cognitive vulnerability or diathesis

that is hypothesized to contribute to the onset of depression following stressful life events. According to this theory, persons with a negative attributional style are more likely to develop depression in the presence (but not in the absence) of life stressors (Abramson, Metalsky, & Alloy, 1989)

Substantial evidence supports the association between negative attributional styles and depression in children and adolescents (see Gladstone & Kaslow, 1995; Joiner & Wagner, 1995, for meta-analytic reviews). Dixon and Ahrens (1992) studied troubled children at summer camp, and their results showed that daily hassles resulted in higher levels of depressive symptoms among children with negative attributional styles than among those with more positive styles. Using a grade-stress methodology, Hilsman and Garber (1995) found that academic disappointment predicted increased depressive symptoms more strongly among children with negative attributional styles than among those with more positive styles.

Happiness and life satisfaction are major goals for most people. Subjective well-being refers to the individual's own views of their life and is therefore an important aspect of global well-being. Several studies have shown that a range of factors, such as daily strain, financial state, life events, personal goals, and personality has an impact on subjective well-being. Research on adolescent well-being is often related to changes of family structure and focused solely on the aspects of ill-being, for example, depression, anxiety, social problems and criminal behaviour (Rask et al., 2002). Wissing and Van Eeden (1997) identified a general psychological well-being factor, which they described as a combination of specific qualities such as a sense of coherence, satisfaction with life, affect balance, and a general attitude of optimism or positive life orientation. These



authors also indicate that qualities that characterise general well being include having an interest in the world and the motivation to carry out activities on a behavioural level.

According to Urry et al. (2004) many conceptualisations of the nature of well-being have been formulated, as have many nomenclatures, including “psychological well-being” (PWB; Ryff, 1989; Ryff & Keyes, 1995), “subjective well being” (SWB; Diener, 2000), “quality of life” (Frisch, Cornell, Villanueva, & Retzlaff, 1992), and “happiness” (Lyubomirsky & Lepper, 1999; Myers, 2000). According to Ryan and Deci (2001) the many conceptualisations of well-being stem from two traditions of research, namely; eudaimonic well-being and hedonic well-being. Eudaimonic tradition is represented by Ryff and her colleagues (e.g. Ryff, 1989). They describe well-being as the extent to which respondents endorse high levels of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Hedonic well-being, on the other hand, is exemplified in the SWB work of Diener and his colleagues (Diener, 2000; Kahneman, Diener, & Schwarz, 1999). Defining SWB as people’s affective and cognitive evaluations of their lives, Diener (2000) has identified four separable components, including life satisfaction, satisfaction with important domains (e.g., work), frequent pleasant emotions, and infrequent unpleasant emotions. Hedonic well-being thus embraces positive affect as a defining feature of well-being, whereas eudaimonic well-being emphasizes that purpose, growth, and mastery may or may not be accompanied by feeling good (Keyes, Shmotkin, & Ryff, 2002). Rothman, Kirsten & Wissing (2003) posits that it would seem that psychological well-being can be conceptualised with reference to affective, physical, cognitive, spiritual, self and social processes. According to Ryff (1995, 101), the key dimensions of the synthetic model of

well-being are self-acceptance, positive relationships with other people, autonomy, environmental mastery, purpose in life, and personal growth. Definitions for each dimension are provided in table 1 below.

**Table 1: Definitions of theory-guided dimensions of well-being**

Dimension	Characteristics of a high scorer	Characteristics of a low scorer
Self-acceptance	Possess positive attitude toward self; acknowledges and accepts multiple aspects of self, including good and bad qualities; feels positive about past life	Feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what he or she is
Positive relations with other people	Has warm, satisfying, trusting relationships with others; is concerned about the welfare of others; is capable of strong empathy, affection, and intimacy; understands give-and-take of human relationships.	Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; is not willing to make compromises to sustain important ties with others
Autonomy	Is self-determining and independent; is able to resist social pressures to think and act in certain ways; regulates behaviour from within; evaluates self by personal needs and values	Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world.
Environmental mastery	Has sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; is able to choose or create contexts suitable to personal needs and values	Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world
Purpose in life	Has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living	Lacks sense of meaning in life; has few goals or aims, lacks sense of direction; does not see purpose in past life; has no outlooks or beliefs that give life meaning

---

Personal growth	Has feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behaviour over time; is changing in ways that reflect more self-knowledge and effectiveness	Has sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviours
-----------------	---	--

---

Aneshensel and Sucoff (1996) found that youth in low socioeconomic neighbourhoods perceive greater ambient hazards such as crime, violence, drug use, etc., than those in high socioeconomic neighborhoods. They suggest that the more threatening the neighbourhood, the more common the symptoms of depression, anxiety, oppositional defiant disorder and conduct disorder. In an attempt to explain one of the pathways through which context can influence well-being, Gallo and Matthews (2003) use the reserve capacity model to support the idea that low socioeconomic environments may kindle disproportionate levels of negative emotions and attitudes, and likewise, these variables may have negative effects on health by reducing the individual's capacity to manage stress. This literature suggests that rural environments can also influence levels of psychological well-being in adolescents.

