

**Relational well-being of a group of adolescents
in a South African high-risk community**

Odette Geldenhuys

23240830

Dissertation submitted in fulfilment of the requirements for the degree

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Supervisor: Dr. I. van Schalkwyk

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PREFACE

This manuscript is presented in an article format in accordance with Rules A.11.5.3 and A.11.5.4 of the North-West University (Potchefstroom Campus) Yearbook. The context and technical requirements of the accredited professional journals, *Journal of Psychology in Africa*, *Journal of Child and Adolescent Mental Health* and *South African Journal of Psychology* were used as basis for the articles. Additional comments on this research are:

- Article 1 was submitted for review to the *Journal of Psychology in Africa*
- Article 2 will be submitted for review to *South African Journal of Psychology*
- Article 3 will be submitted for review to *Journal for Child and Adolescent Mental Health*

The referencing style and editorial approach for this thesis is in line with the prescriptions of the *Publication Manual* (6th edition) of the American Psychological Association (APA). Each individual article followed the specific author guidelines as prescribed by the selected journals.

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"My help comes from the Lord, who made the heavens and the earth. He will not let you stumble and fall; the one who watches over you will not sleep." – Psalm 121

- *All the glory to God, who have helped me through this journey and pick me up when I stumble through the obstacles of life. Also for placing people on my research journey that I have learned so much from.*
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SUMMARY

Relational well-being of a group of adolescents in a South African high-risk community

Keywords: Relational well-being, well-being, flourishing, adolescents, resilience, multiple method study, psychological strengths, positive psychology, high-risk community

Little is known about the experience of South African adolescents' relational well-being who are living in high-risk environments. There has been an increase in well-being research over the past three decades pointing to the importance of relational well-being for the experience of mental- and physical health toward complete well-being (Wissing, 2014). Well-being models hold that positive relations and healthy interpersonal activities are viewed as resources for well-being (Fredrickson, 2009; Keyes, 2007; Seligman, 2011). Relational well-being is viewed as a core component of well-being. Well-being is conceptualised in the domain of positive psychology, and in particular from perspectives such as Keyes's (1998; 2005; 2007) model of psychosocial well-being. Positive relations are an indicator of high levels of well-being, called flourishing. Previous research has shown that only a small proportion of those adolescents otherwise free of a common mental disorder can be classified as truly mentally healthy and flourishing. Studies have shown that lower levels of well-being could imply grave challenges for relational well-being, and create further risk conditions in terms of the behaviours associated with living in a high-risk environment. The varied South African landscape of socio-economic contexts greatly influences the development of children (Guse & Vermaak, 2011). These differences as to context during developmental phases may also affect the prevalence and dynamics of social well-being and thus the interaction of adolescents with their community (Keyes, 2007). This study aims to contribute to scientific knowledge that may fill the gap between what is known and what is needed to enhance the relational well-being of adolescents who are living in a high-risk community.

This study includes three sub-studies of which the results are reported in three articles.

The aim of the first article was to conceptualise relational well-being within the South African context. The article describes relational well-being by taking a closer look at the four levels of connectedness, which is the i) intrapersonal, ii) interpersonal, iii) societal, and iv) spiritual/religious levels. These dimensions represent complex dynamics, since all relating is eco-systemically embedded. Furthermore, general insight and descriptions of relational well-being and associated constructs such as relational qualities and social ecologies were included

to describe relational functioning within the parameters of well-being as relating and interacting with self, others, community, and God/higher being.

The second article aimed to establish via multiple methods the levels of a group of South African adolescents' well-being (quantitative research), and, to qualitatively explore adolescents' experiences of relational well-being within the context of a high-risk environment. South African studies indicate that adolescents who are exposed to enduring poverty are more at risk to develop mental health problems. Adolescent learners from three secondary schools (N=808 quantitative study) took part in this study. Participants were Grade 8 learners between 12 and 15 years old. Quantitative findings indicate that most adolescent learners, i.e., 56%, do not experience high levels of well-being. Qualitative findings show that adolescents' relational well-being is seriously restricted. It was also found that, although African adolescents have higher scores with regard to social well-being than psychological well-being - indicating their strengths as to connectedness and communal living - the "Ubuntu", birth right does not guarantee relational competence.

The aim of the third article was to present guidelines, to both protect and to promote adolescents' relational well-being (RWB). In other words, the article proposes guidelines that could serve as a blueprint for well-being programmes to enhance adolescents' relational functioning. These guidelines are offered as a strategy to facilitate the enhancement of relational well-being through focussing, first on specific facets of the notion of RWB as found in existing literature, and research findings revealing a group of adolescents' perceptions of relational functioning; the influence of significant role-players such as friends, family, community and educators; the role of emotions and coping with negative relational functioning/interacting; relational functioning within a high-risk community dealing with positive experiences of support within the high-risk community and also negative threats as to relational functioning in the high-risk community; second, how relational well-being can fortify adolescents' personal resources, and the mastering of specific interpersonal skills which should be applied on a daily basis. The inclusion or integration of character strengths is recommended, since there is growing evidence which shows that certain strengths of character e.g., kindness, self-regulation and wisdom (perspective), are closely linked to RWB, and can fortify relational health against the negative effects of stressful interacting and traumatic experiences. Positive relations and healthy interrelatedness is of vital importance for adolescents, especially since relational competencies in this development phase hold the key towards successful connections (intimate relationships; connecting at work) as adolescents as well as future adults.

Findings of this study indicate that positive relational functioning implies healthy interconnectedness with significant role-players, such as family, friends, educators and community-members. The importance of being able to talk to especially friends, or family members toward constructive coping when dealing with intense negative emotions, for example anger and disappointment, was evident. Furthermore, the role of culture was clearly demonstrated, and it is recommended that context and culture should never be overlooked when considering guidelines to enhance adolescents' relational well-being. Another important aspect to note is that these findings may have further implications for therapy and policies on health promotion from a preventative perspective, since this research offers valuable information as a bottom-up approach toward future interventions and/or well-being programmes.

This study contributes to the relational well-being of adolescents living in high-risk communities, by giving them "a voice". While the impact of a high-risk community cannot be disregarded, information was gathered to eventually protect and promote the relational well-being of these adolescents versus a focus on the remedial or mainly therapeutic side of the psychological coin. The study also presented the application of theory on a practical level, and in so doing, contributes to the immense need within the positive approach of psychology to fortify the strengths and address the risks of adolescents' relational well-being.

OPSOMMING

Verhoudingswelstand van 'n groep adolessente in 'n Suid-Afrikaanse hoë-risiko gemeenskap

Sleutelwoorde: Verhoudingswelstand, welstand, fleur/floreer, adolessente, veerkragtigheid, veelvuldige studies, psigologiese sterktes, positiewe psigologie, hoë-risiko-gemeenskap

Daar is min inligting beskikbaar oor die belewing Suid-Afrikaanse adolessente se verhoudingswelstand wat in hoë-risiko omgewings woon. Die laaste drie dekades is daar 'n toenemende tendens in navorsing wat die belangrikheid van verhoudingswelstand toon vir geestes- en fisiese gesondheid ten behoeve van algehele welstand (Wissing, 2014). Welstandsmodelle toon dat positiewe verhoudings en gesonde interpersoonlike handeling as hulpbronne vir welstand beskou word (Fredrickson, 2009; Keyes, 2007; Seliman, 2011). Verhoudingswelstand is 'n kernkomponent van welstand. Welstand word gekonseptualiseer in die domein van positiewe sielkunde, en spesifiek in terme van perspektiewe soos Keyes (1998; 2005; 2007) se model van psigologiese welstand. Positiewe verhoudings is 'n aanduiding van hoë vlakke van welstand, genoem fleur ("flourishing"). Bestaande navorsing het aangedui dat slegs 'n klein persentasie van adolessente wat nie aan 'n geestesversteuring ly nie, geklassifiseer kan word as werklik geestelik gesond en florerend. Studies het aangedui dat laer vlakke van welstand ernstige uitdagings vir verhoudingswelstand impliseer, en verdere risikotoestande kan skep in terme van gedrag wat geassosieer word met die lewe in 'n hoë-risiko omgewing. Die wye verskeidenheid van die Suid-Afrikaanse landskap van sosio-ekonomiese kontekste beïnvloed die ontwikkeling van kinders (Guse & Vermaak, 2011). Hierdie verskillende kontekste tydens ontwikkelingsfases kan ook die voorkoms van en die dinamiek van sosiale welstand, en dus ook die interaksie van adolessente met hul gemeenskap affekteer (Keyes, 2007). Hierdie studie het ten doel om tot wetenskaplike kennis by te dra wat hierdie leemte kan vul tussen dit wat bekend is en dit wat nodig is vir die uitbouing van adolessente se verhoudingswelstand wat in 'n hoë-risiko gemeenskap leef.

Hierdie studie behels drie sub-studies waarvan die resultate in drie artikels uiteengesit is.

Die doel van die eerste artikel was die konseptualisering van verhoudingswelstand binne die Suid-Afrikaanse konteks. In die artikel word verhoudingswelstand beskryf in terme van die vier dimensies van verbondenheid, naamlik die i) intrapersoonlike, ii) interpersoonlike, iii) gemeenskaps-, en iv) spirituele/godsdienstige vlakke. Hierdie dimensies verteenwoordig 'n komplekse dinamika, aangesien alle interaktiewe handeling eko-sistemies

verstaan word. Daarbenewens is algemene insigte en beskrywings van verhoudingswelstand en verwante konsepte, soos verhoudingskwaliteite en sosiale ekologieë ingesluit om die funksionering verhoudings te beskryf binne die raamwerk van welstand as die verhouding en interaksie met self, ander, gemeenskap en God/opperwese.

In die tweede artikel is beoog om, met behulp van veelvuldige metodes, die vlakke van 'n groep Suid-Afrikaanse adolessente se welstand (kwantitatiewe studie) vas te stel, en om op 'n kwalitatiewe wyse hul ervarings van verhoudingswelstand binne die konteks van 'n hoë-risiko omgewing te verken. Suid-Afrikaanse studies dui aan dat adolessente wat voortdurend aan armoede blootgestel is, 'n groter risiko loop om geestesgesondheidsprobleme te ontwikkel. Adolessente leerders van drie sekondêre skole (N=808 kwantitatiewe studie) het aan die studie deelgeneem. Die deelnemers was graad 8-leerders tussen 12 en 15 jare oud. Kwantitatiewe bevindinge toon aan dat die meeste adolessente leerders, naamlik 56%, nie hoë vlakke van welstand ondervind nie. Kwalitatiewe bevindinge toon aan dat adolessente se verhoudingswelstand ernstig beperk is. Verder is daar ook gevind dat, alhoewel Afrikaanse-adolessente hoër tellings behaal het met vir sosiale welstand as psigologiese welstand – wat aanduidend is van 'n sterk verbondenheid en gemeenskapslewe – die “ubuntu”-geboortereg nie verhoudingswelstand waarborg nie.

Die doel van die derde artikel was om riglyne te bied, beide vir die beskerming asook die bevordering van adolessente se verhoudingswelstand (VWS). Met ander woorde, die artikel stel riglyne voor wat kan dien as bloudruk vir welstandsprogramme om adolessente se verhoudingsfunksionering te uit te bou. Hierdie riglyne word aangebied as 'n strategie om die uitbouin van verhoudingswelstand te fasiliteer, deur eerstens, te fokus op spesifieke fasette van die begrip VWS, soos gevind in bestaande literatuur, asook navorsingsbevindinge waarin 'n groep adolessente se persepsies en ondervindings van verhoudingsfunksionering onthul word; die invloed van belangrike rolspelers soos vriende, familie, gemeenskap en opvoeders; die rol van emosies en die hantering van negatiewe verhoudingsfunksionering/ interaksie; verhoudingsfunksionering binne 'n hoë-risiko gemeenskap, met spesifieke verwysing na positiewe ondervindings van ondersteuning binne die hoë-risiko gemeenskap, asook negatiewe bedreigings vir die funksionering van die verhoudings in 'n hoë-risiko gemeenskap. Tweedens, hoe verhoudingswelstand geïmplementeer kan word om adolessente se persoonlike hulpbronne te versterk wat kan lei tot die bemeestering van spesifieke interpersoonlike vaardighede wat op 'n daaglikse basis gebruik kan word. Die insluiting of integrasie van karaktersterktes word aanbeveel, aangesien daar toenemende bewyse is datsekere karaktersterktes, byvoorbeeld. goedhartigheid, selfregulering en wysheid

(perspektief), nou geassosieer word met VWS, en verhoudingswelstand sodoende versterk kan word teenoor die negatiewe uitwerking van stresvolle interaksie en traumatiese ondervindings. Positiewe verhoudings en gesonde onderlinge verbondenheid is van sleutelbelang vir adolessente, veral aangesien verhoudingsbevoegdheid gedurende hierdie ontwikkelingsfase die sleutel is vir suksesvolle verhoudings (intieme verhoudings; werksverhoudings), tydens adolessensie sowel as toekomstige volwassenes.

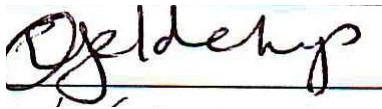
Bevindings van hierdie navorsing toon dat positiewe verhoudingsfunksionering gesonde verbondenheid met betekenisvolle rolspelers, soos familie, vriende, opvoeders en gemeenskapslede meebring. Die belangrikheid daarvan om met veral vriende of familielede te kan praat tydens die konstruktiewe hantering van intense negatiewe emosies, soos woede en teleurstelling, het duidelik na vore gekom. Daarbenewens was daar 'n duidelike bewys van die rol wat kultuur speel, en word daar aanbeveel dat konteks en kultuur nooit misgekyk moet word wanneer oorweging geskenk word aan riglyne om verhoudingswelstand van adolessente te bevorder nie. Nog 'n belangrike aspek om van kennis te neem, is dat hierdie bevindings verdere implikasies mag hê vir terapie en beleid vir die bevordering van gesondheid uit 'n voorkomende oogpunt, aangesien hierdie navorsing waardevolle inligting voorsien om as vertrekpunt te gebruik vir toekomstige ingrepe en/of welstandsprogramme.

Hierdie navorsing dra by tot die verhoudingswelstand van adolessente wat in hoë-risiko gemeenskappe woon deur vir hulle 'n "stem" te gee. Alhoewel die impak van 'n hoë-risiko gemeenskap nie buite rekening gelaat kan word nie, is inligting ingesamel om uiteindelik die verhoudingswelstand van hierdie adolessente te beskerm en te bevorder teenoor 'n fokus op die herstel of die hoofsaaklik terapeutiese kant van die psigologiese munt. Die studie bied ook die toepassing van teorie op 'n praktiese vlak, en dra sodoende by tot die groot behoefte binne die positiewe benadering van die sielkunde om die sterktes van adolessente se verhoudingswelstand te fortifiseer en die risiko's te verminder.

DECLARATION OF AUTHORSHIP

I, Odette Geldenhuys, declare that the work contained in this dissertation is my own, original work, and that all the sources I have used or quoted have been indicated and acknowledged by means of references. I also declare that I have not previously submitted this dissertation or any part of it to any university in order to obtain a degree.

Signed

A handwritten signature in black ink, appearing to read 'Geldenhuys', is written over a horizontal line. The signature is cursive and stylized.

Odette Geldenhuys

Research Student

North-West University

Student Number: 23240830

LETTER OF PERMISSION

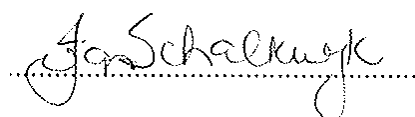
The candidate opted to write articles with the support of her promoter. I, the promoter, declare that the input and effort of Odette Geldenhuys in writing these articles reflect research done by her. I hereby grant permission that she may submit the three articles for examination purposes in fulfilment of the requirements for the degree *Philosophiae Doctor* in Psychology.

Permission to submit the manuscripts for degree purposes

- Journal article 1: “Conceptualisation of relational well-being in the South African context”.
- Journal article 2: “Investigating the relational well-being of a group of adolescents living in a high-risk community”.
- Journal article 3: ”Guidelines for the facilitation of relational well-being in adolescents living in a high-risk environment”.

It is necessary to add that for examination purposes the candidate did not follow the requirements of the selected journals with regards to number of pages and amount of words allowed.

The co-author, Dr. Izanette van Schalkwyk, acted as promoter.



25 April 2016

Dr. I. van Schalkwyk

Date

DECLARATION OF LANGUAGE EDITING



I, Mari Grobler, hereby declare that I have language edited the research study with the title:

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for Odette Geldenhuys (23240830) for the purpose of submission as a postgraduate PhD thesis.

Changes were suggested and implementation was left to the discretion of the author with regard to:

- Section A
- Section B
- Section C

Yours sincerely

Mari Grobler

SATI membership no: 1002808

Technical Editor

Lucie Grimova

luciegrimova@gmail.com

Cape Town, 29. 4. 2016

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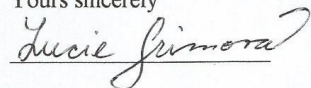
Relational Well-Being of a Group of Adolescents in a South African High-Risk Community

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Changes were suggested and implementation was left to the discretion of the author with regards to:

- Section A
- Section B
- Section C
- Section D

Yours sincerely



Lucie Grimova

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Relational Well-Being of a Group of Adolescents in a South African High-Risk Community

Section A: Orientation of the Research

Part 1: Research Proposal and Methodology

Introduction

This study focuses on the relational well-being of a group of South African adolescents who are living in a high-risk community. The first chapter provides a general introduction to the exploration of South African adolescents' relational well-being. Firstly, the problem statement and a rationale for the enquiry of South African adolescents' relational well-being will be presented. The need to investigate the prevalence of well-being in South African youth, the inadequacy of our information regarding relational well-being; how additional information could contribute to the offering of guidelines towards the design of a relational well-being programme to protect and promote relational functioning in non-clinical healthy populations and primarily in adolescents will be dealt with.

The first part of section one ends with the clarification of aims, possible benefits of the current study and also an outline of the remainder of the dissertation.

Orientation and Problem Statement

There has been an increase in well-being research over the past three decades and many features of research are pointing to the importance of relational well-being for the experience of mental and physical health toward complete well-being (Wissing, 2014). Many models of well-being identified positive relationships as one of the core components of positive human health (Keyes, 2007; Ryff & Singer, 2008; Seligman, 2011). Moreover, positive relational functioning is a required diagnostic criterion for flourishing persons such as adolescents, according to Keyes (as cited in Catalino & Fredrickson, 2011), as well as building more resources over time. It is also remarkable that quality ties and social ecologies

are viewed as being foundational for youngsters showing high levels of resilience (Theron & Theron, 2014; Ungar, 2008). Resilience studies show the vital role of meaningful interactions (relations) and the fostering of personal growth when youngsters manage to adjust in a positive manner to indescribable hardship (Van Rensburg, Theron, & Rothmann, 2015).

While relational well-being has been explored to some extent in Western and Eastern contexts, very few studies have been conducted in an African context where the spirit of “Ubuntu” is so particularly important (Wissing, Khumalu, & Chigeza, 2014). “Ubuntu” indicates an inter-relatedness that captures the essence of human connectedness for societies with a collectivist worldview (Theron & Theron, 2014). Evidently, research is needed on relational well-being in order to understand how these psychosocial processes that are common to human beings develop and are expressed and shaped within a South African context. We need these studies to contribute to the integration of information toward a better and more general understanding of these processes and how they play out in the quality of our lives and enrichment thereof. Moreover, we need information about relational well-being during adolescence, since social functioning is paramount during this life phase (Van Schalkwyk & Wissing, 2010; 2013). Also, because no human interaction occurs within a vacuum, the exploring of the potential as well as the possible hindrances of the relational well-being of adolescents within a South African context cannot be done without taking cognizance of the impact of the layers of settings – described as ecological levels (see Bronfenbrenner, 1979) – on human development. Therefore, the focus of this research is to investigate the relational well-being of adolescents who are living in South African high-risk communities.

The protecting and promoting of relational well-being is necessary to enhance quality of life, but also to pro-actively prevent problems. Motivation for this perspective is as follows:

The Need to Look at Relational Well-Being of Adolescents in High-Risk Communities

Firstly, since positive relations are indicative of high levels of well-being (called “flourishing” by Keyes, 2007), we need information about the prevalence of levels of psychosocial well-being of adolescents in various contexts. According to Wissing and Temane (2013), little is known about the prevalence of levels of psychosocial well-being in various South African contexts. Wissing and Temane (2013) examined well-being in a South African context: This South African study measured the incidence of well-being levels of twelve different groups such as multi-cultural college students, Afrikaans-speaking adults, Setswana-speaking adults and South African educators. It was found that the level of personal well-being, namely flourishing, was a little higher within the South African context than the percentages found in an American study (Keyes, 2007). The value of this South African study is that the possible reasons for this difference in flourishing could indicate the key role of context and psycho-social matters. Also, Keyes (2006, 2007) has shown by means of a big representative study (N=1.234) that 38% of the USA adolescents experience flourishing, whereas Van Schalkwyk and Wissing (2010) found that 42% in a group of South African adolescents (multi-cultural, between the ages of 15 and 17 years; N=665) can be categorised as flourishing. The question arises whether 42% of adolescents who are exposed to high-risk communities could be categorised as flourishing, since psychosocial factors such as unemployment, poverty and lesser education (of parents) are found to be harmful or detrimental to well-being (Wissing & Temane, 2008).

However, studies are also necessary about the prevalence of levels of psychosocial well-being against the theoretical backdrop of Keyes’s mental health continuum model in several groups in an African context, which measures categories of well-being versus the mere absence of diseases and/or disorders. Briefly put, further empirical research is required

to establish the role of contextual and socio-demographic variables in psychosocial well-being (Wissing & Temane, 2013).

Gergen (2009) posits that humans are relational beings and that “we are participants in a confluence of relationships in which there are intelligible actions” (p. 56). Also, in recent times, there has been a new surge to explore what constitutes relational living and particularly positive relationships at its core as well as how this information can be utilised to enhance the quality of life in various domains for ordinary people (Waterman, 2013). People are relational beings and are always in relationship with other people and the environment (Suchman, 2006; Watzlawick, Bavelas, & Jackson, 2011). Moreover, several researchers are of the opinion that healthy relationships are of crucial importance for personal well-being (Keyes, 2006; Kitching, Roos, & Ferreira, 2012; Nelson & Prilleltensky, 2010; Ryff & Singer, 1996). In other words, individuals can only experience or promote higher levels of well-being when they intentionally strengthen their relational functioning.

Relationships described as interpersonal connections between people are an integral part of healthy human development (Kitching et al., 2012). Social functioning is increasingly important during the adolescent life phase; therefore, adolescents’ experiences about flourishing or dysfunctional relationships are needed to provide a bottom-up approach for future programmes aimed at the enhancement of relational functioning. Additionally, it cannot be assumed that all South African adolescents understand and experience relational well-being in the same manner, since this country has 11 official languages representing the various cultures. Berry (2013) opines that we can only build a global psychology if we transcend current culture-bound and culture-blind trends and also include findings from indigenous perspectives. In other words, we should pay attention to local and socially useful knowledge. The viewpoint of McCubbin, McCubbin, Zhang, Kehl and Strom (2013) is; therefore, informative, namely that the traditional focus on a Western-European paradigm of

well-being may not be sufficient to determine the well-being of individuals and families with roots in indigenous cultures. McCubbin, Kehl, Strom, & McCubbin, (2010) describe well-being as a relational construct while McCubbin et al. (2013) stress the importance of demonstrating respect for people and their respective cultures, values and beliefs as a basis for developing and applying measures to assess relational well-being.

Literature highlighting relational living suggests the exploring of the role of relationships in the lives of adolescents who are exposed to the difficulties of high-risk communities. Ryff (2014) encourages us to investigate relational functionality in an African context where well-being is “under fire” or threatened daily. The eudaimonic approach which entails functioning well and meaningful relational living should be considered, since statistics and increasing crime, domestic violence and substance abuse present solemn threats and constant risks to Africa’s people and their psychological health. Ungar (2008) warns that interpersonal processes should not be ignored, even when social ties and relational living seem so “natural” to many South Africans. In this sense, we need to add to the value of South African studies to uncover person-context interactions, cultural positioning as well as life phase challenges with regard to the complexity of resilience-promoting relational processes (Theron & Theron, 2014).

This viewpoint is linked to Alatartseva and Barysheva’s (2015) argument that if we consider well-being within the framework of a conceptually comprehensive logic (including objective as well as subjective aspects of well-being), then it is “possible to derive a ‘formula’ of well-being of humans and society” (p. 36). Alatartseva and Barysheva (2015) define the category of human well-being as an integral, multi-aspected and multi-functional notion, and they describe it in light of the combination of four concepts: (1) one’s existence in accordance with one’s natural essence (in harmony with others and the environment); (2) an innate understanding of what is good for oneself, and the presence of the ability and

willingness to achieve it; (3) one's ability to realise your human potential and plan for life; and (4) the creation of a society and empowering people to fulfil above stated concepts 1, 2, 3 and to increase activity and awareness. Remarkably, these two authors also emphasise that if at least one of these concepts, for example one's existence in accordance with your natural essence in harmony with others and the environment is absent, then one cannot talk about human well-being.

Human well-being is viewed as comprising of two aspects, namely objective and subjective well-being. Objective well-being aspects relate to material well-being and quality of life and are influenced by factors such as the level and stability of income. In turn, subjective well-being focuses on the facets of life that make us feel good. Subjective well-being includes both cognitive and affective components (Pavot & Diener, 2013), namely a subjective global judgement of life satisfaction and our emotional responses (Diener, Suh, Lucas, & Smith, 1999). The subjective nature of this evaluation is important, because people may respond to situations differently based on their own expectations, previous experiences and values (Diener et al., 1999). The subjective aspects entail the internal subjective experience of each individual, and can be described via such categories as respect and self-respect, confidence, harmonious physiological and psycho-emotional states, feelings of love and friendship as well as an awareness of the purpose of life toward the highest good that is within us (Ryff, 2014).

Secondly, there is a gap in scientific knowledge about interactions as relationship-qualities within the multiple ecologies of human existence (Bronfenbrenner, 1979). Whilst healthy relationships are of central importance for the indication of healthy human existence and character strength (Peterson & Seligman, 2004), it is required to investigate, understand and describe a clear exploration of the conceptualisation of relational well-being of adolescents within a South African context. It is; therefore, necessary to explore adolescents'

relational well-being in high-risk communities in order to obtain a better understanding toward the enhancement thereof.

Also, studies about relational well-being can never disregard the social context, as adolescents do not exist as social isolates. In addition, this information is needed to inform interventions or enhance the development of well-being programmes. Whilst the living environments of adolescents are taken into account, it cannot simply be accepted that ecologies (Bronfenbrenner, 1979) in developing countries such as South Africa include empowering conditions (Van Schalkwyk & Wissing, 2010). Flisher et al. (2007) state that sufficient health services, education as well as safe neighbourhoods can be acknowledged as empowering environments, but Third World countries such as South Africa specifically show deficits in these areas. This information can, furthermore, also be used by the South African government to purposefully promote adolescents' well-being, as the high youth population of South Africa (approximately 50%) will comprise a significant portion of the future population and citizens.

The results of the 2011 census summarised the Delft area as follows: The population consists largely of coloured (52%) and black cultures (46%); 27% are twenty years old or older and in the possession of matric, whereas 59% are currently employed and between the ages of 15 and 64 years. In this area, 69% of households earn an income of R3 200 or less per month and 83% of residents stay in formal housing. According to Delft Warrant Officer Daniels (personal communication, June 20, 2013), the selected community in the Western Cape province of South Africa has been classified as a high-risk environment due to the poverty, violence, high levels of crime and drug abuse within the area. According to the Annual Report of the South African Police Service in the Western Cape (2013), priority crime in the Delft area increased from 12 678 in 2004/2005 to 12 799 in 2012/2013. Contact crimes (including crimes that directly threaten persons and usually violent in nature causing

injury – whether minor, serious or fatal) have increased in the Delft area with 7% from 1995 in 2011/2012 to 2134 in 2012/2013 per annum. Furthermore, murder statistics increased by 29.9% from 87 in 2011/2012 to 11 in 2012/2013 and gang related murders and attempted murders, where firearms were used in most of the gang related murders and attempted murders, increased from 7 in 2011/2012 to 29 in 2012/2013. The illegal possession of firearms increased from 110 in 2011/2012 to 147 in 2012/2013 and drug related crimes increased from 2773 in 2011/2012 to 3383 in 2012/2013.

Thirdly, it is necessary within the context of holistic health to protect and promote adolescents' well-being, seeing that high wellness is associated with positive relations. Overall well-being also focuses on mental health. Mental health is defined by the World Health Organization (1999) as: (1) the ability of adolescents to develop psychologically, emotionally, intellectually and spiritually; (2) to experience a feeling of personal well-being; (3) to experience satisfactory personal relationships; (4) the development of a sense of what is wrong and what is right; and (5) to be able to handle problems and learn from them. There is a bigger possibility that personal goals and life success will not occur when the presence of mental health, as described here, is not optimally experienced by adolescents. For this reason the generation of information is required, which is aimed at the building of positive relationships for adolescents who are exposed to high-risk environments in order to detect psychological capacities and character strengths that protect resilience and relational well-being. Information confirming the *presence* of relational well-being will be different to the countering or mere prevention of risk behaviour which can be described as the *absence* of relationship problems (Keyes, 2002, 2003, 2004, 2007).

Fourthly, this study is important to explore both the empowering dynamics of relational well-being and school communities. It has been shown that there is a bigger possibility – should South African adolescents not experience healthy and positive

relationships within school communities – that they will form part of this country’s unhealthy school statistics of a high drop-out ratio and learners repeating grades (Louw, Bayat, & Eigelaar-Meets, 2011). Underperforming schools in high-risk environments have serious challenges and these problems have huge influences on the learners, that particular community and the country (Witmer, 2005).

Studies also show that if adolescents have poor relationships with their peers and educators, they are more prone to experience anxiety and depression (Gouws, Kruger, & Burger, 2000). It was also stated that these individuals are more prone to substance abuse and to get involved with dysfunctional or negative role-models such as gangs (Flisher et al., 2007). Eventually, there is a bigger possibility that these learners who experience poor learner-educator or learner-peer relations – over and above having to deal with various risks and difficulties within high-risk environments – will not successfully complete their school education (Gouws et al., 2000; Van Schalkwyk & Wissing, 2010). It is clearly important to explore healthy and uplifting as well as strained relationship patterns in high-risk communities to progressively build relational well-being in conjunction with attempts to correct relational deficits and mistakes (DSD, DWCPD & UNICEF, 2012).

Fifthly, it is necessary to also explore adolescents’ relational experiences – regardless of their level of well-being. Although strained relationship patterns do not necessarily implicate pathologies for adolescents, these strained patterns pose greater vulnerability for youths as well as a bigger possibility of the absence of well-being (Ryff & Singer, 1996).

Johnson and Lazarus (2008) denote that risk behaviours such as violence, alcohol abuse, unsafe sexual practices and smoking will likely increase under the South African youth in future. Since exposure to high-risk environments where risk behaviours appear as the “norm” can lead to the increasing vulnerability of children and adolescents, it means that

youths begin to experiment with the smoking of cigarettes or “dagga” or “tik” and the consumption of alcohol at a younger age (Cronjé-Malan & Van Schalkwyk, 2015).

In Wissing and Temane's (2013) research, levels of positive affect amongst rural South Africans declined slightly from 1998 to 2008, as did levels of negative affect. This means that this group experienced fewer positive emotions over time, but also fewer negative ones. Furthermore, the absence of well-being implicates a huge financial burden for the South African government because the occurrence of low productivity or unemployment in turn is associated with accumulating negative spirals resulting in deprivation and poverty (Van Schalkwyk & Wissing, 2010). These “lifestyle-illnesses”, for example unsafe or risky sexual behaviours and substance and drug abuse, are a contributing factor to massive economic costs for the South African government due to the increasing expenses and costs of health services (Louw et al., 2011). Information about how the presence of relationship well-being can act as a buffer against these bigger vulnerabilities and threat to adolescents' well-being, is limited in developing countries such as South Africa.

Finally, it is important that adolescents experience strong and healthy relational functioning in their adolescent phase and eventually as adults. When South African adolescents experience social ills and the terrors of poverty – when they are exposed to disabling or toxic environments – these issues do not inevitably imply impoverished relationship capital. Van Schalkwyk and Wissing (2010) found that South African adolescents have higher scores for social well-being than American adolescents – indicating their inclination toward social contribution, social integration and social acceptance. On the contrary, a valuable South African study conducted by Swart and Reddy (1999) stated that when adolescents experience problematic conditions, these lived experiences can remain and worsen until they enter adulthood. Therefore, decisions taken during this life phase can be of

crucial importance with regard to school education, future employment training and career success as well as healthy relationships and family life.

Little information is available within the framework of positive psychology about the relational well-being of adolescents who are exposed to high-risk South African communities for a prolonged period of time. This research supports Ungar (2011) as well as Peterson and Seligman (2004) who believe that further research is necessary to explore relational processes and contexts toward positive growth in negative conditions. Kitching et al. (2012) mention that the experience of positive, compassionate and uplifting relationships can enable individuals to manage external risk factors and possible dangers better. Seligman, Steen, Park and Peterson (2005) also warn that there is a great need for research within positive psychology to uncover or reveal particular personal, interpersonal and communal buffers against adversity, and to be able to use them more effectively. Also, the exploration and description of adolescents' relational well-being in high-risk communities is needed for policymakers and community leaders in order for the necessary reflection and interventions to be put in place.

Research Questions

In view of the above-mentioned reasons, it is necessary to obtain information regarding the prevalence of adolescents' levels of well-being as defined by Keyes in his model, especially within a South African high-risk context. This is important firstly, since high levels of well-being – called flourishing by Keyes (2005; 2006; 2007) – are associated with positive relational living. The present research questions are: (1) How can relational well-being be conceptualised when taking into account the role of contextual aspects?; (2) What is the prevalence of the various degrees of mental health as defined by Keyes (2005; 2006) in a group of South African adolescents living in a high-risk community?; and (3)

What guidelines can be offered to design a well-being programme to enhance the relational functioning for adolescents living in high-risk communities?

Research Goal Statement

The goal statement of this study is the investigation of a group of South African adolescents' relational well-being in a high-risk community. This goal statement meets the proposed requirements as provided by Maree and Van der Westhuizen (2007):

- 1) The focus is clearly indicated as the exploration of adolescents' relational well-being in a high-risk South African community.
- 2) The study was conducted by making use of multiple studies, namely study one (quantitative research) and study two (qualitative research).
- 3) The participants of this study were learners of three secondary schools in the Western Cape province of South Africa.
- 4) The context was secondary schools in a township area, Delft (see footnote), situated on the outskirts of Cape Town, Western Cape province, South Africa. The goals of this research represent the steps which must be taken in order to reach the goal statement (Fouché & Schurink, 2011). The research goal statement includes three specific goals: (1) the conceptualisation of relational well-being within a South African context, (2) establishing the adolescents' levels of well-being (quantitative method) and exploring the nature of the adolescents' relational well-being (qualitative method), and (3) the offering of guidelines aimed at the enhancement of the adolescents' relational well-being.

General Aim

The general aim of research can be described as the global goal of the research study. The formulation of goals and objectives is based on the problem formulation. The aim of this study was to conduct research by utilising quantitative as well as qualitative approaches to

develop guidelines to enhance the adolescents' relational well-being. The following objectives are specified to attain these goals.

Note: The researcher decided to use the name of the Delft community, seeing that this information relates to specific information of this area in the Western Cape. The researcher was acutely aware of the recommendations by the NWU ethical committee as to protect this community from harm.

Objectives Specified

The objectives of this research are to:

- Conduct a literature review as background to this study (discussed and described in Section A of this research report).
- Conduct semi-structured interviews with at least 12 adolescents living in a South African high-risk community in order to gain their understanding and insight about relational well-being.
- Measure the levels of well-being of more than 500 adolescents living in South African high-risk communities in order to establish their levels of psychosocial well-being.
- Describe the findings in an article based on the data gathered via quantitative and qualitative research approaches (see Article 2, Section B).
- Offer guidelines (see Article 3, Section B).
- Conclude with findings, conclusions and recommendations (incorporated in Section C).
- Abide by the appropriate ethical principles and considerations set for this study.

Central Theoretical Statement

Since the focus of this study is to examine the levels of adolescents' psychosocial well-being, and to explore the nature of relational well-being of South African adolescents in

high-risk communities, the quantitative approach will provide “baseline” information for the development of guidelines to pro-actively foster and to promote adolescents’ relational well-being. If the qualitative research process produces information on the possible functional components of relational well-being within the context of high-risk communities, then it might add valuable information for the development of a well-being programme to promote adolescents’ relational well-being in a South African context.

Paradigmatic Assumptions and Perspectives

Paradigmatic assumptions underpin the study, inform readers about the researcher's point of view and provide a frame of reference or lens (Babbie, 2004, 2008, 2011, 2013; Maree & Van der Westhuizen, 2007) for organising observations and reasoning. The researcher's paradigm and theoretical framework are influenced by her background of being part of projects in a high-risk community, a Master's degree in play therapy with a strong underpinning in gestalt theory as well as particular qualities of the unit of analysis. The researcher chose a social constructionist paradigm, as it focuses on people's subjective experiences and realities and how they interact and socially construct their social world (Du Preez & Eskell-Blokland, 2012; Maree, 2007). Furthermore, language and social interaction are instrumental in constructing realities (Du Preez & Eskell-Blokland, 2012). Reciprocal relationships between the researcher and participants were fostered – including trust, mutuality and sharing – as suggested by Fox and Bayat (2007). The researcher is of the opinion that from the baseline of the researcher's own ontological and epistemological perspectives the most appropriate research paradigms were developed.

Ontology may be defined as “the nature of being” (Bryman, 2012, p. 34-36). According to Merriam (2009), researchers should reveal the ways they would inquire into the nature of the world they want to base their research on by reflecting on their own ontological (how reality should be viewed) perspectives.

The researcher's ontological stance is based on the historical and current social climate in South Africa. Social theorists have become more focused on work related to local concerns due to the history of South Africa after 1994 (Mouton, 2001). After apartheid, social scholars focused on the influence of post-modernism, post-colonialism and post-structuralism as relevant to social interventions in South Africa. This means that researchers should take into account the increased sensitivity of the historical and cultural state of the country. All individuals, as described by Parlett and Denham (2007), live in interdependent relationships with one another – each carrying their own cultural heritage, language and values derived from their community and family set-up. Societal inequities and cultural prejudices should be kept in mind when planning therapeutic interventions. The researcher is of the opinion that this is relevant when working with adolescents in South African high-risk communities due to the social exclusion of groups as part of our country's history and the distinct identification of previously disadvantaged groups (vulnerable groups) who are in greater need of interventions due to the lack of adequate resources in their daily existence. According to Van der Merwe and Kassan-Newton (2007), the social inequality and social deprivation that most people in South Africa are experiencing are caused by the impact of the history of apartheid. Policies related to racial segregation have caused the uprooting of communities, which has resulted in social inequality, poverty and the economic disadvantage of the majority of communities. In this study, it is; therefore, important to look at the nature of adolescents' relational well-being and the level of their mental well-being as these two aspects will guide the ontology (nature of reality) derived from the researcher's experiences with South African adolescents.

The adolescents included in this study's historical background, their specific environment and their relationships and interactions with the environment were taken into consideration by the researcher – in line with the ecological and systems approach of this

research. In this study, the focus will be on the understanding of adolescents' relational well-being within the ecological context of the various role-payers within high-risk communities and to offer guidelines toward the design of an appropriate relational well-being programme directed by flourishing relationships.

The epistemological viewpoint of this study is a postmodern worldview. The qualitative study (see Section B, Article 2) focused on the adolescents' narratives of their relational experiences in their lived world ("lebenswelt") which revealed their understanding of relational living within the context of a high-risk community. A postmodern framework, as described by Lebow (2012), allowed the researcher to gain knowledge of relational functioning by focusing on the context of each of the participants.

Researchers working from a postmodern worldview no longer see themselves as experts of change, but the responsibility lies in the ability of the research participants to advance change (Creswell, 2013). The qualitative approach (see Section B, Article 2) allowed the researcher to identify issues from the subjective realities of adolescents affected by negative relational interactions and to understand the meaning and perspectives of "toxic" or disabling communities and youngsters' interactions. It can; therefore, be assumed that qualitative research fits well into a postmodern worldview as it moves away from positivism, which emphasises logic, cause and effect. However, when working with people this is not always feasible. Individuals have subjective views of reality, which is ever-changing as individuals move between different contexts. Subjective views are also coloured by a chronosystem (Bronfenbrenner, 1988) where history provides rich ground for the outline of experiences. Then again, the using of quantitative measures provided important information to determine the level of adolescents' psychosocial well-being (see Section B, Article 2).

An ecological approach enabled the researcher to focus on the fact that the personal constructs of individuals as part of family systems have an influence on larger family

systems. The effect of disempowering relations and interactions on adolescents as part of high-risk communities have an effect on particular systems as a whole. The immediate context of family systems can develop a system of shared constructions that defines and bind interactions between interrelated individuals. In this case, it was important to look at a South African context and to take into account the historical background with a special focus on the lingering effects of apartheid and the influence this has had on vulnerable groups today. In postmodernism, it is accepted that there are many outcomes that may be possible from a single change within individuals or systems, and; therefore, there are many ways to bring about interrelatedness. Creswell (2009) is of the opinion that researchers do not find or discover knowledge, they “construct” it. In this sense, the current study intended to reveal or uncover shared structures that define relational interactions and connections between individuals and to construct this information as good science.

Scientific Paradigm

The scientific paradigm with regard to the theoretical framework will be outlined here briefly. It will be discussed in more detail in Section A, Part 2, and it is also expanded on in the relevant articles and linked with findings.

Theoretical Frameworks

Theoretical perspectives directed the current research, the literature study as well as the research process. These approaches form the basis from where information for this study was obtained. The theoretical paradigm, namely the positive psychology approach is discussed in more detail in Section A, Part 2 (literature review). In conjunction with positive psychology, the eco-systemic approach (Bronfenbrenner, 1977, 1979, 1994; Bronfenbrenner & Morris, 2006) was used as the adolescents form part of nested subsystems, support networks and learning environments in their families that form part of an eco-systemic field that allows for systems in the environment (high-risk communities are viewed as a stressor)

to impact on their emotional growth and social functioning. Different social ecologies (intrapersonal and interpersonal resources), focusing on families were looked at (Theron & Theron, 2014; Ungar, 2008).

The positive psychology perspective (Seligman, 1998, 2011) was deemed important in this study and it was incorporated into the entire research process. This strength-based perspective allowed the researcher to focus on the strengths as well as the risks of the adolescents' relational well-being.

Literature Study

A literature review refers to a complete scholarly arrangement of the integration of knowledge and insight provided by various authors as presented in books, articles (including definitions, theories and models) and existing data and research (Mouton, 2001). This study contains literature reviews that have multiple purposes as described by Ridley (2012). The purpose of the literature review was to, firstly, ascertain what information is available on this specific research topic, and secondly, to determine whether a value-adding argument and promotion of the researcher's theory could be constructed discussing the relevant theories and comparing available knowledge that could provide supportive evidence to the identified research topic. In other words, the researcher initially searched for information that exists on the research focus, and secondly, to determine whether the research could be justified by looking into discussions of relevant theories that can provide supporting evidence for the identified problem.

The literature review focuses on the exploration and description of relationship well-being of adolescents in high-risk South African communities. Researchers such as Bronfenbrenner (1979); Scileppi, Teed and Torres (2000); Diener (2006); Diener, Sapyta and Suh (1998); Fredrickson (1998, 2000, 2001, 2009, 2013); Gilman, Huebner and Furlong (2009); Haidt (2006); Keyes (1998, 2002, 2003, 2004, 2005, 2006, 2007); Lerner (2002);

Lyubomirsky (2007); Lyubomirsky, Sheldon and Schade (2005); Prilleltensky (2004, 2005, 2010, 2012); Reynolds and Woldt (2002); Seligman (2011); Smith (2008); and Wissing (2014) were used in this research.

The researcher made use of search engines such as EBSCOhost, PsycLit, ScienceDirect and Proquest. The focus of the literature search was on the following search terms:

- Relational, personal and collective well-being (Prilleltensky, 2005; Seligman, 2011; Ungar, 2008).
- Adolescence (Erikson, 1950; Geldard & Geldard, 2002; Gouws et al., 2000; Louw & Louw, 2007; Louw, Van Ede, & Ferns, 1998).
- Community as a bio-ecological model (Bronfenbrenner, 1979; Rosa & Tudge, 2013).

Positive Psychology

This study investigated the potential as well as the impediments of adolescents' relational well-being in a high-risk South African community. The study was conducted through the lens of positive psychology, as this research aimed at adolescents as healthy representatives of tomorrow – a non-clinical population. In addition, Van Schalkwyk (2009) stated that investigating positive development of youth and healthy relating can best be done within the framework of positive psychology, since this perspective focuses on psychological strengths and health rather than just pathology and human suffering (Peterson, 2006). Although this approach acknowledges ill-being as well as well-being, the researcher chose well-being and relational well-being as her point of departure.

Consequently, the following section explores the key concepts of this study.

Description of Concepts

In order to ensure a clear understanding of concepts, the researcher provides definitions of key concepts within the context of this study. The following concepts are

briefly discussed, namely well-being, relational well-being, the adolescent life phase, and the role of communities.

Well-Being

Well-being is regarded as the most significant concept in positive psychology and in the context of professional psychology (Seligman, 2011). A much-cited description of positive psychology by Seligman and Csikszentmihalyi (2000) in the newest edition of the *American Psychologist* is as follows: "Wellness is about valued subjective experiences: Well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present)". Within the framework of positive psychology, well-being is based on the definitions of the World Health Organization (WHO) (1948) and the United States Public Health Services (1999, cited in Keyes, 2005). According to the WHO (1948), overall health can be defined as a complete state of physical, mental and social well-being, consisting of the presence of positive states of human capacities and functioning as well as the absence of diseases. The Surgeon General DrSatcher (United States Public Health Service, 1999, p. 4) defined mental health as "a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people and the ability to adapt to change and to cope with adversity". The current study describes well-being as a multifaceted construct consisting of individuals' focused appraisal of multifaceted dimensions of their lives and how they are impacted upon by life experiences (McCubbin et al., 2013)

It is important to note that the conceptualisation of well-being allows considering the "whole well-being". Also, both negative and positive aspects of well-being need to be looked at in order to estimate the relevance of the "good" and the "bad" as both sides of the same coin. Keyes (2002) found that high levels of well-being and positive functioning include psychological, emotional and social well-being. Psychological well-being indicates core

aspects of what it means to be human: that is, to strive, to be proactive, to make meaning of things and to pursue the highest good that is within us (Ryff, 2014). In other words, positive functioning leads to self-acceptance, personal growth, a sense of purpose and meaning in life, the ability to manage or cope with life situations, autonomy and positive relationships with others (Keyes, 2005; Ryff, 2014; Ryff & Singer, 1998). Flourishing youth possess high levels of positive functioning and are filled with emotional vitality. These youngsters also function well psychologically and socially (Keyes & Lopez, 2002; Van Schalkwyk & Wissing, 2013). Within the framework of positive psychology, well-being is viewed as the presence of positive human health versus the mere absence of diseases and disorders (Keyes, 2005).

According to Ben-Arieh, (2008), UNICEF focuses on the following dimensions of child well-being: material well-being, health and safety, education, peer and family relationships, behaviours and risks, and young people's subjective sense of well-being. According to Graham, determinants of child well-being (as cited in Benade, 2014) point to positive adult-child relationships, a sense of belonging, positive self-esteem, and opportunities to be given responsibility and be involved in decision-making processes. It is noteworthy that also within the conceptualising of child well-being, positive/healthy relations are paramount. The Foundation for Child Development adds community connectedness and emotional or spiritual well-being to their domains (Ben-Arieh, 2008). Well-being, according to Pollard and Lee (2003), is a positive state of the environment where the personal, relational and collective needs of individuals and communities are being met. These needs are interdependent, but they have their own unique set of qualities (Benade, 2014). Well-being ranges from being defined as an inherently positive state to a state that ranges on a continuum from being positive to negative (Keyes, 2005). Although well-being comprises physical, cognitive, economic, social as well as psychological domains, it is also defined in terms of objective aspects, for example standards of living. Ereaut and Whiting (2008) are of the

opinion that the definition of well-being seems to vary in different contexts. This is due to the fact that well-being is seen as a social construct and a primary cultural judgement. Since the meaning of well-being is not a fixed construct, a combination of personal, relational and collective strategies as compiled by Prilleltensky is helpful (Evans & Prilleltensky, 2007).

Next, the construct of relational well-being is briefly defined. This construct will be looked at in greater detail in the second part of chapter one (see Chapter 1, Part 2).

Relational Well-Being

According to Evans and Prilleltensky (2007), the well-being of persons depends on or is associated with the well-being of their relationships and on the community they live in. This opinion corresponds with Bronfenbrenner's bio-ecological model with the notion that all individuals are embedded in immediate relationships and they respond to one another in a recursive manner. Also, field theory holds that no part remains uninfluenced by what goes on in the field (Kirchner, 2005; Yontef, cited in Benade, 2014). Persons can; therefore, not exist without fields or in isolation from fields. Moreover, the various fields or contexts of "being and doing" imply contact with other people. Vital to this study, is the information that certain important aspects of well-being are mainly developed through relationships such as identity, self-esteem, purpose and belonging (Graham, cited in Benade, 2014). From a psychological point of view, relationships refer not only to relations with others, but also to how one relates to oneself, according to Du Toit (as cited in Wissing, Potgieter, Guse, Khumalo & Nel, 2014). According to Fraillon (as cited in Benade, 2014), there are four aspects of positive relationships that lead to interpersonal well-being, namely communicative efficacy, empathy, acceptance and connectedness. It is; therefore, evident that relationships are central to well-being in children and adolescents. According to Beukes, Roos and Vorster (2013), relational qualities are the context in which interaction takes place and also the characteristics that define kinds of relationships.

Benade (2014) identified sets of relational qualities, namely relational qualities embedded in the self, relational qualities essential for social connection and relational qualities that are critical in leadership (e.g., school communities). Information about relational qualities is important in the present study which focuses on adolescents in a South African high-risk community where their relationships involve relational interactions with parents (biological), care-givers (non-biological “parents” such as foster parents), extended family members such as the grandparents (acting as parents), siblings, friends, neighbours, community members as well as the learning environment that constitutes the entire school community staff such as the principal, administrative staff, maintenance staff and educators.

A view of relational well-being in relation to the adolescent life phase is set out below. This life phase is presented more comprehensively in the second part of chapter one (Part 2).

Adolescence – Life Phase

Adolescence is a time of important developmental transition that is considered to be second only to infancy in the magnitude of changes that occur (Bronk, Hill, Lapsley, Talib, & Finch, 2009). Adolescents experience numerous developmental challenges at varying paces, including an increasing need for independence; evolving sexuality; transitioning through education and commencing employment; consolidating advanced cognitive abilities; and negotiating changing relationships with family members, peers and broader social connections (Cameron & Kanabarrow, as cited in Schmied & Tully, 2009; Van Schalkwyk & Wissing, 2013). During the adolescence life phase, individuals tend to develop or pick new behaviours and characteristics as they continue to discover themselves. If proper attention is not given to adolescents during this period of growth, habits that could affect their lives negatively can persist, hence allowing them to develop characteristics that would be hard to abandon later in their lives (Deci & Ryan, 2008). Most parents, guardians and educators may

regard some of the behaviours exhibited by adolescents as just a stage, only to realise later that there are more serious implications (Balkis & Isiker, 2005). Louw and Louw (2007) are of the opinion that adolescence starts between the ages of 11 and 13 years and ends between the ages of 17 and 21 years. Geldard and Geldard (2004) argue that adolescence starts between the ages of 11 and 14 years and ends between the ages of 15 to 18 years. Louw and Louw (2007) discussed adolescence not as only one phase, but as two separate periods: early adolescence (10-14 years) and late adolescence (15-18 years). For the sake of this study, the adolescent group who was interviewed were all between 12 and 18 years of age, and; therefore, they fit into all the above-mentioned categories in order to be considered as adolescents.

Relational well-being is a vital and important component during the adolescent life phase (see Erikson, 1968) when the crucial role of relating and interacting with friends and others (community influences even film stars) become increasingly important. The proportion of adolescents who enjoy positive relational functioning varies in different countries and depends on many factors such as social surroundings and culture (Bronk et al., 2009). However, the opposite is also true: persons can be successful in work situations or even good in performing their hobbies such as swimming, but when they lack interpersonal skills, their personal well-being will suffer. They may experience high levels of frustration, conflict and progressive isolation or ineffective coping (e.g., use of substances – more and more available to all). Research shows that more and more children experience social anxiety during the middle part of their childhood, which must be reckoned with (Goleman, 2013). The rate of adolescents who enjoy relational well-being varies in individual countries and is dependent on two categories of causes/determinants of happiness, according to world surveys. The first are external factors that comprise of income, work/employment, community and governance, values and religion. The second determinant are personal

factors, such as mental and physical health, family experiences, education, age and gender, that contribute to different levels of well-being and ultimately relational well-being of individuals within their society and social surroundings. Bronk et al. (2009) indicate that, for example, homelessness can predictably be associated with a lowered well-being in all culture groups. This is indicative of the fact that having one's basic needs unmet can be a strong predictor of a lowered life satisfaction and well-being around the globe.

