

Gender Differences in Aspects of Psychological Well-being

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B.A. (Hons.)

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SUMMARY

Gender Differences in Aspects of Psychological Well-being

(Key words: gender, gender differences, psychological well-being, sense of coherence, fortitude, constructive thinking, satisfaction with life, self efficacy, spiritual wellbeing, perceived wellness).

The aim of this study was to determine whether men and women differ with regard to aspects of psychological well-being. For the purposes of this study, a multi-cultural availability sample of 378 respondents completed 13 measuring instruments measuring psychological well-being in affective, physical, cognitive, spiritual, self and social aspects. Statistically significant gender differences, with small to medium practical effects were found. Men scored higher on physical self concept, automatic thoughts (positive), constructive thinking, cognitive flexibility, total self concept and fortitude. Women scored higher on the expression of affect, somatic symptoms and religious well-being. No significant gender differences were found on sense of coherence, satisfaction with life, affect balance, emotional intelligence, self efficacy, and the social components of self concept and of fortitude. The results are in line with gender stereotypes, traditional socialization practices and possibly reflect the impact of longstanding social inequity between men and women.

OPSOMMING

Geslagsverskille in Aspekte van Psigologiese Welsyn

(Sleuteltermes : geslag, geslagsverskille, psigologiese welsyn, koherensiesin, fortaliteit, konstruktiewe denke, lewenstevredenheid, selfbekwaamheid, spirituele welsyn, waargenome welsyn)

Die doel van hierdie studie was om te bepaal of daar verskille tussen mans en vroue bestaan ten opsigte van aspekte van psigologiese welsyn. 'n Multikulturele beskikbaarheidsteekproef van 378 respondente het 13 meetinstrumente voltooi wat psigologiese welsyn in affektiewe, fisieke, kognitiewe, spirituele, self en sosiale aspekte meet. Statisties beduidende geslagsverskille van klein tot medium praktiese effekgrootte is gevind. Mans behaal hoër tellings op fisieke selfkonsep, outomatiese denke (positief), konstruktiewe denke, kognitiewe buigsaamheid, totale selfkonsep en fortaliteit. Vrouens behaal hoër tellings op die ekspressie van affek, somatiese simptome en religieuse welsyn. Geen geslagsverskille is ten opsigte van koherensiesin, lewenstevredenheid, affekbalans, emosionele intelligensie, selfbekwaamheid, asook die sosiale komponente van selfkonsep en van fortaliteit gevind nie. Die resultate reflekteer geslagsrolstereotipes en tradisionele sosialiseringpraktyke, en reflekteer moontlik die langtermyn impak van sosiale ongelykheid tussen mans en vroue.

PERMISSION STATEMENT TO SUBMIT ARTICLE FOR EXAMINATION

PURPOSES

We, the co-authors, D.K. Kirsten and M.P. Wissing hereby declare that the input and effort of Brett Roothman, in writing this article, is of sufficient scope to be a reflection of his own efforts. We hereby grant permission that he may submit this article for examination purposes in partial fulfillment of the requirements for the degree Magister Artium in Clinical Psychology.

Signed on this day _____ Potchefstroom, at the Potchefstroomse
Universiteit vir Christelike Hoër Onderwys.

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Supervisor

Prof. M.P. Wissing

Co-supervisor

This dissertation will be submitted to the South African Journal of Psychology to be considered for publication. Attached find a copy of the guidelines for prospective authors as set out by the South African Journal of Psychology.

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MANUSCRIPT

GENDER DIFFERENCES IN ASPECTS OF PSYCHOLOGICAL WELL-BEING

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GENDER DIFFERENCES IN ASPECTS OF PSYCHOLOGICAL WELL-BEING

The aim of this study was to determine whether men and women differ with regard to aspects of psychological well-being. For the purposes of this study, a multi-cultural availability sample of 378 respondents completed 13 measuring instruments measuring psychological well-being in affective, physical, cognitive, spiritual, self and social aspects. Statistically significant gender differences, with small to medium practical effects were found. Men scored higher on physical self concept, automatic thoughts (positive), constructive thinking, cognitive flexibility, total self concept and fortitude. Women scored higher on the expression of affect, somatic symptoms and religious well-being. No significant gender differences were found on sense of coherence, satisfaction with life, affect balance, emotional intelligence, self efficacy, and the social components of self concept and of fortitude. The results are in line with gender stereotypes, traditional socialization practices and possibly reflect the impact of longstanding social inequity between men and women.