Self-esteem continues to be one of the most commonly researched concepts in social psychology. Generally conceptualised as a part of the self-concept, to some self-esteem is one of the most important parts of the self-concept. This focus on self-esteem has largely been due to the association of high self-esteem with a number of positive outcomes for the individual and for society as a whole. Moreover, the belief is widespread that raising an individual's self-esteem (especially that of a child or adolescent) would be beneficial for both the individual and society as a whole (Cast, 2002)

In view of the above, the aim of this study was to determine whether adolescent psychological well-being can be significantly influenced by attributional style, general health, satisfaction with life and self esteem.

## **METHOD**

### **Research Design**

A cross-sectional research design was implemented for this study. Participants gave self reports at one point in time regarding the measures in this study. The survey research design helps to reveal attitudes, perceptions or self-reported behaviour of a sample of people (Welman and Kruger, 1999: 46).

Questionnaires will be used to elicit responses relevant to the objectives of the study. In a survey the researcher does not manipulate situation or condition, people simply answer questions provided.

### **Participants**

An availability sample of 130 learners from 2 High Schools namely; Batlounge and Kgobokwe in the Ramatlabama area north of Mafikeng were chosen to collect data. Both schools are found in the rural North West Province. The learners were selected from grade 12 using the stratified random sampling technique. All participants described themselves as equally traditional and westernised with a high value placed on individual goals and community goals. Their ages range from 12 to 22 years. Some of the characteristics of the participants are represented in table 2 below.

**Table 2: Descriptive characteristics of participants**

Sex	Frequency	%
Male	56	43
Female	74	57
Total	130	100
Age	Frequency	%
12-14	1	1
15-18	49	38
19-22	80	63
Total	130	100

### Measuring Instruments

Participants responded to a questionnaire consisting of six sections. The first section was comprised of biographical data, which includes age, sex, religion and level of study, and their self-perception.

#### *Psychological well being*

Psychological well-being was measured in terms of the distinctions established in the literature namely hedonism and eudaimonism. In the case of the former the satisfaction with life (SWL) was used to measure hedonism and the PWB scale by Ryff (1995) was used to measure eudaimonism. The five-item Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985), which is used in this study to measure a general psychological well-being factor. Participants indicated their agreement or disagreement with each item on a seven-point Likert scale ranging from (1) strongly disagree to (7) strongly agree. The SWLS is a cognitive judgement on individuals' global perceptions of their lives (Diener, 1994). The SWLS has an internal consistency of .87 and a test-retest reliability of .82 (Diener et al., 1985).

The participants completed three measures: Ryff's Scales of Psychological Well-Being (Ryff, 1995), The short form of the Scales of Psychological Well-Being consists of 84

items divided equally among the six subscales: Autonomy, Environmental Mastery, Personal Growth, Positive Relations With Others, Purpose in Life, and Self-Acceptance. Responses are given on a Likert-type scale (1 = strongly disagree, 6 = strongly agree). Internal consistencies for the subscales of well-being range from .83 to .91 (Ryff, 1995).

### ***General health***

General health was measured by the 28 item General Health Questionnaire (GHQ-28). The GHQ-28 is a widely used self-assessment scale for measuring subjective well being and psychological distress and has 4 subscales - social function and role, health perception (somatization), anxiety, insomnia and severe depression - altogether 28 questions with 4 reply questions (Goldberg & Hillier, 1979). It can be scored in two different ways; the Likert scaling method (0,1,2,3); and the GHQ scaling method (0,0,1,1). The former is appropriate for survey research and the latter for identifying psychiatric cases. (Swallow, Lindow, Masson and Hay, 2003).