Clearly, facets pertaining to relational well-being cannot omit the important role of external as well as internal aspects of well-being. Next, the key role of communities as an external determinant of well-being is presented.

Communities

It is well-known that the role of communities is considered as being important in moulding the character and behaviour of adolescents (Basso, Sceheff, Ris, & Dember, 1996). Moreover, the African worldview holds that one needs a whole village to raise a child. In South African high-risk communities, adolescents' perception of relational well-being is greatly shaped by their immediate setting as well as the wider external environment (Wissing & Van Eeden, 2002). Khumalo (Wissing et al., 2014) presented models that place individual well-being in the broader context of persons' communities. He posits that the person-in-community component means more than the sum of intrapersonal and interpersonal well-being components. The essence of the person-in-community is captured by Wissing and Van Eeden (2002) in a factor they call constructive social involvement and coping. They refer to "active, positive and social orientation characterised by the seeking, perception and giving of social support for comfort, advice or human contact; involvement in recreational, useful and other constructive activities; tendency towards instrumental problem solving, and a willingness to invest in the handling of stressors" (Wissing & Van Eeden, 2002, p. 41).

According to Prilleltensky (2005), one's level and experience of well-being is intertwined with one's relationships and the community in which one lives. McCarthy and Vickers (2013) made reference to communities being groups of people who share a geographical location, belong to a school or neighbourhood, or share common knowledge, values and understandings. They suggest that "community well-being grows out of reconstructed relationships" (McCarthy & Vickers, 2013, p. 241). Members of communities ought to experience a sense of community as it is an important contributor to their individual psychological well-being and quality of life (Sonn, Bishop, & Drew, 1999). In contrast, processes such as oppression, cultural and community rejection are detrimental in experiencing a sense of community, and thus also to a personal and collective well-being.

Membership refers to the sense of having the right to belong due to investing a part of oneself in a particular community. From this membership, one shares in a sense of relatedness with others in a particular community of which one is a member. It is noteworthy that a community refers to a contextual/collective/societal level construct and should be less emphasised at an individual level. This means that it is not a personal characteristic but rather an assessment of community functioning (Wissing et al., 2014). Clearly, when communities are understood as a construct inferring collectiveness, we can look at personal, relational and collective well-being. Prilleltensky (2005) argues that the well-being of persons is dependent on the well-being of their relationships and on the community in which they live.

In this section, some key concepts for the current study, namely well-being, relational well-being, the adolescent life phase, and the role of communities were briefly discussed as relevant for the current study. Next, the research methodology is discussed as well as the ethical considerations with regard to the study.

Research Methodology

Research Approaches and Design

Multiple methods were used – including both qualitative and quantitative data-gathering methods. The results were integrated to answer the research questions (Biggerstaff, 2012). According to Pope, Mays and Poppe, the reason for a methodological approach (i.e., multiple method approach) is to combine different types of data within the research project by surveying a large number of participants and thus obtaining quantitative data before moving on to qualitative methods, for example in-depth interviews by using a smaller and purposeful sample, to provide further illumination or explanation of the survey findings (as cited in Biggerstaff, 2012).

In the current study, multiple methods were used in two ways. Questionnaires were firstly completed in a one-shot cross-sectional survey design to determine the mean levels and prevalence of the various degrees of mental health as well as a questionnaire to determine the participants' satisfaction about various domains of life. Secondly, semi-structured interviews and world café discussions were used with a selected group of participants to qualitatively explore their understanding and experience of relational well-being within a South African high-risk community.

Participants

Population and setting. The sample was drawn from a population of learners at three different secondary schools in a Western Cape high-risk community. This community was formerly considered a township and is situated on the outskirts of Cape Town. This particular community was established as one of Cape Town's first mixed race townships. In 2000, Delft had a population of between 25 000 and 92 000 inhabitants of which the majority of residents have not finished their grade 12 or school education (Strategic Development Information & Geographic Information System, 2013). In 2011, the census stated that the Delft community

consists of coloured (52%) and black (46%) residents. Furthermore, 27% of the residents between 20 years and older have completed grade 12 or higher, 59% of the labour force (between the ages of 15 and 64 years) was employed. 69% of households had a monthly income of R3 200 or less, and 83% of the households live in informal dwellings.

Demographics of the high-risk community. The demographic information of this particular township where the participants reside entails the following: During 1989 the Delft community (see footnote) was selected to accommodate poor and disadvantaged individuals who earn a small income. Approximately R800.00 per month (approximately \$80). Single parents formed part of this group of individuals who are dependent upon government grants and the elderly who cannot afford housing and who are economically inactive. There are also specific areas within the Delft community that were established with the original idea to serve as temporary relocation areas for families in 2006. These areas are designed for the poorest of the poor. The constant moving of new and old residents in these areas implies that the residents (thousands of residents) experience a deficient sense of community within these neighbourhoods (Delft Warrant Officer Daniels, personal communication, 20 June 2013)

Currently, the community is characterised by a high occurrence of crime such as assault, home burglaries, rape, theft, murder and domestic violence (Delft Warrant Officer Daniels, 20 June 2013). The research context is in line with Felner's (2006) description of a high-risk community. Furthermore, the exposure to emotional as well as physical abuse, domestic violence and environmental crime means that more youngsters become involved in violent and crime-related behaviour – even gangsterism (Zdunnek, Gray, Lambertz, Licht, & Rux, 2003).

Socio-demographic information (study one). Information concerning age, gender and culture was obtained to facilitate the description of the participants. Adolescent grade 8 learners from three secondary schools (N=808, quantitative study) took part in the first study

(quantitative research). The group consisted of 371 male participants and 437 female participants. The participants were between 12-15 years. The information with regard to culture is as follows: 65.90 % were black while 34.10% were coloured. The participants were Afrikaans, English and Xhosa speaking.

Only grade 8 learners were selected as participants for the first study (quantitative research), because an important study done in the Western Cape with regard to underperforming schools indicated that grade 8 learners in high-risk environments are faced with unique challenges and many difficulties (Louw et al., 2011).

Research Procedure

After approval for the research had been obtained from the ethical committee of the North-West University, Potchefstroom Campus (NWU-00060-12-A1), the necessary permission was obtained from the following institutions: the Western Cape Department of Education; the school principals of the three selected secondary schools and written assent from all of the participants as well as informed consent (permission) for participation from the parents/legal guardians for their minors to participate in the study.

Design

Study one (quantitative approach). A quantitative approach was used in the first study to determine the prevalence of adolescents' well-being.

Setting. The participants (adolescents) were selected from three public secondary schools in a specific high-risk community in the Western Cape province of South African and the research was conducted at the schools.

Participants. Non-probability sampling with elements of purposive sampling (Babbie, 2011, 2013) were used to deliberately select specific features from the sampled population (Ritchie & Lewis, 2003, 2009). This specific type of non-probability sampling method relies on data collection from population members who are conveniently available (convenience

sampling) to participate in a study. Learners were; therefore, invited to voluntarily take part in the study with the consent of their primary care-givers – as the primary source for data collection.

Initially, a maximum number of grade 8 learners from the above-mentioned three public secondary schools in the high-risk community who were willing to participate in the study were recruited (N=1050). However, as a result of learners being absent from school as well as having “reading” problems, such as an inability to read with suitable comprehension, many of the questionnaires were not completed and could not be used as part of the study.

For adolescents (grade 8 learners) to be selected for participation in study one, the following inclusion criteria applied:

- The participants should be between the ages of 12-15 years (grade 8 learners).
- The participants could either be male or female.
- The participants could be from any cultural group with a good understanding of Afrikaans and/or English.
- The participants should be able to obtain voluntary written assent to participate and voluntary written consent should also be given from the primary care-givers to participate.
- The participants should be residents of the selected high-risk community.

The following exclusion criteria applied:

- Adolescent learners who were not attending one of the three selected public secondary schools in the selected high-risk community.
- Adolescent learners who did not understand Afrikaans or English.

Recruitment process and procedure. The following steps were followed:

Permission to conduct the study was obtained from the Western Cape Education Department.

After approval to conduct the research had been obtained from the Health Research Ethics Committee (HREC) of the North-West University (Potchefstroom Campus), the principals of the three public secondary schools selected for participation were contacted (they acted as gatekeepers during the research process) by means of personal meetings. Information and letters were presented to them to explain the aim of the research and to also request them to appoint mediators (one per school selected for participation) for the planned research. The mediators – in collaboration with the researcher – arranged meetings (one meeting per school selected for participation) to introduce the research to potential participants. Follow-ups with the principals and appointed mediators were done telephonically. Once the adolescent learners indicated their willingness to participate in the research, letters explaining the research, consent forms for participation (completed by the parents or legal guardians) and letters of informed assent (completed by the learners as participants) were distributed to them by the mediators at the three different public secondary schools. The adolescent learners who were willing to participate were asked to submit their consent forms (completed by the parents or legal guardians) as well as their assent forms to the relevant mediators. The primary researcher collected the consent and assent forms from the various mediators.

Risks and benefits of participation. The direct benefits of participation for the participants in the study were as follows:

- The participants had the opportunity to share their perceptions of adolescents in this particular life phase experiencing competencies and challenges in relation to well-being within the context of a high-risk community and they could share their experiences with fellow-adolescents.
- The participants had the opportunity to grow in awareness as to how adolescent learners experience relational well-being within the context of a high-risk community.

- The participants had the opportunity to improve their self-esteem, since their opinions were regarded as important in contributing to research and the designing of future interventions.

The indirect benefits of participation for the participants in the study were as follows:

- The research study provided a chance to expose existing vulnerabilities in adolescents and specifically in those adolescents who were experiencing risks with regard to relational well-being and lower levels of well-being and functioning.

In addition, the knowledge about relational well-being assisted the *schools* in dealing more effectively with challenges related to this issue.

The research contributed to scientific knowledge that could have a positive effect on learners-educators; learners-learners; parents-educators; educators-learners; and parents-learners relationships. This knowledge provided alternative options for learners who experience challenges regarding relational well-being. This knowledge directed the pro-active implementation of programmes aimed at the intentional strengthening of adolescents versus the mere addressing of symptoms of ill-being.

The risks involved while participating in this research was of a low to medium nature for the adolescents participating in this phase. Sharing information during the personal interviews could have been daunting for some of the participants. There was also a partial loss of anonymity in the world café discussions. Discomfort could have been experienced when the participants had to talk in front of each other or when they disagreed about issues.

The risk-potential benefit relationship was appropriate for the vulnerable population – implying that taking part in the research held more benefits than possible risks for the participants. Moreover, potential vulnerabilities were taken into account. The researcher did not assume that the participants cannot choose responsibly whether to participate in the research, since many of the parents are economically not active people (unemployed) as this

would have been disrespectful, and could have implied a denial of their autonomy. Additional steps were; therefore, taken to minimise coercion and undue influence of the vulnerable population such as obtaining permission of the representatives (gatekeepers and mediators); informed assent was obtained; special attention was given to the recruitment process; the participants knew that they took part in a research study and that the study was carried out with their parents'/primary care-givers' assent; particular attention was given to the content, languages and procedures used to obtain informed consent; and no payment arrangements were offered – only snacks were provided. Furthermore, the following additional protection measures were also taken with regard to the participants: increased monitoring and interim reporting on the welfare of the participants; more counsellors were available if needed; and more engagement of the gatekeepers was available to assist with advice. Ultimately, it was evident that the risks were reasonable in relation to the anticipated benefits, and the importance of the knowledge gained.

Ethical concerns. Ethical guidelines serve as standards and a foundation and were adhered to during the research process (Babbie & Mouton, 2001; Bless & Higson-Smith, 2000). The researcher complied with the necessary ethical requirements during the research study. After the necessary permission was granted to conduct the study, the researcher followed the necessary steps to implement the research process. The ethical requirement with regard to the research process entailed an ethical clearance number for this project which was obtained: NWU-00060-12-A1. The aim of this study was to investigate adolescents' relational well-being to ultimately compile guidelines in order to promote adolescents' relational well-being who are living in high-risk environments on a daily basis. The necessary permission for the research was obtained from the Western Cape Education Department and the principals of the three selected secondary schools.

Ethical guidelines concerning the following issues were maintained: Before the participants completed any measures (questionnaires), the written consent of their parents or legal guardians as well as the participants' written assent was obtained. The aim of the research and how the results would be used were explained to both the participants and their parents before any testing took place. The parents and participants were informed that the testing was voluntary and that testing may be declined by the parents or participants or both. The participants were also informed that they may withdraw from being tested at any time whether it was their parents' decision or their own without adverse consequences to anyone. The parents and participants were told that they could withdraw the data that were provided up to the point where the data were being analysed.

The research process and data collection did commence only after permission had been obtained from the Ethics Committee of the Faculty of Health Sciences at the Potchefstroom Campus of the North-West University.

The participants who participated in the research received an assent form for themselves and a consent form for parents or legal guardians that have been formulated with this specific group in mind. All ethical issues of importance were addressed in these letters. The following detail were included in the letters to the participants:

Information relevant to the study:

- The research topic and an explanation of it.
- The objectives of the research.

Reasons were included in the letters why the participants has been invited to participate, what participation entailed and what the expectations from the participants could be:

- A statement that the data obtained will be used for research purposes only.

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- A statement that there were no costs involved with regard to participation and also that the participants would not be remunerated for participation.
 - The participants were informed that participation in the research study was voluntary and that participation could be declined without adverse consequences to them. It was stated that the participants could withdraw from the research at any time without adverse consequences to them.
 - A statement that the participants could ask any questions concerning any aspects of the research before and after the process. The e-mail address and telephone number of the researcher were provided for this purpose.

Issues regarding confidentiality and anonymity: The anonymity of the participants as well as the confidentiality of the information they provided were protected. The participants' anonymity was protected by issuing each participant a number. The researcher drew up a list of all the participants who have participated in the pre-testing and allocated a unique number to each of the participants. Only the researcher had access to this list with names and numbers and the list was kept separate from the collected data (measures).

When the sets of measures were handed over to the Statistical Consultation Services at the North-West University for data capturing and data analysis, the names of the participants were thus not included. Each of the participants was represented by a number. Data collected by way of these measures were also coded (using numbers to represent information) when capturing data on a database. Completed measures were thus not identified as those of a certain participant. The participants were also told that the information they provide in the questionnaires will be treated confidentially. Only the researcher had access to the questionnaires and the information would not be shared with anyone.

During the information sessions, confidentiality and anonymity were thoroughly explained to prospective participants. When the findings were reported on, no names or any

other identifying information was mentioned by the researcher. The completed measures as well as the electronic dataset (password protected) were safeguarded by storing these measures and datasets in a locked cupboard inside the locked office of the researcher. Once the research articles as well as the report for the North West Province's Department of Education and schools were finished, the data were handed over to the archives of the North-West University (Centre for Child, Youth and Family Studies, Wellington Office) for safekeeping for a period of five years where after the data will be destroyed.

Finally, the necessary feedback of the research findings will be given to the school communities upon the completion of all phases of the current research.

Data collection. The quantitative method was used in the first study to determine the levels of adolescents' psychosocial well-being living in high-risk environments. Quantitative data were obtained by making use of three measures: (1) The Mental Health Continuum-Short Form (MHC-SF) (Keyes, 2005; Keyes, 2006); (2) The Fortitude Questionnaire (FORQ) (Pretorius, 1998); (3) The Coping Self-Efficacy Scale (CSE) (Chesney, Neilands, Chambers, Taylor, & Folkman, 2006) which were completed by the participants of the three participating schools. This quantitative data offered a numerical understanding of the extent of the participants' well-being and their relationships (Sullivan, 2010). Also, a questionnaire was used to obtain information about the participants' satisfaction with regard to various domains of life.

Quantitative data collection. The selected three measures were completed in English. All of the participants were fluent in the English language and English was mostly their language of tuition. The following measures were used and a Cronbach's alpha for these measures for the current study was added:

- **The Mental Health Continuum-Short Form.** The 14 items of the MHC-SF have three subscales: (1) Emotional Well-Being (EWB), (2) Social Well-Being (SWB), and

3) Psychological well-being (PWB). The focus of the study was on the social well-being measure, although all these items were necessary for relational well-being. Wissing and Temane (2008) reported Cronbach's alphas of 0.75 to 0.90 for the MHC-SF in four different South African samples. The Cronbach's alpha in this study was 0.82.

- **The Fortitude Questionnaire.** This 20-item FORQ measures to what degree persons experience how stress is managed and how well-being ("fortitude") is experienced as supported by the self, families and others. This measure has three subscales: 1) Personal understanding of problem-solving (S), 2) observed/experienced support from family (FA), and, 3) perceived support from friends (FR). How this South African-designed measure focuses on support by families and friends is of great interest to this study. The FORQ measure is a reliable and valid measure as indicated by Pretorius (1998) in a South African context. The Cronbach's alpha for the current study was 0.82.
- **The Coping Self-Efficacy Scale.** This 26-item measures individuals' perceived management of stress and their coping mechanisms when they are dealing with threats and difficult challenges. The CSE has three subscales: (1) Problem-Focused Management (PFC); (2) Stop Unpleasant Emotions and Thoughts (SUE); and, (3) the Support of Friends and Family (SFF). This measure shed light on the participants' relationships with friends and family in the management of difficult challenges which are often experienced in high-risk environments. The Cronbach's alpha for this study was 0.70.

Quantitative data analysis. Concerning the quantitative data, descriptive statistics and trustworthy indicators (Cronbach's alpha) were determined for all of the measures (Blaxter, Hughes, & Tight, 1996; Gravetter & Forzano, 2003; Sullivan, 2010). The data obtained in

this study were analysed by the statistical consultation service of the North-West University in Potchefstroom, South Africa, utilising SPSS for Windows version 22 (SPSS, 2015). Descriptive statistics and Cronbach's alpha reliability coefficients were determined for all scales and sub-scales used.

Study two (qualitative approach). The qualitative research was conducted during the second study because, according to Rubin and Babbie (2014), the qualitative approach creates a deeper understanding of people's experiences. According to Mouton (2001), a research design refers to the plan followed during research or how research will be undertaken. In this sense, a research design acts as a link between the research questions and the actual implementation of the research when preliminary investigations are made into rather unfamiliar research areas in order to generate, for example new questions and insights. Consequently, the qualitative approach was chosen (Creswell, 2009, 2013; Hennink, Hutter, & Bailey, 2011) as the study incorporated detailed descriptions of the participants' social reality. In other words, it is important to study the subjective experiences and understanding of individuals' personal reality as lived within different contexts. Since it is one of the objectives of this study to offer guidelines for a well-being programme to enhance adolescents' relational well-being, it was noted that Fraser and Galinsky (2010) describe the first step in intervention research as the gathering of information by the researcher on the definition and theory of the identified problem. Ultimately, the gaining of knowledge about the participants' perceptions and experiences of relational well-being within South African high-risk contexts was needed to create a blueprint for a well-being programme to protect and promote relational well-being.

Participants.

Population and setting. The participants of the second phase of the study were adolescents who attended secondary schools in a high-risk community in the Western Cape. Demographic information of this particular community was provided in the previous section.

Sampling strategy. The participants were recruited at the selected three public secondary schools. Seeing that all of the learners at the schools were adolescents living in a high-risk community, a convenience sampling method mixed with elements of purposive sampling was applied for the selection of the participants. Richie, Lewis and Elam (2003) stated that with purposive sampling, the elements of a sample are selected based on having certain characteristics that may enable an in-depth exploration and understanding of the topic under investigation.

Twelve learners per school (6 male and 7 female adolescents) from grade 8 to grade 12 were invited to participate in the qualitative data collection which took place after school hours.

Research procedure. After approval for the research has been obtained from the ethical committee of the North-West University (NWU-00060-12-A1), the necessary permission was obtained from the following parties: Permission from the Western Cape Education Department; permission from the school principals of the three selected secondary schools within the Cape Peninsula, South Africa; and written assent from of all of the participants as well as the informed consent (permission) for participation from the parents or legal guardians in order for their minors to participate in the study. The research procedure was discussed in the previous section. Furthermore, aspects that were unique to the second study, such as the qualitative methodology of the current study, are highlighted.

Selection criteria of participants. Criteria for the selection of participants (adolescents) included the following:

- The participants should be enrolled learners (grade 8 to grade12) at one of the three selected secondary schools in the designated area.
- The participants should be between the ages of 14-18 years (grade 8 learners as well as other learners from higher grades who wanted to participate in the study).
- The participants could be either male or female.
- The participants could be from any cultural group with a good understanding of Afrikaans or English.

Recruitment process and procedure. Information about the recruitment process and procedure was provided in the previous section. Once the adolescent learners indicated their willingness to participate in the qualitative phase of the research, letters explaining the research together with consent forms for participation (completed by the parents or legal guardians) and letters of informed assent (completed by learners as the participants) in the research, were distributed to them by the mediators at the three different secondary schools. Adolescent learners who wanted to participate in the research study were asked to submit their consent forms (completed by the parents or legal guardians) as well as their assent forms to the relevant mediators. The researcher collected the assent and consent forms from the selected schools. The participants did not receive any payment for taking part in the research, but they were offered snacks when the data collection took place during the qualitative phase. The data obtained from the focus groups were transcribed and then analysed by using thematic content analysis.

The risks and benefits of participation were explained in the previous section, and the risk-benefit ratio was regarded appropriate for the particular participants as stated in the previous section.

Ethical concerns. The researcher complied with the necessary ethical requirements during the qualitative phase of the research study. Confidentiality and anonymity were

protected. The research was conducted precisely as was explained to them, and the participants knew exactly what to expect during the research study. Furthermore, with the reporting of the findings no names or any other identifying information were mentioned. The transcriptions of the qualitative data as well as the electronic dataset (password protected) are safeguarded by storage in a locked cupboard inside the locked office of the researcher, and once the research articles as well as the reports for the Western Cape Education Department and schools were finished, all of the data were handed over to the archives of the North-West University (Centre for Child, Youth and Family Studies – Wellington Office) for safe-keeping for a period of five years where after the data will be destroyed.

Data collection. The qualitative data were collected from three secondary schools in the Delft area by making use of various techniques, namely the world café group discussions, personal interviews and life stories (journals). Twelve learners per school (six male and seven female adolescents) from grade 8 to grade 12 (ages 14-18 years) were invited to participate in the qualitative data collection which happened after school hours. Not all of the participants per school took part in the different qualitative methods used, for example 17 participants per school were used for personal interviews and 36 participants took part in the world café group discussions. The collection of data took place from June 2013 until May 2014.

The participants were encouraged to make collages (an opportunity to share life stories by means of visual material) in order to prompt a good discussion in a spontaneous way with the focus on semi-structured interviews. The semi-structured interviews were directed by questions to explore the participants' perceptions and experiences of relational well-being in a high-risk South African community. An interview guide was used to direct the interviews and the following questions were used:

- What do you consider the most important relationships in your life as an adolescent?

- What relationship in your life do you consider a healthy relationship? Please provide examples of healthy relationships that you experience at home and at school?
- How and where do you experience negative relationships?
- How do you cope with negative relationships?

The World Café group discussions. The world café technique was applied to gather qualitative data. This technique allows groups and communities to share their knowledge and insights and provides opportunities for people sitting in groups around tables to have meaningful conversations. In the world café technique, the participants travelled around the tables sharing their ideas regarding the topic under discussion with others. A cross-pollination of ideas across groups takes place, which combines diverse perspectives into collective insights, and allow groups or communities to construct meanings and knowledge (Brown, 2005). According to Schieffer, Isaacs and Gyllenpalm (2004), this technique provides the entire group with an opportunity to notice the underlying themes and discoveries that have presented themselves during the process. These discussions took place in a friendly environment where all of the participants felt free to contribute their thoughts and feelings relevant to the topic under investigation. What is powerful about this particular technique, is the conversation it allows for, and according to Brown (2005), whatever emerges during these conversations could be put into practice.

Different ways to run a successful world café are available, however, Schieffer et al. (2004) wrote about seven principles that have proven valuable. These principles are: clarify the context; create a hospitable environment; explore questions that matter; encourage everyone to contribute; cross-pollinate and connect diverse perspectives; listen together for patterns, insights and deeper questions; and harvest and share collective discoveries. All seven of these principles encourage people to open up and share their view with others in meaningful dialogues.

The world café technique entailed the following: The participants were brought together as a group per school. There were 12 participants present per school (different ages representing early and late adolescents). Initially, the purpose of the world café technique and how it would be applied in the real setting was explained to the participants. The participants were allowed to ask any questions they had. After that, roles were allocated to each of the participants. Two roles were allocated: the “table hosts” and the “travellers”. The researcher had a written note from the first-phase data analysis, namely the personal interviews, in order to establish who would be good candidates for the role of table hosts. The possible candidates for being hosts were participants who responded to all of the questions during the first phase in fluent English – using good logical flow. The role of each of the participants was explained. There were three table hosts per school and three to four travellers per group per school.

The duties of the host of each table were to stay at that same table at all times in order to welcome new travellers, to share the key ideas and insights that surfaced from the previous dialogue with the travellers, to host the evolving conversations at their table, and to write down key ideas and insights that emerged from the dialogues between the participants. Each host, a fellow-participant, was encouraged to create an environment where everyone had an equal opportunity to share their thoughts and opinions in a non-threatening environment. It was emphasised that the table hosts were not traditional facilitators, but equal members of the conversation that took place (Schieffer et al., 2004) and; therefore, the table hosts were also encouraged to contribute to the discussions. The travellers’ role was to discuss the questions put on each table and to raise their opinions or views regarding each question. The participants were requested to discuss a specific question for about fifteen to twenty minutes. They were informed that there would be four rounds of conversations taking place. All of the participants were informed that every single opinion was valued and that there was no such

thing as a wrong answer. Following the debriefing, the participants were given the opportunity to ask any questions they had regarding the procedure, and after that the hosts and travellers were appointed to each table. There were four tables in the classroom with four chairs allocated to each table. The researcher tried to provide a hospitable space where all of the participants would feel free to contribute their thoughts and feelings. On each table was placed a cup of coloured markers, sheets of paper and refreshments. Once all of the participants were seated, a sheet of paper with a question for that particular group was put on the table with a tape recorder in order to audio-record the discussions. The discussions were later transcribed *verbatim* for data analysis. This was done exactly in the same order at each school.

After the first round of conversation (fifteen minutes), the travellers were invited to change tables. The table hosts were reminded to stay at their tables in order to welcome the new travellers, to read to them the question and share the key ideas and insights that surfaced from the previous dialogue with the previous travellers. The process was repeated for four rounds altogether and was followed by a feedback session to which all of the participants contributed. For reflective purposes and to see whether the hosts understood the travellers' responses correctly, a summary in the form of a visual graph was presented to the whole group by the table hosts who read all of the comments written on a poster. While each of the hosts provided feedback, the researcher was taking down notes with regard to possible themes that were emerging on a big poster. After the hosts had finished talking, the participants were allowed to ask questions or add any comments they had. An opportunity was created for the entire group to engage in a conversation in order to share collective insights (Schieffer et al., 2004).

It was interesting to hear some of the comments raised by the participants; however, the purpose of the discussion was to clarify all points on which some of the participants

needed clarification or did not agree. After each host had read and provided clarification regarding the points written on his/her poster, the researcher summarised the themes and asked the participants for any possible clarifications or corrections they had in mind. It gave the participants the opportunity to notice the underlying themes and discoveries that have presented themselves during the process. This clarification process between the researcher and the participants ensured trustworthiness through crystallisation (Tracy, 2010).

All of the discussions and interviews were recorded with a digital recorder (permission was obtained from the participants before the discussion took place) and transcribed for the purpose of data analysis.

Qualitative data analysis. The technique of thematic analysis (Creswell, 2009) was used, since this technique systematically offers the identification of specific features of the text by means of a process of inductive reasoning. The raw data, namely the transcribed data, the world café conversations and personal interviews with the participants were classified into meaningful categories. Creswell's (2009) data analysis spiral was used during the research and his steps for data analysis were followed. The researcher had to:

- familiarise herself with the data by reading the transcribed material numerous times.
- establish initial codes with side notes to the transcribed material.
- search for themes and sub-themes by adding the various codes together.
- review the themes.
- perform a designation and description of the eventual themes.
- write a report.

Consequential themes corresponding to thematic patterns were extracted and clustered into groupings of higher order (Creswell, 2013). The analytical process – by making use of constant critical reflections – was characterised by the primary aim to allow the research data to be self-evident and not be influenced by any prejudices, assumptions or beliefs.

Trustworthiness. According to Lincoln and Guba (1985), credibility, transferability, dependability and conformability can be used to assess the quality of qualitative data.

Credibility refers to consistency between the views of the research participants and the researcher's representation and reconstruction of these views (Schurink, Fouché, & De Vos, 2011). Member checking – the provision of feedback to participants in order to determine whether one's views are correct (Creswell, 2013) – was applicable to the qualitative study. The researcher was aware of the fact that is ethical to give the participants the opportunity to look at the data they provided and the interpretation of the data (Loh, 2013). It was not possible to ensure credibility in this study with regard to the feedback received from the participants in order to ensure correctness of the interpretation (member checking), since the researcher and her family moved to Dubai shortly after the data collection was completed. But, the identified themes were verified and credibility was achieved by having two independent experts peer-reviewing the thematic analysis and results (triangulation). These independent experts declared the research dependable and agreed on its saturation (Denzin & Lincoln, 2005).

Transferability refers to the transferring of findings from one case to another. Transferability was facilitated by analysing the results of studies that are very similar to this research, determining theoretical boundaries from these results and to let these results guide data collection (Schurink et al., 2011).

Dependability refers to keeping the research process well-documented and logical (Schurink et al., 2011). Dependability as methodological accountability involves the documentation of all activities in terms of what, how and why. The details of all the activities during this phase were thoroughly documented.

Confirmability refers to the confirmation of the results of one study by another (Lincoln & Guba, 1985). It also refers to the objectivity of the researcher during the research

process in order to ensure that biases do not affect the data. In this sense, confirmability refers to the degree to which the findings of the study are the product of the focus of inquiry, and not mostly the biases of the researcher. The researcher was constantly aware of the potential influence of her own values and biases on the final outcome of the study (Denzin & Lincoln, 2005). She continuously reflected in her researcher journal in order to provide a methodologically self-critical account of the research events (Schurink et al., 2011). Finally, the confirmability of the study was enhanced by continuously returning to the original data and ensuring that all insights and formulations were clearly linked to the data. Cope (2014) indicated that it is important to illustrate that the data from the research had been used to arrive at the findings and to also show how interpretations and conclusions were reached (see chapter 3, Article 2).

Report Layout

This dissertation is presented in article format and is structured according to the General Academic Rules of the North-West University. In section 5.4.2, and specifically 5.4.2.7, it is stated that: “Where a candidate is permitted to submit a thesis in the form of a published research article or articles or as an unpublished manuscript or manuscripts in article format and more than one such article or manuscript is used, the thesis must still be presented as a unit, supplemented with an inclusive problem statement, a focused literature review and integration and with a synoptic conclusion, and the guidelines of the journal concerned must also be included”. To meet the above-mentioned requirements, a literature review is included in the next part (Part 2 of Section A). Three articles are presented in Section B where parts of this literature analysis will be included when relevant to each article. The research report will be concluded in Section C with a summary, evaluation and recommendations, a reference list and appendices.

In summary then:

- **Section A: Orientation to the Research:** The first section of this report (Section A, Part 1) provides an introduction to the study. The orientation and problem statement, aims and objectives, theoretical framework, description of concepts and research methodology and ethics were set out in Section A (Part 1) and an overview of literature in Part 2.
- **Section B:** This section entails three journal articles titled:
- **Journal article 1:** Conceptualisation of relational well-being in a South African context.
- **Journal article 2:** Investigating the relational well-being of a group of adolescents living in a high-risk community.
- **Journal article 3:** Guidelines for the facilitation of relational well-being in adolescents living in a high-risk environment.
- **Section C:** Consists of the summary, evaluation and recommendations of the study.
- **Section D:** Includes all the appendices of this dissertation.

Section A: Part 2

Literature Review

Part 2 of Section A presents the literature review and the theoretical framework that guided this study. The focus was on theories such as the eco-systemic approach and developmental theories within the context of adolescents living in high-risk communities. Firstly, positive psychology as the theoretical framework of the current study is presented. The constructs of relational well-being together with the hedonic and eudaimonic perspectives of well-being are discussed. The following theoretical perspectives concerning positive human health will be discussed: Ryff's model (2014) on psychological well-being;

Keyes's (2005) model of flourishing; Diener's (2000) understanding of subjective well-being, life satisfaction and human emotions; Fredrickson's (2001, 2009) broaden-and-build model of positive emotions; Lyubomirsky and colleagues' (2005) research showing that well-being can be increased, and lastly, the Value-In-Action model of character strengths and virtues. Also, theories about Bronfenbrenner's bio-ecological theory and Prilleltensky's view on relational well-being are offered as part of the theoretical foundation for this research. Finally, information is given about the reciprocity of humans and community, particularly in high-risk communities.

The conceptual framework of the study is presented in this section, and for this reason Figure 1 is used to illustrate the theoretical framework and models of the study.

Figure 1

Theoretical Perspectives

Theoretical perspectives	Important theoretical concepts and models
Positive psychology	Hedonic and eudaimonic perspectives to well-being
	The concept: relational well-being
	Ryff's model (2014) on psychological well-being
	Keyes's (2005) model of flourishing
	Diener's (2000) understanding of subjective well-being, life satisfaction and human emotions
	Fredrickson's (2001, 2009) broaden-and-build model of positive emotions

	Lyubomirsky and colleagues' (2005) research showing that well-being can be increased
	Value-In-Action (VIA) model of character strengths and virtues (Peterson & Seligman, 2004)
Human development	Bronfenbrenner's bio-ecological theory
	Developmental theories: adolescence
Psycho-political validity critique	Prilleltensky's view on relational well-being
Community psychology	High-risk communities

Theoretical Framework: Positive Psychology

The subject of well-being excites human society, since it pertains to factors such as an innate understanding of what is good for oneself – also referred to as inner well-being – as well as factors of external well-being such as the creation of a society and empowering members of society to fulfil human potential (Alatartseva & Barysheva, 2015). Research on well-being within a framework of the positive approach of psychology is aimed at building strong and resilient qualities in ordinary human beings as well as improving the honest awareness and healing of the wounded (Peterson & Seligman, 2004). It is also important to consider well-being in terms of contextual attributes – then we are awarded the opportunity to distinguish between personal well-being of individuals and social well-being of members of society and state (Prilleltensky, 2012). Furthermore, it is important to state that “unless societies recognise that their real wealth is their people; an excessive obsession with the creation of material wealth can obscure the ultimate objective of enriching human lives”

(Alatartseva & Barysheva, 2015, p. 39). If a country values its people as its wealth, then the well-being of its people is of the utmost importance. Positive psychology embraces these efforts toward the promotion of health and complete well-being as well as the reducing of illnesses and disorders (Keyes, 2005).

Positive Psychology

It is argued that the protection as well as promotion of positive human health can best be looked at from a positive psychology. This point of departure embraces the strengths-based approach while the full spectrum of human experience is recognised from the negative to the positive. Within this standpoint, it is necessary to state that the strengthening of persons, families and communities does not merely imply the eradication of “dysfunctions” regarding individuals, families and communities, but more is required, namely the deliberate development and implementation of functionality (Keyes, 2005). This means that the mechanisms of well-functioning individuals, families and communities are dissimilar to simply the absence of “bad influences”. Many professionals and authorities, such as academics, researchers and members of the government, still struggle to view positive human health as more than and dissimilar to existing paradigms of “damage control” and diseases (Keyes, 2005).

Prilleltensky (2012) warns that this view – of all the views health science offers such as psychology and medicine – should prevent the unrelenting medicalisation of wellness by all agents of positive change. In addition, it must be stressed that within well-being – or a strengths-based approach – the ameliorative and transformative method is proposed, which means that while strengths are intentionally uncovered within communities, families and persons, attention is also paid to “ill-being”, but from the lens of well-being and strengthening (Prilleltensky, 2005). Keyes’s primary argument still matters – that if health is our stance, then well-being and the fortification thereof should be studied (and financed)

within the perspective of health and certainly not just as the hypothetical absence of ill-being as being symptom-free (WHO, 1948, 2001). Briefly put, positive psychology sanctions strength-based approaches. Consequently, it must be stated that although the strengths perspective embraces two dimensions, namely well-being as well as pathology, the well-being dimension is chosen by the researcher.

Positive Psychology: Hedonic and Eudaimonic Perspectives

Two main streams of (psychological) research exist in positive psychology pertaining to subjective well-being, namely the hedonic and the eudaimonic perspective (Keyes, Shmotkin, & Ryff, 2002; Ryan & Deci, 2001). The hedonic perspective focuses on life satisfaction, high levels of positive affect and low levels of negative affect. Having material things and opportunities (Waterman, Schwartz, & Conti, 2008) may result in positive affect and consequently hedonic (subjective) well-being. The eudaimonic perspective regards well-being as the consequence of psychological well-being and focuses on concepts such as life purpose, growth and meaning (Fredrickson, 2013). Hedonia and eudaimonia are inter-related when considering that if persons, for example values the development of individual potential, both hedonic and eudaimonic well-being can occur when this happens (Waterman et al., 2008). Viewed as an integral part of the eudaimonic perspective, Wissing (2014) focuses on connectivity and relationships as the core in experiencing life as meaningful. The author highlights, from a cross-disciplinary perspective and empirical findings, the significant role of interconnectedness in shaping living systems and human communities. In a literature review seeking to highlight the connections between human relationships and meaning in life, O'Donnell, Bentele, Grossman, Le and Steger (2014) show that better relationships between family members and romantic and friendship relationships go hand in hand with experiencing more meaning in life.

In summary, Keyes and Annas (2009) posit that subjective well-being consists of two components, namely feeling good and functioning well. When these two components are combined, it may be translated into higher levels of well-being called flourishing, or when persons do not feel and function well into lower levels of well-being called languishing. This viewpoint is of particular importance to this research, since positive relations are more than the sum of “feeling good” or hedonic aspects linked to well-being. In addition, the perceptions and experience of healthy relational interactions are viewed as individuals’ personal and collective resources toward the resilient overcoming of adversity (Prilleltensky, 2012; Ungar, 2008). Ungar (2011) argues that, because resilience occurs even when risk factors are plentiful, greater emphasis needs to be placed on the role that social and physical ecologies play in positive developmental outcomes when individuals, for example adolescents, encounter significant amounts of stress and are exposed to environments that inhibit resilience-promoting processes.

Moreover, Koller and Lisboa (2007) emphasise that the rights to health of at-risk children, youth and families should be respected and acknowledged. The prevalence and protection of health entail more than the contrast to eroding conditions of illness, and must be considered afresh by contemporary specialists and citizens toward the synthesis of positive human health for humans and communities. This perspective is of crucial importance, because Prilleltensky, Prilleltensky and Voorhees (2008) posit that the helping professions are still mainly grounded in traditional medical models. In other words, health and well-being are still viewed as the absence of diseases and ill-being. Although frustration with regard to the ill-being paradigm (Evans, Hanlin & Prilleltensky, 2007) is increasingly expressed because the controlling power of tradition is out of step with the dreadful realities of disadvantaged communities (Prilleltensky, Nelson & Peirson, 2001), it is also evident that strength-based approaches are compelled to conduct research and to seek interventions aimed

at clinical as well as non-clinical populations. Ng and Fisher (2013) emphasise that well-being of individuals and families must be understood as a multi-level perspective. Seeing that psychological wellness does not arise within a vacuum, Van Schalkwyk and Wissing (2013) suggest that well-being should be examined while taking into account the multiple levels (see Bronfenbrenner, 1979) of people's existence, since in developing countries like South Africa it cannot be assumed that these ecologies equate enabling conditions. It is important to embrace the dynamic interaction and reciprocal nature of multi-level well-being such as adolescent members of families being part of the specific dynamics of their families and communities. It is clear, according to Yen, that the focus cannot remain primarily on individuals and what they can do to improve their lot in life, since family life and environmental circumstances should also be taken into account (as cited in Prilleltensky, 2012).

According to Ebersöhn, when well-being is considered from a collectivist perspective, communities (as a collective) own and distribute resources such as knowledge, skills and a problem-solving ability (as cited by Wissing, 2013). The Western and individualistic perspective may not be sufficient to determine the well-being of people from indigenous cultures that value collectivism. McCubbin et al. (2013) indicate that a relational perspective assumes that individuals, families, communities and societies are interconnected and inseparable.

Acknowledging the relational perspective demonstrates respect for people and their unique cultures – acknowledging that culture plays a pertinent role when assessing well-being. In this context, relationships and networking are of the essence and it is in the relation-based sharing of resources that adversities are counteracted. In such cultures, people flourish and languish together and persons are defined by the community of which they are a part of (Wissing & Temane, 2008). Van Schalkwyk and Wissing (2013) warn that South African

well-being research cannot disregard the role of culture and context, since this country embraces many cultures and contexts.

Embracing South Africa's many cultures – defined as the maintaining and interconnecting of group members – Hobfoll's theory with regard to the Conservation of Resources (COR) is valued (2001). For example, Hobfoll and Lilly (1993) indicated that individuals have a primary goal to protect and preserve those resources they value. The basic tenet of the COR theory (Hobfoll, 2001) is that people have an innate as well as a learned drive to create, foster, conserve and protect the quality and quantity of their resources. The COR theory relates to those resources that are key to survival and well-being (e.g., shelter, attachment to significant others, self-esteem) or linked to the process of creating and maintaining key resources (e.g., money, credit). According to the COR theory, stress occurs under three conditions: (1) when individuals' key resources are threatened with loss; (2) when resources are lost; and (3) when individuals fail to gain resources following significant resource investment. The conservation of resources is made possible, in turn, by possessing a strong resource pool so that the resource strength preserves further resource development and resource security. Resources, in other words, are both valued directly and indirectly as they serve to protect other resources. Social support provides a major reservoir for resources outside those resources endowed to the self (high self-esteem, sense of mastery).

Culture – referring to collective conventions, values and practices indigenous to and endorsed by specific culture groups (Theron & Theron, 2010) – is considered an important aspect of relational resources. However, it should be noted that culture is not a focal point of this study. Schwartz, Zamboanga, Weisskirch and Wang (2010) stated that adolescents' personal self may *include* cultural elements, but *personal identity* tends to emerge as a significant predictor of well-being whereas *cultural identity* does not. Seemingly, for

adolescents the wealth of culture is intertwined with the relation-based sharing of resources. Therefore, the pillars of adolescents' holistic well-being ought to be highlighted.

Wright (2006) states that well-being as an interconnectedness is central to being truly human. Next, relational well-being as the mediator of personal and collective well-being is focused on.

Relational Well-Being as a Construct

Peterson, Park and Seligman (2005) indicate that positive interconnectedness forms an integral part of well-being. This is important, seeing that Nelson and Prilleltensky (2010) stressed the mediating role of relational well-being for personal as well as collective well-being. In other words, competence in relational functioning holds the key to personal as well as collective well-being. Furthermore, positive relations and healthy interacting are associated with positive youth development (Kitching et al., 2012). All these researchers underline the key role of relations and relate relations to complete mental health and well-being.

Wissing (2014) posits that relational well-being is a core component of overall well-being. Positive relations are viewed as one of the facets of many well-being models. For example, Keyes (2005) views positive relations with others as a component of psychological well-being. Yet, Keyes (1998) also stresses the importance of relatedness in his conceptualisation of social well-being. Subjectivity and relatedness are fundamentally intertwined and relationships are key to subjective well-being. Fredrickson (2009) posits that the building of flourishing lives happens during moments of interacting when we experience positive emotions such as humour and happiness. This mutual reciprocity leads to increasing positivity and a better physical health. Briefly put, people are relational beings who are always in relationship with other people and the environment (Wu, Sun, Sun, Zhang, Tao & Cui, 2010) and several researchers are of the opinion that healthy relationships are crucial for personal well-being (Keyes, 2006; Kitching et al., 2012; Nelson & Prilleltensky, 2010; Ryff

& Singer, 1996) and; therefore, it is argued that if individuals intentionally strengthen their relational functioning then they can promote higher levels of personal well-being.

When relational well-being is considered, it could be valuable to mention relational models. Fiske (2004) opines that relational models are structures for constructing and construing social action. According to Fiske (2004), the theory of relational models is not complicated. People relate to each other in only four ways, structured with regards to (1) what they have in common; (2) ordered differences; (3) additive imbalances; or (4) ratios. When people focus on what they have in common, they are using a model known as Communal Sharing. When people construct some aspects of an interaction in terms of ordered differences, the model used is Authority Ranking. When people focus on additive imbalances, they are framing interactions in terms of the Equality Matching model. When they co-ordinate their actions according to proportions or rates, the model used is Market Pricing. Everyone uses this repertoire of relational capacities to plan and generate their own actions: to understand, remember and anticipate others, to co-ordinate the joint production of collective actions and institutions, and to evaluate their own and others' actions. In different cultures, people use these four relational models in different ways, in different contexts, and to differing degrees. In short, four innate, open-ended relational structures organise most social actions, thoughts and motivation.

Jordan, Masters, Hooker, Ruiz and Smith (2014) refer to the interpersonal perspective of psychology that includes three basic components: (a) an assumption about the nature of personality and related individual differences; (b) a structural model of behaviour; and (c) a model of social transactions. The general assumption here that suggests a sharp distinction between intrapersonal and interpersonal phenomena, is actually misleading psychological individual differences, and more so a recurrence of patterns within social behaviour. According to Kiesler, the structural model of behaviour in this tradition identifies the key dimensions of such patterns (as cited in Jordan, 2008). The

InterPersonal Circumflex (IPC) describes social behaviour by way of two broad dimensions – *affiliation* (i.e., warmth vs. hostility) and *control* (i.e., dominance vs. submissiveness; see Figure 1). These dimensions can describe moment-to-moment behaviour as well as more enduring and general individual differences in social behaviour identified as *interpersonal styles*. Jordan et al. (2013) use the interpersonal tradition (Horowitz & Strack, 2011) as a rich conceptual and methodological framework for theory-driven research on mechanisms linking religiousness and spirituality with health and well-being.

Ruiz (2012) argues that the Relational Cultural Theory (RCT) model views relational skills as strengths rather than weaknesses, as they were typically understood by traditional theories (Jordan, 2008). The “feminine” qualities of emphasising relationships (nurturance, interdependence and vulnerability) are presented in a framework that counters the way traditional theories pathologised these qualities. Basic concepts of RCT include mutual empathy and empowerment; connections; condemned isolation; the central relational paradox; and power over dynamics. Mutual empathy occurs when two individuals share each other’s thoughts and feelings and individuals allow themselves to be changed by the response of other individuals to their thoughts and feelings. Self-worth increases in both individuals as a result of having their experiences acknowledged. Moreover, the energy these individuals experience from their emotional connection fuels action.

Mutual empathy, therefore, results in elements that promote growth or mutual empowerment (Ruiz, 2012). Ultimately, these mutually empathic connections lead to growth-fostering relationships, according to Miller, that form the basis of healthy psychological development (as cited in Ruiz, 2012). However, when individuals do not respond to each other in mutually empowering ways, disconnections occur (Ruiz, 2012). In their yearning to connect with others, individuals learn to keep valuable aspects of their experience out of their relationships to maintain a relationship or “to stay in relationship.” Their psychological

functioning suffers; however, because exploring and expressing their thoughts, feelings, and actions are confined. RCT refers to this process as the central relational paradox, according to Miller (as cited in Ruiz, 2012). Repeated disconnections can lead to a sense of shame and powerlessness about making future connections or, as RCT describes it, repeated disconnections can lead to condemned isolation.

Many South African adolescents residing in high-risk communities struggle with negative spirals of poverty due to various reasons such as their parents'/legal guardians' unemployment. Learners' lack of motivation to study at school was one of these negative spirals as identified by Louw et al. (2011) who investigated the prevalence and particular problems associated with underperforming schools. They found that the general apathy of learners was highlighted by all schools selected for the study. Educators described learners as downright lazy and lacking self-control (Louw, Bayat, & Eigelaar-Meets, 2011). It seems that many learners who are part of underperforming schools have little motivation to study. Thus, while the larger social and economic environment affects the ability of learners and schools to function according to conventional standards, relational functioning as suggested by the RCT model recognises adolescents' struggles with many challenges – including major disconnections that can result from abuse and violence.

Relational functioning that includes strengths and weaknesses (while taking into account an assessment of socio-political and cultural factors) can help researchers to understand which of these factors may be contributing to adolescents' psychological, emotional and social functioning towards high wellness as well as contributing to lower levels of well-being when disconnections are experienced. In addition, relating to families, friends, educators and positive role-models consistent with their cultural values can be helpful in establishing mutually empathic connections.

The understanding of well-being as an integral, multi-faceted and multifunctional notion is linked to Alartartseva and Barysheva's (2015) argument that well-being should be considered in the framework of a conceptually comprehensive logic (including objective as well as subjective aspects of well-being), that embraces one's existence in accordance with one's natural essence – being in harmony with others and the environment. Then again, they accentuate that if one experiences the absence of living “in harmony with others and the environment”, one cannot talk about human well-being. In other words, when adolescents engage positively at home, in their schools and the wider community, they will experience congruence in the sense of relational well-being.

Nelson and Prilleltensky (2010, p. 30) indicate that relational well-being requires individuals to be nested in “a network of positive and supporting relationships” and to be able to “participate freely in social, community and political life”. Prilleltensky (2005) is of the opinion that signs of relational well-being include caring, respect for diversity, reciprocity, nurturance and affection, support, collaboration as well as democratic participation in decision-making processes. McCubbin et al. (2013) defined six factors of relational well-being in their study on an indigenous, Hawaiian population: resilience, community involvement, financial stability, cultural practice, family commitment and healthcare.

Clearly, relational well-being is part and parcel of human existence. Next, models of well-being within positive psychology are presented. These perspectives situate humans “being and doing” in terms of feeling and functioning. Ryff's model of Psychological Well-Being (PWB) is an example of a theoretical approach typical of a eudaimonic perspective as a broad stream of thought within positive psychology (cf. Ryan & Deci, 2001; Waterman et al., 2008).

Description of Relevant Studies

Next, theoretical perspectives concerning well-being are discussed. These studies are fundamental to an understanding of positive human health for the presence of relational well-being.

Ryff's psychological well-being model. Ryff states that the meaning and measurement of well-being (positive psychological functioning) cannot be conceived within a traditional framework which equates health with the absence of illnesses rather than the presence of wellness (Ryff, 1989; Ryff & Keyes, 1995; Ryff & Singer, 1998). She argues that the dependence on medicine to define health is misguided, and that the emphasis on “repair” and the notion of health as the return to “neutral” long influenced psychological views on ill-being (Ryff & Singer, 1998). She is also of the opinion that the nature of human thriving and flourishing is not merely a medical one, and she offered an alternative definition of well-being – one closely aligned with the eudaimonic view. According to her, satisfaction with life and affect-based measures of well-being “have little theoretical grounding” (Ryff, 1989, p. 106), and important aspects of positive functioning are neglected. Ryff (1989) sought to develop an integrative definition of well-being by recognising accounts of positive functioning of mental health, and life span development theorists, such as Erikson, known for his notion of psychosocial stages (1950); Rogers, in view of his depiction of the fully functioning person (1961), and Maslow with his conception of self-actualisation (1968). Ryff describes well-being as the striving of human beings for perfection that embodies the realisation of one's true potential. 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: autonomy, personal growth, purpose in life, environmental mastery, self-acceptance and positive relations. The focus in this study falls on human functioning.

Nearly 25 years ago Ryff's model of psychological well-being was put forth when she addressed omissions in formulations of positive human functioning that prevailed in the 1980s. Ryff (2014) offers research and interventions that have developed around a model of psychological well-being generated more than two decades ago to address neglected aspects of positive functioning such as purposeful engagement in life, the realisation of personal talents and capacities and enlightened self-knowledge. She revisited the conceptual origins of this formulation and six thematic areas are examined, which can be described as scientific products: (1) how well-being changes across adult development and later life; (2) what are the personality correlations of well-being; (3) how well-being is linked to experiences in family life; (4) how well-being relates to work and other community activities; (5) what are the connections between well-being and health (including biological risk factors), and (6) how psychological well-being can be promoted for ever-greater segments of society via clinical and intervention studies.

As a unit, these topics illustrate flourishing interest across diverse scientific disciplines in understanding adults as striving, meaningful and proactive organisms who are actively negotiating challenges in life. Ryff emphasises that increasing evidence supports the health protective features of psychological well-being in reducing the risk of diseases and promoting lifespan. The recurrent and increasingly important theme of resilience – the capacity to maintain or regain well-being in the face of adversity – such as adolescents growing up in high-risk communities, is very important to this current study.