Die doel van hierdie studie was om te bepaal of daar verskille tussen mans en vroue bestaan ten opsigte van aspekte van psigologiese welstand. 'n Multikulturele beskikbaarheidsteekproef van 378 respondente het 13 meetinstrumente voltooi wat psigologiese welsyn in affektiewe, fisieke, kognitiewe, spirituele, self en sosiale aspekte meet. Statisties beduidende geslagsverskille van klein tot medium praktiese effekgrootte is gevind. Mans behaal hoër tellings op fisieke selfkonsep, outomatiese denke (positief), konstruktiewe denke, kognitiewe buigsaamheid, totale selfkonsep en fortaliteit. Vrouens behaal hoër tellings op die ekspressie van affek, somatiese simptome en religieuse welsyn. Geen geslagsverskille is ten opsigte van

koherensiesin, lewenstevredenheid, affekbalans, emosionele intelligensie, selfbekwaamheid, asook die sosiale komponente van selfkonsep en van fortaliteit gevind nie. Die resultate reflekteer geslagsrolstereotipes, tradisionele sosialiseringspraktyke en moontlik die langtermyn impak van sosiale ongelykheid tussen mans en vroue.

GENDER DIFFERENCES IN ASPECTS OF PSYCHOLOGICAL WELL-BEING

Gender differences are of interest to numerous researchers trying to conceptualize psychological well-being (Croese, Nicolas, Gobble & Frank, 1992; Eberst, 1984; Ryff & Singer, 1996; Wissing & Van Eeden, 1997). Following recent research into the nature of psychological well-being, various theoretical perspectives have been described yet few of these have been operationalized (Marks, 1996; Pretorius, 1998; Rout, 1999; Stephens, Dulberg & Joubert, 1999; Suominen, Helenius, Blomberg, Uutela & Koskenvuo, 2000; Wissing, 1998; Wissing & Du Toit, 1994; Wissing & Van Eeden, 1997). Wissing and Van Eeden (1997) identified a general psychological well-being factor, and described it 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 characterize general well-being include an interest in the world and possessing the motivation to carry out activities on a behavioural level. Difficulties in life are considered to be challenges rather than insurmountable problems. The individual possesses high self worth and perceives significant others as supportive and affirming. Lastly, the individual does not experience any severe symptoms of pathology such as intense anxiety or depression.

Some researchers conceptualize psychological well-being in terms of specific components or processes such as affective processes (Diener, Emmons, Larsen & Griffen, 1985; Kammann & Flett, 1983). Others, such as Goldberg and Hillier (1979) and Suominen et al. (2000) emphasize physical processes and advocate focusing on the connection between good physical health and a good quality of life. Other researchers (Epstein, 1992; Ingram & Wisnicki, 1988; Martin & Rubin, 1995;

Stephens et al., 1999) describe psychological well-being more as a cognitive process which emphasizes life satisfaction as the key indicator of well-being. Spiritual processes are proposed by others who suggest that purposefulness in life is linked to optimal functioning (Adams, Bezner & Steinhardt, 1997; Ellison, 1983; Ryff & Singer, 1998). Self and social processes such as possessing positive self-regard and self mastery and secondarily, quality and meaningful connections to others, are also regarded as central to psychological well-being (Adams et al., 1997; Costa & McCrae, 1992; Pretorius, 1998; Roid & Fitts, 1989; Ryff & Singer, 1998; Wegner, Schwarzer & Jerusalem, 1981/1993). It would thus seem that psychological well-being can be conceptualized with reference to affective, physical, cognitive, spiritual, self and social aspects.