### ***Attributional Style***

The cognitive Attributional Style Questionnaire (CAQ) measured attributional style. (Botha & Wissing, 2003). The CAQ is a Likert type scale based on the Explanatory Style Theory of Buchanan and Seligman (1995). It measures the degree of an optimistic versus a pessimistic explanatory style. A more optimistic style is characterised by viewing the causes of bad events as external, specific, and unstable, while positive events are ascribed to internal, global and stable factors. A Cronbach alpha of 0.72 was obtained in the POWIRS project. (See Botha , Wissing, & Vorster, 2004)

### ***Self-esteem***

The 10 item Rosenberg's Self Esteem Scale (SES). The Rosenberg's Self Esteem Scale (SES) is a brief, unidimensional measure of global self-esteem (Rosenberg, 1965). It was originally constructed to measure self-esteem of high school students. Since its development, the scale has been used with a number of other groups including substance abuse. The SES consists of 10 statements related to overall feelings of self-worth or self-acceptance. The items are answered on a four point scale ranging from strongly agree to strongly disagree. The SES is applicable to clinical and general populations. The SES was designed as a self-report measure, but has also been administered as an interview. It can be completed in less than 5 minutes. The scale generally has high reliability. Internal consistency estimates range from  $\alpha = .89$  for a sample of 206 female undergraduate students to  $.77$  for sample of 1,332 men over 60 years of age. A coefficient alpha estimate of  $.87$  for sample of Canadian students in grade 11 and 12 has been reported. The SES has demonstrated good test-retest reliability. A correlation of  $r=.82$  for a college sample over one -week period and a correlation of  $r=.85$  between two administrations of SES with college student sample over a 2-week period were reported. Scoring was reversed for negatively stated items. The scale ranges from 00-30, with 30 indicating the highest score possible and the highest possible level of self-esteem. For items 1,2,4,6,7: Strongly Agree=3, Agree=2, Disagree=1, and Strongly Disagree =0. For items 3,5,8,9,10: Strongly Agree=0, Agree=1, Disagree=2 and Strongly Disagree=3.

The scale ranges from 00-30, with 30 indicating the highest score possible.

**Procedure**

The researcher obtained written informed consent from school managers and parent governing bodies of both schools and the Mafikeng district manager of the department of education. Consent forms and information sheets providing details about the study were distributed to participants for them and their parents to read and sign. The forms were collected before the scheduled test time to ensure that all participants and their parents have consented.

All the 65 participants for each school were tested in the life skills classroom. The study took place at times convenient to both educators and learners. The students were assured that their responses would remain confidential. Each student then received the questionnaire, which was assigned code numbers.

The survey was administered in the same order to all participants so as to control for a possible carry over effect. Participants were allowed as much time as they needed to complete the survey. The researcher was in attendance during the entire test for consultation. Once all the participants had finished, the investigator debriefed them. The investigator reminded the participants that if for any reason they felt a need to talk about feelings, which may have surfaced during their participation in this study, they could talk to their life skills educator and a workshop will be organised for them.

**Data analysis**

The quantitative data for the research, which was gathered through questionnaires, was subjected to statistical analysis. This was done through the utilisation of the Statistical Package for Social Sciences (SPSS version 12). Descriptive statistics and Cronbach alpha reliability indices were computed for each scale. Confirmatory factor analyses were



performed to determine the construct validity of scales, implementing the principal component method of factor analysis.

Regression analysis was used to establish the relative contribution made by the independent variables (AS, SE, GH, SWL) on the dependent variable (psychological well-being). The coefficient of determination ( $R^2$ ) is reported to express this relationship. The Analysis of Variance (ANOVA) is used to test the significance of  $R^2$ , which is the same as testing the significance of the regression model as a whole. If  $\text{prob}(F) < .05$ , then the model is considered significantly better than would be expected by chance and we reject the null hypothesis of no linear relationship of  $y$  to the independents.  $F$  is a function of  $R^2$ , the number of independents, and the number of cases (see Everitt, 1996)

The use of statistical significance testing as a routine procedure has been criticised (cf. Cohen, 1990; Hunter, 1997). An appeal to authors has also been made to place more emphasis on effect sizes (cf. Thompson, 1994) as a way of attesting for the practical significance of the findings. Effect size (ES) is a name given to a family of indices that measure the magnitude of a treatment effect. Effect sizes are independent of sample size. Thus to attest to the practical significance of the regression models, effect sizes were computed based on the following formula by Steyn (1999):  $f^2 = R^2 / 1 - R^2$ . A cut-off point of 0.10 (medium effect) was set for practical significance of  $f^2$ . There is as a wide array of formulas used to measure effect size possibly as there are tests of significance

#### **Ethical considerations**

Ethical aspects of the study were checked by the Departmental Board of Psychology at NWU (Mfk campus). A study of this nature will be confronted with a number of ethical considerations. To ensure that the research will be conducted correctly, consent letters

will be signed by the school managers of each school including the parents of the participants. This letter will specify the objectives of the study and highlight the confidentiality of the participants and the information gathered. Participants will be informed that they have the freedom to withdraw from the process at any time without any penalties for doing so. No identifying data will be used at any point in the research.