Ryff (2014) underlines these protective resources identified in earlier studies of resilient children (see Masten, 2001) such as social support, personality characteristics, family cohesion, warmth and positive self-concepts. Quality ties are central to her statement regarding interpersonal flourishing in the lives of resilient youth as the complex mix of positive and negative emotions, which signify our most significant human ties.

Despite Ryff's immense contribution to positive psychology and her model of psychological well-being, one of the shortcomings that should be kept in mind is omitting the impact of context (Prilleltensky, 2012). In this sense, the social relevance of psychology should always include conditions or circumstances, since no relating happens within a vacuum. However, Prilleltensky also admits that more than favourable circumstances are needed to thrive.

While Ryff's model of PWB is an example of a theoretical approach typical of a eudaimonic perspective within positive psychology, Keyes and Annas (2009) posit that subjective well-being embraces hedonic as well as eudaimonic perspectives of well-being. 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 Well-being* (Satisfaction With Life) component (EWB) (Keyes, 1998; Keyes, 2007).

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, 2005, 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 – his model is conceptualised from a eudaimonic perspective, emotional well-being and satisfaction with life as reflective of hedonic approaches.

Although Keyes conceptualised mental health on a continuum, he also proposes that pathology and wellness are two separate dimensions that are correlated. In the wellness dimension, Keyes highlights three categories, namely languishing, moderately mental health and flourishing. *Languishing* is defined as a state in which individuals are devoid of positive emotion toward life; they are not functioning well – psychologically or socially; and have not been depressed during the past year. In short, languishers are neither mentally ill nor

mentally healthy (Keyes, 2005). Individuals who are *moderately mentally healthy* are not mentally ill and they are not languishing; they have not reached the diagnostic level of flourishing; they have complete mental health. *Flourishing* is a state of mental health in which people are free of mental illnesses and filled with high levels of emotional, psychological and social well-being. In terms of psychosocial functioning, this means that completely mentally healthy adolescents experience 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 members and friends) (Keyes, 2007).

Because of its comprehensiveness and clarity with regard to application, Keyes's model is used as a cornerstone theoretical approach in the current study. Ryff and Keyes (1995) and Ryan and Deci (2001), like Maslow (1968) before them, proposed that there are universal human needs and that fulfilment of these needs is likely to enhance persons' feelings of well-being. These theorists suggest there are psychological needs, such as close social relationships, mastery and autonomy, which are inherently part of humans, and; therefore, fulfilling these needs should lead to higher subjective well-being. Tay and Diener (2011) mention that some theorists have indicated that there are "sick societies" that do not produce happiness and health. In other words, it would appear as if certain circumstances are required for high quality living in all cultures and for all individuals.

When Keyes's model of mental health is criticised, it must be clearly stated that his research revealed the presence of well-being that encompasses specific facets such as dimensions of psychological, social and emotional well-being. Also, he succeeded in pointing out that well-being is more than mere "feeling good". Higher levels of well-being, called *flourishing* by Keyes, entail more than the sum of a good life based on happiness (see

Waterman, 2008). It should be mentioned that Keyes's model of complete mental health concentrates mainly on the functioning of individuals while lacking the insight that "functioning" happens within particular settings. Such critique can be considered when the social relevance of psychology is reflected upon. In this sense, Kagee (2014) notes that after 20 years of democracy in South Africa there is little or no change in the high incidence of mental illnesses and violence, communicable diseases, urbanisation, civil strife, poverty, sexual violence and abuse. These problems lead to bigger socio-economic problems such as chronic illnesses, unsafe sexual behaviour, drug and alcohol abuse and non-adherence in chronically ill people when medicated (Kagee, 2014). There are serious questions to be asked when considering South African adolescents' personal well-being within this particular socio-economic and historical setting. When the developing years of South African adolescents take place in these contexts, they are affected by these conditions.

Diener's model of subjective well-being and satisfaction with life will be discussed next, since his model incorporates factors related to quality of life.

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, Kesebir, & Lucas, 2008; Pavot & Diener, 1993; Pavot & Diener, 2013). He and colleagues 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 overall subjective evaluations of the degree of positive feelings (happiness) experienced, and perceptions (satisfaction) toward one's life. Where happiness mostly signifies an emotional state, life satisfaction tends to address a more global cognitive evaluation of one's life.

Diener (2000) determined a number of different components of subjective well-being such as life satisfaction (a global judgement of one's life as the cognitive component);

satisfaction with important domains (work satisfaction); positive affect (experiencing many pleasant emotions and moods); and 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 (perform better at work) and are sociable (are more liked by others, participate more in community organisations).

Diener's view of subjective well-being is important with regard to this current study when the association between the fulfilment of needs and subjective well-being (SWB) – including life evaluation, positive feelings and negative feelings – is highlighted. He found that need fulfilment was consistently associated with subjective well-being across world regions. The finding that societal need fulfilment predicts subjective well-being by indicating the desirability of living in a flourishing society, is significant.

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

Subjective well-being cannot be perceived without fulfilling basic needs. Positive feelings and emotions are closely linked to Diener's hedonic approach to psychological well-being.

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 individuals' momentary thought-action repertoires by calling forth specific action tendencies (e.g., flee or attack), many positive emotions broaden thought-action repertoires by prompting individuals to

follow a wider range of thoughts and actions than are typical (e.g., explore or play) and thereby facilitate the creation of important skills.

Many empirical studies provide support for Fredrickson's model (Fredrickson & Joiner, 2002). Fredrickson and Branigan (2005) confirm 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 more exact: cognition and motivation (Fredrickson, 2013).

According to Fredrickson and Branigan (2005), the dynamics of positive emotions could be critical in order to protect and promote personal as well as interpersonal flourishing. It is; therefore, important to note that although emotions are short-lived, personal resources accrued during states of positive emotions are enduring (Fredrickson, 2005). These personal resources may be physical (e.g., physical skills or health); social (e.g., friendships or social support networks); intellectual (e.g., intellectual complexity or executive control); and psychological (e.g., resilience, optimism and creativity). These findings are supported by research showing that happy people are, for example more active, efficient and productive at their jobs; earn a better income; they are optimistic and more positive toward other people (Seligman, 2011); they enjoy better physical and mental health; and cope better with stress than unhappy people (Fredrickson, 2013).

Frederickson's pioneering research is standing on the shoulders of giants – based on authentic research stating that quality social relationships are critical for personal health and; therefore, valuable for this current research. She explains the importance to understand emotions as interpersonal micro-moments: the “building blocks” of successful relationship formation. Vacharkulksemsuk and Fredrickson (2012) looked at mechanisms by which self-disclosure involves the unspoken, shared physical movements of interactions. This is very

relevant for a South African context where behavioural synchrony – the moving together toward embodied rapport – is a well-known African manner of relational living.

Fredrickson's broaden-and-build model of positive emotions goes further than Diener's idea of subjective well-being and satisfaction with life. Her model 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).

Also, Fredrickson's model provides insight into some of the dynamics of psychological well-being that could be used in interventions. The research of Lyubomirsky and colleagues is key when considering research aimed at the presentation of guidelines for well-being programmes aimed at the strengthening of relational well-being.

Lyubomirsky and colleagues: active participation. Lyubomirsky and colleagues (Lyubomirsky, 2007; Lyubomirsky et al., 2005) state 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 40% is under voluntary control (Lyubomirsky, 2007), and can; therefore, be changed 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 (Lyubomirsky et al., 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 (Bandura,

1982; Lyubomirsky, 2007; Seligman, 1991;). Thus, by changing one's patterns of thought and ways of construing events, one might experience greater happiness.

Of the external factors that are important for positive functioning – namely conditions present in the lives of persons and the voluntary activities that persons undertake – the most important component is thus the active efforts that persons can make (Lyubomirsky et al., 2005). Therefore, 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 diminish more quickly than the effects of positive activity changes (such as starting to exercise, or initiating a new goal or project): A key assumption can; therefore, be that hedonic adaptation occurs more quickly with regard to circumstantial changes than to activity changes. This implies that a sustainable increase regarding the level of well-being of persons is possible in order for individuals not to return to their genetic set-point after any temporary changes. Although changes in circumstances can trigger increased well-being, such boosts tend to be short-lived, because people quickly begin to take those new circumstances for granted and stop deriving positive experiences from them. The above-mentioned studies provide important new support for these ideas and are *not* consistent with “easy-living” or “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 by their own efforts, adolescents – as active agents of their own well-being – may move towards greater happiness and fulfilment in life.

Smith's strength-based model and the VIA – classification of strengths. Smith's strength-based counselling model (2006) is recommended specifically for counselling of youth at risk. This model is more an empirical approach than a theoretical model and 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, such as the capacity to bounce back after setbacks, and is useful for building capacity and assets across the lifespan of individuals. This viewpoint resonates with Keyes's view of the important role of protection-building strengths in the lives of young persons, since these strengths act to prevent or mitigate risk factors and can change bad situations for the better, and enable adolescents to learn from difficult situations (Keyes, 2004; Masten, 2001).

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

Peterson and Seligman (2004) state that character strengths lead to recognisable human excellence or instances of *human flourishing*. Researchers at the University of Pennsylvania developed the Values In Action (VIA) classification of strengths. The VIA classification of strengths means to complement the *Diagnostic and Statistical Manual* (DSM) of the American Psychiatric Association by focusing on what is right about people and specifically about the strengths of character that make a good life possible (Peterson & Seligman, 2004). *Virtues* – being 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 psychological ingredients – processes or mechanisms – that express these virtues. These researchers have developed a diagnostic strengths manual (Peterson & Seligman, 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 individuals 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 system, and thus the question arises how universal these virtues and strengths indeed are. Khumalo, Wissing and Temane (2008) found that the character strengths hypothesised 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 above-mentioned information is important; because existing research indicated that dimensions associated with well-being can be strengthened or enhanced toward sustainability. Smith's model showed this in a very practical way to build at-risk youth's personal capacity. The content of such a programme or strategy could include categories of character strengths as explained in the Values In Action (VIA) classification of strengths. Then again, the fortification of adolescents' personal power can be enhanced or limited via their relational interactions.

The exploring of the potential as well as the possible hindrances of adolescents' relational well-being in high-risk South African communities cannot be done without taking into consideration the impact of the layers of settings – described as ecological levels (see Bronfenbrenner, 1979) on human development.

Bronfenbrenner's bio-ecological theory. The bio-ecological theory of human development, initially termed an ecological model or approach, was originally proposed by Bronfenbrenner (1979) to explain how human development occurs – focusing largely on the impact of context. Although Bronfenbrenner described it as a theory or the approach to human development, developing individuals were consistently, from the start, viewed as either influencing or being influenced by their surrounding environment. Thus, according to the ecological theory of development, internal (individual) and environmental systems are inextricably connected to one another as well as to the larger social environment.

Bronfenbrenner (1979) underlined the influence of environments (social and cultural) of different levels and sizes on development. Using this framework, the effectiveness of persons' characteristics can be evaluated such as their adaptive coping; self-efficacy and optimism as well as factors external to persons, such as family support, neighbourhood networks, health provision and so forth, for promoting individual resilience. Bronfenbrenner's development model is based on the hypothesis that one's well-being is

influenced by social context and the function and quality of relationships one has with others such as with family members, friends, neighbours and institutional systems (Bronfenbrenner 1979, 1988, 1994). The influential interaction between family involvement, school functioning, interpersonal strengths and affective strengths supports the notion that family relationships is an influential factor in the intrapersonal and interpersonal adjustment of children. This influence is emphasised by the individual's behavioural and emotional strengths on adjustment in different social domains.

According to Bronfenbrenner, as presented in his *Ecology of Human Development* (1979), development and socialisation are influenced by the different subsystems of the environment with which persons are in active inter-relation. Three significant assumptions are included: 1) persons are active players, exerting influence on their environment; 2) the environment is compelling persons to adapt to its conditions and restrictions; and 3) the environment is understood to consist of different sizes of entities or subsystems that are placed inside one another according to their reciprocal relationships – micro-systems, meso-systems, exo-systems and macro-systems (Bronfenbrenner, 1979). The holistic ecological understanding of human development requires an examination of the influence of communities, subcultures and culture on basic psychological and interpersonal processes throughout the lifespan. In other words, the extent to which interpersonal and psychological processes facilitate adaptive, positive development within relational, familial, social and cultural contexts include bi-directional processes of influence between contexts and individuals. According to Van den Berg (2013), there is an undeniable interactive relationship between individual and social strengths in the promotion of positive health outcomes (such as life satisfaction). These strengths have important implications for preventative programmes and well-being programmes aimed at strengthening the well-being of adolescents.

Furthermore, Bronfenbrenner explained that the world of children (and indeed all of us) consists of five systems of interactions which contain roles, norms and rules that shape development: (1) **Micro-system**: which is families, classrooms or systems in the immediate environment in which persons are operating in. A micro-system can be explained as a pattern of activities, roles and interpersonal relations experienced by developing persons in given face-to-face settings with particular physical and material features, and containing other persons with distinctive characteristics of temperament, personality and systems of belief. (2) **Meso-system** – comprises of linkages and processes taking place between two or more settings containing developing persons (e.g., the relation between an individual's home and school, school and workplace). In other words, a meso-system is a system of micro-systems. Paquette and Ryan (2001) define the meso-system by saying that this layer produces the connections between children's micro-systems such as the connections between children's teachers and the parents or children's church and the neighbourhood; (3) **Exo-system** – this system lies beyond the micro-system settings and the meso-system that directly affects children's development. This is the system in which children do not spend time, but which influences children's primary settings – and thus their experience. The exo-system is; therefore, an environment in which individuals are indirectly involved. This system does not influence individuals directly, yet affects them anyway such as the workplace of children's parents; (4) **Macro-system** – consists of an overarching pattern of micro-system, meso-system and exo-system characteristics of a given culture, subculture or a broader social context, with particular reference to the developmentally-investigative belief systems, resources, hazards, life styles, opportunity structures, life course options and patterns of social interchange that are embedded in each of these systems. The macro-system can be thought of as a societal blueprint of a particular culture, subculture or broader social contexts. Each system depends on the contextual nature of the life of persons and offers an ever

growing diversity of options and sources of growth; (5) **Chrono-system** – a description of the evolution, development or stream of developments of the external systems in time. Chrono-system models can cover either a short or long period of time (Bronfenbrenner, 1989). Any system, like this one, includes roles and rules that can have a strong influence on development; (6) and lastly, **Proximal processes** – describing the change from ecological to a bioecological model. Bronfenbrenner emphasised the role played by persons in their own development by means of a mechanism termed proximal processes. The primary objective of this phase of the human development approach was to show how individual characteristics in conjunction with aspects of the context (both special and temporal influences now known as proximal processes) are the “engines of development” (Bronfenbrenner & Evans, 2000).

Proximal processes form the centre of bioecological theory and are viewed as the driving force of human development (Bronfenbrenner, 1979; Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006). An important function of proximal processes is their potential to transform genotype characteristics into phenotypes. Genetic potential is actualised and effective developmental functioning is improved (Bronfenbrenner & Evans, 2000). To briefly explain this, three hypotheses are presented, namely (1) “heritability will be higher when the proximal processes are strong and lower when such processes are weak” (p. 572); (2) “proximal processes actualize genetic potentials both for enhancing functional competence and for reducing degrees of dysfunction” (p. 578); (3) “the power of proximal processes to actualize genetic potentials for development competence will be greater in advantaged and stable environments than in those that are disadvantaged and disorganized” (p. 578).

Operationally, the bioecological model proposes methods for evaluating developmental outcomes that emerge as a result of the active participation of the four components of the PPCT model: Process, Person, Context, and Time. Bronfenbrenner was also convinced that

the best and ideal way to study his model is with “discovery”, namely a method that includes all of the elements of the model – revealing their interdependence when providing available data, and that allows the elaboration of successive studies that are progressively more complex (Bronfenbrenner, 1988; Bronfenbrenner & Morris, 2006).

The bioecological theory of human development, initially termed the ecological model or approach, was originally proposed by Bronfenbrenner to explain how human development occurs and focuses largely on the impact of context. As denoted by his use of the word “ecology”, Bronfenbrenner clearly viewed development as emerging from interaction between individuals and context. Subsequent reformulations of his original ideas resulted as he stressed the role played by individuals; the impact of time; and most importantly, proximal processes. Bioecological theory in its current or mature form (3rd phase) specifies that researchers should study the settings in which developing individuals spend time and their relations with others in the same setting; the personal characteristics of individuals (and those with who they typically interact); their development over time and the historical time in which these individuals live; and the mechanisms that drive development (proximal processes). In light of the above-mentioned, one needs to look at the viewpoint of community psychologists with regard to the development of adolescents in terms of their natural environment, their social as well as cultural contexts (Bronfenbrenner, 1979; Prilleltensky, 2005).

It is clear that the presence of relationship well-being is of fundamental importance to adolescents. This important component of overall well-being can either be encouraged or handicapped through personal and environmental issues (Ungar, 2011). This problematic issue urges the necessity to investigate adolescents’ relationship well-being, and to acknowledge the role of context such as high-risk South African communities as well as the impact of persons.

Prilleltensky's research offers valuable guidelines toward relational well-being while taking into account the mutual role of context and interpersonal actions.

Prilleltensky and relational well-being. Prilleltensky (2012) refers to levels of well-being described as objective and subjective measures of well-being analysed on the following four levels, namely on a personal level, an interpersonal level, an organisational level and a communal level. Objective elements of personal well-being include health, food and clothing (Diener, Tamir, & Scollon, 2006); subjective elements include a sense of control, mastery over the environment, positive emotions, perceptions of life satisfaction and self-determination (Fredrickson, 2009; Rath & Harter 2010; Seligman, 2011); objective elements of interpersonal well-being include the number of friends of individuals and relationships free of abuse (Rath & Harter, 2010); subjective elements entail emotional support in times of need. At the organisational level, objective elements encompass resources to perform a job and adequate pay (Bolman & Deal, 2003); whereas subjective components include a positive working climate and feelings of engagement (Harter, Schmidt, & Keyes, 2003). Finally, at the community level, objective elements of well-being include economic equality, a clean environment, low levels of crime, and high levels of education and low unemployment (Wilkinson & Pickett, 2009); subjective components include a sense of community, respect for cultural diversity, inclusive neighbourhoods, social capital, and the freedom to express political opinions (McKnight & Block, 2010).

Prilleltensky (2012) states six key domains of wellness. For adolescents to thrive as individuals, all spheres of life should support each one of the six domains of wellness: economic domain, physical domain, occupational domain, psychological domain, community domain and the interpersonal domain. Then again, Prilleltensky (2012) warns that it is not enough to promote positive circumstances. Risks should also be prevented that might interfere with human development. Threats to objective resources like food and shelter

include poverty; threats to subjective well-being include child maltreatment and poor parenting. Well-being is; therefore, advanced through both strategies: promotion and prevention. Even in the most favourable of responsive conditions, events such as disability, death and divorce can cause considerable stress. In such circumstances, resilience studies (Masten, 2001; Rutter, 1987) tell us that we need to reduce risk impacts and interrupt unhealthy chain reactions stemming from stressful life events. Risks may be reduced by either altering risks or exposure to them. In high-risk communities, parents who exercise strict parental control manage to protect their children from exposure to drugs and violence. The negative chain reaction of parental loss may be halted by providing these children with sustained and nurturing care by caring family members, for example when parents die due to HIV/Aids-related illnesses. The promotion of responsive environments and the prevention of threats to children are necessary. However, insufficient conditions for thriving should also be taken into account, because many people who do enjoy beneficial circumstances in life, do not thrive. Something else is needed. The narratives of miserable millionaires are common knowledge. It is of particular interest to the current study that Prilleltensky (2012) argues that to flourish in life, more than favourable circumstances are required: full engagement at work, paid or unpaid, in addition to meaningful activities.

Apart from the need for theoretically driven perspectives of well-being and relational well-being, the emotional, psychological, physical and social spheres of adolescents' lives that may also potentially influence their relational well-being, overall health and well-being should also be taken into consideration. Principles of development emphasise that individuals are shaped by various elements such as the influence of family systems, culture, cognition, genetics and society. Since human development is a fascinating process, a closer look is taken at adolescents and the importance of this life phase for relational well-being.

Theorists such as Bronfenbrenner and Prillentsky were used as examples, since it is the point of departure of the current research that adolescence can best be understood as a developmental life phase which involves a contextual view of youth. A contextual view means that adolescents are embedded in their world – adolescence involves changes within persons, in the context of persons and between persons and their social context. Although this information is well-known, it is even more important during the 21st century to underline what Akers, Jones and Coyl (1998) stated years ago, namely that as the social experiences of adolescents become more extensive, their social relationships become more complex, more exploratory and an increase in interaction with others occurs. The implications of social experiences are immense, for example the impact of social media and the healthy development of adolescents (Goleman, 2013). These changes in social and environmental interactions involve major life event changes and may cause opportunities for growth for some youngsters and difficulties for others. In the next section, adolescence is presented.

Adolescence and Development

Development refers to the growth of individuals in many spheres of life – adolescents develop emotionally, psychologically, physically as well as socially (Louw & Louw, 2007). When looking at development within life and learning, development is the orderly changes in individuals that result from a combination of experience, learning and maturation. The process of development is complex. Development is influenced by maturation (genetically controlled) and age-related changes in individuals.

It is important to understand adolescence as a process of development amidst a variety of theories such as biological theories, psychological theories, anthropological theories, psychosocial theories, and/or developmental theories. In this study the researcher focused on adolescence by providing information about adolescence as a time of transition as described

in biological theories, psychosocial theories and developmental theories with special reference to Erikson and identity formation, identity foreclosure and identity achievement.

According to Freud, adolescence can be referred to as a time of *transition*, a time of *storm and stress* (as cited in Stoop, 2005) and as a time of being *marginalised* (Lewin, 1951). Although not all adolescents are likely to experience this life stage in a negative way, of all the stages of the life span, the teenage years can be the most tumultuous. Adolescents are no longer children, yet are not quite adults. **Physically**, they are experiencing complex physiological changes, for example the rapid development of internal and external genitalia. **Emotionally**, some adolescents can be unsettled as they suffer mood swings and experience bouts of depression. On a **cognitive** level, the ability to reason and to think abstractly emerges. For many adolescents this period of life is exciting and challenging, yet for others it is often filled with turmoil and confusion (Nims, 1998). Factors that may complicate the life of adolescents are the erosion of family and social support networks, and the easy access they have in obtaining drugs, alcohol and other life threatening substances, such as weapons and fast vehicles (Bachar et al., as cited in Stoop, 2005). Adolescents are highly vulnerable to emotional maladjustment and risky behaviours such as early sexual activity with associated health risks, depression, suicide, drug use, delinquency and dropping out of school (Nims, 1998).

Biological theories need to be highlighted when adolescence is discussed, since the physiological development during this life phase clearly has a great impact on adolescents. Stanley Hall was the primary early figure who provided the impetus for study in this area (Rice, 1992). His monumental two-volume treatise, *Adolescence: Its psychology, and its relations to physiology, sociology, sex, crime, religion, and education* appeared in 1904. It profoundly affected the study of adolescence and the treatment of adolescent problems for approximately 25 years. According to Stoop (2005), Hall described adolescence as a period

of upheaval, suffering, passion and rebellion against adult authority and of physical, intellectual and social change. Hall popularised “storm and stress” as adjectives describing adolescence. Also, a theorist who most emphasised the biological underpinnings of common developmental patterns was probably Arnold Gesell. Gesell, a biologist, introduced the concept of *maturation* which can be defined as *genetically programmed sequential patterns of change* – indicating that all members of our species share these developmental sequences, beginning at conception and continuing until death (Rice, 1992). Then again, Schwartz et al. (2010) stated that in addition to being shaped by dispositions, motivations, individual experiences and adolescents’ development of personal identity can be influenced by social and cultural environments. The role of social barriers, for example socioeconomic barriers, can prevent young people from realising the goals they have set for themselves (Phillips & Pittman, 2003). Clearly, developing human beings are part of social spaces and; therefore, psychosocial theories are included in this discussion.

Psychosocial Theories

Social learning theory is concerned with the relationship between social and environmental factors and their influence on behaviour. For example, Bandura stated that except for elementary reflexes, people are not equipped with inborn repertoires of behaviour – they must learn them. He did; however, not reject the role of biology and pointed out that hormones or inherited propensities can effect behaviour, but specific experiences persons have with the world around them has a profound effect on development (Bee, 1989). Bandura (1977) linked stress in adolescence with poor socialisation skills resulting from parent-child relationships that are based only on the exercise of power. According to Bandura (1982), stable loving families who grant children appropriate responsibilities are fostering adolescents who are well socialised. On the other hand, families in which there is a great deal of conflict are fostering aggressive, hostile and volatile adolescents.

Evidently, social and family influences are important during the development of adolescents. Since adolescents are at the age where emotions are sensitive, traumatic experiences can lead to emotional distress. One aspect specifically responsible for emotional responses is acceptance by peers and other social relationships.

Social changes: Family, society and peer relations. Adolescents are increasingly part of the process by which individuals acquire knowledge, skills and character traits that enable them to participate as effective members of groups and societies. Geldard and Geldard (2004) refer to adolescence as a time when a major need to gain a place within the particular society (field) of adolescents develops within them. Similarly, Louw and Louw (2007, p. 330) argue that adolescents experience the need of “belonging” to a group. Societies, whether families, communities, culture and/or friends have an impact on the lives of adolescents. McGoldrick and Carter (2005) note that human beings cannot exist in isolation and that the most important aspect of human experience is relations. It is argued that social influence is a “dominant” force during the adolescent phase and that there are two primary sources of social influence: peers and families (mostly parents but in some cases siblings also). Peer groups are among the most significant social contexts during adolescence (Santrock, 2008). Along with making friends and building relationships, many adolescents want to belong to peer groups whose members share common attitudes and interests (Geldard & Geldard, 2004). According to Santrock (2008), adolescents conform more easily to the standards of their peers than they do in previous developmental stages. Louw and Louw (2007) also emphasise the need of adolescents to conform when belonging to peer groups.

McGoldrick and Carter (2005) refer to the time that adolescents spent with peers as “hanging out” specifying activities such as they talk, watch television, listen to music, play video games, be seen, see who else is ‘hanging’ with whom and wait for something to happen. When in groups, adolescents conform to the ways of peer groups. This can include

the music they listen to, the clothes they wear, the places they go to, leisure activities as well as choosing partners for romantic relationships. Also, during the stage of adolescence individuals tend to start spending more time in peer groups, and through these interactions with their peers, adolescents obtain certain social skills, attitudes and new experiences. Peers seem to play a crucial role in this process of social development (Dijkstra, Berger & Lindenberg, 2011). Peer influence cannot be discussed without touching on the aspect of peer pressure during adolescence. Dijkstra et al. (2011) are of the opinion that interaction with peers during adolescence can be constructive as well as destructive and that peer pressure has become a stereotype of adolescence. It seems that the use of the term “peer pressure” can falsely portray negative relationships of adolescents. In other words, peer pressure is a reality during adolescence and it can either be good and/or bad.

Peer pressure can; however, also be destructive – especially during adolescence. Whether peer pressure leads to negative and delinquent behaviours or positive healthy adjustments, is determined by the group of which adolescents are a part of. Adolescents associate with other adolescents whose interests and values are similar to their own (Santrock, 2008). When a particular group holds high values, individuals tends to respond positively; but when the same group engages in risk-taking behaviour, adolescents may feel prompted to join in. This argument is illustrated by the following example provided by Dijkstra et al. (2011), for example, teenagers may find friends who smoke cigarettes and drink beer and together they share marijuana and vodka at a party. Other teenagers may choose friends who enjoy maths and together they join the maths club and sign up for AP calculus.

It is; therefore, evident that peer pressure is not in essence a negative thing; it depends on the social groups/peer groups which individuals form part of. To summarise the above argument concerning peer pressure, it seems that attachment to peers does not necessarily

forecast trouble, unless the attachment is so strong that adolescents are willing to give up things like obeying parents, doing homework or developing their own self in order to gain the approval of their peer group or to gain popularity amongst their peers.

Family influences are also important to mention within this section. Arnett (2000) found that as individuals move from childhood into adolescence, the amount of time spent with family members decreases. Parents are still important role-players during development (Arnett, 2002; Santrock, 2008), but adolescents' previous attachment to their families starts to decrease slowly. Santrock (2008) stated that the relationship between adolescents and their parents sometimes gives way to conflict, since adolescents start growing into more independent individuals and do not want to be prescribed what to do.

Social interaction is thus very important during the adolescent years, since this is the time when they discover their role within their family, society and within their peer group (Geldard & Geldard, 2004). During this life phase the cognitive development of human beings is remarkable. As this aspect comprises more than mere intellectual abilities, but also indicates capabilities toward responsible decision-making, for example choices regarding life-styles and pro-social behaviours, it was included in the discussion about adolescence.

Cognitive Theories

Cognitive development during adolescence refers to the development of the mind as well as to growth and includes changes in mental structures that occur as adolescents discover and interact with the world around them (Louw & Louw, 2007). There are theories focusing specifically on the cognitive aspect of development. Theories of cognitive development include: Piaget's cognitive developmental theory (Piaget, 1957); Vygotsky's sociocultural cognitive theory (Vygotsky, 1978, 1987) and the information-processing theory. These theories were the most prominent in literature when the way in which cognitive development takes place throughout life was investigated. Social cognition, as the ability to understand

social relationships, involves capabilities and skills to understand others: their emotions, thoughts, intentions, social behaviour and general points of view. Social cognition is basic to all human relationships. Knowing what other people think and feel is necessary in getting along with them and understanding them. One of the most useful models of social cognition is that of Robert Selman who has developed an advanced theory of *social role-taking* (Rice, 1992). According to Selman, social role-taking is the ability to understand the self and others as subjects, to react to others the same way as to the self, and to react to the self's behaviour from others' point of view. Selman's theory implies a movement away from limited concern with the cognitive side of learning toward an inclusion of interpersonal, social and cognitive awareness. Selman's fourth stage of development is the stage of *In-depth and Societal Perspective Taking* (Adolescence to Adulthood). During adolescence individuals may move to a still higher and more abstract level of interpersonal perspective taking, which involves the co-ordination of all possible third person perspectives – a societal perspective. This means that adolescents can conceptualise that persons can consider the shared point of view of the “generalised other” – the societal system. This appreciation of the societal perspective enhances accurate communication with an understanding of other people. These cognitive abilities do not imply pro-social behaviour *ipso facto* and; therefore, it is important to mention Kohlberg's contribution emphasising the abilities of humans with regard to moral reasoning.

In developing his model, Lawrence Kohlberg (1969; 1971) attempted to retain the best of Piaget's analysis and to fit it into a more refined, comprehensive and logically consistent framework. Kohlberg saw moral development as occurring in a series of specific and sequential stages of moral reasoning. The end product of these stages is a sense of justice instead of other moral principles such as a love for humanity. An important feature of Kohlberg's approach (1971) is that all individuals, regardless of culture, are viewed as going

through these stages in the same order – varying only in how quickly and how far they move through the sequence. Kohlberg’s approach to moral reasoning helps us to understand that cognitive abilities also include the capacity of human beings toward moral reasoning by guiding those abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life as well as interacting with self, others and God/higher being.

Briefly put, when the cognitive development of adolescents is considered with regard to relational well-being, the following should be taken into account: cognitive competencies are key in fostering self-management (anger and stress management, time management, coping skills, controlling); social awareness (empathy, active listening, recognising and appreciating individuals and groups); relationships (negotiation, conflict management, resisting peer pressure, networking, motivation); and, responsible decision-making (information gathering, critical thinking, evaluating consequences of actions). The cognitive development of youngsters such as adolescents is important, because this will determine in what way they could be expected to show, for example self-control, regarding the intense experience of feelings and emotions in relationships and when dealing with, for example interpersonal conflict and cognitive problem-solving (WHO, 2009).

We cannot think about cognitive processes in non-relational ways, in the same way we cannot think about learning processes and education merely within the parameters of cognitive abilities and not take into account the importance of non-cognitive aspects such as motivation and positive emotions, for example hope and compassion (Goleman, 2013). The “how” of relational well-being is closely linked to effective interaction, which implies effective communication and the “intelligent management of emotions” at all times (Goleman, 2004). While the absence of warm connections could be the continuous experience of “challenges” and obstacles, the intentional use of positive emotions goes along

with the nurturing of relations toward high wellness (Kitching et al., 2012). Next, aspects of adolescents' emotional functioning are presented.

Emotional development and psychological change. Adolescence is a period in which emotions are heightened and accompanied by feelings of self-consciousness, embarrassment as well as excitement about adulthood (Dijkstra et al., 2011). Another aspect of emotions during adolescence is that whatever the emotional state of adolescents, Santrock (2008) notes that it is a *heightened* emotional state. In other words, adolescents experience emotions intensely, since they are either very high (very happy) or very low (very sad and even depressed). Mood swings or moodiness is associated with adolescents and Santrock (2008) identified some of the normal emotions experienced during adolescence: depression, loneliness, self-rejection, stress, anxiety and confusion. In this sense, “good” emotions can refer to the following emotions experienced: pride (focusing on accomplishment), love (focusing on devotion), joy (focusing on fulfilment), interest (focusing on attraction) or gratitude (focusing on appreciation). In general, people are happy to experience these emotions and other positive feelings.

Various reasons can be identified for the variety of emotions and the emotional changes which occur in adolescence such as biological and hormonal changes, societal pressures (sport and school performance) as well as the onset and difficulties of puberty. However, not all adolescents view this period as a time of turbulence. According to Santrock (2008), most adolescents (most of the time) are happy and healthy, worthy of admiration and respect. Clearly, the cognitive, emotional and cognitive functioning of adolescents can be understood as characteristics of this developmental phase. Next, developmental theories are presented.

Developmental Theories

From a developmental point of view, life consists of a sequence of invariant stages – each qualitatively different from the others. Havighurst (1972) sought to develop a

psychosocial theory of adolescence by combining the consideration of individuals' needs with societal demands. What individuals need and society demands constitute *developmental tasks*. Perhaps the most comprehensive developmental theory of all is that of Erikson. Schwarz et al. (2010) opine that contemporary identity research is both returning to its Eriksonian roots and generating new insights to move the field forward. Erikson's developmental theory (1950) includes aspects from virtually all of the other theories, and includes the following:

Firstly, Erikson emphasised the ego and its adaptive capacities in the environment. Secondly, Erikson introduced a new matrix: individuals in their relationship with their parents in their wider historical-cultural heritage (compare the classical Freudian matrix of the child-mother-father triangle).

Thirdly, Erikson's mission has been to point out developmental opportunities in individuals, which can help them to triumph over the psychological hazards of living.

Erikson saw development as an evolutionary process based upon a universally experienced sequence of biological, psychological and social events. His fifth stage, acquiring a sense of identity while overcoming a sense of identity diffusion, is the stage in which adolescents develop.

Identity formation involves an effort to identify or create a sufficient degree of consistency to justify construing the self as a singular entity. The construction of identity need not begin or end with a unitary self, but does take unity as a guiding ideal. Commitment to a unitary self includes a sense of continuity across time by taking responsibility for past and future actions. This entails commitment to a conception of oneself that extends from the past through the present and into the future. Within the framework of adolescents, identity is the overarching synthesis of dualities – bringing individuals to the social world and the social world to individuals in an indivisible wholeness.

The self arises and is created by the relationship between individuals and the social world. According to Mead (1934), individuals experience themselves indirectly in a certain way from the particular standpoint of the social group to which they belong. They become objects to themselves only by taking the attitudes of other individuals toward themselves. Different social perspectives can be used in thinking about the self. For example, adolescents can experience themselves in terms of how they relate to specific persons such as a particular friend or an educator/teacher. One can also imagine how some reference groups whose acceptance one desires (for example, the “cool” learners in school or a seemingly successful gangster leader) would see one. Mead (1934) emphasises the social functions of the self and stated that although our identity is shaped and maintained to a large extent by our interactions with others, it does not mean that we are at the mercy of the opinions of others. People’s sense of who they are coincides reasonably well with their own hunch about what others think of them, even if it does not always match up with what others *actually* think of them (Mead, 1934). Because of the potential of social influence on identity, most people try to control the kinds of impressions others form about them. People’s identities are not merely bestowed on them by others. They negotiate them. Social psychologists have examined in some detail the processes by which people take an active part in the social construction of their own identities. People often seek out relationships that provide social validation for their own self-conceptions. This is of particular importance for the adolescent life phase when, according to Erikson, the formation of an identity is of paramount importance.

Identity formation in adolescence. Identity formation during adolescence differs from identity formation during previous developmental periods, mainly because adolescents are experiencing a growing awareness of their own identity. Identity formation requires re-evaluating and synthesising identifications from one's childhood. Areas of previously unquestioned commitments are revisited for extensive re-examination. In other words,

religious values, political ideology, cultural identifications and attitudes and prejudices are re-examined. For example, in South Africa some African cultures view male circumcision as a rite of passage that prepare individuals for the transition into manhood. In these cases, the circumcision is performed on older adolescents or young adults (usually between the ages of 15-25 years) (DSD, DWCPD & UNICEF, 2012).

In a series of books, starting with *Childhood and society* (1959), Erikson elaborated on his model of personal development incorporating the concept of identity. Essentially, he saw development occurring through a series of eight stages. Erikson identified the fifth stage, *Identity versus Role Confusion*, as the stage of adolescence. If a sense of identity does not emerge during adolescence, individuals will be confused when making decisions that will affect their adult lives. Such confusion may be marked by the making of rash choices or by refusing to face the necessity of choices. According to Erikson (1959), an increasing sense of identity is manifested as a sense of psychosocial well-being. This sense of well-being is, to some extent, depended upon and augmented by recognition from significant others. Personal identity develops within the context of role relationships, which can include authority, sex-role stereotypes, vocational possibilities and where occasional choices are tested. One of the limitations of Erikson's theory is that he essentially developed a theoretical model and did not say how it might prove useful in practice – this was left to others.

When adolescence and identity formation are considered, this research study needs to take into account what Erikson called identify foreclosure.

Identity foreclosure. Identity foreclosure exists when adolescents have made a personal commitment to certain values, beliefs, acceptable behaviours. The “Ubuntu-principle” or Western worldview in developing countries such as in South Africa, can serve as a good example here. Adolescents have not yet; however, experienced crises or had to struggle and consider different alternatives. Their belief systems are inflexible, which make

adolescents less tolerant of ambiguous identity formation and resistant to changing their identity standards (Kerpelman et. al., as cited in Stoop, 2005). Teenagers tend to use a normative-oriented identity style and often adopt the beliefs and wishes of their parents. Foreclosure teenagers have been strongly socialised by their parents or the peer group to which they belong. It is difficult to tell where the goals of their parents or community stop and where their own goals start to feature. Muuss (1988) states that adolescents have not been sufficiently challenged to make their own decisions and have adopted a set of “pre-programmed” values and beliefs. Adolescents are becoming what others prepared them for or intended them to become.

Foreclosure; therefore, can be seen as direct introjections of personal identity standards from reflected appraisals of authority figures (parents) or significant others (friends). For a brief period virtually all identity standards could appear to be foreclosed, due to the social origin of initial standards and the power of normative expectations in social processes.

Identity achievement. This stage is synonymous with maturity and, ultimately, identity formation. It marks the completion of adolescence and signals that identity crises have been successfully resolved. Having experienced a crisis or crises, individuals have now made a commitment: they have seriously considered occupational choices and with respect to ideology, they seem to have re-evaluated beliefs and achieved a resolution. This is an important accomplishment. It has been suggested that an achievement of identity helps to link future aspirations in the minds of adolescents with past experiences, thus creating a sense of personal continuity (Head, 1997).

Erik Erikson (1950) stated years ago that children/adolescents identify with their parents and other loved ones as they develop, but when adolescence starts they begin to reflect on relationships and start to develop as individuals. This gives way to the process of

identity formation. Erikson's view (1950) of adolescence can be described as a task to confront the crisis of identity versus identity confusion in order to become unique adults with a coherent and clear sense of self and valued citizens of society. Since the psychosocial crisis of adolescents at this age is mostly "group identity versus alienation", it can be argued that identity development is probably the most crucial developmental task of adolescents.

From the above-mentioned discussion, it is once again clear that adolescents are individuals, but they also form part of larger systems such as families, peer groups, societies, culture and/or communities. Next, the impact of communities and specifically high-risk communities will be looked at as an influential space toward healthy development and relating.

The Role of Community

Wissing and Temane (2013) warn that we cannot study well-being without taking into account the role of contextual, historical and sociodemographic variables in psychosocial well-being. South African studies have shown that lower levels of well-being could be associated with bigger risk conditions and increasing vulnerabilities (Van Schalkwyk & Wissing, 2010). Some of the more important issues in South Africa pertaining to current health issues that have to be dealt with are drug and alcohol abuse, dealing with sexual transmitted diseases (e.g., HIV/AIDS), unwanted childbearing at very young ages and violence and lawlessness of adolescents. These disabling and dangerous conditions can all be linked to risk behaviours. Moreover, the role of poverty in the lives of adolescents makes them more despondent and they fear they will be limited to these disabling and dangerous conditions and circumstances "forever" (M. Jansen, personal conversation, headmaster of one of the schools in Delft, 23 April 2014).

A brief description will be necessary to explain why it is necessary to enhance relational well-being in communities. High-risk communities, also known as townships, are

traditionally apartheid-generated non-white, urban or semi-urban residential areas aimed at segregating white and non-white people. Despite the 1994 transition to a democratic government, townships are still mostly peopled by non-white and resource-poor residents (Theron & Theron, 2010). Township residents face multiple daily challenges, including poverty, violence, crime, overcrowding, limited infrastructure, alarming HIV incidence, fragmented family structures and limited recreational opportunities (Ramphela, 2002). Despite these challenges, townships are often competent communities, possessing a wealth of resilience-promoting resources (Roos & Temane, 2007), including families and neighbours that band together to share what they have and form networks of mutual support. Related to the notion of "a family community" (Ackhurst, & Mkhize, 2006) in which raising children is a collective responsibility, especially in the case of extended families, children often rely on neighbours or grandparents for support, advice or even food (Bohman, Vasuthevan, Van Wyk, & Ekman, 2007).

High-risk environments can, therefore, be described as the presence of the following: substandard housing; high incidents of crime such as murder, theft and rape; alcohol and substance abuse; violence such as gang violence and domestic violence; limited options of after school child care and inadequate exposure to positive role models – which can all limit the dreams and expectations of adolescents (Felner, 2006). Briefly put, adolescents residing in high-risk communities are constantly exposed to difficulties such as their parents' unemployment or a serious lack of income due to being economic inactive (jobless); the high incidence of fatherlessness and underperforming schools.

In addition, Save the Children (2015) indicated that only 35% of children in South Africa are living with both their parents; 23% of children live with neither their parents and 3% are living with their father and almost 30% with only the mother. Statistics indicate that the majority of children not living with their parents are not orphans, but they were removed

from their parents due to being neglected by their parents (Department of Social Development, 2011). Close to half of the children in South Africa who are registered at child and youth care centres are admitted because of neglect. In other words, child neglect is a serious problem in South Africa. In a study by Thornberry et al. (2014) it was indicated that neglect is the predominant form (78%) of maltreatment. Child maltreatment-related fatalities include deaths caused by both physical abuse and neglect with a majority being attributed to neglect (Petersen, Joseph, & Feit, 2014).

When high-risk communities and issues associated with poverty are considered, it should be emphasised that one of the risks associated with poorer communities is the high prevalence of child neglect in South Africa (DSD, DWCPD & UNICEF, 2012). Child neglect occurs because of parents who cannot provide in the best interest of their children (as described in the Children's Act, 38 of 2005 see South Africa, 2005), due to risk factors such as poverty, substance abuse, weak parenting and low educational attainment (Petersen et al., 2014). There is an extremely high prevalence of reported cases of child neglect in South Africa. In 2015 there were 2398 cases of reported neglect nationally (DSD, DWCPD & UNICEF, 2012). Of interest for the current study, is that child neglect is symptomatic of parents neglecting their responsibility to ensure a safe and enriching environment that accommodates the development of their children's *social and cognitive skills*. These skills are of paramount importance when relational functioning and relevant aspects of relational well-being are studied.

Another difficulty mentioned by community psychologists (see Prilleltensky, 2004; 2012) related to adolescents' experiences who are living in high-risk communities, is the issue of violence. Violence amongst children and youth is a worldwide public health problem (WHO, 2009). Worldwide, an estimated 227 children and youths (age 0-19 years) die – every day – as a result of interpersonal violence and for each death many more are hospitalised with

injuries. Poor social skills, low academic achievement, impulsiveness, truancy and poverty are amongst the factors that fuel this violence. Violence can; however, be prevented by developing the life skills of adolescents and young children. Life skills refer to interpersonal as well as those skills associated with cognitive, emotional, and social abilities that enable individuals to deal effectively with the challenges of everyday life. Evidence shows that even preschool enrichment and social development programmes, which target children early in life, can prevent aggression, improve social skills, boost educational achievement and improve job prospects. These problems are most pronounced in children from poor families.

In summary, Wissing and Temane's (2013) caution is valid that positive psychology ought to explore those factors that add to or restrain psychosocial health. In this sense, it is essential to mention the influence of high-risk communities and above-mentioned perils of daily living as well as the occurrence of difficulties for adolescents such as parents' unemployment; fatherlessness (which is associated with single parenthood and the continuous absence of fathers in the lives of their children) and underperforming schools.

Conclusion

The perspectives discussed above highlight essential aspects, which combined constitute a more comprehensive picture of relational well-being in a broad sense. All the researchers have indicated that interpersonal flourishing is integral to well-being. And, well-being indicates more than being simply symptom-free or the absence of dysfunctional relations and toxic communities.

Keyes's model will be used as the theoretical basis of the current study and his emphasis on the strengthening of relational well-being, since positive relations are part of the psychological, emotional and social dimensions of well-being. It is argued that the utilisation of this model – when linked to strengths – could promote the relational well-being of adolescents.

The research findings presented by Lyubomirsky and colleagues that well-being can be increased are of key importance regarding programmes directed toward interpersonal flourishing. Furthermore, sustainable subjective well-being cannot be attained automatically or suddenly reckoned with because many 21st century adolescents are growing up in “user-friendly societies” with several “happiness-traps” and “quick-fix” medications, and also because the consuming of enjoyable activities, such as the pursuit of luxury goods, are detrimental to the development of subjective well-being (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 effective positive emotions as markers of and mechanisms for relational well-being, are major components to empower the relational functioning of adolescents. This “unutilised” potential linked to psychological strengths, for example love and respect, should be taken into account as important tools for developing relational well-being. The cultivating of positive emotions, according to Fredrickson, brings emotions back into the domain of psychological well-being as eudaimonia as well as hedonia with regard to the good life.

Apart from the importance of equipping adolescents to be able to flourish, it was argued by authors such as Keyes and also Diener, that people with high levels of well-being are beneficial to their communities and societies. Keyes and Haidt (2003) supports this viewpoint, namely that by understanding the nature and etiology of personal and interpersonal strengths and competencies of flourishing individuals, therapeutic insights can play a huge role in developing strengths and competencies in adolescents who are suffering due to abusive interactions. In this sense, the promotion of flourishing can lead to improving

a nation's health – with the implication of thriving socially and also economically – and building a stronger science of mental and relational health.

In short, although a passive enjoyment of life's circumstances does not lead to thriving (Seligman, 2011), it may lead to hedonic happiness, but not to flourishing or eudaimonia in the Aristotelian sense (Fowers, 2011; Sandel, 2009).

Clearly, positive psychology offers a set of tools to promote relational functioning, meaning and flourishing. These tools or psychological equipment means engaging in certain behavioural routines, such as expressing gratitude for being part of a family, forgiveness, and counting one's blessings, and have been found to increase subjective well-being and decrease the risk of mental illnesses (Keyes, Dhingra, & Simoes, 2010).

Research by Barbara Fredrickson (2009) demonstrated that positive emotions broaden and build personal resources. To “feel good” fosters creativity, humour, flexibility, problem-solving skills and interpersonal flourishing. Negative feelings, on the contrary, constrict one's thinking and connecting with others. Ryff (2014) states that reframing adversities into opportunities, creating a coherent narrative of one's life, savouring good moments, following passions, using strengths, counting kindness and blessings, connecting with others, and connecting with nature are all paths to flourishing. Lyubomirsky (2007) offers techniques to make promotion activities more sustainable. Adolescents can diffuse negative “landmines” in useful ways to prevent intense negative emotions. Also, it seems that the push to fulfil our lives through consumerism, competition and immediate gratification is malignant. Research amply demonstrates that the immediate gratification of buying new material goods vanishes rather quickly, and it is far better to rather spend money on relational experiences. Relational interactions always happen within particular contexts, and aspects related to high-risk communities were briefly looked at.

When viewed from a critical distance, it could be argued that each of the authors discussed in this review highlighted essential aspects that, combined, constitute a more comprehensive notion of relational well-being.

Aims of this Study

The aims of this study are firstly, to conceptualise relational well-being; secondly, to determine the prevalence of well-being in a group of South African adolescents and to unpack and develop a better understanding of relational well-being within the context of high-risk communities; and thirdly, to provide guidelines for the enhancement of relational well-being and flourishing in the lives of South African adolescents – even more so in the lives of adolescents residing in high-risk environments.

Possible Contributions of this Study

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

This study will contribute to the existing understanding of relational well-being in general, and it may contribute to an indication of the prevalence of flourishing in a group of adolescents living in a high-risk community, and clarify their subjective notions of relational well-being.

Outline of this Manuscript

The first section dealt with the motivation, aims and theoretical foundation of the current study. Section B (Article 1) is presented in article format, titled: Conceptualisation of

relational well-being in the South African context. Section B (Article 2) is also presented in article format, titled: Investigating the relational well-being of a group of adolescents living in a high-risk community. The aim of this research article was to investigate relational well-being in a group of adolescents in a South African high-risk community, to ascertain how they perceive and interpret relational well-being within their context of daily living. Section B (Article 3) is titled: Guidelines for the facilitation of relational well-being in adolescents living in a high-risk environment. Finally, Section C offers conclusions, recommendations, implications and limitations of the study.

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SECTION B: PROFESSIONAL JOURNAL ARTICLES

It is necessary to mention that for examination purposes the candidate did not follow the requirements of the selected journals with regards to number of pages and amount of words allowed (Promoter, Dr I. van Schalkwyk).

Article 1 to be submitted to *Journal of Psychology in Africa*.

Article 1: Conceptualisation of relational well-being in the South African context

Odette Geldenhuys

PhD Psychology student at the time of research

COMPRES: Faculty of Health Sciences

Centre for Child, Youth and Family Studies

North-West University

Potchefstroom

E-mail: odette@kidsfirstmc.com

Please address correspondence to:

Dr Izanette van Schalkwyk

Centre for Child, Youth and Family Studies

COMPRES: Faculty of Health Sciences

North-West University

Potchefstroom

E-mail: 20977026@nwu.ac.za

Conceptualisation of relational well-being in the South African context

Abstract

This article aims to conceptualise relational well-being in the South African context. Since the relational realm is a central feature of how we live our lives, relational well-being offers a key to go beyond a one-person psychology that emerges as we connect. Well-being models hold that positive relations and healthy interpersonal activities are viewed as resources for well-being. Several components and relational theories are used while accommodating western and collectivist worldviews as integral to ordinary relational activities and the complexity of social processes. Also, these moments and words of connecting take on deep consequence as the per diem (daily) creation of self, others and experiences of the I - Thou connection toward positive human health. All relational interactions are interwoven with context and culture. While cultures could vary, it is argued that contexts for interconnectedness should be enabling towards the protection and promotion of relational well-being and ultimately healthy societies.

Keywords: adolescents, community, interpersonal connecting, positive psychology, relational well-being

Introduction

Human beings are relational beings per se and the stories of our lives are intimately related to the process of interconnectedness (Gergen, 2009). Research studies indicated that the human brain is wired to connect and neuroscientists coined the term “the social brain” (Goleman, 2006, p.86) as the sum of the neural mechanisms that orchestrate our interactions as well as our thoughts and feelings about people and our relationships (Fredrickson, 2013). Many years ago, Martin Buber stated that “All real living is meeting” (cited in Yontef, 1993, p. 127). Even more crucial, well-being research in the past three decades is progressively pointing to the importance of relational well-being for the experience of mental as well as physical health (Fredrickson, 2013; Wissing, 2013). The significance of these statements are echoed in the research of Fredrickson and colleagues (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008), showing that the building and strengthening of social resources like the ability to give and receive emotional support, enable people with resources to meet life’s challenges

more effectively and take advantage of its opportunities, becoming successful, healthy, and happy in the months and years to come. Then again, it has been shown that when our need for connecting, or closeness, goes unmet, emotional disorders can result.