Gender differences in psychological well-being are important because great efforts are being made in contemporary society to empower all individuals to achieve self-actualization and utilize their full potential. In a post-feminist context this incorporates the idea of an "equal opportunity" society, yet social stereotypes still remain (Connors, 1990; Eagly, 1987; Turner & Sterk, 1994). All people are equal but are not the same, thus these possible differences need to be considered in order to empower all individuals to achieve self-actualization and to fulfill their potential (thereby promoting optimal psychological well-being) whilst being offered equal opportunities. Current studies on the existence of gender differences, including those related to psychological well-being, reflect contradictory results and a distinct lack of consensus (Ryff & Singer, 1998; Strümpfer, 1995). Based on their own literature studies and qualitative experiences Crose et al. (1992) believe gender differences do exist in almost every aspect of health and health care. In a Taiwanese study, Lu (2000) discovered gender differences while examining conjugal

congruence on role experiences and subjective well-being, whilst Stephens et al. (1999) found gender differences in a study examining mental health in the Canadian population. Marks (1996) also found differences in her Wisconsin, U.S.A. study, yet ascribed these primarily to marital status interactions with gender rather than gender differences *per se*. Ek (2000) found no marked gender differences in a Finnish study on coping flexibility.

Numerous instruments have been developed which attempt to measure psychological well-being, yet very little information as to how gender differences are manifested on these instruments are available. According to Wissing and Van Eeden (1997) the Affectometer 2 (Kammann & Flett, 1983), the Sense of Coherence Scale (Antonovsky, 1993), and the Satisfaction with Life Scale (Diener et al., 1985), are good indicators of a general psychological well-being factor and were therefore included in this research. Other indices were selected to cover affective, physical, cognitive, spiritual, self and social aspects of psychological functioning (Adams et al., 1997; Epstein, 1992; Goldberg & Hillier, 1979; Martin & Rubin, 1995; Paloutzian & Ellison, 1979; Pretorius, 1998; Roid & Fitts, 1989; Wegner et al., 1981/1993).

In view of the above, the aim of this study was to determine, from an existing data pool, whether significant gender differences exist with regard to affective, physical, cognitive, spiritual, self and social aspects of psychological well-being.

METHOD

Design

This study comprises a meta-analysis of an existing data pool that was gathered for

the Fort Project [A Trans-University Research Programme on Fortology: Clarification and Enhancement of Psycho-Social Well-Being] (Wissing, 1998). The research consisted of a one-shot cross sectional survey design.

Participants

This study is based on research data initially obtained for the FORT Project. The research sample began with students, whereafter the snowball method of sampling was applied to include participants of various ages and life contexts. Originally an availability sample of 384 participants was included, however six questionnaires were judged incomplete resulting in a total sample of 378 respondents comprising 90 men and 288 women. From the total group (384 participants) four different age groups were identified: 18-25 years ($n = 257$), 26-40 years ($n = 69$), 41-50 years ($n = 30$) and 51-65 years ($n = 23$). Five respondents did not indicate their age. Included were 92 men and 288 women, with four participants not indicating gender. Marital status categories were defined as married ($n = 72$), unmarried ($n = 275$), cohabiting ($n = 14$), divorced ($n = 11$) and widowed ($n = 6$). Six participants did not indicate marital status. Four ethnic/cultural groups were represented, white ($n = 313$), black ($n = 56$), coloured ($n = 4$) and Indian ($n = 8$). Three respondents provided no ethnic/cultural details. Completion of secondary school (Grade 12) was the minimum educational qualification for all participants except 20 black women who held a Grade 10 qualification. Two hundred of the participants were completing a tertiary qualification at pre-graduate level and were not working full time in a formal employment sector. The remaining 184 respondents were predominantly considered skilled labour. Socio-economic status ranged from lower socio-economic

power such as those residing in informal settlements to “middle class” socio-economic power such as those renting or owning urban residences.

Measuring Instruments

The original FORT research project (Wissing, 1998) included various measuring instruments designed to assess divergent constructs believed to be associated with psychological well-being. For the purposes of this study, those instruments deemed relevant to measure a general psychological well-being factor as well as instruments measuring the six aspects of psychological well-being as defined for this study, were included.

General Psychological Well-Being factor. The *Sense of Coherence Scale* (SOC) of Antonovsky (1987) measures a global, pervasive orientation to life grounded in the idea that life events are comprehensible, manageable and meaningful. In this study the SOC achieved an alpha coefficient of 0,87 which compares favourably to the internal consistency indices ranging from 0,74 to 0,93 reported by Antonovsky (1993) and the alpha coefficient of 0,91 obtained in a previous South African study (Strümpfer & Wissing, 1998).

The *Satisfaction with Life Scale* (SWLS) of Diener, Emmons, Larsen and Griffen (1985) measures global life satisfaction and obtained an alpha coefficient of 0,84 in this study. Diener et al. report an alpha coefficient of 0,87 whereas Wissing and Du Toit (1994) obtained a Cronbach alpha of 0,85 in a South African study.