## Results

The results of the study generally show that satisfaction with life, attributional styles, self-esteem and health meaningfully predict psychological well-being ( $R^2 = 0.41$ ) as the table 3 below shows. An analysis of variance used to test the significance of this result yielded a significant finding ( $F=6.89$ ,  $df = 4/39$ ;  $p=0.0001$ ). The practical significance of the finding based on Steyn's formulation was 0.69. SWLS, CAQ I, CAQ E, GHQ, SES were compared to see their relationship to PWB. The table 3 below shows that there is a positive relationship among SWLS, CAQI, CAQE, GHQ, SES AND PWB. ( $F = 2.55$ ,  $df 5/37$ ,  $p = 0.04$ ). All these predictors explain variance in psychological well-being by 26%. When internal attributions were excluded in the prediction of PWB, the coefficient of determination improved by 15% ( $R^2 = 0.41$ ). Thus it would appear that the following factors: CAQ E, SWLSTOT and GHQ predicted PWB best. An effect size of 0.69 was obtained for this finding suggesting that this result is practically significant.

**Table 3: Relationship among predictors and psychological well-being****Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.643(a)	.414	.354	19.73349

a Predictors: (Constant), SWLSTOT, CAQ\_E, SES\_T, GHQ\_T

**ANOVA(b)**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10727.79	4.00	2681.95	6.89	0.00027
	Residual	15187.01	39.00	389.41		
	Total	25914.8	43.00			
a	Predictors: (Constant), SWLSTOT, CAQ_E, SES_T, GHQ_T					
b	Dependent Variable: PWB_T					

The finding above is confirmed by the correlation of all scales in the study. The table below shows that psychological well-being correlated positively with satisfaction with life, general health, and the external attributions made by learners as these are measures of wellness. The table also shows that as the GHQ which measures the pathogenic orientation is negatively related to the positive measures of well-being.

**Table 4 : Correlation matrix of scales in the study**

SCALES	SWLS	GHQ	SES	PWB	CAQ-E	CAQI
SWLS	1					
GHQ	-0.107	1				
SES	0.302**	-0.103	1			
PWB	0.249*	0.350**	-0.133	1		
CAQ-E	0.143	0.303*	0.062	0.303**	1	
CAQ-I	0.044	-0.223	0.022	0.154	-0.136	1

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

\* Correlation is significant at the 0.05 level (2 tailed).

SWLS = Satisfaction with life scale, GHQ = General Health questionnaire

SES = Self Esteem Scale, PWB = Psychological Well Being, CAQ-E = Cognitive

Appraisal Questionnaire – External, CAQ-I = Cognitive Appraisal Questionnaire-Internal

The table below summarizes the descriptive statistics of the scales used in the study.

**Table 5: Descriptive Statistics of scales**

Scale	M	SD	Kurtosis
SWLS	23	5.72	0.15
GHQ_T	55	13.65	-0.33
SES	22	3.16	0.44
CAQ	26	4.12	0.42
PWB	165.84	22.18	4.2

The table below shows that there were no significant differences regarding the nature of attributions made by both male and female learners. ( $F_E = 0.01$ ,  $df = 1/115$ ,  $p = 0.94$ ;  $F_E = 2.80$ ,  $df = 1/120$ ,  $p = 0.10$ )

**Table 6: Comparison of means for external and internal attributions between males and females.**

GENDER		
	External Attributions	Internal Attributions
M	49	52
F	70	68

The study established that psychological well-being is influenced by a number of factors.

## DISCUSSION

The current study indicates that satisfaction with life, self-esteem, and general health, play a major role in psychological well-being and that there is a positive relationship among Satisfaction With Life, internal and external attributions, general health, self-esteem and psychological well-being. Interestingly, when internal attributions were excluded, satisfaction with life, external attribution and general health seem to predict psychological well-being best. This means that learners who were thinking positively about their lives, health and people around them experienced greater psychological well-being. According to Park, N. (2004), comprehensive perspectives on well-being that include positive aspects of human life such as subjective wellbeing have recently been proposed. Life satisfaction is the cognitive component of subjective well-being and plays an important role in positive development as an indicator, a predictor, a mediator/moderator, and an out-come. Whereas low life satisfaction is associated with psychological, social, and behavior problems, high life satisfaction is related to good adaptation and optimal mental health among youth. Life satisfaction and positive affect mitigate the negative effects of stressful life events and work against the development of psychological and behavioral problems among youth.