Although relational processes comprise potentials and problems, Gergen (2009) emphasised that relations are rewarding in themselves, and that interconnectedness or efforts towards improved levels of relational wellness should not be viewed as “means to some other end” (p.172). This indicates that relational functioning should never be viewed as simply practices or tools toward better personal well-being, as if positive relational well-being merely adds to individuals’ healthy functioning. Also, it is significant that Gergen (2009) argued that humans are not “social animals” who are genetically programmed to create herds, seeing that there are too many exceptions, such as broken homes, mothers who abandon their children and/or absent fathers (see high-risk communities). Also, there are alarming statements that in the industrialised world, the percentage of the population who choose to live alone is becoming the majority (Goleman, 2013). Still, it seems that successful relating and bonding calls for a transformation in narrative, when the “I” as the centre of the story is gradually replaced by the “we”. McCubbin, McCubbin, Zhang, Kehl and Strom (2013) showed that when we consider well-being from a “collectivist” (p.355), perspective where personal achievement and attainment of goals are valued in a collective context with a decreased emphasis on self, well-being can be described as a relational construct. This standpoint can be linked to the perspective of “Ubuntu” for South Africans. Since relational well-being is viewed as an integral aspect of the human condition as well as positive human health, the focus of this article is to conceptualise relational well-being within the South African context.

The article is presented via the traditional route of the i) intrapersonal; ii) interpersonal, iii) societal, and iv) existential (spiritual/religious) levels in an attempt to describe relational well-being. However, before considering these four levels of connectedness, in the next section we offer a general insight and constructs associated with relational functioning to consider the notion of relational well-being. First, information is given about the chosen theoretical framework for this article.

Theoretical Framework

Relational well-being is looked at from the positive approach of psychology, since the focus of this article is the holistic understanding of relational well-being as relating and interacting with self, others, community, and God/higher being. This theoretical framework is suited for this article, since positive relating is associated with flourishing persons, and

interpersonal interactions are viewed as resources for well-being (Wissing, Khumalo, & Chigeza, 2014). In other words, relational well-being is essential to overall well-being and those social processes as ordinary daily practices that represent pathways toward high wellness and resilient coping (Ryff, 2014). This means that flourishing persons acknowledge and are willing to master social competencies to interact in a positive manner with self, others and God. Since the mastering of competencies is vital to all life phases, and a key towards positive development, the understanding of relational well-being and the acquiring of social skills are encouraged as markers of positive functioning. This is of crucial importance for the adolescent life phase, seeing that relationships are of increasing importance in their lives, for example relating with peer group, romantic relations, and ultimately relations at work/within the work place or higher education and achieving the competence to “mix” successfully with persons of various cultures (typical of the South African context) (Schmied & Tully, 2009). In contrast, risk factors related to adolescent development are related to outcomes in adolescents’ conduct disorder which are strongly related to anti-social behaviour; involvement with anti-social peers; poor social connectedness such as low popularity and peer rejection; and having anti-social parents (Bassarath, cited in Schmied & Tully, 2009). As a final point, the conceptualisation of relational well-being within positive psychology offers an appropriate foundation since this perspective embraces positive as well as negative aspects of human functioning and interacting.

When we consider the conceptualisation of relational well-being, it is important to consider those relational tools associated with healthy relational functioning that human beings use during daily interacting and discoursing (Wissing, Potgieter, Guse, Khumalo, & Nel, 2014).

2.1 Relational Well-being and Daily Activities

Since relating is an integral part of human beings’ daily lives, relational competence or the lack thereof, will be part of our daily interacting. This is clearly illustrated what Gergen (2009) called the concept of “relational flow” (pp. 46-47). Also, Gergen (2009) specified that flourishing in co-action refers to the process of relational flow, while failing in co-action entails movement toward constraint. Failing as to relational co-action refers to relational processes that are *degenerative*, while flourishing relating refers to relational processes that are *generative* (Gergen, 2009). In other words, the effect of common utterances such as “You are dead wrong” on a relationship, could be destructive and eroding. In contrast, a generative relational process holds those enriching potentials towards flow of interchange, for example when a successful educator engages with a learner in such a way that opens new worlds of

possibility. While words used in day-to-day relations can add to a condition of alienation, generative challenges can be the difference between boredom and hopeful excitement. Also, these moments and words that emerge as we interact, take on deep consequence when we consider how – through their sum total – we create one another (Goleman, 2013). In other words, relational processes as part of our daily interacting can be either beneficial or not.

Briefly put, although relational activities and the complexity of social processes are an inherent aspect of being human as well as vital resources for human flourishing, relational well-being entails “acting wisely in human relationships” (Thorndike, cited in Goleman, 2006, p. 12). Evidently, we need to think about relating and interconnectedness as how we live our lives. Therefore, when we attempt to understand the essential ingredients of these relational processes, for example processes of connecting versus disconnecting (Ruiz, 2012), it is valuable to look at human interaction as informed by relational models, such as the Relational Cultural Theory (RCT).

2.2 Relational Models

Ruiz (2012) explained that the RCT views relational skills as strengths rather than weaknesses, and that the so-called “feminine” qualities of emphasising relationships, i.e., nurturance, interdependence, and vulnerability are presented in a framework that counters the way in which traditional theories pathologise these qualities. Ruiz (2012) described that mutual empathy occurs when two individuals share each other’s thoughts and feelings, and each individual allows himself/herself to be changed by the other’s response to their thoughts and feelings. This is significant for relational well-being, as self-worth increases in both individuals as a result of having their experiences acknowledged. Moreover, the energy these individuals experience from their emotional connection fuels action. Mutual empathy then results in elements that promote personal growth and/or mutual empowerment (J. V. Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). Ultimately, these mutually empathic connections lead to growth-fostering relationships that form the basis of healthy psychological development (Ruiz, 2012). Clearly, the role of compassion, social intelligence, and love, as strengths of humanities are vital aspects of relational functioning (Peterson & Seligman, 2004).

Fiske (2004) opined that relational models are structures for constructing and construing social action. According to Fiske (2004), the theory of relational models is rather uncomplicated, as people focus on what they have in common, they are using a model known as Communal Sharing; when people construct some aspect of an interaction in terms of

ordered differences, the model is Authority Ranking; when people attend to additive imbalances, they are framing the interaction in terms of the Equality Matching model. When they coordinate certain of their actions according to proportions or rates, the model is Market Pricing. Fiske (2004) underlines that everyone uses this repertoire of relational capacities to plan and generate their own action, to understand, remember and anticipate others, to coordinate the joint production of collective action and institutions, and to evaluate their own and others' action. In different cultures, people use these four relational models in different ways, in different contexts, and in differing degrees.

Jordan, Masters, Hooker, Ruiz, and Smith (2014) viewed a relational model as referring to the interpersonal perspective of psychology that includes three basic components: (a) an assumption about the nature of personality and related individual differences, (b) a structural model of behaviour, and (c) a model of social transactions. The general assumption here, that suggests a sharp distinction between intrapersonal and interpersonal phenomena, is actually misleading psychological individual differences, and more so a recurrence of patterns within social behaviour. The structural model of behaviour in this tradition identifies the key dimensions of such patterns (Kiesler, cited in Jordan et al., 2014). The interpersonal circumflex (IPC) describes social behaviour by way of two broad dimensions—*affiliation* (i.e., warmth vs. hostility) and *control* (i.e., dominance vs. submissiveness). These dimensions can describe moment-to-moment behaviour, as well as more enduring and general individual differences in social behaviour – *interpersonal styles*. Jordan et al. (2014) used the interpersonal tradition (Horowitz & Strack, 2011) as a rich conceptual and methodological framework for theory-driven research on mechanisms linking religiousness and spirituality with health and well-being.

Considering these relational theories, it is evident that although relational functioning is vital for healthy functioning/well-being/mental health, since humans suffer when we experience poor connecting, it cannot be assumed that healthy relational functioning is an automatic or instinctive process. In other words, intentional efforts are needed to enhance healthy interacting (Damasio, 2006; Goleman, 2013). In this sense positive human development cannot be conceived without positive relations, and mastering those skills needed for relational functioning and social well-being (Ryff & Singer, 1998). Although the crucial role of healthy families is uphold, Theron and Theron (2014) stated that within a context of risk, resilience is a dynamic phenomenon that depends on a young person's navigating and negotiating skills towards resilience-enabling resources (Theron & Dunn, 2010). Such resources include intrapersonal resources (such as problem-solving skills,

relational skills, and hopefulness) and interpersonal resources (such as adult mentoring, access to health services, and effective schools). These resources are eco-systemically embedded in four primary systems of the individual, culture, community and relationships (Donald, Lazarus, & Lolwana, 2006; Waller, 2001). It is noteworthy that relationships, relational skills, and interpersonal resources are integral to resilience as “the toughness to adjust in a positive manner to hardship” (Van Rensburg, Theron, & Rothman, 2015, p.1).

In summary, it was shown that positive psychology encompasses positive as well as the negative aspects of human functioning and interacting. Within this approach relational well-being and the acquiring of social skills are encouraged as markers of positive functioning. Also, the acquiring of these relational tools and social skills are associated with adolescents’ positive development. Since relating is common to human beings’ daily lives, relational activities can be beneficial or not toward a person’s well-being. Relational models for example the RCT show that mutually empathic connections lead to growth-fostering relationships that form the basis of healthy psychological development. In addition, we looked at interpersonal resources as integral to resilience. Clearly, although relational well-being represents the key processes, mechanisms/tools as well as dynamics towards positive human health and relational functionality, it also comprises the complexities and dynamics linked to emotional health (Fredrickson, 2009), and these activities are always interwoven with context and culture.

The Role of Context

Relating is always considered within a particular context, and these dynamics offer possibilities for personal and collective thriving or languishing.

3.1 Context: Relational Resources and Needs

When we consider the importance of context, it is notable that Prilleltensky (2010) viewed child and adolescent wellness as the satisfaction of personal, collective, and relational needs of youngsters. Prilleltensky and Nelson (2000) suggested that wellness as one level is closely tied to wellness at other levels of analysis. In this sense relational well-being is closely associated with the hierarchical concept of wellness in that the needs of the adolescent are predicated on the satisfaction of the needs of the family; and, in turn the needs of the family depend on the community welfare, which is largely based on the level of social wellness. Also, the level of community safety, the availability of recreational resources, and the access to health services are crucial as to the wellness of the family. To provide an example, individual members within a community require satisfaction of personal needs such

as affection and educational opportunities, relational needs such as a sense of belonging, and lastly collective needs such as access to societal resources. There are actions that need to be taken at all levels to procure the satisfaction of needs, and relational interactions are of vital importance to these procedures. Prilleltensky's work gives an integrated comprehensive conceptualisation of well-being in social context from the personal to the collective level. Moreover, Prilleltensky (2012) stated that the interpersonal domain of well-being (objective and subjective "indicators") is key to personal and collective well-being. In other words, relating is always considered within a particular context, and these dynamics offer possibilities for personal and collective thriving or languishing. For Prilleltensky (2012), levels of well-being describe objective and subjective measures at four levels of analysis: for example, objective elements of interpersonal well-being include a number of friends and relationships free of abuse; and, subjective elements entail emotional support in times of need. He also indicates that the interpersonal domain is one of the six key domains of wellness (economic, physical, occupational, psychological, interpersonal and community wellness). Yet, Prilleltensky (2012) warned that it is not enough to promote positive circumstances. Promotion of responsive environments and prevention of threats to them are necessary but insufficient conditions for thriving. Not all people who enjoy beneficial circumstances in life thrive. Biswas-Diener and Diener (2006) found that something else is needed, namely the individual pursuit of well-being, and not merely monetary issues pertaining to quality of life. Personal or psychological well-being viewed within the eudaimonic perspective of positive psychology is associated with overall well-being. This opens the door for the holistic approach of wellness – implying that psychological well-being is part and parcel of the individual's interacting or connecting to the inner as well as the outer environment (Khumalo, Temane, & Wissing, 2011). For people who enjoy favourable circumstances or not, relational functioning offers a key towards meaningful existence (Ryff, 2014). In this sense the African perspective broadens our notions of "relating" as interconnectedness (see Krog, cited in Wissing & Temane, 2014) implying that relational well-being is about connecting aimed at "personal health" as well as the "greater good".

3.2 Different Worldviews/Perspectives: African/Collectivistic and Western/Individualistic

When we consider the implications of "the greater good" it will be wise to tap into the wisdom of well-known African philosophers. Gyekye (cited in Wissing & Temane, 2014) refers to Menkiti who said, "as far as Africans are concerned, the reality of the communal world takes precedence over the reality of the individual life histories" (p. 37). Thus, the

community defines the individual, and social values are deeply cherished. This allows for a broadening of the understanding of “relating”, in contrast to the traditional, more western descriptions thereof. Inter-action implies more than achieving individual goals, such as personal well-being; it is a social and collective process integrating people towards becoming fuller human beings together when viewed from an African ‘Ubuntu’ or communitarian perspective (being human through the humanness of others). When Krog (cited in Wissing & Temane, 2014) described “interconnectedness-towards-wholeness”, more than a theoretical knowledge that everything in the world are linked is understood; it refers to a physical and mental awareness *“that one can only become who one is, or could be , through the fullness of that which is around one – both physical and metaphysical”* (Krog, 2008, p. 355). Thus, the African viewpoint holds that wholeness is a process of becoming and the fullest self can only be reached through and with others.

While it is needed to take into account the collectivist perspective of interconnectedness, it is also important to look at positive relations as a central feature of a positive, well-lived life in the western paradigm. References to Aristotle’s Ethics, Mill’s autobiography, Russell’s admiration of affection as happiness; Jahoda’s view that the ability to love is a central component of mental health, Maslow’s descriptions that self-actualizers have strong feelings of empathy and affection for all human beings and the capacity for great, love, and deep friendship; Allport’s standpoint that warm relating to others posed as a criterion of maturity; and Erikson’s notion of adult developmental stage theories emphasized the achievement of close unions with others (intimacy) as well as the guidance and direction of others (generativity), all of these perspectives and philosophical accounts indicate the primacy of love, empathy, and affection and a well-lived life. When we consider healthy interactions and quality ties from a cultural perspective, Ryff and Singer (1998) stated many years ago that “there is near universal endorsement of the relational realm as a key feature of how to live” (p.21). It seems that although the expression of relational well-being comprises many cultural variations, the essence of relational health as interconnectedness is a golden thread.

So, it is argued here that relational well-being as interconnectedness is not the preserve of African psychology, but it is a sensible paradigmatic approach for psychology the world over (compare Prilleltensky, 2004). Community psychologists such as Prilleltensky (2012) described well-being as a positive state of affairs, brought about by the simultaneous and balanced satisfaction of diverse objective and subjective needs of individuals, relationships, organizations, and communities. Deficiencies in any one component of the

well-being ecology may alter the level of satisfaction in other parts. While objective needs entail the satisfaction of material and physical needs required for survival and thriving, such as food, shelter, and clothing; subjective needs pertain to the emotional and psychological nurturance required for high wellness (Prilleltensky, 2012). It is reasoned that relational well-being encompasses aspects of objective as well as subjective needs. But, if relational well-being is described as the absence of negative subjective or moral-psychological aspects of well-being (Alatartseva & Barysheva, 2015), it could imply that many times the subjective aspect of well-being is determined by the objective aspect. However, it is important to highlight that conceptually, the subjective aspect is not limited to its objective counterpart. On the contrary, it is the subjective aspect which forms the principal foundation such as the experience of trusting and loving relational living for the formation of the objective aspect of well-being, which is especially important for adolescents and future generations (Alatartseva & Barysheva, 2015). The importance of the subjective aspects of well-being is associated with for example adolescents' experience of positive emotions, such as hope and gratitude when interacting with grandparents in spite of the terrors of poverty in a high-risk community.

In summary, in the abovementioned section it was argued that human beings are relational beings and our lives-stories are closely related to the process of interconnectedness. This interrelatedness indicates a social and collective process integrating people towards wholeness to become the fullest self. In this sense relational well-being comprises more than mere methods toward personal well-being or collective well-being. Still, healthy relational processes are integral to well-being. Although relational tools are of essential importance for positive relating, relational well-being should always be looked at while taking into account the role of context and culture. While cultures could vary, the contexts for interconnectedness should be enabling towards the protection and promotion of well-being and ultimately healthy societies. These enabling environments/societies will allow high levels of relational well-being as the person's ability to adapt, provide for oneself and one's degree of health.

3.3 Relational Well-being and Culture

No context, for example, a high-risk community can be discussed without looking at the role of culture. Especially, as South Africa is called a "rainbow nation" representing various cultures, it is required to define culture as an important aspect of relational functioning. The holistic concept of culture is complex, dynamic and fascinating (Matsumoto, 1996), but undeniably culture shapes individuals' experience of well-being (Delle Fave &

Bassi, 2009; Mathews, 2012). To understand the influence of culture we need to firstly comprehend the definition of culture, which are offered by two of the leading cross-cultural psychologists: Hofstede (2011) defines culture as the collective programming of the mind that distinguishes the members of one group or category of people from others. In the same way, Matsumoto (1996) defined culture as the set of attitudes, values, beliefs, and behaviours shared by a group of people, but different for each individual, communicated from one generation to the next. Culture being explicit and observable in behaviour, also thus includes implicit symbolic meaning that underlies behaviour. With this being said, two assumptions could be made regarding cultural differences in accounts of well-being. The first is that there is always a common notion about what well-being is and what constitutes that which it might be. Furthermore according to Khumalo et al., (2011) the second assumption rests on the position that there are cross-cultural differences in the substantive content, criteria and constituents of the notion under construction. Therefore within one group or set of circumstances the perception of positive well-being and relating, the substance and constituents thereof, within a specific culture would differ from another. The distinction most often made in cross-cultural studies is that between individualist cultures (those that value individual wishes and needs, and choose goals that reflect personal desires) and collectivist cultures (those that value the wishes and needs of in-group members, and choose goals that reflect communal desires). So whether a community/culture's values are based on humanity, duty, truthfulness or humility, it will certainly find expression in the behaviour of individuals.

Briefly put, the role of culture and relational interactions are closely linked, and in a multicultural society like South Africa one can expect to be confronted with a variety of different value systems. Thus, within our understanding and also for the enhancement of particularly relational well-being we should take cultural and even socio-demographic contexts into account. According to Alberts and Meyer (1998) the South African society is since 1994 still experiencing changes in social, political, economic and cultural life. Van Niekerk and Prins (2001) highlighted excerpts in a South African health journal that “South Africans’ psyches are under siege; we are going through such turmoil and change in our society...South African...children are dangerously stressed” (p. 9). Changes are affecting everyone, especially adolescents who are simultaneously faced with a challenge to weave their identities in the midst of these changes.

It was found that, when humans are facing grave challenges, for example adolescents being part of dysfunctional families, enduring poverty and living in a high-risk community, they rely mostly on interpersonal resources as their social ecologies (see Van den Berg, cited

in Wissing, 2013). Then again, Theron and Theron (2010) investigated how resilience was encouraged (at least in part) by individual factors, and how specific personality traits, such as empathy, the ability to self-regulate, and assertiveness were linked to resilient coping. The protective resources embedded in families were linked to parenting practices (i.e. being authoritarian, permissive or democratic-authoritative). Theron and Theron (2010) indicated that parenting practices that encouraged resilience differed between races. For example, mothers who employed democratic-authoritative parenting practices, encouraged White youth to develop a sense of coherence and emotional coping strategies, while the same style encouraged Black youth to develop problem-focused (coping) strategies. When fathers employed democratic-authoritative parenting practices and mothers employed permissive practices, or, surprisingly, when fathers were permissive and mothers authoritarian, White adolescents reported a sense of coherence. The same was not true for Black adolescents. Lastly, schools are the most protective resources anchored within communities. Theron and Theron (2010) mentioned the affirmative influence of supportive, fair, non-discriminatory, motivating, inspiring, encouraging, helpful and caring educators. Clearly, these mentioned resources in times of hardship are associated with intra- and interpersonal relational activities as being pivotal to human health and overcoming.

The above-mentioned section offered some building blocks to conceptualise relational well-being. Also, it was argued that relational well-being can be viewed as beyond a one-person psychology, or those capacities that an individual has within, to “a two-person-psychology what transpires as we connect” (Goleman, 2006, p. 5). This perspective is indeed relevant within the South African context when, for example, adolescents are facing serious challenges.

Next, we discuss relational health by underling the i) intrapersonal, i) interpersonal, iii) societal, and iv) spiritual/religious dimensions in an attempt to describe relational well-being. These levels provide an important point of departure when we consider relational well-being.

Dimensions in Relating

First, the positive relationship of an individual with himself/herself (intrapersonal context) is essential for the development of a “healthy” self-esteem, self-acceptance, and self-compassion and a secure attachment style as content and dynamic processes. Positive functioning, positive relations with others and self-care are some of the positive spinoffs from the intrapersonal sphere (Wissing et al., 2014). Second, the level of relating involves those

close to us. Positive close and intimate relationships are discussed as the interpersonal relational context (Wissing et al., 2014). Third, an array of positive psychology concepts and processes as embedded in broader social, community, national and cultural contexts is briefly discussed. Finally, relational well-being will not be complete without taking into account people's relationship with the Great Mystery. By this we refer to the spiritual and religious dimension of connecting.

4.1 I and Myself (Intra-personal Health)

Du Toit (cited in Wissing, 2014) states that possibilities to develop a more healthy relationship with self entail knowing myself; accepting and working towards a more optimal self-esteem; being kind and forgiving towards myself in difficult times. The intentional learning of compassion and empathy for self as well as toward others is important stepping stones for healthy relational living (Van Schalkwyk & Wissing, 2013). Therefore, questions about a positive I-me relationship (or intrapersonal health) are essential for the conceptualising of relational well-being. Ryff and Singer (1996) show that a healthy "self" is capable to more effectively manage own mistakes and uncertainties.

These aspects of a healthy self-to-self include self-acceptance which plays a pivotal role in the promotion and maintenance of well-being at intra- and interpersonal levels (Joseph & Linley, 2006; Ryff, cited in Wissing, 2014). Also, self-forgiveness, that has been defined as "a process of releasing resentment toward oneself for a perceived transgression or wrongdoing" (Snyder, Lopez, & Pedrotti, 2011, p 286) is important for interconnectedness. In other words, self-forgiveness is viewed as an adaptive process on interpersonal level, as it implies that you seek out partners who offer a "safe space" to interact. These relational processes imply values or strengths, such as compassion, which can be described as "aspects of humanity that involves looking outside oneself and thinking about others as we care for and identify with them" (Snyder et al., 2011, p. 35). The practice of self-compassion has been associated with psychological benefits (Neff, 2012), such as emotional intelligence and wisdom; emotional coping skills; and, social connectedness. Intra-personal strengths or assets are beneficial for self as well as inter-acting with others. This is especially relevant when we consider the well-being of adolescents as developing humans. According to Eriksons' theory (1968) of healthy human development, one of the most important crises for adolescents to master is the formation of identity. Additionally, relational well-being is a vital and important component during the adolescent life phase (see Erikson, 1968), when the crucial role of relating and interacting with friends, and others (compare community

influences, even film stars) become increasingly important. The ratio of adolescents that enjoy positive relational functioning varies in different countries and depends on many factors such as social surroundings and culture (Bronk, Hill, Lapsley, Talib, & Finch, 2009). The opposite is also true, for example, a person can be successful in the work situation or even performing his/her hobbies such as swimming, but when the person lacks interpersonal skills, and little interconnectedness, his/her personal well-being will suffer (Ruiz, 2012). This standpoint agrees with Prilleltensky (2012), as well as Diener and Diener (2008) that prosperity does not necessarily equal flourishing relationships. This information act as warning signals, since more and more children during middle childhood experience social anxiety which must be reckoned with (Coplan, Weeks, Quaterley, & April, 2015). Therefore, intra-personal health during adolescence could be a cutting-edge toward relational health.

The development of positive identity, values and social acceptance is positively correlated with the impact of social processes, primarily because they provide opportunities to promote personal capacity. For example, when adolescents in a high-risk community experience healthy interacting with peers, then these moments and words of connecting offer opportunities for well-being. Theron and Theron (2010) show that healthy interactions with peers enable adolescents, mainly because youth could talk to their peers about troubling matters and trust them to help out with any problems they may be facing. In the following section we look at the self in relation to others.

4.2 I and You (Interpersonal Health)

Many years ago Ryff and Singer (1998) pronounced that experiences of loving and being loved are fundamental to being well. This statement embraces hope as well as despair, since the presence of loving interactions is linked to overall well-being. Then again, the absence or enduring lack of compassion and loving relations represent the life stories of many adolescents. Yet, Wissing (2014, p. 251) stated that “relationships free of pain and suffering is not a flourishing relationship, and it could be experienced as a numb and devitalised relationship”. Although Ruiz (2012) warned against processes of connecting and disconnecting, and within the medical model health enhancing relationships are mostly understood as the getting rid of the negative behaviours and feelings associated with conflict, violence, divorce, betrayals or abuse, positive psychology focuses on understanding and building positive behaviours and experiences that are helpful towards flourishing relationships.

One of the keys – across all cultures – of high quality living is healthy close relationships. Close relationships refer to relationships with partner or spouse, family members, and best friends with whom intimacies are shared. Of particular importance for the current study is research done by Tay and Diener (2011) who showed that psychosocial resources, such as feeling respected and being able to count on someone in an emergency, contribute significantly to well-being and, in some cases, are more important than material wealth. Empirical studies show that close interpersonal and family relationships are the primary sources for the experience of happiness and meaningfulness in many cultural contexts (An & Cooney, 2006; Baumeister, Vohs, Aaker, & Garbinsky, 2013; Delle Fave, Wissing, Brdar, Vella-Brodrick & Freire, 2013). Unfortunately, close relationships for many adolescents in high-risk communities do not portray healthy interacting (Louw, Bayat, & Eigelaar-Meets, 2011). Apart from family relationships, other factors include peer pressure, school, and efficacy amongst others. Conforming to prosocial norms can offer adolescents excellent benefits on health as they provide us with information to make accurate judgements, gain social approval, and increase self-esteem (Mollen, Ruiter, & Kok, 2010). However, the disadvantages of conformity may outweigh the advantages, especially more so for the adolescents living in high-risk communities. For example, hanging out with friends who smoke will present the descriptive norm of smoking; further, these friends may encourage the individual to do the same, which generates a norm of smoking. Therefore it could be concluded that social relations may not necessarily lead to healthy behaviours if the social norms within the group dictate otherwise. In fact, when social relations are plentiful, it might be a double-edged sword, creating positive (for example, sense of belonging) as well as negative (for example, negative social norms) associations with health (Revenson, Schaiffino, Majerovitz, & Gibofsky, 1991). It seems that while close relationships are the sources of our greatest joy and deepest meaningful experiences in life, it can also sometimes be the source of our greatest sorrows in life.

Next, the role of healthy families and relational interacting will be looked at, because the role of healthy families in addition to a good state of physical, mental, and social well-being among all members, are widely accepted (The White Paper, 2013).

4.2.1 Flourishing family relationships

When individuals are asked what happiness means to them or what the most important things are in their lives, answers most often include references to close interpersonal relations, and specifically ‘family’. This is found across many cultures as well as in South Africa (Delle

Fave et al., 2013; Wissing et al., 2014). Then again, although the intrinsic value of family is valued highly within the South African context (Khumalo, Wissing, & Schutte, 2014), many times adolescents do not experience the much needed support and encouragement of family members and particularly their parents in high-risk communities (Cronjé-Malan & Van Schalkwyk, 2015). While flourishing families all show the same *family strengths* in various cultural contexts, including the South African context (DeFrain & Asay, 2007; Fincham & Beach, 2010; Greeff & Nolting, 2013), this does not imply relational buffers for adolescents living in high-risk communities (Theron & Dunn, 2010). Still, resilient adolescents report positive relationships with custodial and non-custodial parents, supportive parenting (also by stepparents) and the presence of supportive others (like siblings, grandparents, other adults, and caring professionals, e.g., educators). Strengths, e.g., warmth and appreciation, respectful communication patterns, commitment to each other, shared humour, play and laughter, a spiritual orientation and well-being, and effective management of conflicts, stress and life challenges, are common to healthy relations in families. In addition, many researchers stress the characteristics of a loving and secure marital relationship, clear rules and boundaries, negotiations among members in decision-making, support for individuality and encouragement of responsibilities, a parenting style that is high in communication and warmth, and with reasonable rules, and fostering instrumental competencies in children (Wissing et al., 2014). Social class or economic stand is not associated with family flourishing – even very poor families can be flourishing and resilient, but poverty does add an extra burden and stress (see The White Paper, 2013). Deficits pertaining to poverty are for example interpersonal violence, poor social skills, single-parent households, and absent fathers.

4.2.2 *Families and negative influences*

Cronjé-Malan and Van Schalkwyk (2015) noted that when adolescents residing in a high-risk community, are constantly exposed to difficulties such as their parents' unemployment or lack of income; the high incidence of fatherlessness; and, domestic violence, then close relations are seriously challenged. Related to the notion of "a family community", Cronjé-Malan and Van Schalkwyk (2015) indicated that the raising of children is a collective responsibility. They looked at early adolescents' perceptions and experiences of their parents' interactions with and responsibilities about school in a South African high-risk community, and found that especially children often rely on the extended family, neighbours or grandparents for support, advice, and even daily needs such as food. Relational interactions

are important resources for these early adolescents to safeguard them against the many perils of a high-risk community. Risk factors in a high-risk community are associated with interpersonal violence and many children and youths (between 0 and 19 years of age) die daily as a result of interpersonal violence, or are hospitalized with injuries (World Health Organization [WHO], 2009). Violence among children and youth is a public health problem, worldwide (WHO, 2009).

In South African, another burden is single-parent households, namely female-headed households, as these households are typically poorer than their male counterparts (The White Paper, 2013). Most recent statistics have shown that merely 37% (or 6.4 million) of children in South Africa live with both father and mother (Save the Children, 2015), described as a nuclear family. This means that most South African children are living and growing up in single-parent households. Ellis and Adams (cited in The White Paper, 2013) reported that the majority of single-parent households in South Africa are headed by women. Many of these female-headed households (FHHs) are dealing with immense problems, as illustrated by the following noteworthy facts (Department of Social development, 2013) They are on average larger than male headed households (3.7 persons per household compared to 3.3 for males) with a higher total dependency ratio (0.8 to 0.4); FHHs are more dependent on social grants and are more likely than male-headed households to indicate remittances and social grants as sources of income, and are less likely to indicate salaries and wages as the main source of household income than male-headed households (44% compared to 67%); many of the dependents in FHHs are children: on average FHHs are burdened by a large child dependency ratio of 0.67; and, individuals in FHHs are also less likely to be economically active or employed than individuals living in households with male heads. FHHs have been shown to be generally disadvantaged in terms of access to important socio-economic resources such as land, livestock, credit, education, health care and extension services (Connell, 2003; UNECA, 2009). In essence, the inequalities that affect women in society are magnified among FHHs, and these households are typically poorer than their male counterparts (The White Paper, 2013).

Another burden with regards to South African families is what Madhavan, Townsend and Garey (2008) called “Absent Breadwinners” referring to father–child connections and paternal support in rural South Africa. Absent fathers can be described as male parents that keep themselves away from, and/or avoid the responsibilities as to developing child/children. In this sense the construct “absent fathers” or being absent do not include the death of biological fathers. Cronjé-Malan and Van Schalkwyk (2015) investigated adolescents’

experience of fatherlessness in a high-risk community, and found that overall adolescents had a negative experience of fathers in their community as they described them as being abusive, neglecting nurturing, never-minded about environmental vulnerabilities and risks, providing inadequate or no financial support. Madhavan et al. (2008) found first, that children's co-residence with their fathers is neither an accurate nor a sufficient indicator that they are receiving paternal financial support; second, children are as likely to receive financial support from fathers who are not even members of the same household as from fathers with whom they are co-resident; and, finally, that children who receive support from their fathers for any part of their lives are likely to receive support consistently throughout their lives.

In summary, although The White Paper (2013) stated that well-functioning families represent the core of our society's wellness, more than 40% of all households in South Africa are headed by a single parent. Although these statistics do not necessarily imply that single parent-households do not function well, we need to pay attention to the defining of adolescents' relational well-being and the immediate context of families, since it cannot be assumed that South African families are enabling spaces toward healthy relational functioning.

Adding to the abovementioned, a South African study indicated that adolescents, who do perceive their adolescent years as difficult, attributed this difficulty to problems at home such as financial problems as opposed to problems with peers (Daniels, n.d.). Next, we discuss briefly healthy friendships and its role for relational well-being .

4.2.3 Flourishing close friendships

Friendships are reciprocal relationships in which there is mutual liking and in which each other's company is enjoyed (Majors, 2012). It is different from just being acquaintances. Friendships, and especially close friendships, serve many other developmental and well-being purposes (Demir & Ozdemir, 2010). Friendships provide companionship, support, emotional security, intimacy, self-validation and valuable reliable alliances (Majors, 2012). Van Schalkwyk and Wissing (2013) studied South African adolescents' positive functioning and found that the dynamics of positive emotions are critical to protect and promote human flourishing and healthy interactions This means that although emotions are short-lived, personal resources accrued during states of positive emotions are enduring, and friendships and social networks are precious resources for high wellness (Fredrickson, 2013; Fredrickson & Losada, 2005).

Cultural and social contexts provide the boundaries for choice and opportunities for making friends. Yet, in all contexts and life phases the value of close friendships is understood in terms of fulfilment of developmental needs, and benefits providing meaning. Clearly, “friendships” that have harmful effects are not positive. These will not be ‘close friendships’. (Van Schalkwyk & Wissing, 2010) found that South African adolescents view languishing or lower levels of well-being as being exposed to dysfunctional role-models, such as gangsters, and/or negative friendships, for example when so-called friends introduce youth to the use of harmful substances such as drugs and alcohol. These acquaintances are “normal” or ordinary within high-risk environments (Delft Warrant Officer Daniels, personal communication, June, 2013). In contrast, close friendships contribute to satisfying basic human psychological needs for recognition and relatedness, and contribute to well-being.

The quality of friendships differs in some respects in various developmental phases. Whereas friendships in adulthood are more stable, adolescents in school have the challenge to get acceptance from peers and to learn those social skills to make and maintain friends while often dealing with rejections. More specifically, between the ages of 13 and 19 years, and especially in later adolescence, adolescents need more intimacy in friendships and develop the desire for romantic relationships. At school they are ‘hanging around’ with others during break time or after school rather than be involved in physical play. In this phase friendships play an important role in the development of the sense of belonging and identity. Peers from this developmental phase form their own values, traditions and established typical behaviour and adolescents who would want to join the group, must conform to the peers’ behaviour and approach. Peers therefore have an influence on the adolescent’s thoughts, emotional experiences and body image, and this influence can be described as peer pressure (Gouws, Kruger, & Burger, 2000).

Peer groups are among the most significant social contexts during adolescence (Santrock, 2008). Along with making friends and building relationships, many adolescents want to belong to a peer group whose members share common attitudes and interests (Geldard & Geldard, 2004). Adolescents need to conform when belonging to a peer group and this conforming to their peers’ standards is easier than they do in previous developmental stages (Louw & Louw, 2007; Santrock, 2008). Peers seem to play a crucial role in this process of social development, and research show during the stage of adolescence the spending more time in peer groups, enable adolescents to obtain certain social skills, through these interactions with their peers (Kiuru, Aunola, Nurmi, Leskinen, & Salmela-Aro, 2008; Pfeifer et al., 2011)).

Peer influence cannot be discussed without touching on the aspect of peer pressure during adolescence. Dijkstra, Berger and Lindenberg (2011) were of the opinion that interaction with peers during adolescence can be constructive as well as destructive, and that peer pressure has become a stereotype of adolescence. Brown, Bakken, Ameringer and Mahon (2008) also acknowledged the use of this term “peer pressure” (p.17), and how it falsely portrays a negative working in the relationships of adolescents. Brown et al. (2008) do recognise that peer pressure is a reality during adolescence, although it can be good and/or bad, as stated above by Dijkstra, Berger and Lindenberg (2011).

Peer pressure can however be destructive, especially during adolescence. Whether peer pressure leads to negative and delinquent behaviours or positive healthy adjustments are determined by the group which the adolescent is part of. Adolescents associate with other adolescents whose interests and values are similar (Burns, Cross, & Maycock, 2010). When the group holds high values, the individual tends to respond positively; but when the group engages in risk-taking behaviour, the adolescent might feel prompted to join in. This argument is illustrated through the following example of bullying. Peer attitudes, peer behaviours, and peer group norms play a crucial role in bullying situations among children and adolescents (Pozzoli, Gini, & Vieno, 2012a; Salmivalli, 2010; Salmivalli & Voeten, 2004). Research has demonstrated that children’s aggressive behaviours targeted at peers, such as bullying, can be partially attributed to peer group influences (Dijkstra, Berger, & Lindenberg, 2011; Dishion & Tipsord, 2011) and that bullying is often a peer group effort (Hodges, Boivin, Vitaro, & Bukowski, 1999; Huitsing, Snijders, Van Duijn, & Veenstra, 2014). Then again, in addition to potentially negative consequences of the peer group (pressure to conform to antisocial attitudes and behaviour), peers can also promote positive behaviours, such as defending victims of bullying.

It is evident that peer pressure is not in essence a negative thing; it depends on the social group/peer group which the individual forms part of. Santrock (2008) summarised the above argument concerning peer pressure by stating that attachment to peers does not necessarily forecast trouble, unless the attachment is so strong that adolescents are willing to give up things, like obeying parents, doing homework or developing his or her own self, in order to gain the approval of their peer group or to gain popularity amongst their peers.

The influences and unique dynamics of family and friends are vital. These influences are important, ecologically speaking, for individual characteristics that depend first on microsystem interactions with family and peers (compare Bronfenbrenner, cited in Rosa & Tudge, 2013). The impact/influence and complexity of the mentioned relations in this

particular section (Self and I; self and others) ties in well with field theories which state that the field is a whole in which the different parts are in immediate relationship and every part will be influenced by what goes on in the field. Yontef (cited in Benade, 2013) indicated that when there is reference made to the field, it is important to keep in mind the wholeness of the person in relation to his or her field. In the same way the community, for example a high-risk community is constituted as a field wherein all the members will have an impact on the relational well-being of its residents. In the South African high-risk community the relationships involve various relations for example individuals, such as adolescents and their families; adolescents and their peer group/friends. It is important to view a community as a “field that is considered as a whole in which the parts are in immediate relationship and they respond to one another” (Yontef, 1993, p. 294). This means that no part remains uninfluenced by what goes on in the field. Also, no person can exist without a field or in isolation from a field. This is crucial for relational well-being, as human beings exist only through contact with other people. Therefore, when we discuss the notion of relational well-being, people’s community, for example, an adolescent’s external environment where interacting happens, cannot be disregarded.

4.2.4 Communities

Khumalo (in Wissing, 2014) presented models that place individual well-being in the broader context of his/her community. He posits that the person-in-community component is broader than, and in addition to, the intrapersonal and interpersonal well-being components. According to Prilleltensky (2001) one’s level and experience of well-being is intertwined with that of his his/her relationships and the community in which he/she lives. By *community*, McCarthy and Vickers (2013) referred to a community being a group of people who share a geographical location, belong to a school or neighbourhood, or share common knowledge, values and understandings. They have suggested that “community well-being grows out of reconstructed relationships” (McCarthy & Vickers, 2013, p. 214). While members of a community ought to experience a sense of community as it is an important contributor to their individual psychological well-being and quality of life, processes such as oppression and cultural and community rejection are detrimental to a sense of community and thus to the well-being of those who experience them. *Membership* refers to the sense of having the right to belong as earned from investing a part of oneself in a particular community. From this membership, one shares in the sense of relatedness with others in the community to which he/she is a member. Khumalo (cited in Wissing, 2014) stressed that community refers to a

context/collective/society level construct and should be less emphasised at an individual level. In other words, “community” or the sense of community is not a personal trait characteristic but rather an assessment of community functioning.

Wissing (2014, p. 267) inferred that when we understand “community as a construct inferring collectiveness”, we can look at personal, relational and collective well-being. Prilleltensky (2005) argued that the well-being of any person is dependent on the well-being of his/her relationships and on the community in which he/she lives. Researchers such as Ungar (2011) and Theron and Theron (2014) posited that a person’s resilience must be understood in terms of his/her social ecologies. A South African study about street youth (20 participants) shows that resilient street youth are asset-rich within themselves when they succeed to navigate toward and negotiate asset-rich ecologies (Theron & Dunn, 2010). This implies that resilient coping entails a blend of ecologically embedded interpersonal and intrapersonal assets. These findings encourage a strength-based perspective of populations of youth traditionally considered at-risk. Also, Theron and Theron (2014) indicated that resilience as the process of adjusting well to adverse life circumstances or events, was formerly described as processes driven by an individual, such as an adolescent’s personal strengths, for example intelligence, a sense of humour (see Kumpfer, cited in Theron & Theron, 2014) attributed to personal strengths, such as intelligence, or a sense of humour. However, increasingly, researchers have come to explain resilience as dependent on interactions between youth and their social ecologies (Masten & Wright, 2010; Ungar, 2011; Wright, Masten, & Narayan cited in Theron & Theron, 2014).

Surely the role of connecting with others and community (which comprises worldviews, such as an African collective worldview and associated cultural practices) belong to the understanding and describing of relational well-being. When we consider another South African example, for example, a South African adolescent growing up and residing in a high-risk community, it was found that when these adolescents experience high levels of personal hardiness (resources to survive) due to their abilities to negotiate and navigate their way towards the community’s social, natural and capital (Ungar, 2008), then even within a context of risk, high levels of resilience are characteristic of a young person finding a way towards and making plans for resilience-enabling resources (Ungar et al., 2007). While these resources include intrapersonal resources that entail relational and problem-solving skills, it undeniably point toward interpersonal resources such as adult mentoring, access to health services, and effective schools (Masten & Reed, 2005). These

resources are ecosystemically embedded in the four primary systems of the individual, culture, community and relationships (Theron & Dunn, 2010).

Then again, studies conducted in South Africa also show that the following factors embedded in community and relations could impact relational well-being negatively with regards to adolescents, namely absent fathers (Clark, Cotton, & Marteleto, 2015; Townsend, Madhavan, & Garey, 2015); defeating and misguiding peer norms – and the pressure to conform to these for acceptance and approval (see chapter one, part two, section 2.3.9) patriarchal and masculine dominated discourses (Townsend et al., 2015); cultural foreclosed identities; cultural prescriptions for relating; sexuality discourses and intra-interpersonal confusion/misunderstanding; identity (formation) for example the Xhosa practices of, for example, when Xhosa boys are going to the bush for a sacred rite of passage into adulthood (“abakhwetha”). In Xhosa culture, adolescent boys undergo an initiation that involves seclusion, ritual food and drink, education and circumcision. It is a learning and bonding experience, and a portal to manhood.

Another example to illustrate cultural prescriptions for relating and identity formation is given by Thom and Coetzee (2004) in a South African study who offered two possible explanations for the difference between the identity development from multicultural contexts in South Africa. They looked at the effects of cultural identity and positive cultural role models, and found that South African Black adolescents developed a stronger identity than White adolescents due to the former’s culture being recognised more in the contemporary democratic system. Consequently, these researchers proposed that possibly the period during which White adolescents examine and experiment with psychosocial moratorium, an Eriksonian (1968) term, may be prolonged than was previously the case because of the anxiety of being in the minority. Seemingly Black adolescents acquired a stronger sense of identity than the whites because the former emphasise a strong cultural identity for the development of a sense of individual identity. Researchers like Stevens and Lockhat (1997) had explained the cultural identity development among Blacks as a product of the struggle that Black adolescents identified with during the apartheid years and that many of these adolescents continued to draw from the strength of their cultural identity after apartheid. Furthermore, a study by Moosa, Moonsamy and Fridjhon (1997) looked at how Black students negotiate identity formation in predominantly White tertiary institutions. Moosa et al. (1997) study on Black adolescents, confirm the importance of broader socio-political and cultural influences on identity formation. The findings suggest that the Black adolescent students at the University of the Witwatersrand not only showed a greater tendency to

revitalise their African culture but also to integrate Western and African cultures. In effect, the stronger sense of identity among African adolescents found in Thom and Coetzee's (2004) study could be attributed to the influence of positive Black role models in the political, economic, political, cultural, religious spheres who have emerged after the apartheid era. Common among most of the abovementioned studies is the fact that the development of identity is influenced by a number of factors such as the culture and sociopolitical factors.

Apart from the abovementioned aspects, which are important to understand relating and the impact of communal factors, it is clear that the rate of adolescents that enjoy relational well-being varies in countries and is dependent on some factors on the social surroundings and the societal concepts of the nations (Bronk et al., 2009). In South Africa, there are many factors and conditions that characterise and include overall everyday life, which include the rampant and deteriorating social conditions that are on a steady increase for example unemployment, high poverty levels, HIV/AIDS, larger numbers of orphans as a direct result of HIV, drug abuse and rampant violence (Farell, Aubry, & Coulombe, 2004). These conditions constitute the high-risk environments and communities in South Africa that many adolescents are facing (Van Rensburg et al., 2015). Additionally, there has been a rise in the number of suicides in South Africa, and most significantly among children, that causes a major public health concern in South Africa (Farell et al., 2004). This is important, since Durkheim associated the occurrence of suicide with disconnection from community, or a lesser experience of being connected to one's community (Durkheim, 1951; Keyes, 2007). This is one of the biggest risk behaviours among adolescents, who constitute 21% of the country's total population (Wegner, Flisher, Caldwell, Vergnani, & Snith, 2007). 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).

In summary, the importance of community and relating was offered. Also it is argued here that embeddedness is not the preserve of African psychology, but it is a sensible paradigmatic approach for psychology the world over (compare Bronfenbrenner, 1979). In contrast, it is more difficult to consider the notion of sacredness in psychological terms as it rests on the assumption of a metaphysical world. However, religiosity and with it a sense-making approach embraces spirituality as fair constructs for psychology (see Kagee, 2014), and is presented in the next section as the "I-Thou" relation.

4.3 I – Thou

In recent times, spirituality again became an important issue to consider in psychology and research on psychological well-being (e.g., Delle Fave et al., 2013; Steffen, 2012; Steger, 2012; Temane & Wissing, 2006). Some researchers state that all that is life is tied together by spirituality (Khumalo, cited in Wissing et al., 2014). That is, if one embraces transcendent reality that permeates an eternal continuum, it is more likely that his/her relationships would be “emotionally deep, generative, and mutually satisfying” (Piedmont, 2009, p. 101). Also, for members of religious/faith communities, social support is particularly relevant for positive relational functioning, healthy behaviours (Steffen in Wissing et al., 2014).

No relational interactions can be considered without taking into account spiritual well-being defined by Van Dierendonck and Mohan as (2006, p. 233) “a lifelong pursuit and application of living life in direct connection to God, self, the community and the environment”. Ellison (1983) posited that spiritual well-being represents “the sense of well-being that we experience when we find purposes to commit ourselves to, which involve ultimate meaning for life” (p. 330). We agree with Khumalo et al., (2014) that in line with Ellison’s definition, spirituality can be conceptualised to consist of two dimensions: religious well-being and existential well-being

Briefly put, perceptions of relational well-being in South Africa comprise that health and relational well-being are among some of the fundamental factors in the overall development and relational functioning of a person in general. There are various factors such as biological, behavioural, social, and political factors and a wide array of complex economies that affect relational well-being at community level. Ultimately, these interactions are part of humans within their daily activities as we interact with self, others – including family, friends and members of our communities and societies.

In summary, it was the aim of this article to conceptualise relational well-being in the South African context. The comprehensive argument incorporates components and selected constructs - not referring to a particular culture within the South African context - but rather accommodating western and collectivist worldviews as integral to relational activities and the complexity of social processes focussing on relating and interconnectedness as *how we live our lives*. Taken as point of departure that relational well-being and the acquiring of relational competence are markers of positive functioning, the importance of life phases, namely adolescence was considered (this life phase is of particular importance for the current study, see chapter one, section 2.3.9).

It was argued that relating is common to human beings' daily lives, but, relational activities can be beneficial or not toward persons' well-being. Relational models show the vital importance of mutually empathic connections for growth-fostering relationships that form the basis of healthy psychological development; and, these interpersonal resources are integral to adolescents' resilience (Ungar, 2011). Although relational well-being represents the key processes and dynamics towards positive human health it also comprises the complexities and dynamics associated with those resources toward sustainable well-being (Fredrickson, 2009), and these activities are always interwoven with context and culture. While intra- and interpersonal are always rooted in contextual and cultural surroundings, it was needed to mention some issues that could seriously impact South African adolescents' relational well-being, such as absent fathers; interactions with peers and defeating and misguiding peer norms – and the pressure to conform to these for acceptance and approval; patriarchal and masculine dominated cultural discourses, cultural fore-closed identities; sexuality discourses and intra-personal confusion; and, cultural prescriptions for relational identity, for example the initiation practices of cultures for manhood, such as the Xhosa cultural belief system when Xhosa boys are going to the bush for a sacred rite of passage into adulthood. Clearly, all these matters are essential to the conceptualisation of relational well-being, and these dynamics offer possibilities for personal and collective thriving or languishing.

Conclusion

Relational well-being can be described as the different components and competencies (McCubbin et al., 2013), which are part of the dynamics of the interpersonal context. All persons are involved in relationships, for example in the context of family, community and culture. Also, relational well-being is integral to overall well-being and healthy relational functioning manifest in our daily practices. These ordinary interactions and connectedness offer opportunities for well-being. However, the opposite must also be considered, namely that relational deficits and disconnecting could imply short- and long-term languishing. Although positive interactions are regarded as resources for well-being, there are disturbing reports about healthy interrelatedness in the industrialised world of the 21st century.

Relational well-being refers to the intra-personal, inter-personal, communal and existential connections. These dimensions represent complex dynamics, since all relating is eco-systemically embedded. This implies that resilient coping entails a blend of strengths and vulnerabilities within the self, as well as relational processes within the self and other, the

person and culture, the individual and society. Ultimately, human beings are relational beings and our well-being is “within these relationships”.

Evidently, when humans are facing hardships, intra- and interpersonal relational activities as valued resources are central towards resilient coping. In this sense relational well-being can be viewed as beyond a one-person psychology to “a two-person psychology” that emerges as we connect. Also, these moments and words of connecting – whether to celebrate or to comfort one another - take on deep consequence as we create one another, and experience the I-Thou connection as the decisive resource for complete well-being.

Since relational well-being build on the resources of young people and local communities as a means for countries to promote well-being, it is needed to investigate the relational well-being of South Africa’s adolescents.

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Article 2 will be submitted to *South African Journal of Psychology*

Article 2: Investigating a group of adolescents' relational well-being in a South African high-risk community

Authors

Odette Geldenhuys

(Centre for Child, Youth and Family Studies,) North-West University, South Africa

Izanette van Schalkwyk

(Centre for Child, Youth and Family Studies,) North-West University, South Africa

Corresponding author:

Izanette van Schalkwyk, Centre for Child, Youth and Family Studies, COMPRES: Faculty of Health Sciences, North-West University, Potchefstroom, South Africa.

Email: 20977026@nwu.ac.za

Abstract

The aim of this study was to investigate the relational well-being of a group of adolescents residing in a South African high-risk community. The research was conducted against the theoretical background of positive psychology, as well-being models within this approach hold that healthy relational activities offer opportunities for well-being. **Method:** Multiple methods were used to quantitatively establish the prevalence of South African adolescents' well-being (study one), and to qualitatively explore their experiences and perspectives of relational well-being within the context of a high-risk environment (study two). For the quantitative research (study one), grade eight learners (ages 12 – 15 years) from three secondary schools in a selected high-risk community took part (N=808); and for the qualitative research (study two) 24 learners between the ages of 12 and 18 years were invited as participants. **Data analysis:** For the quantitative study, descriptive statistics and Cronbach's alpha reliability coefficients were determined for all scales and sub-scales used. For the qualitative study, thematic analysis (Creswell, 2009) was used, and the raw data, namely the transcribed data of the World Café conversations and personal interviews were classified into meaningful categories. **Findings:** Quantitative findings (study one) indicate that most adolescent learners, i.e., 56% do not experience high levels of well-being. Qualitative findings (study two) show that adolescents' relational well-being is seriously restricted. It was also found that although African adolescents have higher scores as to social well-being than psychological well-being - indicating their strengths as to connectedness and communal living - the "Ubuntu" birth right does not equal relational competence. Then again, while the impact of the high-risk environment harbour many risks for relational interacting, relational activities and inter-connectedness are key to survival and resilient overcoming. **Recommendation:** Future research should explore pathways to enhance adolescents' relational well-being, via the fortifying of relational strengths of youth in rural high-risk areas.

Keywords

Adolescents, high-risk community, multiple methods, relational well-being, positive psychology, South Africa

Human beings cannot exist in isolation and relational functioning is central to human experience (Lombard, 2011; McGoldrick & Carter, 2003). Gergen (2009) posited that humans are relational beings as such, and that each person is first and always a nexus of relations. Kitching, Ferreira, and Roos (2012) argued when we consider positive human

development, relationships – as the interpersonal connections between people - are an integral part of healthy human development. Prilleltensky and Peirson (2001) stated adolescents' constant yearning to be part of a peer group, to be one of the strongest psychological drives of this life phase. Moreover, authentic viewpoints hold that relational well-being is a determinant of personal well-being (Keyes, 2006; Nelson & Prilleltensky, 2010; Ryff & Singer, 1996; Seligman, 2011). And, Jordan (2006) found that “growth-fostering” connections are the source of well-being and resilience for adolescents. Evidently, adolescents' relational well-being is of key importance as to their healthy development, overall well-being and resilient managing of challenges. This article focuses on relational well-being of a group of adolescents in a South African high-risk community.