Affective Aspects. The Affectometer 2 (AFM) of Kammann and Flett (1983) focuses on the affective functioning of an individual in terms of Positive Affect, Negative Affect and Affect Balance resulting in a measure of general happiness. Kammann and Flett report good validity and high reliability with alpha-reliability indices ranging from 0,88 to 0,93. In this study Cronbach alpha coefficients of 0,82 (Positive Affect) and 0,84 (Negative Affect) were obtained. In another South African study, Wissing and Van Eeden (1997) report reliability coefficients of 0,86 (Positive Affect) and 0,90 (Negative Affect).

The *Bar-On Emotional Quotient Inventory (EQ-I)* of Bar-On (1997b) is designed to measure a comprehensive concept of emotional intelligence. It contains 15 subscales and five composite domain scales, namely: Intrapersonal Components, Interpersonal Components, Adaptability Components, Stress Management Components and General Mood Components. For the purposes of this study the subscales Emotional Self Awareness and Happiness were used to measure the experiencing of affect. The Emotional Self Awareness subscale reflects the extent to which individuals are in touch with their feelings and emotions, know exactly what they are feeling and can understand why these feelings are present. The Happiness subscale measures to what extent individuals are able to have fun, find enjoyment in themselves and others and feel satisfied with their lives (Bar-On, 1997a). In this investigation these subscales obtained adequate alpha coefficients of 0,75 each. The subscales Empathy and Social Responsibility were included to measure the expression of affect. The former relates to possessing sensitivity towards others which is demonstrated in an interest in and a caring for others. In this study a Cronbach alpha of 0,72 was obtained. Social Responsibility refers to the ability to conduct oneself as a cooperative, contributing and constructive member of one's

social group. An alpha coefficient of 0,73 was obtained in this study. All of these indices fall within the range of 0,62 to 0,89 for reliability indices reported by Bar-On using a South African sample (Bar-On, 1997a).

Physical Aspects. The *General Health Questionnaire* (GHQ) of Goldberg and Hillier (1979) is considered a screening questionnaire to detect diagnosable psychiatric disorders, and is a scale measuring well-being from a pathogenic approach.

Subscales include Somatic Symptoms, Anxiety and Insomnia, Social Dysfunction, Severe Depression and a Total score. For the purposes of the current study, only the Somatic Symptoms subscale is included wherein a low score is indicative of a greater degree of wellness. The reliability coefficient for this subscale is 0,78 which correlates with the Cronbach alpha of 0,78 for Somatic Symptoms found by Van Eeden (1996).

The *Tennessee Self Concept Scale* (TSCS) of Roid and Fitts (1989) incorporates five components to attain a global indication of the self concept. These five components include the Physical Self, Moral-Ethical Self, Personal Self, Family Self, and Social Self. The Physical Self subscale reflects an "individual's view of his or her body, state of health, physical appearance, skills, and sexuality" (Roid & Fitts, 1989, p. 3). In the current study, the Physical Self subscale achieved an alpha coefficient of 0,72 compared with 0,81 obtained by Roid and Fitts.

Cognitive Aspects. The *Automatic Thoughts Questionnaire –positive* (ATQ) of Ingram and Wisnicki (1988) consists of four components (Daily Functioning, Self-evaluation, Evaluation of others, Future) and a Total score. The instrument assesses the frequency with which positive cognition, or positive self-statements,

occurs. This study focuses on the total score of the ATQ which obtained a Cronbach alpha of 0,94. Ingram and Wisnicki also report an alpha of 0,94.

The *Constructive Thinking Inventory* (CTI) of Epstein (1992) was included in order to assess the ability to automatically think in ways conducive to problem solving with a minimum amount of stress involved. The CTI has several subscales but only the Global Constructive Thinking subscale is included in this study. This subscale incorporates items from most of the other subscales to provide a bipolar scale that is indicative of both constructive and destructive thinking. The alpha coefficient obtained for the Global Constructive Thinking subscale in this study was 0,91. Epstein (1993) reports an alpha coefficient of 0,90 (college students) and 0,89 (adults) for the same subscale. This is similar to the Cronbach alpha of 0,89 reported by Wissing and Du Toit (1994) from a South African study incorporating university students.