The findings also suggest that there were no significant differences regarding the nature of attributions made by both male and female learners. This means that both male and female learners did not differ in ways which they explain their positive and negative life experiences. In a study conducted by Roothman, Kirsten, & Wissing (2003), men and women perceived themselves as able to gauge and balance both their positive and negative emotions, which in turn could increase their judgements of subjective well-being.

According to the findings self esteem does not seem to have significant role on the psychological well being of learners. However, this does not necessarily mean that self-esteem is not an important aspect of psychological well-being. Self-esteem co varies with SWB, although this relation is stronger in individualistic societies where the "self" stands out as more important (Diener & Diener, 1995). In collectivist cultures self-esteem and life satisfaction are typically related, but not so strongly as in individualistic

Satisfaction with life is also found to be important in experiencing of psychological well-being. Happy people are likely to experience more events that are considered desirable in the culture, but also have a propensity to interpret and recall ambiguous events as good (Lyubomirsky & Ross, 1996; Seidlitz & Diener, 1993). People with high subjective wellbeing (SWB) are also more likely to perceive "neutral" events as positive. Thus, people with high SWB may not only experience objectively more positive events, but they also seem to perceive events more positively than do people who are low in SWB. A person is said to have high SWB if she or he experiences life satisfaction and frequent joy, and only infrequently experience unpleasant emotions such as sadness and anger.

However, the following limitations are acknowledged: the sample was drawn from a single geographic location and thus represents a relatively restricted range of community and school conditions. Language is also another limitation as English is not the first language of all the participants. Caution was taken to deal with them in the following way. Each question was fully explained to participants before they could answer the questionnaires. Those who did not understand were asked to consult the researcher for further explanation. Future research should include a larger more diverse sample. Additional research including learners from other race groups would help eliminate the generalising of the findings.

It is therefore recommended that adolescents get support from parents, engage in challenging activities, positive life events, and interact more with significant others for their well being. Further research into the mechanisms of how life satisfaction plays its role in positive youth development is needed to promote the psychological well-being of all youth.

## REFERENCES

- Abramson, L. Y., Metalsky, G. I., & Alloy, L. Y. (1989). Hopelessness depression: A theory-based subtype of depression. *Psychological Review*, *96*, 358–372.
- Allison, K.W., Burton, L., Marshall, S., Perez-Febles, A., Yarrington, J., Kirsh, L.B., & Merriwether-Devries, C. (1999). Life experiences among urban adolescents: Examining the role of context. *Child Development*, *70*(4), 1017-1029.
- In Drukker, M., Kaplan, C., Feron F., & van Os, J. (2003) Children's health-related quality of life, neighbourhood socio-economic deprivation and social capital. A contextual analysis. *Social Science & Medicine*, *57*, 825-841.

- Amato, P.R. & Zuo, J. (1992) Rural poverty, urban poverty, and psychological well-being. *Sociological Quarterly*, 33(2), 229-240.
- and *Social Psychology*, 69, 370-380.
- Aneshensel, C.S. & Sucoff, C.A. (1996) The neighborhood context of adolescent mental health. *Journal of Health and Social Behavior*, 37, 293-310.
- Botha, E.M., Wissing, M.P., & Vorster, E.H. (2004) Childhood relationships and adult bio-psychosocial well-being in African women. Unpublished PhD article, North-West University (Potchefstroom Campus).
- Bourke, L.(2003). Toward understanding youth suicide in an Australian rural community. *Social science & Medicine*, 57, 2355-2365.
- Cast, A.D., Burke, P.J.(2002). Social Forces, 80(4),1041.
- Cohen, J. (1990). Things I have learned (so far). *American Psychologist*, 45, 1304-1312.
- Diener, E. (1994). Assessing subjective well being: Progress and opportunities. *Social Indicators Research*, 31, 103-157.
- Diener, E. (2000). Subjective well-being. The science of happiness and a proposal for a national index. *American Psychologist*, 55, 34-43.
- Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology*, 68, 653-663.
- Diener, E., Emmons, R.A., Larsen, R.J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49, 71-75.
- Dixon, J. F.,&Ahrens,A.H. (1992). Stress and attributional style as predictors of self-reported depression in children. *Cognitive Therapy and Research*, 16, 623-634.