Despite the obvious importance of relational well-being to positive psychological functioning (Prilleltensky, 2012; Seligman, 2011; Van Schalkwyk & Wissing, 2013), there is limited knowledge about the nature and dynamics of relational functioning among South African youth. Also, the varied South African landscape of socio-economic contexts greatly influences the development of children (Guse & Vermaak, 2011). These differences as to context during developmental phases may also affect the prevalence and dynamics of social well-being and thus the interaction of an adolescent with his/her community (Keyes, 1998; 2007). Although many South African adolescents grow up with a collectivist worldview, indicating the human need to belonging and connectedness with others, this does not guarantee healthy relational functioning (Van Schalkwyk & Wissing, 2013). In this sense the role of context, such as residing in a high-risk community with many problems linked to poverty, must be mentioned. Poverty is a very serious, material and social concern all over the world, but more so in sub-Saharan Africa, and also South Africa. According to Biswas-Diener and Patterson (2011) poverty is described as the presence of low income, lack of human development, social exclusion, ill-being, poor daily functioning, vulnerability, unsustainable livelihood, unfulfilled basic needs, and relative deprivation. Khumalo (cited in Wissing, 2014) postulated that persons such as adolescents who are poor, and living in high-risk communities, are not only economically disadvantaged, but are also lacking in social and psychological well-being. Also, since adolescents who are exposed to enduring poverty are more at risk to develop mental health problems (Flisher et al., 2007; Guse & Vermaak, 2011), it is crucial that socio-economic factors should also be considered when we look at

adolescents' relational well-being as these factors can also be a strong predictor of well-being (Diener & Ryan, 2010).

Problem statement

Relational well-being is becoming a very important topic in positive psychology research (Algoe, Gable, & Maisel, 2010; Avivi, 2009; Frederickson, 2011; Frederickson in Jarden, 2012; Gable, Gonzaga, & Strachman, 2006; McNulty & Fincham, 2012; Roffey, 2012), including intimate personal relationships, social and group relations, intergenerational relations, even facets such as secure attachments, minding relationships, and, relational appreciation. Fredrickson (2009) showed that relationships, for example, the ordinary positive relational interacting among family and friends, are important resources for well-being. These components – linked to relational well-being – form outcome variables in ascertaining individual flourishing in people (Wissing, 2014). Ng and Fisher (2013) emphasized that well-being of individuals and daily interactions must be understood as a multi-level perspective. Seeing that psychological wellness does not arise within a vacuum, Van Schalkwyk and Wissing (2013) suggested that well-being should be examined while taking into account the multiple levels (see Bronfenbrenner, 1979) of people's existence, since in developing countries like South Africa, it cannot be assumed that these ecologies equate enabling conditions. Prilleltensky (2012) offered that well-being is subject to distinct conditions such as justice which lead to wellness outcomes through psychosocial processes which operate within and across personal, interpersonal, organisational, and community contexts. In this sense, the current research links to the viewpoint that no domain of well-being can be considered without taking into account the role of the external environment (Bronfenbrenner, 1979; Diener & Diener, 2012; Prilleltensky, 2004, 2012). Also, when the role of context is acknowledged, studies about relational interactions (as those particular powerful determinants of healthy living) can contribute toward the social relevance of psychology in South Africa.

Prilleltensky (2012) identified the interpersonal domain as one of six domains for overall well-being. Also, research demonstrated that there is a significant correlation between these domains, namely communal, occupational, physical, psychological, interpersonal, and economic domains and overall well-being (Prilleltensky, cited in Marujo & Neto, 2014). Thus, well-being is a positive state of affairs brought about by the satisfaction of needs across the spectrum of these six mentioned needs. Clearly, subjective well-being (satisfaction in all of these domains) also requires the presence of objective resources, such as economic means

of survival, and nutritious foods for physical well-being (Nussbaum, 2011; Sen, cited in Prilleltensky, 2012). In short, living well comprises subjective as well as objective aspects of well-being: subjective aspects relate to psychological, emotional, and spiritual components and is related to people's individual characteristics. Objective well-being, on the other hand, develops from perceptions about society and relates to material well-being, quality of life, stability of income, conditions of residence, having education, the quality of the social and natural environment, health, longevity and safety and security (Alatartseva & Barysheva, 2015).

It is important to mention that it is indeed possible for individuals to feel well and report high levels of life satisfaction despite adverse objective conditions, such as poverty. At the same time, it is possible for individuals with great objective and material resources to report very low psychological well-being (Graham, 2009). Therefore, to achieve a full picture of well-being, we need information on subjective and objective appraisals. Based on studies of subjective and objective indicators, we know that people need both of these to achieve optimal development (Diener, Helliwell, & Kahneman, 2010; Nussbaum, 2011). In other words, when adolescents are enduringly exposed to the many risks and related difficulties associated with living in a high-risk community, their interpersonal, psychological, and physical functioning suffer (Ruiz, 2012). This could be illustrated in the following way: When an adolescent spend his/her developmental years in a high-risk community, he/she will be exposed to a set of social and economic conditions that place individuals "at-risk" of failure, or of encountering significant problems related to employment, education, self-sufficiency, or a healthy lifestyle (Smrekar & Mawhinney, 1999). As stated in the seminal work of Smrekar and Mawhinney (1999), high-risk conditions include both environmental or community characteristics, such as crime and limited employment opportunities, and individual qualities, such as poverty and low educational attainment. Clusters of interlocking and corrosive conditions are persistent in high-risk communities, and are evidenced by the dense and dilapidated housing, a real and constant threat of violent crime, inadequate and inaccessible health care, a lack of employment opportunities that pay a living wage, and unreliable and limited public transportation. These concrete indicators of poverty and social isolation give rise to an insidious and entrenched culture of fear, disconnection, and distrust in high-risk communities. As noted, these families may be paralyzed by fear of gangs and guns and omnipresent drug traffic as a constant threat of victimisation minimise opportunities for interdependence and delimit social interaction among neighbours within the community (Delft Warrant Officer Daniels, personal communication, June, 2013). While relational well-

being has been explored to some extent in Western and Eastern contexts, very few studies have been conducted in an African context where the spirit of “Ubuntu” is so particularly important (Wissing, 2014). “Ubuntu” indicates an inter-relatedness that captures the essence of human connectedness for societies with a collectivist worldview (Theron & Theron, 2014). Wissing (2014) mentioned that research is needed on relational well-being in order to understand how these psychological processes that are common to the human species develop and are expressed and shaped within the South African context. We need these studies to contribute to the integration of information towards a better and more general understanding of these phenomena and how they play out in the quality of our lives and enrichment thereof. Moreover, we need information about relational well-being during adolescence, since social functioning is paramount during this life phase (Van Schalkwyk & Wissing, 2010, 2013). Also, as no human interaction occurs within a vacuum, the exploring of the potential as well as the possible hindrances of adolescents’ relational well-being within the South African context cannot be done without taking into consideration the impact of the layers of settings, described as ecological levels (see Bronfenbrenner, 1979) on human development.

Therefore, when we investigate relational well-being as a core component of overall well-being, it can never be conducted without considering the direct context, or what Rothman (2013) called the “liveability” of a community. Then again, when we consider complete mental health, or the holistic perspective of health and sustainable wellness, it implies the presence of those key components that indicate the fullness of well-being versus the mere absence of disease (Fredrickson, 2013; Keyes, 2007; Ryff, 2014; Seligman, 2011). Although well-being embraces those experiences of positive as well as negative living, we choose the well-being perspective as presented in the positive approach of psychology, since the participants of this study were ordinary youths who can be viewed as a non-clinical population.

Positive psychology: Theoretical framework

Although, according to Seligman (2002) positive psychology was inspired originally to focus primarily on the “good” expressed as the investigation of both virtue and strengths this positive approach of psychology investigates the answers to both the questions comprising the difficult problems as well as the ignition of positive health for adolescents (Snyder & Lopez, 2007). It can be categorised as both positive and negative based on the nature of experiences to move towards a synthesis of “the good and the bad” (Wissing, 2013). In accordance with Seligman and Csikszentmihaly (2000), positive psychology is associated

with the positive experiences, civic virtues and personality traits such as life satisfaction, well-being, happiness, hope, courage, tolerance, spirituality, optimism among others which are listed to be part of positive psychology (Wissing & Van Eeden, 2002). The lens of positive psychology entails that most human beings do not struggle with ill-health or symptoms of disorders; however the mere absence of ill-being or symptoms of disease and disorders does not automatically imply the presence of high levels of well-being (Keyes, 2003). This information is of key importance as to the well-being of adolescents (Keyes, 2007; Van Schalkwyk & Wissing, 2013).

2.1 Adolescence

Adolescence is a significant part of human beings' developmental growth (Bronk, Hill, Lapsley, Talib, & Finch, 2009). During the adolescent life stage, individuals tend to develop or pick new behaviours and characteristics as they continue to discover themselves. If proper attention is not given to adolescents in this period of growth, habits that could affect their lives negatively can persist hence allowing them to develop characteristics that would be hard to drop later in their lives (Deci & Ryan, 2008). Most parents, guardians and educators may regard some of the behaviours exhibited by adolescents as just a stage, only to realise later that there are more serious implications (Balkis & Isiker, 2005). Adolescence is a challenging life stage where individuals make choices, for example concerning work, lifestyle and romantic relations that will resonate and affect their future life as adolescents and ultimately as adults (Van Schalkwyk & Wissing, 2013). Louw and Louw (2007) were of the opinion that adolescence starts between the ages of 11 and 13 years and ends between the ages of 17 and 21 years. Arnett (2007) discussed adolescence not as only one phase but as two separate periods: early adolescence (between the ages of 10 and 14 years) and late adolescence (between the ages of 15 and 18 years). For the sake of this study, the adolescent group that were interviewed were between 12 and 18 years of age, and therefore fit into all the above-mentioned categories.

From a positive psychological perspective, it is argued that pathologising does not render the answer to developing higher levels of well-being (Seligman, Steen, Park, & Peterson, 2005); and it is erroneous to assume that being symptom-free would automatically lead to higher levels of well-being (Keyes 2005). 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). Since most

adolescents (60%) do not experience complete mental health (Keyes, 2006, 2007, 2009; Van Schalkwyk & Wissing, 2010), it is suggested that positive relational health may be an important, yet unexplored, protective factor during adolescence. Moreover, research suggested 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 among youth and adolescents between the ages of 12 and 18 years (Keyes, 2009). 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 relational well-being as teenagers.

In the aforementioned, it was shown that adolescents' relational well-being are key to personal and collective well-being (Evans & Prilleltensky, 2007). However, since no human interacting happens in a vacuum, we need to look at relational well-being within context. Seeing that positive relations are a determining facet of well-being, we argue that levels of adolescent well-being would be an indicator of relational well-being. For this reason, it is imperative to establish the well-being levels of South African adolescents living in a high-risk community.

2.2 Research question

The following research questions were asked: What is the prevalence/incidence of well-being in the lives of South African adolescents living in a high-risk community? Also, what are South African adolescents' experiences and understanding of relational well-being within the context of a high-risk community?

Aim of the research

The aim of the research was to investigate relational well-being in a group of adolescents in a South African high-risk community. This examining included the quantitative establishing of the prevalence of South African adolescents' well-being as well as their subjective experiences and perspectives of relational well-being within the context of a high-risk environment. The quantitative approach draws more on the positivist ontologies whereas qualitative approaches are more associated with the interpretive and critical paradigms. The use of these research approaches provides us with a best combination to introduce and facilitate our understanding of how the adolescents observe, interpret, understand, and experience both good and dysfunctional relational living.

Next, the research design and methods with reference to the aim of the study are given which include the general procedures of the research.

Method

4.1 Research design

Multiple methods were used including both qualitative and quantitative methods. Although the results are presented and discussed separately, an integration of findings is given to answer the research questions (Biggerstaff, 2011; Weis & Süß, 2007). The reason for this methodological approach (i.e., multiple method approach) was to combine different types of data within the research project, by surveying a large number of participants, thus obtaining quantitative data, as well as use qualitative methods for example in-depth interviews by using a smaller, purposeful sample, to provide to gain a deeper understanding of the survey findings (Pope, Mays, & Popye, cited in Biggerstaff, 2011). In the current study multiple methods were used in the following way: First, 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; and, to determine participants' satisfaction with domains of life. Second, semi-structured interviews and world café discussions were used with a selected group of participants to qualitatively explore their understanding and experience of relational well-being within a South African high-risk community.

4.2 Population and setting

Population. The sample was drawn from a population of learners at three different secondary schools in Delft¹ a Western Cape high-risk community. Delft was established to be one of Cape Town's first mixed race townships including "Coloured" and "Black" residents. In 2000, it had a population of between 25 000 and 92 000 inhabitants, of which the majority of residents have not finished their matric or school education (South African Police Service, 2013). Learners of three secondary schools in the Delft community were invited to participate in the study.

4.2.1 Demographics of the high risk community - Western Cape. The demographic information of the particular Delft community where the participants reside, entails the following: During 1989 the Delft community was established to accommodate poor and disadvantaged individuals, who earn a small income (approximately R800.00 per month – South African monetary unit = approximately \$80), for example, single parents who are dependent upon government grants and the elderly who cannot afford housing and who are economically inactive. The inhabitants of Delft have rapidly increased over the last 13 years to more than one million, taking into account the backyard dwellers and the fact that up to

three families occupy one house. The high illiteracy rate was evident during the Census (2011), with only 22.7% of the Delft population indicated as having completed Grade 12. Only 51% indicated that they had some secondary education, 7.4% specified that they completed primary school, while 12.3% indicated that they had some form of primary education. A mere 3.2% specified that they had some form of higher education (Strategic Development Information & Geographic Information System, 2013). At the time of the Census (2011), unemployment figures for the Delft area were recorded at 39.45% of the population, with 34.4% economically inactive (Strategic Development Information & Geographic Information System, 2013). Currently the community is characterised by a high occurrence of crime, for example assault, home burglaries, rape, theft, murder and domestic violence (Delft Warrant Officer Daniels, personal communication, June, 2013). The research context is in line with Felner's (2006) description of a high-risk community which entails high levels of poverty, high rates of unemployment, broken families and absent fathers, harmful customary attitudes and practices among some cultural groups in relation to children and women, societal acceptance of violence and authoritarian discipline, and high levels of substance abuse. Furthermore, the exposure to emotional as well as physical abuse, domestic violence and environmental crime means that more youngsters get involved in violent and crime-related behaviour, even as gang members (Zdunnek, Gray, Lambert, Licht, & Rux, 2003). There are also specific areas within the Delft community, which were created after 2006, with the original idea to serve as temporary relocation areas for families. These areas are designed for the poorest of the poor. The constant moving of new and old residents in these areas implies that the residents (thousands of residents) experience a deficient sense of community within these neighbourhoods (Delft Warrant Officer Daniels, personal communication, June, 2013).

Socio-demographic information.

Information about age, gender and culture were obtained to facilitate description of participants. All participants (N=808) who took part in the quantitative research (study one) were asked to complete a biographical questionnaire. The biographical questionnaire was used to gather general information about the participants of the study, such as age, gender and culture. The group consisted of 371 male and 437 female participants. Participants for the quantitative research (study one) were between 12 and 15 years of age; and, participants for the qualitative research (study two) were between 14 and 18 years of age. Information as to culture entails the following: 65.90 % were Black, and 34.10% were persons of colour; and

these participants were mainly Afrikaans- (16%), English- (18.10%) and Xhosa-speaking (65.90%).

The participants who took part in the quantitative data collection were Grade 8 learners. An important study done in the Western Cape with regards to underperforming schools indicates that Grade 8 learners in high-risk environments are faced with unique challenges and many difficulties (Louw, Bayat, & Eigelaar-Meets, 2011). In light of this information, Grade 8 learners have been chosen as participants for the study.

Research procedure.

After approval for the research had been obtained from the ethical committee of North-West University (NWU-00060-12-A1), the necessary permission was obtained from the following parties: Permission from the Western Cape Education Department; the school principals of the three selected secondary schools; and, written assent of all participants' as well as the informed consent (permission) for participation from the parents/legal guardians, in order for their minors to participate in the study. The research occurred in two phases. The quantitative method was used in the first phase of the research to determine the prevalence of adolescents' well-being who are living in a high-risk environment. The second phase of the research use a qualitative approach to explore adolescents' experiences and understanding of relational well-being within a high-risk community.

4.3.1 Setting.

The participants (adolescents) were selected from three public secondary schools in a specific high-risk community of Delft in the Western Cape Province and the research was conducted at these schools.

4.3.2. Participants (Quantitative approach)

Non-probability sampling with elements of purposive sampling took place to deliberately select specific features from the sampled population (Babbie, 2011; Babbie & Mouton, 2005; Ritchie & Lewis, 2003, 2009). This specific type of non-probability sampling method relies on data collection from population members who are conveniently available (convenience sampling) to participate in a study. Thus voluntary participants were used as the primary source for data collection, with the consent of their parents. Grade 8 learners from the above-mentioned public secondary schools in the high-risk community who were willing to participate in the study, were recruited (N=808).

4.3.3. Participants (Qualitative approach)

A descriptive qualitative inquiry was done to explore the participants' subjective realities and individual experiences of their perceptions of relational well-being. Therefore with the second phase of the research, participants between 14 and 18 years of age were selected and qualitative techniques were used to explore the participants' particular life experiences and perceptions in order to gain in-depth understanding of relational experiences within a high-risk community (Heppner & Heppner, 2004).

The qualitative data was collected from the same three secondary schools in the Delft area. Qualitative data was collected, using various techniques, namely the World Café strategy, and personal interviews. Twelve learners per school (six male and six female adolescents) from Grade 8 to Grade 12, between the ages of 12 and 18 years their ages ranging from 12-18 years old, were invited to participate in the qualitative data collection which happened after school hours. The size of the groups, namely twelve participants per World Café discussion group, was big enough for the participants to share their relationship experiences in a comfortable manner (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009).

4.3.4 Selection criteria of participants .

For an adolescent (learner) to be selected for participation (study one and study two) the following inclusion criteria applied:

Enrolled learners (Grade 8) at one of the three selected/relevant secondary schools in the Cape Peninsula (Adolescents; Quantitative data – study one); Ages: 12 – 18 years (Grade 8 learners: study one (quantitative data); as well as other learners from various grades who opted to participate in the study two (qualitative data); Gender: Male or female; Culture: Any cultural group with a good understanding of Afrikaans and/or English; Voluntary assent to participate and receive voluntary consent from parents to participate; and, Be a resident of the selected high-risk community.

The following exclusion criteria applied:

Adolescent learners who are not attending one of the selected public secondary schools; Learners who do not understand Afrikaans or English; and, Learners who chose not to participate.

4.3.5 Recruitment process and procedure.

The following steps were followed:

Permission to conduct the study was obtained from the Western Cape Education Department. After approval to conduct the research has been obtained from the Health Research Ethics Committee (HREC) of the North-West University, contact was made with the principals (gatekeepers in the research) of the public secondary schools selected for participation, by means of personal meetings. Information and letters were presented to explain the aim of the research to the principals and also request them to appoint mediators (one per school selected for participation) for the planned research.

The mediators in collaboration with the researcher arranged meetings (one per school selected for participation) to introduce the research to possible participants.

Follow-ups with the principals and appointed mediators were done telephonically.

Once the adolescent learners indicated their willingness to participate in the research, letters explaining the research, together with consent forms for participation (completed by parents or legal guardians) and letters of informed assent (completed by the learners as participants) in the research, were distributed to them by the mediators at the three different public secondary schools.

Those adolescent learners who were willing to participate, were asked to submit their consent forms (completed by the parents or legal guardians) as well as their assent forms to the relevant mediators. The primary researcher collected the consent and assent forms from the various mediators.

The participants did not receive any incentive for taking part in the research. However, refreshments were served to the participants taking part in the qualitative phase of the study.

The data obtained from the participants during the various qualitative stages, namely the personal interviews and World Café discussions were transcribed and then analysed by using thematic content analysis.

4.3.6 Direct benefits for participants (adolescents)

The opportunity to share their perceptions of, and experience with other adolescents in this particular life phase experiencing competencies and challenges as to relational well-being within the context of a high-risk community.

The opportunity to grow in awareness as to adolescent learners' experience of relational well-being within the context of a high-risk community.

The opportunity to improve their self-esteem, since their opinions will be regarded as important in contributing to research and the designing of future interventions.

4.3.7 Indirect benefits for participation

To researchers: Research provides the chance to expose existing vulnerabilities in adolescents, and particularly adolescents who possibly experience risks as to relational well-being and lower levels of well-being and functioning.

To the school community: The knowledge about relational well-being may assist the schools in dealing more effectively with challenges related to this issue.

To the Department of Education: The planned research will contribute to scientific knowledge that may affect learner-educator; learner-learner; parent-educator; educator-learner; and, parent-learner relationships in future. This knowledge may provide alternative options for learners who experience challenges regarding relational well-being. This knowledge will direct the pro-active implementation of programmes aimed at the intentional strengthening of adolescents versus the mere addressing of symptoms of ill-being.

4.3.8 Risks involved in participation.

The risks involved in participating in this research was of a low to medium nature for adolescents participating in this phase and might have included partial loss of anonymity in the group discussions, being uncomfortable to talk in front of others, and/or disagreeing with the opinion of a group member.

The risk-potential benefit relationship was appropriate to the vulnerable population, and potential vulnerabilities were taken into account. Although the fact that participants were poor since (many of the parents are economically not active (jobless) people), the researcher(s) did not assume that the participants cannot choose responsibly whether to participate in the research, as this would have been disrespectful, and could have implied the denial of their autonomy. Additional steps were taken to minimise coercion, and undue influence of the vulnerable population, such as the permission of a representative, namely the gatekeepers and mediators; informed assent; special attention given to the recruitment process; the participants knew that they took part in research and that the research was carried out only with their assent (and parents or guardians' consent); particular attention was given to the content, languages, and procedures used to obtain informed consent; no payment arrangements were needed, but snacks were offered. Also, the following extra protections were in place for the participants, namely increased monitoring and interim reporting on participants' welfare; more counsellors were available; and, more engagement of the gatekeepers to assist with advice. Ultimately, it was realised that the risks were reasonable in relation to the anticipated benefit, and the importance of the knowledge to be gained.

4.4 Ethical implications for participants within the community

Approval to conduct the research was obtained from the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences at the Potchefstroom Campus of the North-West University. The ethical clearance number for this project was: NWU-00060-12-A1. The aim of this study was to investigate possible intervention strategies to ultimately promote relational well-being in adolescents' lives who are exposed to high-risk environment on a daily basis.

Ethical clearance and permission to conduct the research.

Ethical guidelines served as standards and foundation whereby this study was conducted (Babbie & Mouton, 2001). The researcher complied with the necessary ethical requirements during the research study. After the necessary permission to the study had been granted, the researcher followed the necessary steps to implement the research process. The ethical requirements about the process, entails the following: The necessary permission was obtained for the research from the Western Cape Education Department and the school principals of the involved school communities.

Ethical guidelines were maintained about the following issues: The planned study had no adverse effects on the participants; no deception was involved, and best guidelines were applied to ensure confidentiality and anonymity. The identities of the participants remained anonymous at all times. For example, in order to protect the participants' identity, reference was made to them in the following manner: participant #1 and participant #2. The identity of the schools was kept confidential, and the relevant schools were referred to as school 1, school 2, and school 3. Necessary feedback of the research findings will be given to the school communities.

4.6 Data Collection

4.6.1 Quantitative approach.

The quantitative method was used in the first phase of research to determine the prevalence of adolescents' well-being – which includes social functioning – within a high-risk environment (Kao & Sun, 2007). Quantitative data was gained with three measures: 1) The Mental Health Continuum-Short Form (MHC-SF: Keyes, 2005, 2006); 2) The Fortitude Questionnaire (FORQ: Pretorius, 1998); and 3) The Coping Self-Efficacy Scale (CSE: Chesney, Neilands, Chambers, Taylor, & Folkman, 2006) which were completed by the

adolescents of the three participating schools. This quantitative data offered numerical understanding of the extent of the participants' well-being and their relationships (Sullivan, 2010).

4.6.2 Quantitative data collection.

The selected questionnaires were completed in English, as all the participants were fluent in the English language, and English was mainly their language of tuition. The following measures were used and the Cronbach's alpha for these measures for the current study is added.

The MHC-SF. The 14-items of the MHC-SF comprise three subscales: 1) emotional well-being (EWB), 2) social well-being (SWB), and 3) psychological well-being (PWB). The focus of the study was on the social well-being measure, although all these items were necessary for relational well-being. Wissing and Temane (2008) reported Cronbach's alpha of 0.75 to 0.90 for the MHC-SF in four different South African samples. The Cronbach's alpha in this study was 0.82.

The FORQ. This 20-item FORQ measures to what degree a person experiences that he/she manages stress and experience well-being ("fortitude") as supported by the self, the family and the support of others. This measure has three subscales: 1) Personal understanding of problem solving (S); 2) observed/experienced support from family (FA); and, 3) perceived support from friends (FR). The focus on the support of family and friends of this South African-designed measure of great interest to this study. The FORQ measure is a reliable and valid measure as indicated by Pretorius (1998) in the South African context. The Cronbach's alpha for the current study was 0.82.

The CSE. This 26-measure scale measures individuals' perceived management of stress and their coping mechanisms when they are dealing with threats and difficult challenges. The CSE has three subscales: (1) Problem-focused management (PFC); (2) stop unpleasant emotions and thoughts (SUE); and (3) the support of friends and family (SFF). This measure sheds light on the participants' relationships with friends and family in the management of difficult challenges, which are often experienced in high-risk environments. The Cronbach alpha for this study was 0.70.

4.6.3 Quantitative data analysis.

Concerning the quantitative data, descriptive statistics and reliability indicators (Cronbach's alphas) were determined for all the measures (Blaxter, Hughes, & Tight, 1996;

Gravetter & Forzano, 2003; Sullivan, 2010). And frequencies for the various categories of mental health according to the criteria stipulated for the MHC-SF. The data obtained in this study was analysed by the statistical consultation service of the North-West University in Potchefstroom, South Africa, utilising SPSS for Windows version 22 (SPSS, 2015). Descriptive statistics and Cronbach alpha reliability coefficients were determined for all scales and sub-scales used.

4.6.4 Questionnaire: Domains of Life.

All participants (N= 808) (study one) were asked to complete a questionnaire. This was done to get general information about the participants of the study such as their age, language (culture), gender, as well as information about the participants' satisfaction with domains of life in the selected community, namely school, family, standard of living, interpersonal relations, health, personal development, leisure – free time, spirituality – religion, community, life in general. This information was used to gain a general insight of these participants' quality of life rated as their satisfaction with the abovementioned domains of life (Matthews, Kilgour, Christian, Mori, & Hill, 2014).

4.7 Phase two

Qualitative research was conducted during the second phase of the study.

4.7.1 Qualitative approach.

Since the second study incorporated detailed descriptions of the participants' social reality (Creswell, 2013; Fouche & Delport, 2011), qualitative methods were used. It is understood that every individual has a subjective view of his/her own reality, which is ever-changing as the individual moves between different contexts. As it is one of the objectives of this study to offer guidelines for a programme to enhance adolescents' relational well-being, it was noted that Fraser and Galinsky (2010) described the first step in intervention research as the researcher's gathering of information on the definition, theory and the identified problem. Ultimately, the gaining of knowledge about participants' perceptions and experiences of relational well-being within the South African high-risk context was needed to create a blueprint for a well-being programme to protect and promote relational well-being.

4.7.2 Qualitative data collection

The acquisition of data occurred via qualitative research techniques at the three secondary schools in the high-risk community, namely:

Personal interviews. Participants were encouraged to make collages (opportunity to share life stories by way of visual material) in order to prompt a good discussion in a spontaneous way with the view on semi-structured interviews.

The semi-structured interviews were directed by questions (Whittaker, 2009) to explore the participants' observations and experience of relational well-being in their community. An interview guide was used to direct the interviews and the following questions were used:

- What do you consider as the most important relationships in your life as adolescent?
- What relationship in your life do you consider as a healthy relationship?
- Please provide me with examples of healthy relationships that you experience at home and at school?
- Where and how do you experience negative relationships?
- How do you cope with negative relationships?

The World Café technique. The World Café technique (Brown, 2005) was implemented and the participants were divided into small groups. The World Café technique allowed informants to share their knowledge and insights in small groups around tables (Brown, 2005), whereby the cross-pollination of ideas across the groups combined diverse perspectives into collective insights. According to Schieffer, Isaacs, and Gyllenpalm (2004) this technique is a process to tap into collective wisdom, and also a tool that creates the context for creative action. It allows small groups to think together collectively and collaboratively as part of a singular connected conversation. This strategy enabled the researcher to observe the participants' non-verbal communication and group interactions. Seeing that participants were actively encouraged not only to express their opinions, but also to respond to other members and questions posed by the leader, this research technique/strategy offers an in-depth exploration of and variety to the discussion. All the participants, including the hosts, i.e., leaders per table were briefed on the research by the researcher to make sure the questions were understood by all parties. All participants were allowed the opportunity to share their thoughts and opinions about relational well-being in a non-threatening way. The whole session was audio-recorded and the recording was transcribed for the purposes of data analysis, and this was done with the permission of all the participants. This technique was ideally suited for the participants to be able to be asked these questions that was of importance to the researcher, and for them to be safe and secure to answer the questions open and honestly. The information gained from the participants provided opportunities for deeper exploration and to gain deeper insights to form a better

enhanced collective understanding (Brown, 2005).

4.6.4 Qualitative data analysis.

The technique of thematic analysis (Creswell, 2013) was used, since it offers the inductive identification of specific features of the text in a systematic way. The raw data, namely the transcribed data, the World Café conversations, personal interviews, and journals of participants were classified into meaningful categories. As a result of the large volume of data which was obtained during the empirical investigation, data analysis spiral, six steps for thematic analysis was used during the research (Creswell, 2013). Creswell's (2009) steps for data analysis were followed and the researcher i) familiarised herself with the data by reading the transcribed material numerous times; ii) established initial codes with side notes to the transcribed material; iii) searched for themes and sub-themes by adding the various codes together; iv) reviewed the themes; v) did a designation and description of the eventual themes; and, vi) wrote a report.

The technique of the thematic analysis was employed to carry out the qualitative analysis as it allows the induction of the detection of particular text features and does so systematically (Creswell, 2013). Raw data was read and re-read, that is, the transcribed reports of the interviews. Consequential themes corresponding to thematic patterns were extracted and clustered into groupings of higher order (Creswell, 2013). The analytical process, through constant critical reflections, was characterised with the primary aim to allow the research data to be self-evident and not be influenced by any prejudices, assumptions or beliefs.

Trustworthiness. In their seminal work on trustworthiness, Lincoln and Guba (1985) argued that ensuring credibility is one of the most important factors in establishing trustworthiness. Both Guba and Lincoln, as cited in Shenton (2004), use the term “progressive subjectivity” or the monitoring of the researcher's work and consider this as critical in establishing credibility.

Shenton (2004) highlighted indicators that researchers can use to make sure that their data is truthful and trustworthy. The following applied to this study:

- Dependability was ensured by accurate recording and reporting of an audit trail.
- Credibility was maintained by making use of a flexible interview guide and having regular debriefing sessions.
- Transferability was demonstrated through a thick and rich description of the data and the context of the participants and conformability was ensured by the process of inter-

rater reliability and peer revision.

The researcher made use of well-established methods in this qualitative investigation. The procedures in this study, such as the data collection and data analysis, are all fixed research methods that have been successfully utilised in qualitative research.

RESULTS AND DISCUSSION: STUDY ONE QUANTITATIVE RESEARCH

In this section the results of both studies are given. First, the results obtained via the quantitative approach are given and a discussion thereof. The quantitative results are followed by the qualitative results, and a discussion thereof.

Descriptive statistics and Cronbach Alpha reliability indices

The descriptive statistics and Cronbach's alpha reliability indices for all scales are presented in Table 1. The mean scores and standard deviations found in this study are comparable with existing research, which suggest that the participants are similar in comparison to the general population in terms of their mental health.

5.1 Quantitative results.

Descriptive statistics and reliability indices for all measures: Table 1 shows the descriptive statistics and Cronbach's 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 of a group of South African psychologists is shown in Table 2 in addition to two other studies conducted with adolescents, namely (Keyes, 2007) who measured the well-being of United States adolescents (between the ages of 12 and 18 years); and a South African study looking at the well-being of Grade 10 learners (between the ages of 15 and 17 years) (Van Schalkwyk & Wissing, 2010). The percentages of participants on the various levels of well-being, as conceptualised in Keyes's model of positive mental health, indicate either flourishing, moderate mental health or languishing. In this South African sample, 44% are flourishing, 4% are languishing, while moderate mental health is

52%; thus approximately 44% are functioning optimally (i.e., flourishing). In comparison to the Keyes's middle school ages study (2009), his finding suggests that most youths are flourishing (49%), less than half (45%) of youths fits the criteria for moderate mental health, while 6% were mentally unhealthy, as they fit the criteria for languishing. Within his findings it was supported that the descriptive hypothesis was that flourishing youth function better than moderately mentally healthy youth, who in turn functioned better than languishing youth.

[please insert table 2 about here]

Scales measuring related facets of well-being, namely family and social support, and coping self-efficacy. Comparisons of South African adolescents (between the ages of 12 and 15 years) residing in a high-risk community, and South African adolescents (between the ages of 15 and 17 years) (Van Schalkwyk & Wissing, 2010) are presented in Table 3. Scores on the MHC-SF indicate the percentages of participants on various levels of mental health corresponding to a great extent with other. Another comparison is that both age groups in these South African studies cannot be categorised as flourishing, i.e., high levels of well-being. Both groups have highest scores for social well-being (SWB), and it was found that the group of the current study (12-15 years old) has even higher scores for SWB than the other group (15-17 years old). Both groups have more or less the same scores for the FORQ measure indicating using support from family and friends. But, there is a remarkable difference as to the Coping Self-efficacy Scale (CSE), indicating effective coping and using the support of friends and family: The CSE mean for 15 – 17 year old adolescent group is 185.39, the CSE mean for the 12 – 15 year old adolescent group is 128.34. This finding indicates that older adolescents have higher scores for effective coping and self-efficacy than early adolescents.

[Insert Table 3 about here]

Domains of life. Also, all participants (N = 808) (study one) were asked to complete a questionnaire pertaining to domains of life. Information about life domains (i.e., school, family, standard of living, interpersonal relations, health, personal development, leisure – free time, spirituality – religion, community, and life in general) is important to establish participants' rating of quality of life (Matthews et al., 2014). Adolescents' perception of their

social environment (including their school, neighbourhood, and home life) has also been seen to have an impact on well-being (Tisdale & Pitt-Catsuphes, 2012).

Next, the ratings of participants' satisfaction with domains of life (in the selected community) of the three schools are presented (see Table 4).

[Please insert Table 4 about here]

Ratings of participants' satisfaction with domains of life (in the selected community) are given. Percentages are an indication of most satisfying to less satisfying: i) family (78.23%); ii) health (75.90%); iii) school (73.54%); iv) Spirituality/religion (70.64%); v) life in general (70.29%); vi) standard of living (66.81%); vii) personal development (65.64%); viii) interpersonal relationships (64.72%); ix) leisure (64.20%); and, x) community (61.32%). The participants rated family as the most important domain of life, and they were least satisfied with their community. Interpersonal relations were not rated as satisfying, while family was rated as most important.

Ratings of participants' satisfaction with domains of life (in the selected community) of school 1 are given. Percentages are an indication of most satisfying to less satisfying: i) family (76.98%); ii) school (75.54%); iii) health (70.50%); iv) Spirituality/religion (70.80%); v) life in general (69.18); vi) standard of living (65.46%); vii) personal development (64.50%); viii) interpersonal relationships (64.14%); ix) leisure – free time (64.86%); and, x) community (59.22%). The participants of this school rated family as the most important domain of life, and they were least satisfied with their community. Interpersonal relations were not rated as satisfying, while family was rated as most important.

Ratings of participants' satisfaction with domains of life (in the selected community) of school 2 are given. Percentages are an indication of most satisfying to less satisfying: i) family (79.20%); ii) health (75.55%); iii) school (75.55%); iv) spirituality - religion (73.60%); v) life in general (71.60%); vi) standard of living (68.40%); vii) personal development (68.25%); viii) interpersonal relationships (67.25%); ix) leisure – free time (65.90%); and, x) community (65.30%). The participants of this school were most satisfied with family, and least satisfied with their community. Interpersonal relations were not rated as satisfying, while family was rated as important.

Ratings of participants' satisfaction with domains of life (in the selected community) of school 3 are given. Percentages are an indication of most satisfying to less satisfying: i) family (78.52%); ii) health (76.60%); iii) school (74.56%); iv) spirituality - religion

(67.52%); v) life in general (70.28%); vi) standard of living (66.56%); vii) personal development (64.16%); viii) interpersonal relationships (62.76%); ix) leisure – free time (61.84%); and, x) community (61.32%). The participants of this school rated family as most important, and they were least satisfied with their community. Interpersonal relations were not rated as satisfying, while family was rated as very important.

In summary: It was found that all participants value their families and they are least satisfied with their community. Interpersonal relations were not rated as satisfying by participants from all three schools (64.72%), while family was rated as important (78.23%).

Discussion: Study one (quantitative research)

In this section the researcher discusses the findings of study one (quantitative research). She authenticates the findings of the current study by presenting the findings in line with the research purpose/question, namely, “What is the prevalence of the various degrees of mental health as defined by Keyes (2005, 2006) in a group of South African adolescents living in a high-risk community?” She expands on i) congruent findings, ii) contradictory findings as well as iii) “those silences” or new insights between the current study and existing literature.

Levels of psychosocial well-being

First, it was found that most adolescents (between 12 and 15 years of age) in this study do not flourish (56%), since the bigger percentage can be categorised as moderately mentally healthy or not functioning optimally, as measured with the MHC-SF. Well-being models and previous research indicated that high levels of wellness and flourishing are of key importance for relational well-being (Keyes, 2005, 2006, 2007, 2009; Ryff, 2013, 2014; Ryff & Singer, 1996; Seligman, 2011; Van Schalkwyk & Wissing, 2010). Given that positive relational functioning is a required diagnostic criterion for flourishing (Keyes, cited in Catalino & Fredrickson, 2011), it was argued that adolescents showing high levels of well-being, experience positive relational functioning. Therefore, i) since most adolescents in this study cannot be categorised as flourishing youth, it is highly probable that they do not experience high levels of relational well-being.

Furthermore, ii) when we compare the findings of the current study with Keyes’s study (middle school – between 12 and 14 years of age), the group of South African adolescents (between 12 and 15 years of age; Grade 8) measures lower than the same age group of the USA youth, and even lower when we take into consideration Keyes’s supposed level of 60% for this age group (see Keyes, 2009). iii) If we situate these results in terms of

related literature, the importance to protect and promote adolescents' well-being is evident, since there are typically many risks linked to the adolescent life phase, such as emotional maladjustment and risky behaviours such as early sexual activity with associated health risks, depression, suicide, drug use, delinquency and dropping out of school (Flisher et al., 2007; Stoop, 2005; Van Schalkwyk & Wissing, 2010). Therefore, if youth are not flourishing, it leaves the door wide open for conditions of vulnerability regarding relational living. Moreover, if adolescents' interpersonal protective resources are at risk more than relational well-being and personal well-being is threatened, namely firstly, risks as to relational functioning in families, for example, supportive grandparents, positive attachments, interested parents, security and sense of belonging experiences; secondly, risks as to relational functioning in the community, for example, supportive educator practices, effective schools, effective school services, positive school practices, pro-social organisation (youth clubs), safe neighbourhoods, and cohesive neighbour systems; and lastly, risks as to culture, for example, cultural belonging, religious and spiritual practices, and positive values and belief systems (Theron & Theron, 2011; Masten, Cutuli, Herbers, & Reed, 2009.)

What's more, this finding indicates vulnerabilities or possible risks for adolescents' relational functioning and healthy connecting during adolescence as well as in future. Apart from risks for relational functioning, since this group of adolescents' well-being are lower than Keyes's supposed level of 60% for this age group, Keyes (2009) also indicated that flourishing may decline over time. He found a loss of approximately 10% of flourishing between the ages of 12 and 14 years (middle school) and between the ages of 15 and 18 years (high school). This means that most South African learners do not experience high levels of well-being during "middle school", and this indicates lower levels of relational functioning which refers to psychological, emotional and social well-being. This is ominous when we take into account that Keyes found a drop of 10% between the ages of 12 and 14 years; and between the ages of 15 and 18 years. This means that mere maturation does not imply improved levels of well-being. Since lower levels of well-being are associated with deficits as to relational well-being, then decreasing as to overall well-being over time could imply the decline of relational well-being. However, we need future research to investigate this. Then again, Dobois, Felner, Brand, Adan, and Evans (2014) stated the enduring negative difficulties related poverty, hazardous environmental conditions as well as those who experience difficulty in their transactions with others, are at increased risk for disorder. They particularly underlined the more serious implications of such settings and social interactions may hinder early adolescents' later development. Ultimately, it is important to protect and

promote adolescents' relational well-being toward *sustainable* positive human health.

Another important finding is the quantitative measuring of participants' social well-being. Scores of the three sub-scales of Keyes's (2005) well-being measure (MHC-SF), namely psychological, emotional and social well-being indicate that the South African group of adolescents show the highest scores for social well-being. These scores revealed interesting information. Although Keyes (2007) has shown that complete well-being comprises social well-being, it is also important to emphasize dimensions of emotional and psychological well-being regarding relational well-being. Next to social well-being, the highest scores were found for emotional well-being indicating adolescents' experience of happiness and life satisfaction is (linked to the hedonic approach). The lowest scores were found for psychological well-being, and this is noteworthy for relational functioning, since essential aspects of interacting, namely the role of self-esteem, self-regulation, effective coping, achievement of long-term goals, and personal growth are linked to facets of positive functioning. Also, the noteworthy difference between the participants' of the current study and a previous South African study (Van Schalkwyk & Wissing, 2010) about the role of coping (as indicated by Coping Self-efficacy Scale) (see table 3) and well-being, could probably be linked to a lack of psychological competence and interpersonal functioning. Yes, adolescents' well-being is a positive state where among the various dimensions, the psychological, emotional, social and relational needs of individuals are being met (Keyes, 2005). Nevertheless, although these needs are interdependent, they have their own unique set of qualities (Benade, 2014). Therefore, adolescents' psychological well-being is of paramount importance for healthy relating. This finding can be illuminated by Erikson's work as to the adolescence life phase and the development of a sense of self and identity.

Although adolescents' identity is shaped and maintained to a large extent by their interactions with others, Erikson, (1968) stated that if a sense of identity does not emerge during adolescence, the individual will be confused when making decisions that will affect his/her adult life. Therefore, although social and interpersonal skills are important to foster, adolescents' psychological strengths or personal well-being cannot be considered less important. Personal well-being is central for i) healthy interactions, such as anger and stress management and coping skills; ii) positive relating, such as showing empathy, active listening, recognizing and appreciating individual and group); iii) pro-social activities such as negotiation, conflict management, resisting peer pressure, networking, motivation); and, iv) responsible decision-making, such as information gathering, critical thinking, evaluating consequences of actions (World Health Organisation [WHO], 2009). In this way

psychological well-being of adolescents are important, not to exist merely as part of a group or society, but to be equipped as healthy individuals nested in a network of positive and supporting relationships (Nelson & Prilleltensky, 2010). When we consider this finding within the African context, it is worthwhile to take note that a typical characteristic of social relationships in an African context is an undeniable sense of responsibility for the well-being of the other (Khumalo, cited in Wissing, 2014). Therefore, higher scores for social well-being can be regarded as beneficial for relational well-being. Then again, it is interesting that information gained from the questionnaire (Life Domains) showed that participants rate their families (or belonging to a family) as important, but satisfaction about relations indicating the quality of relating was rated much lower. This finding is supported by Wissing, Khumalo, and Chigezaa (2014) who showed that a group of adolescents (Batswana group of African students) - in line with previous Western studies - viewed relationships as the most important source for meaningful existence. Facets of family referred to the intrinsic value of the family and this was indicated as *“to have a family”* and to get support, voiced as *“cared for when days are dark”*. However, although belonging to a family is viewed as of utmost importance, this perspective does not necessarily imply close ties (for example, living together/co-residence) or healthy relational functioning. This finding should be viewed within the following information: research about absent fathers (Madhavan, Townsend, and Garey, 2008); early adolescents living in a high-risk community and their perspectives of their parents’ lack of support as to education (Cronjé-Malan & Van Schalkwyk, 2015); information that 40% of all households in South Africa are headed by a single parent (The White Paper, 2013); only 35% of children in South Africa living with both their parents; 23% of children live with neither their parents and 3% are living with their father and almost 30% with only the mother; also, statistics indicate that the majority of children not living with their parents are not orphans, but they were removed from their parents due to being neglected by their parents (Save The Children, 2015).

In summary, findings from study one (quantitative research) indicated that most adolescents in this study do not experience high levels of well-being, and this finding implies several risks for adolescents’ relational well-being. The insight gained from this finding is that if adolescents’ relational well-being and interpersonal protective resources are at risk, these risks hold threats for adolescents’ interrelatedness in families, in the community, and culture. Furthermore, these vulnerabilities or possible risks for adolescents’ relational functioning have implications for their healthy connecting during adolescence as well as in future as adults. The second finding revealed that this group’s high scores for social well-

being do not equate relational functionality, since complete well-being comprises psychological and emotional dimensions too. In this sense, we recognise that adolescence is the life phase for the formation of a healthy identity. Yet, the healthy self will acknowledge the importance of the greater good.

The results obtained via the quantitative approach and a discussion thereof was presented in the previous section. Next, the qualitative results are presented, followed by a discussion thereof.

RESULTS AND DISCUSSION: STUDY TWO (QUALITATIVE RESEARCH)

6.1 Qualitative results

The qualitative method was used, seeing that this research sought to understand and interpret local meanings, namely the lived experiences of adolescents as to relational well-being (Braun & Clarke, 2013). The study was both explorative and descriptive as it sought for in-depth insight and therefore rich data was required in order to gain understanding of the phenomenon (Fouché & De Vos, 2011). Transcribed reports of the semi-structured interviews and world café discussions were analysed and meaningful themes were identified, and in this way thematic analysis was a strategy of qualitative data analysis through which results were systematised and inferred.

In this section the researcher discuss the findings of study two (qualitative research). She authenticates the findings of the current study by presenting the findings in line with the research purpose. This section includes a brief discussion of the themes as the researcher expands on i) congruent findings, ii) contradictory findings as well as iii) new insights between the current study and existing literature.

Main themes identified and sub-themes

The following main and sub-themes were identified: (1) Adolescents' notion of healthy and dysfunctional relational living, and the sub-themes: positive relating is empowering, a culture of sharing; positive relating at home; at school; and, in the community; (2) Relational functioning and significant role-players, and the sub-themes: positive relational functioning and family, relational functioning with friends, dysfunctional romantic relationships, and relationship with educators; (3) Relational functioning and role of emotions and coping; and the sub-theme: coping with negative relational functioning/interacting; (4) Relating and a high-risk community, and the sub-themes: relational functioning and positive experiences of support within the high-risk community, and negative influences/threats as to relational functioning in the high-risk community.

A Table 5 is used to summarise the identified themes and sub-themes regarding youths' understanding, experience and perceptions of relational well-being.

[Please insert table 5 about here]

Next, these main themes and sub-themes are presented with the needed verbatim to support the qualitative findings.

Theme 1: Adolescents' notion of healthy relational living

The participants' understanding of healthy relating was described as a connection between people that could include family, extended family, friends - as well as romantic interactions - educators, and community-members. Qualities of positive interconnectedness were indicated, namely the presence of positive relational qualities such as trust, forgiveness, provision and the absence of negative relating, such as violence and abusive relations. Relational well-being was described by the participants in the following way:

A healthy relationship is free from conflict and mistreatment. A healthy relationship has trust and confidentiality (Personal interview, School 1, Participant #5, Female, Xhosa)

Jy gat nie kwaat uit by die huis nie. Ons sort alles net daar klaar. (You do not leave home when you are still angry. You sort things out.) (Personal interview/, School 2, Participant #10, Female, Afrikaans)

It's whereby you and a friend, you have a friend like a best friend, a best friend everything that you have or everything that you feel like secrets and somethings that your parents don't know or your family does not know, but your friend does know and that's how I see relationships. (Personal interview, School 2, Female, English).

Cause my mother used to live in a Wendy house at the back of my Granny's house but then she moved to XXX to her own place to take care of me.... (Personal interview, School 3, Participant #2, Female).

Daar is verskillende verhoudings...verskillende konneksies tussen jou ma en pa tussen jou familie, vrinne, liefdes, ja, en God. (There are different relations...connections between your

mother and father, you family, friends, Yes, and God. (Personal interview, School 2, Participant #7, Male, Afrikaans)

Sub-theme 1.1: Positive relating is empowering. Participants' narrations indicated the experience of empowerment when they experience positive interactions.

I'll like ask my Granny questions, she tells me things that I didn't know and she tells me, she don't want me to make the same mistake as my mother made having me at a early age, she wasn't yet twenty one years old didn't yet finish her matric. (Personal interview, School 3, Participant #2, Female, English)

Jy moenie mense afbring nie soos jy moet liewerste try om vir hulle te uplift ten all tye of vir mense compliments gee wat hulle kan goed voel (You mustn't bring persons down, you must rather try to uplift them at all times, or give them compliments that will make them feel good.) (World Café group, School 2, Participant #4, Female, Afrikaans)

Sub-theme 1.2: A culture of sharing. The traditional “township culture of sharing” (Bohman, cited in Theron, Cameron, Didkowsky, Liebenberg, & Ungar, 2011) pervades participants' lives and enables them toward interrelatedness in several practical ways. According to Lesejane, cited in Theron, et al. (2011) this *ubuntu*-like cultural compliance in sharing basic provisions enables adolescents to negotiate for basic needs (compare objective aspects of well-being). Participants explained that good relationship entails positive interrelatedness and sharing with more than merely the biological family, interrelatedness embraces sharing and trusting, for example, neighbours:

That's a good relationship, oh leave a key at, oh this is good, leave your key, your house key next door, you trust that person enough to give them access. (World Café group, School 1, Participant #3, Female, Xhosa)

Interrelatedness includes good relations **at school**, referring to the importance of having the confidence to communicate with educators about general matters.

...chat with your teacher about general stuff other than school, that's also a good relationship. (World Café group 1, School 2, Participant #2, Male, Afrikaans)

Although a culture of sharing is typical to the *Ubuntu* worldview or cultural context, the description of good relations at school within the context of high-risk community where crimes such as theft/stealing are common, this sharing as ‘helping’ was narrated when dealing with negative experiences:

A healthy relationship at school is telling who stole your money when someone at the tuck shop ah, takes your money away then there will be someone at the side-line and then they will just point at that person, that's a good relationship. (World Café group 2, School 2, Participant #2, Female, Xhosa)

Descriptions of relational well-being as taking into account the realities of social ills, such as being exposed to high levels of crime, and the absence of greater harm or even less resources (for example, having no money to buy some food), are confirmed by research done in a South African high-risk community (Cronjé-Malan & Van Schalkwyk, 2015).

Interrelatedness as good relations in the community refers to the importance of respecting others:

A healthy relationship in the community is respect to the elders in the transport, when the elders don't have a seat in the bus - to the elders that are not even their family members. (World Café group 2, School 2, Participant #4, Male ,Afrikaans/English)

You get into a taxi and there's no gaji as some taxi's have, so they, the taxi driver usually asks the person in front to collect the money from, from the other passengers, so it's a good relationship because that person trusts that stranger enough to, to say okay you can collect my money. (World Café group 3, School 1, Participant #2, Female, Xhosa).

Participants agreed that in general a healthy relationship is defined by those qualities of honesty, trust, good manners; consideration; telling parents secrets; and acceptance (Theron & Theron, 2014; Wissing et al, 2014). Although these relational qualities are not „new information“ per se, the application within a culture of interrelatedness within a high-risk community, shed new light on relational well-being and South African adolescents. This means that for example, positive relating and issues of trust are uniquely expressed and lived according to cultural practices and in daily activities, such as trusting neighbours with your

house key toward for example, the sharing of food. Also, it is noteworthy that positive relations are described as dealing with the „bad“ or disaster, for example, when a learner „assist“ another learner when her money has been stolen at school. In a high-risk community to be robbed is an ordinary experience (Felner, 2006; Cronjé-Malan & Van Schalkwyk, 2015), therefore healthy relations are described as support to deal with these appalling events.