The *Cognitive-F Scale* (CFS) of Martin and Rubin (1995) measures cognitive flexibility as seen by the ability to adapt to one's context. Martin and Rubin report alpha coefficients of 0,76 and 0,77 for cognitive flexibility from other studies. In this study a Cronbach alpha of 0,76 was obtained.

Spiritual Aspects. The *Spiritual Well-Being Scale* (SWS-E&P) of Paloutzian and Ellison (1979) measures the relative depth and meaningfulness that an individual derives from his/her spiritual beliefs and strivings. Both the Religious Wellbeing and Existential Wellbeing subscales are implemented in this study. A Cronbach alpha of 0,93 was obtained for the Religious Wellbeing subscale, compared to an alpha coefficient of 0,87 reported by Ellison (1983). In this study, the Existential Wellbeing subscale obtained an alpha of 0,88 whereas Ellison reports obtaining an alpha of

0,78 for this subscale.

The *Perceived Wellness Survey* (PWS) of Adams, Bezner and Steinhardt (1997) highlights the individual's own perceptions regarding his/her health. Components include Social, Psychological, Emotional, Physical, Spiritual and Intellectual Wellness, with a Total score. In this study, the Spiritual subscale is used, and obtained a Cronbach alpha of 0,78. Adams et al. report an alpha coefficient of 0,77 for the Spiritual subscale.

Self Aspects. The Personal Self subscale of the *Tennessee Self-Concept Scale* (TSCS) of Roid and Fitts (1989) measures "the individual's sense of personal worth, feeling of adequacy as a person, and self-evaluation of the personality..." (Roid & Fitts, 1989, p. 3). In the current study this subscale obtained a Cronbach alpha of 0,76 compared with 0,82 reported by Roid and Fitts.

The *Generalized Self-efficacy Scale* (GSE) of Wegner, Schwarzer and Jerusalem (1981/1993) measures a broad and stable sense of personal competence allowing an individual to deal with a variety of difficult circumstances. It reflects the individual's belief that he/she is competent to cope. In this study an alpha coefficient of 0,83 was obtained, compared to alpha coefficients ranging from 0,78 to 0,91 reported for this instrument across 14 different cultures (Schwarzer, 1998).

The Fortitude Questionnaire (FORQ) of Pretorius (1998) measures strengths which assist an individual in meeting the stressful demands of daily life. Components include Self Appraisal, Family Appraisal, Support Appraisal and a Total (fortitude) score. The Self Appraisal subscale is used as it incorporates both a "global appraisal of the self, as well as more specific appraisals such as problem solving efficacy and mastery or competence" (Pretorius, 1998, p. 31). An alpha coefficient

of 0,79 was obtained in this study, whereas Pretorius reports a Cronbach alpha of 0,74.

Social Aspects. The Family Self and the Social Self subscales of the *Tennessee Self Concept Scale* (TSCS) of Roid and Fitts (1989) both measure the individual's sense of adequacy and worth, either in relation to the immediate family or to other people in general, respectively. An alpha coefficient of 0,75 was obtained for both whereas Roid and Fitts obtained Cronbach alphas of 0,82 for both of these subscales.

The Family Appraisal and Support Appraisal subscales of the *Fortitude Questionnaire* (FORQ) of Pretorius (1998) were included to operationalize the interpersonal aspect of psychological well-being. The Family Appraisal subscale evaluates perceived support from the family as well as family conflict, cohesiveness and values. The Support Appraisal subscale measures perceived support from others, incorporating both the amount of support perceived and the satisfaction derived from the support. In the current study, the Family Appraisal subscale obtained an alpha coefficient of 0,86 while the Support Appraisal subscale achieved a Cronbach alpha of 0,85. Pretorius reports alpha coefficients of 0,82 (Family Appraisal) and 0,76 (Support Appraisal).

Procedure

In the original FORT research project (Wissing, 1998) all questionnaires were provided to respondents in book form. Informed consent was obtained in writing from respondents and the questionnaires were administered in one or two sessions

by trained psychometrists. The students received a small financial reward upon completion of the questionnaire. Ethical aspects, according to criteria set out by Neuman (1997), were taken into consideration. This included ensuring that the volunteer respondents were free to withdraw from the study at any time and that they retained anonymity throughout. Feedback on an individual basis was available upon request as a means of empowerment. No physical or emotional harm was foreseen and no deception occurred. The results of the research were intended for the promotion of knowledge within the field of Psychology and the research project was prepared and administered under stringently maintained professional standards.

The statistical significance of differences between men and women were determined with the aid of analyses of covariance (ANCOVA's), adjusting for age and marital status, to promote optimal internal validity. The practical significance was established by determining Cohen's effect sizes (Runyon, Haber, Pittenger & Coleman, 1996).

RESULTS

The significance of differences between men and women on the various variables are indicated in Table 1.

[Table 1 here]

From Table 1 it is clear that only on ten of the 22 variables did statistically significant differences between men and women emerge. All of the differences found, with the exception of Social Responsibility, were of small practical significance.

DISCUSSION

The current study indicates some differences in self-evaluated psychological well-being of men and women. It also acknowledges the inclusion of specific tests, deemed to be most relevant to the construct in question, selected from a variety of available measuring instruments. Men scored significantly higher on cognitive, physical and self aspects and women significantly higher on somatic symptoms, the expression of affect and spiritual aspects. The practical effects of these results were however only of small to medium significance and are largely in line with traditional, stereotypical beliefs pertaining to gender roles. No gender differences were found with regard to social aspects or the sense of coherence, affect balance and satisfaction with life suggesting that the general psychological well-being of this group of men and women is comparable.

As indicated in Table 1, women scored significantly higher on the subscale Somatic Symptoms (GHQ) which is in agreement with results reported by other researchers (Croese et al., 1992; Van Eeden, Wissing & Du Toit, 2000; Wissing & Van Eeden, 1997). It has been suggested that women are more susceptible to health problems as differences in chemical and hormonal composition and that menstruation and pregnancy expose women to greater health demands (Stewart, 2001). It may, however, also be that the incidence of illness in women is not necessarily greater, but merely the reporting thereof. Alternatively, masculinity has traditionally been associated with physical invulnerability, therefore vigilance to and the reporting of genuine somatic symptoms of illness may not be as evident in men.

Men in this study clearly possess greater self-esteem in terms of their bodies and general physicality. These research findings may reflect the socio-cultural pressures

faced by women to conform to a standard body type and weight as encouraged by media messages (Dodds, 1999) whereas men are generally less harshly judged strictly on physical appearance. Roid and Fitts (1989) also report higher scores for male subjects on the Physical Self subscale of the TSCS. These results may however also reflect men's greater overall self-acceptance and feelings of personal worth and adequacy, as found on the Personal Self subscale (TSCS). Higher scores on the Global Constructive Thinking subscale (CTI) may also imply that they may not judge themselves and their own appearance too strictly either. These above-mentioned results indicate that men are less likely to personalize external events and are less sensitive to rejection, failure or disapproval (Epstein, 1993) which may precipitate the promotion of greater self-esteem and, perhaps, an elevated appraisal of self worth.

Men also score significantly higher on the Self subscale of the FORQ suggesting that they perceive themselves better equipped with intrapersonal strength to cope with stress. This could reflect traditional conceptions of masculinity whereby men define their manhood through qualities such as independence, socially endorsed success (occupational status, prestige, material wealth), competitiveness, fearlessness and invincibility or lack of vulnerability (Good, Sherrod & Dillon, 2000). If a lack of vulnerability is intrinsic in the traditionally defined standards for masculinity it is expected of men to evaluate themselves highly in order to avoid risking conflict with their own gender role identification. Women, as suggested by the results, obtain strength and control through their faith, whilst seeking meaning and purpose in their lives by means of a higher power. Higher scores for women on instruments measuring spiritual well-being have also been reported by other researchers (Croase et al., 1992; Van Eeden et al., 2000). It is conceivable that

greater spirituality may imply greater vigilance to following moral guidelines necessitating an awareness of 'right' and 'wrong' and one's relative position on such a moral continuum. This vigilance may foster greater critical self evaluation, giving rise to lower personal self satisfaction. Within a spiritual context there is also a cultural influence that dictates appropriate behaviour, particularly for the pious, implying that these elements will exert a strong influence on how a woman understands her role and her strivings to fulfill those expectations (Morin & Rosenfeld, 1998).