- Duncan, G.J., Brooks Gunn, J., & Klebanov, P.K. (1994). Economic deprivation and early childhood development. *Child development*, 65(2), 296-318.
- Frisch, M.B., Cornell, J., Villanueva, M., & Retzlaff, P.J. (1992). Clinical validation of the Quality of Life Inventory: A measure of life satisfaction for use in treatment planning and outcome assessment. *Psychological Assessment*, 4, 92-101.
- Garcia Coll, C., Lamberty, G., Jenkins, R., McAdoo, H.P., Crnic, K. Wasik, B.H., & Vazquez Garcia, H. (1996). An integrative model for the study of development competencies in minority children. *Child Development*, 67(5), 1891 - 1914.
- Gladstone, T. R., & Kaslow, N. J. (1995). Depression and attributions in children and adolescents: A meta-analytic review. *Journal of Abnormal Child Psychology*, 23, 597-606.
- Goldberg, D.P. & Hillier, V.F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine*, 9,139-145.
- Goldberg, D., & Williams, P., (1991). *A user guide to the General Health Questionnaire (GHQ)*. Hampshire: The Basingstoke Press Ltd.
- Hadley-Ives, E., Stiffman, A.R., Elze, D., Johnson, S.D. & Dore, (2000). Measuring neighbourhood and school environments: perceptual and aggregate approaches. *Journal of Human Behavior in the Social Environment*, 3, 1-27.
- Higgins, N. C., Hay, Jana L., (2003) Attributional Style Predicts Causes of Negative Life Events on the Attributional Style Questionnaire. *Journal of Social Psychology* 143,Issue2.

- Hilsman, R., & Garber, J. (1995). A test of the cognitive diathesis-stress model of depression in children: Academic stressors, attributional style, perceived competences, and control. *Journal of Personality*, *69*, 370–380.
- Joiner, T. E., & Wagner, K. D. (1995). Attribution style and depression in children and adolescents: a meta-analytic review. *Clinical Psychology Review*, *15*(8), 777-798.
- Kahneman, D., Diener, E., & Schwarz, N. (Eds.). (1999). *Well-being: The foundations of hedonic psychology*. New York: Russell Sage Foundation.
- Kalff, A.C., Kroes, M., Vles, J.S., Hendriksen, J.G., Feron, F.J., Steyaert, J., Van Zeben, T. M., Jolles, J., & Van Os, J.(2001). Neighbourhood level and individual level SES effects on child problem behaviour: A multilevel analysis. *Journal of Epidemiology and Community Health*, *55*(4), 246-250.
- Katja, R., Paivi, A. & Pekka, L. (2002) Realized values\_ *Journal of Advanced Nursing*, 38,3
- Keyes, C.L.M., Shmotkin, D., & Ryff, C.D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology*, *82*, 1007–1022.
- Kroger, J. E. (1980). Residential mobility and self-concept in adolescence. *Adolescence*, *15*(60), 967-977.
- Lempers, J.D., Clark-Lempers, D.C., & Simons, R.L. (1989) Economic hardship, parenting, and distress in adolescence. *Child Development*, *60*, 25-39.
- Leventhal, T., Brooks-Gunn, J. (2000) The neighbourhood they live in: The effects of neighbourhood Residence on child and adolescent outcomes. *Psychological bulletin*. *126*(2), 309-337.

- Louw, D.A. (1991). *Human Development*. Cape Town: Penrose Book Printers.
- Lyubomirsky, S., & Lepper, H.S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social Indicators Research*, 46, 137–155.
- Lyubomirsky, S. & Ross (1996). Changes in attractiveness of elected, rejected, and precluded alternatives: A comparison of "happy" and "unhappy" individuals. Manuscript submitted for publication.
- Macintyre, S., Maciver, S., & Sooman, A. (1993) Area, class and health: Should we be focussing on places or people? *Journal of Social Policy*, 22, 213-234.
- Myers, D.G. (2000). Hope and happiness. In J.E. Gillham (Ed.), *The science of optimism and hope: Research essays in honor of Martin E. P. Seligman* (pp. 323–336). Philadelphia: Templeton Foundation Press.
- Park, N. (2004) The Role of Subjective Well-Being in Positive Youth Development. *The Annals of the American Academy of Political and Social Science*, 591,(1), 25-39.
- Rask, Katja, Astedt-Kurki, Paivi, Laippala, Pekka,. 2002. Realized values. *Journal of Advanced Nursing*, 03092402, Vol. 38, Issue 3
- Robert, S.A. (1998) Community level socio-economic status effects on adult health. *Journal of Health and Social Behavior*, 39, 18-37.
- Roothman,B, Kirsten, D.K., & Wissing M.P. (2003) Gender differences in aspects of psychological well being. *South African Journal of Psychology*,33(4), 212-218.
- Rosenberg, M. (1965). *Society and the Adolescent Self-Image*. Princeton, New Jersey: Princeton University Press.

