Flourishing in a group of South African adolescents

I. van Schalkwyk

20977026

Thesis submitted for the degree
Philosophaie Doctor at the Potchefstroom Campus
of the North-West University

Promotor: Prof. M.P. Wissing

November 2009

Acknowledgements

This study is dedicated to my beloved husband, Johan van Schalkwyk, my inspiring example of "a good life" and living demonstration of the magnificence of personal strengths.

I wish to further extend my sincere gratitude to the following individuals who, in some way or the other, contributed to make this study possible:

- To my promotor, prof. Marié Wissing, who allowed me to develop my skills in research and guided me into the brilliance of positive psychology. She is indeed my mentor and an illustration of positive strength and flourishing.
- To my wonderful children, André, Elizabeth, Christiaan and Rachael, Juan and Nita, and Christiaan van Schalkwyk for their special encouragement.
- To the participants and headmasters: Durbanville High School, Brackenfell High School and Eben Dönges High School for making it possible for me to realize my dream.
- To Petrus Nel, for his expertise and friendly assistance, day and night.
- To Maryna Scheepers, head of the Life orientation Department at Durbanville High School, for the excellent organization regarding the data collection during all the phases.
- To Marieanna Le Roux, for her help as to the qualitative aspect of the research.
- To my dear friends and all prayer-intercessors for their support.
- To my dear parents who embraced me with the beauty of love, constant support and their example of the power of gratitude.
- To my Father-God who created me in His image with the eternal purpose to be fully alive.

TABLE OF CONTENTS

SUMMARY

Flourishing in a group of South African adolescents

Key words: Psychosocial well-being, flourishing, languishing, adolescents, resilience, mixed-method, South Africa, psychological strengths, positive psychology, programme evaluation

Little is known about the prevalence and experience of psychological well-being on the upper end of the mental health continuum in South African adolescents, as it is conceptualised in the domain of positive psychology/psychofortology, and in particular from perspectives such as Keyes's (1998, 2007) model of psychosocial well-being and character strengths, as conceptualized by Peterson and Seligman (2004). It is also not yet clear how flourishing on the upper end of the mental health continuum can be facilitated in the South African context, and what the effect of such efforts would be. Previous research has shown that only a small proportion of those adolescents otherwise free of a common mental disorder are truly mentally healthy, i.e., flourishing. Studies have also shown that the absence of well-being creates further risk conditions. A major public health concern in South Africa is risk behaviour among adolescents. There is a need for effective prevention programmes aimed at reducing risk behaviour among South African adolescents, but in particular programmes to develop capacity, to build strengths and to promote flourishing, which will not only enhance the quality of life, but will also provide strengths to buffer stress and risks. Therefore, this study intended to contribute to knowledge that may help to fill this gap to some extent.

This study included three sub-studies of which the results are reported in three manuscripts/ articles.

The aim of the first article was to explore the psychosocial well-being of a group of South African adolescents implementing a mixed methods approach. Participants (N=665, aged 15-17 years) from three high schools completed questionnaires on psychosocial well-being, and structured interviews were conducted with 24 participants selected from various levels of functioning as established quantitatively. Quantitative findings indicate that 60% of the adolescents did not flourish psychologically, as measured on the Mental Health Continuum-

Short Form. Adolescents experienced flourishing as characterised by features, such as purposeful living and meaning; positive relationships; and constructive coping. The absence of mental health was experienced as meaninglessness, impaired relationships, identification with dysfunctional outsiders, self-incompetence, dysfunctional behaviours, negative emotions and helplessness.

The second article focused on a planned well-being strategy as a scientifically based intervention to enhance psychosocial wellness and flourishing in adolescents. The strategy facilitates psychological strengths, namely gratitude, persistence, perspective (wisdom), self-regulation, vitality, and compassion/kindness. These strengths are linked to specific facets of psychological, emotional and social well-being, as found in Keyes's model of complete well-being. The building of personal resources entails the mastering of specified skills, which have to be implemented on a daily basis. During this process the unmistakable role of habit-formation is stressed, since the acquisition of a well-lived life requires fortitude and time. Thus the well-being strategy presents a synthesis between the mere understanding of wellness and committed efforts, which will manifest in a rage of thoughts, feelings and action.

The aim of the third article was to evaluate the effect of the intervention to improve levels of psychosocial well-being and flourishing in a group of secondary school learners. A mixed-method design was used. An experimental (n= 64) and control (n=49) group of learners between the ages of 15-17 years of age from a secondary school in an urban area in the Western Cape of South Africa participated. To determine the impact of the programme, measures were used such as The Mental Health Continuum-Short Form (MHC-SF) and The General Health Questionnaire (GHQ). Quantitative and qualitative evidence indicated that the well-being strategy had an important effect in specific ways to increase aspects of psychosocial wellness in adolescents, and a decrease in symptoms of ill-health in the experimental group as measured after the intervention and in particular during the follow-up assessment three months later. The main findings of the quantitative study were supported by the qualitative findings indicating that improved levels of psychosocial wellness could be cultivated with beneficial results both to individuals and to others. In addition, it was found that South African adolescents experienced flourishing as a process over time and that the upward spiral of improved functioning equipped them with skills and competence.

This study has showed that in a group of South African adolescents, most could not be categorised as flourishing youth. This finding has grave implications: Apart from impaired levels of functioning, the absence of well-being could lead to the higher probability of conditions of

vulnerability. Results showed that higher levels of psychosocial wellness could be developed by means of a well-being strategy facilitating psychological strengths. The strength-focused programme encouraged positive outcomes as well as reduces negative behaviour and experiences. Such findings may have implications for capacity building, therapy and policies on health promotion from a preventative perspective.

This study contributes on a practical level by providing information on the prevalence of levels of well-being in a specific group of adolescents, which may help target groups mostly in need of interventions, and it suggests content for interventions for the promotion of positive human health. The study contributes to the domain of positive psychology/psychofortology by giving evidence that the development of selected psychological strengths in adolescents may be cultivated with positive outcomes, and underscoring the theoretical assumptions of models involved. Findings have implications for policies on health and wellness promotion. Finally, recommendations for future research, and further applications were presented.

OPSOMMING

Psigo-sosiale gesondheid en fleur in 'n groep Suid-Afrikaanse adolessente.

Sleutelwoorde: Psigososiale gesondheid, fleur ("*flourishing*"), vaalbestaan ("*languishing*"), adolessente, veerkragtigheid, kwantitatiewe-kwalitatiewe navorsingsontwerp, Suid-Afrika, psigologiese sterktes/kragte, positiewe sielkunde, programevaluering

Daar is min inligting beskikbaar oor die voorkoms en belewing van die hoër vlakke van psigologiese welstand – soos voorgestel op die geestesgesondheid-kontinuum – in Suid-Afrikaanse adolessente en gekonseptualiseer word in die raamwerk van die positiewe sielkunde/psigofortologie, en meer spesifiek binne perspektiewe soos dié van Keyes (1998, 2007) se model van psigo-sosiale gesondheid, en karaktersterktes soos gekonseptualiseer deur Peterson en Seligman (2004). Verder is inligting nodig oor die wyse om fleur as die hoër vlakke van die geestesgesondheidskontinuum te fasiliteer in die Suid-Afrikaanse konteks en wat die effek van sodanige pogings sou wees. Bestaande navorsing het getoon dat slegs 'n klein persentasie van adolessente wat nie 'n geestesversteuring of probleme het nie, werklik goeie geestesgesondheid, naamlik fleur, beleef. Studies het ook getoon dat die afwesigheid van geestesgesondheid moontlik kan lei tot groter risiko-toestande. Risiko-gedrag onder adolessente is 'n belangrike gesondheidskwessie in Suid-Afrika. Daar is 'n behoefte aan effektiewe voorkomingsprogramme wat gemik is op die vermindering van risiko-gedrag onder Suid-Afrikaanse adolessente, maar meer spesifiek aan programme om vaardighede en bevoegdhede te ontwikkel, om sterktes uit te bou, en om positiewe psigo-sosiale gesondheid en fleur te bevorder wat nie net die kwaliteit van lewe sal uitbou nie, maar ook krag sal bied om stres en risiko's effektief te hanteer. In die lig van bogenoemde, beoog hierdie studie om 'n bydrae te lewer om hierdie leemte in bestaande kennis in 'n mate aan te vul.

Hierdie studie behels drie sub-studies en die resultate word weergegee in drie manuskripte/artikels.

Die doel van die eerste studie/artikel was om psigo-sosiale gesondheid in 'n groep Suid-Afrikaanse adolessente te verken deur die implementering van 'n kwantitatiewe-kwalitatiewe navorsingsontwerp. Deelnemers (N=665, 15-17 jariges) van drie hoërskole het vraelyste oor

psigo-sosiale gesondheid voltooi en gestruktureerde onderhoude is gevoer met 24 deelnemers wat gekies is vanuit die onderskeie vlakke van funksionering soos bepaal deur die kwantitatiewe wyse. Kwantitatiewe bevindings het getoon dat 60% van die adolessente nie gekategoriseer kan word binne die hoër vlak van geestesgesondheid (psigologiese fleur) nie, soos vasgestel deur die "Mental Health Continuum-Short Form". Die belewing van psigologiese fleur word gekenmerk deur kwaliteite soos doelgerigte lewe en betekenis, positiewe verhoudings en konstruktiewe hanteringstyle. Die belewing van die afwesigheid van geestesgesondheid is beskryf as betekenisloosheid, gebrekkige verhoudings, identifisering met disfunksionele persone, disfunksionele gedragte, negatiewe emosies en hulpeloosheid.

Die tweede studie/artikel het gefokus op die ontwikkeling van 'n welwees-strategie as 'n wetenskaplik gefundeerde intervensie om psigo-sosiale gesondheid en fleur in adolessente te bevorder. Die strategie behels die fasilitering van psigologiese sterktes, naamlik dankbaarheid, uithouvermoë, perspektief (wysheid), self-regulering, entoesiasme, en deernis. Hierdie sterktes word gekoppel aan spesifieke fasette van psigologiese, emosionele en sosiale gesondheid soos bevind in Keyes se model van psigo-sosiale gesondheid. Die uitbouing van persoonlike hulpbronne behels die bemeestering van spesifieke vaardighede, wat op 'n daaglikse basis geïmplementeer moet word. Die rol van inoefening is belangrik in hierdie proses, aangesien die vervulde lewe waagmoed en tyd vereis. Dus bied die welwees-strategie 'n sintese tussen blote inligting en toegewyde inoefening, wat binne die omvang van denke, emosies en handeling sal manifesteer.

Die doelstelling van die derde studie/artikel was om die effek van 'n intervensie wat gemik is op die bevordering van hoër vlakke van psigo-sosiale gesondheid en fleur in 'n groep hoërskoolleerders, te evalueer.. 'n Kwantitatiewe-kwalitatiewe navorsingsontwerp is gebruik. 'n Eksperimentele- (n=64) en kontrole- (n=49) groep, bestaande uit leerders (15 tot 17-jariges) van 'n hoërskool in 'n stedelike gebied in die Wes-Kaap, Suid-Afrika, het aan die studie deelgeneem. Ten einde die impak van die program te bepaal, is meet-instrumente soos "The Mental Health Continuum-Short Form" (MHC-SF) en "The General Health Questionnaire (GHQ)" gebruik. Kwantitatiewe en kwalitatiewe bevindings het aangedui dat die welwees-strategie 'n belangrike effek gehad het in spesifieke wyses om aspekte van psigo-sosiale gesondheid in adolessente te bevorder, asook 'n afname in simptome van gebrekkige geestesgesondheid in die eksperimentele groep. Die toename in spesifieke aspekte van psigo-sosiale welstand soos bepaal ná die intervensie, is drie maande later tydens die opvolg-toetsgeleentheid bevestig. Die hoofbevindings van die kwantitatiewe studie is positief ondersteun

deur die kwalitatiewe bevindings, naamlik dat verhoogde vlakke van psigo-sosiale gesondheid ontwikkel kan word met positiewe resultate vir sowel die betrokke individue asook ander mense. Verder is gevind dat Suid-Afrikaanse adolessente fleur beleef as 'n proses wat mettertyd gestalte kry en dat hierdie opwaartse spiraal van verbeterde funksionering hulle met vaardighede en bevoegdhede toerus.

Hierdie studie het getoon dat in 'n groep Suid-Afrikaanse adolessente die meeste jong persone nie gekategoriseer kan word as individue wat hoë vlakke van psigo-sosiale gesondheid beleef nie. Hierdie bevinding het ernstige implikasies: Naas gebrekkige vlakke van funksionering, is daar 'n groter moontlikheid dat die afwesigheid van geesteswelstand tot toestande van kwesbaarheid kan lei. Resultate het getoon dat hoër vlakke van psigo-sosiale geestesgesondheid ontwikkel kan word met behulp van 'n welwees-strategie deur die fasilitering van sielkundige kragte. Die program behels die uitbouing van positiewe uitkomste asook die vermindering van negatiewe gedrag en ervarings. Hierdie bevindings het moontlike implikasies vir beide welstand-ontwikkelingsprogramme, vir terapie en beleide rakende die bevordering van goeie gesondheid gemik op voorkoming.

Hierdie studie lewer 'n bydrae op 'n praktiese vlak deur die gee van inligting te make met die voorkoms van vlakke van geestesgesondheid in 'n spesifieke groep adolessente, wat moontlik kan help om groepe te eien wat die grootste behoefte het aan intervensies. Dit verskaf inligting oor die inhoud vir intervensies gerig op die ontwikkeling van positiewe psigo-sosiale gesondheid. Die studie lewer ook 'n bydrae tot die gebied van positiewe sielkunde/psigofortologie deur bewyse te bied dat die fasilitering van sekere psigologiese sterktes/kragte in adolessente met positiewe uitkomste ontwikkel kan word en beklemtoon die teoretiese aannames van spesifieke modelle. Die bevindings het ook implikasies vir beleide rakende die bevordering van psigo-sosiale gesondheid. Laastens word voorstelle vir toekomstige navorsing en verdere toepassing gebied.

PREFACE

- This thesis is submitted in article format as described in rules A14.4.2, and A13.7.3, A13.7.4, A17.7.5 of the North-West University.

- The three manuscripts comprising this thesis will be submitted for review to the *Journal of psychology in Africa* (JPA) (manuscript 1), *Acta Academica* (manuscript 2) and the *Journal of child and adolescent mental health* (manuscript 3).

- The referencing style and editorial approach for this thesis is in line with the prescriptions of the *Publication Manual* (5th edition) of the American Psychological Association (APA), except where the requirements of the *Acta Academica* and the *Journal of child and adolescent mental health* differed in the case of the specific manuscripts.

- For purposes of this thesis, the page numbering of the thesis as a whole is consecutive. However, each individual manuscript was numbered starting from page 1 for submission purposes.

- Attached, please find the letter signed by the co-author authorizing the use of these articles for purposes of submission for a Ph.D. degree.

Letter of Permission

Permission is hereby granted by the co-author that the following manuscripts may be submitted by

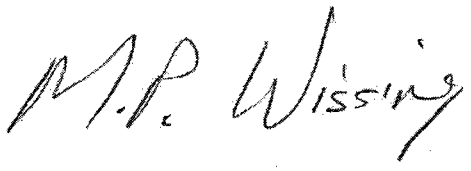
I. van Schalkwyk for the purpose of obtaining a Ph.D. degree in Psychology:

1. A mixed-method study of psychosocial well-being in a group of South African adolescents.

2. A well-being strategy: Guidelines for the facilitation of psychosocial well-being in adolescents.

3. Evaluation of a programme to enhance flourishing in adolescents.

The co-author, prof. M. P. Wissing, acted as promoter.



Prof. M.P. Wissing

FLOURISHING IN A GROUP OF SOUTH AFRICAN ADOLESCENTS

SECTION 1: INTRODUCTION AND PROBLEM STATEMENT

"The glory of God is a human being fully alive"
Saint Iraneus

This study focuses on the nature, prevalence and enhancement of flourishing in a group of adolescents, and the evaluation of the effectiveness of a developed programme to facilitate flourishing. This first chapter provides a general introduction to this study's exploration of flourishing in South African adolescents. Firstly a rationale for the enquiry regarding well-being in South African adolescents will be presented. This will deal with the need to investigate the prevalence of psychosocial health in South African youth, the inadequacy of our information regarding higher levels of well-being; and how further information could support the protection and promotion of positive human health in non-clinical healthy populations, primarily in adolescents.

Motivation for use of a positive psychology approach

This study was conducted within the framework of positive psychology. The grand vision of positive psychology implies the scientific study of optimal human functioning (Peterson, 2006), meaning that positive psychologists view both strength and weakness as authentic and amenable to scientific understanding (Peterson & Seligman, 2004). It should be emphasised that positive psychology does not relate to "self-help", but that it offers empirically grounded research for obtaining more from life (Keyes & Haidt, 2003). Given that positive psychology is about the understanding of the wellsprings, processes and mechanisms that lead to desirable outcomes, it is evident that positive interventions aimed at capacity building and flourishing in children and adolescents should be developed within this perspective. According to Linley and colleagues (2006) a very important enquiry entails how positive psychology may be harnessed most effectively in the service of promoting integral human flourishing and fulfilment. Peterson (2006) stated that psychologists interested in promoting human potential need to pose *different questions* from their predecessors who assumed the medical model. As Seligman (2007) phrased the goal of positive psychology, it was to move people *not* from –3 to zero, but from +2 to +5. It is shown that keeping within the broad premise of positive psychology, strengths allow humans

to accomplish more than the absence of distress and disorder, and that they "break through the zero point" of psychology's traditional concern with disease and disorder, and malfunction to address worthy life-outcomes (Peterson, 2006, p. 31).

It is argued that the improvement of positive human health can best be investigated from the positive perspective, and more specifically from psychofortology (cf. Strümpfer, 2006; Wissing & Van Eeden, 2002) as the appropriate field for focusing on psychological strengths as human resources and capabilities. This strengths-based approach is taken as point of departure for this study while acknowledging the full spectrum of human experience, from the negative to the positive. Therefore, the systematic enhancement of well-being and the building of strengths, guided by the ideal of flourishing, is to be pursued within the positive notion of psychology, revisiting the average person and concentrating on what works, what is right, and what is improving (Sheldon & King, 2001), while keeping in mind that negative or problematic facets are also part of life.

Henceforth an analysis of relevant theoretical perspectives will be offered. This entails viewpoints on flourishing and also other perspectives on well-being, and also on the proposed theoretical model depicting well-being for purposes of this study. The chapter ends by explicating the aims, possible benefits of the current study and also an outline of the remainder of the thesis.

1. Problem statement and research questions

The focus of the positive paradigm of psychology is on building the best things in life and developing fulfilling lives for normal people in addition to healing the wounds of the distressed (Peterson & Seligman, 2004). Lyubomirsky (2007) remarked that not everyone will be clinically depressed or suffer from disorders during his or her lifetime, and that (almost) everyone will want to be happy, experience meaningfulness, desire to be good friends, to be effective learners (school), or to be productive and satisfied in the work-place. Promoting well-being is necessary to enhance quality of life, but also to pro-actively prevent problems. Motivation for this perspective is as follows:

1.1 The necessity to promote flourishing in youth

The promotion of flourishing in youth is necessary for a number of reasons: Firstly, according to Keyes (2002, 2003, 2004, 2005a, 2005b, 2007), only a small proportion of those otherwise free of a common mental disorder are truly mentally healthy, i.e., flourishing. He pointed out that only 17% of all people in the US were completely mentally healthy (i.e., they had the absence of mental illness and the presence of mental health). In other words, the absence of mental illness is only a necessary, but not a sufficient condition for complete mental health. Keyes

(2006) argued that research showed that the same model of mental health proposed, also applies to adolescents. Hence, if young persons are symptom-free, it does not automatically indicate that they are thriving human beings. Besides, it should be emphasised that positive and negative states of health are asymmetrical; that is, they are not completely inversely related in form and effect (Aspinwall & Staudinger, 2003). In other words, the lessening of disease and dysfunction, even the prevention of the worst from happening, does not equal the promoting of positive human health.

It was shown that Keyes's model of complete mental health has been supported in youth between the ages of 12 and 18 in the Child and Development Supplement of the Panel Study of Income Dynamics: The risk of behavioural problems—arrests, skipping school, drinking alcohol, smoking cigarettes, or smoking marijuana—decreased as mental health increased, suggesting that complete mental health may be an important, yet unexplored, protective factor during adolescence (Keyes, 2006). These considerations are of the utmost importance for adolescents, because they represent 100% of the future of any population. It is crucial that they receive maximum support, not only to deal with the problems typical of their developmental stage, but also to develop the highest possible levels of well-being. Furthermore, Keyes points out that much more research is needed to comprehend the developmental unfolding of mental health over the lifespan, "acting as protective (i.e., flourishing) and risk (i.e., languishing and moderate mental health) factors within specific racial and ethnic subpopulations" (Keyes, 2007, p. 106).

Secondly, psychologists still know relatively little about human thriving *and* how to encourage it, especially in healthy populations, for the reason that the negative partiality of traditional psychology has prevented them from recognising the importance of this matter (Maddux, 2008; Sheldon & King, 2001). In addition to the lack of adequate knowledge concerning flourishing, Seligman (2007) pointed out that we have learned that pathologising does not move us closer to the prevention of serious disorders, and that it has been discovered that there is a set of human strengths that are the most likely buffers against mental illness. He emphasised that we need massive research on human strength and virtue. It is stated that psychology has a box of tools to work on stress, disease and dysfunction, but remains ill-equipped to assist individuals to live healthier and more meaningful lives (Keyes & Haidt, 2006). Tarr (2005) pointed out that it is well worth being reminded of Maslow's (1954, 1971) perspective that developing one's inherent strengths is a factor to leading a life of self-actualisation which could provide adolescents the opportunity to explore their identity through the lens of strengths and contribute to their sense of competence and well-being.

Thirdly, Ryff and Singer (1996) emphasise that the absence of well-being creates conditions of vulnerability such as depression, heart diseases and dependence. In addition, Keyes (2005) stated that healthcare problems once associated with older age, e.g., depression, diabetes,

and cardiovascular disease, are occurring at younger ages. This information is confirmed by the 2001 World Health Organization (WHO) World Health Report which estimated that "... measured in disability-adjusted life years (DALYs) mental and behavioural disorders accounted for 12% of the global burden of disease in 2000. The report projects that this figure will increase to 15% by 2020. In the 15- to 44-year age group, the health burden resulting from unipolar depression is currently second only to HIV/AIDS" (Freeman, 2004).

Studies have shown that the absence of well-being creates further risk conditions. A major public health concern in South Africa is risk behaviour among adolescents, who constitute 21% of the country's total population (Wegner, Flisher Caldwell, Vergnani, & Smith, 2007). Also, suicidal behaviour in adolescents is becoming an increasingly important public health concern. The World Health Organization (2001) has identified suicide as one of the three leading causes of death in adolescents and young adults, and the magnitude of this problem is even greater when suicidal ideation and ''unsuccessful'' suicide attempts are taken into account (Wild, Flisher, & Lombard, 2004). Other risk behaviours to be considered are the association between substance and certain sexual risk behaviours: Flisher and colleagues (2006) found in a study done in South Africa that youth, (grade eight students/learners - the mean age of all participants was 14 years) who had ever used alcohol or marijuana in their lifetime were significantly more likely to have ever had sexual intercourse. There was also a correlation between substance and risk behaviours, such as having had multiple sexual partners in a period of six months. There is a need for effective prevention programmes aimed at reducing risk behaviour among South African adolescents. HealthWise South Africa is a school- based programme designed to reduce sexual and substance use risk behaviour, and promotes the positive use of leisure time among high-school learners/students (Wegner et al., 2007). Conditions of vulnerability also include health-hazards, such as smoking: Adolescents constitute a large proportion of the 1.1 billion smokers worldwide. According to the World Health Organization, adolescent cigarette smoking is likely to increase tremendously in the next two decades as the tobacco industry concentrates its marketing on the youth (King et al., 2003).

Frustration is on the increase within Third World countries such as South Africa, that treatment often comes too late in the intervention process, as it is usually provided long after individuals had developed problems (Patel, Flisher, Nikapota & Malhotra, 2008). Nelson Mandela, former South African President, proclaimed that there could be no keener revelation of a society's soul than the way in which it treats its children. The mission to support a country's youth to encourage the highest possible levels of psychosocial well-being as adolescents, must be linked to efforts to lessen future harm. The pro-active, rather than the reactive, role of psychology is

highlighted when strategies are designed focusing on the promotion and protection of young persons' well-being.

Fourthly, mental disorders account for a large proportion of the disease burden in young people in all societies (Patel, Flisher, Hetrick, & McGorry, 2007). Although most mental disorders are often first detected later in life, they begin during youth (12–24 years of age). (Patel et al., 2007). In South Africa poor mental health is strongly related to other health and development concerns in young people, notably lower educational achievements, substance abuse, violence, and poor reproductive and sexual health. (Flisher et al., 2006). Since most mental health needs in young people are unmet, more research is urgently needed to improve the range of affordable and feasible interventions (Flisher et al., 2006). Addressing young people's mental health needs is crucial if they are to fulfil their potential and contribute fully to the development of their communities.

Fifthly, in a developing country such as South Africa, children and youth are often exposed to abuse, and many become victims of exploitation and violence. However, they are also increasingly involved in violent and criminal behaviour, even as gang members (Zdunek, Gray, Lambertz, Licht, & Rux, 2003). Indeed, as Louw (2007) puts it so tellingly: "Today's children are tomorrow's adults – and criminals." Something needs to be done in order to prevent this. In developing countries a large proportion of the total population is represented by its youth, which implies that they constitute an enormous potential for human and social development and could become, instead of the problem, rather part of the solution as potential 'change agents' (Zdunnek et al., 2003).

Finally, since "...each period of life requires attention to the particular problems evident in that period" (Maddux et al., 2005, p. 25), and, for example, young people between the ages of 11 and 21 face problems related to the transition from puberty to adolescence, which could lead to an identity crisis (Wait, Meyer, & Loxton, 2005), it is evident that the promotion of flourishing in youth is needed. According to Erikson (1968), the dynamics of this complex developmental stage (identity vs. identity confusion) involves crises, a healthy solution of which entails that the positive aspect will dominate, while at the same time some contact with the negative aspect remains important for further development. William Shakespeare depicted this developmental stage as: "I would there were no age between ten and three-and-twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancientry, stealing, fighting." (The Winter's Tale). Young people have a high rate of self-harm, mood disorders, eating disorders, while suicide is a leading cause of death in young people. Although substantial progress has been made in developing effective interventions for problems such as self-mutilation, mental health service needs remain unmet, even in wealthier societies, and the rate of

unmet need is nearly 100% in many developing countries (Patel et al., 2008). In addition to these characteristic challenges, adolescents also experience what Frankl (1969) called "the unavoidability of suffering", which can be linked to Antonovsky's view (1987, p.130) of "heterostatic disequilibrium". Both theories describe the inevitability of stressors in life, and both highlight strength building to overcome these never-ending challenges. It is, therefore, evident that adolescents are a particularly important target group for capacity building.

1.2 Research questions

In view of the above-mentioned, it is necessary to obtain information regarding the prevalence of the percentages of adolescents with different levels of mental health as defined by Keyes in his model, within specific South African contexts. This is important firstly, because more information about the incidence of mental health in South African adolescents is needed, and secondly, since it presents a clearer picture of the context and target groups in greatest need for interventions. There is no reason to assume that Keyes' statistics (2002, 2005a, 2005b), namely that only 17% of all people in the US were flourishing or completely mentally healthy, will be significantly different or even better in African countries. Findings from a recent study using 1050 Setswana-speaking adults in the Northwest province of South Africa indicated that Keyes's statistics were certainly similar in South Africa: It was indicated that 20% were flourishing, 67.8% were moderately mentally healthy and 12.2% were languishing (Keyes et al., 2008).

The present research questions are: 1) What is the prevalence of the various degrees of mental health as defined by Keyes (2005, 2006) in a group of South African adolescents? 2) What should a programme to enhance well-being and flourishing in this group of adolescents consist of? and, 3) What will the effect be of such a programme to enhance flourishing on the psychosocial well-being of a selected group of adolescents?

With this focus, previous research concerning the nature, prevalence and enhancement of flourishing in adolescents, will be analysed in the next section. The theoretical models and research referred to in this overview is selected to shed light on each of the key issues for the current study's purposes, namely flourishing, well-being, adolescence and strengths.

2. Literature review

In view of the reasons given above for the necessity to develop higher levels of well-being in young persons, and the urgent need for research to improve our knowledge in this area, an analysis of relevant literature will be presented in the following way: Firstly, several relevant studies will be described, including the importance of appropriate theories, synthesising the

relevant information, and identifying problem areas and also limitations. Secondly, these studies will be evaluated and their implications for the current research will be shown.

2.1 Describing relevant studies

The following theoretical perspectives concerning positive human health will be analysed and discussed: Firstly, Ryff's model, (1989) on psychological well-being; secondly, Diener's (2000) understanding of subjective well-being, life satisfaction and human emotions; thirdly, Fredrickson's (2001, 2005) broaden and build model of positive emotions; fourthly, Keyes's (2005a) model of flourishing, fifthly, Lyubomirsky and colleagues' (2005, 2007) research showing that well-being can be increased; sixthly, the contribution of existing youth development programmes will be analysed; and finally, strength-models will be explored.

2.1.1 Ryff's psychological well-being model

Ryff stated that the meaning and measurement of well-being, as positive psychological functioning, cannot be conceived within a traditional framework which equates health with the absence of illness rather than with the presence of wellness (Ryff, 1989; Ryff & Keyes, 1995; Ryff & Singer, 1998). She argued that the dependence on medicine to define health was misguided, and that the emphasis on "repair" and the notion of health as the return to "the neutral" long influenced psychological views on ill-being (Ryff & Singer, 1998). She stated that the nature of human thriving and flourishing was not merely medical ones, and she offered an alternative definition of well-being, one closely aligned with the eudaimonic view. Furthermore, she stated that satisfaction with life and affect-based measures of well-being "have little theoretical grounding" (Ryff, 1989, p.106), and neglect important aspects of positive functioning. Ryff (1989) sought to develop an integrative definition of well-being by recognising accounts of positive functioning of mental health, clinical, and life span development theorists, such as Erikson, known for his notion of psychosocial stages (1959), Rogers, in view of his depiction of the fully functioning person (1961), and Maslow with his conception of self-actualisation (1968). She describes well-being as human beings' endeavour for perfection that embodies the realisation of one's true potential (p.100). According to this perspective, happiness is not "the main message", but rather a product of a well-lived life (Ryff & Singer, 1989, p.5). She identified the following six indicators of positive human health, i.e. autonomy, personal growth, purpose in life, environmental mastery, self-acceptance and positive relations. The focus is on human functioning.

Ryff and Singer (1996) underlined the importance of the physiological substrates of human flourishing. They argued that we needed to change the treatment focus to that of protecting and

promoting positive human experience, which sets into motion its own biochemistry. They opine that the above-mentioned six criteria, which form the core features of positive human health, provide a point of departure for understanding how the body functions when one has positive life experiences (1998). These authors emphasised that human *health* should be understood, rather than as only the absence of disease, as wellness of mind *and* body.

Ryff's model of Psychological Well-Being (PWB) is an example of a theoretical approach typical of an eudaimonic perspective as a broad stream of thought within positive psychology (cf. Ryan & Deci, 2000; Waterman, 1993; Waterman, Schwartz, & Conti, 2008). Subsequently Keyes developed his model of complete mental health by integrating Ryff's perspective on PWB with a *social* well-being component (SWB) and also *an emotional/satisfaction with life* component (EWB)(Keyes, 1998; Keyes, 2007).

2.1.2 Diener's model of Subjective Well-being and Satisfaction with Life

Diener's empirical approach to satisfaction with life is based on the notion of subjective well-being (Diener, 2000; Diener & Diener, 2008; Diener, Emmons, Larsen, & Griffin, 1985; Pavot & Diener, 1993). He and colleagues (Diener, Emmons, Larsen, & Griffin, 1985) developed the well-known Satisfaction with Life Scale based on this notion. Diener (2000) argues that people's own evaluations of their quality of life are important indications of their degree of well-being. Subjective well-being constitutes the subjective evaluations of the degree of positive feelings (e.g. happiness) experienced, and perceptions (e.g. satisfaction) toward one's life overall. Where happiness signifies mostly an emotional state, life satisfaction tends to address a more global cognitive evaluation of one's life.

Diener (2000) distinguishes a number of different components of subjective well-being such as life satisfaction (global judgements of one's life as the cognitive component); satisfaction with important domains (e.g. work satisfaction); positive affect (experiencing many pleasant emotions and moods); low levels of negative affect (experiencing few unpleasant emotions and moods). He argues that people with high levels of subjective well-being are beneficial to societies and evidence shows that happy people are more productive (e.g. perform better at work) and are sociable (e.g. are more liked by others, participate more in community organisations).

Diener's model is an example of the hedonic approach to psychological well-being in which happiness and satisfaction with life are the most important facets. Keyes (1998, 2005, 2007; Keyes et al., 2008) includes this component in his more holistic model of a mental health continuum (see 2.1.4).

2.1.3 Fredrickson's Broaden and Build Model of Positive Emotions

Fredrickson's (2001) model proposes that positive emotions broaden the scope of attention and thought-action repertoires. Fredrickson indicated that the form and function of positive and negative emotions are both distinct and complementary: Whereas many negative emotions narrow individual's momentary thought-action repertoires by calling forth specific action tendencies (e.g. flee, attack), many positive emotions broaden thought-action repertoires, prompting them to follow a wider range of thoughts and actions than are typical (e.g. explore, play), and facilitate the creation of important skills. Many empirical studies provide support for Fredrickson's model (e.g. Fredrickson & Joiner, 2002). Fredrickson and Branigan (2005) confirmed the crucial role of positive emotions such as joy, gratitude, interest, contentment, love, and hope, as markers of well-being and also physical health. Positive affect correlates with processes that contribute to academic success, to be exact: cognition and motivation (Isen, 2003).

According to Fredrickson and Branigan (2005), the dynamics of positive emotions could be critical in order to protect and promote human flourishing. It is important to note that although emotions are shortlived, personal resources accrued during states of positive emotions are enduring (Fredrickson, 2005). These resources may be physical (e.g. physical skills, health); social (e.g. friendships, social support networks); intellectual (e.g. intellectual complexity, executive control); and psychological (resilience, optimism and creativity). These findings are supported by research showing that for example happy people are more active, efficient, and productive at their jobs (Argyle, 2001); earn a better income; they are optimistic and more positive toward other people (Seligman, 2002); they enjoy better physical and mental health; and cope with stress better than unhappy people (Vaillant, 2000, 2008).

Fredrickson's broaden and build model of positive emotions goes further than Dieners's idea of subjective well-being and satisfaction with life, and provides insight into some of the dynamics of psychological well-being that could be used in interventions. It also provides further support for inclusion of affect/emotion in the conceptualisation of psychological well-being and flourishing as conceptualised in Keyes's model (1998, 2005, 2007).

2.1.4 Keyes's model of complete mental health and of flourishing

Keyes developed a model of a mental health continuum that integrates eudaimonic and hedonic facets, and where the uppermost part of the continuum is indicated as flourishing (Keyes, 1998, 2002, 2003, 2004, 2005a, 2005b, 2007). Keyes's model integrates the markers of high levels of psychological well-being as indicated by Ryff (1989) with facets of social well-being, also conceptualised from an eudaimonic perspective, and emotional well-being and satisfaction with life as reflective of hedonic approaches.

Although he conceptualised mental health on a continuum, he also proposed that pathology and wellness are two separate dimensions that are correlated. In the wellness dimension Keyes distinguishes three categories, namely languishing, moderately mentally healthy, and flourishing. *Languishing* is defined as a state in which an individual is devoid of positive emotion toward life, is not functioning well psychologically or socially, and has not been depressed during the past year. In short, languishers are neither mentally ill nor mentally healthy (Keyes, 2003 in Keyes & Haidt). Individuals who are *moderately mentally healthy* are not mentally ill, they are not languishing, but they have not reached the diagnostic level of flourishing; Complete mental health, i.e. *flourishing,* is a state of mental health in which people are free of mental illness and filled with high levels of emotional, psychological, and social well-being. In terms of psychosocial functioning, this means that completely mentally healthy adolescents show low levels of perceived helplessness (e.g., low perceived control in life), high levels of functional goals (e.g., knowing what they want from life), high levels of self-reported resilience (e.g., learning from adversities), and high levels of intimacy (e.g., feeling very close with family and friends) (Keyes, 2007).

Because of its comprehensiveness and clarity with a view to application, Keyes's model is used as a corner stone theoretical approach in the current study.

2.1.5 Lyubomirsky and colleagues: active participation

Lyubomirsky and colleagues (Lyubomirsky, 2007; Lyubomirsky, Sheldon & Schade, 2005) stated that the potential of happiness-increasing interventions has been shown in empirical studies and she provides a handbook with well-motivated, empirically validated strategies that may be useful in practice. A main feature of these strategies is active involvement and practice. Previous research indicated that about 50% of the level of happiness is genetically determined, 10 % is accounted for by circumstances, and that 40% is under voluntary control (Lyubomirsky, 2007), and thus amendable by intentional activities and practice. Several other studies also showed that practicing certain virtues, such as gratitude (Emmons & McCullough, 2003), forgiveness (McCullough, Hoyt, & Rachal, 2000), and thoughtful self-reflection (King, 2001; Lyubomirsky, Sheldon & Schade, 2005) are able to bring about enhanced well-being. Various cognitive factors have been linked to well-being. These factors, which are apparently also open to some volitional control, are for example pausing to count one's blessings and choosing to feel a sense of optimism or efficacy regarding one's life (Lyubomirsky, 2007; Seligman, 1991; Bandura, 1982). Thus, by changing one's patterns of thought and ways of construing events, one might experience greater happiness.