The lack of gender differences within the social aspect of psychological well-being was unexpected because other studies have shown women to be more attuned to interpersonal interaction than men are (Bach, 2000; Crose et al., 1992; Rout, 1999). However, the sample in this study experienced equal support from others and experienced interpersonal connectedness as equally important to their well-being. This finding may possibly be influenced by the fact that 47.7% of the men and 73.9% of the women in this study fall within the 18-25 year old age group. This age group is involved in an intimacy versus isolation developmental task which, according to Erikson, encourages seeking out relationships with others (Louw, 1991). It is therefore possible that gender differences do not manifest within this age group, but may within other age groups.

Given the results with regard to the cognitive aspect, men perceive themselves to display greater flexibility in thought as deemed appropriate within the context and focus on problem solving rather than making value judgements. This suggests the ability to emotionally distance oneself from the context and concentrate on practical elements in a goal directed manner. This finding may also be reflected in the lower expression of affect scores obtained by men in this study. This coincides with the

traditional view held that men should be masterful in problem solving and logical thinking, particularly to achieve a persona of independence, competitiveness, strength and control (Good, Sherrod & Dillon, 2000). Both the Global Constructive Thinking subscale and the Cognitive Flexibility Scale require self evaluation and regulation, suggesting that men perceive themselves better able to adapt their thinking to cope with, and meet the demands of the context. These findings also reflect the belief held by other authors that cognitive differences are evident between men and women (Croese et al., 1992; Van Eeden et al., 2000).

In this study no significant gender differences were found regarding the experiencing of affect. Men and women in this study perceived themselves equally able to gauge their own emotions, with comparable levels of positive affect. The experiencing of positive emotion increases personal resources allowing greater reserves to manage future threats and this ability is considered to be enduring in the long term (Fredrickson, 2001). However, significant gender differences were found regarding the expression of affect. This is reflected in the significantly higher scores obtained by women on the Empathy and Social Responsibility subscales of the EQ, specifically the latter, which shows a medium practical effect. Women adopting a traditional definition of their gender role would be expected to be driven by a need to be nurturing and express emotional intimacy (Watkins & Whaley, 2000) whilst men would retain a need for independence and suppressed expression of emotion (Good, Sherrod & Dillon, 2000). Affective gender differences were also reported by other authors (Croese et al., 1992; Diener, 1984; Van Eeden, 1996; Van Eeden et al., 2000). A distinction should be made between the experiencing and the expression of affect when selecting instruments for the measurement of affect and when interpreting results. The working definition of affect varies across researchers

(Fredrickson, 2001) and caution is necessary when comparing results regarding gender differences in affect from other studies if no such distinction is present as this may greatly influence the results.

The found differences between men and women were only of small to medium practical significance and were not found on all operationalizations of a specific facet of psychological well-being. This may explain some of the contradictory findings in previous studies. The current results are, in some respects, in line with previous empirical findings for example that men have higher levels of ego and cognitive strengths, whereas women are stronger in social, emotional and spiritual aspects (Bond, Kwan & Li, 2000; Crose et al., 1992). This could be explained in terms of social stereotypes and socialization practices. Patterns of differences found in this study may reflect social norms and role requirements regarding 'being a man' or 'being a woman'. This is in line with some authors who propose that gender differences are encouraged by societal expectations (Morin & Rosenfeld, 1998) and outdated beliefs regarding sex roles and stereotypes (Felder, Felder, Mauney, Hamrin & Dietz, 1995).

The finding that men score higher on most measures in this study may, however, also reflect the socially disadvantaged place historically held by women. Women appear to possess lower levels of wellness in epidemiological studies, conducted from a pathogenic perspective (Crose, et al., 1992). This may simply reflect gender differences in resources and responses (Altmaier, 1995).

This research is open for criticism for several reasons. The research sample was not truly representative due to the utilization of an availability sample, therefore the results are only applicable to this sample and cannot be generalized to a greater population. It is necessary that further research be conducted with a representative,

and random sample comparing older and younger respondents to determine if differences exist between individuals socialized in a pre-feminist context as opposed to those from a post-feminist environment. Further research into gender differences in psychological well-being should simultaneously explore moderating variables such as gender role beliefs and societal demands. The individual's life context should also be considered to determine if an association exists between psychological well-being and social support, socio-economic status and level of education. Qualitative methods may also be combined with quantitative methods, in order to obtain a dense and richer description of the data.