Theme 2: Relational functioning and significant role-players

Relational functioning embraces interconnectedness with significant persons in adolescents' lives, namely family, friends, and educators. This theme involves the following sub-themes: positive relational functioning and family; positive and negative relational functioning with friends, including dysfunctional romantic relationship; as well as relational functioning and educators.

Sub-theme 2.1: Positive relational functioning and family. Relationships with the family inferred relational ties with significant adults in the participants' lives, namely biological parents, extended families and legal guardians.

Because my family have to be always there for me to support me in good times and bad times...families comes first. (Personal interview, School 2, Participant #5, Female, English).

At home it is a very healthy relationship because my mom and dad kissed me and give me that that commission of a healthy relationship, they don't hit one another, where I could just experience a bad relationship, if they facing credit crises they solve it by talking and they prefer to involve me so that I learn. (Personal interview, School 2, Participant #3, Female, Xhosa)

The role of culture was also clearly explained when some participants (Xhosa participants) mentioned that they usually discuss matters with their mothers, and not their fathers.

A healthy relationship for me is like the relationship I have with my mother and father. I don't talk to my father, no it's too embarrassing. (Personal interview, School 1, Participant #2, Female, Xhosa)

Participants shared the knowledge that relating with a parent – meaning the fact that the parent is “my parent” – does not automatically imply healthy interrelatedness. Participants underlined the awareness of good and bad (absence of healthy discipline and effective communication) relating.

Yes you get bad relationships, bad relationship is, is for example of a boy that say ja my father give me food but my father hit me also that's not a good relationship. (Personal interview, School 1, Participant #3, Male, Xhosa)

She (my mother) has no communication and when she, she has done something wrong with me, she does not have, she does not come to me and tell me, I'm sorry for doing that and that I know I was wrong. (Personal interview, School 2, Participant #5, Female, English)

These experiences of the healthy and broken regarding adolescents' relational connections with significant people in their lives are confirmed by several studies (Greeff, cited in Wissing, 2013; Madhavan et al., 2008; Save the Children, 2015; Van Schalkwyk & Wissing, 2010). In contrast, Parra-Cardona, Bullock, Imig, Villarruel, and Gold (cited in Theron et al., 2011) indicated that relatedness for Mexican youths in Vancouver represents *close family ties* that are central to their daily activities and commitments. Mexican youths spend more time with parents, siblings, and family friends than with peers during their *day*. These youths will make sacrifices to ensure that their families were involved and prioritized *familismo*. Mokwena (cited in Theron et al., 2011) showed that for South African adolescents, relatedness refers to having close bonds with for example cousins despite spending most of their *day* interacting with peers, largely unsupervised. Also, South African youths' kinship terminology emphasizes their relatedness, for example, cousins are called brothers or sisters, denoting respect for, and lived experience of, communal relatedness within the extended family.

Sub-theme 2.2: Relational functioning with friends. Relational functioning with friends comprises both positive and negative experiences. The participants viewed healthy relationships with friends as the freedom and trust to communicate with their friends, since their friends experience the same challenges as they do, namely the same trials due to, for example, adolescence.

My relationship with my friends because, because I can, I can tell them everything, everything that I can't tell my parents I tell them, cause you don't feel, cause they the same age and they more, they yes, they understand because they going through the same things that you going through, parents can like judge openly... (Personal interview, School 1, Participant #1, Female, Xhosa)

It became evident that talking to their friends without the fear of being judged was also very important to them; it forms a support network for the participants to cope with negative relational well-being they experience, be it either in the school, community or home environment.

A healthy relationship is when you are able to speak about feelings or something that happened and you didn't like, to someone who are close to you - your mom, sister and friends, even a teacher at school, okay, a healthy relationship is when you abstain from fight and sex. (Personal interview, School 1, Participant #4, Female, Xhosa)

And a healthy relationship is when a friend support you in every step of the way. (Personal interview, School 2, Participant #4, Female, English)

It was disclosed that close friendships contribute to satisfying basic human psychological needs for recognition and relatedness, and in this way can contribute to well-being.

In contrast, negative relations with friends were viewed in terms of the breaking of trust as the irreparable damage to quality ties.

Where me and, me and one of my friends, we were, we were very close like she used to tell me everything, everything, I used to know everything about her and she used to know everything about me and then one day she just like broke it, she just broke our trust and I didn't feel that, that I felt before, I didn't feel that and I felt like it just broke. (Personal interview, School 3, Participant #2, Female, English)

Sub-theme 2.3: Dysfunctional romantic relating. Participants mentioned that bad relationships were understood between a boy and a girl when physical violence occurs and the girl must placate the former boyfriend to avoid more abusive behaviour.

Where the girl, where the boy hits the girl, where there um they can't talk about what we feel and where very second day then the girl must now walk around...go look for the food for the boy because...yes, this happened here in Delft. The girl must and the girl must go look for the food and if you don't get food then she must run around on roads then the boyfriend comes with their stones and his everything to hit her because she can't get food. (Personal interview, School 3, Participant #3, Male, English).

Although the role of friends - including romantic relations – are essential for healthy development, it seems that the context of high-risk community implies risks and accumulating negative consequences/life threatening as to dysfunctional romantic interactions.

Sub-theme 2.4: Relationship with educators. Participants indicated that trusting their educators not to single them out as a learner with deviant behaviour or bad school performance was important for them as to positive learner-educator relationships in the learning environment. The participants also concurred that their ability to concentrate during school hours increased when they experienced a good relationship with the educators as they then felt more comfortable and confident. Relations with their educators are important, since the educator-learners relationship is viewed as the most significant relationship within the school community, and these interactions are vital in that schools are either enabling environments or not (see Theron & Theron, 2010, 2014). For many adolescents the completion of their school education (most of them were the first in their families to do so) implies a brighter future. Then again, the adolescents experienced negative relations with their educators when they were ridiculed in the class room. This was explained in the following manner:

You can experience negative relationship in class when the teachers asks, ask a question then you talk about something else or you talk wrong thing, then, then the children in the class will laugh at you, you see? And you feel bad about yourself. (Personal interview, School 2, Participant #2, Female, Xhosa)

In summary, positive relational functioning with significant role-players, such as family, friends and community was identified, and the characteristics of dysfunctional

romantic relationships were revealed. The importance of being able to talk to especially friends, or family members toward constructive coping when dealing with intense negative emotions, for example anger and disappointment, was underlined. Then again, the role of culture was clearly demonstrated, when some participants mentioned that they would never consider or have the courage to discuss “intimate stuff” with their fathers.

Theme 3: Relational functioning and role of emotions and coping

Participants indicated that positive relational living entails effective coping with negative emotions, such as anger. The constructive management of negative emotions is described as part of healthy relating.

Sub-theme 3.1: Coping with negative emotions. The experience of negative emotions, such as hurt and disappointment are part and parcel of relating for adolescents. Coping with these negative emotions were expressed as:

You ignore it; I just cry; I go to my friends, I talk about it. Normally when I am angry, I hate the person.; No I go sit alone, I just sit at home, I don't want nobody.” (World Café group 1, School 2, general remarks of the group)

I will be cross but I won't do bad, I will just get myself away from people and take a walk. (World Café group3, School 1, Participant #3, Female, Xhosa)

On the other hand, participants choose to cope with such painful experiences by exercising, for example going for a jog, talking to friends, listening to music or journaling. This was expressed in the following way:

I'll write it down, so that you know when you writing, it just comes out, you just write the word, exactly how you feel. (World Café group 2, School 1, Participant #1, Female, Xhosa).

We girls we write our problems into diaries, we talk to our teddy bears, we smile to our phones, we just help. (Personal interview School 2, Participant #3, Female, English)

Cause you can't keep it to yourself - when you keep it to yourself then it will like make you do stuff that you not supposed to do then you must get someone to help you out.(World Café,

group 3, School 2, Participant #4, Male, English, Xhosa).

I mostly play soccer. so when I'm very very angry because of emotions. i take out of my frustrations of the ball. (World Café group 3, School 2, Male, Afrikaans)

Male adolescents want to be honest about their negative emotions and human relating;

Just sitting and thinking - be like crying, cause when you hurt you just want to cry. (World Café group 3, School 1, Participant #2, Male, Xhosa).

Dealing with negative emotions is part of adolescence, and this association is confirmed in literature/existing research (Erikson, 1950). Even Freud referred to this life phase as a time of intense emotions expressed as storm and stress. Then again Rice (1992) mentioned that adolescence as a developmental stage entails maturation and learning. An essential aspect of this learning process was underlined by male and female participants who acknowledged that dealing with intense negative emotions (due to relational interacting) can be dealt with in an effective or ineffective manner. While male participants acknowledged that communicating about intense negative emotions will enable them to “*process and deal with the issue*” (World Café group 3, School 2, Participant #1, Female, Afrikaans), they were also aware of some men using violence (“beating the other person”) to cope with negative emotions. But, the male participants (shared wisdom of the group) were in agreement that violent behaviour is not wise, since it can lead to more problems, such as being expelled from school if the fighting should occur at school. Louw et al. (2011) stated the role of being expelled from school as one of the reasons that add to school drop-out eventually. Cronjé-Malan and Van Schalkwyk (2015) found that when adolescents are fighting with others at school, parents/legal guardians are summoned to school and these problems at school imply negative parent-child relations at home, or even domestic violence. Also, many adolescents living in the mentioned high-risk community have experiences of family-members being in jail for various reasons linked to violence (Cronjé-Malan & Van Schalkwyk, 2015).

This theme highlighted the role of emotions, coping with negative relational functioning and interacting with one another through positive emotions, and understanding the consequences of their actions can offer the adolescents good direction when it comes to enhancing relational well-being in their lives and with others. Erikson’s view of adolescence as a task entailed “confronting the crisis of identity versus identity confusion so as to become

a unique adult with a coherent sense of self and a valued role in society” (Erikson, 1950, p. 461).

Theme 4: Relational functioning and a high-risk community

The participants described their relational experiences in terms of their interactions within the context of the high-risk community. Relational interaction always happens within a specific context, and participants’ narratives indicated that relational functioning in a high-risk community comprises positive and negative experiences.

Sub-theme 4.1: Relational functioning and positive experiences of support within the high-risk community. Positive relational interacting with persons in the high-risk community were experienced as the practical assistance with regard to basic needs, such as borrowing sugar from the neighbours; or, leaving the house key at the trusted neighbours in order for other family members to have access to the house. These examples of helpful habits were described in the following manner:

...asking for sugar from the neighbours. (World Café group 3, School 1, Participant #2, Female, Xhosa)

Sub-theme 4.2: Negative influences/threats as to relational functioning in the high-risk community. All the participants mentioned the influence of the high-risk community and being exposed to negative role-models, for example gangsters, parents and/or family members using substances to cope with difficult challenges such as unemployment.

Gangsters, alcohol and drugs are involved and negative relationships are like usually abusive relationships, and relationship, and like negative relationships take place everywhere here in Delft (Personal interview, School 3, Participant #4, Female, Afrikaans)

Um at school I don't think we face a very healthy relationship because the school is dysfunctional children between gangsters you know, no one cares about anyone, it's, ja at school. (Personal interview, School 3, Participant #1, Female, English)

We already know who the gangsters is - and those gang groups will also wait outside, also after school, sometimes they will fight and then the other learners will also be affected by

that. (Personal interview, School 2, Participant #1, Female, Xhosa)

En hulle (ander groupie jongens) hou my twee vrinne vas wat saam geloop het, hulle hou vir hulle twee vas en hulle slat my, en daarvandaan af het hulle heeltyd jokes gemaak en vir my was dit nie lekker nie. (And they – other youngsters – held my two friends who walked with me, they held them, and they slapped me, and then they made jokes all the time, and that was not a good experience for me.) (Personal interview, School 2, Participant #10, Male, Afrikaans)

All participants had personal experiences of witnessing these interactions among gangsters and/or the methods used by gangsters, i.e., violent behaviour to intimidate others with constant fear and threats. WHO (2009) indicated that poor social skills, low academic achievement, impulsiveness, truancy and poverty are among the factors that fuel this violence. Apart from the gangsters' dysfunctional examples of relational functioning, many participants underlined the negative impact of living within such a high-risk community. The participants stated that even within the school communities, these dysfunctional examples of relating occurred, as well as the influences of these terrifying interactions. Although McCubbin, McCubbin, Zhang, Kehl and Strom (2013) indicated that the western and individualistic perspective may not be sufficient to determine the well-being of people from indigenous cultures that value collectivism, as a relational perspective assumes that the individual, family, community and society are interconnected and inseparable. Also, if the researcher acknowledges that the relational perspective demonstrates respect for the people and their unique cultures.

The main point driven home was that participants' understanding and experiences of relational well-being within a high-risk context offer important direction regarding the quality of relational interacting. In other words, while relationships and networking are of the essence and could offer those relation-based sharing of resources that counter-act adversities (Ungar, 2011; Wissing & Temane, 2008); within a context of poverty and serious limitations regarding resources, such as safety, relational well-being is described.

Findings were presented as being confirmed or not by existing literature. "Silence" as to most participants' religious affiliation or relationship with God/Higher Power must be noted. Spirituality as inner resources are viewed as a reservoir from which individuals can draw when facing the challenges of day-to-day living (Van Dierendonck, Rodriguez-Carvajal, & Moreno-Jiménez, 2009), and the central role played by spiritual matters for

persons to achieve personal goals has become a recent focus of behavioural science research on quality of life and well-being (Wissing & Temane, 2008). In other words, relationship with God/higher power is an important aspect for overall well-being. In a multinational study, Delle Fave, Brdar, Freire, Vella-Brodrick, and Wissing (2010), the low frequency of the spirituality/religiousness life domain reported as a source or constituent of happiness and meaningfulness was surprising, given that most people, such as people living in Italy, acknowledged following a religion. In the same study, religion and spirituality were rated highly in both happiness and meaningfulness in South Africa. This means that although South Africa is acknowledged as a country as “spiritually active”, participants did not refer to their relationship with God in the high-risk community within the context of relational well-being. This could be explained as an assumed aspect of relational interconnectedness, or that within a high-risk community, participants do have not a “history” of religion as families, but that this is a private/personal decision to attend for example church services. In contrast, Theron et al. (2011) did indicate that South African youths refer to religious ties, i.e., attending Sunday school and active participation in religious activities as part of resilient living. We need future research to South African adolescents’ perceptions and experiences of relational well-being and relationship with God.

Theme four built on research emphasising the social and physical ecologies of well-being, including youth’s cultures and contexts (Ungar, 2011). Adolescents’ relational interactions can be viewed as learnt behaviour against the backdrop of constant threats to healthy relational living as understood within the African “Ubuntu” worldview. Ubuntu can be marked as the social philosophy that animates African culture and its capacity to express compassion, reciprocity, dignity, harmony, and humanity in the interests of building and maintaining community. Battle (1997) claimed that Ubuntu reflects the strong interdependent nature of human beings, which truly exist within a network of family, fellowship, and community relations. Contrasted with relational functioning which could mirror a positive interchange of compassion, dignity, and pride, the absence of relational and psychosocial well-being (which could also be referred to as intra-psychological facets and individual behaviours), was illustrated in regards to contextual challenges of the mentioned high-risk environment.

6.2 Discussion: Study two (Qualitative research)

The second study aimed to explore a group of South African adolescents’ perspectives and

experiences of relational well-being within the context of a high-risk community. The qualitative findings indicate that the participants' understanding of relational well-being comprises healthy and dysfunctional relational interactions with various role-players (see theme one). It is noteworthy that although this group of South African adolescents view relational well-being as both positive and negative aspects (see theme one), the reality of incongruities cannot be ignored (see sub-theme 2.2: "*a healthy relationship is when you abstain from fighting and sex*"). In other words, *positive* relational functioning is viewed as the absence of *negative* and *risk* behaviour. Even so, positive relational qualities were described as the presence of healthy qualities, such as trust and forgiveness as well as the absence of negative relating, such as violence and abuse. This finding is supported by Benade (2013) that the quality of relational interacting is vital for relational well-being. Within the context of Keyes's (2005, 2006, 2007) model of complete mental health it is important to underline that flourishing - implying positive relations - equals the presence of particular facets of well-being, and not merely the absence of ill-being.

Facing many negative emotions is part of adolescence (Erikson, 1950). Flourishing relations were understood as the constructive coping with for example negative emotions such as anger (see 3rd theme). The third theme explained adolescents' understanding of the consequences of actions when they are dealing with intense negative emotions related to daily interactions. Van Schalkwyk and Wissing (2010) support this finding that South African adolescents view effective coping as the honest managing of intense emotions when dealing with for example aggression. This finding is confirmed by Fredrickson (2009, 2013) that the effective coping with negative emotions can be viewed as buffers or safeguards, and positive emotions offer those resources toward flourishing and relational functionality.

Furthermore, relational well-being and positive connecting regarding the issue of provision of basic needs, was an implicit aspect of the narratives. In this sense "a culture of sharing" was significantly linked to relational well-being indicating survival and the wider community's support. Still, whether these adolescents experience sufficient or insufficient support (objective aspects of well-being) and caring (subjective aspects of well-being), the notion to belong to a family was of paramount importance (see themes 1 and 2). This finding is supported by Wissing et al. (2014) who showed that a group of adolescents (Batswana group of African students) - in line with previous Western studies - view relationships as the most important source for meaningful existence. The intrinsic value of the family was clearly part of the current study as participants linked this deep sense of belonging to issues such as the provision of daily/basic needs, for example shelter and education. In other words

relational well-being was also linked to objective or socio-economic aspects of well-being (Cronjé-Malan & Van Schalkwyk, 2015).

Also, relations with persons supporting adolescents' with regards to daily needs were viewed as those positive relational aspects of residing in a high-risk community. These actions of caring and culture of sharing were associated with interrelatedness as experiences of support within the high-risk environment toward daily needs, for example the boldness to borrow a cup of sugar or potatoes from neighbours and general assistance regarding "house-keeping" practices. In contrast, the negative relational aspects of growing up in a high-risk environment were linked to the continuous exposure to dysfunctional interactions and behaviour, such as gangsters' rule of terror and not being safe due to many crimes, for example being attacked. Therefore, the qualitative findings illustrated that most participants, i.e., adolescents in this study have stories of positive as well as many negative and/or destructive relational interactions in the high-risk community. This finding is supported by various South African studies indicating that although "township" residents face multiple daily challenges, including poverty, violence, crime, overcrowding, limited infrastructure, alarming HIV incidence, and fragmented family structures, "townships" such as the selected high-risk community are often competent communities, possessing a wealth of resilience-promoting resources (Ramphela, 2002; Roos & Temane, 2007). Including families and neighbors that band together to share what they have and form networks of mutual support.

Briefly put, the qualitative findings show that for this group of adolescents, relational well-being is viewed as an integral aspect of their protective resources that encourage "ordinary" daily being and doing (Masten, 2001). These daily practices can be linked with adolescents' social skills (Keyes, 2007; Van Schalkwyk & Wissing, 2013). Also, relational well-being as interrelatedness embraces interactions with significant role-players, taking into account their emotional and social well-being (compare Keyes, 2005, 2007). Relational interactions take place within the specific context and culture of these adolescents. Ultimately, relational well-being constitutes an understanding of well-being as an integral, multi-aspected, and multifunctional notion (Alatartseva & Barysheva, 2015). It includes objective as well as subjective aspects of well-being - as the congruence of being in harmony with self, others and the environment. Also, while relationships were recounted as integral to overall well-being, low quality relational interactions (i.e., arguments, fighting and family issues) indicate main sources of risks or threats for relational well-being.

GENERAL DISCUSSION: Study one and two

The aim of this study was to investigate the relational well-being of a group of adolescents living in a South African high-risk community. Quantitative and qualitative approaches were implemented and findings from both these studies are discussed in this section within the directory of adolescents' experiences and understanding of relational well-being.

The quantitative measures (study one) show that about 6 out of 10 (56%) of a group of South African adolescents living in a high-risk community do not flourish. Qualitative findings (study two) show that adolescents' relational well-being is seriously restricted, and it is offered that these limitations can possibly be explained by taking into account the destructive influences of a high-risk community in association with the violence of long term poverty. In this sense we are reminded of Ghandi's famous quote, that poverty is the worst kind of violence committed to children. Evidently, all persons such as adolescents who are poor, and living in high-risk communities, are not only economically disadvantaged, but also lacking in social and psychological well-being (Khumalo, cited in Wissing, 2014). This finding supports Alartseva and Barysheva's (2015) argument that well-being must be considered in the framework of a conceptually comprehensive logic (including objective as well as subjective aspects of well-being), that embraces one's existence in accordance with one's natural essence, i.e., being in harmony with others and the environment.

The findings show that when adolescents cannot be categorised as flourishing (quantitative study), then deficits as to relational well-being are real (qualitative study). Also, South African well-being research (Khumalo, cited in Wissing et al, 2014) shows the dynamic relationship among basic psychological need fulfilment, and contextual elements. Yet, it is worthwhile to note that Prilleltensky (2012) mentioned that although human beings' well-being cannot be considered without taking into account contextual factors, it is not enough to promote positive circumstances. This is significant for the current study about relational well-being, since openness towards social acceptance, social contribution and social integration does not automatically indicate relational competence and relational "flow" (see Gergen, 2009; Keyes, 2005, 2007). In this sense, more is needed to accomplish high levels of adolescents' relational well-being.

It was also found that although African adolescents have higher scores as to social well-being than psychological well-being (study one/quantitative research) - indicating their strengths as to connectedness and communal living (study two/qualitative research), these higher scores do not necessarily guarantee quality ties. However, these higher scores can be related to intrinsic value of "family" and being part of a family, versus the presence of healthy relational functioning (see scores indicated by questionnaire: Domains of life). The

understanding of health and well-being in an African context is primarily shaped by the harmony of relationships, often in hierarchical order and permeating through a wide range of life domains and levels such as family, community and social institutions, royal courts, and the realm of the spirits (Ryff & Singer, 1998). Findings indicate that although a group of adolescents are raised with a collectivistic world view, i.e., well-being is viewed mainly as a relational construct this does not guarantee relational competencies and healthy interacting. This finding has grave implications for adolescents, since it is widely accepted that the framework of inter-connectedness in the African culture is enough. But, although Ubuntu reflects the strong interdependent nature of human beings, more is needed. Closely linked to positive relational living are the strengths of protective layers acting as buffers for adolescents against risks in regards to fractured families and abusive relationships that occur commonly in high-risk communities. This means that when adolescents accept the instructions of their culture, it does not imply that they have mastered the skills of relational functioning.

Briefly put, well-being research emphasise the dynamic relationships among basic psychological need fulfilment, and contextual elements such as relational well-being, family functioning and sense of community (Khumalo, cited in Wissing, 2014; Matthews et al., 2014). It was shown that in addition to measurement, we need to explore and understand group-specific understanding and unique experiences of adolescents' relational functioning within a high-risk community. It was also emphasised that to ignore developmental life stages, for example, the adolescent life stage and cultural diversity in the study of psychosocial well-being would be to impose contextual uniformity and universality. Then again, while socio-cultural embeddedness and developmental stages are important, if adolescents do not experience high levels of relational well-being, then their overall well-being could be at risk. These risks could manifest as repeated disconnections (such as continuous conflict), and for any individual these experiences can lead to a sense of shame and powerlessness about making future connections or, condemned isolation (Miller, cited in Ruiz, 2012, see chapter one, part 2).

Unique findings of this research are: Quantitative findings indicate that most adolescents (between the ages of 12 and 15 years) do not experience high levels of complete well-being – implying much vulnerability for this group's relational well-being. Qualitative findings show when adolescents experience continuous lack or loss of resources as to objective well-being, their relational well-being suffers. This finding is of great interest, since most participants i.e., adolescents of the current study grew up within a culture of

interconnectedness (“Ubuntu”). These experiences of lack can be linked to relational disconnecting as mentioned by Ruiz (2012), indicating risks for relational well-being. Also, in the long run, deficits as to relational well-being may reduce the possibility of carrying out tasks, such as completing their academic careers, establishing themselves in the job market, and building healthy romantic relationships (Ryff, 2014; Van Schalkwyk & Wissing, 2010). This implies intervening at the earliest stage to guide adolescents towards higher levels of positive health, i.e., flourishing relations and, where necessary, to restore healthy interacting, rather than to wait to manage destructive interpersonal disconnecting.

LIMITATIONS OF THIS STUDY

The current study had several limitations:

- As convenience sampling was done with the adolescents that took part in this study, it must be noted that these findings are not representative of all adolescents in South Africa.
- The conclusions made cannot be used to generalise experiences, perceptions and interpretations on behalf of all adolescents living in high-risk environments.
- Not all the participants were as forthcoming to participate in regard to talking about their emotions relative to relational experiences. The researcher noticed that many participants were not used to talking about their personal experiences or they did not have the “vocabulary” to voice these painful interactions.

RECOMMENDATIONS

We need future research about the processes of relational well-being toward good growth when youngsters are growing up in conditions of adversity, such as broken homes and impoverished relational ties. Also, we need South African longitudinal studies to determine the influences of well-being programmes to strengthen adolescents’ psychological, emotional and social well-being toward fortified relational well-being. It is recommended that these studies take into account contextual and socio-demographic factors, since relational well-being as the “how” of interacting is indeed the key to personal and collective well-being.

Recommendations regarding adolescents’ relational well-being and their relations with God/higher being are needed, since most participants avoided this relationship. Existing literature/research highlighted the connections between human relationships and meaning in life. O’Donnell, Bentele, Grossman, Le, and Steger (2014) indicated that better relationships, such as family, romantic and friendship relationships go hand in hand with experiencing more

meaning in life. This was not found in the current study, and future research is recommended to look at this issue within the South African context in poorer communities.

CONCLUSION

South African adolescents residing in a high-risk community do struggle, since poverty does not merely influence monetary/economic issues related to daily needs (or Maslow's first levels to actualise human potential), it also has the risk potential to damage those relational connections and relational participation central to well-being and meaningful living.

In a country such as South Africa, diverse cultures are represented and need to be taken into account for relational functioning. Justice needs to be 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. Clearly, the role of constructing meaningful interactions in everyday life and its circumstances are beyond mere facts of the 21st century and social media, since most adolescents will agree on pro-social values, but the mere availability of such information does not entail the successful implementation within concrete situations. Also, since the South African society recognises that our real wealth is our people; all efforts toward the creation of material wealth should aim at the ultimate objective of enriching human lives. And, adolescents' relational well-being offers the key to this prosperity.

This study offers a distinctive contribution to the science of positive psychology, by illuminating the relevance of interrelatedness/relational well-being for adolescents in the context of a high-risk community. Despite many challenges, the potential and quality of healthy interacting could determine youth's relational repertoire toward sustainable well-being.

Adolescents are the future of any society, and in order to optimise their relational functioning toward personal and collective well-being, known relational strengths should be protected and promoted, while stressors and risks ought to be addressed. The way forward is to develop guidelines toward the enhancement of adolescents' relational well-being. Such efforts where relational health is fortified could enable South African adolescents to withstand and overcome the many challenges of inner/internal and outer/external environments.

Note

¹ The author decided to use the name of the community (Delft), because the information used in the research study is specifically applicable to only this area in the Western Cape. The author is acutely aware of the recommendations made by the North-West University's ethical committee to protect the community from harm.

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

Measures	Mean	SD	Range of scores		α
			Minimum	Maximum	
MHCSF_EWB	10.24	3.06	0	15	0.82
MHCSF_SWB	12.68	5.29	0	25	
MHCSF_PWB	21.15	5.19	4	30	
Total MHCSF	44.03	10.48	5	70	
FORQ-S	20.64	3.49	7	28	0.82
FORQ-SP	17.85	3.34	6	24	
FORQ-F	21.08	3.99	7	8	
Total FORQ	59.58	8.73	20	80	
PFC	58.73	17.78	15	116	0.70
SUE	43.34	13.96	0	87	
SFF	26.13	8.90	0	50	
Total CSE	128.34	37.15	30	243	

MHCSF_EWB: Mental Health Continuum Short Form_Emotional Well-being; MHCSF_SWB: Mental Health Continuum Short Form_Social Well-being; MHCSF_PWB: Mental Health Continuum Short Form_Psychological Well-being; MHCSF: Mental Health Continuum Short Form; FORQ-S: Fortitude Questionnaire-Personal understanding of problem solving; FORQ-SP: Fortitude Questionnaire-Observed/experienced support from family; FORQ-F: Fortitude Questionnaire-perceived support from friends; FORQ: Fortitude Questionnaire; PFC: Problem focused management; SUE: stop unpleasant emotions and thoughts; SFF: the support of friends and family; CSE: Coping Self-Efficacy Scale.

Table 2. The prevalence of levels of mental health of adolescents exposed to high-risk environments in three South African (SA) schools in comparison with findings for South African-Youth (15-18 years old) and USA – Youth middle school.

Studies	Number of participants	Languishing	Moderately mentally healthy	Flourishing
SA (12-15 years) current study	808	4%	52%	44%
US (12-14 years) Keyes (2009)	1260	6%	45%	49%
US (12-18 years) Keyes (2007)	1234	6%	56%	38%
SA (15-18 years) Van Schalkwyk (2010)	665	5%	53%	42%

Table 3. Descriptive statistics for adolescents (12-15 years) and (15-17 years), as well as Cronbach reliability indices for measures based on total number of participants.

Measures	Mean	SD	Range of scores		α
			Minimum	Maximum	
12-15 years					
MHCSF_EWB	10.24	3.06	0	15	.82
MHCSF_SWB	12.68	5.29	0	25	
MHCSF_PWB	21.15	5.19	4	30	
Total MHCSF	44.03	10.48	5	70	
Total FORQ	59.58	8.73	20	80	.82
CSE	128.34	37.1	30	243	.70
15-17 years					
MHCSF_EWB	10.42	2.70	0	15	.87
MHCSF_SWB	10.81	5.06	0	24	
MHCSF_PWB	21.66	5.52	0	30	
Total MHCSF	42.91	11.04	4	68	
Total FORQ	61.88	11.82	33	80	.89
CSE	185.39	39.92	74	260	.85

MHCSF_EWB: Mental Health Continuum Short Form_Emootional Well-being; MHCSF_SWB: Mental Health Continuum Short Form_Social Well-being; MHCSF_PWB: Mental Health Continuum Short Form_Psychological Well-being; MHCSF: Mental Health Continuum Short Form; FORQ: Fortitude Questionnaire; CSE: Coping Self-Efficacy Scale.

Table 4. Indications of participants' satisfaction – rating of various domains.

Satisfaction rating	School 1 (n = 221)	School 2 (n = 263)	School 3 (n = 324)	Mean
Family	76.98%	79.20%	78.52%	78.23%
Health	75.54%	75.55%	76.60%	75.90%
School	70.50%	75.55%	74.56%	73.54%
Spirituality - religion	70.80%	73.60%	67.52%	70.64%
Life in general	69.18%	71.40%	70.28%	70.29%
Standard of living	65.46%	68.40%	66.56%	66.81%
Personal development	64.50%	68.25%	64.16%	65.64%
Interpersonal development	64.14%	67.25%	62.76%	64.72%
Leisure	64.86%	65.90%	61.84%	64.20%
Community	59.22%	65.30%	59.44%	61.32%

Table 5. Identified themes: Relational well-being and adolescents living in a high-risk community

Theme 1: Adolescents' notion of healthy relational living

Positive relating is empowering

I'll like ask my Granny questions, she tells me things that I didn't know and she tells me, she don't want me to make the same mistake as my mother made having me at a early age, she wasn't yet twenty one years old didn't yet finish her matric. (Personal interview, School 3, Participant #2, Female learner, English)

A culture of sharing

That's a good relationship, oh leave a key at, oh this is good, leave your key, your house key next door, you trust that person enough to give them access. (World Café Group 1, Participant #3, Female learner, Xhosa)

Theme 2: Relational functioning and significant role-players

Positive relational functioning and family

Because my family have to be always there for me to support me in good times and bad times...families comes first. (Personal interview, School 2, Participant #5, Female learner, English).

Relational functioning with friends

A healthy relationship is when you are able to speak about feelings or something that happened and you didn't like, to someone who are close to you - your mom, sister and friends, even a teacher at school, okay, a healthy relationship is when you abstain from fight and sex. (Personal interview, School 1, Participant #4, Female learner, Xhosa)

Dysfunctional romantic relating

Where the girl, where the boy hits the girl, where there um they can't talk about what we feel and where very second day then the girl must now walk around...go look for the food for the boy because...yes, this happened here in Delft. The girl must and the girl must go look for the food and if you don't get food then she must run around on roads then the boyfriend comes with their stones and his everything to hit her because she can't get food. (Personal interview, School 3, Participant #3, female learner, Xhosa)

Relationship with educators

You can experience negative relationship in class when the teachers asks, ask a question then you talk about something else or you talk wrong thing, then, then the children in the class will laugh at you, you see? And you feel bad about yourself. (Personal interview, School 2, Participant #2, Female learner, Xhosa)

Theme 3: Relational functioning and role of emotions and coping***Coping with negative emotions***

I mostly play soccer. so when I'm very very angry because of emotions. i take out of my frustrations of the ball. (World Café group, School 2, Participant #3, Male learner, Afrikaans)

Theme 4: Relational functioning and a high-risk community***Relational functioning and positive experiences of support within the high-risk community***

...asking for sugar from the neighbours. (World Café Group, School 1, Participant #2, Female learner, Xhosa)

Negative influences/threats as to relational functioning in the high-risk community

Gangsters, alcohol and drugs are involved and negative relationships are like usually abusive relationships, and relationship, and like negative relationships take place everywhere here in Delft. (Personal interview, School 3, Participant #4, Female learner, Afrikaans)

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Guidelines for the Facilitation of Relational Well-Being in Adolescents Living in a High-Risk Environment

Odette Geldenhuys

PhD Psychology student at the time of research

Centre for Child, Youth and Family Studies

Faculty of Health Sciences

North-West University

Potchefstroom

E-mail: olourens@gmail.com

Please address correspondence to:

Dr Izanette van Schalkwyk

Centre for Child, Youth and Family Studies

Faculty of Health Sciences

North-West University

Potchefstroom

E-mail: 20977026@nwu.ac.za

GUIDELINES FOR THE FACILITATION OF RELATIONAL WELL-BEING IN ADOLESCENTS LIVING IN A HIGH-RISK ENVIRONMENT

Abstract

Guidelines are offered to design a scientifically-based well-being programme to enhance South African adolescents' relational well-being. Adolescents who reside in high-risk communities are dealing daily with environments characterised by crime, poverty, disease, broken families and numerous social ills. Against this backdrop, guidelines for the enhancement of adolescents' relational functioning are necessary. This study emphasises the fact that increased levels of relational well-being will not automatically occur, but has to be cultivated strategically. Existing literature and themes that resulted from a process of qualitative data analysis revealed that experiences of healthy relations, the presence of character strengths such as compassion and forgiveness expressed in ordinary daily interacting as virtuous cycles, are aspects that are crucial in the enhancement of relational well-being. These aspects indicate those particular determinants translated as relations skills, but the absence thereof imply grave challenges for relational health. Overall, it is proposed that enhancing relational well-being and the intentional strengthening of relational intra- and interpersonal resources can assist adolescents to move beyond mere surviving toward the experience of a well-lived life.

Keywords: Guidelines, South African adolescents, relational well-being, positive psychology, high-risk community

INTRODUCTION

Haidt (2006 p 134) quoted John Donne's "no man, woman, or child is an island", indicating that we need other persons to complete us. This well-known quotation refers to humans as ultra-social species who are full of emotions, finely tuned for loving, befriending, helping, sharing, and otherwise intertwining our lives with others. Kahneman (cited in Goleman 2006) posits that a life rich in rewarding relationships is one way to escape from the hedonic treadmill or the contemporary craze of continual consumption or enslavement to short-term pleasures. This remark hinting at the scarcity of rich relational experiences of 21st century

humans signifies why the wealthiest people are not generally the happiest.

The most powerful influences toward a life worth living or flourishing lives are linked to relations such as friends, relatives, parents, and siblings (Van Schalkwyk and Wissing, 2010, Seligman 2011). These good-quality relationships are of the strongest sources of well-being and connectedness can act like emotional vitamins, sustaining human beings through hardships and nurturing us daily (Fredrickson 2009, 2013). For adolescents, the quality of family, friendship, school and romantic relationships, and their access to these systems are vital to well-being (Van der Berg et al. cited in Wissing 2013). A growing body of research on the links between relations, well-being and context (Wissing 2014) indicates the importance of relational well-being (RWB) as a distinctive component of complete well-being (Wissing 2013).

The focus of this article is to provide guidelines to enhance adolescents' relational well-being (RWB), since relating and interacting is part and parcel of living systems. Within the framework of positive psychology, various well-being models state the centrality of positive relationships as resources for flourishing and optimal living (Ryff and Singer 2000, Keyes 2007, Seligman 2011, Fredrickson 2013, Ryff 2014). While Ryff (2013, 2014) indicated the significance of quality ties or interpersonal flourishing for psychological well-being, she also specified the key role of positive relations for resilience when well-being is threatened. It must also be borne in mind that both the hedonic as well as the eudaimonic perspectives of positive psychology refer to the integral role of positive relations when humans experience for example, joy and meaningful interactions with family when celebrating a grandmother's birthday. Additionally, Lambert et al. (2013 p 1418) emphasised a sense of belonging for well-being ("to belong is to matter") and meaningful living. Fredrickson (2009) showed the benefits of positive reciprocity as well as the impact on physical health towards interpersonal flourishing. Vacharkulksemsuk and Fredrickson (2012) studied behavioural synchrony for relationship formation processes and interaction quality. Also, Gable et al. (2010) added to research about RWB constructs such as "positive responsivity" that indicated the richness of relational participation. Ultimately, conceptual models and empirical findings highlight the pivotal role of relationships and connectedness in the construction and enhancement of positive functioning and purposeful living (Delle Fave and Soosai-Nathan 2014). However, since levels of well-being are not static, and RWB is an integral part of personal as well as collective well-being (Nelson and Prilleltensky 2010), it is argued that programmes or planned strategies are needed to intentionally protect and promote adolescents' RWB.

This chapter is structured as follows: First, the rationale and conceptual background for

guidelines to enhance RWB for South African adolescents are explained. This includes the motivation to intentionally enhance adolescents' RWB, and a brief description of these guidelines. This will include Keyes's model of complete mental health. Second, guidelines will be offered for the design of a RWB programme, with reference to the aim, content and directions for implementation, as well as some information about the process and outcomes. For the purpose of this study, the construct "RWB programme" will be used, and not intervention, since interventions could imply a therapeutic approach inferring clinical conditions.

Rationale and conceptual background

In this section, reasons for the enhancement of RWB in South African adolescents are offered, as well as what theoretical models could inform such a RWB programme.

2.1 The need to protect and promote adolescents' relational well-being

Firstly, well-being research reveals increasingly that relational interacting offers opportunity for well-being (Wissing 2014). This means that as relationships arise continuously in the flow of interactions between people, the self is realised through the other in a "relational matrix" (Kitching, Roos and Ferreira 2012). This perspective implies the need to move beyond the intra-personal level to a relational or interpersonal level where the focus is on the inter-relatedness referring to the complexity of continual connecting. This is in agreement with Gergen (2009) who disputed viewpoints that prompt the improvement of interpersonal health mainly as beneficial for personal well-being.

Secondly, Prilleltensky stated that RWB is one of the essential components of overall well-being. Prilleltensky and Prilleltensky (2006) pointed toward the broad consensus that well-being entails satisfaction with life as a whole attached to specific domains, such as health, economic situation, and relationships (Cohen 1999, Pavot and Diener 2008, Rath and Harter 2010, Huppert and Linley 2011, Chmiel et al. 2012). Furthermore, the Gallup Corporation (Rath and Harter 2010) has advanced a five-factor model, which claims that i) career, ii) social relationships, iii) physical health, iv) community, and, v) finances constitute the central elements of well-being. Well-being has undoubtedly a lot of valuable good in its own right, but it's also desirable for its association with positive states such as mental health, physical health, and meaningful relationships (Andrew and Whitey 1976, Campbell et al. 1976, Nieboer, et al. 2005, Buettner 2010, Pavot and Diener, 2008, Seligman, 2011).

It is remarkable that Prilleltensky (2010) viewed child/adolescent wellness as

achieved by the satisfaction of personal, collective, and relational needs. Prilleltensky and Nelson (2000) suggested that wellness is closely tied to wellness at other levels of analysis. The hierarchical concept of wellness lies therein that the needs of the child or adolescent are predicated on the satisfaction of the needs of the family; and, in turn the needs of the family depend on the community welfare, which is largely based on the level of social wellness. It is for this reason that the family as a whole has to look after the needs of its children, and communities need to protect their people by providing services. Values such as caring, compassion and justice attend to diverse personal and collective needs, as do psychological and material resources. The wellness of children and adolescents not only depend on the satisfaction they get from personal and relational needs, but also on the fulfilment of collective needs such as overall prosperity (Prilleltensky and Nelson 2010). A systematic and holistic approach to interventions will assist with multiple levels of analysis. Therefore mental health problems are viewed in the context of characteristics of the individual (coping skills, personality traits); the microsystem (family and social network), mesosystem (interaction of all the systems of the immediate environment of the adolescent); the exosystem, which deems to be the mediator between the adolescent and his/her family and the larger society (work settings, schools, religious settings, neighbourhoods); and lastly the macrosystem (economic policies, social safety net, social norms, social class).

In a sense, Prilleltensky and colleagues proclaimed the “life line” qualities of RWB. While relational interactions in various formats are increasingly emphasised for people in the 21st century by means of technological progress as to “social media”, it is also exciting that relational well-being RWB as interrelatedness encompasses all those aspects of human interacting that indicates the psychological, emotional, social and circumstantial forces at work (dynamics of relating); mechanisms or tools of relating (character strengths, such as respect and empathy); and, personal capabilities (emotional abilities, coping and communication skills) including the role of context and culture (Wissing 2014). On top of all this, McCubbin et al (2013) suggested that the traditional focus on a Western-European paradigm of well-being may not be sufficient to determine the well-being of individuals and families with roots in indigenous cultures. When we consider healthy relational functioning, the role of age cannot be omitted.

Thirdly, the **significance of the adolescent life-phase** as a determining part of human beings’ developmental growth (Bronk 2009), holds promises as well as threats for RWB relational well-being. An adolescent's drive to experiment with new behaviours occurs for a number of reasons that are typically linked to psychosocial development (Papalia, Olds and

Feldman 2006). Although the adolescent period is marked by increased involvement in risk behaviours that may predispose young people to poor long-term outcomes, many of the risk behaviours are relatively transitory in nature and are resolved by the beginning of adulthood (Deci and Ryan 2008). On top of adolescents' numerous developmental challenges, including increasing need for independence, evolving sexuality, transitioning through education and commencing employment, consolidating advanced cognitive abilities, they negotiate the changing relationship with family, peers and broader social connections (Cameron and Kanabarrow 2003). These risk behaviours are expanding nowadays as to the possible threats linked to cell phones, computers, and various social media communication possibilities (Goleman 2013). Then again, the many benefits of social media and having access to computers, e-mail, cell phones, et cetera, should be valuable to contribute to healthy relating, for example to encourage a friend dealing with the impact of domestic violence.

The above-mentioned reasoning for guidelines to enhance adolescents' RWB adds to the finding that there is a loss of flourishing between the various life-phases, namely youth ages of 12-14 and adolescents 15-18 (Keyes 2009); as well as the adolescent life phase and the adult life phase (Keyes et al. 2008, Van Schalkwyk and Wissing 2010). Empirical findings indicate that most adolescents (12-15 years old) do not experience high levels of psychosocial well-being (see chapter three/article 2): Only 4 in 10 adolescents (12-14 years old) in South Africa can be categorised as flourishing. Moreover, well-being researchers (Delle Fava and Massimini, 2005, Maddux 2008) emphasised that well-being should be understood in the context of complex interactions between youngsters and the wide range of their life situations. It could thus be argued that 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 adolescents and ultimately as adults through the systematic development of stable healthy relations. In this sense, programmes aimed at the building and strengthening of quality ties encompass healthy relations with self, and their immediate environments inclusive of their friends, family and community.

Fourthly, although positive relations and healthy interrelatedness is of vital importance for adolescents, especially since relational competencies in this development phase holds the key towards successful outcomes, such as intimate relationships, attention must be paid to context. Schwartz et al. (2010) stated that in addition to being shaped by dispositions, motivations, and individual experiences, adolescents' development of personal identity can be influenced by the social and cultural environment. The role of social barriers,

for example, socioeconomic barriers can prevent young people from realizing the goals that they have set for themselves (Phillips and Pittman 2003). Clearly, context comprises positive as well as distressing dynamic forces influencing human relating (Bronfenbrenner cited in Ng and Fisher 2013).

Transactional-ecological perspectives (Dubois et al. 2014) helped us to understand that children and youth who are faced with significant levels of hazardous environmental conditions, as well as those who experience difficulty in their interaction with others, are at increased risk for disorder. Negative developmental outcomes involve the experience of chronic, daily stresses, such as those associated with poverty, as well as more acute elevations in stressful circumstances, such as those associated with major life transitions, have both been proven to be strongly associated with a wide array of disorders including, but not limited to, psychological and emotional problems, behavioural problems at home and school, poorer academic performance, and drug use (Dubois et al. 2014). High-risk communities are viewed as destructive or disabling environments that pose risk factors and many problems for healthy relational living (Felner 2006). We can therefore not disregard the significance of objective indicators of wellness and environmental concerns (Prilleltensky 2011, 2014). Then again, it is significant that a growing body of evidence is helping to explain the social processes or social ecologies that lead to youngsters' positive development when facing significant measures of adversity (Ungar 2011).

Bronfenbrenner (1979) theorised that all relating must be viewed as embedded within a particular context. Bronfenbrenner highlighted the mutual influence of humans and their external environment (third phase of his bio-ecological model). Various well-being researchers (Van Schalkwyk and Wissing 2013, Khumalo, Temane and Wissing 2014) caution us to not ignore the role of context and the wider social environment of adolescents when considering guidelines to enhance RWB. When we view environments or communities as enabling or disabling, the host of underlying and interlinked social and economic factors contributing to the high rate of violence, abuse, neglect and exploitation of adolescents in South Africa, more specifically in high-risk environments, must be reckoned with (Felner 2006). High-risk communities are associated with high levels of poverty, the high rate of unemployment, gender inequality and harmful stereotypes (Frye and Kisten 2012), broken families and absent fathers, harmful customary attitudes and practices among some cultural groups in relation to children and women, societal acceptance of violence and authoritarian discipline, and high levels of substance abuse (Townsend and Dawes 2004).

Seeing that such external environments or communities entail disempowering

influences for developing youth, such as adolescents, guidelines should ultimately include preventative efforts that are comprehensive and multi-sectorially aimed at, for example, poverty alleviation, substance abuse prevention and treatment, gender education, the promotion of positive discipline, parenting support and education, as well as interventions that offer protection from harm or the threat of harm through effective policing, social services, child justice, judicial services, and strengthened family and community responses (Ward, Dawes and Van Der Merwe, cited in WHO, 2009). It is thus imperative to pay attention to the systematic and timely development of adolescents' RWB (inner environment), as well as to the external environments, called high-risk communities.

Van Schalkwyk and Wissing (2010) recommended that adolescents growing up in disabling spaces, such as high-risk communities, are in need of effective interventions or school-based well-being programmes. Apart from the restrictions associated with poverty towards the actualisation of human potential and purposeful living (Ryff 2014), unsafe environments imply many threats and limitations for positive youth development. Prilleltensky (2008) suggested ameliorative efforts as well as the intentional building of personal and collective resources. In this sense, RWB relational well-being programmes should also aim at reducing risks related to relational functioning and interpersonal health. Risks entail lower levels of well-being (called languishing by Keyes) and can be described when adolescents model negative examples, such as gangsters, and peers who are involved with illegal practices; impaired relationships and the experience of broken homes or fractured families (Van Schalkwyk and Wissing 2010). Since many South African adolescents residing in high-risk communities struggle with poverty due to various reasons, such as their parents/legal guardians' unemployment (Van Zyl and Du Preex 2013), their relationships do suffer when they struggle with many challenges, including the major disconnections that result from abuse and violence (Ruiz 2012). Also, adolescents' psychological functioning suffers, as they are limited in exploring and expressing their thoughts, feelings, and actions (Ruiz 2012). In other words, it is important that for example institutions like schools deliberately invest in youth programmes aimed at the enhancement of relational functioning and social skills.

Furthermore, when adolescents suffer psychologically, it is important to emphasize what will suffer (as identified in article 2 of this dissertation). In other words, positive functioning leads to self-acceptance, personal growth, a sense of purpose and meaning in life, the ability to manage or cope with life situations, autonomy and positive relationships with others (Ryff and Singer 1998, Keyes 2005a, Ryff 2014,). Therefore, flourishing youth who

possess high levels of positive functioning also function well psychologically, emotionally and socially (Keyes and Lopez 2002, Van Schalkwyk and Wissing 2013). In this sense it is important to take into account that alongside with the dimensions of child well-being, such as material well-being, health and safety, and education (UNICEF, cited in Benade 2014), determinants of child well-being point to positive adult-child relationships, a sense of belonging, positive self-esteem, and opportunities to be given responsibility and be involved in decision-making processes (Benade 2014) take into account for example of guidelines. In other words, the personal, relational and collective needs are interdependent, but they have their own unique set of qualities. Therefore, dimensions of adolescents' psychological well-being, emotional, and well-being are essential for a well-being programme aimed at RWB. Considering the socio-cultural embeddedness of relating and adolescence (developmental stage) as anchoring contextual factors, it is evident that healthy interacting and quality ties include psychological competence as to for example adolescents' autonomy. But, these capabilities must be developed and strengthened intentionally (Van Schalkwyk and Wissing 2013).

Finally, the intentional enhancement of adolescents' RWB is the participation in, and receiving an education/learning. Learning can affect adolescents' well-being during the course of their lives. These factors include the re-affirming and establishing of good social relationships. Having good strong social networks all help in improving the well-being levels of adolescents. The encouragement of relational strengths is needed to build personal resources and to deal effectively with the negative and destructive impact of negative or dysfunctional relations. Theron et al. (2011) recommended that the culture and context should particularise the building of these resources, to provide a "protective wrap" (Tjin a Djie 2003, p17) against vulnerability.

Apart from adolescents' vulnerability concerning the impact of destructive relations and personal and collective well-being, it is required that they are empowered to address their helplessness or sense of control concerning the destructive influences of the external environment. Living in a high-risk community and the many perils of such an environment, aggravate all of the possible difficulties mentioned about adolescence. For example, one of such dangers that adolescents who are residing in high-risk communities are exposed to continuously is the issue of violence. Since many children die daily due to violence, including interpersonal violence, it was found that apart from factors such as poverty, poor social skills, and impulsiveness are among the factors that fuel this violence. Important for this research/article, is that this violence can be prevented by developing those life skills of

adolescents and young children including interpersonal as well as those skills associated with cognitive, emotional, and social abilities that enable individuals to deal effectively with the challenges of everyday life. Evidence (see World Health Organization [WHO] 2009) shows that even preschool enrichment and social development programmes, which target children early in life, can prevent aggression, improve social skills, boost educational achievement and improve job prospects. These effects are most pronounced in children from poor families and neighbourhoods.

Also, WHO (2009) recommended that further research is needed to improve our knowledge of the effects of life-skills toward relational skills, particularly in developing countries. Since most research on life skills programmes has been conducted in high-income countries, particularly the United States of America, more research is needed on the impacts of social development programmes in low- and middle-income countries, such as South Africa.

The above-mentioned provided some reasons why adolescents' RWB need to be enhanced. These factors relate to the potential of relational functioning as resources for overall well-being, the importance of time (life phase) and space (context). It was mentioned in the above-mentioned sections that programmes aimed at the deliberate building of adolescents' RWB can best be approached within the framework of positive psychology as the scientific study of "ordinary" human relating which embraces psychological, emotional and social strengths. This approach emphasise that the strengthening or enhancement of RWB does not imply only the mere eradication of the "dysfunctions" regarding interacting and relating, but more is required, namely the deliberate development and implementation of functionality (Keyes 2007). This means that the mechanisms and dynamics of healthy inter-relatedness are dissimilar to the mere absence of "the bad" and dysfunctional relationships. In this sense, healthy interacting will be qualified by (culture-specific) behaviour such as the showing of respect and constructive management of possible challenges due to conflict, versus destructive behaviour, for example the presence of domestic violence and emotional abuse.

Next, guidelines are offered to enhance RWB in South African adolescents who are living in high-risk communities.

GUIDELINES TO ENHANCE ADOLESCENTS' RELATIONAL WELL-BEING: RELATIONAL WELL-BEING PROGRAMME

Adolescents are a very important target group for the building of relational capacity to ensure a better future for themselves, families and hopefully their communities as well. The current study thus offers guidelines for a RWB programme to systematically enhance relational functioning in the lives of adolescents and to counteract the negative impact of damaging or destructive relational experiences. Guidelines are offered with reference to the aim, possible structure and general procedure for implementation of RWB programmes.