Of the external factors that matter for happiness and positive functioning - namely

conditions of a person's life and the voluntary activities that the person undertake - the most important component is thus the active efforts that a person can make (Lyubomirsky, Sheldon & Schade, 2005). Therefore, the voluntary and sustained activities offer great promise for increasing well-being, particularly happiness, while avoiding adaptation effects (Haidt, 2006). According to Lyubomirsky et al. (2005) findings concerning hedonic adaptation have important implications for the under-studied issue in research on well-being. The effects of positive circumstantial changes (such as buying a new cell-phone) tend to perish more quickly than the effects of positive activity changes (such as starting to exercise, or initiating a new goal or project): A key assumption is that hedonic adaptation occurs more quickly with respect to circumstantial changes than to activity changes. This implies that a sustainable increase regarding a person's level of well-being is possible, and she/he is not to return to her genetic set-point after any temporary change. Thus, although changes in circumstances can trigger increases in well-being, such boosts tend to be short-lived, because people quickly begin to take those new circumstances for granted and stop to derive positive experiences from them. The above mentioned studies provide important new support for these ideas and are *not* consistent with ''easy-living'' or the ''quick fix'' ideals. In other words, their data suggest that effort and hard work offer the most promising route to sustainable happiness, and are potentially potent prescriptions (regarding positive human health). These authors thus imply that by using their strengths and through their own efforts, adolescents, as active agents of their own well-being, may move towards greater happiness and fulfilment in life.

2.1.6 Smith's strength-based model and the VIA – classification of strengths

Smith's strength-based counseling model (2006) is recommended specifically for counseling of youth at risk. This model is more an empirical approach than a theoretical model. This model is relevant for the current study, because it highlights the importance of cultural facets, and because it links to the idea of strengths as described in the theoretical values-in-action model of character strengths (Peterson & Seligman, 2004).

Strength-building in adolescents has to do with the ability of human beings to rise above the efforts of mere survival, and to experience something like thriving. Smith (2006) points out that this process requires special attention regarding the role of resilience, i.e. the capacity to bounce back after setbacks, and is useful for capacity and asset building across the lifespan. This viewpoint resonate with Keyes's view of the important role of protection-building strengths in the lives of young persons, since it acts to prevent or mitigate risk factors, can change bad situations for the better and enable adolescents to learn from difficult situations (Keyes, 2004b; Masten, 2001). Smith stressed that all strengths are culturally based. In conjunction with the

importance of the cultural context, Smith (2006) identified 10 categories of strengths that can be taken into consideration regarding competence-building, such as wisdom and spiritual strengths, emotional strengths (such as insight, optimism, perseverance, hope, finding purpose in life), character strengths (e.g. integrity, honesty, discipline, courage), creative strengths (e.g. ability to appreciate the arts). She posited that strength-based approaches motivate young persons to change to a greater degree than deficit-based approaches. This supportive way of thinking could provide adolescents the opportunity to explore their life through the standpoint of strengths and could add to their sense of capability.

Peterson, and Seligman, (2004) stated that character strengths lead to the recognisable human excellence or instance of *human flourishing*. Researchers at the University of Pennsylvania developed the Values in Action (VIA), classification of strengths. The project – VIA Classification of strengths – means to complement the *Diagnostic and Statistical Manual (DSM)* of the American Psychiatric Association (1994) by focusing on what is right about people and specifically about the strengths of character that make the good life possible (Peterson & Seligman, 2004). *Virtues,* as the core characteristics valued by moral philosophers and religious thinkers all over the world (according to Peterson and Seligman, 2004), are: Wisdom, courage, love, justice, temperance, and transcendence. *Character strengths* are the psychological ingredients – processes or mechanisms – that express these virtues. These researchers have developed a diagnostic strengths manual (Peterson & Seligman, 2003, 2004), which lists the classification of character strengths. (1) Strengths of wisdom and knowledge are cognitive strengths that entail the acquisition and use of knowledge; (2) strengths of courage are emotional strengths that involve the exercise of will to accomplish goals in the face of opposition, external or internal; (3) strengths of love are interpersonal strengths that involve "tending" and "befriending" others; (4) strengths of justice are civic strengths that underlie healthy community life; (5) strengths of temperance are strengths that protect against excess; and (6) strengths of transcendence are strengths that forge connections to the larger universe and provide meaning (Peterson & Seligman, 2004). These six broad categories, emerging from historical surveys, are acknowledged as universal. However, no indication could be found that these authors took note of the specific African value systems, and it is thus a question how universal these virtues and strengths indeed are. Khumalo, Wissing and Temane (2008) found that the character strengths hypothesized in the VIA are also identified in a South African context, but that they cluster differently from what is proposed in the VIA-model.

The authors of the VIA Classification applied specific criteria in order to identify a characteristic as a character strength. For example: A strength needs to be manifest in the range of an individual's behaviour – thoughts, feelings, and/or actions – in such a way that it can be

assessed; and the display of a strength by one person does not diminish other people in the vicinity, but rather elevates them, inspiring witnesses/onlookers, since character strengths are the sorts of characteristics to which all can aspires.

The current study will utilise the concept of strengths as a main building block. In this study the concept of strengths is used as understood within the framework of positive psychology, and more specifically psychofortology (i.e. the science of psychological strengths) (Strümpfer, 2005; 2006; Wissing & Van Eeden, 2002), for example a) as specific character strengths which form part of virtues (Peterson & Seligman, 2004), b) as any psychological aspect of healthy functioning (Wissing & Van Eeden, 2002), and c) as a process definition, namely the ability to apply skills and resources in a creative and flexible way for the solution of problems or the realisation of goals, according to the demands of the context (Smith, 2006). Thus, the concept of strength will be used in this article as an umbrella term that covers all these meanings of the term.

2.1.7 Youth Development Programmes

In view of the focus of this study on flourishing in adolescents it is necessary to consider effective youth development programmes intended for the protection of youth's wellness. While youth development programmes were initially invented to support children and families to cope more effectively with existing crises and reducing concerns such as juvenile crime, or transforming poor character in youth (Catalano, Berglund, Ryan, Lonczak & Hawkins, 2004), it became clear that a successful transition to adulthood requires *more* than avoiding drugs, violence, school failure, or precocious sexual activity and prevention programmes. Youth development programmes concerning positive youth development are undeniably making a difference (Catalano, Berglund, Ryan, Lonczak & Hawkins, 2002). Positive youth development programmes facilitate outcomes such as developing adolescents' assets e.g. competence, confidence, connection, character, and caring (Lerner, Almerigi, Theokas & Lerner, 2005; Lerner, 2004; Lerner, Brentano, Dowling & Anderson, 2002). Other youth development programmes concentrate on assisting 21st century school curricula in their mission to educate students to be responsible and socially skilled (Greenberg et al., 2003). These skills serve both as protective factors that function as foundations for healthy development and also reducing problem behaviours.

However, although the promotion of strengths and competencies is a goal shared by positive youth development researchers and the broader positive psychology movement, most of the programmes from the positive youth development movement strove to maximise normal or acceptable behaviour in children and adolescents. The competencies and strengths targeted in

these programmes appear to have been conceptualised primarily as mediators or protective factors against negative outcomes rather than as qualities that might encourage youth to thrive. Compared with research on the remediation of problems (or "negative psychology"), there is little research on the development of positive qualities in adolescents (Gillham, Reivich, & Shatté, 2002). Therefore, we need programmes aiming at positive outcomes, i.e. the building of competence to deliberately promote higher levels of psychosocial well-being in youngsters, while simultaneously remediating problems and building buffers against pathology. Apart from the need for theoretically driven well-being programmes, the assessment of such qualities is needed, since it may provide important information about the pathways through which interventions work and, ultimately, the intervention components that are essential or most important for the encouragement of pro-social wellness.

2.1.8 Conclusion

Each of the perspectives discussed above highlight essential aspects, which together constitute a more comprehensive picture of flourishing in a broad sense. All the researchers indicate that positive human health indicates more than being simply symptom-free and that well-being implies something dissimilar to symptom reduction and pathology. But each one conceptualised the core of "well-being" somewhat different.

Keyes's model will be used as a theoretical basis in the current study and his emphasis on the encouragement of positive human health. It is argued that the utilisation of this model when linked to strengths could promote strength-building in adolescents in order to rise above the efforts of mere survival, and to experience flourishing.

The research findings presented by Lyubomirsky and colleagues that well-being can be increased are of key importance regarding programmes directed toward flourishing. Furthermore, the understanding that sustainable subjective well-being cannot be attained automatically or suddenly must be reckoned with, since many 21st century adolescents grow up in a "user-friendly society" with several "happiness-traps", and "quick-fix" medications and also the consuming of enjoyable activities, such as the pursuit of luxury goods (Haidt, 2006, p. 101). Therefore, Lyubomirsky's contribution that enduring well-being requires committed and continuous endeavour, is an important directive.

The implications of Fredrickson's findings are of crucial importance for programmes aimed at complete well-being. The deliberate utilisation of and building effect of positive emotions as markers of, and mechanisms for facilitation of complete well-being, are major components to empower adolescents. This "un-used" potential linked to psychological strengths (e.g. joy linked to gratitude) must be taken into account as important tools for optimal

functioning. The cultivating of positive emotions brings, according to the current author, emotions back into the domain of psychological well-being as eudaimonia or the good life. The broadening of our thinking, building of resources, and creation of important skills, as a result of positive emotions, that enable us to realise the best versions of ourselves are clearly essential components of flourishing.

Apart from the importance that individual adolescents must be equipped to flourish, it was argued by authors such as Keyes and also Diener, that people with high levels of well-being are beneficial to societies. Keyes (2003, in Keyes & Haidt) supported this viewpoint namely that understanding the nature and etiology of the strengths and competencies of flourishing individuals may offer therapeutic insights for developing strengths and competencies in mentally ill patients. In this sense the promotion of flourishing could lead to improving a nation's health – with the implications of thriving socially and also economically – and building a stronger science of mental health.

When viewed from a critical distance, it could be argued that each of the authors discussed in this review highlighted essential aspects that, together, constitute a more comprehensive notion of flourishing. However, it is clear that we need an alternative viewpoint than the traditional pathogenic perspective regarding adolescents' problems/challenges, the protection and also the promotion of their well-being. Keyes's emphasis on learning more about positive health match up with the need for theories that explain the enhancement of higher levels of mental health. Nevertheless, it is clear that this innovative research needs to be translated into interventions aimed at normal experience and effective psychological functioning.

The important consideration is that programmes must be directed at all adolescents, healthy and also those at risk. Thus, the focus of this study will be on the exploration and development of psychological strengths as personal resources, which may also impact on symptoms of distress.

3. Aim of this study

The aims of this study are firstly, to determine the prevalence of the levels of psychosocial health in a group of South African adolescents and to develop an understanding of the conception of teenagers of the nature of flourishing and psychosocial well-being; secondly, to develop a programme to facilitate psychosocial well-being and flourishing in adolescents; and finally, to evaluate the effect of the developed programme aimed at the enhancement of psychosocial well-being and flourishing in a group of South African adolescents.

4. Possible contribution of this study

The compelling appeal that massive research is needed from the perspective of positive psychology to examine and explicate positive human health and effective psychological functioning underlines the seriousness of research findings that millions of people in non-clinical populations do not experience "the good life". This need of more research regarding the enhancement of strengths and flourishing is in itself a huge gap that requires attention, and this study may contribute to filling this gap in some regards.

This study will contribute to the existing understanding of flourishing in general, and specifically in terms of the following: No previous research within the South African context could be found that explored the nature and the prevalence of the levels of psychosocial health (positively defined) in adolescents. Locally, no former studies have as yet been undertaken regarding adolescents' functioning and understanding of the upper level of positive human health as conceptualised by Keyes, namely flourishing and also the lower level of well-being, namely languishing. This study may contribute to an indication of the prevalence of flourishing in a group of adolescents and clarify their subjective notions of well-being and non-well-being.

This information may be of value to health promotion planning in future. This study will also contribute to practical implementation of notions of well-being through the development of a programme to enhance flourishing in adolescents. Such a programme had not previously been evaluated in a South African study using teenagers, and if the envisaged programme will have a positive effect, its practical applicability can be explored in other contexts in further research.

5. Outline of the manuscript

This section indicated the motivation and aims for the current study. Section 2 will be presented in the form of a research article, titled: A mixed-method study of psychosocial well-being in a group of South African adolescents. The aim of this part is firstly, to determine the prevalence of the levels of psychosocial health in a group of South African adolescents and secondly, to develop an understanding of teenagers' experiences and conceptions of the nature of flourishing/well-being and also the absence of well-being. Together with Section 1, Section 2 (article 1: A mixed-method study of psychosocial well-being in a group of South African adolescents) provides information as background for the development of an intervention that will be described in Section 3 (article 2: A well-being strategy: Guidelines for the facilitation of psychosocial well-being in adolescents). Section 4 will report on the findings of an empirical evaluation of the effect of the above-mentioned programme in an article with the following title: Evaluation of a programme to enhance flourishing in adolescents. Finally, in Section 5, conclusions will be drawn, and suggestions made for future research.

SECTION 2: ARTICLE 1

A MIXED-METHOD STUDY OF PSYCHOSOCIAL WELL-BEING IN A GROUP OF SOUTH AFRICAN ADOLESCENTS.

Submitted to the *Journal of Psychology in Africa*

2.1 Guidelines for authors

INSTRUCTIONS TO AUTHORS – Journal of Psychology in Africa

The Journal of Psychology in Africa includes original articles, review articles, book reviews, commentaries, special issues, case analyses, reports, special announcements, etc. Contributions should attempt a synthesis of local and universal methodologies and applications. Specifically, manuscripts should: 1) Combine quantitative and qualitative data, 2) Take a systematic qualitative or ethnographic approach, 3) Use an original and creative methodological approach, 4) Address an important but overlooked topic, and 5) Present new theoretical or conceptual ideas. Also, all papers must show an awareness of the cultural context of the research questions asked, the measures used, and the results obtained. Finally the papers should be practical, based on local experience, and applicable to crucial development efforts in key areas of psychology.

Editorial policy

Submission of a manuscript implies that the material has not previously been published, nor is it being considered for publication elsewhere. Submission of a manuscript will be taken to imply transfer of copyright of the material to the publishers, Elliott & Fitzpatrick. Contributions are accepted on the understanding that the authors have the authority for publication. Material accepted for publication in this journal may not be reprinted or published, Elliott & Fitzpatrick. The Journal has a policy of anonymous peer review. Papers will be scrutinised and commented on by at least two independent expert referees or consulting editors as well as by an editor. The Editor reserves the right to revise the final draft of the manuscript to conform to editorial requirements.

Manuscripts

Manuscripts should be submitted in English, French, Portuguese or Spanish. They should be typewritten and double-spaced, with wide margins, using one side of the page only. Manuscripts should be submitted to the Editor-in-Chief, Journal of Psychology in Africa, Professor Elias Mpofu, PhD., CRC, Associate Professor, Faculty of Health Sciences, University of Sydney, Cumberland Campus, East Street, PO Box 170 Lidcombe NSW 1825, Australia, email: e.mpofu@usyd.edu.au. We encourage authors to submit manuscripts via e-mail, in MS Word, but we also require two hard copies of any e-mail submission. Before submitting a manuscript, authors should peruse and consult a recent issue of the Journal of Psychology in Africa for general layout and style. Manuscripts should conform to the publication guidelines of the latest edition of the American Psychological Association (APA) publication manual of instructions for authors.

Manuscript format

All pages must be numbered consecutively, including those containing the references, tables and figures. The typescript of manuscripts should be arranged as follows: Title: This should be brief, sufficiently informative for retrieval by automatic searching techniques and should contain important key-words (preferably <10 words). Author(s) and Address(es) of author(s): The corresponding author must be indicated. The author's respective addresses where the work was

done must be indicated. An e-mail address, telephone number and fax number for the corresponding author must be provided. Abstract: Articles and abstracts must be in English. Submission of abstracts translated to French, Portuguese and/or Spanish is encouraged. For data-based contributions, the abstract should be structured as follows: Objective—the primary purpose of the paper, Method – data source, subjects, design, measurements, data analysis, Results – key findings, and Conclusions – implications, future directions. For all other contributions (except editorials, letters and book reviews) the abstract must be a concise statement of the content of the paper. Abstracts must not exceed 120 words. It should summarize the information presented in the paper but should not include references. Referencing: Referencing style should follow APA manual of instructions for authors.

References in text: References in running text should be quoted as follows: (Louw & Mkize, 2004), or (Louw 2004), or Louw (2000, 2004a, 2004b), or (Louw & Mkize 2004), or (Mkize, 2003; Louw & Naidoo 2004). All surnames should be cited the first time the reference occurs, e.g. Louw, Mkize, and Naidoo (2004) or (Louw, Mkize, & Naidoo 2004). Subsequent citations should use et al., e.g. Louw et al. (2004) or (Louw et al. 2004). 'Unpublished observations' and 'personal communications' may be cited in the text, but not in the reference list. Manuscripts accepted but not yet published can be included as references followed by 'in press'.

Reference list: Full references should be given at the end of the article in alphabetical order, using double spacing. References to journals should include the author's surnames and initials, the full title of the paper, the full name of the journal, the year of publication, the volume number, and inclusive page numbers. Titles of
journals must not be abbreviated. References to books should include the authors' surnames and initials, the year of publication, the full title of the book, the place of publication, and the publisher's name. References should be cited as per the examples below (please note the absence of punctuation):

Appoh, L. (1995). *The effects of parental attitudes, beliefs and values on the nutritional status of their children in two communities in Ghana.* Unpublished masters dissertation, University of Trondheim, Norway

Peltzer, K. (2001). Factors at follow-up associated with adherence with directly observed therapy (DOT) for tuberculosis patients in South Africa. *Journal of Psychology in Africa,* 11, 165-185.

Sternberg, R. J. (2001, June). *Cultural approaches to intellectual and social competencies.* Paper presented at the Annual Convention of the American Psychological Society, Toronto, Canada.

Cook, D. A., & Wiley, C. Y. (2000). Psychotherapy with members of the African American churches and spiritual traditions. In P. S. Richards & A. E. Bergin (Ed.), *Handbook of psychotherapy and religiosity diversity* (pp. 369-396). Washington DC: American Psychological Association.

Tables: Tables should be either included at the end of the manuscript or as a separate file. Indicate the correct placement by indicating the insertion point in brackets, e.g., <Insert Table 1 approximately here>. Tables should be provided as either tab-delimited text or as a MS Word table (One item/cell). Font for tables should be Helvetica text to maintain consistency. Figures/Graphs/Photos: Figures, graphs and photos should be provided in graphic format (either JPG or TIF) with a separate file for each figure, graph or photo. Indicate the correct placement by indicating the insertion point in brackets, e.g., <Insert Figure 1 approximately here>. Provide

the title for the item and any notes that should appear at bottom of item in the manuscript text. Items should be cropped to avoid the appearance of superfluous white space around items. Text on figures and graphs should be Helvetica to maintain consistency. Figures must not repeat data presented in the text or tables. Figures should be planned to appear to a maximum final width of either 80 or 175 mm. (3.5 or 7.0"). Complicated symbols or patterns must be avoided. Graphs and histograms should preferably be two-dimensional and scale marks provided. All lines should be black but not too heavy or thick (including boxes). Color only in photos or color sesitive graphic illustrations. Extra charges will be levied for color printing. Text: 1. Do not align text using spaces or tabs in references. Use on of the following: (a) use CTRL-T in Word 2007 to generate a hanging indent or (b) MS Word allows author to define a style (e.g., reference) that will create the correct formatting. 2. Per APA guidelines, only one space should follow any punctuation. 3. Do not insert spaces at the beginning or end of paragraphs. 4. Do not use color in text.

Lead authors will receive a complimentary issue of the journal issue in which their article appears. Reprints in PDF format can be purchased from the publishers, Elliott & Fitzpatrick. The Journal does not place restriction on manuscript length but attention is drawn to the fact that a levy is charged towards publication costs which is revised from time to time to match costs of production. Instructions for remitting the publication levy are provided to lead or corresponding authors by the Editorial Assistant of the journal.

Instructions to authors are available at:

http://www.elliottfitzpatrick.com

Manuscript 2.2: A Mixed-Method Study of Psychosocial Well-Being in a Group of South African Adolescents.

A Mixed-Method Study of Psychosocial Well-Being in a Group of South African Adolescents.

Izanette van Schalkwyk

Marié P. Wissing

North-West University (Potchefstroom Campus), South Africa

Please address correspondence to Izanette van Schalkwyk, P/a Prof. Dr. M. P. Wissing, School for Psychosocial Behavioural Sciences, North-West University: Potchefstroom Campus, Private Bag X6001, Potchefstroom, 2520, South Africa.

e-mail: izanette@telkomsa.net

e-mail: Marie.Wissing@nwu.ac.za

Tel No.: +27-18-299-1721

Fax: +27-18-299-1730

Abstract

The aim of this study was to explore the psychosocial well-being of a group of South African adolescents implementing a mixed methods approach. Participants (N=665, aged 15-17 years) from three high schools completed questionnaires on psychosocial well-being, and structured interviews were conducted with 24 participants selected from various levels of functioning as established quantitatively. Quantitative findings indicate that 60% of the adolescents did not flourish psychologically as measured on the Mental Health Continuum-Short Form. Adolescents experienced flourishing as characterised by purposeful living and meaning; positive relationships; being a role-model; self-regard; constructive coping; positive emotions and gratitude. The absence of mental health was experienced as meaninglessness, impaired relationships, identification with dysfunctional outsiders, self-incompetence, dysfunctional behaviours, negative emotions and helplessness. The deliberate facilitation of adolescents' positive psychological functioning is indicated.

Key words. Psychosocial well-being, flourishing, languishing, adolescents, mental health, resilience, mixed methods research, South Africa.

A Mixed-Method Study of Psychosocial Well-Being in a Group of South African Adolescents.

This study focuses on the description of psychosocial well-being of a group of South African adolescents as explored with a mixed methods approach. According to Patel and colleagues (2007) we should investigate the mental health requirements of young people aged 12–24 years, since the well-being of young people has an obvious public-health significance: They represent 100% of the future of any population and thriving youth could be viewed as a rich human resource. The opposite also applies, namely that the suffering, functional impairment, exposure to stigma and discrimination, and enhanced risk of premature death that is associated with mental disorders in young people, could be an enormous burden to any society. This is especially important, as mental disorders in young people tend to persist into adulthood (Patel, Flisher, Nikapota, & Malhotra, 2008).

Information regarding the levels and nature of psychosocial well-being in youth is sparse. It is not known what percentages of adolescents do experience positive human health and flourishing and what the incidence of languishing, i.e. lower levels of well-being, is in South African youth. This information is of critical importance, in order to respond to the situation (cf. Keyes, 2009). Although youth mental health is important in all countries, active support for youth wellness promotion is not provided despite the substantial investment that has been made in mental health and interventions for young people in many developed countries. According to Flisher et al. (2007) the priorities for young people seem to be different in rich and poor countries.

Keyes (2002, 2003, 2004, 2005a, 2005, 2007) pointed out that the prevalence of positive human health is barely 20% in the USA adult population, and that flourishing seems to diminish from adolescence to adulthood. This entails that only a small proportion of those otherwise free of a common mental disorder are truly mentally healthy, i.e. experience flourishing. There is no reason to assume that Keyes' statistics (2002, 2005a, 2005) will be significantly different or even better in African countries. Findings from a recent study using a community sample of 1050 Setswana-speaking adults in the North West Province of South Africa (Keyes, Wissing, Potgieter, Temane, Kruger, & Van Rooy, 2008) indicated that South African data are similar to those from the USA in the case of adults. In the South African data 20% were flourishing, 67.8% were moderately mentally healthy and 12.2% were languishing. Findings in the USA (Keyes, 2006) indicated that between USA youth 38% are flourishing, while 55% are moderately mentally healthy, and 6% are languishing. Such information is not available for South African adolescents as yet.

The prevalence of various levels of mental health can be quantitatively measured with Keyes's Mental Health Continuum scale (Keyes, 2005, 2006), and described in terms of emotional, social and psychological well-being as conceptualised in this measure. Other theoretical conceptualisations of psychosocial well-being, such as satisfaction with life (Diener, Emmons, Larsen, & Griffen, 1985), affect balance (positive vs. negative affect) (Kammann & Flett, 1983), or ego resilience (Block & Kremen, 1996) also provide perspectives on well-being that can be assessed quantitatively. However, these measures, developed in a Western context, only provide a description of well-being and flourishing as conceptualised in theories. It is a question what adolescents themselves as ordinary lay people experience as well-being and flourishing. No data in this regard are available for the South African context from a positive psychology perspective that focuses on health rather than the absence of mental health. In order to address this issue, namely what youth's experiential realities are of well-being and functioning on the whole continuum of mental health, a qualitative approach will be necessary. Therefore, this study implements a mixed-method design with triangulation of quantitative and qualitative data-collection methods. Mixed methods is a procedure for collecting, analysing, and "mixing" or integrating both quantitative and qualitative data within a single study for the purpose of gaining a better understanding of the research problem (Ivankova, Creswell, & Stick, 2006). This study thus quantitatively explores the various levels of well-being in line with Keyes's conceptualisation and operationalisation and as supported with various other measures, as well as qualitatively exploring the nature of well-being as perceived by youth.

The need to promote psychosocial health in youth.

It is imperative to maximise youth health in all societies (Patel et al., 2008), and for the purpose of this article a few justifications will be highlighted: Firstly, it is argued that people with high levels of well-being are beneficial to their societies (Keyes, 2007; Diener, 2000; Pavot & Diener, 2008). However, given that adolescence is an important life-stage and that developmental success during this period has implications throughout adulthood, the mental health of this subpopulation must be emphasised, because poor mental health can impede academic and social success (Keyes, 2009). In developing countries a large proportion (35% - 50%) of the total population is represented by its youth, which implies that they constitute an enormous potential for human and social development (Zdunek, Gray, Lambertz, Licht, & Rux, 2003).

Secondly, the absence of well-being creates conditions of vulnerability, such as depression, heart diseases and dependence (Ryff & Singer, 1996). Keyes (2005) stated that healthcare problems once associated with older age — e.g. diabetes, and cardiovascular disease —

are occurring at younger ages, and that America has been stunned by the threefold increase in teen suicide. Also, worldwide there has been a startling increase in depression: The mean age of this disorder forty years ago was 29.5, while nowadays it is 14.5 years (Seligman, 2007, p. 117). In the Western Cape - South Africa, 48% of the patients in treatment for substance dependence are younger than 25-years (SACENDU, 2008). Evidence is available that the absence of well-being creates further risk conditions: Risk factors for mental disorders are well established and in Western contexts at least one out of every four to five young people in the general population will suffer from at least one mental disorder in any given year, but much less information is available on developing countries (Wegner, Flisher, Caldwell, Vergnani, & Smith, 2007).

Thirdly, young people have a high rate of self-harm, such as self-mutilation and mental health service needs are unmet, even in wealthier societies, whereas the rate of unmet need is nearly 100% in many developing countries (Patel, Flisher, Hetrick, & McGorry, 2007). Fourthly, the emphasis on certain body shapes, fuelled by the fashion industry — which views young people as a major market — is probably a factor in explaining the finding that eating disorders are more common in developed countries. However, evidence suggests that the globalisation of the media is associated with an increase in eating disorders in societies, such as South Africa, in which they were previously rarely seen (Patel et al., 2007). Fifthly, mental disorders account for a large proportion of the disease burden in young people in all societies and most mental disorders begin during youth (12–24 years of age), although they are often first detected later in life. Mental disorders in young people tend to persist into adulthood, including depressive and anxiety disorders, psychoses, substance use, and eating and personality disorders (Patel et al., 2007).

Sixthly, it is evident that apart from the challenges concerning the managing of daily stressors, many South African youngsters have to deal with stressful life events, such as poor family environments, low parental monitoring, psychosocial adversity and the presence of disorders such as substance abuse (Flisher et al., 2007). Seventhly, in a developing country like South Africa, children and youth are often exposed to abuse, and many become victims of exploitation and violence - plus, they are also increasingly involved in violent and criminal behaviour, even as gang members (Zdunek et al., 2003). As Louw (2007) posits, today's children are tomorrow's adults – and criminals. Finally, given that adolescence is a critical stage of development, and that developmental success during this period has implications throughout adulthood, youth is the period of life when most people complete their academic career, establish themselves in the job market, and build friendships and romantic relationships. Since mental disorders might reduce the likelihood of these tasks being completed successfully, mental disorders in young people have a substantial effect on economic and social outcomes that extend

into adulthood (King et al., 2001). It is evident that we need to investigate, and try to promote the mental health of young people where applicable.

The Positive perspective.

In view of the above indicated need, it is clear that it is important that youngsters receive the maximum support, not only to deal with the problems typical of their developmental stage, but also to develop their resources and strengths, and in order also to become thriving adults. Keyes (2005a, 2005b, 2007) has shown that most adolescents in the USA do not experience positive functioning. He pointed out that the absence of pathology does not necessarily imply the presence of positive human health (Keyes, 2005, 2006, 2007). Conversely, it is also necessary to point out that *most* young people do not suffer from any mental disorder, and that not everyone will be clinically depressed or suffer from substance disorders during their lifetime, but it is a reasonable postulation that (almost) everyone will want to be happy, or to be good friends, or to be effective learners/workers or to experience fulfilment. Therefore, this research aimed at youth as thriving representatives of tomorrow, was conducted within the framework of positive psychology. The grand vision of positive psychology is the scientific study of optimal human functioning, and implies as much attention to strengths as to weaknesses, as much interest in building the best things in life as in repairing the worst (Peterson, 2006). Peterson (2006) stated that psychologists interested in promoting human potential need to pose *different questions* from their predecessors who assumed the medical model. As Seligman (2007) phrased the goal of positive psychology, it was not simply to move people from –3 to zero or the relieving of negative states, but also from +2 to +5 as the presence of positive human health. Thus the positive state points towards more than merely the absence of the negative. This perspective was adopted as backdrop for the current investigation of youth mental health.

Within the positive paradigm Keyes's continuum of mental health model is taken as a point of departure. According to this model mental health can be viewed as existing on a continuum from pathology to optimal functioning. Strictly speaking he proposes that psychopathology and psychological well-being are two different, but negatively correlated dimensions of human functioning. On the positive health dimension (upper part of the continuum) he identifies three levels of well-being or mental health, namely languishing (i.e. low levels of emotional, social and psychological well-being), moderate mental health, and flourishing (i.e. high levels of emotional, social and psychological well-being, i.e. complete mental health or optimal human functioning). Individuals who are moderately psychologically healthy have scores between flourishing and languishing. These levels of mental health can be

determined with his Mental Health Continuum Scale (MHC-SF) that measures emotional, psychological/personal and social well-being.

Potential benefits of this study.

The contribution of this study is that it may provide information on the prevalence of levels of mental health of a group of South African adolescents, and also information on adolescents' understanding and perceptions of well-being that may be used in future to develop interventions aimed at enhancing and promoting well-being.

Aims of the study.

The aims of the empirical study were to explore firstly, the levels of psychosocial health (i.e. the prevalence of languishing, moderate mental health and flourishing) in a group of South African adolescents, and secondly, to develop an understanding of teenagers' conceptions and experiences of psychosocial well-being (flourishing) and of the absence of psychosocial health (languishing/ill-being). This information is necessary with a view to the development of specifically targeted interventions to promote well-being and flourishing.

Method

The design

An exploratory sequential mixed-method design was implemented. This design draws on both qualitative and quantitative data gathering methods, each conducted rigorously and complete in itself, in one project. The results are integrated to answer the research questions (Ivankova, Creswell, & Stick, 2006). Mixed method's general strength is found in their possibility to complement traditional (mostly empirical) quantitative methods with deeper insight-rendering qualitative methods and interpretations (Johnson, Onwuegbuzie, & Turner, 2007). In the current study the mixed method design was used in the following way: Firstly questionnaires were completed in a one-shot cross-sectional survey design (to determine the mean levels and prevalence of the various degrees of mental health). Secondly, structured interviews followed with a selected group of participants from the quantitative wave of data collection to qualitatively explore their understanding of the manifestations of well-being and the absence thereof.

Participants

Adolescent learners from three secondary schools (N=665) took part in this study. These schools were chosen since they present a variety of South Africa's people, namely Afrikaans,

English and Xhosa-speaking youngsters, i.e. whites (Caucasian), persons of colour and blacks, and were situated in various socio-economic environments. As far as gender is concerned, the group consisted of 214 male participants and 451 female participants. Participants were between 15 and 17 years old. Of the participants 66% were white, 31% were persons of colour and 3% were black.

Researchers

The first author is a lecturer in Psychology, experienced in qualitative research and interested in community development. The second author is an experienced supervisor and expert in positive psychology.

Data gathering

The mixed-methods design consists of two distinct phases: Quantitative followed by qualitative (Ivankova et al., 2006). Convenience sampling took place (voluntary participants for whom parents also provided consent).

Quantitative data collection: Measures of psychosocial well-being and health

The selected questionnaires were completed in English, as all the participants were fluent in the English language, and English is their language of tuition. The following measures were implemented:

The Mental Health Continuum-Short Form (MHC-SF) (Keyes, 2005, 2006). The MHC-SF was specifically developed to measure the various levels of mental health on the upper end of the mental health continuum. The MHC-SF consists of 14 items. It measures the degree of 1) emotional well-being (EWB) (items 1-3) as defined in terms of positive affect and satisfaction with life; 2) social well-being (SWB) (items 4-8) as described in Keyes's (1998) model of SWB (one item on each of the facets of social acceptance, social actualisation, social contribution, social coherence and social integration); and 3) psychological well-being (PWB) (items 9-14) as described in Ryff's (1989) model (including one item on each of the dimensions of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance). Wissing et al. (2008) reported Cronbach alphas of 0.75 to 0.90 for the MHC-SF in four different South African samples. The Cronbach alpha in the current study was 0.87.

The Ego Resiliency Scale (ERS) (Block & Kremen, 1996). The ERS measures ego-resilience and consists of 14 items, each responded to on a 4-point scale (1 = "does not apply at

all" to 4 = "applies very strongly"). Block and Kremen (1996) report a Cronbach alpha of 0.76 for this scale. Cronbach alpha for the current study was 0.74.

The Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffen, 1985). The 5-item SWLS measures a person's general satisfaction with life on a cognitive-judgmental level, and as evaluated according to own criteria. Cronbach alpha reliabilities reported vary between 0.79 and 0.89 (Pavot & Diener, 1993) and 0.84 and 0.79 in South African samples (Wissing & Van Eeden, 2002). In the current study a Cronbach reliability of 0.77 was found.

The Affectometer 2 (short version) (AFM) (Kammann & Flett, 1983). The AFM was developed to measure a general sense of well-being or general happiness and measures positive affect (PA), negative affect (NA), and affect balance (PA-NA). The 20-sentence item scale was used in the present research. Questions are rated on a scale ranging from 1 (not at all) to 5 (all the time). The more positive affect predominates over negative affect, the higher the overall level of well-being. Kammann and Flett (1983) reported a Cronbach alpha of 0.88 and they also reported indications of validity. Cronbach alphas in South African samples vary from 0.81 to 0.92 (Wissing & Van Eeden, 2002). The following Cronbach alpha reliabilities were found in the current study: 0.79 (PA) and 0.83 (NA).

Qualitative data collection

To determine the perception and experience-realities of South Africa's adolescents, twenty-four participants were selected: eight from each of the flourishing, moderate mentally healthy and languishing sub-groups. Data were gathered by means of open-ended questions during personal interviews on a one-to-one basis. Questions were asked to investigate youngsters' experience and understanding of youth mental health, specifically with regard to flourishing and the absence of well-being. These adolescents were presented with questions such as: "What is your understanding of thriving youth in South Africa?"; "Which indicators of well-being would you value of great importance?"; "How does positive functioning occur in your own life?"; "Provide examples regarding optimal experience in your daily activities"; "What is your understanding of the absence of well-being /ill-being and adolescents who do not experience flourishing?"; "In what way does impaired functioning take place in your life?; and "Offer some examples how you experience poor functioning on a daily basis?". These interviews were audio taped and each interview was transcribed word by word (Creswell, 2005).

Procedure and ethical concerns

Permission to conduct research was obtained from the Western Cape Department of Education in 2007. Meetings with each one of the headmasters of the three schools were held in order to obtain their permission to conduct the current study. The support of these headmasters was also important to obtain the co-operation and the assistance of the teachers involved. The informed consent of potential participants' parents was sought, as well as the voluntary consent of participants by means of consent forms explaining the aim of the study. Participants gave their consent and were informed of their rights to withdraw from the study at any stage and that all data would be treated confidentially. Parents were requested to give their permission. Approval was obtained from the Ethics Committee of the North-West University for this project (approval number: NWU-00002-07-A2).

Data Analysis

Concerning the quantitative data, descriptive statistics and reliability indices (Cronbach alphas) were established for all measuring instruments, and frequencies determined for the various categories of mental health according to the criteria stipulated for the MHC-SF.

Qualitative analysis was done according to the technique of thematic analysis (Creswell, 2005), since it allows the deduction, in a systematic way, of the identification of specific features of texts. The raw data, namely the transcribed reports of the interviews were read and re-read. Meaningful themes were extracted and grouped into higher order categories corresponding to thematic patterns (Creswell, 2005). The following four steps (Van Manen, 1984, p.2) were used in order to reach a summary of the written reports of the interviews: i) the identification of *Natural Meaning Units* ("...those words, phrases, non-verbal or para-linguistic communications which express a unique and coherent meaning, irrespective of the research question, clearly differentiated from that which precedes and follows" - Van Manen, 1984). Words, such as (participant F1):

" *'n Skitterbestaan is dat my drome en die drome van ander waargemaak kan word: Basies op die Kaapse vlakte - I've seen it all - is fondasies gelê, maar almal het nie sterk persoonlikhede – due to circumstances – om sterk te staan nie. Hulle soek 'happiness en satisfaction in life' en liefde, maar hulle soek dit op verkeerde plekke. Hulle het wel talente soos sport – gaan verlore met 'gangsters', ons moet hulle help sodat hulle ook hulle drome_kan bereik, want 'ons is leaders of tomorrow' en ons moet mekaar help om sterk te staan en misdaad te beveg want anders gaan ons generation to waste.* "

ii) The NMUs relevant to the research question were highlighted, e.g.