Psychological well-being is gaining greater prominence as social scientists fail to account for why the majority of people thrive despite objective difficulties when using purely negative (problem-focused) frames of reference (Sheldon & King, 2001). An awareness of how gender differences are manifested therein may be beneficial in any context requiring interaction between men and women such as in the workplace, educational institutions and in relationships. It may facilitate improved approaches in therapy as greater knowledge regarding a client's experience of the world leads to increased sensitivity towards and understanding of the client.

All people are equal but are not the same. Therefore, greater knowledge surrounding gender differences may precipitate greater opportunities for self actualization and the further promotion of optimal psychological well-being, in both men and women. Greater knowledge may also help to identify and rectify historical imbalances between resources, opportunities and protective factors for men and women.

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Table 1 Significance of gender differences on all indices of psychological well-being determined with ANCOVA's adjusting for age and marital status

(N = 378)

Variable	Men		Women		p- value after correction for effects of covariates	<u>d</u> Cohen effect
	(<u>n</u> = 90)		(<u>n</u> = 288)			
	<u>M</u>	(<u>sd</u>)	<u>M</u>	(<u>sd</u>)		
SOC (Total)	141,68	(18,00)	136,02	(23,07)	0,090	-
SWLS (Total)	24,87	(05,41)	24,83	(06,02)	0,805	-
AFM (Affect Balance)	17,42	(11,17)	16,58	(11,04)	0,514	-
EQ (Emotional Self Awareness)	36,35	(04,53)	36,48	(05,43)	0,906	-
EQ (Happiness)	35,16	(05,42)	35,87	(05,41)	0,546	-
EQ (Empathy)	31,50	(04,73)	33,57	(04,14)	< 0,001***	-0,43 \square
EQ (Social Responsibility)	40,11	(04,99)	42,85	(04,98)	< 0,001***	-0,54 $\square\square$
GHQ (Somatic Symptoms)	01,01	(01,44)	01,65	(01,92)	0,021*	-0,33 \square
TSCS (Physical Self Total)	67,41	(08,06)	64,48	(09,56)	0,011**	0,30 \square
ATQ (Total)	117,50	(15,30)	112,68	(17,93)	0,004**	0,26 \square

CTI (Global Constructive Thinking)	103,55	(14,79)	98,03	(17,03)	0,032*	0,32 \square
CFS (Total)	55,13	(06,90)	53,62	(06,17)	0,039*	0,21 \square
SWS (Religious Wellbeing)	47,00	(12,40)	50,77	(08,94)	0,012*	-0,30 \square
SWS (Existential Wellbeing)	47,10	(07,48)	46,97	(08,16)	0,737	-
PWS (Spiritual Wellness)	04,55	(00,76)	04,50	(00,77)	0,555	-
TSCS : Personal Self Total	69,55	(09,46)	66,61	(09,46)	0,026*	0,31 \square
GSE (Total)	32,26	(04,46)	31,69	(04,23)	0,468	-
FORQ (Self)	21,46	(03,24)	20,16	(03,74)	0,013*	0,14 \square
TSCS : Family Self Total	66,15	(08,04)	66,82	(08,89)	0,468	-
TSCS : Social Self Total	67,48	(07,86)	66,93	(09,31)	0,412	-
FORQ (Family)	19,07	(04,36)	20,16	(05,04)	0,093	-
FORQ (Support)	18,07	(03,48)	17,96	(03,86)	0,337	-

Note. SOC : Sense of Coherence ; SWLS : Satisfaction with Life Scale ; AFM :
Affectometer 2 ; EQ : Emotional Quotient ; GHQ : General Health Questionnaire;
TSCS : Tennessee Self Concept Scale ; ATQ : Automatic Thoughts Questionnaire ;

CTI : Constructive Thinking Inventory ; CFS : Cognitive Flexibility Scale ; SWS : Spiritual Well-Being Scale ; PWS : Perceived Wellness Scale ; GSE : Generalized Self Efficacy ; FORQ : Fortitude.

* $p \leq 0,05$

** $p \leq 0,01$

*** $p \leq 0,001$

▣ $d \geq 0,2$ (small effect)

▣▣ $d \geq 0,5$ (medium effect)

▣▣▣ $d \geq 0,8$ (large effect)