3.1 Aim of a relational well-being RWB programme

The aim of a RWB programme will be to enhance adolescents' relational functioning as guided by the notion of relational health. The focus of the well-being programme will be the intentional and systematic fortification of RWB relational well-being. This aim includes the unique challenges of adolescents residing in a high-risk community. It must be mentioned that these guidelines refer mainly to the content of a well-being programme to enhance adolescents RWB, and not the particular procedure of, for example, an intervention, since the programme first need to be evaluated to be implemented. Therefore, the focus of this chapter/article is not for instance, *specifying procedural elements of well-being programme to enhance adolescents' RWB*. The aim of the guidelines is to provide those essential ingredients or content details for a well-being programme to enhance RWB. Usually the procedure would entail for example i) *conducting a pilot test* to finalize the strategy to enhance adolescents' RWB (the pilot study could reveal certain challenges and possible recommendations made by the participants during the evaluation of the preliminary support strategy at the end of the pilot testing; this will help in designing the final well-being programme/strategy to enhance RWB); and, ii) the researcher should then have evaluated the developed programme and made the necessary adjustments.

Introductory note to the guidelines

The following factors were identified to protect and promote adolescents' RWB within the South African context (taken from the identified themes, see previous chapter of the dissertation/article 2), namely i) adolescents' notion of healthy relational living comprises empowering relating and a culture of sharing; ii) the role of significant role-players is important for relational health; iii) relational functioning includes the coping with negative emotions; and, iv) relational living in a high-risk community comprises positive, negative and

destructive experiences. It is important to translate these four factors as functional strategies toward improved RWB: firstly, the need to provide information about healthy relational functioning (see chapter 3/article 2, study 2 – qualitative research, theme one); the need to underline positive (empowering) peer group interaction (see chapter 3/article 2, study 2 – qualitative research, theme three); to provide information about enabling educator-learner relations within the learning environment (see chapter 3, study 2 – qualitative research, theme two); to describe healthy relations with extended family (see chapter 3/article 2, study 2 – qualitative research, theme two); to encourage the seeking of supportive adults to discuss problems (see chapter 3/article 2, study 2 – qualitative research, theme two); to give information about emotional health and romantic relations (see chapter 3/article 2, study 2 – qualitative research, theme three); to increase positive relational experiences in a high-risk community (see chapter 3/article 2, study 2 – qualitative research, theme four); and, to identify, decrease and abolish unhealthy or even dangerous interactions in a high-risk community (see chapter 3/article 2, study 2 – qualitative research, theme four). These valued findings can be used as part of the functional strategy (activities) of the various sessions of the RWB programme.

Quantitative findings of the current study

Also, quantitative measures (study one) show that about 6 out of 10 (56%) of a group of South African adolescents living in a high-risk community do not flourish. Findings (study one – quantitative research) indicate that most adolescents of the group do not experience high levels of well-being; this implies that the door is wide open for conditions of vulnerability regarding relational living for adolescents (Guse and Vermaak 2011). Also, adolescents who are exposed to enduring poverty are more at risk to develop mental health problems (Flisher, Lund, Funk, Banda, Bhana and Doku, 2007), and since lower levels of psychosocial well-being are associated with vulnerabilities, it is crucial that socio-economic factors should be considered. Therefore, although the participants of the current study have to deal with ordinary crises associated with the adolescent life phase, such as challenges linked to identity formation, these adolescents living in a high-risk community are more vulnerable, since they lack the usual “safety structures” of healthy families or positive relationships. Since these additional difficulties of the external environment are greatly beyond the “control” of the adolescents, it is argued that a programme aimed at the enhancing of adolescents RWB, focus mainly on the strengthening of adolescents’ inner environment, while taking into account the numerous risks of the adolescents’ inner and outer environment.

For example, although most adolescents living in the selected high-risk community have first-hand experience of gangster violence and substance abuse, the strengthening of relations with persons who are positive role-models in their school and/or wider community can be encouraged to achieve life goals.

Qualitative findings of the current study

Qualitative findings indicated that adolescents' RWB is seriously restricted, and it is offered that these limitations can possibly be explained by taking into account the destructive influences of a high-risk community in association with the violence of long term poverty. It was also found that although African adolescents have higher scores as to social well-being than psychological well-being - indicating their strengths as to connectedness and communal living – these higher scores can be related to intrinsic value of “family” and being part of a family, versus the presence of healthy relational functioning and needed skills, competencies in the sense of virtues that have been exercised to become second nature or learnt behaviour through habit formation (Lyubomirsky 2007). Therefore, it was argued that facets/dimensions of adolescents' psychological, emotional and social well-being should be strengthened toward relational health and resilient coping.

3.2 Guidelines for a relational well-being RWB programme: Existing knowledge

Encouraging higher levels of RWB in adolescents is built on existing knowledge, such as the valuable insights for the protection and promotion of positive human health: see Diener (2000), Fredrickson and Losada (2005), Lyubomirsky, Sheldon and Schade (2005), Keyes (2005, 2007, 2008), Virtue in Action Strengths Model of Peterson and Seligman (2004), the resilience literature concerning flourishing functioning despite adversity (Yates and Masten 2004) and using the positive psychology resources regarding the pragmatic level of research (Linley et al. 2006). The content of the programme can be linked to the developmental phase of adolescents, using models such as those of Smith (2006, pp 13-79), Deci and Ryan (2002, pp 227-268), the selection, optimisation and compensation (SOC) model (Baltes and Freund 2003, pp 23-47); and Bronfenbrenner's bioecological model, as well as Prilleltensky's notion of wellness (2012) which included levels of well-being described as the objective and subjective measures of well-being at four levels of analysis, namely personal, interpersonal, organisational and communal. Finally, culture-specific information should be included and used to enrich efforts toward interrelatedness, for example the information, i.e. the findings of the current study (see Section B, article 2 /chapter 3).

It is also important to mention that well-being – that comprises more than mere

subjective personal well-being – can be improved. Research done by Lyubomirsky and colleagues (Lyubomirsky et al. 2005, Lyubomirsky 2007) showed that well-being can be enhanced towards flourishing. Active involvement and practice are needed, since the mere provision of information will not imply successful implementation (Van Schalkwyk and Wissing 2013). Although the role of genetic factors (50% of the level of happiness is genetically determined), circumstances (10% is accounted for by circumstances), and wilful decisions (40% is under voluntary control) (Lyubomirsky 2007) are important, these factors are amendable by intentional activities and practice. Guidelines for programmes to enhance RWB relational well-being should value several other studies that showed that practicing certain virtues, such as gratitude (Emmons and McCullough 2003), and forgiveness (McCullough, Hoyt and Rachal 2000), are able to bring about enhanced well-being, since these character strengths and virtues are associated with RWB.

Quantitative findings show that South African adolescents have higher scores for social well-being, but lower scores for psychological well-being (Geldenhuys and Van Schalkwyk, to be submitted). For this reason, it is argued that guidelines should include facets of Keyes's model, and particularly the psychological dimension contracted upon the research of Ryff and colleagues' (Ryff and Singer 1996). 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 added a social dimension to those developed by Ryff, and which is of special importance in the South African context (Keyes et al. 2008). Keyes (1998pp 121-140) conceptualised social well-being as "the appraisal of one's circumstance and functioning in society." He described social wellness in terms of the following facets: *Social integration*, *social acceptance*, *social contribution*, *social actualization*, and *social coherence*. These facets of social well-being (see Keyes's well-being model) entailed, namely: Social acceptance (holds positive attitudes toward, acknowledges, and is accepting of human differences); Social actualization (believes people, groups, and society have potential and can

evolve or grow positively); Social contribution (sees own daily activities as useful to and valued by society and others); Social coherence (interested in society and social life and finds them meaningful and somewhat intelligible); Social integration (a sense of belonging to, and comfort and support from, a community) (Keyes 2005, p 98). It is clear that Keyes emphasised the social dimensions of well-being as against previous multidimensional models (Ryff, 1989) which consider the self as primarily private, and thus show a bias towards typical Western notions of individualism. Therefore, according to Keyes, a well-lived life embraces psychological, emotional 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 pp 577-606), Diener's (2000 pp 34-43) emphasis on satisfaction with life and Fredrickson and Losada's (2005, pp 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 et al. (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*. For this reason, guidelines for well-being programmes should thus be linked to intentional activities and effort in sustaining them.

These intentional efforts could be directed by Seligman's Penn Resiliency programme (Gillham et al. 2007 p 9-19, Seligman, 2011), since surviving and thriving in a high-risk community supposes high levels of resilience. This programme equips youngsters to cope successfully in the face of significant change, for example the death of parents due to HIV/Aids; adversity, for example violence due to gangsterism; or risk (Masten 200, p 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, should be valued. Masten's (2001, p 235) guideline about "...everyday magic of the ordinary, normative human resources" has profound implications for promoting competence and human capital in individuals who are facing many risks due to unsafe communities and poverty. Considering

the reasoning that the absence of ill-being does not automatically indicate the presence of comprehensive well-being (Keyes 2007, pp 95-108), and that the key to sustainable well-ness lies not merely in genetic make-up, nor in only changing circumstances, but in the human being's daily intentional activities (Lyubomirsky et al. 2005, pp 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. However, these behaviours are enhanced by protective factors in the individual as well as those resources in the environment.

Furthermore, the developmental phase of adolescence and relational functioning and consequent behaviour, holds particular promise for the relational well-being RWB programme. Of crucial importance is the cognitive development of adolescents, because this will determine in what way they could be expected to show for example self-control when they experience intense feelings and emotions in relationships when dealing with, for example, interpersonal challenges and cognitive problem-solving (WHO 2009). Although this information was provided in a previous chapter (see Section A, part 2: Chapter one), it could be beneficial to briefly highlight some aspects of adolescents' cognitive development regarding the RWB programme. It is critical to foster adolescents' cognitive competencies - in addition to emotional, interpersonal and social skills. These capabilities could increase adolescents' self-management (anger and stress management, time management, coping skills, controlling); social awareness (empathy, active listening, recognizing and appreciating individual and group); relationships (negotiation, conflict management, resisting peer pressure, networking, motivation); and, responsible decision-making (critical thinking, and evaluating consequences of actions).

In this section it was agreed that adolescents are a very important target group for the building of relational capacity; the aim of the guidelines was offered; it was noted that guidelines for the RWB programme include existing knowledge, as well as insights gained from the quantitative and qualitative findings of the current study. While the unique abilities associated with adolescence, such as adolescents' cognitive capacity was highlighted, the next section describes the content and probable implementation of the RWB programme.

RELATIONAL WELL-BEING PROGRAMME

It is proposed that a RWB programme can implement psychological strengths to design a well-being programme fit for the South African context. Guidelines are discussed according to relational qualities related to psychological abilities in terms of character strengths (see

Peterson and Seligman 2004).

4.1 Structure of content

The general content of the RWB programme can comprise of ten sessions (the duration of each session is 50 minutes):

Session 1: Introducing the relational well-being RWB programme and key concepts to adolescents;

Session 2: Reasons for a RWBrelational well-being programme;

Session 3: Dimensions of well-being and healthy relating;

Session 4: Wisdom (coping skills) and RWB;

Session 5: Self-regulation (self-efficacy) and RWB;

Session 6: Compassion (communication skills and managing conflict) and RWB;

Session 7: Courage (communication and honesty) and RWB;

Session 8: Persistence (purposeful protecting of relations) and RWB;

Session 9: Positive emotions and RWB; and

Session10:Recapitulation of relational well-being-facets and successful implementation.

4.2 Implementation

To implement a relational well-being RWB programme, in view of the practical need, and against the backdrop of the relevant theoretical approaches, key concepts and functional strategies are proposed to encourage adolescents to apply psychological strengths as personal resources in order to enhance adolescents' relational well-being.

Session 1: Introducing the RWB programme and key concepts to adolescents

The first session would entail the following aspects, for example, introducing a group of adolescents to information about i) healthy relational interactions and daily functioning (see Wissing 2014), ii) those important concepts linked to relating and being an adolescent (see Erikson, cited in Stoop 2005, Bach and Guse 2014) and, iii) the importance of context as the space where these interactions happen for example at home/school or the shopping centre in a high-risk community (see Bronfenbrenner, cited in Rosa and Tudge 2013). This information can be presented in a very practical manner, for example, the presenter can greet the adolescents in various manners, for example, a friendly greeting in their language; or, an unfriendly greeting in a foreign language; and the concepts related to RWB or connectedness can be offered in a visual manner via power point or interesting posters explaining some

aspects of healthy interacting as identified during the second study of the current research (see Section B, article 2).

The RWB programme will be designed with a view to strengthen relational functioning and to facilitate adolescents to apply and master specific skills. The first part of the programme or strategy as *plan-of-action* would be the explaining of selected concepts related to healthy relational functioning (this can be explained in a practical manner, for example by showing the adolescents some parts from one of their favourite movies), and by asking them some questions about this as healthy or not healthy relating. Next, the second part of the programme, i.e. the functional strategy as *plan-in-action* will entail discussing possible applications of the particular psychological dimension, for example positive relations and the psychological strength of forgiveness and in different contexts.

The aim of the RWB programme should be highlighted continuously (compare a two minute advertisement). The programme comprises both a *plan-of-action* to provide those needed information as well as a *plan-in-action* to offer practical guidance to master those skills as well as competencies toward higher levels of RWB. It will be of the utmost importance to translate/convert the information of the programme into action, i.e. functional strategies.

Session 2: Reasons for a RWB programme

The second session will present a good opportunity to use the themes and verbatim used by participants of this research (see chapter 3/article2). Apart from the mentioned reasons (see this chapter) this session could use a World café technique to offer the adolescents the opportunity to add their voices to the identified themes of the research, namely, adolescents could be asked to discuss i) connecting and ii) disconnecting with regards to parents/significant role-players, friends, romantic partners, and educators; iii) relational functioning and coping with intense negative emotions, such as anger and disappointment; and, iv) challenges and the overcoming of difficulties linked to relational living and a high-risk community.

Session 3: The use of positive emotions

Previously, in this article, it was mentioned that flourishing youth function well psychologically, emotionally and socially (Keyes and Lopez 2002, Van Schalkwyk and Wissing 2013). Also, that healthy connecting, such as positive adult-child relationships does not imply a reduction of psychological functioning, but embraces, for example, autonomy,

and opportunities to be involved in decision-making processes as part of a school community or family (Benade 2014). Moreover, flourishing adolescents should be encouraged to use positive emotions during interacting as the building of resources toward sustainable well-being (Fredrickson 2009).

During this session adolescents can be invited to randomly define positive emotions, for example, feelings of happiness and then to conceptualize it by means of different expressions such as laughter, jumping of joy, and shared experiences of celebration and joy. According to Fredrickson (2004) it is difficult to define and physically express positive emotions. These emotions are essential to enlighten problems and contribute to individuals' personal growth, psychological growth and improvement of physical well-being (Frederickson 2004). To understand positive emotions experienced by adolescents in the educator-learner relationship, the Broaden-and Build theory of Fredrickson (2004) explained the effects of positive emotions.

Possibilities to activate positive emotions in ordinary daily interactions could be explained in the following manner: For example, in a safe school context and in a close relationship between the educator and the adolescent-learner (see theme 2, sub-theme 4). These interactions and the intentional use of positive emotions such as hope and encouragement can contribute to adolescents' personal resources which in effect will transform the adolescent into a more creative, knowledgeable, resilient, social and healthy learner (Fredrickson 2004, 2006).

[Please insert figure one about here]

Positive emotions are examined in the science of Positive Psychology and positivity. This session should emphasize that upward spirals of positivity ignite positivity in-and-between people (Fredrickson 2002, Fredrickson 2004, Fredrickson 2013). In this way positivity can change school communities if people are inspired to add more goodness to the social world (Fredrickson 2009, Fredrickson 2013). The daily experience of these positive emotions such as joy, gratitude serenity, interest, hope, pride, amusement, inspiration, awe, and love entails becoming the best version of ourselves and the strengthening of the quality of relating (Fredrickson 2013, Van Schalkwyk and Wissing 2013). Since the learner-educator relational was identified as one of adolescents' significant relations (see article 2, study 2: theme 2, sub-theme 4), it is recommended to illustrate the active use of positive emotions within the context of the learning environment. For example, seven positive emotions in the framework

of adolescents' experiences within the learning environment can be explained in the following manner:

Firstly, joy can be experienced when the adolescents' surroundings, such as the school buildings and the classrooms, are safe and familiar. In addition, joy is described as those feelings and thoughts that things are going your way, and even better than you have expected (Fredrickson 2009). Adolescents need to know what brings them joy in order to activate this positive emotion to cultivate feelings of shared enjoyment and happiness.

Secondly, gratitude is usually experienced when somebody receives a gift or genuine appreciation (Van Schalkwyk and Wissing 2010). It is not mere mindless manners of reciprocal exchanges, such as merely thanking somebody since it is the "right thing to do", but appreciation can be unexpected and heartfelt. When adolescents experience gratitude from their educators expressing their sincere appreciation for assistance during the school day, it can open the hearts of learners and build the educator-learner relationship. These moments of true thankfulness could be powerful ingredients to build personal and RWB (Fredrickson 2009, Fredrickson 2002).

Thirdly, interest is a positive emotion which is closely linked to the experience of learning on a daily basis, since the process of learning involves being curious about new information, experiences and situations (Peterson and Seligman 2003). When human beings are interested in something, they feel open and alive (Fredrickson 2009). This awareness and eagerness could be a good experience for adolescent-learners by being captivated by the information presented to them in the classroom situation. These opportunities of increased attention and eagerness could be important for adolescents' personal capacity-building and effective interconnectedness with fellow-learners.

Fourthly, hope is associated with difficult circumstances when things are not going well for a person (Peterson and Seligman 2004). This positive emotion is about those desperate situations, for example when the adolescent-learner failed an important test, and the educator motivated the learner to turn things around and to plan for a better outcome. Then again, adolescents should be able to identify those moments of hope that prevent them from collapsing into despair when dealing with difficulties. In this sense hope involves the belief that things can change, and learners could use their competences and resourcefulness to bring about change (Fredrickson 2009).

Fifthly, amusement is about shared laughter and unexpected funny moments are healthy and build connections with others (Fredrickson 2009). Adolescents could deliberately increase their personal well-being by using humour and being open to those moments of "non-serious

social incongruity” (Peterson and Seligman 2004). This could be when learners enjoy an educator’s unexpected witty remarks or joke. These moments should be encouraged by educators in the classroom situation, seeing that amusement is social and we share laughter with another. Fredrickson (2009) suggested that all people could apply the celebration of silliness to cope effectively with their own stressful situations as well as when, for example, the adolescent-learners are dealing with high levels of anxiety due to examination stress.

Sixthly, inspiration is about human excellence and those uplifting moments when people transcend the ordinary (Fredrickson 2009). Adolescents can be inspired by a role-model to do their best so that they can reach a personal higher ground (Peterson and Seligman 2004). In this sense an adolescent can be inspired when she or he witnesses a fellow-learner exceeding personal limitations. In the same manner adolescents could be touched by witnessing a learner helping a friend.

Lastly, love is associated with all the above-mentioned emotions and is positively correlated to personal and RWB (Peterson and Seligman 2004). The other positive emotions can be transformed into love and compassion in the context of interpersonal moments of sharing joy, expressing gratitude, experiencing safety and serenity, celebrating own and others’ achievements with pride, being inspired by and mutually experiencing awe in respect of great leaders.

This session could be summarised by underlining that positive emotions are of vital importance for fully functioning adolescents and positive emotions can change the inner chemistry of our bodies (Fredrickson 2009, Algoe et al. 2013). In this sense the use of positive emotions and increased positivity depend on the individual. Adolescents as learners at school and educators are good examples of people dealing with interpersonal connections continuously. When adolescents intentionally use positive emotions during daily interactions, then this closer connectedness to other people in their lives could build RWB.

Once the introduction to RWB and reasons for the enhancing of RWB is presented, psychological strengths can be highlighted as building blocks of the strategy/masterplan. The following psychological strengths are suggested, namely i) wisdom that is associated with the psychological dimension of well-being called mastering the environment (coping skills) and RWB; ii) self-regulation that is associated with the psychological dimension of well-being called autonomy (skills regarding self-efficacy and self-control); compassion that is associated with the psychological dimension of well-being called positive relations (communication skills); courage that is associated with the psychological dimension of well-being called personal growth (skills of honesty as to self-care and managing conflict), and

perseverance/hope that is associated with the psychological dimension of well-being called purpose-full living (skills regarding the purposeful protecting and promoting of relations). The intelligent use of positive emotions can be presented as one of the keys for resourceful relational functioning, such as telling stories of various positive emotions and “ordinary experiences” for example when adolescents seek wisdom from a trusted friend and the experience of inspiration and comfort; and/or when adolescents struggle with self-regulation and anger; and/or when adolescents experience the love and caring of significant others, and expressing appreciation when parents/legal guardians provide in their daily needs; and, when adolescents experience hope and courage after many months of dealing with for example emotional abuse at home. Finally, the last session will comprise a recapitulation of all these “relational muscles” and the implementation of the information toward improved RWB.

4.3 Structure of the sessions

The structure of each session will be determined by the intentional development of strengths linked to Keyes’s psychological dimension of complete well-being. At the beginning of each session, some time is spent to present the programme and more specifically the outline of the specific dimension and particular facet that is chosen for that session. Introductory information will be given as to pro-social wellness and some examples of effective connecting and positive emotions. This information can be presented as narratives, namely real life stories of positive role-models of the high-risk community who are practical examples to achieve a better understanding of particular constructs.

Relational well-being strategy: An example

Next, one of these sessions focussing on the psychological dimension of well-being called mastering the environment and skills of wisdom is discussed as an example. The “grand strategy” will entail presenting the outline of the RWB programme and the particular psychological dimension, namely mastering your environment (see Keyes’s model of complete health 2007) and the linked strength of wisdom (see Values in Action and Character strengths, in Peterson and Seligman 2004). Introductory information will be given as to mastering the environment and pro-social wellness by giving some examples of ordinary/daily connecting with self, significant others, friends and educators. This information can be presented as narratives, namely real life stories of positive role-models, for example, in the learning environment in the high-risk community. Optimal levels of this component could be 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, values and healthy relations. Then again indications of impaired levels of environmental mastery could be mentioned when youngsters experience difficulties in managing everyday affairs or personal interactions at home, or at school; feel unable to change or improve surrounding context (see Section B, article 2, study 2); or, are unaware of surrounding opportunities, and lack a sense of control over the external world.

Also, providing information to define wisdom as the particular strength associated with mastering your environment, should be given, for example that 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 and Seligman 2004, Peterson 2006). Additionally, it would be valuable for adolescents to mention that Baltes and colleagues (2005) linked wisdom to factors, such as the willingness to learn from mistakes; 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, for example, the efficient coping of difficult life challenges, such as the traumatic experience of parents going through a divorce (Theron and Dunn 2010). It is suggested that several verbatim as used to illustrate the identified themes in section B (see article 2, second study) of the current dissertation, should be used as adolescents' voices for this session.

During the session about wisdom and effective coping when facing relational interactions including possible conflict and "fights", the facilitator can use life-stories about adolescents and their experiences of domestic violence and/or divorce. The following information could be used: Theron and Dunn (2010) found that post-divorce resilience is encouraged by adolescents' *personal resources*, such as refocusing thoughts, accepting divorce as final, not taking responsibility for the divorce; and expressing emotions; relational resources, such as parents, step-parents, and/or friends; and, *community resources*, such as helping professionals; educators and schools. Because resilience occurs even when risk factors are plentiful, greater emphasis needs to be placed on the role social and physical ecologies play in positive developmental outcomes when individuals encounter significant amounts of stress (Ungar 2011). For adolescents living in a high-risk community the key component in the encouragement of resilience could be to navigate their way to talk to an

educator at school. Not only because educators' care structure is mandated (DoE 2000), but also because educators can promote resilience in a simplistic manner as part of their everyday classroom routine, which gives them the ability to do more than just guide their students, they can champion resilience (Ungar 2011) and provide learner support. As per Theron & Dunn's research (2010), participants were grateful to their schools because they encouraged coping, either by way of supportive educators, or by way of friends.

The second aspect of the well-being strategy, namely the functional strategy, is offered to translate the programme into action as, in due course, habit formation. The functional strategy concerning the RWB programme could indicate that effective coping when adolescents are facing relational problems entails social support, for example, approaching parents/grandparents, educators and/or friends (see Section B, article 2, second study: Theme 2 – relational functioning and significant others). Relational qualities associated with resilient coping require that adolescents navigate towards and negotiate for resilience-promoting support. In other words, when an adolescent within a high-risk community are dealing with problems due to, for example, parents' divorce or domestic violence, he/she would use relational skills to navigate towards support such as food, protection and emotional support (see Section B, article 2, second study: Theme 1, sub-theme 4 – culture of sharing). This relational “manoeuvring” or strategies could indicate a competence toward reciprocal give-and-take between adolescent and social ecology (Liebenberg and Ungar 2009) (see Section B, article 2, second study: Theme 4, sub-theme 1 – positive experiences in a high-risk community). This “how of wisdom”, namely the skilful implementation thereof, could include the following: i) a willingness to talk about and to learn from past mistakes, ii) the openness to accommodate other persons' viewpoints, iii) effective communication skills, iv) excellent listening skills, and v) appropriate coping mechanisms regarding difficult relational interactions (see Section B, article 2, second study: Theme 3 - relational functioning and coping with negative emotions). The acquisition of these skills should be discussed in greater detail, especially the exercise of skills on a daily basis.

It is not uncommon that adolescents have to deal with difficult circumstances and crises therefore; efficient coping mechanisms should be explained and practised as part of ordinary experience. Firstly, the inappropriate manner of coping with conflict can be discussed: Adolescents using denial (ineffective coping) as coping mechanism will try to ignore problems or refuse to manage the dilemma/crisis, or teenagers blaming others for their problems, or youngsters trying to neutralise their problems will use words such as

“Especially if you feeling down, you won't, you can't handle your troubles while you are in trouble”. Secondly, effective coping can be discussed: Teenagers using pro-active behaviour, such as looking for possible alternatives and options, and using words e.g. *“You can't take a wrong with another wrong, it's not a good thing cause if you angry you do stuff, ...you gotta deal now with the consequences of what you did”*. In addition, the implementation of skills could be discussed in smaller groups (four/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 compassion/kindness. These skills and activities should be translated into the adolescent's daily routine, and more specifically the relational and emotional areas of functioning.

In a practical way, wisdom as the mastering of the environment could also indicate the gathering of information as to the adolescents' personal strengths or limitations towards relational interactions, relational resources and making a list of positive, negative or even dysfunctional connections, for example who to approach for school fees, clothes, and advice. Also, adolescents can be encouraged to identify and write about (two sentences) their own levels of mastery i.e. optimal levels of relational functioning and interpersonal weaknesses. They should also be 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). Then again, the mapping the community's resources should be encouraged, for example a police officer to be trusted or an educator's guidelines for school success, or a friend at school acting as a mentor for effective coping and mastering. In this manner, relational functioning can be fortified by mastering the environment with via psychological strengths, such as wisdom.

Each of the above-mentioned psychological strengths, guided by the psychological components of well-being, can be presented in this way. Additionally, the following keys for successful application could be given, namely, the worth of pro-social behaviour; positive emotions, such as humour and hope; committed effort; social support; habit formation; and, the role of repetition (Lyubomirsky 2007). These processes are of fundamental importance concerning the effective implementation of the relational well-being programme. Lastly, opportunities for regular feedback from the adolescents, namely their success stories as well as their problems regarding application, should provide valuable opportunities for adolescents to learn and gain insight toward the enhancement of their RWB.

In summary, the aim of the RWB programme is the enhancement of adolescents'

relational health and functioning. The process was outlined briefly by providing the possible content of a RWB programme and suggested ten sessions. The specific outcomes of the RWB programme comprises higher levels of RWB, namely mastering the environment with wisdom; practicing self-regulation when interacting; activating compassion when managing conflict in a constructive manner; showing courage toward effective communication; and, cultivating persistence to protect quality relations. These skills and competencies are vital toward relational functionality for adolescents, particularly for adolescents who are growing-up in challenging environments, such as high-risk communities.

CONCLUSION

It was argued that relational interacting offers precious possibilities for well-being. Also, we agree with Seligman (2011) that when flourishing adolescents experience healthy interacting, and sense of belonging, they can be considered as “good citizens” for any country. However, mere information does not ipso facto point to healthy relational living for ordinary, i.e. non-clinical youths living in a South African high-risk community. In order to enhance relational functioning, inner (personal strengths) as well as outer resources (ecological strengths) should be recognised and applied. Within the framework of positive psychology, this means that focussing on remediation of relational deficiencies and interpersonal stressors, is necessary, but not sufficient. More is needed, and for this reason guidelines for a RWB programme were offered. These guidelines proposed that the enhancement of adolescents’ RWB occurs via the intentional protecting and promoting of psychological strengths.

Well-known African singer, Miriam Makeba said: “Africa has her mysteries, and even a wise man cannot understand them. But, a wise man respects them.” In the same way, the researcher aimed to investigate and understand the “mysteries” of adolescents’ RWB and the dynamics of interacting as well as the complexities of context. While admitting the mutual influences of individuals and their proximal and distant environments, the dynamics of relationships needed to be underlined, such as adolescents interacting with parents and siblings (dynamics at home); educators (dynamics at school/learning environment); or, friends (dynamics of peer group) (Ungar 2011).

Finally, adolescence is a crucial chapter for building relational capabilities, and quality ties during this period have implications throughout adulthood. Humans are relational beings, and the offering of guidelines towards the mastering of relational skills are best compiled by taking into account the wisdom of existing research, as well as the contribution made by

adolescents living in a high-risk community. Ultimately the wisdom of former South African president, Mr Nelson Mandela should guide well-being programmes aimed at the enhancement of adolescents' RWB: "[A better society] will and must be measured by the happiness and welfare of the children, as the most vulnerable citizens in any society and the greatest of our treasures." (Nelson Mandela's Nobel Peace Prize Acceptance Speech, 10 December 1993).

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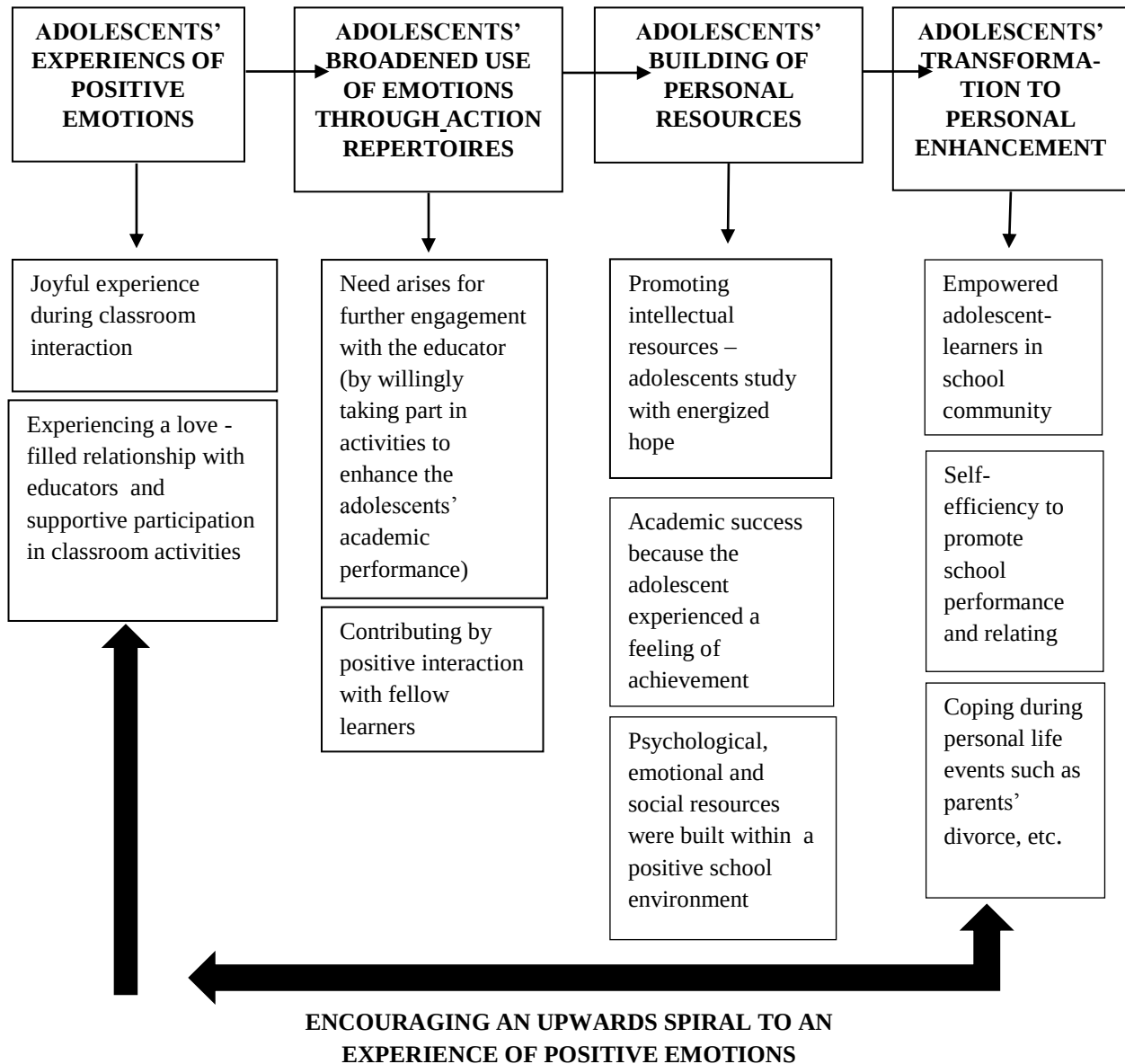
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Figure 1. The experience that adolescents might gain through positive emotions based on the Broad-and-build theory of Fredrickson (2004)



Section C

Conclusions, Recommendations, Implications and Limitations

Section C

Conclusions, Recommendations, Implications and Limitations

The aims of this section are firstly, to provide a summary of the three articles contained in this manuscript along with conclusions pertaining to each article. The first aim of the study was to conceptualise relational well-being in a South African context. The second aim of this research was to investigate via multiple methods a group of adolescents' relational well-being by quantitatively establishing the prevalence of South African adolescents' well-being (study one) and to qualitatively explore their experiences of relational well-being within the context of a high-risk community (study two). The third aim of the research was to offer guidelines for a scientifically based- programme to enhance adolescents' relational well-being who are living in high-risk environments. Multiple studies were used to combine the evidence from the research data across qualitative and quantitative methods in order to elaborate further on the research context concerned (Biggerstaff, 2012). This approach was followed to quantitatively establish the various levels of well-being (languishing, moderate mental health and flourishing) in a group of South African adolescents residing in a high-risk community. Findings indicated that 44% of the South African adolescents in the high-risk community experience flourishing, 52% of these adolescents could be classified as moderately mentally healthy, and 4% can be categorised as languishing. These findings, along with existing literature, enabled the researcher to develop guidelines in the form of a proposed programme to act as a blueprint to enhance adolescents' relational well-being – more specifically adolescents exposed to high-risk environments. The aim of the relational well-being programme was the mastering of identified relational skills by building psychological strengths.

This section concludes with recommendations and limitations both with regard to the research process and the subject matter of the study.

Positive Psychology in a South African Context

Positive psychology is currently applied to improve the human condition in many domains of everyday life – in schools, organisations and healthcare as well as during the implementation of public policies and during community and youth development (Cohn & Fredrickson, 2010; Wissing, Potgieter, Guse, Khumalo, & Nel, 2014; Donaldson, Fave & Ruini, 2003; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Linley, Joseph, Harrington & Wood, 2006; Parks, 2011). The positive psychology approach was chosen as this approach embraces both positive and negative elements of the human condition while seeking to understand how and why individuals thrive despite adverse circumstances (Seligman & Csikszentmihalyi, 2000). The relevance of positive psychology to this field of enquiry was highlighted by the following question: What protects individuals' relational, psychological, social, and emotional well-being despite exposure to living in harsh high-risk environments? Positive psychology; therefore, offers a good framework for a holistic standpoint of health.

The challenge of this study was to integrate existing literature with the findings of the research study to present a fair and real depiction of adolescents' relational well-being within a South African context. A strengths-based approach concerning the relational well-being of adolescents was followed as the point of departure whilst the full spectrum of human experiences was acknowledged – including negative as well as positive aspects. Although research findings emphasise that most adolescents do not suffer from any mental disorders, it was also found that most youngsters (in non-clinical populations) also do not experience flourishing. The present study was; therefore, essential. Firstly, few studies have as yet been undertaken in South Africa to provide a comprehensive understanding of the understanding, perceptions and experiences of adolescents' relational well-being. Secondly, the need for a relational well-being programme to enhance adolescents' relational functioning within the context of high-risk environments.

Psychology has made unique contributions to research about interventions with regard to various social and community problems such as violence, substance abuse, racism, various risk behaviours and in helping individuals and communities achieve optimal health (Seedat, Duncan, & Lazarus, 2001). The unfortunate reality is; however, that these social and community problems still persist and have by some accounts become worse (Ramphela, 2013). In this sense, it should be noted that after 20 years of democracy in South Africa, there is little or no change regarding the high incidence of mental problems and violence, communicable diseases, urbanisation, civil strife, poverty, sexual violence and abuse (Kagee, 2014). The assumption is; therefore, that research conducted by psychologists and other social scientists will inform social policy-makers and thus positively influence the social and psychological status of citizens (Becker, Bryman, & Ferguson, 2012). The current research argued that positive psychology may not alleviate poverty or crime, but it will provide a set of lenses through which society can be viewed differently and positively. These lenses will allow one to look at the fortification of strengths and to address vulnerabilities and risks. This is an important stance, since Keyes (2005) warns that the mere getting rid of diseases and disorders, does not equal the presence of well-being and positive human health.

The main conclusions of the study will be presented briefly: The construct of relational well-being (Section 2, Article 1); establishing adolescents' relational well-being (Section 3, Article 2); and, the development of guidelines to enhance and fortify relational well-being in the lives of adolescents exposed to high-risk environments (Section 3, Article 3).

Reflecting on the Research Approach, Design and Conclusions

The over-arching aim of this study was to obtain and utilise evidence-based information that could be used to offer guidelines to enhance South African adolescents' relational well-being. Adolescence is often viewed as a life phase that presents many

challenges or threats for flourishing (Ryff & Singer, 2003). Also, given the adverse social circumstances present in high-risk communities, the continuous exposure to such external environments could lead to various negative and risk behaviours such as increased substance abuse, criminal behaviours (only stealing food to survive through the day) and risky sexual behaviours.

The aim of the first article was to conceptualise relational well-being in a South African high-risk community. The article was presented by taking a closer look at the four levels of connectedness, namely (a) intrapersonal, (b) interpersonal, (c) societal, and (d) spiritual/religious levels, in an attempt to describe and create a better understanding of relational well-being. Furthermore, general insights and descriptions of relational well-being and associated constructs, such as social intelligence, relational buffers and social ecologies, were explored to create a helpful and in-depth understanding of relational functioning within the parameters of well-being when relating and interacting with self, others, community, and God/higher power.

The second article made use of the multiple study design. Data were quantitatively and qualitatively gathered without emphasising a particular set of data. The aim of this article was firstly, to quantitatively establish the levels of South African adolescents' well-being, given that positive relational functioning is a required diagnostic criteria for flourishing (Keyes, as cited in Catalino & Fredrickson, 2011); and secondly, to qualitatively establish adolescents' perceptions and experiences of relational well-being within the context of high-risk communities.

The third article aimed to provide guidelines in the form of a programme to enhance adolescents' relational well-being within the context of a high-risk South African community. Next, the conclusions – relative to each of these above-mentioned articles – are briefly discussed.

Section B, Article 1: Conceptualisation of Relational Well-Being in a South African Context

The conceptualisation of relational well-being covered a general insight into and descriptions of interconnectedness as well as constructed reasons why the conceptualisation of relational well-being was needed.

Positive psychology served as the theoretical foundation of the discussion concerning the different levels of connectedness, namely the (a) intrapersonal, (b) interpersonal, (c) societal, and (d) spiritual/religious levels. Additionally, these levels can be linked to research conducted by Prilleltensky (2012) who showed that relational well-being mediates personal and collective well-being. Positive functioning, positive relations with others and self-care, are some of the positive spinoffs from the intrapersonal level. The level of relating involves those close to us, thus healthy close and intimate relationships were discussed as elements of the interpersonal relational context. Various positive psychology concepts and processes – as embedded in broader social, community, national and cultural contexts – were offered.

The second article aimed to quantitatively establish the level of South African adolescents' well-being, since high levels of wellness are characterised by the presence of positive relations, positive emotions and resilience. Adolescents' experiences of relational well-being within the context of high-risk communities were quantitatively explored.

Section B, Article 2: Investigating a Group of Adolescents' Relational Well-Being Living in a South African High-risk Community

It was shown that despite the obvious importance of relational well-being to positive psychological functioning, there is limited knowledge available about the nature and dynamics of relational functioning amongst South African youth living in high-risk communities. Moreover, as the varied South African landscape of socio-economic contexts greatly influences the development of children (Guse & Vermaak, 2011), it was needed to

establish the levels of adolescents' well-being. South African studies indicate that adolescents who are exposed to enduring poverty are more at risk to develop mental health problems (Guse & Vermaak, 2011; Wegner, Flisher, Caldwell, Vergnani, & Smith, 2007). Since lower levels of psychosocial well-being are associated with vulnerabilities, it was crucial that socio-economic factors should also be considered (Diener & Ryan, 2010). The research questions were:

- To what extent do South African adolescents living in high-risk communities experience well-being (quantitative study)?
- What is the nature of the relational experiences of South African adolescents living in high-risk communities (qualitative study)?

To answer these questions, the relational well-being of a group of adolescents living in a high-risk community was investigated to ascertain how they perceive and interpret relational well-being within the context of their daily lives filled with harsh realities of their external environment.

The main findings and conclusions from the empirical study stated the prevalence of various levels of psychosocial well-being. This sample indicated that 56% of the adolescents are not flourishing. The adolescents experienced difficulties in finding the road to flourishing relations on their own. Previous research indicate that high levels of wellness and flourishing are of key importance for relational well-being, since all research models indicate relational functioning as a core component. In other words, adolescents showing high levels of well-being will experience healthy relational functioning (Keyes, 2005, 2006, 2007). As most of the adolescents in this study could not be categorised as flourishing youth, it left the door wide open for conditions of vulnerability regarding relational living. Furthermore, when the findings of the current study were compared with Keyes's study (middle school – ages 12-14 years), it meant that the group of South African adolescents (grade 8 – ages 12-15 years)

measured lower than the same age group of a First World country. According to Keyes's (2007) findings, psychosocial well-being deteriorates into adulthood and it is; therefore, an erroneous assumption that a focus on the eradication of diseases and disorders should lead to the strengthening of relational well-being.

In summary, findings from study one (quantitative research) indicated that most of the adolescents do not experience high levels of well-being. The insight gained from this finding is that if the adolescents' relational well-being and interpersonal protective resources are at risk, these risks threaten the adolescents' interrelatedness in their families, in communities and in their own culture. Furthermore, these vulnerabilities or possible risks for the adolescents' relational functioning have implications for their healthy connections during adolescence as well as in future as adults. The second finding revealed that this group's high scores for social well-being do not equate relational functionality, since complete well-being comprises of psychological and emotional dimensions too.

The qualitative findings (study two) revealed that although this group of South African adolescents view relational well-being as consisting of both positive and negative aspects, the reality of incongruities cannot be ignored. Healthy aspects of relational well-being were understood as the empowering impact of positive relations as well as upholding a culture of sharing. Positive relational functioning with significant role-players, such as family members, friends and the community, was identified and the abusive qualities of dysfunctional romantic relationships were uncovered. While the importance of being able to talk to especially friends or family members toward constructive coping when dealing with intense negative emotions, for example anger and disappointment, the role of culture was clearly demonstrated when some of the participants mentioned that they would never consider to discuss *intimate stuff* with their fathers. Also, positive relational aspects of living in a high-risk community were associated with interrelatedness. Experiences of support

within the high-risk environment with regard to daily needs, for example general assistance in “house-keeping” practices as opposed to the negative relational aspects of growing up in a disabling environment were linked to the continuous exposure of dysfunctional interactions and behaviour, such as violence demonstrated by gangsters.

Relational well-being was described as the absence of negative subjective or moral-psychological aspects of well-being (compare Alartartseva, & Barysheva, 2015). While material wealth and human development are both essential issues, the important issue is not wealth itself, but the wealth attached to people’s relational health (Alartartseva, & Barysheva, 2015). The qualitative findings indicated that the adolescents in the high-risk community experience many risks regarding relational well-being, and although they are raised with a collectivistic world view (well-being is mainly viewed as a relational construct), this does not guarantee relational competencies and healthy interacting.

Research on well-being emphasises the dynamic relationships amongst basic psychological need fulfilment and contextual elements such as relational well-being, family functioning and a sense of community (Khumalo, as cited in Wissing, 2014). It was shown that in addition to measurement, a group-specific understanding of adolescents’ relational well-being and the unique experiences in relation to life developmental stages should also be explored. The omission of these factors was mentioned as a potential danger and a scientific flaw in positive psychology (see Prilleltensky, 2012). Ultimately, growing up in a high-risk community and being continuously exposed to poverty entails more than mere monetary issues. Habitual impoverished relational functioning could have an impact on the quality of relational well-being in a negative way in the long run. In this sense, social change is an important aspect of positive psychology, since relational well-being starts at home. Strengthening adolescents’ relational well-being as future parents, is paramount in becoming agents of relational health versus the perpetuation of relational risks present in families and

communities. As indicated by Keyes (2006; 2009), it is recommended to facilitate relational well-being in adolescents in order for them to experience flourishing relations, since the opposite implies damage to relational connections central to well-being and meaningful living.

Section B, Article 3: Guidelines for the facilitation of relational well-being in adolescents living in a high-risk environment

The goal of this article was to present guidelines, both to protect and to promote adolescents' relational well-being. In other words, the article proposed guidelines that could be a blueprint for future well-being programmes to enhance adolescents' relational functioning. These guidelines were presented as a strategy – a plan of action to facilitate the enhancement of relational well-being through focusing on specific facets of the notion of relational well-being as found in existing literature. Research findings reveal adolescents' perceptions of relational functioning; the influence of significant role-players such as friends, family, the community and educators; the role of emotions and coping with negative relational functioning/interacting; relational functioning within high-risk communities dealing with positive experiences of support and also risks to relational living in high-risk communities. Research findings also highlight how relational well-being can be implemented to build adolescents' personal resources and the mastering of specific interpersonal skills which should be applied on a daily basis. These strengths are linked to specific facets of psychological, emotional and social well-being as found in Keyes's model of complete well-being. In answer to the question why the intentional building of relational well-being is important, it was stated that relational well-being is never fixed and consistent efforts are required to maintain and improve current levels of relational functioning. Such reasoning is supported by a pre-conception of positive psychology that no well-being happens automatically or instinctively, but should be pursued purposefully.

It was argued that positive relationships, high resilience and positive emotions are determinants of flourishing adolescents. The researcher; therefore, agrees with Seligman (2011) that when flourishing is the goal of well-being and flourishing adolescents experience healthy interacting and a sense of belonging – these adolescents can be considered as “good citizens” in any country. In order to enhance relational functioning, internal as well as external strengths should be recognised.

Finally, the application of relational skills and competence should not focus solely on the remediation of relational deficiencies and coping with interpersonal stressors, guidelines for relational health should; therefore, embrace both strengths and weaknesses.

The proposed guidelines for well-being programmes focused on the enhancement of relational functioning which suggests that psychological strengths are needed to build relational resources (compare Van Schalkwyk & Wissing, 2013). It was argued that if South African adolescents’ psychological capacity or strengths are fortified, they will experience (Keyes, as cited in Catalino & Fredrickson, 2011) better relational well-being to deal effectively with relational challenges including negative connectedness and the destructive impact of hardship, especially hardships due to challenging environments such as high-risk communities. The inclusion or integration of character strengths were also recommended when guidelines are developed, since there is growing evidence that shows that certain strengths of character, such as kindness, self-regulation and wisdom (perspective), are closely linked to relational well-being and can buffer the negative effects of stressful interacting and traumatic relational experiences. The focus was; therefore, on relational strengths as psychological resources to equip adolescents by clarifying what about youngsters’ relational living works well and building on those competencies (see Seligman, 2011). It was also stressed that possible problem behaviours or negative habits as to interacting, such as aggressive behaviour, fighting and cursing, should be identified and “un-learned”.

Furthermore, it was argued that no interacting should be considered without taking external circumstances into account, since South African high-risk communities harbour many serious risks to healthy development and relational living. Van Schalkwyk (2009) places the responsibility for well-being squarely on the shoulders of individuals when stating that “the decisive factor is the ability ... to translate these strengths into daily living via ordinary processes ... to be active co-producers of their own plus their communities’ lives, instead of merely being ‘products’ of unwell societies” (p. 137).

Implications of Findings

It is the intention of this research to maintain a balance between theory and the reality of adolescents’ relational functioning and daily exposure to the harsh realities of high-risk environments. It is; therefore, imperative to spell out the practical implications of the research. It was also important to conduct this research to deal with the qualitative data obtained and to provide a platform for these adolescents to openly and honestly voice their experiences, their own accumulated wisdom, the positive traits and the negative influences of relational well-being as they know and perceive these influences in their environment.

The positive approach of psychology is aimed at building strong and resilient qualities in ordinary human beings in addition to the honest awareness and healing of the wounded (Peterson, 2006). Relational well-being in South Africa is perceived as comprising of health and relational well-being – fundamental and vital factors that are essential in the overall development and social functioning of persons in general. Biological, behavioural, social and political factors as well as a wide array of complex economies affect relational well-being at community level. Some of these factors were referred to in this study on a macro-level such as the impact of poverty, inequality, insufficient economic growth, poor education, unemployment, violence and crime. Apart from monetary problems, these social ills have grave implications for adolescents’ relational well-being. Since relational well-being is

considered as of key importance to personal and collective well-being, these adolescents' overall well-being is threatened. Taking all of the above-mentioned aspects into consideration is of the utmost importance for adolescents living in high-risk environments – not only to master the problems typical of their developmental stage, but also to develop the highest possible levels of relational well-being as adolescents and as future adults. It is precisely these relational pathways that offer strategies toward resilient coping and overcoming for these youngsters who are at home within a collectivist worldview of “Ubuntu”. However, it was shown that more is required in achieving positive relational health, since the impact of toxic or high-risk communities could be disabling. These implications are serious, since the accumulation of daily (short-term) experiences, influences present and future well-being in a negative manner.

The distinction most often made in cross-cultural studies is between individualist cultures (those that value individual wishes and needs and goals are chosen that reflect personal desires) and collectivist cultures (those that value the wishes and needs of in-group members goals are chosen that reflect communal desires). Many adolescents in Africa grow up within a worldview of a typical collective society, but the findings of this study showed that being exposed to the “Ubuntu”-principle does not necessarily imply relational skills and those competencies needed for flourishing relationships and social interacting. While facets of relational well-being refer to, for example the intrinsic value of families, it was clear that the participants linked this deep sense of belonging to issues such as provision in daily/basic needs (shelter, clothes and education). In other words, relational well-being is also viewed as the presence of objective or socio-economic aspects of well-being. This implies the absence of negative subjective or moral-psychological aspects of well-being, and this finding has a serious implication for relational well-being by accentuating the presence of both objective and subjective aspects of well-being.

Although the collectivistic worldview reflects the strong interdependent nature of human beings and offering many possibilities toward flourishing relationships, more is needed to buffer adolescents against risks with regard to broken families and abusive relationships – common occurrences in high-risk communities. These present risks can be illustrated by providing an example from the qualitative data, for example: *Gangsters, alcohol and drugs are involved and negative relationships are like usually abusive relationships, and relationship, and like negative relationships can take place everywhere, like in Delft, ... it can take place like everywhere and it takes place at school often* (personal interview, school 3, participant #4, female, Afrikaans). Clearly, being exposed to many examples of risks with regard to negative interpersonal connecting is common for adolescents living in disabling environments. Challenges concerning healthy relational functioning entail information about both positive relational living as well as positive role-models to provide these youngsters with much needed vocabulary about relational well-being.

Healthy aspects of relational well-being were understood as the empowering impact of positive relational interacting as well as the role of character strengths linked to relating such as compassion and courage. Two qualities of positive interconnectedness were particularly indicated, namely the presence of positive qualities, such as trust, and the absence of violence and abusive relations. One of the implications of these findings is that it is very difficult to incorporate relational health within high-risk environments where broken relationships and fractured families are not uncommon. Families living in these challenging circumstances are; therefore, seriously challenged. However, the collective wisdom of the participants pointed toward the honest awareness of the above-mentioned brokenness and communal efforts to protect and promote healthy relational interactions. Although negative developmental outcomes pertaining to relational well-being are explained as chronic and daily stressors (behavioural problems at home and at school), positive relational aspects of living in high-

risk communities were associated with interrelatedness as experiences of support within high-risk environments with regard to daily needs (the confidence to borrow potatoes from neighbours for meals, for example). Another factor worth mentioning is resilience. People – especially in South Africa – are exposed to many risks that potentially can pose threats to their relational and overall well-being and relational health.

Positive relational functioning with significant role-players such as family members, friends and the community was identified. The importance of being able to talk to especially friends or family members in coping constructively when dealing with intense negative emotions (e.g., anger and disappointment) was underlined. The most important aspect of these relations was the ongoing support which the participants receive from their families. These familial connections are viewed as persons or family members who can provide in basic needs such as shelter or a safe place/home, food, clothes and education. Relational well-being and healthy interacting implied for these adolescents who are exposed to poverty, that if they are on good terms with their parents or legal guardians, they feel more able to interact and discuss with confidence their needs with their parents/legal guardians. Communication and provision in basic needs were an integral part of relational well-being for the adolescents residing in a high-risk community.

The role of culture was demonstrated and the importance of culture was; therefore, confirmed. Culture defines, maintains and interconnects group members and refers to collective conventions, values and practices indigenous to and endorsed by specific culture groups. In a country such as South Africa, diverse cultures are represented and need to be taken into account – especially when proposed guidelines are developed for the improvement of relational well-being in adolescents. The structural complexity of the interconnectedness of self and the society should receive the necessary attention without losing sight of important notions such as autonomy and a sense of community.

The findings of the quantitative research, namely that most of the South African adolescents (between 12-15 years) do not flourish (56%), emphasize the need to intentionally strengthen relational well-being and to address intra-limitations, inter-limitations and societal limitations as well as existential impediments hindering relational well-being. Another implication of this finding was that most of the adolescents could not be categorised as flourishing youth and; therefore, there is a greater chance of conditions of vulnerability regarding relational living. Also, Keyes (2009) indicates that flourishing may decline over time. This means that as most South African learners in this group do not experience high levels of well-being during their early years as adolescents, then it is highly probable that lower levels of relational functioning – including psychological, emotional and social well-being – will occur. Since mere maturation does not imply improved levels of well-being, the importance of early interventions or well-being programmes aimed at relational well-being is evident.

The qualitative findings indicated that the adolescents in the high-risk community mostly experience many risks with regard to relational well-being, and although they are raised with a collectivistic world view, this exposure does not guarantee relational competencies and healthy interacting.

Last, limitations of this study are discussed.

Limitations of this Research

The current study has several limitations:

As a convenience sampling took place with regard to the adolescents, it should be noted that these findings are not representative of all adolescents living in Delft, South Africa. This means that although valuable information was obtained, we should be careful to generalise the conclusions to the experiences, perceptions and interpretations of all adolescents living in high-risk environments.

Not all of the participants were forthcoming to participate with regard to talking about their emotions. The researcher had to give these participants more attention, and could at times have lost contact with some of the other participants.

Not all of the participants were at the same emotional, developmental and cognitive level which could have caused some frustration during the research sessions. This difference in levels could have caused some of the adolescents to lose focus at times due to their understanding and interpretation of content.

Recommendations

It is recommended that future studies should take the conceptualisation of relational well-being into consideration and to investigate ways to enhance relational well-being of early adolescents living in high-risk environments. Additional research is necessary with more representative samples, focusing specifically on adolescents in rural high-risk areas.

Annually, millions are spent in South African communities with little impact on social conditions that continue to create problems for individuals, adolescents and their families. Needs assessments are conducted, programmes and services are envisioned, proposals are funded and interventions are delivered. Yet, sadly these problems still persist and will not disappear soon. In my view, the trouble is that we are trying to find a “quick fix” for these troublesome situations and individuals who are daily afflicted by psychological, physical or social ailments with none or very little focus on the transformation of these individual with regard to their perceptions and experiences.

A well-being approach aimed at the participation of adolescents that will encourage and enhance their relational well-being encompassing their communities, families and friends is; therefore, needed. The enhanced understanding of structures and predictors that aids and increases positive mental health can be used to ultimately develop and boost well-being and relational well-being amongst adolescents exposed to high-risk environments daily.

Recommendations can be divided into the four pillars of interconnectedness:

- I and self/me (intrapersonal).
- I and you (interpersonal).
- Flourishing with influential role-players, namely family members, friends, peers and the community.
- I-Thou (existential connecting).

Research regarding the fortification of adolescents' relational functioning is suggested. While personal relational strengths are identified and fortified; short-term and long-term risks should also be explained such as negative relational living and impaired relationships. It is recommended that strength-based interventions should be designed to systematically strengthen the relational well-being of families residing in high-risk communities.

Furthermore, it is suggested that relational well-being within the context of schools (learning environments) should be enhanced, since learning is viewed as "relational participation".

Finally, it is recommended that a relational well-being programme should be designed, implemented and evaluated for adolescents while taking into account the socio-cultural embeddedness of relating and their developmental stage as an anchoring contextual factor.

Contribution of Study

This research was undertaken to obtain a deeper and richer understanding of the prevalence of relational well-being in the lives of adolescents exposed to high-risk communities as well as to gain an in-depth understanding of their perceptions, experiences and interpretations of positive and negative emotions attached to relational well-being. When searching for previous research literature in terms of the enhancement of relational well-being

in South Africa, available literature was very scarce and; therefore, this study contributes to raising additional awareness to this study field with positive psychology as the theoretical backdrop.

This study contributes to the exciting science of positive psychology in the following ways:

- It was established via quantitative research that most adolescents (between the ages of 12-15 years) do not experience high levels of well-being – implying vulnerability with regard to this particular group’s relational well-being.
- Findings via qualitative research show that when adolescents experience continuous lack or loss of resources with regard to their objective well-being, their relational well-being suffers. This finding is especially noteworthy, since the participants of the current study grew up or are familiar with a culture of interconnectedness (“Ubuntu”).
- Another important contribution to future projections regarding healthy South African citizens and families is that eventually deficits with regard to relational well-being will pose serious threats to future success achieved in school and life in general. Damage to relational well-being as well as poor quality relating will; therefore, not disappear due to maturation – intervening at the earliest stage possible is crucial. The particular strengths of adolescents living in high-risk communities should be protected and promoted to guide them toward achieving higher levels of positive health (flourishing relations, restoring academic careers, establishing themselves in the job market and building healthy families). Therefore, the proposed guidelines for a relational well-being programme could play a very important future role.
- This study contributes in providing evidence for the need of increased levels

of relational well-being – not only on the level of social well-being but should include emotional and psychological well-being as well as physical health to ultimately create happy and flourishing individuals.

- Another valued contribution of this study is that adolescents living in high-risk communities were given “a voice” with regard to relational well-being. While the impact of high-risk communities cannot be disregarded, data were gathered to eventually protect and promote the relational well-being of these adolescents versus a focus solely on the remedial or therapeutic side of the psychological coin.
- Furthermore, the current study also presented the application of theory on a practical level to add to the immense need within positive psychology to understand the perspectives, interpretations and experiences of relational well-being. This insight is vital toward the design of strength-building programmes to enhance relational well-being. The study revealed much needed opportunities and possibilities for the effective application of research and the powerful implementation of the proposed guidelines for the development of a relational well-being programme.
- Ultimately, relational well-being can be linked to how we live our lives, and this research empowered adolescents who are living in high-risk communities to experience well-lived lives as youngsters and eventually as adults.

Concluding Remarks

The aims of this research were to conceptualise relational well-being within a South African context; to investigate adolescents’ relational well-being living in high-risk communities; and to offer guidelines to enhance adolescents’ relational well-being exposed to serious challenges present in high-risk environments.

When reflecting on the results and findings of the study, the researcher concludes that valuable information and insight were gained to contribute toward the strengthening of adolescents' relational well-being – especially because they are facing continuous hardships within the context of high-risk communities. The potential value of this study is significant for all South African adolescents, since healthy relating offers opportunities for well-being. The researcher acknowledges that the real wealth of South Africa is its people and relational well-being is one of the keys in unlocking a positive nation and flourishing youth.

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SECTION D

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SECTION E

APPENDICES

APPENDIX 1A - CONSENT DOCUMENTATION

PARENT/GUARDIAN INFORMED CONSENT



Centre for Child, Youth and Family Studies

Corner of East and College Street

Wellington

7655

Tel: 021 8643593

Fax:

021

8642654

February 2014

PARENT/GUARDIAN INFORMED CONSENT FOR PARTICIPATION OF A MINOR IN THE RESEARCH PROJECT

A research project of the North-West University

TITLE: Relational well-being of a group of adolescents in a South African high-risk community

Your child is hereby invited to engage in a research project of the North-West University to exchange information about their relationships in their community, schools and between all significant role players. Your child will be involved in data gathering sessions for approximately two hours a time. During these sessions your child will make a visual representation of his/her perception of relationships in their school by using colour paper, pens, and clay. He/she will also take part in, in-depth interviews and a group discussion. About 1000 children will take part in the project for two weeks.

There are no foreseeable risks or discomforts when you agree for your child to participate in the study. The results of the study may be published, but your child's name or any identifying information will not be revealed. The North-West University will maintain confidentiality of all records, material and recordings. You will not be compensated for your child's participation in the study. If debriefing is required after completion of the research project, support will be available for this purpose.

Any questions you may have concerning this research or your child's participation before or after your consent, will be answered by the researcher of this study. As parent / legal guardian you may withdraw your consent for your child's participation in the project and discontinue participating at any time of the research process, without penalty or loss of benefit to yourself or your child. Ethical approval was obtained for the research project which is conducted by the Centre for Child, Youth and Family Studies (CCYF), Faculty of Health Sciences at the North-West University's Potchefstroom Campus.

In signing this form I declare that I have been informed about the nature of this research project. I have also read and understand the above information that has been given to me. I am aware that the results of and information about the study will be processed anonymously. I may, at any stage, without prejudice, withdraw my consent for my child to participate in this study. In signing this consent form, I am not waiving any legal claims, rights and remedies. I declare that my child may participate in this study.

Child obtaining informed consent _____

Date

Name and Surname

Signature

Date

(Parent / Legal Guardian)

APPENDIX 1B

INDEMNITY FORM FOR PARTICIPANT



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOMKAMPUS

Centre for Child, Youth and Family Studies

Corner of East and College Street

Wellington

7655

Tel: 021 8643593

Fax:

021

8642654

February 2014

I, parent / legal guardian, of _____ give permission that my child may participate in a research project to explore the relationships in the community, schools and between all significant role-player schools. This research is conducted by North-West University's Centre for Child, Youth and Family Studies (CCYF), Faculty of Health Sciences, Wellington office. The research will take place from the 24th of February till the 27th of February 2014.

Name and Surname

Signature

Date

(Parent / Legal Guardian)

Please find attached the assent form that will be given to your child to sign after they had been thoroughly informed about what the research entails and what their participation will involve.

You are welcome to contact me if you have any questions.

Ms. Odette Geldenhuys

0828434324

APPENDIX 1C

LETTER TO HEADMASTERS OF SCHOOLS TO OBTAIN PERMISSION TO DO RESEARCH



Centre for Child, Youth and Family Studies

Corner of East and College Street

Wellington

7655

Tel: 021 8643593

25 February 2014

Dear

The Centre for Child, Youth and Family studies (Faculty of Health Sciences, North-West University) is currently conducting research on “*Relational well-being in South African school communities*”. The purpose of the project is to develop interventions that will enhance the relationships between people in school communities on all the levels of interrelatedness and in the process contribute to the co-construction of enabling school communities (See project brief - Addendum A).

The research is co-ordinated by Dr Ansie Kitching, a senior lecturer and educational psychologist at the Centre, in collaboration with five colleagues who act as supervisors for the 25 students involved in the project. Permission to conduct research has been obtained from the ethical committee of the North West University (Potchefstroom Campus).

The ethical clearance number for the project is: NWU-00060-12-A1

The aim of my research is to explore through qualitative phenomenological research how learners perceive respect in educator-learner relationships, in secondary school contexts in South Africa.

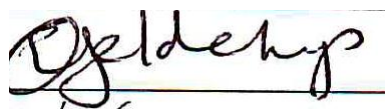
- **Data gathering:** Data in this study will be obtained in three phases. In the first phase grade 8 learners of three schools in the Delft area (Hindle High, Leiden Secondary and Rosendal Secondary) will be asked to complete three psychometric tests which will form part of the quantitative data gathering.
- In the **second phase** of the research, the World Café method (Schieffer, Isaacs & Gyllenpalm, 2004) will be applied to analyse and identify themes relating to the learners' view of their relational well-being in a high risk community.
- **Third phase** will consist out of individual interviews and journals. The researcher will ask the participants (8-12 learners) semi-structured questions this will also form part of identifying themes and qualitative data gathering. The journals will be given to the learners

each week when the researcher meets them were they will get the opportunity to express their opportunity about certain questions.

- Before the data gathering assent forms from the students and indemnity forms from the parents or learners above 18 years will be obtained.
- In both phases, there will be 15 participants in a group.
- **Confidentiality:** The data is going to be treated with confidentiality and only relevant people are going to have access to the data. Privacy and confidentiality will be maintained at all times.
- When the research project is completed, I will inform you about the findings of the study – yet still adhering to confidentiality of the participants.

If you agree with all of the above, please sign the permission to conduct the study below. Please note that you can contact me any time in case you have any further questions.

Kind regards

A handwritten signature in black ink, appearing to read 'Odette Geldenhuys', written over a horizontal line.

.....
Odette Geldenhuys (olourens@gmail.com)

APPENDIX 1D

HEADMASTER'S LETTER OF CONSENT

TO WHOM IT MAY CONCERN

25 MARCH 2014

Dear Sir/Madam,

I, the undersigned herewith grant Odette Geldenhuys permission to administer her research at our institution. Her research topic is: Relational well-being of a group adolescents in a high risk South African community. The grade 8's of our school will be identified for study one, and then fifteen (15) of our learners will be identified for study two. The participants in the second study will be drawn from our all the grades. All data will be collected on the school premises (in break time or after school hours) in one of our classrooms.

This research project will be of great assistance and value to the management and staff of our institution.

Yours sincerely

Mr Mario Jansen

Principal: Hindle Road West Secondary School

APPENDIX 1E

Western Cape Education Department permission letter

Directorate: Research



Audrey.wyngaard2@pgwc.gov.za

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

APPLICATION TO CONDUCT RESEARCH IN PUBLIC SCHOOLS WITHIN THE WESTERN CAPE

Note

- This application has been designed with students in mind.
- If a question does not apply to you indicate with a N/A
- The information is stored in our database to keep track of all studies that have been conducted on the WCED. It is therefore important to provide as much information as is possible

1 APPLICANT INFORMATION

1.1 Personal Details		
	Title (Prof / Dr / Mr/ Mrs/Ms)	Mrs
1.1.2	Surname	GELDENHUYS
1.1.3	Name (s)	ODETTE
1.1.4	Student Number (If applicable)	23240830

1.2 Contact Details		
1.2.1	Postal Address	12 VIERHOUT STREET, SONKRING, BRACKENFELL, 7560
1.2.2	Telephone number	-
1.2.3	Cell number	0828434324
1.2.4	Fax number	-
1.2.5	E-mail Address	olourens@gmail.com
1.2.6	Year of registration	2011
1.2.7	Year of completion	2014

2 DETAILS OF THE STUDY

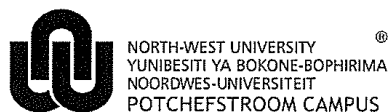
2.1 Details of the degree or project		
2.1.1	Name of the institution	NORTH WEST UNIVERSITY POTCHEFSTROOM
2.1.2	Degree / Qualification registered for	PHD IN PSYCHOLOGY
2.1.3	Faculty and Discipline / Area of study	PSYCHOLOGY
2.1.4	Name of Supervisor / Promoter / Project leader	DR. I . VAN SCHALKWYK
2.1.5	Telephone number of Supervisor / Promoter	072 3677739
2.1.6	2.1 Details of the degree or project	izanette@telkomsa.net
2.1.7 Details of the degree or project: Relational well-being in a group of adolescents in a high-risk South African community		
2.1.8 What is the research question, aim and objectives of the study The research question of the study is the following: What is the prevalence and nature of South African adolescents' relational well-being in a high-risk environment?		
The aim and objectives of the study involve the following: • To develop a comprehensive understanding of the psycho-social needs of children, youth and families; and develop strategies to facilitate quality of life and well-being in schools and communities. • Quantitative method (measures) to investigate the incidence of the adolescents' well-being in a high-risk community. • Qualitative method: The use of a case study. This objective includes the exploration of relational-well-being of adolescents in high risk South African communities through qualitative techniques. Different strategies such as visual techniques, the participants (adolescents) life stories and personal interviews will be used to determine the nature of their relational well-being. Focus groups will be held with twelve participants of three selected secondary schools in the Delft community. • The central feature of this research is the relational well-being of adolescents in high-risk South African communities. • The research area for this study, Delft, is a high-risk South African community. Felner (2006)		

describes a high-risk environment in terms of the following factors: Poor - standard housing; high incidence of crimes such as murder, theft, and rape; alcohol and substance abuse and dependence; violence, such as gang violence and domestic violence; few options of after-school care; and lack of exposure to positive role models that can form the dreams and aspirations of adolescents. The research context is consistent with the description by Felner (2006) of a high-risk area, as indicated by statistics from the Delft police station.

- Participants: The participants for the first objective (quantitative research) Grade 8 students will be from the three selected secondary schools in the Delft area (about 350 learners x 3 schools). The participants for the second research objective, namely the exploration of adolescents' relational well-being in a South African high-risk community in order to develop guidelines for sustainable personal and community development. The case study learners that will participate will be from the three high schools in the Delft area.
- Exploration of relational well-being within the framework of positive psychology.
- The presentation of various theories and models that focus on well-being (relational, healthy functioning, positive emotions, and positive development) and ecological theories and theoretical perspectives in context with the study.

2.1.9	Name (s) of education institutions (schools)	
	HINDLE HIGH SCHOOL LEIDEN SECONDARY SCHOOL DELFT TECHNICAL HIGH SCHOOL	
2.1.10	Research period in education institutions (Schools)	
2.1.11	Start date	February 2014
2.1.12	End date	July 2014

APPENDIX 1F



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

To whom it may concern

Faculty of Health Science
Tel: 018-299 2092
Fax: 018-299 2088
Email: Minrie.Greeff@nwu.ac.za

16 January 2014

Dear Dr. Van Schalkwyk

Ethics Application: NWU-00060-12-A1 "Developing sustainable support to enhance quality of life and wellbeing for children youth and families in South Africa: A trans-disciplinary approach"

All ethical concerns have been addressed and your request to include the sub-study, entitled "Verhoudingswielstand van 'n groep adolessente in 'n hoë-risiko Suid-Afrikaanse gemeenskap" under the above mentioned umbrella project has been approved.

Yours sincerely

Prof. Minrie Greeff
Ethics Sub-committee Vice Chairperson

Original details: Prof. Minrie Greeff(10187308) C:\Users\13210572\Documents\ETIEK\2012 ETHICS\NWU-00060-12-A1 Add request 10.docm
21 January 2014

File reference: NWU-00060-12-A1

APPENDIX 2

PROJECT BRIEF

Introduction

Relationships between members of a community promote individual as well as collective well-being in that community (Evans and Prilleltensky, 2007). We can therefore argue that in order to co-construct enabling school communities in which the holistic well-being of all the members are promoted, as suggested in the Health Promoting Framework, more attention need to be given to the relationships between the members. The argument is strengthened by research conducted by McLaughlin and Clarke (2010), on the importance of relationships for “school connectedness”. The degree to which students feel connected, according to these authors, contribute to academic outcomes, well-being and social development – both in the long and short term (McLaughlin & Clarke, 2010; Roffey, 2012). However, very little attention has been given to the relational dimension of being together in school communities, despite the fact that schools are often swamped with relational problems between learners, educators, parents and other staff members, as indicated in the media and recent research literature.

Attempts to promote well-being are mainly focused on tertiary level interventions that provide individualist, intra-psychic interventions, due to high learner-professional ratios and long distances between support offices and schools in rural areas (Pillay & Lockhat, 2001; Pillay & Wasileski, 2007; Lazarus, 2006). Primary and secondary interventions that should emphasise relational and collective well-being generally take the form of random, once-off presentations in a prescriptive format of how people should relate and interact, without acknowledging the complex, dynamic nature of human interaction. This could explain the non-sustainability of current interventions to enhance holistic well-being in schools (Hawe, Shiell & Riley, 2009).

The aim of the project “*Relational well-being in South African school communities*” is to investigate current perceptions, experiences and practices regarding relational well-being, in order to contribute to the development of sustainable intervention processes that will promote relational well-being in South African school communities.

Research design and methodology

The research for the project is designed within an interpretivist paradigm that perceive social reality as the product of processes by which people, as social actors, construct the social world by sharing and negotiating meanings (Blaikie, 2008). The intention is to explore

the richness, depth and complexity of relating and interacting in school communities as a basis for the promotion of well-being in school communities. The research design and methodology are qualitative in nature to allow students to use procedures that are open-ended yet rigorous, and captures the complexity of social settings as indicated by Janesick (2000) who compares qualitative research to the choreographing of a dance.

Trustworthiness of the study

The aim of a rigorous study is to convince the audience that the study is worth taking note of and that the findings represent reality, as stated by Babbie and Mouton (2001). To ensure the rigor of the studies conducted in this project, students are guided to design studies that meet the core criteria for rigorous qualitative research, as described in the research literature (Creswell, 2009; Ellingson, 2009).

Ethical considerations

In this research project, the actions of the researchers are based on the principals of human rights and the safety of the public as formulated by the Constitution of South-Africa (1996) and the ethical rules of the Health Professions Council of South-Africa (HPCSA, 1974). The researchers accept the ethical responsibilities to consider the following principles:

- Informed consent
- Voluntary participation
- Confidentiality
- Beneficence, social accountability and responsibility
- Ethical issues in the reporting/publishing of findings
- Researcher commitment

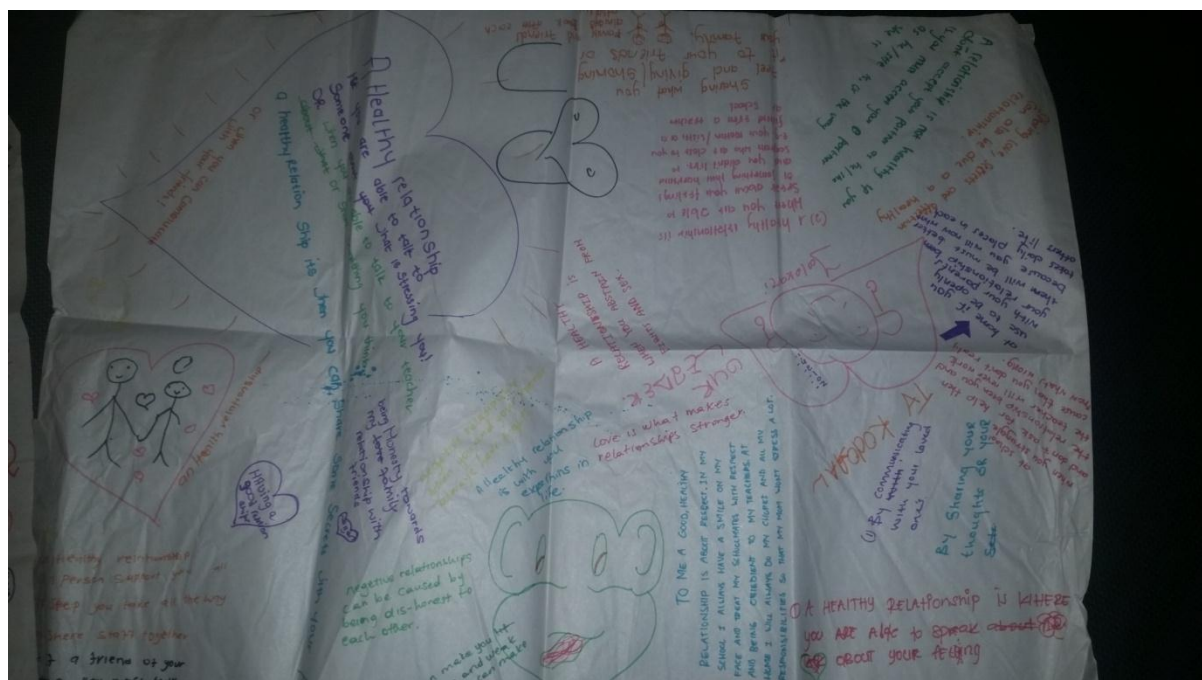
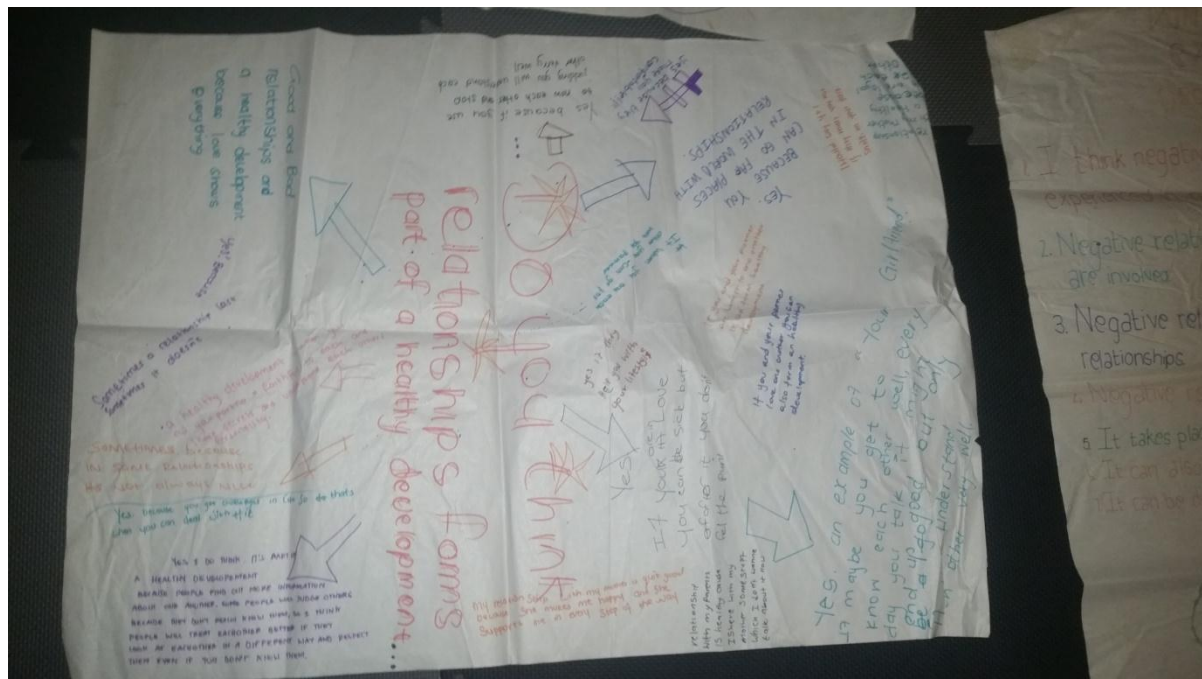
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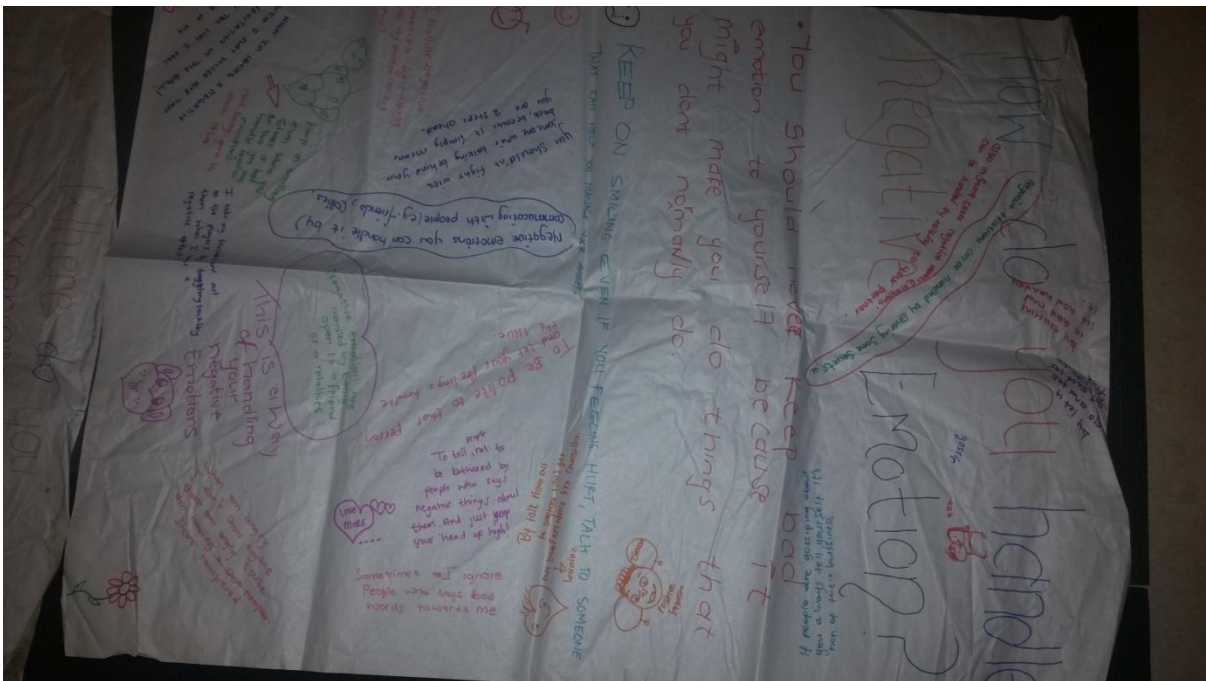
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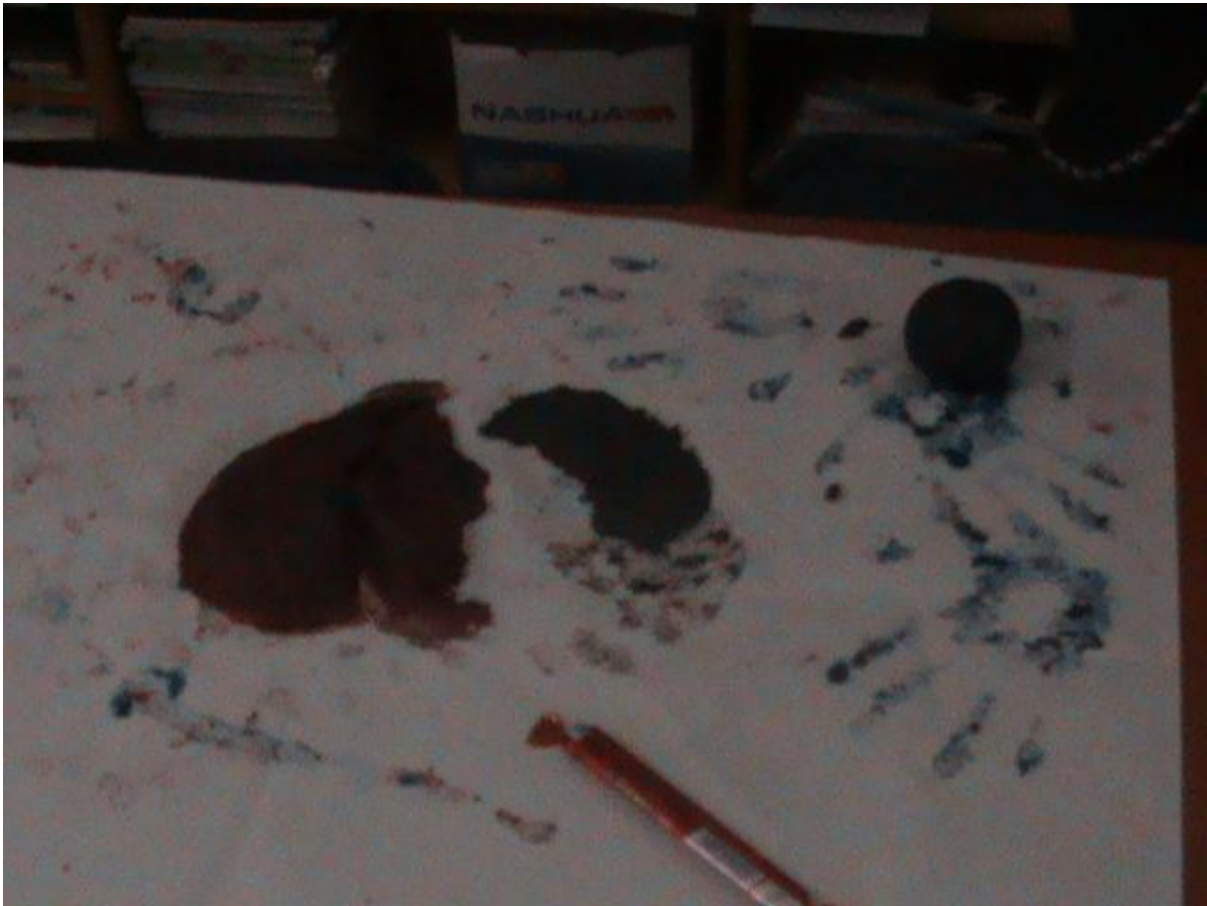
APPENDIX 3

PHOTO EVIDENCE: WORLD CAFÉ – DONE WITH THE PARTICIPANTS OF MY RESEARCH

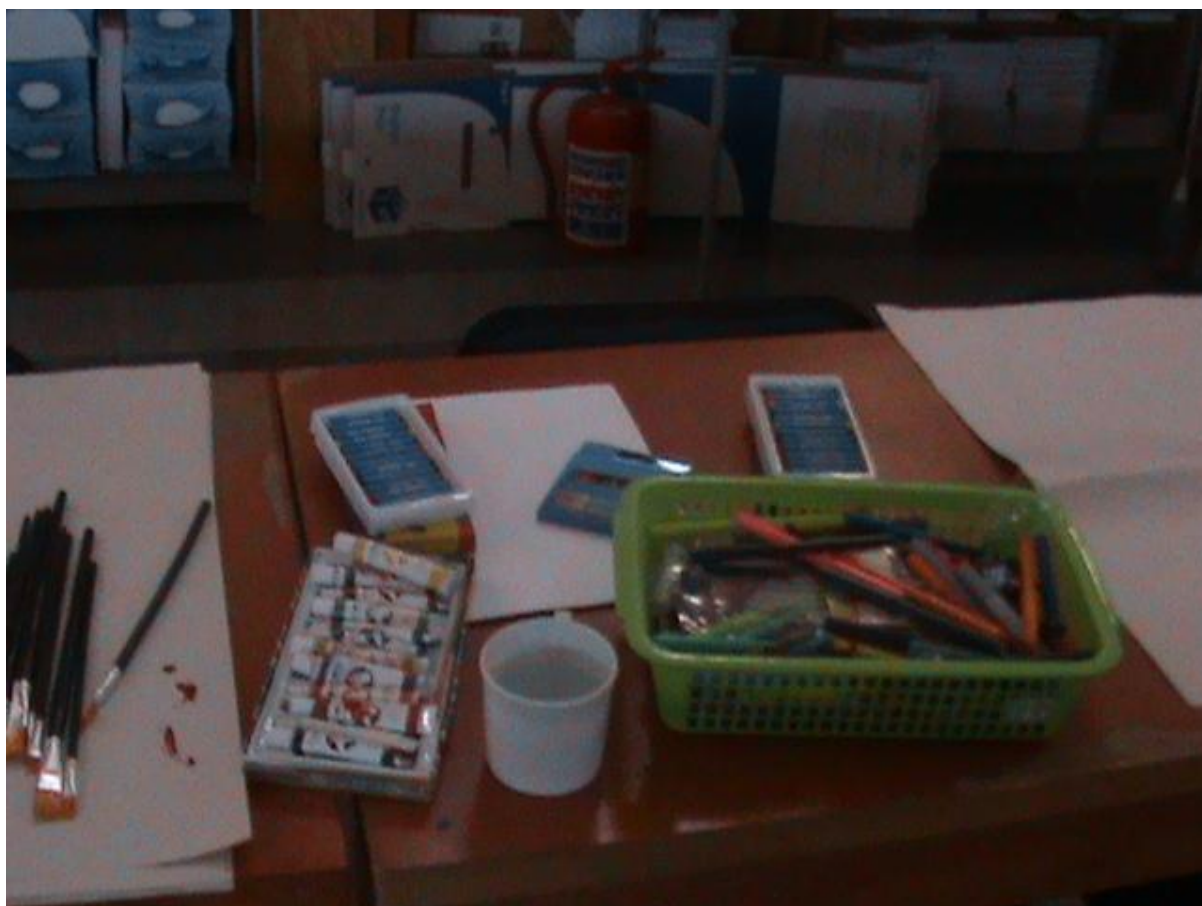




In the process of creating posters for World Café.









APPENDIX 4

Transcriptions

<u>Abbreviations</u>	
O:	Odette
P 1:	Group Leader
P 2 – 4:	Group Participants
F:	Facilitator
-	Unclear Audio

Transcription

O: Okay right I'm just gonna ask you a few questions about relationship that we've been doing a lot about these past few weeks.

P: Okay.

O: Ja so let's start, right Sweetie, what is your understanding of the word relationship?

P: Okay um, relationship it can be between two people alone or it could be between yourself.

O: Ooh.

P: Yes, what I mean between yourself, it could be the way you understand yourself, the way you do things, not the way people see you, but the way you see yourself.

O: Wow that's powerful, sjoe, okay um, what do you think is a healthy relationship?

P: Um a healthy relationship it's whereby you get support from your friends, your family and from yourself, you support yourself in every way you do, you've got a positive mind of everything you do yes.

O: Okay do you want to add something more?

P: No.

O: Okay then what is a unhealthy relationship?

P: A unhealthy relationship is when you've got a conflict with yourself, you doubting Relationship can be with yourself or with two people. Understanding oneself, to focus how one sees oneself (and not how others see one). A healthy relationship is one receives support from oneself, family & friends & staying positive. Unhealthy relationship entails yourself, and then that inter, inter conflict of yourself it becomes a huge thing that expose to your

surroundings and then that happens when they don't give you support, when they don't give you support and then you start to being aggressive towards others, you don't share, you've got a negative mind, you don't get any support even though you can get a support but you don't think it's enough for you.

O: Okay that's interesting, can you um, give me examples of healthy relationships in your life and also at home um and at school?

P: Okay a healthy relationship in my life um -

O: At home sorry, at home and at school, sorry I asked the question badly now.

P: At home it's between me and my younger brother.

O: Ah sweet how old is your brother?

P: My brother is sixteen years.

O: Oh so you don't fight?

P: No we don't fight.

O: Okay go on, explain more?

P: Ja we used to fight then I think – I look after him ja, and he feels the same that he can look after me.

O: Okay.

P: So we have that kind of relationship and we not living with our parents we living with our older brother.

O: Older brother?

P: Yes.

O: Okay where is your parents? inner conflict, self-doubt. Lack of support will result in aggressive behaviour, negativity and inferiority.

P: Our parents is in Eastern Cape.

O: Okay.

P: My father is in Durban and my mother is Eastern Cape.

O: So shame and how is your brother, your older brother?

P: My older brother is twenty five.

O: Oh okay.

P: Yes.

O: So okay, how, why, explain more this good relationship you have with your brother, why is this so good?

P: Okay the thing is that for me, he's still young and I've experienced more than him I could say so I don't wanna see him, getting, experiencing bad things that I've experienced it before.

O: Okay.

P: So we sit down and talk, ja he's that kind of person he doesn't have friends, he doesn't make friends, he's a quiet person and I'm the talkative one.

O: Ja.

P: Ja so, so that is how we operate.

O: Sweet and tell me when do you see your mother?

P: I see my mother during holidays.

O: Okay so this holiday you going to -

P: So I'm not gonna go this holiday cause I'm doing grade twelve this year.

O: Oh.

P: Yes so I'm not going I think.

O: But your brother, is your brother going to your mother?

P: Ja.

O: Oh okay.

P: Yes or my mother can visit us.

O: Oh okay so you can see your mother?

P: Yes.

O: Okay, so your mother, does your mother send money for you here or how does it work?

P: No my mom doesn't work.

O: Oh.

P: She's sick.

O: Oh no, is she okay? Like very sick or?

P: She's okay now.

O: Okay good.

P: She, she had kidney failure, both of kidneys.

O: No.

P: Yeah that was I think 2011.

O: Sjoe but she's fine now hey?

P: She's fine now.

O: She's doing well?

P: She's doing better – they assisting.

O: Okay.

P: Ja.

O: Okay shame, okay so your brother is looking after you?

P: Yeah my brother is looking after - .

O: Tell him I say thank you very much for looking after because you beautiful.

P: Thank you.

O: Okay now at school Sweetie, how at school, where is a good relationship here?

P: At school, um I've came here last year.

O: Last year?

P: Yes, I'm a newcomer.

O: You lie, you look like you've been here for fifty thousand years already huh?

P: I'm a newcomer, so I met Phumlani.

O: Phumla.

P: He was my friend, best friend ja, so I was a good relationship cause he's that – I'm that passive person that it's fine, it's okay.

O: But It's not actually always okay.

P: Ja it's not always okay, so he's that kind of person he'd made me express my feelings.

O: Ooh.

P: Yes cause we've got that relationship that if no you can speak if it's not good for you then speak to me what's going on.

O: I'm so glad.

P: So ja I've got that kind of relationship.

O: Thank you, thank you, that you have a friend like that, sjoe okay and my next question is how do you maintain a healthy relationship, what do you need to have a healthy relationship?

P: To have a healthy relationship, first we have to look within yourself to look within yourself what do I need, I mean we have to know yourself better than you could

Healthy relationship where one can communicate openly and honestly.

Healthy relationship starts internally, when one knows oneself & one's understand other people better.

O: That's very good.

P: Yes because if you do respect yourself then it goes for everybody else you are going to end that respect and you gonna show it to somebody else.

O: So we need to respect to maintain?

P: Yes.

O: And what else do we need for a healthy relationship?

P: For a healthy relationship we need to support.

O: Okay support.

P: Support each other, communicate with each other, be honest.

O: Honest that's also good.

P: Yes, express your feelings.

O: Oh that's another thing.

P: Yes.

O: Wow that's a good recipe hey, I'm gonna remember that one, right my other question is, what is the most important relationship for you in your life now?

P: My most relationship.

O: Most important relationship for you in your life.

P: Okay the most important relationship I could say it's between me and my friends.

O: Okay.

P: Yes cause it's it's not that easy living with your brother.

O: No of course.

Needs then one will be able to understand others.

Self respect will flow through to others. Respect is needed to maintain a healthy relationship.

Healthy relationship needs support. Communication, honesty. Expression of one's feelings.

Most important relationship is with friends.

P: It's not easy ja, he would understand some of the things cause I'm the only sis.

O: Ah and you the only girl then also.

P: Yes yes the only girl, so sometimes they don't understand, but having friends around supporting you, always know what's going on in your life, sharing, ja.

O: Ja that's better?

P: Yes.

O: Okay and my last two questions is, um where did you experience negative relationships?

P: Um I did experience a negative relationship when my mom started to be sick that was 2011, she couldn't get um enough support from our father.

O: Shame.

P: Ja that was a unhealthy relationship I was facing that time.

O: Okay so your father just went away?

P: No he didn't went away, he gave that support, I would say some people poisoned his mind or something.

O: Oh.

P: Ja and then he just backed off.

O: Oh no, and left your mother?

P: And left my mom.

O: And you as well?

P: Yes.

O: And you have no contact now with your, with your father?

P: We, we have that contact but it's not the same anymore.

O: Shame so how did you handle that negative relationship, what did you do?

P: Firstly we have to get an outside of him from someone who don't know me -

O: Ja.

P: From friends, who's, you, you, you talk about your problem and then you experience you will see that what you facing is nothing to someone else, someone else has got a huge problem than yours.

O: Wow that's powerful.

P: Yes and then to volunteer in social, activities, hear what people are facing.

O: Mm I just want to give you a big hug, you did so well, thank you my Angel, I appreciate.

School 3 - Indiv interview

<u>Abbreviations</u>	
O:	Odette
P:	Participant
-	Unclear Audio

Transcription

O: Okay Kayla, I'm gonna ask you a few, is jy Afrikaans, Engels?

P: English.

O: English, gonna ask you a few questions and then just be very honest and then if you wanna answer like fifty thousand pages you can go wild this is your way to um, to give it to me, thank you okay, so the first question I wanna ask you Kayla is, what is your understanding of a relationship? What do understand if someone ask you what is a relationship?

P: A relationship for me is like what, what connection I have with someone like say now for example I have a relationship with one of my family members then it will be like I can be open with them, I can tell them what I feel how I feel, if I feel bad I can go to them stuff like that and a relationship is basically just what you what the connection that you have with somebody and if, say now for example you have a boyfriend and you two are in a relationship and you love him and you trust him and you can tell him anything then that is also a relationship.

O: Okay and do you think um like we said do we think we have levels, different levels or relationships? Or do you think, do you think we have relationship now me and you?

P: Not yet because I don't know you well yet.

O: Oh wonderful, good job, okay number two is, what do you think is a healthy relationship? A relationship is a connection between two people, different types of connections include family & romantic connections. Communication.

P: Um a healthy relationship to me is no fighting, swearing, not like for me is if we know each other and then I tell you something and you tell somebody else then I won't think that's a healthy relationship cause I wanted it to be between the two of us.

O: Okay I'm hearing a lot of backstabbing, you don't think backstabbing is a healthy relationship?

P: No.

O: Why not?

P: Because that's not that's not a healthy relationship.

O: But say for example you tell me something and I go tell Sharon now and I said ah sorry I forgot you didn't, I really mustn't tell that, will you forgive me or you will you have less trust in me then and will you then define that relationship -

P: I will forgive you and then after-wards if it happens again then I'll have little trust in you.

O: Okay so you think that the second time makes the unhealthy relationship and not the -

P: The third time.

O: The third time?

P: Yes.

O: Sjoie you give a lot of chances, that's good to know, so you a forgiver you like to forgive and forget that's a good quality right now what is a, you said, you said what is a healthy relationship you explained it to me now you said it's connect, communication do you wanna go a bit more in um, you said when people when you trust people but I wanna hear something more if I hear the word healthy, what is a healthy relationship?

A healthy relationship is free from conflict & mistreatment. A healthy relationship has trust & confidentiality.

P: To me is like the same thing, we have to have that connection.

O: Connection.

P: Like you can come to me and I tell you something or you can tell me something.

O: When does it start? You said we don't know one, each other very well that's very true, but for example we sit now for five minutes and we then relate, I tell you a story about my mom and your mom and we relate to something do we have a connection?

P: Not yet, because - O: Why? I want to know how long does it take for you to have a relationship?

P: Because I we like need to do stuff together like go out go wild just do wild things.

O: Okay so you actually you, I'm, I'm, why I'm asking you, you think a relationship is work? It's not like hey Stella, ons is nou lekker chommies now, we have now a wonderful relationship if I see you in the street I wave for you, is that a relationship or do you, I'm hearing that a relationship is work, it's not like there, it's a connection?

P: No.

O: We have a connection cause we talking now but it's not like you said it's like hey, hey, it's not that deep connection, so what I actually wanna, wanna know from you, do you think a

healthy relationship is really working hard from both parties?

P: Yes.

O: Okay Stella, okay next question is can you please give me an example in your life, where is a, where is healthy relationship at, what is a, in your life, what is a healthy relationship at home can you

A healthy relationship is a connection.

Open communication.

A relationship takes hard work and does not happen overnight.

Describe for me in your life what is a healthy relationship at home and then what is a healthy relationship for you in school?

P: Um a healthy relationship for me at home is between my mother and father because I'm open with them they, my father gives, my father came to me and told me Stella if there's something wrong come to me and I'll help you.

O: Wonderful.

P: My mother also did the same and -

O: Do you have brothers and sisters as well?

P: Yes only sisters.

O: Wow girl-power, and how's the relationship between the sisters?

P: We close.

O: Okay do you think that healthy role models from your mom and dad is going through towards you and your sisters?

P: Yes

O: And that's how you handle other people as well?

P: Yes.

O: Now in your community, what's up there, do you see that's what you have in your home also in your community?

P: In some of them, not in all of them because me and Tiffany we we have that friendship.

O: That connection.

P: We have that connection and I can go to her when something needs to come out and I'll tell her and she'll tell me well you need to do this and you need to do that, if I can't if I can't handle it by myself then

Healthy relationship at home is with parents. She will tell me do this and do this.

O: But you won't first go to Tiff, you won't go first to your parents hey?

P: I will go first to my parents.

O: Will you haai? And then go to Tiffany, that's very interesting and I just quickly wanna hear, um the healthy relationships with you had, with your parents, do you make friends with, with people that in their homes it's not healthy? Do you have friends like that for example when you see when you come when you go visit them you see the parents are screaming, how do you feel when you have relationship with friends that is not in the same environment that you grow, growing up?

P: Um I feel actually sad because every child needs to have that relationship that they have with their mother and father they have to have that connection, cause if they, if they don't have that connection and then it's like you keeping everything to yourself and you gonna, one day you gonna have that chip on your shoulder and you gonna feel like you not worth living cause that's how I felt at first when I don't have that connection with my mother and father I felt like this needs to get off and then -

O: Wow that's amazing and how did you do that?

P: I just went to them and they told me.

O: Well done Kayla okay and at school

Sweetie, where at school do you have a healthy relationship?

P: Um with my friends.

O: Friends you do you think -

P: And with some of my teachers.

O: Okay do you think that friends cause I'm hearing this is a dysfunctional school, I'm hearing it's not good discipline, do you

Every child needs a relationship with their parents. Without a parental relationship one will have no one to share with.

I think if it's not for your, for your friends and your teachers, will this still be a healthy environment for you or will you have healthy relationships?

P: Yes.

O: Would it still, do you think you create your own healthy relationships or you think it's created by your environment?

P: No um -

O: Sorry I'm trying to like -

P: Through through all of us.

O: Okay.

P: If we, if we want this school to have a good name then it's through us because it's not, it's not, it's not the school it's what you make of the school.

O: Oh okay.

P: So if, if everybody wants to work together then lets work together.

O: They can do anything Lamla, anything they want, okay so you think that the good relationships, is it through both, is it through environment and the people?

P: Yes.

O: They have to work together, thank you, that's very interesting, next question, do you think it's necessary, um what do you think is necessary for people to have, to keep a relationship healthy? What do you think? What's a, if I have to ask you, what is the recipe? And I have no idea how to keep a relationship healthy, what is your recipe?

P: Um trust, friendship you have to be honest with each other, you guys doesn't have that that bad view against each other cause if you have gonna have that bad views then it's not gonna be a healthy at all and just honesty. Good relationships are through individuals and the environment.

Trust, honesty, positive views of one another.

O: Okay honesty is a very important thing that I'm hearing it's, it's it's actually one of the main ingredients to keep it, cool next question is um, what do you think is the most important relationship in your life, I'm hearing your parents, but if I wake you up two o'clock in the morning, what is the most important relationship now in this, in your life?

P: Everybody.

O: Haai everybody? Now you have to listen, who's everybody?

P: Friends, teachers, parents, sisters, the family and the people I meet every day.

O: Okay so you think it's a combination, you can 't just be alone on the island to be alone and have a healthy relationship need or -

P: No.

O: It's a combination of every, of everything?

P: Yes.

O: That makes you it's the most important relationship, so it's not one thing for you, it's many things?

P: It's many things.

O: That's also interesting right and the last question I wanna ask you is, how um where did you experience negative emotions in your life?

P: I haven't experienced.

O: Ah no Kayla, never? Have you ever ever experienced a negative um relationship?

P: A negative relationship once, okay only once.

O: Ek wil nou net sê, where?

Views everyone as an important relationship.

To maintain a healthy relationship is a combination of things.

P: Where me and, me and one of my friends, we were, we were very close like she used to tell me everything, everything, I used to know everything about her and she used to know everything about me and then one day she just like broke it, she just broke our trust and I didn't feel that, that I felt before, I didn't feel that and I felt like it just broke.

O: And you couldn't forgive her?

P: No it was too bad.

O: It was too bad and they, you just drifted apart? Okay how did you, how do you handle negative relationships? How do you get through them?

P: Calm.

O: Keep calm? So you won't go mad, I go mad, I scream, are you just calm and what do you say?

P: It's over.

O: And you walk away? Do you cry do you -

P: Yes.

O: Swear do you?

P: I cry.

O: Okay and never ever -

P: I cry and listen to music.

O: Oh so music is a very good medium.

P: Soul, soul songs.

O: Not rock & roll music?

P: No.

O: Banging your head and then how do you get out of your system, you know you've gone through this negative relationship, so you listen to music do you talk to somebody do you go to other friends house, do you tell your mom I'm not feeling well now -

Betrayal/Broken Trust.

P: I tell my mom.

O: The whole story? And that's the way you get -

P: That's the way I get it off.

APPENDIX 5: GUIDELINES FOR JOURNALS

Article one to be submitted to the 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.

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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.

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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.

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Article 2 to be submitted to *South African Journal of Psychology*

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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

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