" 'n Skitterbestaan beteken die verwerkliking van jou drome" [Flourishing means the realisation of your dreams.]

iii) These NMUs were grouped into related essences.

iv) From the selected NMUs the related essences were produced, and eventually by means of the grouping of these essences, meaningful themes and categories were identified.

In order to assess the validity and trustworthiness of the research results, the identified themes were verified in discussions with a smaller representative group of the grade ten learners (member checking), with the study promoter, as well as two independent professional persons, namely Ms M. Le Roux (Stellenbosch University: Department of Psychology) and Dr. P. Nel (Western Cape University: Department of Industrial Psychology). Validity was also obtained through the application of the phenomenological method of bracketing, in other words the researcher's prejudices, assumptions and beliefs were listed and in as far as possible avoided in order to allow the research data to speak for themselves. This analytical process was, therefore, characterised by constant critical reflection as well as the discussions referred to above.

Results

In this section the results from both phases of the study will be given.

Quantitative results

Descriptive statistics and reliability indices for all measures. Table 1 shows the descriptive statistics and Cronbach alpha coefficients of the various measuring instruments. Mean scores and standard deviations are shown for all measures, and are more or less in line with those reported in the literature. The alpha coefficients of all the scales were acceptable compared to the guideline of 0.70 (Kerlinger & Lee, 2000).

[Insert Table 1 about here]

The prevalence of the various levels of mental health

The prevalence of the degrees of psychosocial well-being in three secondary schools is shown in Table 2. It is clear that the percentages of participants on the various levels of well-being, as conceptualised in Keyes's model of positive mental health, is more or less the same in the three schools, and similar to those reported by Keyes (2006) for USA adolescents. In this South African sample of adolescents 42% are flourishing, 5% are languishing, and 53 % are

moderately mentally healthy. Thus approximately 60%, are not functioning optimally (i.e. flourishing).

[Insert Table 2 about here]

Correlations

The MHC-SF (total score) correlated .58 with the ERS, .59 with the SWLS, .67 with the AFM:PA and -.46 with the AFM:NA. Scores on the MHC-SF implemented to determine the percentages of participants on various levels of mental health thus correspond to a great extent with other scales measuring related facets of well-being, namely the degree of resilience, satisfaction with life, and positive affect.

Qualitative results

The transcribed reports of the twenty-four interviewees were analysed and meaningful themes were identified. A table is used as a synopsis to summarise the identified themes and categories regarding youths' understanding and experience of flourishing and languishing. The following themes were identified regarding flourishing, as the presence of psychosocial well-being (see Table 3): Purposeful living and meaning; positive relationships; role-models; self-confidence and self-regard; constructive life-style; constructive coping; positive emotions and approach behaviour.

[Insert Table 3 about here]

Psychosocial well-being was described by the participants as referring to : 1) Purposeful living and meaning, which entails the successful achievements of goals ("*Jy moet 'n motto hê: 'By great disappointment comes great achievement' – en great achievement kom met harde werk: Ek het dit by my pa geleer. Jy moet doelwitte hê.*" [You must have a motto: By great dissapointment comes great achievement – and great achievement comes with hard work: My father taught me that. You must have goals.]; 2) the positive experience of relationships with parents ("*Dis as jy liefde kry van jou moeder; as jy 'n goeie verhouding met haar het en jy gee vir haar 'n drukkie en jy sê vir haar jy's lief vir haar*") [It is when you experience your mother's love; when you have a good relationship with her and you give her a hug and you tell her that you love her.]; and friends ("*Om goeie vriendinne te hê; dis heel goeters – dis die main dinge*") [To have good friends; that is important – that is the main thing.]; and a powerful relationship with God ("'*n Mens besef dat 'goeie leef' is om God se pad te stap. Jy leef oorwinnend en met*

gesag") [A person realises that "the good life" is to walk with God. You live victoriously and with authority.]; 3) being a good role-model (*"n Persoon wat 'n goeie voorbeeld vir ander stel: 'n Rol-model...die ander wil soos dié persoon wees.")*[A person who sets a good example for others: 'A role-model.... others want to be like that person.*]* ; 4) self-confidence and self-regard (*"As iemand 'n vertrek instap en positiwiteit uitstraal en asof jy altyd in 'n goeie bui is")*[When somebody enters a room and radiates positivity, like you are always in a good mood.]; 5) constructive life-style (*"Jy moet 'n gesonde leefstyl hê: 'n Goed gebalanseerde lewe - dat jy nie te hard werk nie, ook tyd het vir sport en ontspanning")*[You must have a healthy life-style: A well-balanced life – so that you are not working too hard, you must also have time for sport and recreation.] ; 6) constructive coping *("Jy moet kan uitstyg bo moeilike omstandighede soos armoede en ten spyte van onderwysers se swak gedrag, byvoorbeeld wanpraktyke soos seksuele gunsies wat ge-eis word sodat jy goeie punte kan kry.*")[You must be able to overcome difficult circumstances such as poverty and in spite of teachers' bad behaviour, e.g. malpractices like sexual favours that are demanded in order to get good marks.]; and 7) positive emotions and gratitude (*"Die beste is as ek wakkerword, dan dink ek aan iets waarvoor ek* dankbaar is *en dan is die dag wonderlik.")*[The best is when I wake up, then I think about being grateful for something, and then it is a wonderful day].

The following themes were identified regarding languishing as the absence of psychosocial well-being (see Table 4): Meaninglessness ("not going anywhere"); impaired relationships; identification with dysfunctional outsiders; self-incompetence; dysfunctional behaviours; negative emotions and denial of emotions; and helplessness.

[Insert Table 4 about here]

The absence of mental health, i.e. the lower levels of well-being, was experienced and understood as: 1) Meaninglessness ("not going anywhere") which will be revealed as ruined efforts to attain goal attainment (*"Dis soos die voortydige opskorting van jou skoolloopbaan*") [That is like not completing your school-education]; 2) impaired relationships with parents/primary care-givers, friends and other persons such as showing a lack of respect for others (*"Die wat ander seermaak ... hulle het potensiaal vir negatiewe goed soos huise inbreek: hy kan 'n lock pick in 20 sekondes en alarms disconnect*") [Those who harm others ... they have the potential for negative activities, such as being a thief – he can 'pick a lock" in 20 seconds and disconnect alarms.] and a powerless relationship with God (*"As jy weet: Niks is perfek nie en jy ken nie God se versorging nie.*") [When you know that nothing is perfect, and you do not experience God's provision]; 3) identification with dysfunctional outsiders, e.g. interaction with

peers who set a poor example by being involved with illegal practices such as committing crime; 4) self-incompetence (*"As jy 'sentimentally attached' is aan die verlede en 'mope' net daaoroor, jy het 'n swak self-beeld; jy sit te veel vas in 'what if' en gebruik nie jou kanse nie, jy's nie gelukkig nie...jy's kwaad."*) [When you are sentimentally attached to the past and you think about it continuously, you have a poor self-image and are stuck in "what if" and you do no have an openness for present opportunities, you are not a happy person ... you are angry]; (*"Jy het 'n 'attitude'...jy wil nie geleer word nie en baklei maklik met ander."*[You have an 'attitude'...you do not want to be taught and you fight a lot with others.] 5) dysfunctional behaviours (*"...as jy dronk word en gaan dagga gebruik en hulle dink een of twee keer gaan niks maak nie, maar een, twee, drie en jy is gehook en dit beïnvloed die res van jou lewe en moet jy op die straathoeke sit"*.["...when you are drunk and smoke marijuana and think that once or twice it would not affect you, but, before long you will be hooked and it will influence the rest of your life and you will sit on the street corners."]; 6) negative emotions and denial of emotions *("Ek is in die jaar gediagnoseer met depressie..., jy verloor jou waardering vir alles. ...as ek myself gesny het, dan het jy 'n "adrenalien rush". Toe kry ek baie selfmoordgedagtes..."* ["*I've been diagnosed with depression...., you lose your appreciation for everything....when I cut myself, then I experience a adrenalin-rush. I thought a lot about suicide"*]; and finally, 7) helplessness (*"Om in 'n plakkerskamp te leef...misdaad bedreig ons veiligheid.... Ek vrees om verkrag te word – daai vrees!")* [To live in a shack....crime is a constant threat for our safety.... I am terrified of being raped – that fear!].

Quantitative and qualitative results are integrated in the discussion.

Discussion

The aim of this study was to explore the levels of psychosocial health (i.e. the prevalence of languishing, moderate mental health and flourishing) in a group of South African adolescents, and to develop an understanding of their conceptions and experiences of psychosocial well-being (flourishing) and of the absence of psychosocial health (languishing/ill-being). A mixed-method design was implemented and findings from both the quantitative and the qualitative phases are discussed and integrated in this section in order to describe this group of adolescents' level of psychosocial well-being as well as their experiences and understanding of flourishing/optimal functioning and languishing/absence of well-being.

Levels of psychosocial well-being.

Findings indicated that only 42 % of participants were flourishing, while 58% were not functioning optimally, as measured with the Mental Health Continuum – Short Form (MHC-SF). Qualitative data showed that some participants even experienced symptoms of severe depression

and other forms of pathology. Previous research indicated that high levels of wellness and flourishing are of key importance for any community or corporation, and that governments would want to protect or to promote this preferred condition in its citizens (Keyes, 2005a, 2006, 2007). As most adolescents in this study are not categorised as flourishing youth, it leaves the door wide open for conditions of vulnerability. This is of crucial importance with regard to adolescents, given that mental illness is common in youth and that it obstructs their emotional, social and academic development, as also contributes to the high incidence of self-harm, and risk behaviours among youngsters. The absence of well-being may reduce the possibility of carrying out tasks, such as completing their academic careers, establishing themselves in the job market, and building romantic relationships Since mental health service needs are mostly not met in LAMEC, such as South Africa, it is clear that efforts should be aimed at prevention, i.e. lessening the probability of suffering mental health problems and also at promotion i.e. actively enhancing positive psychological well-being to build resources and strengths. This implies intervening at the earliest stage to guide adolescents towards higher levels of positive health, i.e. flourishing and where necessary to restore health, rather than to wait to manage a chronic illness.

Findings on other measures of well-being (tapping into satisfaction with life, ego-resiliency, and positive affect), based on theoretical perspectives somewhat different from that of Keyes's scale, correlated significantly with those on the Mental Health Continuum although the former scales do not have directly corresponding norms. This indicates that the spread of levels of psychosocial well-being as determined by Keyes's Mental Health Continuum scale (from languishing to flourishing), is also manifested in the other measures. The participants' mean score of 23.3 on the SWLS indicates that this group is "slightly satisfied" according to the cut-off points indicated for this category by Pavot and Diener (2008), namely SWLS=21-25. They are thus not "extremely satisfied" (SWLS=31-35) nor "satisfied" (SWLS=26-30). This finding corresponds with the fact that two-thirds of the participants were moderately mentally healthy as indicated by the MHC-SF. Wissing, Wissing et al. (2008) reported similar scores on the SWLS for two student groups, namely 24.8 (SD=5.8) for white students and 24.2 (SD=5.1) for black students indicating that youth in these groups are only slightly satisfied with life. The participants' mean score of 42.63 on the ERS is similar to that found by Botha, Wissing, Vorster, and Schutte, (2006) for adult women, namely, 42.8, and a bit lower than that the 49.9 (SD=6.3) for African-American undergraduate students reported by Utsey, Hook, Fisher, & Belvet (2008). No norms are available. The participants' mean score of 36.31 on the AFM_PA is similar to that found by Bosman, Rothmann and Buitendach, (2005), namely 35.87, and that reported by Wissing et al. (2008), namely 37.5 (SD=5.7) for white students, and 37.2 (SD=5.2) for black students. The participants' mean score of 22.6 on the AFM_NA is a bit lower than the 26.2

found by Bosman et al. (2005), but similar to that reported by Wissing, Wissing et al. (2008), namely 20.7 (SD=6.7) for white students and 23.5 (SD=7.4) for black students. No norms are available for levels of scores on the AFM. The participants' mean score of 42.91 on the MHC-SF is similar, although lesser than that found in a study done with students (N=1477) done by Wissing, Potgieter et al. (2008), namely 47.9. Quantitative data thus indicate that most participants manifested only a moderate level of psychological, social and emotional well-being, as well as satisfaction with life, degree of ego-resilience and positive affect.

The quality of well-being/absence of well-being.

Qualitative analyses revealed that this group of South African adolescents experienced both the presence of psychosocial health and also indicators of the absence of well-being. The notion of "flourishing" was understood and experienced as purposeful living; positive relationships; being a role-model; self-confidence and self-liking; a constructive life-style; constructive coping; and the experience of positive functioning and positive emotions within "normal" everyday activities. These identified themes found in the qualitative data correspond to a great extent to facets tapped into with the quantitative instruments, e.g. relationships, ego-resiliency and autonomy, zest for life and the importance of positive affect.

This group of South African adolescents' experiences and understanding of languishing i.e. the absence of positive health involves the following: *Helplessness* and high levels of stress as well as increased levels of pain and anxiety associated with the continuous exposure to negative environmental conditions e.g. poverty, crime, and ecological problems; *negative and destructive behaviours* and participating in high risk behaviour, such as drugs and sexual activities; *low levels of self-confidence and a lack of assertiveness* such as feelings of being worthless and not attending school; grouping with and modelling *negative examples* such as interaction with peers who set a poor example by being involved with illegal practices, such as committing crime; *impaired relationships* and the experience of broken homes (many youths are "broken" because their parents/care-givers are "broken"), using the television as a surrogate caregiver and the experience of unmet emotional needs and absent parents; *ineffective coping* and the denial of intense emotions e.g. dealing with parents' divorce; and finally, *the absence of purposeful living* which entails being pessimistic regarding important issues, such as a) not having a job when they leave school, b) losing their parents, c) not being successful and d) HIV/AIDS. These aspects – experienced as representing the absence of psychosocial well-being – refer to intra-psychological facets and individual behaviours, but also to contextual challenges and risk factors.

Youth in the present sample thus clearly associate different experiences and behaviours with flourishing/well-being on the one hand and languishing/absence of well-being on the other

hand. However, as the prevalence of various levels of psychosocial well-being in this sample indicates (58% are not flourishing), they do not seem to find the road to flourishing on their own. Previous findings have shown that psychosocial well-being deteriorates into adulthood (Keyes, 2007), and that it is an erroneous assumption that a focus on the eradication of diseases and disorders should by itself lead to the presence of high levels of psychosocial well-being. Therefore, it is of crucial importance to facilitate well-being in adolescents in order for them to flourish, as indicated by Keyes (2006).

Intervention programmes indicated.

It is suggested that interventions intended to build psychological resources and strengths should be considered to enhance South African youngsters' psychosocial well-being. Keyes's model of complete mental health may be an appropriate theoretical backdrop to such an intervention. Programmes aimed at the promotion of positive development and resilience in youth can also take into account the present study's findings on adolescents' view of psychosocial well-being, referring to diverse other facets such as constructive coping, positive affect, and finding meaning and purpose in life. Relevant additional theoretical models that could be incorporated in such intervention programmes may be Fredrickson's (2001) broaden-and-build model of positive emotions and Snyder's (2005) hope theory.

Limitations of this study.

The current study had several limitations: As a convenience sample of schools and adolescents took part in the study, these findings are not representative of all adolescents in South Africa, and conclusions cannot be generalised to all youth. Although several cultural groups were part of this investigation, the various cultural groups were not proportionally represented in all the schools where the study was conducted. Further studies, particularly on the prevalence of various levels of well-being, are necessary with other and more representative samples, and specifically also in more rural African areas. However, this study is the first in South Africa to indicate the prevalence of various levels of psychosocial well-being in a group of high school learners/youth, and it contributes to a better understanding of youth's own perceptions of what well-being (as contrary to absence of well-being) entails. It also points to the need to facilitate youths' well-being in order to benefit society as a whole.

Recommendations.

Future research should also explore the prevalence of psychosocial well-being in other groups of young people, and determine their specific needs and what is necessary to develop higher levels of psychosocial well-being in various environmental and socio-economic contexts. It is suggested that the experience of flourishing in South Africa as a developing country, could be facilitated differently than in first world countries, since issues such as child headed

households, poverty, poor educational opportunities, crime and the other impacts of HIV/AIDS need to be borne in mind. Thus, wellness enhancement programmes should also focus on risk reduction and alleviating symptoms. It should be established what is required to assist adolescents in all the diverse contexts to lead more highly satisfying and functioning lives. Such investigation is needed as more than "quick fixes" are necessary. In a country such as South Africa diverse cultures are represented and need to be taken into account, and justice done to the structural complexity of the interconnectedness of self and society, without losing sight of important notions such as autonomy and sense of community. The role of constructing meaning in everyday living circumstances specifically needs to be examined, since most youngsters will agree on pro-social values, but the mere availability of information does not entail the successful implementation within concrete situations.

Conclusion.

As the majority of this group of participants was not flourishing, and as young people are the future of any society, interventions are indicated. Government policies and financial investments should play a more crucial role in the long-term development of this invaluable resource. In order to optimise adolescents' functioning, strengths, deficiencies building resources and the amelioration of stressors/risk factors should be addressed. The way forward is to develop and evaluate programmes utilising the current findings on psychosocial well-being and the identified themes entailing the facets/markers of flourishing with a view to facilitate adolescents' capacity to reach their "full psychological height" as referred to by Maslow (1954, p.354).

References

Block, J., & Kremen, A. (1996). IQ and ego resiliency: Conceptual and empirical connections and separateness. *Journal of personality and social psychology, 70*, 349-361.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behaviour change. *Psychological Review, 84,* 191-215.

Bosman, J., Rothmann, S., & Buitendach, J.H. (2005). Job insecurity, burnout and work engagement: The impact of positive and negative affectivity. *SA Journal of Industrial* Psychology, 31 (4), 48-56.

Botha, E., Wissing, M.P., Vorster, H.H.,& Schutte, A (2006). Psychological Well-being and biological correlates: The POWIRS project (unpublished).

Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist, 55*(1), 34-43.

Diener, E., Emmons, R., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment, 49*(1), 71-75.

Creswell, J.W., (2005). *Qualitative inquiry and research design: Choosing among five traditions.* London: Sage Publications.

Flisher, A.J., Lund, C., Funk, M., Banda, M., Bhana, A., Doku,V., Drew, N.,. Kigozi, F.N., Knapp, M., Omar, M., Petersen, I., & Green, A. (2007). Mental Health Policy Development and Implementation in four African Countries. *Journal of Health Psychology, 12*(3), 505–516.

Ivankova, N.V., Creswell, J.W., & Stick, S.L. (2006). Using mixed-methods sequential explanatory design: From theory to practice. *Fields methods, 18*(1), 3-20

Johnson, R.B., Onwuegbuzie, A.J., & Turner, L.A. (2007). Toward a definition of mixed methods research. *Journal of mixed methods research, 1*(2). 112-133.

Kammann, R., Flett, R. (1983). Affectometer 2: A scale to measure current levels of general happiness. *Australian Journal of Psychology, 35*, 259-265.

Kerlinger, F.N., & Lee, H.B. (2000). *Foundations of behavioural research* (4th ed). Orlando: Harcourt College Publishers.

Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly, 61*, 121-140.

Keyes, C.L.M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behaviour, 43*, 207-222.

Keyes, C.L.M. (2003). Complete mental health: An agenda for the 21st century. In C.L.M. Keyes & J. Haidt (Eds.), *Flourishing: Positive Psychology and the life well-lived* (pp. 293-312). Washington, DC: American Psychological Association Press.

Keyes, C. L. M. (2004). The nexus of cardiovascular disease and depression revisited: The complete mental health perspective and the moderating role of age and gender. *Aging and Mental Health, 8*, 266-274.

Keyes, C. L. M. (2005a). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*, 539-548.

Keyes, C. L. M. (2005b). Chronic physical conditions and aging: Is mental health a potential protective factor? *Aging International, 30*(1), 88-104.

Keyes, C.L.M. (2006). Mental health in adolescence: Is America's youth flourishing? *American Journal of Orthopsychiatry, 76*, 395-402.

Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing. *American Psychologist, 62*(2), 95-108.

Keyes, C.L.M. (2009). The nature and importance of positive mental health in America's adolescents. In Gilman, Huebner & Furlong (Ed.), *Handbook of Positive Psychology in schools.* New York: Routledge.

Keyes, C. L. M., Wissing, M. P., Potgieter, J., Temane, Q. M., Kruger, A. & Van Rooy, S. (2008). Evaluation of the Mental Health Continuum Short Form (MHC-SF) in Setswana speaking South Africans. *Clinical Psychology and Psychotherapy (An International Journal of Theory and Practice), 15,* 181-192.

King, R.A., Schwab-Stone, M., Flisher, A.J., Greenwald, S., Kramer, R.A., Goodman, S.H., Lahey, B.B., Shaffer, D., Gould, M.S. (2001). Psychosocial and risk behaviour correlates of youth suicide attempts and suicide ideation. *Journal of American academy of child and adolescent psychiatry, 40*(7).

Louw, D. (2007). *Violent crime in South Africa: A psychologist's – not necessarily a psychological – perspective.* Paper presented at the Symposium on violent crime, Faculty of Law, Free State University.

Maslow, A.H. (1954). *Motivation and Personality.* New York: Harper and Row.

Patel, V., Flisher, A.J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *Adolescent Health,* www.thelancet.com Vol 369.

Patel, V., Flisher, A.J., Nikapota, A., & Malhotra S. (2008). Promoting child and adolescent mental health in low and middle income countries. *Journal of Child Psychology and Psychiatry, 49*(3), 313–334.

Pavot, W. & Diener, E. (1993). Review of the Satisfaction with Life Scale. *Psychological Assessment, 5*(2), 164-172.

Pavot, W. & Diener, E. (2008). The Satisfaction with Life Scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology, 2,* 137-152.

Peterson C. (2006). *The values in action (VIA) classification of strengths.* In M. Csikszentmihalyi, & I.S Csikszentmihalyi (Eds.), *A life worth living: Contributions to Positive Psychology.* New York: Oxford University Press.

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*(6), 1069-1081.

Ryff, C.D., & Singer, B. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Psychosomatics, 65*, 14-23.

Ryff, C., & Singer, B. (1998). The role of purpose in life and personal growth in positive human health. In P. T. P. Wong, & P. S. Fry (Eds.), The human quest for meaning: A handbook of psychological research and clinical applications (pp. 213–235). Mahwah, NJ: Lawrence Erlbaum Associates.

SACENDU - South African community epidemiology network on drug use (2008). Medical Research Council, Phase 25, South Africa.

Utsey, S.O., Hook, J.N., Belvet, B., & Fischer, N. (2008). Influence of cultural orientation, ego resilience, and optimism on the subjective well-being of African Americans. *Journal of Positive Psychology.*

Seligman, M.E.P. (2007). *Authentic happiness.* London: Nicholas Brealey Publishing. (Original work published 2002).

Snyder, C.R., Rand, K.L., & Sigmon, D.R. (2005). Hope theory: A member of the positive psychology family. In C.R. Snyder and S.J. Lopez (Eds.), *Handbook of positive psychology* (pp. 257-276). New York, New York: Oxford University Press.

Van Manen, M. (1984). *Doing phenomenological research and writing: An introduction* (Monograph 7: Curriculum Praxis monograph series).

Wissing, M.P., Potgieter, J., Temane, M., Oosthuizen, T., Nienaber, A., Van Rooy, S., Combrinck, I., Van Wyk, M., & Kruger, A. (2008). Levels of Psychological Well-being: Prevalence, concomitants and challenges in theory and practice. Paper presented at 4th European Positive Psychology Conference in Opatje/ Rijeka, Croatia, 1-4 July .

Wissing, M.P., & Van Eeden, C. (2002). Empirical clarification of the nature of psychological well-being. *South African Journal of Psychology, 32*, 32-44.

Wissing, J.A.B., Wissing, M.P., Du Toit, M.M. & Temane, Q.M. (2008). Psychometric properties of Various Scales Measuring Psychological Well-Being in a South African Context: The FORT 1 Project. *Journal of Psychology in Africa, 18*(4), 511-520.

Wegner, L., Flisher, A.J., Caldwell L. L., Vergnani, T., & Smith E. A. (2007). Healthwise South Africa: cultural adaptation of a school-based risk prevention programme. *Health Education Research Advance Access.*

Zdunek, G., Gray, C., Lambertz, B., Licht, N., & Rux, E., (2003). *Approaches to reduce youth poverty in Cape Town, South Africa.* Retrieved on 5 March 2007 from www.developmentgoals.org.

Acknowledgements

Financial assistance provided by the National Research Foundation (NRF) is hereby acknowledged. Opinions expressed and conclusions drawn in this study are those of the authors and are not to be attributed to the NRF.

Table: 1 Descriptive statistics and alpha coefficients of the measuring instruments

Measures	Mean	SD	Range of scores		α
			min.	max.	
MHCSF_EWB	10.42	2.70	0	15	
MHCSF_SWB	10.81	5.06	0	24	
MHCSF_PWB	21.66	5.52	0	30	
MHCSF_Tot	42.91	11.04	4	68	0.87
ERS_Tot	42.63	5.68	12	60	0.74
SWLS	23.33	5.94	5	35	0.77
AFM_PA	36.31	6.25	14	50	0.79
AFM_NA	22.60	7.38	10	48	0.83

Note: MHC-SF=Mental Health Continuum-Short Form; The Ego Resiliency Scale (ERS); SWLS= Satisfaction with Life Scale; AFM= Affectometer 2 (short version)

Table 2. The prevalence of levels of mental health of learners (15-17 years) in three South African secondary schools in comparison with findings for USA Youth (12-18 years)

Schools	Number of Participants	Languishing	Moderately Mentally Healthy	Flourishing
1	300	4%	57%	39%
2	181	6%	50%	45%
3	184	8%	49%	44%
Total SA	665	5%	53%	42%
USA-Youth (Keyes-2006; 2007)	1,234	6%	56%	38%

Table 3. Identified Themes: Flourishing

Identified categories/themes	Subtitles	Description of themes
1. Purposeful living and meaning (dream realisation)	**Successful achievements of goals**	The achievement of dreams while enjoying the support of others, regardless of negative environmental influences; the realisation of full potential such as academic success and also many other activities; to empower others to develop their talents and competencies; dream-achievement entails more than mere financial wealth; being focused regarding physical, spiritual and mental growth; the ability to make good choices concerning the future.
2. Positive Relationships	**2.1Parents/Primary care** 2.1.1 Positive attachment	2.1.1 The importance of a strong, supportive and happy family; effective communication and mutual respect; obedience; assisting their parents – daily activities; effective discipline; being provided for; loving encouragement.
	2.2 Friends and other 2.2.1 Positive relations	2.2.1 Supportive friends – in good as well as difficult times the constructive management of problems; guidance concerning good choices; mutual respect; loving and committed attachment; the sharing of positive emotions e.g. joy and happiness and fun-activities; positive relations with friends as well as teachers; effective communication and the role of empathetic listening; the experience of compassion when friends have to face difficulties; respect for other individuals.
	2.3 God 2.3.1 Positive relationship	2.3.1 The experience of having a strong faith in the Higher Power; the committed quest for God's plan for one's life; acquiring insight regarding life as well as guidance concerning important decisions about the future; Living God's way - the "good life" as a victor and with authority.
3. Role-models	**Excellent role-models**	Maintaining admirable relationship with role-model teachers; The importance to pursue and to trust outstanding role-models; to experience role-models as honest and accessible; parents as wise role-models – constant encouragement
4. Self-confidence and self-regard ("self-liking")	**Positive self-image**	Understanding self and compassion towards others; Obeying parents; Defeating the victim-mentality of the past with hope for the future; Neatly clothed and tidy appearance

5. Constructive lifestyle	**Responsible and healthy choices**	Accepts responsibility for physical, mental and spiritual health; The absence of destructive substances; Balanced lifestyle – work and play.
6. Constructive coping	**Outstanding coping mechanisms**	The awareness of own strengths and talents; focussed on solution of problems; honest managing of intense emotions; Constructive management of conflict; First-rate time-management.
7. Positive emotions and approach behaviour	**Blossoming and the overcoming of difficulties – daily basis**	The role of gratitude; being a joyful person with "boldness"; appropriate behaviour; flourishing within the "normal" everyday activities; the role of self-discipline and responsibility (agency); The role of appreciation – persons, pets and nature.

Table 4. Identified themes: Languishing/absence of well-being

Identified themes	Subtitles	Description of themes
1. Meaninglessness ("Not going anywhere")	**Absence of purpose/ Failed future (Devoid of purposeful living)**	A Life without purpose and vision; the mere accumulation of financial wealth, success and the abuse of power; premature termination of education; poor academic performance involving the ruining of dream-achievement, e.g. poor marks in Mathematics needed for studies to be qualified as medical practitioner.
2. Impaired relationships	**2.1 Parents/Primary care-takers: Broken relationships**	2.1 Teenagers without parents (orphans) or the experience of not having a supportive family; dysfunctional families and families who cannot manage problems in a constructive manner; the inappropriate disciplinary techniques; negative experiences e.g. divorce and continuous conflict; parents acting in as authoritative/dominating manner and undermining adolescents decision-making; parents not keeping their promises; abuse – verbal and/or physical; not being "brought up" appropriately; adolescents' experience that parents do not trust them; problem-behaviours by parents such as substance-abuse and insufficient loving; Lacking a solid foundation regarding values and social skills.
	2.2 Friends and other negative/destructive relations	2.2 Negative influences of the peer group: e.g. teenagers who abuse substances; the experience of not having friends and being lonely; abusive relationships; in-effective communication; The experience of and the dealing with pain when (close) friends commit suicide 2.2.2 Negative influences of peer group: teenagers who

	2.3 God: Powerless relationship	abuse substances; the experience of not having friends and being lonely; abusive relationships; in-effective communication; the experience of and the dealing with pain when (close) friends commit suicide; abusive relationships; the experience of being ignored or impaired support by friends; the loss of friends and negative influences e.g. feelings of intense unhappiness; destructive management of conflict; the experience of slander and insults; negative peer pressure e.g. to use substances – the fear to be rejected by the group; the mis-use of cell-phones; soul-destroying words and negative attitudes of teachers; the loss of friendship due to substance dependence; lack of compassion and respect towards others. 2.3 When teenagers do not experience A Higher Power's providence and guidance.
3. Identification with dysfunctional outsiders	**Grouping with and modelling negative examples**	Interaction with peers who set a poor example by being involved with illegal practices such as committing crime; those leading destructive life-styles such as substance abuse or dysfunctional behaviours e.g. self-mutilation; the lack of respect towards others.
4. Low self-confidence; low self-regard and avoidance	**In-assertiveness and low levels of self-confidence**	Brooding about the past and feeling sorry for self (self-pity) and not being open for present opportunities; "attitude" of doesn't want to be corrected; a people-pleaser; not being trust-worthy; fear new experiences; impaired support to encourage self; the ineffective dealing with hate due to abusive relationships; low levels of self-confidence; Lacking pride in personal appearance – not

		due to limited financial resources; Being afraid to be honest about emotions; Not motivated; Problems with self-image linked to body-shape; Feelings of being worthless and not attending school.
5. Dysfunctional behaviours	**Negative and destructive behaviours**	Abusing/mis-using alcohol; smoking cigarettes and/or marijuana; taking drugs e.g. TIK; not completing school and falling pregnant; using drugs because of peer-pressure; criminal behaviour; fighting (short-tempered); attitude of being "cool"; the availability of drugs and gangs: Not being taught regarding pro-social values.
6. Negative emotions and denial of emotions	**Manifestation of aggression and lack of compassion**	Focussed on problems; denial of the experience of intense emotions; high levels of stress, e.g. parents' divorce; ineffective coping with hatred; Youngsters/learners fighting with teachers – over-reacting; Argumentative attitude; the misuse of power (learners with wealthy parents); Being negative/not happy and furious; Short-tempered and irritated.
7. Helplessness	**Continuous exposure to fear-inducing experiences**	Negative community influences, such as the enduring exposure to poverty and crime – fear of being raped.

SECTION 3: ARTICLE 2

A WELL-BEING STRATEGY: GUIDELINES FOR THE FACILITATION OF PSYCHOSOCIAL WELL-BEING IN ADOLESCENTS

Submitted to *Acta Academica*

3.1 Guidelines to authors

ACTA ACADEMICA: Instruksies aan skrywers

1. Manuskripte kan in Afrikaans of Engels voorgelê word. Die verlangde lengte van artikels is 7000 woorde terwyl 4 500 woorde as die minimum en 11 000 as die maksimum beskou word.

2. Twee getikte manuskripte moet ingedien word, asook 'n rekenaardisket van die artikel in eenvan die volgende formate: WordPerfect of Word for Windows. Die artikel kan ook per e-pos gestuur word na: Murray.BIB@mail.uovs.ac.za. Instruksies vir teksvoorbereiding op rekenaar is beskikbaar.

3. Manuskripte moet uit die staanspoor persklaar, in finaal geredigeerde, sorgvuldig taalversorgde en volledig afgeronde vorm, voorgelê word. Die Redaksie plaas 'n hoë premie op leesbaarheid, gemaklikheid van styl en duidelike uiteensetting. Wanneer die Redaksie genoodsaak word om substansiële taalversorging te doen, sal die bladfooie betaalbaar deur die betrokke outeurs verdubbel word.

4. Manuskripte word vir publikasie oorweeg met dien verstande dat die Redakteur die reg voorbehou om veranderinge aan te bring wat hy as wenslik beskou om die style en aanbieding in ooreenstemming met die beleid van die Redaksie te bring. Indien aansienlike veranderings nodig is, sal die manuskrip na die skrywer terugverwys word vir regstelling of goedkeuring. Kopiereg word aan *Acta Academica* oorgedra by aanvaarding van publikasie.

5. Titels moet kort en bondig wees. Voorsien gepaste opskrifte waar nodig. Nommer opskrifte in Arabiese syfers met punte, dit wil sê 3. word gevolg deur 3.1 en 3.1.1 (tot hoogstens drie vlakke).

6. Bronverwysings in die teks moet in die Harvardstyl geskied, met slegs die skrywer se van, soos volg: (Coetzee 1986: 234-45).

7. Beperk voetnote tot egte voetnote, dit wil sê inhoudsnotas of -aantekeninge wat tersaaklike toeligting van die teks bevat. Beperk die aantal voetnote tot 'n minimum. Genommerde voetnotas moet onderaan die bladsy verskyn. Die noot se posisieaanduiding in die teks moet in arabiese syfers, in boskrif en sonder enige hakies wees.

8. 'n Volledige bibliografie in die Harvardstyl moet verskaf word, met al.le relevante besonderhede, in die vorm van 'n alfabetiese lys volgens outeur, in die volgende formaat:
Coetzee H J 1977. Inflasie in Suid-Afrika. *Acta Economica* 27(3): 17-36.
Snyman A L 1986. Die rol van menseregte in politieke hervorming. Van Rensburg 1986: 1-34.
Van Rensburg C D (red) 1986. *Menseregte in Suid-Afrika*. 2de uitg. Pretoria: HAUM.

9. Vermy afkortings en akronieme. Dit is verkieslik om alles voluit te skryf (behalwe waar 'n akroniem, byvoorbeeld SAUK, geyk is of herhaaldelik gebruik word).

10. Kursivering moet nie oormatig gebruik word nie; indien wel gebruik, dan as aanduiding van beklemtoning. Geykte Lat ynse terme soos *per se* moet gekursiveer word. Woorde in ander tale moet in aanhalingstekens verskyn.

11. Statistiese en ander tabelle moet van kort opskrifte voorsien word. Die aantal tabelle moet tot 'n minimum beperk word. Beperk die gebruik van wiskundige of soortgelyke simbole en uitdrukkings.

12. Diagramme, sketse en grafieke moet elk op 'n aparte vel papier gereed vir duplisering ingelewer word. Rekenaargrafika wat op 'n laserdrukker geproduseer is, is ook aanvaarbaar. Elke diagram moet 'n kort, verklarende opskrif hê.

13. Indien van toepasing moet besonderhede van die oorsprong van die artikel (byvoorbeeld 'n referaat by 'n kongres) verskaf word.

14. Twee opsommings van nie minder as 100 en nie meer as 120 woorde elk, onderskeidelik in Afrikaans en Engels, moet ingesluit word.

15. Skrywers word uitgenooi om die name, adresse en spesialiteitsvelde van tot drie persone (wat nie aan hulle eie inrigting verbonde is nie) as moontlike artikelbeoordelaars voor te lê. Keuring geskied altyd anoniem.

16. Artikels kan alleen vir beoordeling voorgelê word indien voorsien van 'n verklaring dat dit nie voorheen gepubliseer of vir publikasie elders ingedien is nie.

17. Die skrywer van 'n artikel ontvang 10 oordrukke van sy artikel sowel as een gratis eksemplaar van die betrokke uitgawe van die tydskrif.

18. Meer uitgebreide instruksies en outeursbegeleiding is op aanvraag by die Redakteur beskikbaar. Indien daar weens 'n bepaalde vakgebied se vereistes behoefte is aan 'n ander verwysingstyl as hierbo uiteengesit, kan spesiale versoeke aan die Redakteur gerig word.

19. Stuur manuskripte wat voldoen aan bostaande vereistes aan: Die Redakteur, *Acta Academica*, UV-SASOL-Biblioteek, Posbus 301, Bloemfontein 9300.

Manuscript 3.2 A well-being strategy: Guidelines for the facilitation of psychosocial well-being in adolescents

A WELL-BEING STRATEGY: GUIDELINES FOR THE FACILITATION OF PSYCHOSOCIAL WELL-BEING IN ADOLESCENTS

Izanette van Schalkwyk
Marié P. Wissing

North-West University (Potchefstroom Campus), South Africa

Please address correspondence to Izanette van Schalkwyk, P/a Prof. Dr. M. P. Wissing, School for Psychosocial Behavioural Sciences, North-West University: Potchefstroom Campus, Private Bag X6001, Potchefstroom, 2520, South Africa.

e-mail: izanette@telkomsa.net

e-mail: Marie.Wissing@nwu.ac.za

Tel No.: +27-18-299-1721

Fax: +27-18-299-1730

A WELL-BEING STRATEGY: GUIDELINES FOR THE FACILITATION OF PSYCHOSOCIAL WELL-BEING IN ADOLESCENTS

Abstract

A well-being strategy is proposed for a scientific based intervention to enhance psychosocial wellness and flourishing in adolescents. The strategy facilitates psychological strengths, namely, gratitude, persistence, perspective (wisdom), self-regulation, vitality, and compassion/kindness. These strengths are linked to specific facets of psychological, emotional and social well-being as found in Keyes's model of complete well-being. The building of personal resources entails the mastering of specified skills, which should be implemented on a daily basis. During this process the unmistakable role of habit-formation is stressed, since the acquiring of a well-lived life requires fortitude and time. Thus, the well-being strategy presents a synthesis between the mere understanding of wellness and committed efforts, which will manifest in a range of thoughts, feelings and action.

'N WELWEES-STRATEGIE: RIGLYNE VIR DIE FASILITERING VAN PSIGO-SOSIALE GESONDHEID IN ADOLESSENTE

Opsomming

Die welwees-strategie is ontwikkel om 'n wetenskaplik-gefundeerde intervensie te bied ten einde hoër vlakke van psigo-sosiale welstand in adolessente te bevorder. Die strategie behels die fasilitering van psigologiese sterktes, naamlik dankbaarheid, uithouvermoë, perspektief (wysheid), self-regulering, entoesiasme, en deernis. Hierdie sterktes word gekoppel aan spesifieke fasette van psigologiese, emosionele en sosiale welstand soos gevind in Keyes se model van fleur/"flourishing". Die uitbou van persoonlike hulpbronne behels die bemeestering van spesifieke vaardighede, wat daagliks geïmplementeer moet word. Die rol van inoefening is belangrik in hierdie proses, aangesien die vervulde lewe waagmoed en tyd vereis. Dus bied die welwees-strategie 'n sintese tussen blote inligting en toegewyde inoefening, wat binne die omvang van denke, emosies en handeling sal manifesteer.

1. Introduction

The focus of this study is to present a strategy that is designed to facilitate the enhancement of psychosocial well-being and flourishing in adolescents. This strategy is presented with a view to a systematic development of psychological strengths and flourishing. The well-being strategy is developed within a positive psychology perspective, that is the scientific study of ordinary human strengths and virtues (Seligman & Csikszentmihalyi 2000:5-14; Sheldon & King 2001: 216-217). In this approach there is not only attention to what is wrong with people, but also, and specifically, what is right, how ordinary people

manage life's challenges with resilience in every day life and in difficult times. The synthesis of both the positive and the negative offers a more integrative understanding of the human condition, and provides the impetus to facilitate constructive change and to promote human flourishing and fulfilment.

This chapter is structured as follows: Firstly, the rationale and conceptual background for the proposed strategy is explicated. This includes the motivation to promote psychosocial well-being in youth and a brief explication of the theoretical backdrop of the proposed strategy. The latter will include specifically reference to Keyes's model (2005a: 539-548, 2006: 395-402, 2007: 95-108, 2009: 9-23) of complete mental health, what flourishing means and other perspectives on psychosocial strengths. Secondly, the proposed strategy to enhance psychosocial well-being will be explicated with reference to the aim, content, process and directions for implementation. For the purpose of this study the constructs 'strategy' and 'intervention' will be used as synonyms.

2. Rationale and conceptual background

In this section it will be indicated why interventions to enhance well-being in adolescents are necessary, and also what theoretical models could inform such an intervention.

2.1 The need to promote psychosocial well-being in youth

Empirical findings indicate that most adolescents do not experience high levels of psychosocial well-being: Only 4 in 10 adolescents in the USA may be categorised as flourishing (Keyes 2007: 95-108). Keyes's finding that approximately 60% of American youth do not experience positive mental health was confirmed in South African studies (Van Schalkwyk & Wissing, submitted; Keyes, Wissing, Potgieter, Temane, Kruger & Van Rooy 2008: 181-192). Maddux (2008: 54-70) and Delle Fava and Massimini (2005) emphasised that well-being should be understood in the context of complex interactions between youngsters and the wide range of their life situations. Psychological resources, including the effective managing of difficulties, are important as survival in many developing countries implies the increased possibility that well-being will be "under fire" (cf. Ryff & Singer 2006: 15-36). Effective psychological functioning does not necessarily mean the complete absence of internal or external risk factors that are part of the daily lives of many adolescents. Masten (2001: 227-238) pointed to the manifestations of resilience that can be part of normal development in ordinary everyday living. The proposed well-being strategy will use these ordinary processes with reference to the daily living-experiences of young persons in the pursuit of positive human health.

There are many reasons why it is necessary to enhance psychosocial well-being in adolescents. Firstly, it is argued from a positive psychological perspective, that pathologising does not render the answer to develop higher levels of well-being (Seligman 2005: 3-12); and it is erroneous to assume that being symptom-free would automatically lead to higher levels of well-being (Keyes 2005a: 539-548). In developing countries, such as South Africa, it should be stressed that flourishing requires more specifically biological regulation and successful survival strategies than "quick fixes", and that these do not develop "instinctively" (Damasio 2006; Patel, Flisher, Nikapota & Malhotra: 2008: 313-334). Since most adolescents (60%) do not experience complete mental health (Van Schalkwyk & Wissing, submitted; Keyes 2006: 395-402, 2007: 95-108), it is suggested that positive health may be an important, yet unexplored, protective factor during adolescence. Moreover, research suggests that flourishing may decline, whereas the percentage of only moderate mental health increases during adolescence. It was found that there is approximately a 10% loss of flourishing between youth ages 12-14 and adolescents 15-18 (Keyes 2009: 9-23). These considerations are of the utmost importance for adolescents, not only to master the problems typical of their developmental stage, but also to develop the highest possible levels of well-being as teenagers and ultimately as adults.

Secondly, it is argued that the illness ideology has led to the pathologising of human existence (Maddux 2008: 54-70), and that we need to use the methods of science to understand and to develop psychological wealth (Sheldon & King 2001:216-217). In addition to the lack of adequate knowledge concerning well-being and flourishing, Seligman (2005: 3-12) stated that the answer does not lie in merely correcting weaknesses, but in a focussed perspective on systematically building psychological strengths and competency. Also, previous findings clearly have shown that interventions that target person-centred factors and resources (e.g., character strengths) receive support for their ability to increase their well-being (Suldo, Huebner, Freidrich & Gilman 2009: 27-35).

The development of psychological strengths is needed to develop personal resources and to deal effectively with the negative and destructive impact of languishing. This is supported by growing evidence which shows that certain strengths of character e.g. kindness, self-regulation and wisdom (perspective) can buffer against the negative effects of stress, trauma, and prevent the awakening of disorders (Seligman 2005: 3-12; Peterson & Seligman 2004; Peterson, Park, Pole, D'Andrea & Seligman 2008: 214-217; Joseph & Linley 2006: 1041-1053). Park and Peterson (2009: 65-76) argued that character strengths, manifesting in a range of thoughts, feelings and action, are the foundation of lifelong healthy development, and that they are

essential for the well-being of the entire society. These findings and perspectives support the motivation to focus on the fostering of strengths and virtues in young people.

Thirdly, Ryff and Singer (1996: 14-23) emphasise that the absence of well-being creates conditions of vulnerability, such as depression. Besides, studies have shown that the absence of well-being create further risk conditions, such as suicidal ideation and "unsuccessful" suicide attempts (Wild, Flisher & Lombard 2004: 611-624). A major public health concern in South Africa is risk behaviour among adolescents, who constitute 21% of the country's total population (Wegner, Flisher, Caldwell, Vergnani & Smith 2007). Flisher and colleagues (2007: 505-516) emphasised the need for effective programmes aimed at reducing risk behaviour among South African adolescents.

Fourthly, mental disorders account for a large proportion of the disease burden in young people in all societies (Patel, Flisher, Hetrick & McGorry 2007). Since most mental health needs in young people are unmet, more research is urgently needed to improve the range of affordable and feasible interventions (Flisher, Mathews, Mukoma & Lombard 2006: 982-987). Fifthly, each phase of life requires attention to the particular problems evident in that period (Erikson 1968), and that, for example, young people between the ages of 11 and 21 face problems related to the transition from puberty to adolescence, which could lead to an identity crisis. Although substantial progress has been made in developing effective interventions for problems such as self-mutilation, mental health service needs are greatly unmet in many developing countries (Patel et al. 2008: 313-334). Addressing young people's mental health needs is crucial if they are to fulfil their potential and contribute fully to the development of their communities.

Lastly, while youth development programmes were initially established to support children and families to cope more effectively with existing crises (Catalano, Berglund, Ryan, Lonszak & Hawkins 2004) and in due course focused on prevention, it became clear that a successful transition to adulthood requires *more* than avoiding drugs, school failure, or precocious sexual activity. Several recent youth development programmes now aim at developing adolescents' "internal" assets e.g. commitment to learning, positive values, social competencies and positive identity (Lerner, Almerigi, Theokas & Lerner 2005: 10-16; Lerner, Brentano, Dowling & Anderson 2002:11-33; Peterson & Seligman 2004). Other youth development programmes concentrate on protective factors that function as foundations for healthy development and also reduce problem behaviours by assisting 21st century school curricula in their mission to educate students to be knowledgeable, responsible, socially skilled, and contributing citizens (Greenberg, Weissberg, O'Brien, Zins, Fredericks & Resnik 2003: 466–474). Still, compared with research on the remediation of problems (or "negative psychology"), little research has been undertaken on the development of positive qualities in adolescents (Gillham, Reivich, & Shatté 2002). Although

existing youth development programmes now also focus on positive facets, these programmes do not focus primarily on important aspects such as the deliberate development of psychosocial or character strengths to pursue positive outcomes.

Given these considerations, it is evident that adolescents are a particularly important target group for capacity building. The current study concurs with the need of an intervention programme to systematically enhance psychosocial well-being and to counteract the negative impact of ill-being. This study can best be approached within the framework of positive psychology that deals with the scientific study of "ordinary" human strengths and virtues.

2.2 Positive Psychology and wellness

Positive psychology focuses on the nature, dynamics and enhancement of psychological well-being and strengths. It is shown that keeping within the broad premise of positive psychology, strengths allow humans to accomplish more than the absence of distress and disorder, and that they "break through the zero point" of psychology's traditional concern with disease, disorder, and malfunction to address worthy life-outcomes (Peterson 2006: 29-48).

Health is described as a state of complete physical, mental and social well-being and not merely the absence of disease (WHO 1948, 2001). Well-being is a complex construct that concerns "optimal experience and functioning" (Deci & Ryan 2002: 227-268) and could be indexed along several (e.g., affective, cognitive) dimensions. For the purpose of this article, high levels of psychosocial well-being is conceptualised in terms of flourishing as described by Keyes (2005, 2006, 2007, 2008), and also understood in terms of the wellness models of Diener (2000: 34-43), Fredrickson and Losada (2005: 678-686), Lyubomirsky, Sheldon and Schade (2005: 111-131) and also the Virtue in Action Strengths model of Peterson and Seligman (2004).

2.3 Flourishing

Previous research in the target group for the currently suggested intervention (see Van Schalkwyk & Wissing – submitted) identified the following facets as of vital importance for a programme aimed at the enhancement of psychosocial well-being that is characterised by purposeful living and meaning; positive relationships; self-confidence and self-liking; a constructive life-style; constructive coping; positive emotions and approach behaviour. These identified facets are linked to the dimensions or facets of Keyes's model of complete mental health (Keyes 2006: 395-402). This underscores the choice of Keyes's model as the

overarching theoretical framework for the current suggested intervention/strategy.

The concept of flourishing thus directed the design of the current well-being strategy aimed at pro-social wellness. Keyes (2005a: 539-548, 2007: 95-108) defines flourishing as a state in which an individual feels positive emotion toward life and is functioning well psychologically and socially. Keyes (1998: 121-140, 2002: 207-222, 2004: 266-274, 2005a: 539-548, 2007: 95-108) conceptualised mental health on a continuum, and he proposed that pathology and wellness are two separate dimensions that are correlated. In the wellness dimension Keyes distinguishes three categories, namely languishing, moderately mentally healthy, and flourishing. Flourishing, as conceptualised by Keyes (2002: 207-222, 2005a: 539-548, 2007: 95-108) indicates a state of complete mental health and is conceived of subjective well-being consisting of eudaimonia - positive functioning in life, and of hedonia - positive feelings toward life. The presence of flourishing manifests itself as a syndrome comprising high levels of emotional well-being, psychological well-being, and social well-being. These facets are discussed in a later section of this paper. While flourishing is explained as a categorical diagnosis of the presence of mental health, languishing is characterised as the absence of mental health (Keyes 2005a: 539-548). *Languishing* is defined as a state in which an individual is devoid of positive emotion toward life, is not functioning well psychologically or socially, and has not been depressed during the past year. In short, languishers are neither mentally ill nor mentally healthy (Keyes 2005a: 539-548). Individuals who are *moderately mentally healthy* are not mentally ill, they are not languishing, but they have not reached the diagnostic level of flourishing.

Several researchers (Lent 2004: 482-509, Smith 2006: 13-79, Delle Fava & Massimini 2005, Haidt 2006: 275-289) also stressed the importance of pro-social wellness, and the important function of culture and values. Well-being is intended to capture the notion of health as a dynamic state or process rather than as a static endpoint, acknowledging the importance of both intra-personal and interpersonal functioning (Lent 2004: 482-509). In this chapter high levels of psychosocial well-being are used as an umbrella term for positive human health, while embracing the role of psychological strengths regarding "flourishing", i.e. Keyes's notion of the presence of mental health.

Adding to Keyes's viewpoint that flourishing entails more than the absence of ill-being, Damasio (2006) postulated that flourishing will not essentially happen automatically or instinctively, but it requires planned action or strategies. Given that human existence entails highly developed and genetic-based biological mechanisms and also supra-instinctive *survival strategies* that developed because of people's interaction with the environment, flourishing could be understood as being intertwined with these successful survival strategies. Consequently,

enhanced schemes of well-being will require, aside from biological regulation, also enhanced psychological, emotional and social dimensions of being. Strategies aimed at "being well" will mean systematic and intentional conduct regarding these dimensions, since thriving will not happen in a "mechanical manner" without a person's active participation (cf also Lyubomirsky 2007). Since repetitive activities imply basic physical-psychological and spiritual modifications, (Goleman 2004), a well-being strategy is developed to activate this process of flourishing.

Even though Keyes does provide in his model of flourishing an outline of dimensions and facts of well-being, he does not present a detailed schema or process for promoting positive functioning. However, strengths as described by amongst other Peterson and Seligman (2004) offer constructs and psychological mechanisms in the purposively development of psychosocial health in adolescents.

2.4 Strengths

The construct, "strength," is conceptualised in various ways in the literature. Benson (1997: 80) defines the intra-psychological strengths from the asset-based approach of the Search Institute, as "internalised commitments, values, competencies and identity needed to guide choices and create a sense of centeredness and purpose." Within the framework of positive psychology, "strengths" are described a) as specific character strengths which are the psychological components of virtues (Peterson & Seligman 2004), b) as any psychological aspect of healthy functioning (Wissing & Van Eeden 2002: 32-44), and c) as a process definition, namely the ability to apply skills and resources in a creative and flexible way for the solution of problems or the realisation of goals, according to the demands of the context (Smith 2006:13-79). For the purpose of this study the construct of strengths will be used in its broad sense, covering all of the above definitions.

Peterson and Seligman (2004) describe a character strength as "a disposition to act, desire, and feel that involves the exercise of judgment and leads to a recognizable human excellence or instance of *human flourishing*" and they also indicate that it must be understood as dissimilar to related individual differences such as talents and abilities. Researchers with the Values in Action (VIA) project at the University of Pennsylvania have developed a diagnostic strengths manual (Peterson & Seligman 2004), which lists the following classification categories: (1) Strengths of wisdom and knowledge (cognitive strengths); (2) strengths of courage (emotional strengths); (3) strengths of love (interpersonal strengths); (4) strengths of justice (civic strengths); (5) strengths of temperance (strengths that protect against excess); and (6) strengths of transcendence (strengths that forge connections to the larger universe and provide meaning) (Peterson & Seligman 2004). The project – VIA (Values in Action) classification of strengths – means to complement the *Diagnostic*

and Statistical Manual (DSM) of the American Psychiatric Association (1994) by focusing on what is right about people and specifically about the strengths of character that make the good life possible (Peterson & Seligman 2004).

Taking into account the suggestion by Peterson and Seligman (2004) that interventions aimed at promoting well–being, such as youth development programmes, should choose certain character strengths as initial targets, and considering adolescents own experiences and perceptions of psychological well-being (Van Schalkwyk & Wissing, submitted) the following strengths were chosen from the six VIA categories to encourage enduring wellness in this intervention/strategy: *Gratitude* (being aware of and thankful for the good things that happen); *self- regulation* (regulating what one feels and does; controlling one's appetites and emotions); *kindness* (nurturance, compassion, and altruistic love); *perspective/wisdom* (being able to provide wise counsel to others; having ways of looking at the world that make sense to oneself and to other people.); *persistence* (finishing what one starts; persisting in a course of action in spite of obstacles); and *vitality/enthusiasm* (approaching life with excitement and energy; not doing things halfway or half-heartedly).

It is assumed that the degree to which psychological strengths are developed, internalised, and implemented, would determine adolescents' levels of psychosocial well-being. Building on the above premise the following well-being programme is offered.

3. A proposed strategy to enhance psychosocial well-being

The planned strategy will be explicated with reference to the aim, the qualities of an effective strategy (focus of plan and skills for the plan-in-action), structure and general procedure for the implementation of the strategy.

3.1 Aim of the well-being strategy

The well-being strategy is aimed at the enhancement of positive psychosocial health of South African adolescents as guided by the idea of flourishing. The programme focuses on the systematic development of psychological strengths.

3.2 Strategy

A strategy entails a *plan* of action – using all "forces" to execute stratagems *skilfully* – in order to accomplish a *specific goal* (e.g. winning a gold medal at the Olympic Games). The following two features can be distinguished, firstly, the formulation of a plan, and secondly, the skilful implementation of the plan to achieve the goal (Pearce & Robinson 1994). The well-being

strategy will be discussed according to these qualities. Firstly, the master-plan to achieve objectives, and secondly, the process or the plan-in-action will be explicated.

3.2.1 Well-being-strategy: The formulation of a plan

The well-being strategy is developed to achieve a specific goal, namely to develop higher levels of psychosocial well-being in adolescents. The formulation of the strategy emerged from and is built on existing knowledge such as the valuable insights for the protection and promotion of positive human health (Keyes 2005: 88-104, 2007: 95-108, 2008: 181-192), Diener (2000: 34-43), Fredrickson and Losada (2005: 678-686), Lyubomirsky, Sheldon and Schade (2005: 111-131), Virtue in Action Strengths model of Peterson and Seligman (2004), the resilience literature concerning flourishing functioning despite adversity (Yates & Masten 2004: 521-539) and using the positive psychology resources regarding the pragmatic level of research (Linley, Joseph, Harrington & Wood 2006: 3-16). The content of the programme is linked to the developmental phase of adolescents, using also models such as those of Smith (2006: 13-79), Deci and Ryan (2002: 227-268), the selection, optimisation and compensation (SOC) model (Baltes & Freund 2003: 23-47); and Covey's 7 Habits of Highly Effective Teens (1998).

Facets of Keyes's model of well-being as focus points

The formulated plan includes facets of Keyes's model as focus points. The model of Keyes builds on that of Ryff and colleagues' (1996: 14-23; Ryff & Singer 1996: 15). The psychological/personal well-being component includes the following facets: *Self-Acceptance*, which is defined as "holding positive attitudes toward oneself", including acceptance of one's past life; *Positive relations with others*, that includes warm, trusting interpersonal relations; *Autonomy* incorporates regulation of behaviour from within, in other words self-determination; resistance to social and cultural pressures, and also having an internal locus of evaluation involving evaluating oneself by personal standards; *Environmental mastery* indicates competencies in managing the environment; *Purpose in life* expresses the idea of purpose and meaning in life; *Personal growth* requires the achievement of the characteristics already mentioned, and the continued development of oneself as a person, by realising one's potential.

Keyes adds a social dimension to those developed by Ryff, and which is of special importance in the South African context (Keyes et al. 2008: 181-192). Keyes (1998: 121-140) conceptualises social well-being as "the appraisal of one's circumstance and functioning in society." He describes social wellness in terms of the following facets: *Social integration, social acceptance, social contribution, social actualization, and social coherence*. It is clear that Keyes emphasises the social dimensions of well-being as against previous multidimensional models

(Ryff 1989: 1069-1081) which consider the self as primarily private, and thus show a bias towards typical Western notions of individualism. Therefore, a well-lived life for Keyes, embraces both psychological/personal and social dimensions.

Keyes's model of positive functioning maintains the distinction between psychological well-being and social well-being as eudaimonic in nature while emotional well-being and satisfaction with life is hedonic in nature. According to Keyes both these dimensions constitute positive human health. As far as emotional well-being is concerned he includes three facets: Positive affect/happiness, interest in life, and satisfaction with life. This perspective links to Fredrickson's model of positive emotion (2000: 577-606), Diener's (2000; 34-43) emphasis on satisfaction with life and Fredrickson and Losada's (2005: 678-686) argument that in order to promote flourishing, experiences of positivity may need to outnumber experiences of negativity. The emotional dimension of well-being as conceptualised by Keyes and others can fruitfully be advanced by taking cognisance of Lyubomirsky, Sheldon and Schade's (2005: 111-131) findings and model in which they propose that an individual's level of happiness is caused by three main factors: (i) *a genetic set point*, (ii) *life circumstances,* and (iii) *intentional activities*. Interventions should thus be linked to intentional activities and effort in sustaining them.

Considering that positive functioning, in the face of stressors and difficult life-challenges is hard to achieve, it is important that the intentional promotion of wellness should be concerned with resilience as opposed to symptoms and dysfunctions of human behaviour that may result from stressors (Luthans 2002: 57-75).

"Flourishing under fire": Resilient coping with negative experiences

The deliberate promotion of well-being, in spite of stressful and traumatic events even in developing countries like South Africa, is of crucial importance, given that it is now well established that stressful and traumatic events may serve as a trigger towards personal growth and positive change (Joseph & Linley 2006: 1041-1053). These positive changes that have been observed following trauma and adversity have been variously labelled as adversarial growth, benefit-finding, and stress-related growth flourishing (Ryff & Singer 1998: 1-28). This understanding is of vital importance to overcome difficulties for adolescents, for example, to renegotiate what really matters in life (Tedeschi & Calhoun 2004: 1-18).

Resilience goes beyond simple adaptation and involves the capability of individuals to cope successfully in the face of significant change, adversity, or risk – this capability changes over time and is enhanced by protective factors in the individual and the environment (Masten 2001: 227-238). In order to fortify this capability, information regarding the *adolescent* such as internal factors (genetic make-up, cognitive ability, adolescent's unique traits, good problem-

solving skills); external factors (lifestyle decisions) and also the *environment*, such as family, school/educational system, peers, community, and society at large, are significant.

It is noteworthy that initially resiliency was thought to be an extraordinary, special gift that only few youths/people possessed. However, Masten (2001: 235) stated that resiliency comes from "...the everyday magic of the ordinary, normative human resources" and "has profound implications for promoting competence and human capital in individuals and society" Considering the reasoning that the absence of ill-being does not automatically indicate the presence of comprehensive well-being (Keyes 2007: 95-108), and that the key to sustainable wellness lies not merely in genetic make-up, nor in only changing circumstances, but in the human being's daily intentional activities (Lyubomirsky, Sheldon & Schade 2005: 111-131; Lyubomirsky 2007) and constructive coping behaviour, it is argued that the systematic development and skilful practice of psychological strengths could encourage higher levels of well-being.

Strengths as psychological resources

Peterson (2006; 29-48) stressed that strengths allow the individual to achieve more than the absence of distress and disorder, and in this sense they let human beings grow into their full potential. Peterson and Seligman (2004) recommended that the following need to be considered concerning the intentional promotion of positive human health, i.e. whether strengths can be nurtured and implemented in a realistic way within the daily living of adolescents. The following psychological strengths are selected for enhancement in the proposed well-being strategy: gratitude, self-regulation, kindness, wisdom, persistence, and vitality/enthusiasm. Descriptions of, and motivations for the selection of these strengths are as follows:

i) Gratitude - (VIA: Virtue Cluster of Transcendence)

Individuals with this strength would strongly support statements, such as: It is important to appreciate each day that you are alive; it seems like I can even find reasons to feel thankful for bad things that happen; and for me life is much more of a gift as a burden (Peterson & Seligman, 2004: 554). Gratitude is described as the sense of thankfulness in response to a gift (Peterson & Seligman, 2004: 553-568). Emmons (1999: 173) pointed out that gratitude in particular - as a characteristic of spiritual intelligence - enables effective functioning. It is shown that the experience and expression of gratitude strengthens self-worth and self-esteem (Lyubomirsky 2007). In this sense gratitude as viewed here is linked to the idea of self-acceptance as defined by Keyes (component of the psychological dimension). Gratefulness and a positive self-esteem are linked and may feed into each other. The acute awareness of the gift of life, (Peterson 2006: 29-

48) the conscious appraisal of self, i.e. the beauty of one's unique being, forms the foundation for this capacity to feel the emotion of thankfulness on a regular and consistent basis, across situations and over time. In this sense it is indeed considered as "the parent of all virtues" and the absence of gratitude is considered as crippling towards the self (Emmons & Shelton 2005: 459-471). Therefore, this important strength is selected, since it enables youngsters to focus in a realistic manner on their strengths and weaknesses – neither overestimating nor underestimating them – to keep their talents and accomplishments in perspective and to have a sense of self-acceptance. This strength is facilitated by means of a gratitude journal.

ii) Self-regulation (VIA: Virtue Cluster of Temperance)

Self-regulation is linked to the idea of autonomy (component of the psychological dimension) as defined by Keyes. Adolescents who experience optimal levels of autonomy will embody strong self-regulatory abilities and self-control processes, such as regulating their behaviour from within, being guided by own – socially accepted – internal standards and values, and resisting social and cultural pressures (Peterson & Seligman, 2004). This is supported by growing evidence which shows that the exercise of selected strengths, e.g. self-regulation, which reflect self-discipline and minimises the need for external regulation of behaviour (Keyes, 2009). Self-regulation refers to the exerting of control over a person's responses as to pursue goals and to live up to standards (Peterson & Seligman, 2004: 500).

This strength adds to the disciplined approach regarding behaviours such as the control of appetite and emotions (Maddux 2005: 277-287). Self-regulation is often associated with self-efficacy as a person's reflective ability to use past experiences when formulating beliefs concerning future behaviour (cf. Bandura 1982: 122-147). This strength is of crucial importance for youth, since this phase may imply a crisis situation (Erikson 1968), which could increase the possibility of ill health, such as eating disorders. The effective exercise of self-regulation could also build adolescents' competence to deal successfully with their distinctive life challenges. This strength can be implemented by focussing on active agency, effective self-management, good decision-making and pro-active behaviour.

iii) Kindness (VIA: Virtue Cluster of Humanity)

This psychological strength is linked to Keyes's idea of positive relations. Teenagers who experience positive functioning will continually appreciate and build warm and trusting personal relationships while demonstrating qualities such as caring and helping others. Youngsters with this strength would support statements such as the following: Others are just as important as me, and doing good for others with love and kindness is the best way to live. Kindness and compassion as altruistic love involve the assertion of a common humanity in which others are worthy of attention and affirmation (Peterson & Seligman 2004: 326).

This strength is chosen, since quality relations are of vital importance for teenagers and are generally considered as one of the significant indications of positive human health. The impact of interactions between the individual and family, friends and school environments could be of fundamental significance regarding youngsters' well-being (Bronfenbrenner 1979: 513-531). This strength could be facilitated by the deliberate expressing of appreciation and respect toward significant others, the continuing support of friends and empathic concern for others.

iv) Persistence (VIA: Virtue Cluster of Courage)

This strength may be defined as the voluntary continuation of a goal-directed action in spite of obstacles, difficulties, or discouragement (Peterson & Seligman 2004). Persistence in this sense is linked to Keyes's idea of purpose-in-life. Youngsters who have persistence will be able to reach their goals. According to Nel (2007) persistence is significantly correlated to motivation, since motivation as the conceptual basis for persistence, forms an integral part of goal-achievement Persistence is also strongly associated with self-efficacy, self-esteem and self-control (Peterson & Seligman 2004) and resilience. This strength is selected since it facilitates the ability to realise dreams in spite of difficult life-challenges. The benefits of this strength comprise the greater possibility of attaining life-goals, enhancing skills and resources and the better enjoyment of the subsequent success (Peterson & Seligman 2004). The writing down of a personal mission statement, life priorities and a specific action-plan and consistent monitoring of progress could facilitate this strength.

v) Enthusiasm (VIA: Virtue Cluster of Courage)

Enthusiasm is linked to interest in life and personal growth as components of Keyes model and refers to vital adolescents whose aliveness and spirit are expressed in personal productivity, activity and the energising effect on others. This strength describes a dynamic aspect of well-being marked by the subjective experience of energy and aliveness (Peterson & Seligman 2004: 274). The following aspects are typical of enthusiasm: The attitude to approach life with interest, excitement and energy; zestful undertaking of tasks versus poor performance and the art to live in an energetic manner. Continuous personal growth leads to the experience of fulfilment and sense-making, and discovering and the celebration of one's uniqueness. These optimal experiences are usually associated with concepts, such as creative choices and inspired activity (Delle Fava & Bassi 2000: 347-367; De Klerk & Bredenkamp 2005; Haidt 2006). The benefit of developing this psychological strength includes motivation, physical health and the ability of focused activity as youngsters "make happen" their unique life-potential. This strength may be facilitated by identifying and engaging in "flow" activities (cf Nakamura & Csikszentmihalyi 2005: 89-105) and the deliberate use of positive emotions such as humour and joy.

vi) Perspective (wisdom) (VIA: Virtue Cluster of Wisdom and Knowledge)

This strength is linked to Keyes's ideas of environmental mastery, personal growth, purpose in life and facets of social well-being, since perspective is fulfilling and beneficial for the individual and society, embraces the experience of elevating insights as part of daily living and in troubled times when adolescents may need "wisdom" about larger issues of life. While perspective (wisdom) is classified within the category of cognitive strengths that entail the acquisition and use of knowledge, the psychological strength of wisdom is also described as having ways of looking at the world that make sense to oneself and to other people; the outstanding life-approach, the ability to advise others and those peak experiences, serving as an inspiration to all (Peterson 2006). Perspective is viewed as the product of knowledge and experience, but it is more than the accumulation of information, and is expressed as "...it is the coordination of this information and its deliberate use to improve well-being" (Peterson & Seligman 2004: 106). Baltes and colleagues (2005: 327-347) linked wisdom to factors, such as the willingness to learn from mistakes, an exceptional personality – a person with good listening skills, and excellent social functioning. This strength is of the utmost importance for adolescents and may be facilitated as part of the successful managing of everyday stressors e.g. writing exams, effective time-management, and also the efficient coping of difficult life challenges, e.g. the traumatic experience of parents going through a divorce.

These selected strengths are of primary importance in the promotion of sustainable well-being. However, the effective implementation of given information needs to be converted into youngsters' daily activities, since mere knowledge does not imply expertise/know-how (Blanchard, Meyer & Ruhe 2007: 1-90).

3.2.2 Functional strategies: Plan-in-action

Sheldon and King (2001: 216-217) contend that an effectively functioning human being is someone "who successfully applies evolved adaptations and learned skills". The definition of skills simply implies the ability to do something well. According to Lyubomirsky (2007) few persons understand how to improve their happiness or know exactly how to go about doing it. She states that it is in each individual's power to realise this most essential responsibility by following a strategy with commitment.

Functional strategies: The process – strengths and skills

The first concern in the implementation of the grand strategy is to translate the strategy into action (Pearce & Robinson, 1994). Functional strategies are important tools to accomplish this: They identify the specific, immediate actions that must be taken in key functional areas to

implement the grand strategy. The objectives, high level of functioning on facets from Keyes's dimensions of well-being are derived from the long-term goal, i.e. the promotion of psychosocial well-being. These objectives need to be transformed into current targets, namely the development of identified strengths (e.g. kindness/compassion). This process deals with the acquiring of specified skills (e.g. effective communication and listening techniques), connected to the selected strengths, which must be applied and practised on a daily basis.

Since it is argued that psychological strengths should be developed in a systematic manner, Lyubomirsky's well-researched activities (skills) were used as instruments to develop selected strengths. The following selected activities were linked with the above-mentioned strengths, e.g. the strength of gratitude can be linked with activities such as expressing appreciation and cultivating positivism; kindness with nurturing social relationships; wisdom to coping-strategies; and persistence with goal-commitment. The functional strategies comprise these fundamentals: The mentioned strengths are developed by using selected skills, taking into account the role of extra-psychological factors, and linked to the Keyes's dimensions of well-being.

The practices to promote strategic accomplishment should be assisted by the following: The use of positive emotions, social support, timing and variety, plus commitment and repetition. These learning aids should be applied in order to "permeate" the individual's decision-making and behaviour. In addition, it should be emphasised that values, conceived as moral competencies, should be used to guide this process in order to attain pro-social behaviour (Lent 2004: 482-509, Haidt 2006: 275-289). The following values could be put into practice along with the abovementioned strengths: Respect, helpfulness, excellence, empowerment, honesty, and self-discipline (see De Klerk-Luttig 2007).

3.3 Structure of content

The general content of the well-being strategy comprises of the following and consists of ten sessions (the duration of each session is 50 minutes):

Session 1: Grand strategy and functional strategies; session 2: Dimensions of well-being: psychological/personal, social and emotional; session 3: Psychological strengths and the role of values; session 4: Gratitude and self-acceptance; session 5: Self-regulation and autonomy; session 6: Kindness and positive relations with others; session 7: Wisdom and environmental mastery; session 8: Persistence and purpose-in-life; session 9: Enthusiasm and personal growth; session 10: Recapitulation of well-being-components and psychological strengths.

3.4 Well-being strategy: Implementation

The well-being strategy is designed with a view to provide a plan to develop higher levels of psychosocial well-being and to facilitate teenagers to apply the skills (linked to specific strengths, e.g. gratitude) with wisdom and discernment within the relevant context. This comprises the necessary information regarding a grand strategy, and converting this plan into action, i.e. functional strategies.

3.4.1 Well-being strategy: Structure of the sessions

The structure of each session is determined by the intentional development of strengths linked to Keyes's components of complete well-being. At the beginning of each session, some time is spent to present the grand strategy and more specifically the outline of the specific dimension and particular facet that is chosen for that session. Introductory information is given regarding flourishing as the indication of higher levels of positive functioning and the focus on pro-social wellness. This information is also presented as narratives and story-telling is used to achieve a better understanding of particular constructs.

Well-being strategy: An example

The development of each one of the identified psychological strengths is presented as a functional strategy. Perspective (wisdom), as one of these selected strengths, linked to the component of environmental mastery, will be used as an example to illustrate the procedure.

Each well-being session is introduced by underlining the important role of intrinsic motivation (Deci & Ryan 2002: 227-268), active agency and commitment, positive emotions, social support, repetition (habits) and values. Firstly, the grand strategy (compass function) is presented: Environmental mastery is apparent when adolescents are able to shape and adapt to their environment in order for them to function optimally. Optimal levels of this component are explained as the individual's sense of mastery and competence in managing the *environment*, controlling external *activities,* making effective use of surrounding *opportunities*, and the ability to create or choose *contexts* suitable to personal needs and values. Then again indications of impaired levels of environmental mastery are apparent when youngsters experience difficulties in managing everyday affairs, feel unable to change or improve surrounding context, are unaware of surrounding opportunities, and lack a sense of control over the external world. Information regarding optimal functioning is presented in a creative way by telling life-experiences, such as Natalie du Toit, the South African swimmer. Despite losing her one leg in an accident, she excelled at the 2007 Olympic games (Die Burger 08/09/08) and others, such as

Lance Armstrong, the champion cyclist, who was diagnosed with testicular cancer – and given a 40 percent chance to survive - and who went on to win the Tour de France seven times.

Participants are encouraged to identify and write about (two sentences) their own levels of mastery i.e. optimal levels of functioning and weaknesses. Optimal levels of environmental mastery may be described as the effective managing of life-challenges as the determining factor, and not necessarily the event(s) or circumstances per se. They are also invited to discuss opportunities in their own external environment (e.g. protective factors such as supportive family) and possible threats regarding external environment (e.g. risk factors such as enduring exposure to poverty and crime).

The second aspect of the well-being strategy, namely the functional strategy, is offered to translate the master plan into action. This "how of perspective (wisdom)", namely the skilful implementation of wisdom, could include the following: i) a willingness to learn from mistakes, ii) effective time management and the selection of priorities, iii) effective stress management, iv) excellent listening skills, and v) appropriate coping mechanisms regarding difficult life challenges. The acquisition of these skills is discussed in greater detail, especially the exercise of skills on a daily basis. Seeing that all teenagers have to deal with difficult circumstances and crises, efficient coping mechanisms are used to explain the application and practise of this skill in daily experience. Firstly, the inappropriate manner of coping can be discussed: Adolescents using denial (ineffective coping) as coping mechanism, will try to ignore problems or refuse to manage the dilemma/crisis, and will use words as "*I'm only experiencing lots of stress... I do not always drink that much ...*"; or teenagers blaming others for their problems will use words such as "*My parents are unreasonable and irritating*"; or youngsters trying to neutralise their problems will use words such as "*I only tell lies when I experience terrible difficulties.*" Secondly, effective coping can be discussed: Teenagers using pro-active behaviour, such as looking for possible alternatives and options and using words e.g. "*I can use this disaster as an opportunity and in this way honour my errors by learning from my mistakes";* or the accommodation of events by changing that which is in one's power/control, and by accepting that which one cannot change, as a reality. In addition, the implementation of skills is discussed in smaller groups (five participants per group). It is recommended that these skills be applied as 1) an individual activity; 2) group activity (classroom-project) and 3) section activity (community project). These activities should be guided by values such as respect and empowerment. These skills and activities should be transformed into the adolescent's daily routine and more specifically the *emotional* and *social* areas of functioning.

Each of the above-mentioned psychological strengths, guided by the psychological components of well-being (Keyes's model), is presented in this way. Additionally, the worth of

pro-social behaviour, positive emotions, such as contentment, motivation, and committed effort, social support and the role of repetition should constantly be emphasised. These processes are of fundamental importance concerning the effective implementation of the well-being strategy.

4. Conclusion

Positive psychology relates to theories and empirical findings on what makes life worth living. Within this paradigm flourishing is one of the more recent and very important constructs. It became imperative that the much needed scientific inquiry regarding questions, such as "the how to facilitate" higher levels of psychosocial wellness or flourishing should be undertaken. It is now also necessary to translate theory and research into practice.

In order to optimise human functioning, internal and external strengths and resources should be recognised and applied and should not only be focused on remediation of deficiencies and coping with stressors. The current suggested intervention or well-being strategy presupposes that the development of psychological strengths is needed to use personal resources, and to deal effectively with the negative experiences and the destructive impact of hardship. This is supported by growing evidence which shows that certain strengths of character e.g. kindness, self-regulation and wisdom (perspective), can buffer against the negative effects of stress, trauma, and prevent their awakening of disorders. In addition, strengths help youth to flourish (Park & Peterson 2009: 65). Character strengths, manifesting in a range of thoughts, feelings and action, are the foundation of lifelong healthy development and are essential for the well-being of the entire society (Park & Peterson 2009: 65-76). This conviction is aligned with strength-congruent activities as an important route to the psychological good life. Therefore, the focus is on strengths as psychological resources to equip teenagers, i.e. the broadening of the centre of attention in clarifying what works in youngsters' lives and building on those competencies. It was shown that specific strategies are needed to prepare more youth to be psychologically resourceful, equipped and empowered to live zestfully and in due course to be lively adults who make positive contributions to society. Since adolescence is a crucial chapter for building capabilities, and seeing that success during this period has implications throughout adulthood, the challenge to promote human flourishing especially in healthy, non-clinical teenagers, provides a sufficient incentive for the proposed well-being strategy.

The proposed well-being strategy – directed by the notion of flourishing – is designed to protect and to promote wellness in adolescents by practicing strengths in a skilful way, which could enable them to create their own definition of greatness. The framework of the strategy entails a detailed, though uncomplicated structure, to equip youths in their daily living and long-term, for the rest of their lives, by providing certain key activities to be mastered. The focal point

of the well-being strategy is the encouragement of selected strengths, such as gratitude, persistence, perspective, self-regulation, vitality, and kindness. However, the determining factor would be the ability of "ordinary youths" to translate these strengths into daily living by applying ordinary processes. These fulfilling experiences can serve as momentum towards an upward spiral of positive functioning and happiness. The well-being strategy is a planned approach to equip youngsters to be active agents of a better world, instead of being products of un-well societies. Franklin Roosevelt magnificently put this into words, namely that "we cannot at all times prepare the future for our youth, but we can equip our youth for the future".

The proposed well-being strategy was offered to meet the need to encourage higher levels of psychosocial well-being and flourishing in adolescents by means of the building of psychological resources and competence. The next step will be to implement the proposed strategy and to evaluate its effectiveness.

References

American Psychiatric Association 1994. *Diagnostic and statistical manual of mental disorders (4^{th} ed)*. Washington DC: Author.

Baltes P B & A M Freund 2003. Human strengths as the orchestration of wisdom and selective optimisation with compensation. Aspinwall & Staudinger (eds.) 2003: 23-47. *A psychology of human strengths: Fundamental questions and future directions for a positive psychology*. Washington, DC: American Psychological Association.

Baltes P B, J Gluck & U Kunzmann 2005. Wisdom: Its structure and function in regulating successful life span development. Snyder & Lopez (eds) 2005: 327-347. *Handbook of positive psychology*. New York: Oxford University Press.

Bandura A 1982. Self-efficacy mechanism in human agency. *American psychologist* 3: 122-147.

Benson P L 1997. *All kids are our kids: What communities must do to raise caring and responsible children and adolescents*. San Francisco: John Wiley.

Blanchard K, P J Meyer & D Ruhe 2007. *Know can do: Put your know-how into action*. San Francisco: Berrett-Koehler Publishers, Inc.

Bronfenbrenner U 1979.Toward an experimental ecology of human development. *American Psychologist* 32: 513-531.

Catalano R F, M L Berglund, J A M Ryan, Health S Lonszak, & J D Hawkins 2004. Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth programmes. *The annals of the American Academy of Political and Social Science.*

Covey S 1998. *The 7 Habits of Highly Effective Teens*. New York: Simon & Schuster.

Damasio A 2006. *Descartes' error*. London: Vintage Random House.

Deci E L & R M Ryan 2002. The 'what' and 'why' of goal pursuits: Human needs and the self-determination of behaviour. *Psychological Inquiry,* 11(4): 227-268.

Delle Fava A & M Bassi 2000.The quality of experience in adolescents' daily lives: Developmental perspectives. *Genetic, social, and general psychology monographs* 126: 347-367.

De Klerk J & C. Bredenkamp 2005. *Sweef jy of sink jy: Kreaktiewe keuses wat 'n verskil maak.* Pretoria: LAPA Uitgewers.

Diener E 2000. Subjective well-being. The science of happiness and a proposal for a national index. *American Psychologist* 55: 34-43.

Delle Fave, A & F Massimini 2005. The investigation of optimal experience and apathy. Developmental and psychosocial implications. *European psychologist,* 10(4).

Emmons R A 1999. The psychology of ultimate concerns: Motivation and spirituality in *personality*. New York: The Guilford Press.

Emmons R A & C M Shelton 2005. Gratitude and the science of Positive Psychology. Snyder & Lopez (eds) 2005: 459 - 471. *Handbook of positive psychology.* New York: Oxford University Press.

Erikson E H 1968. *Identity, youth and crisis*. New York, Norton.

Flisher A J, C Lund, M Funk, M Banda, A Bhana, V Doku, N Drew, F N Kigozi, M Knapp, M Omar, I Petersen & A Green 2007. Mental Health Policy Development and Implementation in four African Countries. *Journal of Health Psychology* 12(3): 505–516.

Flisher A J, C Mathews, W Mukoma & C J Lombard 2006. Secular trends in risk behaviour of Cape Town grade 8 students. *South African Medical Journal* 96: 982-987.

Frankl V E 1969. *Man's search for meaning.* New York: Washington Square Press.

Fredrickson B L & Mental F Losada 2005. Positive affect and the complex dynamics of human flourishing. *American Psychologist,* 60(7): 678-686.

Fredrickson B L 2000. Extracting meaning from past affective experiences: The importance of peaks, ends, and specific emotions. *Cognition and emotion*, 2000, 14 (4): 577-606.

Gillham J E, K Reivich, & A Shatté 2002. Positive youth development, prevention and positive psychology: Commentary on "Positive youth development in the United States". *Prevention and Treatment 5.*

Goleman D 2004. *Destructive emotions and how to overcome them.* London: Bloomsbury Publishing.

Greenberg M T, R P Weissberg, M U O'Brien, J E Zins, L Fredericks, L. & H Resnik 2003. Enhancing School-Based Prevention and Youth Development through Coordinated Social, Emotional, and Academic Learning. *American Psychologist,* 58, 6/7: 466–474.

Haidt J 2006. Elevation and the positive psychology of morality. Keyes & J.Haidt (eds) 2006: 275-289. *Flourishing: Positive Psychology and the life well-lived* Washington, DC: American Psychological Association Press.

Joseph S & P A Linley 2006. Growth following adversity: Theoretical perspectives and implications for clinical practice. *Clinical Psychology Review* 26: 1041–1053.

Keyes C L M 1998. Social well-being. *Social Psychology Quarterly,* 61:121-140.

Keyes C L M 2002. The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behaviour* 43: 207-222.

Keyes C L M 2003. Complete mental health: An agenda for the 21st century. Keyes & J.Haidt 2003: 293-312. Keyes C L M & J Haidt (eds.) 2003. *Flourishing: Positive Psychology and the life well-lived.* Washington, DC: American Psychological Association Press.

Keyes C L M 2004. The nexus of cardiovascular disease and depression revisited: The complete mental health perspective and the moderating role of age and gender. *Aging and Mental Health* 8: 266-274.

Keyes C L M 2005. Chronic physical conditions and aging: Is mental health a potential protective factor? *Aging International,* 30(1): 88-104.

Keyes C L M 2005a. Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology* 73: 539-548.

Keyes C L M 2006. Mental health in adolescence: Is America's youth flourishing? *American Journal of Orthopsychiatry* 76: 395-402.

Keyes C L M 2007. Promoting and Protecting Mental Health as Flourishing: A complementary Strategy for Improving National Mental Health. *American Psychologist* 62(2): 95–108.

Keyes C L M, M P Wissing, J Potgieter, Q M Temane, A Kruger. & S Van Rooy S 2008. Evaluation of the Mental Health Continuum Short Form (MHC-SF) in Setswana speaking South Africans. *Clinical Psychology and Psychotherapy: An International Journal of Theory and Practice* 15: 181-192.

Keyes C L M 2009. The nature and importance of positive mental health in America's adolescents. Gilman, Huebner & Forlong (eds) 2009: 9-23. *Handbook of Positive Psychology in Schools.* New York: Routledge.

King R A, M Schwab-stone, A J Flisher, S Greenwald, R A Kramer, S Health Goodman, B B Lahey, D Shaffer & M S Gould 2001. Psychosocial and risk behaviour correlates of youth suicide attempts and suicide ideation. *Journal of American academy of child and adolescent psychiatry,* 40: 7.

Lent R W 2004. Toward a unifying theoretical and practical perspective on well-being and psychosocial adjustment. *Journal of counseling psychology,* 51(4): 482-509.

Lerner R M 2004. *Liberty: Thriving and civic engagement among America's youth.* Thousand Oaks. CA: Sage.

Lerner R M, J B Almerigi, C Theokas & J V Lerner 2005. Positive youth development: A view of the issues. *Journal of Early Adolescence* 25(1): 10-16.

Lerner R M, C Brentano, C, E Mental Dowling & P M Anderson 2002. Positive youth development: Thriving as the basis of personhood and civil society. *New Directions for Youth Development* 95: 11-33.

Linley P A, S Joseph, S Harrington & A M Wood 2006. Positive psychology: Past, present, and (possible) future. *The Journal of Positive Psychology* 1(1): 3-16.

Linley P A 2006. Counselling psychology's positive psychological agenda: A model for integration and inspiration. *The counselling psychologist* 34(2): 313-322.

Linley P A & S Joseph, S Harrington & A M Wood (2006). Positive psychology: Past, present, and (possible) future. *The Journal of Positive Psychology* 1(1) 3-16.

Luthans F 2002 Positive organizational behaviour: Developing and managing psychological strengths. *Academy of management executive* 16(1): 57-75.

Lyubomirsky S 2007. *The how of happiness: A scientific approach to getting the life you want.* New York: The Penguin Press.

Lyubomirsky S, K M Sheldon & D Schade 2005. Pursuing happiness: The architecture of sustainable change, *Review of General Psychology* 9: 111-131.

Maddux J E 2005. Self-efficacy: The power of believing you can. Snyder & Lopez (eds) 2005: 277-287. *Handbook of Positive Psychology.* New York: Oxford University Press.

Maddux J E 2008. Positive psychology and the illness ideology: Toward a positive clinical psychology. *Applied Psychology: An international review* 57: 54-70.

Maslow A H 1954. *Motivation and personality*: New York: Harper and Row.

Masten A S 2001. Ordinary magic. Resilience processes in development. *American psychologist,* 56(3): 227-238.

Nakamura J & M Csikszentmihalyi 2005. The concept of flow. Snyder & Lopez (eds) 2005: 89-105. *Handbook of Positive Psychology.* New York: Oxford University Press.

Nel P 2007. *Factors influencing persistence of aspiring chartered accountants: A fortigenic approach.* Dissertation presented for the degree of Doctor of Philosophy (Industrial Psychology), Stellenbosch University.

Park N & C Peterson 2009. Strengths of character in schools. Gilman, Huebner & Furlong (eds) 2009; 65-76. *Handbook of Positive Psychology in Schools.* New York: Routledge

Patel V, A J Flisher, S Hetrick & P McGorry 2007. Mental health of young people: a global public-health challenge. *Adolescent Health,* www.thelancet.com Vol 369.

Patel V, A J Flisher, A Nikapota, & S Malhotra 2008. Promoting child and adolescent mental health in low and middle income countries. *Journal of Child Psychology and Psychiatry* 49(3): 313–334.

Pearce II, J A & R B Robinson 1994. Formulation, implementation, and control of competitive strategy, 5th ed. Boston: Irwin Inc.

Peterson C 2006. The values in action (VIA) classification of strengths. Csikszentmihalyi, & Csikszentmihalyi (eds) 2006: 29-48. *A life worth living: Contributions to Positive Psychology.* New York: Oxford University Press.

Peterson C, N Park, N Pole, W D'Andrea & M E P Seligman 2008. Strengths of character and posttraumatic growth. *Journal of traumatic stress* 21(2): 214-217.

Peterson C & M E P Seligman 2004. *Character strengths and virtues: A handbook and classification.* Oxford New York: University Press.

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(6): 1069-1081.

Ryff C D & B Singer 1996. Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Psychosomatics* 65:14-23.

Ryff C D & B Singer 1998. The contours of positive human health. *Psychological Inquiry* 9(1): 1-28.

Ryff C D & B Singer 2006. Flourishing under fire: Resilience as a prototype of challenged thriving. Keyes & Haidt (eds.) 2006: 15-36. *Flourishing: Positive Psychology and the life well-lived.* Washington, DC: American Psychological Association Press.

Seligman M E P 2005. Positive Psychology, Positive Prevention, and Positive Therapy. Snyder & Lopez (eds) 2005: 3-12. *Handbook of Positive Psychology.* New York: Oxford University Press.

Seligman M E P & M Csikszentmihalyi 2000. Positive psychology: An introduction. *American psychologist* 55: 5-14.

Sheldon K M & S Lyubomirsky 2006. Achieving sustainable gains in happiness: Change your actions, not your circumstances. *Journal of happiness studies* 7: 55 – 86.

Sheldon K M & L King 2001. Why positive psychology is necessary. *American Psychologist* 56:216-217.

Smith E J 2006. The strength-based counselling model. *The counselling psychologist* 34(1): 13-79.

Suldo S M, E S Huebner, A A Freidrich & Research Gilman 2009. Life satisfaction. Gilman Huebner & Furlong (eds) 2009: 27-36. *Handbook of Positive Psychology in Schools.* New York: Routledge

Tedeschi R G & L G Calhoun 2004. Posttraumatic growth; Conceptual foundations and empirical evidence. *Psychological inquiry* 15(1): 1-18.

Wegner L, A J Flisher, L L Caldwell, T Vergnani, & E A Smith (2007). Healthwise South Africa: cultural adaptation of a school-based risk prevention programmeme. *Health Education Research Advance Access.*

Wild L G, A J Flisher & C Lombard 2004. Suicidal ideation and attempts in adolescents: associations with depression and six domains of self-esteem. *Journal of Adolescence* 27: 611–624.

Wissing M P & C Van Eeden 2002. Empirical clarification of the nature of psychological well-being. *South-African Journal of Psychology* 32: 32-44.

Yates T M & A S Masten 2004. Fostering the future: Resilience theory and the practice of positive psychology. Linley & Joseph (eds.) 2004: 521-539. *Positive Psychology in Practice.* Hoboken, New Jersey: John Wiley & Sons.

SECTION 4: ARTICLE 3

EVALUATION OF A PROGRAMME TO ENHANCE FLOURISHING IN ADOLESCENTS.

Submitted to *Journal of child and adolescent mental health*

4.1 Guidelines for authors

JOURNAL OF CHILD AND ADOLESCENT MENTAL HEALTH INSTRUCTIONS TO AUTHORS

Each issue of the Journal contains several different types of contribution: original research papers (including brief reports (<2 000 words)); review papers; clinical perspectives; book reviews; and editorials. We welcome contributions for all of these sections of the Journal.

Editorial policy: Submission of a manuscript implies that the material has not previously been published, nor is being considered for publication elsewhere. Submission of a manuscript will be taken to imply transfer of copyright of the material to the publishers, NISC. Contributions are accepted on the understanding that the authors have the authority for publication. Material accepted for publication in this journal may not be reprinted or published in translation without the express permission of the publishers, NISC. The Journal has a policy of anonymous peer review. Authors' names are withheld from referees, but it is their responsibility to ensure that any identifying material is removed from the manuscript. The Editor reserves the right to revise the final draft of the manuscript to conform to editorial requirements.

Manuscripts: Manuscripts should be submitted in English. They should be typewritten and double-spaced, with wide margins, using one side of the page only. Manuscripts should be submitted to The Editor, Journal of Child and Adolescent Mental Health, 46 Sawkins Road, Rondebosch 7700, South Africa, e-mail: alan.flisher@uct.ac.za. We encourage authors to submit manuscripts via e-mail, in MS Word, but we also require two hard copies of any e-mail submission.
Layout: A recent issue of the Journal of Child and Adolescent Mental Health should be consulted for general layout and style.

Manuscript format: All pages must be numbered consecutively, including those containing the references, tables and figures. The typescript of manuscripts should be arranged as follows: Title: This should be brief, sufficiently informative for retrieval by automatic searching techniques and should contain important keywords (preferably <10 words). Author(s) and address(es) of author(s): The corresponding author must be indicated. The authors' respective addresses where the work was done must be indicated. An e-mail address, telephone number and fax number for the corresponding author must be provided. Abstract: For data-based contributions, the abstract should be structured as follows: Objective — the primary purpose of the paper, Method — data source, subjects, design, measurements, data analysis, Results — key findings, and Conclusions — implications, future directions. For all other contributions (except editorials, letters and book reviews) the abstract must be a concise statement of the content of the paper. Abstracts must not exceed 200 words. It should summarise the information presented in the paper but should not include references.

Referencing:
References in text: References in running text should be quoted as follows: Louw and Mkize (1990), or (Louw 1990), or Louw (1990, 1991a, 1991b) or (Louw and Mkize 1992), or (Mkize 1990, Louw and Naidoo 1993). For up to three authors, all surnames should be cited the first time the reference occurs, e.g. Louw, Mkize and Naidoo (1990) or (Louw, Mkize and Naidoo 1990). Subsequent citations should use et al., e.g. Louw et al. (1990) or (Louw et al. 1990). For four or more authors, cite only the surname of the first author followed by et al. and the year, for the first and subsequent citations. Note, however, that all authors are listed in the Reference List. 'Unpublished observations' and 'personal communications' may be cited in the text, but not in

the reference list. Manuscripts accepted. but not yet published can be included as references followed by 'in press'.

Reference List: Full references should be given at the end of the article in alphabetical order, using double spacing. References to journals should include the authors' surnames and initials, the full title of the paper, the full name of the journal, the year of publication, the volume number, and inclusive page numbers. Titles of journals must not be abbreviated. References to books should include the authors' surnames and initials, the year of publication, the full title of the book, the place of publication, the publisher's name. References should be cited as per the examples below :

Haynie DL. 2000. *The Peer Group Revisited: A Network Approach for Understanding Adolescent Delinquency.* PhD Thesis, Pennsylvania State University, Pennsylvania, USA

Louw J. 1990a. Comorbidity of conduct and anxiety disorders. *Southern African Journal of Child and Adolescent Psychiatry* 5: 43–51

Louw J, Mkize AC and Naidoo DH. 1990. Cultural disorders. In: Isaacs S (ed.), *Psychiatric Disorders in South African Children.* Cape Town: Juta & Co. pp 84–96

McRoy RG, Grotevant HD and White KL. 1988. *Openness in Adoption: New Practices, New Issues.* New York: Praeger

Publishers Population Reference Bureau. 2002. Untitled fact sheet. Available at: http://www.prb.org/content/ navigationMenu/Other_reports /2000–2002/sheet1.html. [Accessed 22 February 2002]

Tables: Each table, numbered with Arabic numerals in the order in which they are to appear, must be on a separate sheet of paper with the table number and an appropriate stand-alone caption. Tables may include up to five horizontal lines but no vertical lines. Figures: High quality originals must be provided. They must be prepared separately on white A4 paper. Graph axes must state in upper case the quantity being measured, followed by the appropriate SI units in parenthesis. Figures must not repeat data presented in the text or tables. Figures should be planned to appear with a maximum final width of either 80 mm or 175 mm. Lettering must be provided by the author(s); freehand lettering is not acceptable. Letters, numbers and symbols must appear clearly, but not oversized. Lettering must be in Arial. It is recommended that one uniform size be used throughout the manuscript. Complicated symbols or patterns must be avoided. Graphs and histograms should preferably be two-dimensional and scale marks (turning inwards) provided. All lines (including boxes) should be black, but not too thick and heavy. Line artwork (including drawings and maps) must be high-quality laser output (not photocopies). Photographs should be excellent quality on glossy paper, with clear details and sufficient contrast. In addition to the print versions, illustrations, including all graphs and chemical formulae, must be submitted in electronic format, e.g. tif or eps, with each figure saved as a separate file (at least 1 200 dpi). The source file of each graphic should also be included. It is important to indicate with your submission the software package(s) used for all files supplied.

Authors will receive electronic reprints of their manuscript. Authors will be notified via e-mail when reprints are available for download from the NISC website (www.nisc.co.za). Please note that only corresponding authors are notified. The journal does not place restriction on manuscript length, but attention is drawn to the following page charges*: South African and African contributors — R200 per page (subscribers R135), full colour: R2 000 International contributors — US$40 per page (subscribers $27), full colour: $300 * Black and white page charges are waived for subscribers who are paid-up members of the South African Association for Child and Adolescent Psychiatry and Allied Professions.

Manuscript 4.2 Evaluation of a programme to enhance flourishing in adolescents.

EVALUATION OF A PROGRAMME TO ENHANCE FLOURISHING IN ADOLESCENTS.

Izanette van Schalkwyk

Marié P. Wissing

North-West University (Potchefstroom Campus), South Africa

Please address correspondence to Izanette van Schalkwyk, P/a Prof. dr. M. P. Wissing, School for Psychosocial Behavioural Sciences, North-West University: Potchefstroom Campus, Private Bag X6001, Potchefstroom, 2520, South Africa.

e-mail: izanette@telkomsa.net

e-mail: Marie.Wissing@nwu.ac.za

Tel nr: 27-18-299-1721

Fax: 27-18-299-1730

ABSTRACT

Objective: This study aimed to evaluate the effect of an intervention to improve levels of psychosocial well-being and flourishing in a group of secondary school learners. *Method: A* mixed-method design was used. An experimental (n=64) and control (n=49) group of learners between the ages of 15 – 17 years of age from a secondary school in an urban area in the Western Cape of South Africa participated. The intervention focused on the development of psychosocial wellness and flourishing via the implementation of skills linked to selected strengths, such as self-regulation, persistence, gratitude, perspective, enthusiasm, and kindness. To determine the impact of the programme, measures were used such as The Mental Health Continuum-Short Form (MHC-SF) and The General Health Questionnaire (GHQ). *Results*: Quantitative and qualitative evidence indicated that the well-being strategy contributed in some respects to increased levels of psychosocial well-being and a decrease in symptoms of ill-health in the experimental group as measured after the intervention and in particular during the follow-up assessment three months later. *Conclusion:* The strengths- and skills-development focus of the intervention fostered psychosocial well-being and symptom relief in a growth enhancing manner over time. Future research ought to examine what makes individuals more receptive to benefit from well-being interventions.

Keywords: Flourishing, psychosocial well-being, adolescence, psychological strengths, positive psychology, programme evaluation

This study focuses on an evaluation of the effect of a programme intended to enhance psychosocial well-being and flourishing in adolescents as conceptualised from a positive psychology perspective. A well-being strategy, theoretically based on Keyes's model (2007) and a strengths perspective (Peterson 2006), was developed, implemented with a skills practice focus, and its effect evaluated. According to Haidt strength building brings benefits to the person and to others surrounding him or her (Haidt 2006). In this sense, capacity building and positive development are always synergetic, seeing that the fortified individual is also better equipped to the building of a meaningful world (Leontiev 2006). However, this process needs to be cultivated continually (Lyubomirsky 2007). Although several programmes have been developed to enhance mental health of adolescents in the South African context (e.g. Wegner, Flisher, Caldwell, Vergnani and Smith 2007), most of them focussed mainly on the remediation of pathology and risk factors. This study will focus on development of strengths in ordinary adolescents against the background of a conceptualisation of mental health as a continuum. No existing programme could be found that was specifically developed for the enhancement of flourishing of adolescents in the South African context. Therefore, a new programme was developed, and the evaluation of its effect on psychosocial well-being of adolescents is reported in this study. The expectation is that such a programme will enhance levels of well-being, and may at the same time lessen symptoms of stress or pathology.

It has been suggested that research on topics such as flourishing from a positive paradigm may not only add to the development or increasing of psychosocial wellness, but might also be of major clinical significance. Seligman argued that successes in the prevention of mental illness emanate from recognising and nurturing strengths in young persons. The exercise of these strengths then fortifies individuals against the harms and problems that put them at risk in terms of mental illness (Seligman 2007). In her Broaden and Build model of Positive Emotions Fredrickson (2005) argued that an enhancement of positive emotions would broaden cognitive

processes and facilitate interpersonal relationships, while simultaneously lessening lingering negative emotions. These assumptions were validated empirically in several studies (Fredrickson and Branigan 2005; Fredrickson et al. 2000; Lyubomirsky, King and Diener 2005). Research in the domain of positive psychology also showed that building optimism and other psychological strengths may simultaneously also lessen symptoms of depression (Gillham et al. 2006; Lyobumirsky 2007; Diener and Diener 2008; Park and Peterson 2009). Researchers also recently start to unravel the building power of positive emotions on coping with adversity by the mastering over challenges, which in turn generates more positive emotions (Linley, Joseph and Goodfellow 2008; Diener and Diener 2008). It was shown that interventions concentrating on positive human health, such as the Penn Resiliency programme aimed at the prevention of depressive symptoms, might be an important addition to the educational goals of school systems (Gillham et al., 2007: 9-19). Therefore, in the light of growing evidence it is argued that programmes using psychological strengths could be beneficial towards the building of flourishing lives and towards the treatment (see, e.g., Fava 1999) and prevention of psychological disorders. In this sense, mental health promotion is the ultimate target of treatment (Keyes 2009).

For the purpose of this study Keyes's model of mental health (Keyes 2005a) is taken as a point of departure. Keyes proposes that mental health could be viewed on a continuum from severe pathology to optimal health called flourishing. On the upper half of the health continuum, he distinguishes three levels of well-being: Languishing (i.e. low levels of emotional, social and psychological well-being), moderate mental health, and flourishing (i.e. high levels of emotional, social and psychological well-being). Individuals who are moderately psychologically healthy are between flourishing and languishing. These levels of mental health can be determined with his Mental Health Continuum Scale (MHC-SF) (Keyes 2005a, 2006; Keyes et al. 2008) which measures states of mental health as something positive, rather than the mere absence of psychopathology. Although Keyes's model conceptualises pathology on the lower end of the

mental health continuum, this scale of his only measures degrees of well-being on the upper end of the continuum and, therefore, other measures should be implemented to evaluate the presence of symptoms of pathology or mental ill-health in order to establish whether strength enhancement may also lead to symptom reduction. Therefore, the current study also included measures of symptoms and depression.

Flourishing, as conceptualised by Keyes (2002, 2003, 2005a, 2007), indicates a state of complete mental health and is conceived of as a syndrome of subjective well-being consisting of eudaimonia - positive functioning in life, and of hedonia - positive feelings toward life. Flourishing or completely mentally healthy people show low levels of perceived helplessness (e.g., high perceived control in life), high levels of functional goals (e.g., knowing what they want from life), high levels of self-reported resilience (e.g., learning from adversities), and high levels of intimacy (e.g., feeling very close with family and friends) (Keyes 2007). Keyes showed that flourishing youth report higher levels of psychosocial functioning, namely higher levels of global self-concept, self-determination, positive relations and school integration than moderately mentally healthy and languishing youth. According to Keyes a small proportion of those who were otherwise free of a common mental disorder are truly mentally healthy, i.e., they had the absence of mental illness and the presence of mental health. Keyes also emphasised that when persons are symptom-free, it does not automatically indicate that they are thriving human beings. He pointed out that most American adolescents (60%) do not experience complete mental health (Keyes 2007).

Keyes's findings were confirmed in a South African study (cf. Van Schalkwyk and Wissing – submitted; Wissing et al. 2008) that indicated that approximately 60% adolescents could not be categorised as flourishing. Moderate mental health was the most prevalent mental health status among South African adolescents (i.e. 53%), and a small percentage (5%) was considered as languishing. Taking into account Keyes's (2009) ideal distribution of mental health in the population (this ideal was originally reported in Keyes 2007 for adult data) it is clear that South

African youth are far from the public mental health goal of 6 out of 10 flourishing, since it was found that merely four out of ten South African youngsters experience flourishing. Since flourishing is not an automatic (Keyes 2006, 2007) or "instinctive" process (Damasio 2006), it is clear that higher levels of psychosocial well-being in youth must be promoted in a systematic manner. It is also necessary that a well-being strategy aimed at strength building should focus on the "know-how" of well-being, since positive human health requires more than the eradication of poor health or the prevention of problem behaviours.

There are many reasons why psychosocial well-being of adolescents should be promoted. Keyes (2005a, 2007) argues that the promotion and the protection of positive mental health must be integrated with all national efforts to treat and prevent mental illness. Languishing and ill health imply immense expenditure for governments, namely the efforts concerning the eradication of disease and of illness reduction. The absence of well-being generates conditions of vulnerability for illnesses, such as depression and risk behaviours (e.g. suicide; substance abuse and HIV/AIDS) (Ryff 1989; Freeman 2004; Patel et al. 2008; Keyes 2009). Higher levels of psychological well-being imply better physical, psychological, social and emotional well-being (Park and Peterson 2009; Wissing and Temane 2008). Therefore, it is more cost-effective to be healthy and the systematic enhancement of well-being in the short and long-term can be the best investment in young people, as an invaluable resource, since they represent the future of any society.

In view of the practical need, and against the backdrop of relevant theoretical approaches, a well-being strategy was designed to encourage youngsters to apply psychological strengths as personal resources in order to experience higher levels of psychosocial well-being and to equip them to deal with stressors/problems that are part of everyday experience. This well-being strategy or programme was implemented, and this study reports on the quantitative and qualitative evaluation of its effect directly after the programme and then three months later. The

aim was thus to evaluate the effect of a programme intended to encourage higher levels of psychosocial well-being and flourishing in a group of secondary school learners in South Africa.

METHOD

Design

A mixed method design was implemented, gathering both qualitative and quantitative data, which were integrated to form a comprehensive understanding of the effect of the programme (Ivankova, Creswell and Stick 2006).

Participants

An experimental (n=64) and control (n=49) group of participants between the ages of 15 and 17 years of age from a secondary school took part in this project. These participants were grade 10 learners in an urban area in the Western Cape of South Africa. A specific school was selected as it present a good representation of the rich variety of South Africa's culture, namely Afrikaans, English and Xhosa-speaking youngsters, including whites (Caucasian), persons of colour and blacks. The languages of tuition in this school are Afrikaans and English. The selection of the experimental and control groups was done by using the seven different class sections of the grade ten class group: Four sections were chosen as the experimental group and three sections were selected as the control group. No number of participants declined to participate or withdrew from the study.

Programme: A well-being strategy to enhance flourishing

The well-being strategy was developed against the theoretical background of Keyes's model (2005, 2006, 2007) and the strength perspective (Park and Peterson 2009; Peterson 2006), taking into account the specific needs of adolescents from this cohort. The well-being strategy includes two elements firstly, a master plan to achieve objectives (plan-*of*-action), and secondly, the process or the implementation of the plan (the plan-*in*-action). The focal point of the well-

being strategy is the deliberate development of selected psychological strengths as the necessary "muscles" to encourage complete well-being and, in time, sustainable well-being.

The well-being strategy consists of ten sessions (the duration of each session is 50 minutes) and is based on Keyes's model of complete well-being, with special emphasis on the psychological dimension: Session 1: Grand strategy and functional strategies; session 2: Dimensions of well-being: psychological/personal, social and emotional; session 3: Psychological strengths and the role of values; session 4: Self-acceptance (psychological dimension) and gratitude (strength); session 5: Autonomy (psychological well-being) and self-regulation (strength); session 6: Positive relations with others (psychological well-being) and kindness (strength); session 7: Environmental mastery (psychological well-being) and wisdom (strength); session 8: purpose-in-life (psychological dimension) and persistence (strength); session 9: Personal growth (psychological well-being) and enthusiasm (strength); and session 10: Recapitulation of well-being components and psychological strengths.

The content or formulation of the strategy as plan-of-action is built on existing knowledge (Keyes 2005a, 2006, 2007; Keyes et al. 2008; Fredrickson and Losada 2005; Peterson 2006; Lyubomirsky 2007; Yates and Masten, 2004; Linley, Joseph, Harrington and Wood 2006; Smith 2006; Deci and Ryan 2002; Baltes and Freund 2003). Selected strengths, namely gratitude, self-regulation, kindness, perspective, persistence, and enthusiasm (VIA, Peterson and Seligman 2004) were targeted as of primary importance in connection with the promotion of sustainable well-being. These strengths are linked to specific facets of well-being e.g. the psychological strength of persistence (VIA: emotional strengths of courage) is linked to purpose-in-life.

As part of the functional strategy or plan-in-action, the selected content was translated into the youngsters' daily activities, since mere knowledge does not imply expertise (Blanchard, Meyer and Ruhe 2007). The grand strategy is thus implemented as functional strategies by means of "the plan-in-action" (Pearce and Robinson 1994). This process dealt with the acquiring of specified skills (e.g. effective communication) linked to specific strengths, which were applied

and practiced on a daily basis. In sum, the well-being strategy was put forward as planned action, to encourage flourishing in adolescents.

The experimental group was exposed to a well-being intervention, while the control group was given the opportunity to attend a generic youth programme organised by the school. This latter programme did not cover any of the topics of the proposed well-being strategy.

Data collection

Quantitative Measures

The Mental Health Continuum-Short Form (MHC-SF) (Keyes, 2005a, 2006). The 14-item MHC-SF was implemented as it measures various levels of mental health on the upper end of well-being. It has three sub-scales: 1) Emotional Well-Being (EWB) defined in terms of positive affect and satisfaction with life; 2) Social Well-Being (SWB) described in terms of social acceptance, social actualisation, social contribution, social coherence and social integration; and 3) Psychological Well-Being (PWB) described in terms of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. Scores on the scale as a whole may also be used to categorise an individual as languishing, moderate mentally healthy or flourishing. Keyes (2006) provides evidence of good reliability and validity, and this was also shown for a South African sample (Keyes et al. 2008). A Cronbach alpha of 0.88 was obtained for the MHC-SF in the current study.

The Coping Self-efficacy Scale (CSE) (Chesney et al. 2006). This 26-item scale was implemented as it measures individuals' evaluations of their confidence (perceived self-efficacy) with respect to carrying out coping strategies in dealing with challenges or threats, and not only coping strategies *per se.* The CSE thus provides a measure of a person's perceived ability to cope effectively with life challenges, and has also previously been implemented to assess changes in coping efficacy over time in intervention research (cf. Chesney et al. 2006). The CSE has three sub-scales: Problem-focused coping (PFC), stops

unpleasant emotions and thoughts (SUE), and support from friends and family (SFF). The authors provided evidence of good reliability and validity. The Cronbach alpha reliability index in the current study was 0.91.

The New General Self-Efficacy Scale (NGSE) (Chen, Gully and Eden 2001). This eight-item self-report measures the tendency to view oneself as more or less capable of meeting task demands in various contexts. Validation studies have indicated that the NGSE measures a construct that is related to, but distinct from both self-esteem and situational self-efficacy (cf. Chen et al. 2001). Internal consistency reliabilities have been found to be 0.86 and 0.90. In the present study, the Cronbach internal reliability was 0.83.

The Self-Regulation Scale (SRS) (Schwarzer, Diehl and Schmitz 1999). This scale was selected since it was important to determine adolescents' ability to focus attention in a maintenance situation on the task at hand and to maintain a favourable emotional balance. Attention and emotion regulation are reflected in this 7-item scale. The SRS measures participants' post-intentional self-regulation when they are in the process of pursuing a goal and facing difficulties in continuing their action. Cronbach alpha reliabilities have been found to be 0.76 and 0.62. In the current study the Cronbach alpha was 0.77.

The Fortitude Questionnaire (FORQ) (Pretorius 1998). The 20-item FORQ measures the extent to which a person feels that he/she is able to manage stress and stay well (fortitude). This strength derives from an appraisal of the self, the family and support from others. The FORQ has 3 sub-scales that measure appraisal of own problem-solving efficacy and mastery (S), perceived support from family (FA), and perceived support from friends (FR). The Fortitude Questionnaire is a reliable and valid measure as indicated by Pretorius (1998) in the South African context. The Cronbach alpha in this study was 0.89.

The General Health Questionnaire (GHQ) (Goldberg and Hillier 1979). The 28-item GHQ implemented in this study is aimed at detecting common symptoms indicative of the various syndromes of mental disorder, and differentiates between individuals with psychopathology as a

general class and those who are considered to be normal. Subscales are: Somatic Symptoms (SS), Anxiety and Insomnia (AX), Social Dysfunction (SD) and Severe Depression (DS). In this study, the 'GHQ method' (Goldberg & Hillier, 1979) of scoring was implemented, i.e., responses were scored 0-0-1-1, with a minimum of 0 and a maximum of 28. This method was adopted rather than the Likert type of graded scoring that uses 1-2-3-4 (or 0-1-2-3) and it also reduces the effect of a response set to choose extremes. Cronbach alpha reliabilities reported vary from 0.82 to 0.86 (Goldberg et al. 1997). Goldberg et al. (1997) attest extensively to its validity. The Cronbach alpha reliability index in the current study was 0.93. This scale is included to detect possible shifts in symptoms on the lower end of the mental health continuum as a result of the strengths building intervention.

The Patient Health Questionnaire: Depression Symptoms (PHQ-9) (Kroenke, Spitzer and William 2001). The 9-item PHQ measures the extent of symptoms of major depression as conceptualised in the DSM-IV criteria. The Patient Health Questionnaire (PHQ) was selected, since it is designed to recognise the symptoms of major depression, which are on the lower end of the mental health continuum. Cronbach alpha in the current study was 0.82.

Socio-demographic information. Information regarding age, gender and culture was obtained to facilitate description of participants.

Qualitative data collection

The experimental group were requested during the post (October 2008)- and follow-up (February 2009) phases to write down their subjective experience of the well-being strategy. Data were gathered with open-ended questions: Questions were asked to assess the experienced worth of the well-being strategy for the youngsters, and how it manifested in their lives. The adolescents were presented with questions such as the following: What is your

personal experience of the well-being strategy?; offer some examples how you implement this programme on a daily basis; and in what ways does the well-being strategy empower you?

Procedure and ethical concerns

Permission to conduct this research was obtained in 2008 from the Western Cape Department of Education. Meetings with the headmaster of the mentioned high school were held in order to obtain permission to conduct the current study. The support of the headmaster was also of vital importance regarding the assistance of the teachers involved. The experimental programme was conducted over the course of twenty weeks. Before, directly after, and three months later psychometric evaluations were conducted on both the experimental and control groups. Interviews to collect qualitative data were conducted after completion of the programme implementation.

As far as ethical clearance is concerned, the informed consent of participants' parents was obtained by means of a letter and consent forms explaining the aim of the study. Participants gave their assent and were informed of their right to withdraw from the study at any stage and that all data would be treated confidentially. Approval for this research was obtained from the Ethics Committee of the North-West University (approval number: NWU-00002-07-A2).

Data Analysis

Descriptive statistics and reliability indices (Cronbach alpha) were established for all measuring instruments, and frequencies determined for the various categories of mental health as determined with the MHC-SF. The significance of differences between and within the experimental and control groups on all variables as measured before, after, and at 3 months follow-up were determined by means of two-sample t-tests. The practical significance of differences was calculated by establishing d-values or effect sizes (Field 2005 p. 32), where d=.10 indicates a small effect size; d=.30 indicates a medium effect; and d=.50 indicates a larger

effect size. For the purpose of this study an effect size of .30 (moderate effect) was used to indicate practical significance. It was also decided to explore the significance of differences within each of the experimental and control groups, in order to obtain more detailed information on the experimental group, and to determine the significance of differences between the experimental and control group; now using the mean difference scores between pre-and post; pre-and follow-up; and post and follow-up evaluation on each variable in order to determine the impact of the intervention programme. To evaluate the effect of the intervention the percentages of flourishing and languishing participants per experimental and control group were calculated for the pre-, post and follow-up evaluations, and the possible differences of practical significance in proportions of percentages of flourishing participants at the various stages and between the experimental group and control group, were calculated.

Qualitative analysis was done according to the technique of thematic analysis (Creswell 2005), since it allows the systematic deduction of the identification of specific features of texts. The raw data - namely the written reports - were read and reread, and then meaningful categories were extracted corresponding to thematic patterns (Creswell 2005). The themes refer to units of meaning that were deduced from patterns that emerged from the categories e.g. repeated behaviour or feelings (Creswell 2005).

In order to ensure the trustworthiness of the results, the identified themes were verified in discussions between the authors, with a smaller representative group of the participants, and with two independent professional persons, namely Ms M. Le Roux (Stellenbosch University: Department of Psychology) and Dr. P. Nel (Western Cape University: Department of Industrial Psychology). Through the application of the phenomenological method of bracketing the researcher's prejudices, assumptions and beliefs were listed and avoided as far as possible in order to allow the research data to be self evident. This analytical process was characterised by constant critical reflection and the discussions referred to above.

RESULTS

Firstly, the results from the quantitative measures are presented, and then, secondly, the findings from the qualitative data.

Quantitative results

Descriptive statistics and reliability indices for all measures.

Table 1 shows the descriptive statistics and Cronbach alpha coefficients for the various measuring instruments. The reliability indices of all measures were highly satisfactorily (cf the guideline of 0.70 by Kerlinger and Lee 2000).

[Insert Table 1 about here]

Comparison of pre-, post-, and follow-up scores of the experimental and control groups

Comparisons of pre-, post-, and follow-up scores of the experimental and control groups are presented in Table 2. The results are presented in three clusters, namely the comparison between the experimental and control groups regarding the pre-test, the post-test and the follow-up test.

[Insert Table 2 about here]

Because a random assignment of participants to the experimental and control groups was not possible, a comparison of their initial pre-test score was necessary. During the pre-test (on all measures), no statistical significant differences could be established between the experimental and control groups (see Table 2). According to the pre-test scores the experimental and control groups were thus more or less equal before the intervention.

A comparison of post-testing scores of the experimental and control groups indicates that the control group presented statistically and practically significantly more symptoms than the experimental group, as measured by the PHQ-9 and GHQ. The experimental and control groups differed significantly regarding some measures during follow-up, i.e. the experimental group had fewer symptoms of stress than the control group, as measured with the GHQ, and higher levels

of emotional well-being, as measured by the MHC:EWB. These differences were statistically significant, and had a moderate practical significance.

Within group differences in the experimental and control groups

Differences within the experimental group

The differences in pre-and post-; pre- and follow-up; and post- and follow-up scores within the experimental group are presented in Table 3.

[Insert Table 3 about here]

The results indicate that for the experimental group there are some statistically significant differences between the pre- and post-testing, but these were not practically significant. Comparison of the pre-test scores with the follow-up test scores showed statistical and practical significant differences and moderate practical significance in several instances. There are indications of higher well-being scores in the follow-up in comparison with pre-testing for emotional and social well-being, as measured with the MHCSF, more coping self-efficacy beliefs, as measures with the CSE, more general self-efficacy (NGSE), and fewer symptoms of stress as measured by subscales of the GHQ. In the comparison of post- and follow-up testing the experimental group showed statistically significant increases in well-being as measured with the MHCSF, SRS, FORQ, CSE, NGSE, and lower symptoms, as measured by the GHQ. These differences were practically significant with a moderate effect for the MHCSF and SRS, small effect for the FORQ, moderate effect for the CSE, NGSE and for the GHQ.

Results for the experimental group indicate that on the whole statistical significant differences were found, and the largest effect were revealed between the post-and follow-up assessments regarding measures of well-being and measures of absence of well-being.

Differences within the control group

The differences in pre-and post-; pre- and follow-up; and post- and follow-up scores within the control group are presented in Table 4.

[Insert Table 4 about here]

As indicated in Table 4, there are no statistically significant differences between pre- and post-testing on any variable, and also nothing between pre- and follow-up testing for the control group. The control group also showed no differences on variables between post- and follow-up testing, except for fewer symptoms of social dysfunction, as measured with the GHQ:SD, but this difference achieved only a small effect size of practical significance.

Prevalence of flourishing and languishing in the experimental and control groups during pre-, post-, and follow-up evaluation

The percentage of participants who were flourishing or languishing in the experimental and control groups was determined during pre-, post- and follow-up assessments, and findings indicate changes during the successive evaluations (see Table 5). The control and experimental groups did not differ significantly during the pre-test concerning the prevalence of flourishing, but they differed significantly (small to medium effect size) at follow-up testing ($d = 0.33$). For the experimental group the percentage of flourishing participants did not change from pre- to post-testing (which was during the exam), but a seeming decrease in flourishing scores was shown for the control group. During the follow-up evaluation a practical significant (small to medium effect size) increase in the number of flourishing participants was found in the case of the experimental group ($d = 0.39$), but no change from the pre-test evaluation was shown for the control group The percentage of languishing participants was slightly higher in the experimental group than in the control group during pre-testing, but a marked decrease during post-testing in the case of the experimental group, possibly reflecting the impact of the programme, as the same

tendency was not shown for the control group, although they also manifested a slightly lower percentage during follow-up after the recess.

[insert Table 5 about here]

Qualitative results

Subjective evaluation of intervention after completion (post-testing phase) (November 2008)

The well-being strategy was presented as an intervention programme during 2008. At the end of that year participants (experimental group) were asked to complete open-ended questionnaires in order to evaluate the effectiveness of the programme. These written reports (raw data) were analysed and meaningful themes were identified. A table as a helpful synopsis was used to summarise the identified themes regarding the participants' evaluation of the well-being strategy (see Table 6). Two broad themes were identified: Firstly, enhancement regarding well-being facets and secondly, the powerful effect of the positive perspective. The first component had the following sub-themes, namely self-worth and self-confidence; active agency; coping; relationships; meaningfulness; and committed living. The second component included the following sub-themes: firstly, a different point of view; the activation of personal resources; the role of resilience; secondly, effective skills; positive emotions and the role of emotional intelligence; and thirdly, negative/unenthusiastic feedback.

[Insert Table 6 about here]

Subjective evaluation of intervention during follow-up phase (February 2009)

A follow-up evaluation was conducted during 2009 to identify a possible shift in perceptions. The qualitative data obtained through the follow-up assessment (2009-session), followed a similar structure as in 2008 (see Table 7). The follow-up evaluation showed the following two broad themes: firstly, improvement regarding the facets of well-being, and secondly, the powerful effect of the strength-focused approach. Regarding the marked development experienced *vis a vis* the well-being facets, the following sub-themes were

revealed: Improved self-worth and self-competence; active agency; better coping; improved relationships; a more focused existence; being happier and the experience of positive engagement. The following "growth components" emerged as second broad theme, namely: A different and positive perspective; the upward spiral of positive functioning; empowered by skills; flourishing – the process; and the role of emotions and constructive coping; and negative feedback.

[Insert table 7 about here]

The quality of participants' experience of the strengths-focussed intervention may be highlighted as follows in line with the themes that were deduced:

A different and positive perspective

The deliberate promotion of psychosocial well-being was experienced as a new approach, as presented by the well-being strategy with a different way of thinking, feeling and doing. The well-being strategy offered a valuable compass-function towards "a life worth living" and was articulated as "*Dit het my hele siening verander... I went through a difficult time ... my parents were getting divorced ...Ek het positief gedink ...enabling me to achieve my goals.*"[It changed my outlook completely – I started to think positively ... enabling me to achieve my goals]. This holistic understanding and comprehensive approach of well-being also led to the appreciation of the spiritual component of being, and was verbalised as: "*Dit het my begin help om dieper oor dinge te dink ... ek het begin om meer aandag op die kleiner dinge in my lewe te vestig, sodat die 'bigger picture' later dan ook verbeter*" [It started to help me to think more deeply about things ... I started to give more attention to the little things in my life so that gradually the bigger picture improved].

The upward spiral of positive functioning

Apart from the application of personal strengths, the participants experienced enhanced functioning in all areas of functioning, e.g. better physical health and improved academic

performance, and this was experienced as: *"Dit was 'n omkeerpunt vir my... daar is 'n alternatief vir selfmoord, en my wiskundepunte het verbeter van 'n C tot 'n A –simbool".* [This was a turning-point for me ... there is an alternative to suicide, and my marks for maths improved from a C to an A symbol]. This positive process of positive functioning was articulated as: *"Dit het stadigaan gebeur, maar daar is definitief 'n verskil... by enjoying each day by paying attention to the good stuff"* [It happened slowly, but there is definitely a difference ... by enjoying each day by paying attention to the good stuff].

Flourishing: The process

It was acknowledged that flourishing could not be viewed as an automatic process, or simply a once-off identification of psychological strengths or the mere exposure to information regarding positive human health. The role of committed effort was highlighted by the participants, since the mastering of certain skills and techniques was required for the "plan-of-action" to become like a second nature. Flourishing was understood as an enduring process and put into words as "... *it is like watering a plant and the flowers will appear".*

Empowered by skills

Participants seem to have experienced empowerment in mastering simple but effective skills and techniques e.g. practising kindness/compassion by helping others. The application of these doable skills was enjoyed as daily activities, such as: *"Ek maak seker dat ek positief dink as ek opstaan in die oggende*" [I ensure that I think in a positive way when I get up in the mornings].

The role of emotions and constructive coping

These techniques were regarded as helpful and contributing to overall positive functioning. The implementation of positive emotions aided youngsters to feel happier and the application of these happy thoughts were articulated as "... *jy omvou jou hele lewe met hierdie goeie gevoelens ... en jy dink aan al die voorregte wat jy geniet ... en jou doelwitte"* [You cover your whole life

with these good feelings ... and you think about all the privileges ... and your goals]. It appeared that the use of positive emotions influenced effective coping, and improved functioning.

It was also found that the well-being strategy made it possible for the participants to be more honest regarding the experience of their emotions, especially negative emotions, and this was expressed as "*You are allowed to cry...*" It was stated that the inclusion of the negative with the positive enabled the teenagers to cope better with the negative (e.g. anxiety or sadness), i.e. it is not about replacing the negative emotional experience, but the inclusion of positive emotions that leads to increased strength to deal with the sadness.

Negative feedback

It appeared that a few participants did not find the well-being strategy appropriate regarding the enhancement of well-being. These participants showed very little engagement with the information and it seems that they relied mainly on external support. The role of self-induced barriers and anticipated negative outcomes seemed to indicate the absence of well-being, i.e. languishing and a seemingly powerlessness to implement the well-being strategy. This helplessness was put into words as "*... dalk moet daar met die graad 8 groep gewerk word.*"; "*Julle is 11 jaar te laat vir my.*" [Maybe you should engage with the grade 8 group. You are 11 years too late for me].

DISCUSSION

The aim of this study was to evaluate the effect of a well-being intervention to enhance psychosocial functioning and flourishing. The intention of the well-being strategy was to increase the probability of psychosocial wellness and to decrease the experience of languishing in a group of South African adolescents, through skill development and sustainable behavioural change. Quantitative and qualitative findings indicated that the intervention had a positive effect.

Quantitatively it was established that the well-being intervention had a positive effect on specific facets of psychosocial well-being of individuals in the experimental group, and that the

percentage of flourishing participants increased in the case of the experimental group with a simultaneous drop in the prevalence of languishing participants in this group. The specific measures of psychosocial health indicated that the experimental and control groups were comparable in functioning during pre-testing. Although relatively few differences were established in the course of the successive assessments between the experimental group and the control group, within group differences over time indicated the positive effect of the intervention in the case of the experimental group. The increase in psychosocial wellness in the case of the experimental group in contrast to the control group indicated that it was in all probability not mere maturation that led to higher levels of well-being. The increase in well-being is noteworthy, especially as Keyes (2009) indicated that flourishing may decline over time. The findings of the present study are in line with previous research that indicated that interventions targeting person-centred factors - such as personal resources, e.g. psychological strengths - might increase well-being (Seligman, Steen, Park, and Peterson 2005; Suldo, Huebner, Friedrich and Gilman 2009; Neenan, 2009).

The increase in levels of social, emotional and psychological well-being as components of mental health, as conceptualised in Keyes's model, was specifically shown by the within-group results of the experimental group over the course of successive evaluations. Findings revealed that the largest increase in well-being was with regard to the level of social well-being in adolescents as measured by Keyes's scale, followed closely by emotional well-being, and lastly improved levels of psychological well-being. This finding is important especially when taking into account Keyes's statement (2009, p 20) regarding the importance of social well-being: It is not sufficient that youth regularly feel happy (emotional well-being) and are confronted by challenges enabling them to become better persons (psychological well-being).However, they seldom feel that they have something important to contribute to society. They also have difficulty in accepting that people may not like them, and who may not contribute to improve society. From a developmental perspective the development of greater social competence during

this life phase, is very important. The development of greater social competence is also very important in the current South African context with its great diversity of peoples. Increased social well-being within this specific South African context may also be understood in view of a cultural orientation, where the group is often central, and the self is interdependently defined as the collectivist self, as expressed in the construct of "Ubuntu" from the Zulu saying: *Umuntu ngumuntu ngabatu* ("A person is a person through other persons"). Positive relations and societal well-being are, however, also *per se* part of personal fulfilment and emotional and physical wellness (Diener and Diener 2008). The change in social well-being as an effect of the programme is probably mainly an intra-personal change as measured with the Mental Health Continuum Scale, as no significant differences were found on the Fortitude Questionnaire with regard to friends and family, or in seeking support from friends and family as coping strategies. The changes did thus not come about because of more support perceived from family and friends, but were part of a new experience of the relevant individuals' own strengths in the social context.

Apart from the well-being programme's contribution towards the enhancement of psychosocial wellness in adolescents, it was found in a comparison of the experimental and control group that the experimental group experienced fewer somatic symptoms, less anxiety and less depression than the control group during follow-up evaluation. These findings are in line with growing evidence which shows the buttressing effect of certain psychological strengths against negative outcomes and the beneficial role towards wellness. This is in accordance with previous research that indicated that the building of strengths not only reduces the possibility of negative outcomes such as suicide ideation, depression and substance abuse, but also offers important pointers for thriving, e.g. school success and managing responsibilities (Park and Peterson 2009).

Qualitative findings revealed that participants experienced the well-being strategy as a new and different viewpoint, namely the activation of psychological resources and the building of a

"strong life". The participants in the experimental group reported the discovery of an innovative language and a new cognitive script or approach to life in contrast to the familiar focus on risks, eradication of "wrong-doing" and the unlearning or "fixing" of bad habits. It seems that as opposed to the strength-focused approach, South African youths were confronted to a large extent in the past by paradigms aimed largely at supporting youngsters to cope with existing crises by focusing on *"what is wrong"* (cf. Seligman: "extinguishing fires"), e.g. broken homes, and the prevention of dysfunctional behaviours e.g. sexual risk behaviours and HIV/Aids. Research confirms this typical focus on "what goes wrong" in humans including psychological, physical and educational disabilities (Huebner, Gilman and Furlong 2009). Therefore, it is important to extend efforts to build strengths and flourishing in youth as part of school curricula and general health promotion programmes.

Apart from this new and "positive" viewpoint of mental health that seemed to make a difference, the aspects of active agency, purposeful living, constructive coping (problem solving and suppression of negative thoughts and feelings) and the importance of self-worth were highlighted. The qualitative findings indicated that participants were able to translate positive functioning into ordinary daily activities (cf. "ordinary magic", Masten 2001) as the implementation and cultivation of psychological strengths e.g. the practice of kindness towards family and friends by supporting and helping others with daily chores or writing thank you notes, sending words of encouragement via cell-phones (SMS), and the regular expression of appreciation. Participants experienced enhanced performance in several areas of functioning probably they applied personal strengths, e.g. improved self-regulation, pro-active behaviour, improved persistence and the attainment of goals.

Exposure to the well-being strategy provided new skills to participants in their experience. Healthy adolescents do not necessarily live problem free lives, but the programme equipped them with a more honest understanding and effective expression of their emotions. Buckley and Saarni (2009) indicated that the effective management of emotions - and in particular distressing

emotions - requires the coordination of numerous skills of emotional competence. Participants valued the learning of the language of emotion and knowing how to regulate emotional arousal e.g. when dealing with conflict. Coping skills and the honest management of (negative) emotions were acknowledged. This is in line with Fredrickson's contention that enlarging one's emotional repertoire should include positive and negative emotions (Fredrickson 2001). The programme made adolescents aware of the importance of acquiring an adequately developed lexicon of emotions in order to cope effectively with the emotional demands of several contexts, amongst others the school as learning environment.

From the qualitative findings it emerged that emotional competence is particularly important for constructive coping and psychological well-being. While most participants benefited from the awareness of habituated behaviour when experiencing negative life events, and negative emotions such as anger, many expressed their initial lack of ability to handle self-blame, catastrophising, depression and worry. The development of constructive coping strategies are very important for South African youth, as many of them have to cope with problems, such as domestic violence, impaired relationships, substance abuse, and constant threats from high levels of crime, sexual abuse and severe poverty.

The intervention showed quantitatively a stronger impact during follow-up evaluation than directly after completion of the programme. This may be explained by the post-evaluation of the programme as taking place directly after the intervention coincided with the beginning of the end of the year exams, which is a rather stressful time for learners, and that the follow-up evaluation was after the Christmas holidays, which represented a more relaxing time. However, differences in the functioning of participants in the experimental and control groups are shown. An alternative or additional interpretation for the stronger functioning of participants in the experimental group at the follow-up than at post-testing may be that skills are learned and new habits forming take place over time. The development of strengths and skills to enhance well-being is a process that unfolds with practice over time. Qualitatively it was also evident that

"flourishing" cannot be viewed as an instantaneous event, or simply happening after a once-off identification of psychological strengths. Growth towards flourishing is a *process*. This process involves behaviour training and competency (skills). Although the development of strengths and cognitive content are imperative to facilitate behaviour modification, as was done with the well-being strategy, the skilful application of techniques and of habit-formation over time are important. Changing behaviour means more than merely changing minds (Neal, Wood and Quinn 2006). Participants from the experimental group continued practicing which led to the experience of positive outcomes. This upward spiral of positive functioning over time was also reported in qualitative data. This finding is in line with the suggestion by Seligman et al. (2005) that the benefits of strategies aimed at the enhancement of well-being may not begin immediately, but may rather have a delayed (but long-term) effect. This is in agreement with Catalano and his colleagues (2002) stating that longer-term follow-ups enable researchers to better document the effects of interventions.

Qualitative results support and elaborate on the quantitative findings by illuminating the multi-faceted structure of "flourishing" within the dimensions of psychological, emotional and social well-being. It is evident that results from both the quantitative and qualitative studies indicate that the well-being strategy contributed in several respects to the building of psychosocial wellness, probably via the activating of selected psychological strengths in the experimental group. Strength-congruent activities also provided a forceful "method" to deal with lower levels of well-being and symptoms of ill-being. As the current programme that focused on strengths could lower the levels of symptoms of mental illness (anxiety and depression), this may have implications for clinical practice, and provide support for "positive therapies," such as those of Fava and Ruini (2003) and also Linley and Joseph (2004).

The positive impact of the well-being intervention, as shown by changes in specific facets of psychological functioning (quantitative findings) and in approach to life (qualitative findings), was underscored by the significant increase in the prevalence of levels of flourishing in the case

of the experimental group (from 49% to 68%), and decrease in the case of the prevalence of languishing from pre-testing to follow-up testing (from 21% to 11% post-testing in exam-period, and 5% in follow-up). The percentage of flourishing participants in the control group remained the same (51% pre-and follow-up, with a drop to 43% during post-testing in the exam). The percentage of languishing participants actually increased from 9% during pre-testing to 23% in post-testing in the end-exam period, and 16% during post-testing. The seeming increase in languishing for the control group, and the notable decrease of flourishing during the pre-and post-tests could possibly be explained as the weakening of psychological resources if these were not intentionally developed. Keyes (2009) indicated that flourishing may decline over time. He found a loss of approximately 10% of flourishing between ages 12-14 (middle school) and ages 15-18 (high school). Thus, when psychosocial wellness is not developed deliberately, it is possible that languishing may deteriorate to pathology. This has major implications for active mental health and the promotion of well-being, as mental disorders in youngsters have a tendency to persist into adulthood (Patel, Flisher, Nikapota and Malhotra 2008).

In conclusion, the implemented programme or well-being strategy had a positive effect on the psychosocial functioning of the group of participants. The intervention can be conceived of as a process of tilling, planting and nurturing of adolescents that may result in an enhancement of functioning towards flourishing. Participants understood this process of growing (Bracken, 2009), as facilitated by the well-being strategy, as an enduring process and it was verbalised as "... *it is like watering a plant and the flowers will appear*". The findings also suggest that the enhancement of adolescents' psychosocial well-being is not a luxury, but a necessity, since the absence of mental illness does not automatically imply positive human health, and levels of psychosocial functioning may actually decrease over time. This is in line with Keyes's viewpoint that a different approach is needed to enhance levels of well-being in order to counteract pathological symptoms and to increase fortogenic resources.

Limitations

The main limitation of this study was the lack of a complete random assignment of participants, and the relatively small sample. A small sample size could lead to reduced statistical power. It should be recognised that in applied research settings, as applicable to quasi-research designs, the sample size may present a challenge. Although the generalisation of results may be an aim in survey research, emphasis is placed on internal validity during quasi-experimental research and the identification of the possible cause-and-effect relationship between the well-being strategy and positive outcomes. According to Gillham et al. (2002) attrition rates are likely to increase when researchers include longer-term follow-ups in their programme evaluations. Attrition was due to participants being absent from school because of end of the academic year exams, with the result that several participants failed to complete their assessments. Since findings of this study cannot be generalised to all adolescents, further research is necessary.

Recommendations for future research

Future research could examine the factors that make individuals more receptive to benefit from interventions, especially regarding the promotion of positive human health – in contrast to existing paradigms of "damage-control" where it is satisfactory to seek therapy, coupled with the supposed acceptance of being symptom-free. It is also necessary to establish the effectiveness of well-being programmes by determining the dynamics of factors, such as teenagers' temperament, culture, cognitive development, gender and the processes involved, i.e. mediating factors, such as the exposure to positive role models (parents, educators) within various contexts. Furthermore, the development of measurement tools is needed to assess adolescents' well-being, particularly within the school environment, by focusing on the identification of specific psychological strengths in order to encourage budding teenagers to flourish. In addition, further

research is needed with other groups of participants, and with participants in other age brackets and developmental phases.

REFERENCES

Baltes PB, Freund AM. 2003. Human strengths as the orchestration of wisdom and selective optimization with compensation. In: Aspinwall & Staudinger (eds.), *A psychology of human strengths: Fundamental questions and future directions for a positive psychology.* Washington, DC: American Psychological Association. pp 23-47.

Blanchard K, Meyer PJ, Ruhe D. 2007. *Know can do: Put your know-how into action.* San Francisco: Berrett-Koehler Publishers, Inc.

Bracken BA. 2009. Positive self-concepts. In: Gilman R, Huebner ES and Furlong (eds), *Handbook of Positive Psychology in schools.* New York: Routledge. pp 89-106.

Buckley M, Saarni C. 2009. Emotion regulation: Implications for positive youth development. In: Gilman R, Huebner ES and Furlong (eds), *Handbook of Positive Psychology in schools.* New York: Routledge. pp 107-108.

Catalano RF, Berglund ML, Ryan JAM, Lonczak HS, Hawkins JD. 2002. Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth programs. *Prevention and Treatment 5(15)*: 1-113.

Chen G, Gully SM, Eden D. 2001. Validation of a new general self-efficacy scale. *Organizational Research Methods, 4 (1)*: 62-83.

Chesney MA, Neilands TB, Chambers DB Taylor JM, Folkman S. 2006. A validity and reliability study of the coping self-efficacy scale. *British Journal of Health Psychology,* 11: 421–437.

Creswell JW. 2005. *Qualitative inquiry and research design: Choosing among five traditions.* London: Sage publications.

Damasio A. 2006. *Descartes' error.* London: Vintage Random House.

Deci EL, Ryan RM. 2002. The 'what' and 'why' of goal pursuits: Human needs and the self-determination of behaviour. *Psychological Inquiry, 11*(4): 227-268.

Delle Fave A, Massimini F. 2005. The investigation of optimal experience and apathy. Developmental and psychosocial implications. *European psychologist, 10*(4).

Diener E, Diener RB. 2008. *Happiness: Unlocking the mysteries of Psychological wealth.* Oxford: Blackwell publishing.

Fava GA. 1999. Well-being therapy: Conceptual and technical issues. *Psycho-therapy and Psychosomatics Bulletin* 125: 276-302.

Fava GA, Ruini C. 2003. Development and characteristics of a well-being enhancing psychotherapeutic strategy: well-being therapy. *Journal of Behavior Therapy and Experimental Psychiatry 34*: 45-63.

Frankl VE. 1969. *The will to meaning: Foundations and applications of logotherapy.* New York: Nee American Library.

Fredrickson BL. 2005. Positive emotions. In: C.R. Snyder & S.J. Lopez (eds), *Handbook of positive psychology.* New York: Oxford University Press. pp120-134.

Fredrickson BL, Branigan C. 2005. Positive emotions broaden the scope of attention toward emotional well-being. *Psychological science* 13: 172-5.

Fredrickson BL, Losada MF. 2005. Positive affect and the complex dynamics of human flourishing. *American Psychologist, 60*(7): 678-686.

Fredrickson BL, Mancuso RA, Branigan C, Tugade MM. 2000. The undoing effect of positive emotions. *Motivation and Emotion.* 24: 237-58.

Freeman M. 2004. HIV/AIDS in developing countries: Heading towards a mental health and consequent social disaster? South African. *Journal of Psychology, 34*(1): 139-159.

Field A. 2005. *Discovering Statistics using SPSS*, (2nd edn.). London: SAGE Publications Ltd.

Fredrickson BL. 2001. The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist, 56*(3): 218-226.

Fredrickson BL. 2003. The value of positive emotions. *American scientist 91:* 330-335.

Fredrickson BL, Losada MF. 2005. Positive affect and the complex dynamics of human flourishing. *American Psychologist, 60* (7): 678-686.

Gillham JE, Reivich K, Shatté A. 2002. Positive Youth Development, Prevention, and Positive Psychology: Commentary on Positive Youth Development in the United States. *Prevention & Treatment, 5* (18): 1-10.

Gillham JE, Hamilton J, Freres DR, Patton K, Gallop Research. 2006. Preventing depression among early adolescents in the primary care setting: A randomized controlled study of the Penn Resiliency Program. *Journal of Abnormal Child Psychology 34:* 203-219.

Gillham JE, Gallop Research, Seligman MEP, Reivich KJ et al. 2007. School-based prevention of depressive symptoms: A randomized controlled study of the effectiveness and specificity of the Penn Resiliency Program. *Journal of Counseling and Clinical Psychology 75*(1): 9-19.

Goldberg DP, Gater R, Sartorius N, Usten TB, Piccinelli M, Gureje O, Rutter C. 1997. The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological Medicine 27*: 191-197.

Goldberg DP, Hillier VF. 1979. A scaled version of the General Health Questionnaire. *Psychological Medicine, 9*: 139-145.

Haidt J. 2006. Elevation and the positive psychology of morality. In: Keyes CLM, Haidt J (eds), *Flourishing: Positive Psychology and the life well-lived.* Washington, DC: American Psychological Association Press pp 275-289.

Huebner ES, Gilman R, Furlong MJ. 2009. A conceptual model for research in Positive Psychology in children and youth. In: Gilman R, Huebner ES, Furlong MJ (eds), *Handbook of Positive Psychology in schools.* New York: Routledge pp 3-8.

Ivankova NV, Creswell, JW Stick SL. 2006. Using mixed-methods sequential explanatory design: From theory to practice. *Fields methods, 18*(1): 3-20.

Kerlinger FN, Lee HB. 2000. *Foundations of behavioural research* (4th edn). Orlando: Harcourt College Publishers pp 652-657.

Keyes CLM. 2002. The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behaviour, 43*: 207-222.

Keyes CLM. 2003. Complete mental health: An agenda for the 21st century. In: Keyes CLM, Haidt J (eds), *Flourishing: Positive Psychology and the life well-lived.* Washington, DC: American Psychological Association Press pp. 293-312.

Keyes CLM. 2005a. Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology 73:* 539-548.

Keyes CLM. 2005b. Chronic physical conditions and aging: Is mental health a potential protective factor? *Aging International, 30*(1): 88-104.

Keyes CLM. 2006. Mental health in adolescence: Is America's youth flourishing? *American Journal of Orthopsychiatry, 76*: 395-402.

Keyes CLM. 2007. Promoting and protecting mental health as flourishing. *American Psychologist, 62*(2): 95-108.

Keyes CLM, Wissing MP, Potgieter J, Temane QM, Kruger A, Van Rooy S. 2008. Evaluation of the Mental Health Continuum Short Form (MHC-SF) in Setswana speaking South Africans. *Clinical Psychology and Psychotherapy (An International Journal of Theory and Practice), 15:* 181-192.

Keyes CLM. 2009. The nature and importance of positive mental health in America's adolescents. In: Gilman R, Huebner ES, Furlong MJ (eds), *Handbook of Positive Psychology in schools.* New York: Routledge pp 9-24.

Kroenke K, Spitzer RL, Williams JBW. 2001. Validity of a brief depression severity measure. *Journal of general intern medicine, 16: 606-613.*

Leontiev D. 2006. Positive personality development: *Approaching personal autonomy.* In: Csikszentmihalyi M, Csikszentmihalyi IS (eds) *A life worth living: Contributions to positive psychology.* New York: Oxford University Press, Inc.

Linley PA, Joseph S. 2004. Toward a theoretical foundation for positive psychology in practice. In: Linley AA, Joseph S (eds), *Positive Psychology in Practice.* Hoboken, New Jersey: Wiley. pp 713-731.

Linley PA, Joseph S, Goodfellow B. 2008. Positive changes in outlook following trauma and their relationship to subsequent posttraumatic stress, depression, and anxiety. *Journal of Social and Clinical Psychology, 27*(8):877-891.

Linley PA, Joseph S, Harrington S, Wood AM. 2006. Positive psychology: Past, present, and (possible) future. *The Journal of Positive Psychology, 1*(1) 3-16.

Lyubomirsky S. 2007. *The how of happiness: A scientific approach to getting the life you want.* New York: The Penguin Press.

Lyubomirsky S, King L, Diener E. 2005. The benefits of positive affect: Does happiness lead to success? *Psychological bulletin* 131: 803-55.

Masten AS. 2001. Ordinarymagic. Resilience processes in development. *American psychologist, 56*(3): 227-238.

Neal DT, Wood Wisdom, Quinn J.M. 2006. Habits—A repeat performance. *Association for Psychological Science,* 15 (4): 198-202.

Neenan M. 2009. *Developing resilience: A cognitive-behavioural approach. London:* Routledge.

Park N, Peterson C. 2009. Strengths of character in schools. In: Gilman R, Huebner ES, Furlong (eds), *Handbook of Positive Psychology in schools.* New York: Routledge. pp 65-76.

Patel V, Flisher AJ, Nikapota A, Malhotra S. 2008. Promoting child and adolescent mental health in low and middle income countries *Journal of Child Psychology and Psychiatry 49* (3): 313–334.

Pearce II, JA, Robinson RB. 1994. *Formulation, implementation, and control of competitive strategy, 5th ed.* Boston: Irwin Inc pp 216-328.

Peterson C. 2006. The values in action (VIA) classification of strengths. In: Csikszentmihalyi M, Csikszentmihalyi IS (eds), *A life worth living: Contributions to Positive Psychology.* New York: Oxford University Press.

Peterson C, Seligman MEP. 2004. *Character strengths and virtues: A handbook and classification.* Values in Action Institute, American Psychological Association: Oxford University.

Pretorius TB. 1998. *Fortitude as stress-resistance: Development and validation of the Fortitude Questionnaire (FORQ).* University of the Western Cape: Bellville.

Ryff CD. 1989. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6): 1069-1081.

Schwarzer R, Diehl M, Schmitz GS. 1999. *Self-Regulation Scale.* Retrieved October 28, 2006, from http://www.fu-berlin.de/gesund/skalen

Seligman MEP, Steen TA, Park N, Peterson C. 2005. Positive Psychology Progress: Empirical validation of interventions. *American Psychologist 60*(5) 410-421.

Smith EJ. 2006. The strength-based counselling model. *The counselling psychologist 34*(1): 13-79.

Seligman, MEP. 2007. *Authentic happiness.* London: Nicholas Brealey Publishing. (Original work published 2002).

Suldo SM, Huebner ES, Friedrich AA, Gilman R. 2009. Life satisfaction. In: Gilman R, Huebner ES, Furlong MJ (eds), *Handbook of Positive Psychology in schools.* New York: Routledge. pp 27-36.

Wegner L, Flisher AJ, Caldwell LL, Vergnani T, Smith EA. 2007. Healthwise South Africa: cultural adaptation of a school-based risk prevention programme. *Health Education Research Advance Access.*

Wissing MP, Potgieter J, Temane QM, Oosthuizen T, Nienaber A, Van Rooy S, Combrinck I, Van Wyk M, Kruger A. 2008. *Levels of Psychological Well-being: Prevalence, concomitants and challenges in theory and practice.* Paper presented at Croatia-conference.

Wissing MP, Temane QM. 2008. The structure of psychological well-being in cultural context: Towards a hierachical model of psychological health. *Journal of Psychology in Africa 18*(1): *45-56.*

Yates TM, Masten AS. 2004. Fostering the future: Resilience theory and the practice of positive psychology. In: Linley PA, Joseph S. (eds), *Positive Psychology in Practice* Hoboken. New Jersey: John Wiley & Sons. pp. 521-539.

Table 1

Descriptive Statistics (pre-, post-, and follow-up (fp)) for Experimental and Control groups, as well as Cronbach reliability indices for measures based on total number of participants

Scale	Experimental Group		Control Group			
	Mean	SD	M	SD	Range	α
MHCSF pre	46.56	11.38	43.73	11.54	11-63	
MHCSF post	46.98	12.27	44.01	15.41	15-68	.88
MHCSF fp	51.49	11.59	43.06	17.51	0-70	
SRS pre	20.91	3.72	19.72	3.95	8-26	
SRS post	20.62	3.89	19.56	4.39	9-28	.77
SRS fp	21.92	3.40	20.32	3.87	13-28	
FORQ pre	58.81	9.41	58.80	10.10	31-78	
FORQ post	59.50	10.89	58.21	12.59	27-80	.89
FORQ fp	61.88	11.82	58.89	10.96	33-80	
CSE pre	171.59	36.46	164.09	37.61	65-235	
CSE post	170.64	40.70	162.71	49.63	42-260	.85
CSE fp	185.39	39.92	172.32	34.20	74-260	
NGSE pre	30.21	4.44	30.30	4.65	12-38	
NGSE post	30.32	5.20	28.00	6.71	12.40	.83
NGSE fp	31.81	5.15	29.03	5.7	16-40	
PHQ pre	8.5	5.2	8.9	5.67	0-26	
PHQ post	8.55	5.8	10.32	5.85	0-27	.82
PHQ fp	7.06	5.7	9.42	7.18	0-23	
GHQ pre	50.59	12.58	53.53	16.48	29-102	
GHQ post	50.20	12.48	55.51	16.48	28-93	.93
GHQ fp	45.85	11.51	52.84	12.86	28-90	

Note. MHC-SF=Mental Health Continuum-Short Form; SRS=Self Regulation Scale; FORQ=The Fortitude Questionnaire; CSE= Coping Self-efficacy Scale; NGSE=New General Self-efficacy; PHQ= Patient Health Questionnaire: Depression Symptoms; GHQ= General Health Questionnaire.

Table 2: Comparison between Experimental and Control groups

	Pre-test						Post-test						Follow-up test					
	Experimental		*Control*				*Experimental*		*Control*				*Experimental*		*Control*			
Scale	*N=64*		*N=49*		*p*	*d*	*N=58*		*N=41*		*p*	*d*	*N=58*		*N=41*		*p*	*d*
	M	*SD*	*M*	*SD*			*M*	*SD*	*M*	*SD*			*M*	*SD*	*M*	*SD*		
MHCSF_EWB	11.06	2.87	11.13	2.53	0.89	0.02	11.41	2.72	11.03	3.32	0.46	0.11	11.35	2.72	10.12	3.32	0.03*	0.43++
MHCSF_SWB	12.83	5.16	12.18	5.39	0.51	0.12	13.82	5.64	13.02	5.92	0.45	0.14	14.37	5.64	12.53	5.92	0.14	0.32
MHCSF_PWB	22.63	5.70	21.44	5.57	0.27	0.21	22.56	5.92	21.68	6.61	0.39	0.13	22.48	5.18	20.36	6.61	0.31	0.21
MHCSF_Tot	46.50	11.85	44.68	10.84	0.40	0.15	47.77	11.79	45.81	10.84	0.39	0.17	48.19	11.79	43.06	13.50	0.13	0.27
SRS_Tot	20.77	3.62	19.81	3.70	0.17	0.26	20.77	3.62	19.81	13.50	0.25	0.07	21.32	3.79	19.72	3.88	0.22	0.24
FORQ_S	20.19	3.67	20.21	4.08	0.97	0.01	20.18	3.88	20.21	6.83	0.97	0.00	20.68	4.41	19.68	3.86	0.33	0.20
FORQ_FR	19.25	3.52	19.16	3.51	0.89	0.03	19.84	3.67	11.18	4.01	0.01*	0.16	19.52	3.67	18.81	4.01	0.21	0.26
FORQ_FA	19.07	5.08	19.26	4.55	0.84	0.04	19.27	5.20	20.42	5.08	0.19	0.22	20.17	5.20	20.39	5.08	0.99	0.00
FORQ_Tot	58.54	9.35	58.66	10.27	0.95	0.01	59.26	10.90	58.77	11.71	0.81	0.04	60.36	10.90	58.89	11.71	0.43	0.17
CSE_PFC	78.15	19.15	77.52	18.25	0.86	0.03	78.32	18.13	77.36	19.17	0.78	0.05	83.74	18.13	80.13	19.17	0.29	0.21
CSE_SUE	58.30	14.72	56.29	13.97	0.47	0.14	58.22	14.52	56.16	18.16	0.50	0.11	61.98	14.52	57.98	18.16	0.30	0.17
CSE_SFF	33.41	8.64	31.70	8.38	0.33	0.19	34.29	9.45	33.55	9.61	0.67	0.08	35.37	9.45	34.91	9.60	0.77	0.05
CSE_Tot	169.59	37.75	165.42	35.57	0.55	0.11	170.77	39.26	166.98	44.44	0.61	0.09	181.13	39.26	172.32	44.44	0.34	0.17
NGSE_Tot	30.28	4.45	30.29	4.65	0.99	0.00	30.10	5.13	28.10	6.18	0.06	0.32	30.95	5.13	29.03	6.18	0.06	0.34
PHQ_Tot	8.48	5.52	8.46	5.68	0.98	0.00	8.07	5.73	10.97	6.89	0.02*	0.42++	7.88	5.73	9.42	6.89	0.11	0.29
GHQ_SS	12.77	3.76	13.55	4.67	0.33	0.17	12.51	4.18	14.38	4.94	0.04*	0.38++	13.00	4.18	13.68	4.94	0.05*	0.22
GHQ_AX	13.02	5.13	13.71	5.46	0.49	0.13	11.95	4.81	14.54	6.11	0.01*	0.42++	12.26	4.81	13.90	6.11	0.01*	0.40++
GHQ_SD	13.70	3.74	13.91	2.94	0.75	0.06	12.70	3.48	14.27	4.37	0.03*	0.36++	12.98	3.48	13.59	4.37	0.06	0.29
GHQ_DS	11.52	5.20	12.78	5.58	0.23	0.23	10.85	5.15	12.79	6.21	0.08	0.31	10.35	5.15	11.73	6.21	0.04*	0.32++
GHQ_Tot	50.95	16.13	53.95	16.13	0.31	0.18	50.95	16.13	53.95	16.13	0.02*	0.19	48.26	15.15	52.84	19.88	0.00**	0.42++

Note. MHC-SF=Mental Health Continuum-Short Form: EWB=emotional well-being, SWB=social well-being, and PWB=psychological well-being; SRS=Self Regulation Scale; FORQ=The Fortitude Questionnaire: FORQ_S=problem-solving efficacy; FORQ_FR=support from friends; FORQ_FA=support from family; CSE= Coping Self-efficacy Scale: PFC=problem-focused coping, SUE=stops unpleasant emotions and thoughts, SFF=support from family and friends; NGSE=New General Self-efficacy ; PHQ= Patient Health Questionnaire: Depression Symptoms; and GHQ= General Health Questionnaire: S=somatic symptoms, AX=anxiety and insomnia, SD=social dysfunction, DS=severe depression.

*p=<0.05; **p=<0.001

+d =>0.10; ++ d =>0 .30

Table 3: Within group differences: Experimental group

Scale	Pre-test versus Post-test						Pre-test versus Follow-up test						Post-test versus Follow-up test					
	Pre-test N=58		*Post-test N=58*		*p*	*d*	*Pre-test N=54*		*Follow-up test N=54*		*p*	*d*	*Post-test N=56*		*Follow-up test N=56*		*p*	*d*
	M	*SD*	*M*	*SD*			*M*	*SD*	*M*	*SD*			*M*	*SD*	*M*	*SD*		
MHCSF_EWB	11.06	2.87	11.41	2.72	0.10	0.06	11.11	2.57	12.05	2.72	0.02*	0.35++	11.02	2.90	11.94	2.77	0.01*	0.32++
MHCSF_SWB	12.83	5.16	13.82	5.64	0.01*	0.15	12.75	5.19	15.45	5.84	0.00**	0.46++	13.59	5.84	16.18	5.18	0.00**	0.44++
MHCSF_PWB	22.63	5.70	22.56	5.92	0.00*	0.01	22.28	5.43	23.28	5.39	0.46	0.18	22.38	5.25	23.54	5.22	0.03*	0.22
MHCSF_Tot	46.50	11.85	47.44	11.79	0.12	0.08	46.56	11.38	51.49	11.59	0.01*	0.43++	46.98	12.27	51.49	11.59	0.00**	0.37++
SRS_Tot	20.77	3.62	20.37	3.79	0.00*	0.05	20.90	3.71	21.86	3.38	0.11	0.26	20.61	3.89	21.92	3.40	0.00**	0.34++
FORQ_S	20.19	3.67	20.18	3.88	0.20	0.01	19.94	3.71	21.12	4.41	0.06	0.27	20.04	4.57	21.20	4.36	0.00**	0.25
FORQ_FR	19.25	3.52	19.84	3.67	0.00*	0.12	19.42	3.67	20.01	3.67	0.35	0.16	19.90	3.36	20.04	4.57	0.53	0.03
FORQ_FA	19.07	5.08	19.27	5.20	0.48	0.04	19.43	4.91	20.25	5.14	0.22	0.16	19.56	5.34	20.49	5.39	0.06	0.17
FORQ_Tot	58.54	9.35	59.26	10.90	0.00*	0.02	58.80	9.41	61.40	11.82	0.10	0.22	59.50	10.89	61.88	11.77	0.04*	0.20
CSE_PFC	78.15	19.15	78.32	18.13	0.00	0.05	79.23	16.90	85.96	18.08	0.01*	0.37++	77.77	18.89	85.28	18.80	0.00**	0.40++
CSE_SUE	58.30	14.72	58.22	14.52	0.48	0.01	59.08	15.13	64.18	15.06	0.03*	0.34++	58.45	15.07	63.76	15.29	0.00**	0.35++
CSE_SFF	33.41	8.64	34.29	9.45	0.00	0.08	33.34	8.49	35.96	9.28	0.05*	0.28	34.44	10.34	36.35	8.97	0.07	0.18
CSE_Tot	169.59	37.75	170.77	39.26	0.00	0.04	171.59	36.46	186.92	39.92	0.01*	0.38++	170.74	40.70	185.39	40.88	0.00**	0.36++
NGSE_Tot	30.28	4.45	30.10	5.13	0.00*	0.00	30.20	4.44	31.73	5.02	0.02*	0.30++	30.31	5.20	31.81	5.14	0.00**	0.29
PHQ_Tot	8.48	5.52	8.07	5.73	0.97	0.08	8.51	5.65	6.99	5.77	0.15	0.26	8.55	5.58	7.06	5.73	0.07	0.26
GHQ_SS	12.77	3.76	12.51	4.18	0.32	0.06	12.93	4.52	11.26	3.22	0.42	0.37	12.88	4.16	12.77	4.27	0.85	0.03
GHQ_AX	13.02	5.13	11.95	4.81	0.43	0.20	12.94	4.52	11.26	3.22	0.04*	0.37++	12.80	4.43	11.47	3.56	0.05*	0.30++
GHQ_SD	13.70	3.74	12.70	3.48	0.02*	0.30++	13.51	3.08	12.16	2.92	0.02*	0.44++	13.26	3.83	12.17	3.00	0.05*	0.28
GHQ_DS	11.52	5.20	10.85	5.15	0.34	0.16	11.36	5.04	9.35	3.92	0.03*	0.40++	11.18	5.14	9.48	3.96	0.01*	0.33++
GHQ_Tot	51.00	14.56	50.38	15.15	0.61	0.18	50.59	12.48	44.45	11.52	0.01*	0.49++	50.20	15.70	45.85	12.46	0.04*	0.28

Note. MHC-SF=Mental Health Continuum-Short Form: EWB=emotional well-being, SWB=social well-being, and PWB=psychological well-being; SRS=Self Regulation Scale; FORQ=The Fortitude Questionnaire: FORQ_S=problem-solving efficacy; FORQ_FR=support from friends; FORQ_FA=support from family; CSE= Coping Self-efficacy Scale: PFC=problem-focused coping, SUE=stops unpleasant emotions and thoughts, SFF=support from family and friends; NGSE=New General Self-efficacy; PHQ= Patient Health Questionnaire: Depression Symptoms; and GHQ= General Health Questionnaire: S=somatic symptoms, AX=anxiety and insomnia, SD=social dysfunction, DS=severe depression

*p=<0.05; **p=<0.001

+d =>0.10; ++ d =>0 .30

Table 4: Within group differences: Control group

Scale	Pre-test versus Post-test						Pre-test versus Follow-up test						Post-test versus Follow-up test					
	Pre-test N=70		*Post-test N=70*		*p*	*d*	*Pre-test N=53*		*Follow-up test N=32*		*p*	*d*	*Post-test N=70*		*Follow-up test N=70*		*p*	*d*
	M	*SD*	*M*	*SD*			*M*	*SD*	*M*	*SD*			*M*	*SD*	*M*	*SD*		
MHCSF_EWB	11.13	2.53	10.80	3.23	0.37	0.13	11.03	2.36	10.59	3.60	0.55	0.12	10.44	3.62	10.13	3.96	0.67	0.08
MHCSF_SWB	12.18	5.39	12.82	5.92	0.19	0.12	11.52	5.40	13.06	6.16	0.26	0.25	12.96	6.10	12.53	6.56	0.64	0.07
MHCSF_PWB	21.44	5.57	20.88	6.61	0.17	0.10	21.23	5.93	21.42	7.52	0.91	0.03	20.58	7.22	20.36	7.91	0.86	0.03
MHCSF_Tot	44.68	10.84	44.54	13.50	0.40	0.01	43.73	11.54	45.13	16.35	0.68	0.09	44.01	15.41	43.06	17.51	0.71	0.05
SRS_Tot	19.81	3.70	19.66	3.88	0.86	0.04	19.72	3.95	20.64	3.70	0.28	0.23	19.56	4.39	20.31	3.87	0.27	0.17
FORQ_S	20.22	4.08	19.96	3.86	0.52	0.06	20.08	4.12	20.25	3.92	0.87	0.04	19.84	4.28	19.68	4.19	0.80	0.04
FORQ_FR	19.16	3.51	18.05	4.01	0.54	0.32	19.32	3.24	18.95	3.95	0.66	0.09	18.04	4.52	18.81	4.10	0.30	0.17
FORQ_FA	19.26	4.55	20.43	5.08	0.84	0.26	19.36	4.37	20.22	5.10	0.48	0.17	20.35	5.16	20.39	5.17	0.97	0.01
FORQ_Tot	58.66	10.27	58.41	11.71	0.65	0.02	58.79	10.10	59.41	10.96	0.82	0.06	58.21	12.59	58.89	11.70	0.73	0.05
CSE_PFC	77.52	18.25	76.60	19.17	0.34	0.05	77.75	19.17	81.64	16.08	0.38	0.20	76.48	21.41	80.13	18.32	0.21	0.17
CSE_SUE	56.29	13.97	55.16	18.16	0.54	0.08	55.02	15.47	60.00	12.69	0.17	0.32	54.07	20.44	57.98	16.19	0.13	0.19
CSE_SFF	31.80	8.38	32.68	9.61	0.09	0.11	31.30	7.84	34.76	8.12	0.06	0.43	32.24	9.97	34.19	8.66	0.09	0.19
CSE_Tot	165.42	35.57	164.39	44.44	0.17	0.03	164.09	37.61	176.44	34.20	0.17	0.33	162.71	49.63	172.32	40.69	0.12	0.19
NGSE_Tot	30.29	4.65	28.21	6.18	0.49	0.45	30.30	4.64	29.66	5.37	0.59	0.12	28.00	6.71	29.03	5.73	0.34	0.15
PHQ_Tot	8.46	5.68	11.08	6.89	0.86	0.46	8.91	4.55	9.04	5.19	0.92	0.03	10.32	7.19	9.42	5.39	0.46	0.13
GHQ_SS	13.55	4.67	14.37	4.94	0.86	0.18	13.40	4.16	13.97	3.89	0.61	0.14	13.62	4.64	13.68	3.63	0.94	0.01
GHQ_AX	13.71	5.46	14.76	6.11	0.86	0.19	13.85	5.30	13.61	4.61	0.86	0.05	14.50	6.16	13.90	5.02	0.52	0.10
GHQ_SD	13.91	2.94	14.68	4.37	0.98	0.26	14.09	3.02	13.47	2.91	0.41	0.21	14.84	4.47	13.57	3.57	0.05*	0.28+
GHQ_DS	12.78	5.57	13.18	6.21	0.32	0.07	12.43	5.79	11.38	4.44	0.41	0.18	12.73	6.04	11.73	5.11	0.25	0.17
GHQ_Tot	53.95	16.13	57.32	19.88	0.82	0.21	53.53	16.48	52.39	12.86	0.76	0.07	55.51	19.61	52.84	14.75	0.31	0.14

Note. MHC-SF=Mental Health Continuum-Short Form: EWB=emotional well-being, SWB=social well-being, and PWB=psychological well-being; SRS=Self Regulation Scale; FORQ=The Fortitude Questionnaire: FORQ_S=problem-solving efficacy; FORQ_FR=support from friends; FORQ_FA=support from family; CSE= Coping Self-efficacy Scale: PFC=problem-focused coping, SUE=stops unpleasant emotions and thoughts, SFF=support from family and friends; NGSE=New General Self-efficacy; PHQ= Patient Health Questionnaire: Depression Symptoms; and GHQ= General Health Questionnaire: S=somatic symptoms, AX=anxiety and insomnia, SD=social dysfunction, DS=severe depression

*p=<0.05; **p=<0.001

+d =>0.10; ++ d =>0 .30

Table 5: Prevalence of flourishing and languishing in the experimental and control groups during pre-, post- and follow-up evaluation

Evaluation	Experimental group	Control group
Pre-test		
Flourishing	49%	51%
Languishing	21%	9%
Post-test		
Flourishing	49%	43%
Languishing	11%	23%
Follow-up		
Flourishing	68%	51%
Languishing	5%	16%

Table 6: First appraisal of well-being strategy

1. Enhancement of well-being facets Sub-themes	Sub-titles	Description of themes and verbatim
1.1 Self-worth and self-confidence	**Improved self-efficacy** **Importance of self-worth is highlighted**	Self-worth is viewed as the key to flourishing: : *"Dit het my geleer ek het meer waarde in die die lewe as wat ek gedink het" ."*[This taught me that I have more worth in life than what I thought]; improved self-regard and having the guts to be honest about strengths as well as weaknesses; self-efficacy and encouraging self-talk, e.g. *"Yes, I can!"*; Better understanding of the importance of self-confidence regarding well-being: *"Flourishing will happen when you believe in yourself".*
1.2 Active agency	**Personal responsibility** **Internal locus of control**	The role of self-discipline; better understanding of personal responsibility regarding personal well-being: *"Flourishing moet uit jou eie hart kom"*[Flourishing must come from your heart]; Better equipped to identify internal and external locus of control, e.g. motivation
1.3 Coping	**More effective coping** **Better understanding of wise behaviour**	More effective coping mechanisms e.g. *"Ek dink aan die positiewe resultate van iets wat ek doen en werk daarvoor."*[I think about the positive results of what I do, and I am working towards that].; wise decision-making, e.g. *"To make a decision to pay attention to your problems instead of wishing them away."*
1.4 Relationships	**Improved relationships** **Identifying the importance of positive relationships and how to show this.**	Respect for self and others is connected; greater appreciation of others e.g. *"....ek doen moeite al ken ek hulle nie."*[I take trouble even if I don't know them]; Importance to use words to build and to enrich relationships e.g. Doable skills e.g. non-verbal communication – eye contact when talking to somebody.
1.5 Meaningfulness	**The value of a "life-worth living"** **Improved understanding of goals and persistence**	Recognition that the future is affected by present goals, ": *"Ek het my drome uitgeken, en is nou besig om dit te bewaarheid"*[I've identified my dreams and I am now trying to make them come true]; Importance of possible/doable daily targets to realize dreams e.g. *"...die gebrek aan doelwitte....jy gaan niks regkry nie."*[....the lack of goals....you cannot achieve anything without goals]; The role of persistence

2. The powerful effect of positive perspective: **Sub-themes** **2.1 A different point of view**	**Value of strategy** **Affecting all areas of functioning** **Committed living** **Utilizing personal resources** **Comprehensive understanding of well-being**	This is a different approach; as "*....like wearing new glasses...Dit het vir my verduidelik waaroor die lewe gaan"*[Like wearing new glasses...It illustrated to me what life is actually about]. Focussing on activating personal resources and those areas where I can do something about; Deliberately moving from a minus to a plus condition - "*Dit het my 'n nuwe betekenis van lewe gegee...so flourishing is om die lewe te laat skyn en my drome te laat gebeur."*[It gave me a new meaning of life....so flourishing is to let my life shine and to realize my dreams].Utilizing opportunities at school; Translating flourishing-information into daily behaviour.
2.2 Activating personal resources	**Identification of psychological strengths**	Enjoy personal well-being and enhancement thereof, as "*It is great to know that this positive understanding of life is making a positive difference in your life.";* It is not a once-off identification of strengths – the uncovering of personal strengths and systematically directing energy into areas of functioning...otherwise directed at negative experiences.
2.3 Role of resilience	**Enhanced perceptions of control (Manageability)**	Although adolescents mostly do not have control over their external environments (e.g. parents' jobs and school environment)...the possibility of increasing control over their own thoughts and emotions ("inner environment") impact their interpretation/view of events as an alternative to the experience of helplessness.
2.4 Functional skills	**Better understanding of daily activities** **Practising psychological strengths** **Learning and unlearning** **Practical techniques possible for everybody**	Behaviour modification; Equipped to focus on the positive, while acknowledging the negative (parents' dysfunctional patters of communication ; Simple and effective skills e.g. the impact of smiles and friendly greetings – appreciated within the school environment, e.g. as "*...soms is ek die enigste een wat met 'n vriendelike glimlag in die gange stap"*[.....sometimes I am the only one walking with a smile on my face in the school's corridors].
2.5 Positive emotions and the role of emotional intelligence	**Honesty regarding emotions** **Deliberate application of positive emotions** **Identification of conditioned emotional behaviours**	Honesty regarding emotions ; Enjoying positive emotions and being happy, e.g. *"Ek het onthou om in myself te glo en sterk te dink en toe wen ek die kampioen!"*[I remembered to believe in myself en to think in a positive way, and that's how I beat the champion.] Developing emotional fitness and the departure from conditioned (dysfunctional) emotional behaviour.

3. Non-identification with well-being strategy	**Mostly external locus of control**	Blaming others e.g. parents and finding excuses for own behaviour e.g. not being able to write tests; Abusing substances; relying on medication: *"Ek het besluit om my anti-depressante te drink."*[I have decided to drink my anti-depressants].

Table 7: Second appraisal of well-being strategy (2009)

1. Improvement - Facets of flourishing Sub-themes	Sub-titles	Description of themes
1.1 Self-worth and self-competence	Improved self-efficacy Enhanced self-worth and assertive behaviour	Importance to believe in self; Assertiveness leads to an openness regarding new experiences
1.2 Active agency	Better choices and appreciation of healthy life-style Internal locus of control and motivation	Life-style choices and the importance of simple things e.g. taking care of healthy body; Recognizing own responsibility.
1.3 Coping	More effective coping: Identify and focus on positive outcomes. Better understanding of wise behaviour	Concentrating on positive outcomes; Learning to view all situations as learning-opportunities.
1.4 Relationships	Improved relationships Better understanding of the importance to appreciate significant others as well as helping other people	Supporting friends and others via email and SMS-messages
1.5 Focussed existence	Better planning: Daily objectives and prioritising	Written goals regarding dreams and self and realizing it.
1.6 Happiness and personal growth	Better understanding of the wealth of well-being on a daily basis	Deliberately concentrating on "joy-activities" regarding development of talents and capacities.

2. The powerful effect of the strength-focussed approach **Sub-themes:** **2.1 A different perspective**	**Different perspective** **Value of strategy** **Affecting all areas of functioning** **Committed living** **Utilizing personal resources** **Plus-plan providing compass** **Comprehensive understanding of well-being**	Changed outlook of life; the importance of thinking in a positive; New outlook of positive health and being focussed on flourishing; Directed by flourishing as a compass function of "plus paradigm"; Committed living and being an inspiration to others; A better understanding - wealth of well-being ; Activating personal resources; The importance of spiritual well-being.
2.1 The upward spiral of flourishing	**Physical well-being** **Tomorrow embedded in today** **Normal activities making the great difference** **Spiritual fitness and transformation** **"Positive contamination"**	The experience of upward spiral: Positive functioning experienced in sport, with friends, schoolwork; Application everyday in normal daily activities; Being grateful to God; Radiating the positive "virus"
2.3 Flourishing: The process	**Making a difference** **Being aware of this process** **Master-plan for life** **The mastering of skills: not an automatic process** **Practicing skills and the role of committed effort**	Focussing on the simple things and making a definite difference; Committed to improve self and the realizing the impact of hard work.

2.4 Empowered by skills	**Goals and daily activities** **Everyday living: e.g. communication** **Practising kindness** **Spiritual fitness** **Learning and unlearning** **Doable and practical** **Techniques possible for everybody** **Application – normal everyday activities**	Priorities: Daily objectives; Better communication and expressing feelings; Compassion translated into daily helping activities; Enhanced spiritual well-being; Learning new skills e.g. concentrate on breathing; as well as unlearning old behaviour e.g. panicking when facing a difficulty application of the information within the practical; Techniques e.g. the effectiveness of non-verbal communication such as eye-contact
2.5 The role of emotions and constructive coping	**Honest understanding of negative emotions** **Positive emotions and building of self** **Deliberate application of positive emotions** **Dynamics of positive emotions and effective functioning**	Importance to manage emotions; To be the living example of a flourishing youth; Feeling happier and more enthusiastic and motivated to be part of school-activities; Implementing positive emotions deliberately, to cover your life and your goals with these good feelings; enjoying many privileges; Using positive thoughts to activate personal resources and effective coping and self-acceptance and also other facets of well-being
3.Negative feedback	**Mostly external locus of control**	"Quick fix"

SECTION 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The current section has as its major objective the main conclusions based on the three presented manuscripts, and the interpretation of both quantitative and qualitative information. Possible limitations of the study will be noted and recommendations made for the practical application of findings and recommendations for future research. This study was undertaken from a positive psychology perspective that focuses on the understanding and promotion of mental health on the upper end of the mental health continuum. Several models of psychosocial well-being were analysed and Keyes's model of the mental health continuum taken as the main point of departure. The first aim of this study was to explore the nature and prevalence of various levels of psychosocial health (languishing, moderate mental health and flourishing) in a group of South African adolescents. A mixed-method approach was followed. The findings from the first study informed the development of an intervention programme for the facilitation of higher levels of psychosocial wellness and flourishing in teenagers (second manuscript), which impact was finally evaluated (third study) .

Keyes stated that mental *health* should be promoted actively, since it is not the case that the absence of symptoms necessarily imply the presence of psychosocial well-being. This strengths-based approach to adolescents was taken as point of departure while acknowledging the full spectrum of human experience, from the negative to the positive. Therefore, this study was carried out to address the immense need within positive psychology to examine and explicate positive human health, effective psychological functioning and life success. Although research findings emphasise that *most* young people do not have any mental disorder, it was also found that *most* youngsters in non-clinical populations do not experience thriving. The present study was essential given that no former studies have as yet been undertaken in South Africa regarding adolescents' understanding of the upper levels of positive human health, described by Keyes as "flourishing", and the lower levels of well-being, namely "languishing".

The main conclusions of the study will be presented briefly: Establishing the prevalence and the nature of the psychosocial well-being of South African youth (Section 2 / article 1); the development of the well-being strategy (Section 3 / article 2); and the main empirical findings regarding the effect of the well-being programme (Section 4 / article 3).

Main conclusions: Section 2 / Article 1 (Incidence of psychosocial well-being and nature of flourishing and languishing)

Firstly, findings indicated that approximately 60% of a group of South African adolescents could not be categorised as flourishing youth. This means that positive psychosocial functioning, such as high levels of global self concept, self-determination, positive relationships and high levels of school integration is experienced by approximately 4 in 10 adolescents. It is known that flourishing youth function better than moderately mentally healthy youth, who in turn function better than languishing youth. This also means that compared with flourishing youth, moderately mentally healthy youth are about 3.5 times more likely to screen for depression, whereas languishing youth are about 10.5 times more likely to screen for depression. In addition, compared with moderately mentally healthy youth, languishing youth are about 3 times more like to screen for depression (Keyes, 2009). In general, compared with their adult counterparts, youth in South Africa are mentally healthier, with approximately 20% more youth flourishing than adults. Yet, compared with the ideal distribution of mental health in the population (reported in Keyes, 2007 for adult data), the population of youth, like the adult population, is far from the public mental health goal of 6 out of every 10 youth flourishing.

Quantitative data indicated that most participants manifested only a moderate level of psychological, social, emotional well-being, satisfaction with life and degree of ego-resilience.

Qualitative analyses revealed that South African adolescents understand the presence of psychosocial well-being as multifaceted. Specific key aspects were identified as constituting the notion of flourishing, e.g. purposeful living, self-confidence and self-liking, constructive coping, and the experience of positive emotions within the "normal" everyday activities. These positive developmental outcomes, such as goal attainment and positive relations, were acknowledged as major targets for the experience of well-being and provided focused involvement and a route to meaning. This perspective agreed with previous research that the development of goals, such as which goals are essential for the good life, allows for a greater sense of purpose in life. South African teenagers' views of flourishing as the presence of specific facets offered valuable guidelines for the development of an intervention to encourage higher levels of psychosocial well-being. It was clear that these identified themes corresponded mostly to facets into which the quantitative instruments tapped, e.g. the importance of relationships, ego-resiliency and autonomy, zest for life and the importance of positive affect.

South African adolescents' understanding of languishing as the absence of mental health

was portrayed as a considerable psychosocial impairment, such as poor emotional health; high limitations of daily living, the experience of helplessness and high levels of stress; negative and destructive behaviours and the partaking in high risk behaviour, such as drugs and sexual activities; low levels of self-confidence, such as feelings of being worthless and with a high likelihood of not attending school; and impaired relationships and the experience of broken homes.

The qualitative findings supported the quantitative results, seeing that youth in the present sample clearly associated different experiences and behaviours with higher levels of well-being and flourishing and those connected with the absence of well-being.

The need to promote psychosocial well-being in youth became clear, since Keyes's findings were confirmed in the current study. The present study established that moderate mental health was the most prevalent mental health status among South African adolescents (i.e. 53%), that only 4 in 10 in a group of South African adolescents are flourishing and a small percentage (5%) was considered as languishing. However, as the prevalence of various levels of psychosocial well-being in this sample indicated, it was evident that it is indeed an erroneous postulation that the absence of diseases and disorders should automatically lead to the presence of flourishing. Moreover, previous research suggested that flourishing may decline, whereas moderate mental health increases, during adolescence (Keyes, 2009).

Therefore, a well-being strategy was offered as psychological apparatus to build stronger lives.

Main conclusions: Section 3 / Article 2 (The development of the well-being strategy)

The well-being strategy was developed to posit a much needed scientific intervention regarding the accomplishment of higher levels of psychosocial wellness and flourishing in adolescents. While numerous studies have provided indicators for the prevention of risk behaviours, fewer studies have been undertaken to present core indicators for the development of well-being in adolescents (see Flisher). In addition, while positive psychology focuses on a well-substantiated theoretical understanding and the application of scientific methodology to discover and to promote those factors that allow individuals and communities to thrive (see Ryff), it is essential to convert theory and research into practice. Moreover, there are major limitations as most studies focus on positive youth development, since they provide little or no information regarding what is helpful for the designers and practitioners of youth programmes. The well-being strategy was developed as a strength-based approach to uncover this "black box" (see Linley & Joseph, 2004, p. 541) or the "inside" of programmes to support and to encourage development effectively. Since no existing

programme could be found that was specifically developed for the enhancement of higher levels of well-being and flourishing in South African adolescents, a well-being strategy was designed to increase levels of well-being, and which may possibly simultaneously lessen symptoms of pathology.

The current study underlined that human strengths, and not weaknesses, are the foundation of the human condition and that strength-congruent activity directs the good life. It was stressed that the development of personal strengths should be used as the forceful "method" to build psychological resources, and to deal effectively with the negative and destructive impact of languishing. This is supported by growing evidence which shows that the exercise of selected strengths, e.g. self-regulation (reflecting self-discipline that minimises the need for external regulation of behaviour) and kindness (helping others as being central to mental health and emotional well-being) could build adolescents' competence as to positive functioning and to deal effectively with their distinctive life challenges. In addition, youngsters are strengthened by this building effect against the negative effects of stress, trauma, and the possible beginning of disorders. It was posited that character strengths, manifesting in a range of thoughts, feelings and action, are the basis of lifelong healthy development, and that they are indispensable for the well-being of the entire society (Park & Peterson, 2009). The well-being strategy was consequently developed to encourage a greater fusion between the *understanding* of well-being and the *process* to promote positive functioning.

The well-being strategy entails a detailed though uncomplicated structure to equip youths in their daily living and long-term by providing certain key activities to be mastered. The rudiments of this programme are: Firstly, a master plan to achieve objectives (plan-of-action), and secondly, the process or the implementation of the plan (the plan-in-action). The formulation of the strategy as plan-of-action emerged from and is constructed on existing knowledge, such as facets of well-being as offered in Keyes's model of complete well-being, linked to the contribution of South African adolescents, protective and risk factors related to resilience (cf Masten), the application of positive emotions (cf Fredrickson), and happiness techniques (cf Lyubomirsky). The focal point of the well-being strategy is the building of selected strengths, such as gratitude, perseverance, perspective, self-regulation, vitality, and kindness. However, the decisive factor is the ability of teenagers to translate these strengths into their daily living via ordinary processes. The well-being strategy is a planned approach to prepare youngsters to be active co-producers of their own plus their communities' lives, instead of merely being "products" of unwell societies.

In sum, it was initially necessary to investigate both the nature and the incidence of the

various degrees/levels of psychosocial wellness. In the light of the information thus gathered it was clear that higher levels of pro-social wellness should be developed deliberately. Secondly, the well-being strategy was presented as a strength-based approach to equip youngsters with the necessary plans and skills. Finally, the well-being strategy was evaluated to determine the effect of the programme.

Main conclusions: Section 4 / Article 3 (Evaluation of the well-being programme)

The main findings and conclusions from the empirical study are the following: Firstly, the quantitative findings suggest that the well-being strategy did have an important effect in specific ways to increase aspects of psychosocial wellness in adolescents, such as social, emotional and psychological well-being. This was supported by the qualitative findings indicating that improved levels of psychosocial well-being could be cultivated with beneficial results to both individuals and to others (cf Lyubomirsky et al., 2005). The activation of psychological strengths, e.g. gratitude, leads to positive outcomes that are of central importance regarding adolescents' well-being, such as the improved focus on priorities and the fulfilment of meaningful goals. Then again positive outcomes, such as pro-social behaviour, mean that teenagers are better equipped to channel their achievements and improve school bonding. Thus increased levels of pro-social wellness were expressed as the building of personal resources and competence. In addition, this process was experienced as an upward spiral, which augmented the adolescents' coping resources, social capital, emotional competence, psychological resiliency and physical health. Secondly, a decrease in levels of ill-being was shown for the experimental group. Qualitatively, this was articulated as the buttressing effect of psychological strengths and consequently the more resilient dealing with life difficulties and daily stressors. These findings correspond to previous research and increasing evidence which show that the building of strengths and competence not only reduces the possibility of negative outcomes, such as substance abuse, but offers important pointers of thriving, e.g. managing responsibilities. Thirdly, for the control group certain aspects of languishing and the experience of distress increased, indicating that when psychosocial wellness is not systematically encouraged, there is a higher probability that the experience of languishing and vulnerability (see Ryff and Singer, 1996) could lead to pathology. This may possibly be explained since a focus on the patching-up of weaknesses and the fixing of shortcomings will not raise individuals to optimal levels, and undoubtedly it does not indicate flourishing youth either. Fourthly, in the absence of a well-being programme, no increase was found regarding higher levels of psychosocial wellness (cf control group). It seems that psychological resources are merely maintained and manifest as

"normal" functioning, but when adolescents have to deal with life difficulties, such as parents going through a divorce or dealing with friends' suicidal behaviour, and stressors, e.g. exams, that psychological functioning decline together with the eroding of psychological capital.

Implications of findings

The well-being strategy was experienced as the inspiration to re-think "the good life". This entails dealing with quantitative information and embracing of the voices of South African adolescents by tapping into their "wisdom from within" as to the notions of "flourishing" and "languishing".

This study has shown that in a group of South African adolescents, most cannot be categorised as flourishing youth, and this finding has grave implications: Apart from impaired levels of functioning, the absence of well-being could lead to the higher probability of conditions of vulnerability. More to the point, because mental health service needs are mostly not met in LAMEC, such as South Africa, it is clear that more efforts should be aimed at protection, i.e. actively enhancing positive psychological well-being. Positive development among youngsters is more than simply avoiding delinquency and to acquire educational and other experiences needed for adult roles. Besides, there are important reasons for alarm about the absence of mental health (i.e. languishing), since languishing corresponds with substantial psychosocial impairment (Keyes, 2006 p. 307) e.g. poor emotional health, high limitations of daily living, and with a likelihood of a severe number (i.e., six or more) of lost days of work per day.

Results have shown that higher levels of psychosocial wellness could be developed by means of a well-being strategy facilitating psychological strengths. Evidently this increase in well-being cannot be explained by the experimental group merely growing up, as no increase in well-being scores were established for the control group. Since highest scores for increased levels of well-being were obtained during the follow-up assessment for the experimental group, the importance of training (and possibly the role of the facilitator), competency, social support, active agency, and habitual action were underlined as necessary components of positive functioning and life fitness. It was revealed that the building of "flourishing youth" encompasses a committed process of uncovering the multi-faceted radiance of psychological, social and emotional well-being over time. Therefore, Keyes's suggestion concerning the shortfall of "quick fixes" is confirmed. Furthermore, the implications as to the deficient development regarding pro-social wellness should be borne in mind , seeing that the weakening of psychological wealth over time could lead to the greater probability of pathology. This finding is crucial, because many South African youngsters

have to deal with difficult external threats to psychosocial wellness on a continuous basis.

Then again, the finding that South African adolescents have shown highest scores for social well-being, hold important implications. These strengths and skills are beneficial to adolescents' social contexts, e.g. the school and home environment, and the promotion of self-worth and overall well-being (Bear, 2009). Seeing that capacity building is always synergetic (Leontiv, 2006), an improved social competence is also linked to pro-social behaviour and the important role of strengths, such as empathy (Spinrad & Eisenberg, 2009). Therefore, in the light of the improved levels of well-being, it should be emphasised that these indicators of psychosocial wellness mutually fortify one another. Consequently higher levels of social well-being lead to better self-regulation, kindness and eventually towards improved levels of physical health (Diener & Diener, 2008). In addition, this from strength-to-strength perspective is confirmed by previous research, showing that enhanced psychological well-being leads to improved academic achievement (Griffitths, Sharkey & Furlong, 2009). Also, positive associations between connectedness to family and psychological well-being indicated an increased probability that youth would engage in health promoting behaviour. It is clear that besides the identified facets of well-being as essential markers of positive functioning, that the cultivation of flourishing practices could fuel psychological and physical well-being.

Moreover, strength-focused programmes serve society both ways, as it includes the encouragement of positive outcomes and the reduction of negative outcomes, and it is quite possible that these results could provide therapeutic insights for promoting strengths and competencies in mentally ill patients (see, e.g., Fava, 1999: 171-179: Fava & Ruini, 2003). Thus, in the light of the findings as to the building of positive human health and the reduction of mental ill-being, it should be stressed that the strengths targeted in the well-being strategy have been conceptualised primarily as qualities that may assist *all* adolescents to flourish and to protect against negative outcomes. Ultimately the well-being strategy is intended for and should be implemented as a universal intervention, i.e. to benefit all teenagers, not merely those at risk.