- Ryan, R.M., & Deci, E.L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52, 141–166.
- Ryff, C.D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081.
- Ryff, C.D. (1995) Psychological Well-Being in Adult Life. Current Directions in Psychological Science. *American Psychological Society*. 4(4), 99-104.
- Ryff, C.D., & Keyes, C.L.M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727.
- Seidnitz, L., & Diener, E. (1993). Memory for positive versus negative life events: Theories for the differences between happy and unhappy persons. *Journal of Personality and Social Psychology*, 64, 654-664.
- Steyn, H.S. (1999). *Praktiese betekenisvolheid: Die gebruik van effekgroottes*. Wetenskaplikebydraes – Reeks B: Natuurwetenskappe Nr. 117. Potchefstroom: PU vir CHO.
- Sum, A.M, & Fogg, W.N. (1991). The adolescent poor and the transition to early adulthood. In De Haan, L.G., & MacDermid, S. (1998). The relationship of individual and family factors to the psychological well-being of junior high school students living in urban poverty. *Adolescence*.
- Swallow, B.L., Lindow, S.W., Masson, E.A., & Hay, D.M., (2003). The use of the General Health Questionnaire (GHQ-28) to estimate prevalence of psychiatric disorders in early pregnancy. *Psychology, Health, & Medicine*, 8, 213-217.

- Urry, H.L., Nitschke, J.B., Dolski, I.(2004) Making a life worth living: Neural Correlates of Well-being. *Psychological Science*,15(16), 367-372.
- Welman, J.C. and Kruger, S.J. (1999). *Research methodology for the business and Administrative Science*. SA. International Thomson Publishing (Pty) Ltd.
- Wissing, M.P., & Van Eeden, C. (1997), Psychological well-being: A fortigenic conceptualisation and empirical clarification. Paper presented at the Third Annual Congress of the Psychological Society of South Africa, Durban, south Africa.
- Roothman, B., Kirsten, D. & Wissing, M. (2003). Gender differences in aspects of psychological well-being. *South African Journal of Psychology*. 33(4), 212-218.
- Yen, I.H., & Syme, S.L. (1999) The social environment and health: A discussion of the epidemiologic literature. *Annual Review of Public Health*, 20, 287-308.

**Questionnaire****SECTION A****BIOGRAPHICAL DATA**

Put an X in the space provided.

1. Sex

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

2. Age group

12-14	<input type="checkbox"/>
15-18	<input type="checkbox"/>
19-22	<input type="checkbox"/>

3. Religion

.....

4. Grade

.....

5. Name of your school

.....

6. Residence

Rural	<input type="checkbox"/>
Urban	<input type="checkbox"/>

7. Marital Status

Single	<input type="checkbox"/>
Married	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Widowed	<input type="checkbox"/>

8. Do you have a Child

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

9. How do you perceive yourself according to the following statements.

SD= Strongly Disagree, D= Disagree, N= Neutral, A= Agree, SA= Strongly Agree.

- I see myself as traditional
- I see myself as westernised
- I think the individual comes before the family
- I think that community is important than the individual

SD	D	N	A	SA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION B

## SATISFACTION WITH LIFE SCALE

Below are five statements with which you may disagree. Using the 1-7 scale below, indicate your agreement with each item by crossing the appropriate number in line with that item.

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

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

## SECTION C

## PSYCHOLOGICAL WELL-BEING SCALES

The following set of questions deals with how you feel about yourself and your life. Please remember that there are no right or wrong answers.

Circle the number that best describes your present agreement or disagreement with each statement.

	Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
1. Most people see me as loving and Affectionate	1	2	3	4	5	6
2. In general, I feel I am in charge of the situation in which I live	1	2	3	4	5	6
3. I feel good when I think of what I've done in the past and what I hope to do in the future	1	2	3	4	5	6
4. Maintaining close relationships has been						

difficult and frustrating for me	1	2	3	4	5	6
5. The demands of everyday life often get me down.	1	2	3	4	5	6
6. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
7. I often feel lonely because I have a few close friends with whom to share my concerns.	1	2	3	4	5	6
8. I do not fit very well with the people and the community around me.	1	2	3	4	5	6
9. I tend to focus on the present, because the future nearly always bring me problems	1	2	3	4	5	6
10. I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5	6
11. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
12. I have a sense of direction and purpose in life.	1	2	3	4	5	6
13. It is important to me to be a good listener when close friends talk to me about their problems.	1	2	3	4	5	6
14. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6
15. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
16. I don't have many people who want to listen						