On the other hand the following findings should also be dealt with: Qualitatively it was shown that most South African youth (and probably the majority of the world's population) did not consider that the secret to improvement lies in strengths. It seems that the fixation with weakness is deeply rooted in our education and upbringing. Furthermore, it appears that this weakness-orientation persists in the fields of research and academia. Seligman stated that if weaknesses interfere with our strengths, we should develop strategies to manage around them. It seems that most of the participants assumed that weaknesses trump their strengths and that they had difficulty

to displace fears of failure with an alternative, namely being shaped by strengths.

Overall, qualitatively and quantitatively the vital role of a longitudinal design and the unmistakable role of habit-formation need to be stressed, since it became clear that the mastering of "a life well-lived" requires fortitude and time. Therefore, it should be emphasised that "more is better", and that mere cognitive content or weekend-workshops are not effective interventions, since well-being programmes in which youth spend many hours over extended periods of time are needed to encourage positive outcomes and to reduce negative outcomes. Evidently, in contrast to the numerous shortcuts to "feeling good" e.g. drugs, chocolate, and television, a life worth experiencing (cf Seligman's "Authentic life") cannot be built upon "quick fixes" and the exposure to information. Lyubomirsky (2007) stressed that healthy habits take time to form and to endure, and that people may try (and fail) repeatedly before they ultimately succeed. This could be linked successfully to the effective implementation of the well-being strategy, and also to the dedicated efforts of taking ownership with the intention that the selected strengths and skills can indeed become part of the adolescents' second nature (cf Aristotle). It is essential to stress that apart from the recognition or identification of "signature" strengths, (cf Seligman, 2002) the *process* to best implement these strengths cannot necessarily/automatically be equated to accomplished implementation. Moreover, this researcher posits that apart from the intentional development of character strengths in adolescents, the continuance of psychological resources should be viewed as a life-long enterprise, since the process of growing older ultimately brings about more wrinkles.

The well-being strategy was facilitated with positive results. Keyes stressed that it is not possible to promote mental health merely by reducing mental illness, and that no amount of wishful political thinking will make this fact disappear. While Keyes indicated the importance of social well-being and American youngsters' diminished sense of community, it is clear that South African youth should realise the importance of personal resources. Keyes also stressed that flourishing needs to be encouraged amongst the youth. This research has shown that higher levels of psychosocial wellness can be facilitated by the development of psychological strengths. Moreover, this does not merely refer to the strengths as such, but also to the process of their actualisation and the mastering of components of competence. The positive outcomes of this research join the growing number of studies that psychosocial well-being can be developed. Consequently these findings have implications for all youth.

Concluding remarks

There is nothing more central to positive psychology than positive development (Diener &

Diener, 2009). The focus of the well-being strategy is the deliberate activating (put into action) of psychological strengths via the acquisition of necessary skills and competence. In South Africa media attention on school violence and the worldwide increase in depression have accentuated the public and professional awareness of the early diagnosis and treatment of youngsters with mental health problems. In this sense the importance of schools are once more stressed, although the eradication of these issues will not be enough to allow youth to reach their potential. It was argued that the latter goal would require the unfailing effort to recognise and to build psychological strengths. The focus on the building of competence in adolescents, rather than only the remediation of their weaknesses, allows for innovative approaches with the emphasis on psychological wealth and resiliency in terms of the well-being strategy that provides a blueprint for positive human health and flourishing youth. In addition, while individuals with mental disabilities are generally labelled and viewed by "what they do not have" and "what they cannot do", this approach could easily be expanded to include juvenile delinquency, adolescent parents and other school age populations that could benefit from the positive standpoint.

Positive psychologists have begun to provide advice on various strategies, e.g. work on psychological strengths (Peterson & Seligman, 2004), positive emotions (Fredrickson, 2001), optimism (Seligman, 1991), gratitude (Emmons, 2006) and well-being (Fava, 1999) as a fortification against weakness. This is seen as more preferable than approaches that concentrate mainly on fixing deficits or limitations. In contrast with the focus on the half-empty view of the glass and many professionals' perspective to frame developmental issues in essentially pathological terms, the well-being strategy was developed to encourage higher levels of psychosocial wellness in non-clinical youth populations.

This research is built upon and hopefully adds to those remarkable forerunners showing the way towards the beauty of positive human health. The presence of and the quest for this health is indeed more than, and fundamentally different from the absence of ill-being. In sum, psychological strengths serve us in times of ill fortune and in better moments. The pursuit of flourishing youth is even more appealing when it resonates with a noble purpose, i.e. "the glory of God is a human being - fully alive."

Limitations of the current study

As no study is without limitations, it is necessary to evaluate the shortcomings of the current study, emphasising methodological limitations. The main limitation of the current study was the lack of complete random assignment of participants to the experimental and control groups, and the

relatively small number of participants in each group, which suggests that caution should be applied in generalising the results. Secondly, the effect of attrition increased with the post and follow-up assessments. During the first appraisal (post-test) many participants were absent from school because of end of the academic year exams, with the result that several participants failed to complete their assessments.

Another limitation concerns the content of the well-being strategy. As the focus was mainly on the enhancement of psychosocial well-being, perhaps too little attention was given to teenagers struggling with severe problems, e.g. the role of the environment, such as languishing parents and stressors, such as the writing of the final annual exams, resulting in fewer significant differences between the experimental and the control group at the post- and follow-up evaluations.

The findings can not be generalized to all adolescents, and further research is necessary in other groups of adolescents too.

Recommendations

The building of theoretical understanding and employing scientific methodology to discover and to promote those factors that allow individuals and communities to thrive is of key importance. The mission of translating theory and research into practice should also be borne in mind, since a shift towards a more proactive approach is necessary to protect and to promote flourishing youth. The identification and practice of psychological strengths could be the key to establish more than "a non-pathological", but indeed a fortogenic approach to facilitate higher levels of psychosocial wellness. The following is presented, firstly for schools - a universal intervention - and secondly, a more targeted intervention regarding clinical practice. Lastly, recommendations for future research will be specified.

Recommendations for schools

In order to equip youngsters to be active producers and co-workers of their personal development, schools provide important environments for "life success" by embracing positive academic outcomes. They also offer those skills and competencies that bring about and could unlock durable psychological wealth. The positive outcomes of the well-being strategy underlines the need to equip youth with tools as to positive functioning and to encourage resilient youth at the level of public education, e.g. coping effectiveness, emotion regulation and social integration. This perspective is fundamental to promoting the greatest possible good for the largest possible segment of society.

Various intervention techniques with a strength-building approach could be well applied in schools, families and communities as positive institutions to foster positive experiences. The following may be suggested for schools and mental health professionals about promoting positive youth development: Firstly, schools should start to measure learners' assets, such as psychological strengths, as much as deficits, since researchers mostly investigate outcomes that society wishes to prevent among youth e.g. violence, substance abuse, school dropout and academic failure. For the most part schools rarely monitor positive development and outcomes. It has been said that one measures what one values. Consequently this researcher recommends that the psychological strengths of learners/students be assessed and to record them on report cards. Secondly, educators, and policy makers concerned with educating happy, healthy, and successful students/learners would wish to pay specific attention to character strengths, since strengths of the "heart' that connect people together – like kindness and gratitude – are much more significantly associated with well-being than are the strengths of the "head" – like critical thinking and creativity. Research has shown that learners' academic achievement is significantly influenced by certain psychological strengths above and beyond intelligence (Park & Peterson, 2009). Thirdly, since character development programmes, e.g. well-being strategies, can be taught and acquired by practicing them, it is suggested that schools too should consistently cultivate specific activities of strengths through encouraging youth to keep using them in their daily lives. Fourthly, the empowerment of teachers should follow by providing a vocabulary for educators to talk about character strengths in an sophisticated way, e.g. applying the VIA measures to identify a learners' "signature strengths" relative to his/her other strengths. Fifthly, teachers could assist learners to use these strengths that are stronger than others in their lives, in school and out of school.

Recommendations for clinical practice

From a positive perspective therapy should not only reduce symptoms, but also explicitly build strengths and enhance the quality of life that is more than being symptom-free. These interventions based on theory and findings from experimental research in positive psychology should be applicable over the whole life span, and especially so for people in more vulnerable life phases, namely children, adolescents, and the elderly. The fundamental assumptions of positive psychology, its theories, methods, strategies and techniques applied in practice, are suitable to both reduce symptoms of pathology, and enhance quality of life and well-being of 'normal' people (Linley & Joseph, 2004). Applications are found in various settings, e.g. coping with the aftermath of highly stressful and traumatic life events (facilitating post-traumatic growth); a therapeutic

approach concentrating on positive experiences as a relapse-prevention strategy when dealing with mood and anxiety disorders and to reduce vulnerability to medical illness and enhancement of coping with chronic diseases. (Fava and Ruini's Well-being Therapy, 2003). Smith's (2006) "Strength-based counselling model" could be offered as a valuable approach regarding the counselling of at-risk youth, focusing on resilience and capacity-building. The 10 stages of Smith's (2006) strength-based counselling involve creating a therapeutic alliance, identifying strengths - for example by questions such as "how have you managed to survive?" - framing solutions, and building strength and competence.

Recommendations for further research

Further research is needed with other groups of participants and with participants in other age brackets and developmental phases, e.g. 12 to 14 years old. Furthermore, the development of measurement tools is needed to assess adolescents' well-being, particularly within the school environment by focusing on specific psychological strengths and the use of positive emotions in order to develop higher levels of psychosocial wellness.

More research needs to be done taking into account the "time factor", since more than a change in interpretation regarding the enhancement of psychosocial wellness is required, plus a change in habitual thought, feeling and behaviour should be established. Therefore, it is suggested that for at least the first ten months of an intervention, selected strengths and skills should be used in a deliberate way until they are eventually integrated as habits. Apart from facilitating long-term flourishing, one needs to continue with well-being interventions at various intervals during the second year in order to ensure ongoing improvements in pro-social wellness.

Additional research should be undertaken regarding the impact of social context, since adolescents do not exist as social isolates and the assistance of influential role-players, e.g. parents and teachers, could be of key importance as wellness-producing environments. Although the building of psychological resources is concerned with character strengths, these cannot be removed from the context of understanding when and how youngsters thrive. It is suggested that well-being strategies should include for instance Bronfenbrenner's multiple ecologies, since in Third World countries such as South Africa, it cannot be assumed that these ecologies equate enabling conditions. Thus it is recommended that internal factors like psychological strengths and external factors like school safety should be addressed.

Contribution of study

This study contributes to the much needed epistemological information to serve as an indication where the most urgent interventions are necessary and what the content of these interventions should be like in order to not concentrate solely on the remedial side of the psychological coin, but eventually also on the protection and the promotion of positive human health. No previous research within the South African context has as yet been undertaken regarding adolescents' understanding of the upper levels of positive human health, namely flourishing, and the lower levels of well-being, namely languishing. In addition, findings from the current study could contribute to the protection and promotion of positive functioning in adolescents, especially if the well-being strategy is incorporated into regular school curricula. In this sense, the study could also expand the understanding of professionals in the field of education. The study makes a contribution to the domain of psychofortology by giving evidence that the development of selected psychological strengths in adolescents can be cultivated with positive outcomes. Also, results of the current study provide evidence for increased levels of social, emotional and psychological well-being, and also physical health.

Furthermore, the current study presents the application of theory on a practical level and as such contributes to the immense need within the perspective of positive psychology regarding strength-building programmes. The study has revealed possibilities for the effective application of research and the powerful implementation of strengths as the psychological tool to facilitate positive functioning, going beyond the treatment of existing pathology. Also, it provides an empirical evaluation of a strengths-based intervention aimed at the enhancement of psychosocial well-being. Strength-building was presented as the process towards flourishing for adolescents, and ultimately as adults who are fortified to experience well-lived lives.

In closing

During the study I was privileged to share wonderful experiences in the lives of a group of adolescents. I am intensely grateful for the golden opportunity to empower precious youngsters to live as co-creators of their distinctive being. It will be my incessant prayer that the magnificence of a growing number of flourishing youth will enthuse others to develop their own psychological resources.

REFERENCES

American Psychiatric Association 1994. *Diagnostic and statistical manual of mental disorders (4th ed)*. Washington DC: Author.

Antonovsky, A. (1987). *Unravelling the mystery of health: How people manage stress and stay well.* San Francisco: Jossey-Bass.

Aspinwall, L.G. & Staudinger, U.M. (Eds.) (2003). *A Psychology of Human Strengths: Fundamental Questions and Future Directions for a Positive Psychology*. Washington, DC: American Psychological Association.

Baltes, P.B., & Freund, A.M. (2003). Human strengths as the orchestration of wisdom and selective optimization with compensation. In Aspinwall & Staudinger (Eds.), *A psychology of human strengths: Fundamental questions and future directions for a positive psychology.* (pp. 23-47). Washington, DC: American Psychological Association Press.

Baltes, P.B., Gluck, J., & Kunzmann, U. (2005). Wisdom: Its structure and function in regulating succesful life span development. In Snyder & Lopez (Ed.), *Handbook of Positive Psychology* (pp. 327-347). New York: Oxford University Press.

Bandura, A. (1977). Toward a unifying theory of behaviour change. *Psychological Review, 84*, 191-215.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 3*, 122-147.

Bear, G.G. (2009). The positive in positive models of discipline. In R. Gilman, E.S. Huebner & M.J. Furlong (Eds.), *Handbook of Positive Psychology in schools* (pp. 305-322). New York: Routledge.

Benson, P.L. (1997). *All kids are our kids: What communities must do to raise caring and responsible children and adolescents.* San Francisco: John Wiley & Sons.

Blanchard, K., Meyer, P.J., & Ruhe, D. (2007). *Know can do: Put your know-how into action.* San Francisco: Berrett-Koehler Publishers.

Block, J., & Kremen, A. (1996). IQ and ego-resiliency: Conceptual and empirical connections and separateness. *Journal of Personality and Social psychology, 70*, 349-361.

Bosman, J., Rothman, S., & Buitendach, J.H. (2005). Job insecurity, burnout and work engagement: The impact of positive and negative affectivity. *SA Journal of Industrial Psychology, 31*(4), 48-56.

Botha, E., Wissing, M.P., Vorster, H.H., & Schutte, S. (2006). Psychological Well-being and biological correlates: The POWIRS project. Unpublished manuscript, North-West University.

Bracken, B.A. (2009). Positive self-concepts. In R. Gilman, E.S. Huebner & M.J. Furlong (Eds.), *Handbook of Positive Psychology in schools* (pp. 89-106). New York: Routledge.

Bronfenbrenner, U. (1979). Toward an experimental ecology of human development. *American Psychologist, 32*, 513-531.

Buckley, M., & Saarni, C. (2009). Emotion regulation: Implications for Positive Youth Development. In R. Gilman, E.S. Huebner & M.J. Furlong (Eds.), *Handbook of Positive Psychology in schools* (pp. 107-108). New York: Routledge.

Catalano, R.F., Berglund, M.L., Ryan, J.A., Lonszak, H.S., & Hawkins, J.D. (2004). Positive youth development in the United states: Research findings on evaluations of Positive youth programs. *The annals of the American Academy of Political and Social Science.*

Catalano, R.F., Berglund, M.L., Ryan, J.A.M., Lonszak, H.S., & Hawkins, J.D. (2002). Positive youth development in the United states: Research findings on evaluations of Positive youth programs. *Prevention and Treatment, 5*(15), 1-113.

Chen, G., Gully, S.M., & Eden, D. (2001). Validation of a new general self-efficacy scale. *Organizational Research Methods, 4*(1), 62-83.

Chesney, M.A., Neilands, T.B., Chambers, D.B., Taylor, J.M., & Folkman, S. (2006). A validity and reliability study of the coping self-efficacy scale. *British Journal of Health Psychology, 11*, 421-437.

Creswell, J.W. (2005). *Qualitative inquiry and research design: Choosing among five traditions.* London: SAGE Publications Ltd.

Covey, S. (1998). *The 7 Habits of Highly Effective Teens.* New York: Simon & Schuster,

Damasio, A. (2006). *Descartes' error.* London: Vintage Random House.

De Klerk, J., & Bredenkamp, C. (2005). *Sweef jy of sink jy: Kreaktiewe keuses wat 'n verskil maak.* Pretoria: LAPA Uitgewers.

Deci, E.L., & Ryan, R.M. (2002). The 'what' and 'why' of goal pursuits: Human needs and the self-determination of behaviour. *Psychological Inquiry, 11*(4), 227-268.

Delle Fave, A., & Bassi, M. (2000). The quality of experience in adolescents' daily lives: Developmental perspectives. *Genetic, social, and general psychology monographs, 126*, 347-367.

Delle Fave, A., & Massimini, F. (2005). The investigation of optimal experience and apathy: Development and psychosocial implications. *European Psychologist, 10*(4).

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, R.B. (2008). *Happiness: Unlocking th mysteries of psychological wealth.* Oxford: Blackwell Publishing Ltd.

Diener, E., Emmons, R., Larsen, R.J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment, 49*(1), 71-75.

Emmons, R.A. (Ed.). (1999). *The psychology of ultimate concerns: Motivation and spirituality in personality.* New York: The Guilford Press.

Emmons, R.A. & McCullough, M.E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology, 84,* 377-389.

Emmons, R.A., & Shelton, C.M. (2005). Gratitude and the science of Positive Psychology. In Snyder & Lopez (Ed.), *Handbook of Positive Psychology* (pp. 459-471). New York: Oxford University Press.

Erikson, E.H. (1968). *Identity, youth and crisis.* New York: Norton.

Erikson, E.H. (1959). *Identity and the Life Cycle.* New York: Norton

Fava, G.A. (1999). Well-being therapy: Conceptual and technical issues. *Psycho-therapy and Psychosomatics Bulletin, 125*, 276-302.

Field, A. (2005). *Discovering Statistics using SPSS* (2nd ed.). London: SAGE Publications Ltd.

Flisher, A.J., Lund, C., Banda, M., Bhana, M., Doku, V., Drew, N., et al. (2007). Mental Health Policy Development and Implementation in four African Countries. *Journal of Health Psychology, 12*(3), 505-516.

Flisher, A.J., Lund, C., Funk, M., Banda, M., Bhana, M., Doku, V., et al. (2007). Mental health policy develpment and implementation in four African countries. *Journal of Health Psychology, 12*(3), 505-516.

Flisher, A.J., Mathews, C., Mukoma, W., & Lombard, C.J. (2006). Secular trends in risk behaviour of Cape Town grade 8 students. *South African Medical Journal, 96*, 982-987.

Frankl, V.E. (1969). *Man's search for meaning.* New York: Washington Square Press.

Fredrickson, B.L. (2000). Extracting meaning from past affective experiences: The importance of peaks, ends, and specific emotions. *Cognition and emotion, 14*(4), 577-606.

Fredrickson, B.L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist, 56*(3), 218-226.

Fredrickson, B.L. & Joiner, T. (2002). Positive emotions trigger upward spirals toward emotional well-being. *Psychological Science, 13*, 172-175.

Fredrickson, B.L. (2003). The value of positive emotions. *American scientist, 91*, 330-335.

Fredrickson, B.L. (2005). Positive emotions. In C.R. Snyder & S.J. Lopez (Eds.), *Handbook of Positive Psychology* New York: Oxford University Press.

Fredrickson, B.L., & Branigan, C. (2005). Positive emotions broaden the scope of attention toward emotional well-being. *Psychological science, 13*, 172-175.

Fredrickson, B.L., & Losada, M.F. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist, 60*(7), 678-686.

Fredrickson, B.L., Mancuso, R.A., Branigan, C., & Tugade, M.M. (2000). The undoing effect of positive emotions. *Motivation and Emotion, 24*, 237-258.

Freeman, M. (2004). HIV/AIDS in developing countries: Heading towards a mental health and consequent social disaster? *South African Journal of Psychology, 34*(1), 139-159.

Gillham, J.E., Gallop Research, Seligman, M.E.P., Reivich, K.J., & et al. (2007). School-based prevention of depressive symptoms: A randomized controlled study of the effectiveness and specificity of the Penn Resiliency Program. *Journal of Counseling and Clinical Psychology, 75*(1), 9-19.

Gillham, J.E., Hamilton, J., Freres, D.R., Patton, K., & Gallop Research. (2006). Preventing depression among early adolescents in the primary care Setting: A randomized controlled study of the Penn Resiliency Program. *Journal of Abnormal Child Psychology, 34*, 203-219.

Gillham, J.E., Reivich, K., & Shatté, A. (2002). Positive youth development, prevention and positive psychology: Commentary on positive youth development in the United States. *Prevention and Treatment, 5*(18), 1-10.

Goldberg, D.P., Gater, R., Sartorius, N., Usten, T.B., Piccinelli, M., Gureje, O., et al. (1997). The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological Medicine, 27*, 191-197.

Goldberg, D.P., & Hillier, V.F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine, 9*, 139-145.

Goleman, D. (2004). *Destructive emotions and how to overcome them.* London: Bloomsbury Publishing.

Greenberg, M.T., Weissberg, R.P., O'Brien, M.U., Zins, J.E., Fredericks, L., & Resnik, H. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist, 58*(6/7), 466-474.

Griffiths, A., Sharkey, J.D., & Furlong, M.J. (2009). In R. Gilman, E.S. Huebner & M.J. Furlong (Eds.), *Handbook of Positive Psychology in schools* (pp. 197-212). New York: Routledge.

Haidt, J. (2006). Elevation and the positive psychology of morality. In C.L.M. Keyes & J. Haidt (Eds.), *Flourishing: Positive Psychology and the life well-lived.* (pp. 275-289). Washington, DC: American Psychological Association Press.

Huebner, E.S., Gilman, R., & Furlong, M.J. (2009). A conceptual model for research in Positive Psychology in children and youth. In R. Gilman, E.S. Huebner & M.J. Furlong (Eds.), *Handbook of Positive Psychology in schools* (pp. 3-8). New York: Routledge.

Isen, A.M. (2003). Positive affect as a source of human strength. In L.G. Aspinwall & U.M. Staudinger (Eds.), *A psychology of human strengths: Fundamental questions and future directions for a positive psychology* (pp. 179-195). Washington, DC: American Psychological Association.

Ivankova, N.V., Creswell, J.W., & Stick, S.L. (2006). Using mixed-methods sequential explanatory design: From theory to practice. *Fields methods, 18*(1), 3-20.

Johnson, R.B., Onwuegbuzie, A.J., & Turner, L.A. (2007). Toward a definition of mixed methods research. *Journal of mixed methods research, 1*(2), 112-133.

Joseph, S., & Linley, P.A. (2006). Growth following adversity: Theoretical perpectives and implications for clinical practice. *Clinical Psychology Review, 26*, 1041-1053.

Kammann, R., & Flett, R. (1983). Affectometer 2: A scale to measure current levels of general happiness. *Australian Journal of Psychology, 35*, 259-265.

Kerlinger, F.N., & Lee, H.B. (2000). *Foundations of behavioural research* (4th ed.). Orlando: Harcourt College Publishers.

Keyes, C.L.M. (1998). Social well-being. *Social psychology quarterly, 6*, 121-140.

Keyes, C.L.M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 43*, 207-222.

Keyes, C.L.M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 43*, 207 - 222.

Keyes, C.L.M. (2003). Complete mental health: An agenda for the 21st century. In C.L.M. Keyes & J. Haidt (Eds.), *Flourishing: Positive Psychology and the life well-lived.* (pp. 293-312). Washington, DC: American Psychological Association Press.

Keyes, C.L.M. (2004). The nexus of cardivascular disease and depression revisited: The complete mental health perspective and the moderating role of age and gender. *Aging and mental health, 8*, 266-274.

Keyes, C.L.M. (2005). Chronic physical conditions and aging: Is mental health a potential protective factor? *Aging international, 30*(1), 88-104.

Keyes, C.L.M. (2005a). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of consulting and clinical psychology, 73*, 539-548.

Keyes, C. L. M. (2005b). Chronic physical disease and aging: Is mental health a potential protective factor? *Ageing International, 30*, 88-104.

Keyes, C.L.M. (2006). Mental health in adolescence: Is America's youth flourishing? *American journal of orthopsychiatry, 76*, 395-402.

Keyes, C.L.M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist, 62*(2), 95-108.

Keyes, C.L.M. (2009). The nature and importance of positive mental health in America's adolescents. In Gilman, Huebner & Furlong (Ed.), *Handbook of Positive Psychology in schools.* New York: Routledge.

Keyes, C.L.M. & Haidt, J. (Eds.) (2003). *Flourishing: Positive Psychology and the live well-lived.* Washington, DC: American Psychological Association.

Keyes, C.L.M., Wissing, M.P., Potgieter, J., Temane, Q.M., Kruger, A., & Van Rooy, S. (2008). Evaluation of the Mental Health Continuum Short Form (MHC-SFG) in Setswana speaking South Africans. *Clinical Psychology and Psychotherapy: An international Journal of Theory and Practice, 15*, 181-192.

Khumalo, I.P., Wissing, M.P. & Temane, Q.M. (2008). Exploring the validity of the VIA-Inventory of Strengths in an African context. *Journal of Psychology in Africa, 18*(1), *133-144.*

King, R.A., Schwab-stone, M., Flisher, A.J., Greenwald, S., Kramer, R.A.S., Goodman, H., et al. (2001). Pshychosocial and risk behaviour correlates of youth suicide attempts and suicide ideation. *Journal of American academy of child and adolescent psychiatry, 40(7).*

Kroenke, K., Spitzer, R.L., & Williams, J.B.W. (2001). Validity of a brief depression severity measure. *Journal of general intern medicin,16*, 606-613.

Lent, R.W. (2004). Toward a unifying theoretical and practical perspective on well-being and psychosocial adjustment. *Journal of counselling psychology, 51*(4), 482-509.

Leontiev, D. (2006). Approaching personal autonomy. In M. Csikszentmihalyi & I.S. Csikszentmihalyi (Eds.), *A life worth living: Contributions to positive psychology.* New York: Oxford University Press.

Lerner, R.M. (2004). *Liberty: Thriving and civic engagement among America's youth.* Thousand Oaks: CA: Sage.

Lerner, R.M., Almerigi, J.B., Theokas, C., & Lerner, J.V. (2005). Postive youth development: A view of the issues. *Journal of Early Adolescence.25*(1), 10-16.

Lerner, R.M., Brentano, C., Dowling, C.E.M., & Anderson, P.M. (2002). Positive youth development: Thriving as the basis of personhood and civil society. *New directions for Youth Development.95*, 11-33.

Linley, P.A., & Joseph, S. (2004). Toward a theoretical foundation for positive psychology in practice. In P.A. Linley & S. Joseph (Eds.), *Positive Psychology in Practice* (pp. 713-731). Hoboken, New Jersey: Wiley.

Linley, P.A. (2006). Counseling psychology's positive psychological agenda: A model for integration and inspiration. *The counselling psychologist, 34*(2), 313-322.

Linley, P.A., Joseph, S., Harrington, S., & Wood, A.M. (2006). Positive psychology: Past, present, and (possible) future. *The Journal of Positive Psychology, 1*(1), 3-16.

Linley, P.A., Joseph, S., & Goodfellow, B. (2008). Positive changes in outlook following trauma and their relationship to subsequent posttraumatic stress, depression, and anxiety. *Journal of Social and Clinical Psychology.27*(8), 877-891.

Linley, P.A., Joseph, S., Harrington, S., & Wood, A.M. (2006). Positive psychology: Past, present, and (possible) future. *The Journal of Positive Psychology.1*(1), 3-16.

Louw, D. (2007). *Violent crime in South Africa: A psychologist's - not necessarily a pschological - perspective.* Symposium on violent crime, conducted at the meeting of the faculty of law, Free State University.

Luthans, F. (2002). Positive organizational behaviour: Developing and managing psychological strengths. *Academy of management executive.16*(1), 57-75.

Lyobomirsky, S., King, L., & Diener, E. (2005). The benefits of positive affect: Does happiness lead to success? *Psychological bulletin, 131*, 803-855.

Lyubomirsky, S. (2007). *The how of happiness: A scientific approach to getting the life you want.* New York: The Penguin Press.

Lyubomirsky, S., Sheldon, K.M., & Schade, D. (2005). Pursuing happiness: The architecture of sustainable change. *Review of General Psychology, 9*, 111-131.

Maddux, J.E. (2005). Self-efficacy: The power of believing you can. In Snyder & Lopez (Ed.), *Handbook of Positive Psychology* (pp. 277-287). New York: Oxford University Press.

Maddux, J.E. (2008). Positive psychology and the illness ideology: Toward a positive clinical psychology. *Applied Psychology: An international review.57*, 54-70.

Maslow, A.H. (1954). *Motivation and Personality.* New York: Harper and Row.

Maslow, A.H. (1968). *Toward a psychology of being.* Princeton: Van Nostrand.

Maslow, A.H. (1971). *The farther reaches of human nature.* New York: The Viking Press.

Masten A.S. 2001. Ordinary magic. Resilience processes in development. *American psychologist, 56*(3), 227-238.

McCullough, M.E., Hoyt, W.T., & Rachal, K.C. (2000). What we know (and need to know) about assessing forgiveness constructs. In M.E. McCullough K.I. Pargament. & C.E. Thoresen(Eds.), *Forgivenes: Theory research, and practice* (pp. 65-88). New York: Guilford.

Nakamura, J., & Csikszentmihalyi, M. (2005). The concept of flow. In C.R. Snyder & S.J. Lopez (Eds.), *Handbook of Positive Psychology* (pp. 89-105). New York: Oxford University Press.

Neal, D.T., Wood, W., & Quinn, J.M. (2006). Habits - A repeat performance. *Association for Psychological Science, 15*(4), 198-202.

Neenan, M. (2009). *Developing resilience: A cognitive-behavioural approach.* London: Routledge.

Nel, P. (2007). Factors influencing persistance of aspiring chartered accountants: A fortigenic approach. *Dissertation presented for the degree of Doctor of Philosophy (Industrial Psychology).* (Stellenbosch University)

Park, N., & Peterson, C. (2009). Strengths of character in schools. In R. Gilman, E.S. Heubner & M.J. Furlong (Eds.), *Handbook of Positive Psychology in schools* (pp. 65-76). New York: Routledge.

Patel, V., Flisher, A.J., Hetrick, S., & McGorry, P. (2007). Mental health of young people; A global public-health challenge. *Adolescent health, 369.*

Patel, V., Flisher, A.J., Nikapota, A., & Malhotra, S. (2008). Promoting child and adolescent mental health in low and middle income countries. *Journal of Child Psychology and Psychiatry, 49*(3), 313-334.

Pavot, W., & Diener, E. (1993). Review of the Satisfaction with Life Scale. *Psychological Assesment, 5*(2), 164-172.

Pavot, W., & Diener, E. (2008). The Satisfaction with Life Scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology.2*, 137-152.

Pearce II, J.A., & Robinson, R.B. (1994). *Formulation, Implementation, and control of competitive strategy* (5th). Boston: Irwin Inc. (Original work published 1947)

Peterson, C. (2006). The values in action (VIA) classifications of strengths. In Csikszentmihalyi & Csikszentmihalyi (Ed.), *A life worth living: Contributions to positive psychology* (pp. 29-48). New York: Oxford University Press.

Peterson, C., & Seligman, M.E.P. (2004). *Character strengths and virtues: A handbook and classification.* New York: Oxford University Press.

Peterson, C., Park, N., Pole, N., D'Andrea, W., & Seligman M.E.P. (2008). Strengths of character and posttraumatic growth. *Journal of traumatic stress 21*(2), 214-217.

Pretorius, T.B. (1998). *Fortitude as stress-resistance: Development and validation of the Fortitude Questionnaire (FORQ).* Bellville: University of Werstern Cape.

Rogers, C.R. (1961). *On becoming a person: A therapist's view of psychotherapy.* London: Constable.

Ryan, R. M. & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. American Psychologist, 55,68-78.

Ryff, C. D. (1 989a). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069-1081.

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*(6), 1069-1081.

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*(6), 1069-1081.

Ryff, C.D., & Singer, B. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Psychomatics, 65*, 14-23.

Ryff, C.D., & Keyes, C.L.M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69,* 719-727.

Ryff, C.D., & Singer, B. (1998). The contours of positive human health. *Psychological inguiry, 9*(1), 1-28.

Ryff, C.D., & Singer, B. (2006). Flourishing under fire: Resilience as a prototype of challenged thriving. In Keyes & Haidt (Ed.), *Flourishing: Positive Psychology and the life well-lived.* (pp. 15-36). Washington, DC: American Psychological Association Press.

SACENDU - South African community epidemiology network on drug use (2008). Medical Research Council, Phase 25, South Africa.

Schwarzer, R., Diehl, M., & Schimtz, G.S. (1999). *Self-Regulation Scale.* Retrieved October 28, 2006, from http://www.fu-berlin.de/gesund/skalen:

Seligman, M.E.P. (1991). *Learned Optimism.* New York: Free Press.

Seligman, M.E.P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American psychologist* 55, 5-14.

Seligman, M.E.P. (2005). Positive Psychology, Positive Prevention, and Positive Therapy. In C.R. Snyder & S.J. Lopez (Eds.), *Handbook of Positive Psychology* (pp. 3-9). New York: Oxford University Press.

Seligman, M.E.P. (2007). *Authentic happiness.* London: Nicholas Brealey Publishing. (Original work published 2002).

Seligman, M.E.P., Steen, T.A., Park, N., & Peterson, C. (2005). Positive Psychology Progress: Empirical validation of interventions. *American Psychologist, 60*(5), 410-421.

Sheldon, K.M., & King, L. (2001). Why positive psychology is necessary. *American Psychologist, 56*, 216-217.

Sheldon, K.M., & Lyubomirsky, S. (2006). Achieving sustainable gains in happiness: Change your actions, not your circumstances. *Journal of happiness studies, 7*, 55-86.

Smith, E.J. (2006). The strength-based counselling model. *The counselling psychologist, 34*(1), 13-79.

Strümpfer, D.J.W. (2005). Standing on the shoulders of giants: Notes on early positive psychology (Psychofortology). *South African Journal of Psychology, 35(1),* 21-45.

Strümpfer, D.J.W. (2006). The strengths perspective: Fortigenesis in adult life. *Social Indicators Research*, 77, 11-36.

Suldo, S.M., Huebner, E.S., Friedrich, A.A., & Gilman, R. (2009). Life satisfaction. In R. Gilman, E.S. Huebner & M.J. Furlong (Eds.), *Handbook of Positive Psychology in schools* (pp. 27-36). New York: Routledge.

Tarr, L.L. (2005). *Student Success: Motivating Middle School Students through Personal* Retrieved October 28, 2007, from http://www.studentmindset.com/

Tedeschi, R.G., & Calhoun, L.G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological inquiry, 15*(1), 1-18.

Utsey, S.O., Hook, J.N., Belvet, B., & Fischer, N. (2008). Influence of cultural orientation, ego resilience, and optimism on the subjective well-being of African Americans. *Journal of Positive Psychology.*

Vaillant, G.E. (2000). Adaptive mental mechanisms: Their role in a positive psychology. *American Journal of Psychology, 55*(1), 89-98.

Vaillant, G.E. (2008). *Faith, hope, and joy: The neurobiology of the positive emotions.* New York: Morgan Road Books.

Van Manen, M. (1984). *Doing phenomenological research and writing: An introduction.* [Monograph 7: Curriculum Praxis monograph series]. Canada: University of Alberta, Department of Education.

Wait, J, Meyer, J., & Loxton H., (2005). *Menslike ontwikkeling: 'n Psigososiale perspektief.* Ebony Books: Parow Oos.

Waterman, A.S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of Personality and Social Psychology, 64, 678-691.*

Waterman, A.S., Schwartz, S.J., & Conti, R. (2008). The implications of two conceptions of happiness (hedonic enjoyment and eudaimonia) for the understanding of intrinsic motivation. *Journal of Happiness Studies, 9,* 41-79.

Wegner, L., Flisher, A.J., Caldwell, L.L., Vergnani, T., & Smith, E.A. (2007). Healthwise South Africa: Cultural adaptation of a school-based risk prevention programme. *Health Education Research Advance Access.*

Wild, L.G., Flisher, A.J., & Lombard, C. (2004). Suicidal ideation and attempts in adolescents: Associations with depression and six domains of self-esteem. *Journal of Adolescence, 27,* 611-624.

Wissing, J.A.B., Wissing, M.P., Du Toit, M.M., & Temane, Q.M. (2008). Psychometric properties of Various Scales Measuring Psychological Well-being in a South African Context: The FORT 1 project. *Journal of Psychology in Africa, 18*(4), 511-520.

Wissing, M.P., Potgieter, J., Temane, M., Oosthuizen, T., Nienaber, A., Van Rooy, S., et al. (2008). *Levels of Psychological Well-being: Prevalence, concomitants and challenges in theory and practice.* Paper presented at Croatia-conference.

Wissing, M.P., & Temane, Q.M. (2008). The structure of psychological well-being in cultural context: Towards a hierachical model of psychological health. *Journal of Psychology in Africa, 18*(1), 45-56.

Wissing, M.P., & Van Eeden, C. (2002). Empirical Clarification of the nature of psychological well-being. *South African Journal of Psychology, 32*, 32-44.

World Health Organization, (1948). World Health Organization constitution. In *Basic Documents*. Geneva: Author.

World Health Organization, (2001). *The world health report 2001. Mental Health: New Understanding, new hope.* Geneva: Author.

Yates, T.M., & Masten, A.S. (2004). Fostering the future: Resilience theory and the practice of positive psychology. In Linley & Joseph (Ed.), *Positive Psychology in Practice* (pp. 521-539). Hoboken, New Jersey: John Wiley & Sons. (Original work published 2004)

Zdunek, G., Gray, C., Lambertz, B., Licht, N., & Rux, E. (2003). *Approaches to reduce youth poverty in Cape Town.* Retrieved March 5, 2007, from www.developmentgoals.org