when I need to talk.	1	2	3	4	5	6
17. If I were unhappy with my living situation, I would take effective steps to change it.	1	2	3	4	5	6
18. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
19. I feel like I get a lot out of my friendships.	1	2	3	4	5	6
20. I generally do a good job of taking care of my personal finances and affairs.	1	2	3	4	5	6
21. I used to set goals for myself, but that now seems like a waste of time.	1	2	3	4	5	6
22. It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
23. I find stressful that I can't keep up with all of the things I have to do each day.	1	2	3	4	5	6
24. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
25. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
26. I am good at juggling my time so that I can fit everything in that needs to be done.	1	2	3	4	5	6
27. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
28. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
29. My daily life is busy, but I derive a sense of satisfaction from keeping						

up with everything.	1	2	3	4	5	6
30. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
31. I often feel as if I'm on the outside looking in when it comes to friendships.	1	2	3	4	5	6
32. I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do.	1	2	3	4	5	6
33. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
34. I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
35. My efforts to find the kinds of activities and relationships that I need have been quite successful	1	2	3	4	5	6
36. My aims in life have been more a source of frustration to me.	1	2	3	4	5	6
37. I find it difficult to really open up when I talk to others.	1	2	3	4	5	6
38. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
39. I find it satisfying to think about what I have accomplished in life.	1	2	3	4	5	6
40. My friends and I sympathize with each other's problems.	1	2	3	4	5	6
41. I have been able to build a home and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
42. In the final analysis, I'm not so sure that my life adds up to much.	1	2	3	4	5	6

**SECTION D****GENERAL HEALTH QUESTIONNAIRE****Instructions:**

I would like to know if you had any medical complaints, and how your health has been in general over the past few weeks. Please answer ALL the questions simply by underlining or marking the answer, which you think most nearly, applies to you. Remember that we want to know about present and recent complaints not those you had in the past. It is important that you try to answer ALL the questions. Thank you very much for your cooperation.

**HAVE YOU RECENTLY**

A1	Been feeling perfectly well and in Good health?	Better than usual	Same as usual	Worse than Usual	Much worse than usual
A2	Been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3	Been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4	Felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5	Been getting pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6	Been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7	Been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual
B1	Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
B2	Had difficulty in staying asleep?	Not at all	No more than usual	Rather more than usual	Much more than usual
B3	Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
B4	Been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
B5	Been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
B6	Found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
B7	Been feeling nervous and stung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

C1	Been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
C2	Been taking longer over the things you do?	Quicker than usual?	Same as usual	Longer than usual	Much more than usual
C3	Felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
C4	Been satisfied with the way you've carried out your task?	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied
C5	Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	More less useful
C6	Felt capable of making decisions about things.?	More so than usual	Same as usual	Less so than usual	Much less capable
C7	Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
D1	Been thinking of yourself as worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2	Felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3	Felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4	Thought of the possibility that you might make away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely has
D5	Found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
D6	Found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7	Found that the idea of taking your own life kept coming into your head?	Definitely not	I don't think so	Has crossed my mind	Definitely has

## SECTION E

## COGNITIVE APPRAISAL QUESTIONNAIRE

Instructions : Please answer these questions as honestly as possible. There is no right or wrong answer. Below are 8 statements with which you may agree or disagree. Please circle the choice that best describes to which extent you agree with each statement.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1	2	3	4	5

1.	When something bad/negative happens, I typically think that it is my fault.	1	2	3	4	5
2.	Typically, in most situations of my life, when something bad/negative does happen it is fault	1	2	3	4	5

3.	When bad/negative things happen in future it will also be my fault	1	2	3	4	5
4.	When something bad/negative happens, I feel paralysed and cannot think of anything to make things better.	1	2	3	4	5
5.	When something good/positive happens, I typically think it is due to my input.	1	2	3	4	5
6.	Typically, in most situations of my life, when something good/positive happens it is due to my point.	1	2	3	4	5
7.	When good/positive things happen in future, it will also be due to my input	1	2	3	4	5
8.	When something good/positive happens I think the tide has turned and as of now every thing will be better.	1	2	3	4	5

SECTION F  
ROSENBERG SELF-ESTEEM SCALE

INSTRUCTIONS: BELOW IS A LIST OF STATEMENTS DEALING WITH YOUR GENERAL FEELINGS ABOUT YOURSELF. IF YOU STRONGLY AGREE, CIRCLE SA. IF YOU AGREE WITH THE STATEMENT, CIRCLE A. IF YOU DISAGREE, CIRCLE D. IF YOU STRONGLY DISAGREE, CIRCLE SD.

		strongly agree	agree	Disagree	Strongly disagree
1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.	At times I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.	SA	A	D	SD
6.	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.	I wish I could have more respect for myself.	SA	A	D	SD
9.	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD