

**EXPLORING PSYCHOSOCIAL WELL-BEING IN A GROUP OF
MARGINALISED AFRICAN YOUTH**

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**EXPLORING PSYCHOSOCIAL WELL-BEING IN A GROUP OF
MARGINALISED AFRICAN YOUTH**

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Promoter: Prof C. Van Eeden

Co-promoter: Prof Ian Rothmann

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PREFACE AND DECLARATION

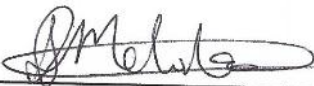
The article format was chosen for this study. The researcher, Seleme Melato, conducted the research and wrote the manuscripts. Prof. C. van Eeden and Prof. S. Rothmann acted as promoter and co-promoter respectively. Three manuscripts have been written, and will be submitted for publication.

MANUSCRIPT ONE: The psychosocial well-being of a group of marginalised African youth.

MANUSCRIPT TWO: Qualitative exploration of the psychosocial well-being of marginalised African youth in South Africa.

MANUSCRIPT THREE: Guidelines for an intervention to enhance psychosocial well-being of African youth.

I declare that **EXPLORING PSYCHOSOCIAL WELL-BEING IN A GROUP OF MARGINALISED AFRICAN YOUTH** is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.



Seleme Revelation Melato (Student Number: 11741589)

Date: September 2014.



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1 September 2014

Letter of permission

Permission is hereby granted that the following three manuscripts:

1. Investigation of the psychosocial well-being of a group of marginalised African youth.
2. Qualitative exploration of the psychosocial well-being of marginalised African youth in South Africa.
3. Guidelines for an intervention to enhance psychosocial well-being of African youth.

May be submitted by Seleme Melato for the purpose of obtaining a PhD-degree in Psychology. This is in accordance with academic rule A.8, and specifically rule A.8.2.b of the North-West University.

Handwritten signature of C. van Eeden in black ink on a light blue grid background.

Promoter: Prof. C. van Eeden

Date: 1 September 2014

Handwritten signature of S. Rothmann in black ink.

Co-promoter: Prof. S. Rothmann

1 September 2014

DECLARATION FROM THE LANGUAGE EDITOR

I hereby declare that the thesis **Exploring psychosocial well-being in a group of marginalised African youth** by Seleme R. Melato, was edited by me.

A handwritten signature in black ink that reads "E Diedericks". The letter "E" is stylized with a large loop that extends to the left and underlines the start of the name.

Dr Elsabé Diedericks

BA Hons HED Hons MA PhD

08 September 2014

SUMMARY

This research using quantitative and qualitative methods studied the psychosocial well-being of marginalised youth of African descent in South Africa. The study of well-being amongst the youth has been the focus of many research studies in the past two decades (Bach, 2011; Koen, 2010; Ungar, 2005); hence the continuing intellectual debate on the best possible ways to promote youth well-being (Koen, 2010; Shah, Graidage, & Valencia, 2005; Van Schalkwyk, 2010). The major shift within the psychological sphere, i.e. from the illness model to positive psychology focusing on the enhancement of human capabilities as well as well-being (Seligman, 2004), has resulted in a greater need for studies exploring well-being, especially amongst the youth of South Africa. This study of psychosocial well-being was conducted in line with, amongst other theories, the Keyes and Lopez (2002) theory of complete mental health, viewing mental health as not only the absence of mental illness, but as high levels of functioning in the psychological, emotional and social dimensions of human behaviour. Of particular interest to the current author was the degree to which marginalised African youth could experience psychosocial well-being, considered against Jahoda's (1958) view of positive mental health, Ryff's psychological well-being model (Ryff, 1989, Ryff & Singer, 1995), Keyes' mental health continuum (1998, 2002, 2007), Wissing and Van Eeden's (2002) general psychological well-being factor, as well as Seligman's PERMA model (2011).

Although some youth experience well-being and are flourishing, the urgent need for the development of wellness in youth was indicated by the findings of Keyes (2006) on adolescent mental health. In various studies, it was found that approximately 20% of youth experience mental illness, but Keyes (2006) questioned the quality of mental health of the remaining 80%, since he found that only moderate mental health was experienced in youth aged between 15-18 years.

Although there have been a number of studies focusing on young people and their psychosocial well being, there is a lot that still needs to be done in terms of research and intervention. Van Schalkwyk (2009) indicated that although there is a dearth of validated data on the psychosocial well-being of the youth within the South African context; there is a need for more in-depth research on this subject. This study hopes to make a contribution in this regard.

A mixed method research design was employed and the first quantitative phase (Article 1) used validated self-report questionnaires to measure the prevalence of psychosocial well-being amongst a group of marginalised African youth ($N=794$). These instruments measured psychological, emotional and social well-being (Mental Health Continuum-Short Form), coping self-efficacy (Coping Self Efficacy Scale) and symptoms of distress (Depression, Anxiety and Stress Scale). A structural equation model was identified explaining the relationships between the three constructs used in the research.

The second phase of the research (Article 2) was qualitative in nature and it explored, through the use of semi-structured interviews and focus group discussions ($N=30$), the personal narratives of the participants who (during the quantitative phase) were identified as high, moderate or low in their well-being. Themes and subthemes were identified that gave a qualitative picture of the well-being or lack thereof of the participants. In the third and final phase of the study, the data obtained from the two preceding phases as well as the literature review was used to formulate guidelines with specific strategies. These can be used by professionals working with the youth to help them harness their strengths in order to enhance their psychosocial well-being as well as lessen their symptoms of depression, anxiety and stress.

Results from the quantitative component of this study was mainly that coping self-efficacy proved to positively explain the variance of mental health and well-being and

negatively the symptoms of depression, anxiety and stress. Mental health and well-being also proved to be salutary antecedents of symptoms of distress. Themes were analysed from the qualitative data and the following wellness-enhancing themes emerged from the data analysis: altruism, emotional resilience, social strengths, empathy for others, a positive outlook towards life, goals and aspirations, a strong support system, such as a loving and caring mother, and a supportive community. Religion, Christian faith and values further emerged as a common theme across all three groups of participants. The thematic similar findings on wellness-hindering attributes among the participants included loss of family well-being, painful past life experiences, an absent father, emotional turmoil, and poor self-esteem. The results provided by both the empirical components of the study were used in the formulation of guidelines with specific strategies for a strength-based intervention programme aimed at the enhancement of coping self-efficacy and psychosocial well-being amongst the youth.

The study was finally evaluated and conclusions were drawn, limitations exposed and recommendations made.

Key terms: Positive psychology, psychosocial well-being, coping self-efficacy, youth, marginalised, depression, anxiety and stress

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CHAPTER ONE
OVERVIEW OF THE STUDY

“Young people should be at the forefront of global change and innovation. Empowered, they can be key-agents for development and peace. If, however, they are left on society’s margins, all of us will be impoverished. Let us ensure that all young people have every opportunity to participate fully in the lives of their societies.”

- Kofi Annan

In this thesis about the psychosocial well-being in a group of marginalised youth from African cultural descent, the following will be presented: Firstly, an overview will be provided that is the literature background to the study; and thereafter three manuscripts intended for later publication in scientific journals will constitute the empirical research done in this study. The manuscripts will be about the measurement and statistical analysis of psychosocial well-being amongst marginalised young adults; a qualitative analysis of personal narratives as well as focus group discussions with young people about their psychosocial wellness; and proposed guidelines for an intervention aimed at improving the psychosocial well-being of marginalised African youth. Finally the thesis will be concluded with a discussion of conclusions, limitations and recommendations drawn from the study.

In the overview that follows, psychosocial well-being and all other related constructs employed in this study will be conceptualised and theoretically explicated. Since the overview serves as a literature background to this thesis, it is acceptable that some duplication of literature describing the research results of this study may occur in the manuscripts.

1. Conceptualisation

1.1 Positive Psychology and Psychofortology as Conceptualising Frameworks of the Study

This research was embedded in the frameworks of positive psychology and psychofortology that are the main tenets of the study. *Positive psychology* is defined as that field of psychology which uses psychological theory, research, and intervention techniques to understand the positive, the adaptive, and the creative and emotionally fulfilling elements of human behaviour (Compton, 2005). Sheldon and King (2001) defined positive psychology as the scientific study of ordinary human strengths and virtues; further viewing positive psychology as an attempt to urge psychologists to adopt a more open and appreciative

perspective regarding human potential, motives and capacities. Therefore, as indicated by Compton and Hofmann (2013), positive psychology studies what people do right and how they manage to do it, while it further aims to promote in people a development of those qualities that lead to greater fulfilment for themselves and for others. Sheldon, Frederickson, Rathunde, and Csikszentmihalyi (2000) provided a similar perspective when they defined positive psychology as the scientific study of optimal human functioning that aims to discover and promote factors that enable individuals, communities and societies to thrive and flourish (also see Seligman & Csikszentmihalyi, 2002).

The rise of the field of positive psychology has led to a notable increase in the study of psychological well-being as well as optimal human functioning (Lopez & Gallagher, 2009). The work of Ryff on psychological well-being (Ryff, 1989; Ryff & Singer, 2006) and of others in the field of positive psychology was deeply embedded in the early theories of optimal human functioning, such as those of Erikson (1969), Maslow (1968), Rogers (1961) and others. Khumalo (2011) made specific mention of the work of Jahoda who, in 1958, was the first theorist to present a model conceptualising psychological health. Such earlier work is still regarded as highly relevant and important since it is viewed as building blocks for positive psychology research studies (Strumpfer, 2006).

Psychofortology (Wissing & Van Eeden, 2002) emerged as a framework for the study of psychological strengths (Peterson, 2006) from a number of South African studies on the essence and characteristics of psychological well-being, including participants from all cultures, both genders and all ages. Psychofortology is a domain of scientific study on the theoretical and hypothetical level of Madsen's (1988) systematology, which focused on the nature, manifestations, patterns, origins, dynamics and enhancement of psychological strengths in individuals, groups and communities (Strumpfer, 2006; Wissing, 2000).

Psychological well-being and psychosocial well-being are core constructs of psychofortology; thus, establishing a broad construct that studies the strengths (fortology) of

the mind; complementary to psychopathology that studies the difficulties (pathology) of the mind (Wissing & Van Eeden, 2002).

Compared to the other fields in psychology such as developmental psychology, social psychology and psychopathology, positive psychology and psychofortology are regarded as young fields in the overall discipline. Various authors thus called for critical consideration of the theoretical tenets which emerged from these fields. Sheldon, Kashdan, and Steger (2011) indicated that the growth in the study of well-being and related constructs, such as happiness, led to the emergence of critical theories. Some critics argued that the field of positive psychology is in need of growth and maturity-enhancing self-reflective attitudes (e.g. Lazarus, 2003; Rathunde, 2001; Richardson & Guignon, 2008). This criticism was acknowledged by Diener (2009), who highlighted the following initial shortcomings within the field: Firstly, the study of happiness and subjective well-being was too individualistic, and as a result it tended to neglect the role played by other structural organisations and systems of society. Secondly, positive psychology emerged as an elitist field, which seemed to have a narrow membership and did not embrace diversity of input from other sciences and scholarly disciplines. There was further criticism that positive psychology ignored past scholarship and declared itself as new, while concern was raised about the perceived ignorance of the negative aspects of life and the world (Khumalo, 2011).

Despite the criticism and concerns aimed at positive psychology, the field has been growing in breadth and depth and both researchers and theorists are increasingly addressing the identified shortfalls and even latent, erroneous assumptions within the field (Donaldson, 2011; Kashdan & Steger, 2011). Wissing and Van Eeden (2002), supported by Khumalo (2011), have expressed concern about the paucity of African research in the scientific literature of positive psychology. Psychofortology started to address such paucity by researching most of the concepts and constructs of positive psychology in the South African context, involving research groups from both individualistic and collectivistic cultural

backgrounds, ethnic groups representing eleven languages, both genders, all age groups and diverse societal structures such as family groups and occupations. Much work, however, still needs to be done in the African context to determine whether constructs of positive psychology that seem to be universal, are indeed applicable to African cultures. This current study aimed to contribute to the expansion of knowledge about positive psychology in an African context and frame of reference. Psychological well-being as a core construct of this study will be discussed next.

1.2 Psychological Well-Being: A Broad Perspective

The work of Martin Seligman, also described as the father of positive psychology (Diener, 2009; Snyder & Lopez, 2002), is regarded as a main catalyst for the study of well-being and has brought about a keen interest in the study of psychological well-being. Broadly approached, psychological well-being has been described as:

- Optimal human functioning, which refers to a broad range of sound psychological processes and outcomes (Linley & Joseph, 2004). Linley and Joseph also identified psychological well-being as a desired outcome of positive psychology and being representative of positive psychological functioning indicated by eudaimonia, growth and complete functioning, as originally espoused by the classical theorists Aristotle, Horney, and Rogers.
- Happiness and well-being (Seligman, 2002) which were later conceptualised as subjective well-being or hedonic and eudaimonic well-being respectively (Keyes, 2002; Linley & Joseph, 2004; Ryan & Deci, 2001). While the concept of happiness had initially been aligned with just the hedonic view of well-being, Waterman (1993) used the concept to encompass both views, making a clear distinction between two kinds of happiness. *Hedonic well-being* is defined as the positive feelings that accompany getting material objects one desires or having the opportunities one

wishes for, as argued by Compton and Hoffman (2013), Linley and Joseph (2004), and Waterman (1993). This view accentuated constructs such as happiness, positive affect and satisfaction with life (Diener, 2000; Kahneman, Diener, & Schwarz, 1999; Lyubomirsky & Lepper, 1999). While there is an emphasis in this definition on material objects (which is related to Aristotle's view of hedonia), it is not necessarily implicit in current research on hedonia that emphasises subjective well-being (Compton & Hoffman, 2013; Kahneman et al., 1999). *Eudaimonic well-being* is defined as a state in which an individual is flourishing, characterised by high levels of true and enduring joy (Robinson 1990). The definition of eudaimonia is based on an individual's subjective life experiences; doing what he/she is passionate about (Norton, 1976; Telfer, 1980). The subjective nature of eudaimonia refers to the state in which a person feels that he/she is in a process of self-realisation, characterised by the utilisation of unique potential as well as the achievement of life purposes (Waterman, Seth, Schwartz, & Conti, 2008). Although hedonic (feeling good) and eudaimonic (doing well and finding meaning) well-being had previously been theorised as different components of psychological well-being, the importance of integrating these components into the conceptualisation of well-being has been indicated in recent research (Delle Fave et al., 2011; Wissing & Van Eeden, 2014). Research by Dambrun and colleagues (2012) found that aspects of eudaimonic well-being contributed significantly to the experience of happiness or hedonic well-being, both fluctuating and durable; while hedonic well-being was seen as a core component in the construct of "flourishing" (optimal well-being), as conceptualised by Keyes (2007) and more recently by Seligman (2011).

- Mental health, used in the past to indicate the absence of mental illness and the presence of aspects of psychological health (Wissing, 2000). Because of its association with psychopathology, the pathogenic (illness-oriented) paradigm or the

disease model (Seligman, 2002), it is suggested that the construct mental health be replaced by psychological well-being as conceptualised from the fortigenic (strengths-oriented) paradigm (Strumpfer, 1995, 2006). In more recent studies, the terms positive mental health (Keyes, 2007) and general psychological well-being (Khumalo, 2011) have been used, often as synonyms.

- Characteristics of human functioning across the physical, cognitive and intellectual, emotional, interpersonal and social, spiritual and contextual dimensions of human functioning (Wissing & Temane, 2008). Examples of well-being in these domains are: Physical vitality and health; cognitive logic and optimism; emotional regulation, expression and happiness; motivational purpose, agency and initiative; healthy self-worth, autonomy and self-care; social respect, empathy and trust; spiritual meaning, values and competence; environmental mastery, fit and restoration.

Psychological well-being became a construct (a concept for a phenomenon that exists in real life) for theoretical and research purposes, with the groundbreaking theory of psychological well-being that was developed by Ryff (1985, 1995). After she had reviewed the classical theories of healthy mental functioning, she added to these the work of developmental, clinical and personality psychology scholars. Ryff introduced six criteria of psychological functioning, which she named psychological well-being (Ryff, 1989a, 1989b). Ryff and her colleagues also used the term eudaimonia, which they identified as an important outcome of psychological well-being (Ryff & Singer, 2008). Apart from Ryff's model of psychological well-being, many other models and conceptual frameworks for the construct had emerged over time, such as that of Adams, Bezner, and Steinhardt (1997), Richardson (2002), Witmer and Sweeney (1992), and Wissing and Van Eeden (2002). More elaborate models which have since been developed include, amongst others, Keyes' Complete Model of Mental Health (1998, 2002, 2007), the Broaden-and-Build model of positive emotions of Fredrickson (2000), Subjective Well-Being of Diener (1984, 2000), and the Self-

Determination Theory of Ryan and Deci (2000).

Richardson and Guignon (2008), however, critically highlighted the following challenges in some of the assumptions pertaining to the study of psychological well-being: *Individualism*, as it considers humans as self-defining and self-dependent. The individualistic nature of psychological well-being has been found to overlook the collectivistic and socio-cultural aspects of human life. Taking their argument further, Richardson and Guignon (2008) argued that the tendency to perceive psychological well-being as an individualistic concept is flawed, in that it pointed to a cultural bias, which was seen as favouring western culture orientation. According to these authors, the collectivistic and cultural values had a major role to play in psychological well-being.

Closely related to the above criticism is the term *instrumentalism*, which refers to the tendency to assume that human behaviour is characterised by manipulative or instrumental efforts to have control over natural and social processes in order to enhance human wellness (Khumalo, 2011). *Scientism*, in contrast, adopts a secondary approach of isolating concepts from their inherently contextual meaning, whereby practitioners try to undertake the observation and description of social and psychological realities in a neutral manner (Khumalo, 2011). Such realities are, however, never neutral as evidenced in a recent study of children affected by HIV and AIDS in the indigenous South African context (Cook & Du Toit, 2005). In this study, the context of indigenous African cultural values, beliefs and practices formed an integral part in the promotion of healthy human development. This is especially true on all levels of development as well as in the social structures of the child's or young adult's social ecology (Shah, Graidage, & Valencia, 2005; Ungar, 2005).

From the above viewpoints, as well as those of Linley and Joseph (2004), Ryff and Singer (2002), and Wissing and Van Eeden (2002), it is clear that psychological well-being has a strong foundation in the interpersonal well-being of individuals. The individual's

intrapersonal strengths and abilities emerge in a positive light when they are manifested and expressed in interpersonal contexts. Linley and Joseph (2004) succinctly stated that psychological well-being is manifested within the context of the community and culture where the individual lives. Psychological well-being, understood in the ambit of positive psychology, is thus concerned as much with collective wellness as with individual well-being (Linley & Joseph, 2004; also see Compton, 2005). Recently, integrated theories on well-being have been suggested, for example Sheldon's (2011) multi-level theory, Ungar's (2011, 2012) ecological framework, Witherington's (2007) dynamic systems model and Wissing and Temane's (2008) hierarchical model; theories aimed at integrating western individualistic and African collectivistic perspectives on well-being, including hedonic and eudaimonic facets (Wissing & Van Eeden, 2014).

The broad construct chosen for this study was psychosocial well-being, which was based on the assumption that individuals can only be optimally well if their intrapersonal characteristics are expressed in relatedness with others, and if their interpersonal features attest to wellness within themselves.

The participants in this study were youth from an African descent and thus from collective cultures in which the well-being of the person cannot be separated from the well-being of the collective (family, culture, community), from which they come (Constanstine & Sue, 2006; Khumalo, 2011; Pedrotti, Edwards, & Lopez, 2009). Therefore, the concept of psychosocial well-being was preferred in this study and was understood as the integration of psychological aspects (thoughts, feelings and behaviour) and social experiences (relationships, traditions and cultures), or as clearly stated by Koen, Van Eeden, and Rothmann (2012), the holistic well-being of the person in the context of living within a family, community and culture. The rest of this discussion will thus mostly use the term psychosocial well-being, although as seen before, it may include conceptualisations such as subjective well-being, psychological well-being, optimal well-being and positive mental

health.

1.3 Psychosocial Well-being

Psychosocial well-being in its entirety formed the core of this study. This was in line with Keyes and Lopez's (2002) theory of complete mental health, which viewed mental health as not only the absence of mental illness, but as high levels of functioning in the psychological, emotional and social dimensions of human behaviour. Of particular interest to this study was the degree to which marginalised African youth experienced psychosocial well-being.

In their study of psychosocial well-being of children in an African context, Shah, Graidage, and Valencia (2005) described psychosocial well-being as a widely used term which was defined in many different ways. These authors pointed to the fact that academic and social programming theories described psychosocial well-being as an encapsulation of multiple factors such as the mental, economic, spiritual, social, as well as physical health of human beings (Shah et al., 2005). The term was originally used to address developmental changes which young people go through as they are growing up, i.e. psychological, emotional and social developmental changes (Duncan & Arnston, 2005). However, this traditional description was deemed to be limiting and the importance of an all-inclusive definition which would incorporate all the dimensions of human functioning that contribute to global well-being, was highlighted. Such dimensions included, for example, feelings of belonging, secure relationships, freedom to express love, anxiety, hopes and desires without fear of abandonment, discrimination or isolation (Shah et al., 2005).

Of particular importance for research is to take into consideration the interconnected nature of the relationship of a person to his/her family and community, especially when working with participants of African descent (Sommers, 2001, 2003, 2007). As noted by Shah et al. (2005), this relationship has a major impact on the psychosocial development of

young people, and the design of new frameworks and research efforts should take this into consideration. Furthermore, Evans and Prilleltensky (2005) found that the general well-being of youth is a complex, multifaceted, systemic process which includes the personal, relational as well as collective contexts within which the young people exist. The collective context referred to variables such as wholesome early childhood development, conducive towards supportive environments and the facilitation of autonomy, support and empowerment, which were also, identified as positive determinants of well-being in young people (Taylor, 2011).

The Psychosocial Model of Child Well-being in Africa (Armstrong, Boyden, Galapatti, & Hart, 2004) illustrated the reciprocal relationship between a developing young person and the context of family and community. The model further stressed the need for the broader ecological context, including the socio-emotional, mental, spiritual, physiological as well as economic components of individual well-being, to be adequately and fluidly developed in the young person's interaction with his/her family, in the interest of general psychosocial well-being. For example, in her work on traumatic stress intervention, Eagle (2004) found a positive interface between cultural well-being and the African worldview, which was entrenched in the community psychology approach. Myers (1988) was of the opinion that the concept of worldview is systemic and functioned as a guide to people's assumptions and life principles on which their beliefs and actions were based.

The African worldview that described people as holistic beings who perceived themselves, their relationships, as well as matters of psychosocial illness and health as deeply rooted and integrated with their social contexts, has in the recent past grown in its influence on the conceptualisation of mental health (Bodibe, 1992; Eagle, 2004; Hadebe, 1986; Hammond-Tooke, 1975; Mafalo, 1997; Melato, 2000). The implication is that the individual is integrated into a larger system; and all the subsystems, whether psychological, emotional or social (as in the case of the current study), should function towards promotion and maintenance of positive well-being. This point was noted by Cowen who described wellness

as that human state in which people take all the multiple pathways that lead to it into consideration (1991, 1994, 1996). In a closely related study focusing on the challenges of youth marginalisation in Africa, Sommers (2007) voiced the need for the provision of adequate societal support in the development of youth within the African continent. The role of communities and society in the development of youth is reminiscent of the African proverb: “It takes a village to raise a child”, which when loosely translated, means that the broader contextual environments such as communities and societies within which young people are growing up, are major contributors to the psychosocial well-being of such individuals (see Taylor, 2011). The recent work of Koen (2012) and Khumalo (2011) provided much evidence of the socio-demographic variables that influenced the well-being and mental health of families and individuals of African descent.

Furthermore, Wong (2012) described psychosocial well-being as not only healthy functioning and happiness, but also as being concerned with the assessment of wellness, the determination of a person’s satisfaction with life with regard to mental, emotional, social and economic aspects. A high level of well-being, both subjective and objective, “flows by living our best life (virtue), pursuing our cherished dreams (meaning) and overcoming life’s difficulties (resilience)” (Wong, 2012, p. 13). Closely related to this view of psychosocial well-being, is the view that an individual’s state of mental functioning should lead to living a productive life; creating and maintaining fulfilling relationships with those around him/her; as well as the ability to cope with adverse events and to adapt to change (Prilleltensky & Prilleltensky, 2006; Satcher 1999). Well-being is perceived as emanating from our positive attitudes, developing skills to appreciate life, to savour the good moments in our lives and enhance human happiness. The construct of positive affect (Fredrickson, 2002; Lyubomirsky, King, & Diener, 2005) is viewed as important in increasing the human being’s capacity for virtue, meaning and resilience (Wong, 2012).

Seifert (2005) had the view that psychosocial well-being is a dynamic concept that

encompasses the individual's psychological, social and subjective dimensions as well as health-related behaviours; a definition which was echoed by Evans and Prilleltensky (2007), who defined psychosocial well-being as a personal, relational and collective state characterised by a positive fulfilment of needs and aspirations. The World Health Organisation (2004) conceptualised psychosocial well-being (mental health) as "a state of well-being in which the individual realizes his or her abilities, is able to cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community" (p.12). Finally, according to Baumgardner and Crothers (2010), psychosocial well-being referred to a global combination of emotional, psychological and social well-being. This definition was based on Keyes' (2005) model of complete mental health, which integrated features of subjective well-being (Diener, 2000) with the markers of high psychological well-being as indicated by Ryff (1989) and the concepts of social well-being, all conceptualised from the eudaimonic view (Keyes, 2005a, 2005b). In his model of complete mental health, Keyes (1998, 2002, 2005a, 2005b), defined mental health as not only the absence of psychopathology, but also the presence of sufficient levels of emotional, psychological and social well-being. According to this view, psychosocial well-being emanated from an integration of these three aspects of human existence (Keyes 1998). The Keyes model, which emerged as a broad construct within the sphere of positive psychology, is currently perhaps the most inclusive of the different definitions of psychosocial well-being, hence its relevance to this study. In the above discussion the broad theoretical framework in which this study is positioned was given. Theories and models that pertain to this thesis are presented next.

2. Theories and Models of Psychosocial Well-being

In this section, different theoretical frameworks or conceptual models will be discussed, including those of Jahoda (1958), Ryff (Ryff, 1989; Ryff & Singer, 1995), Keyes (1998, 2002, 2007), Wissing and Van Eeden (2002), and Seligman's PERMA model (2011).

2.1 Jahoda's View on Positive Mental Health

Compton (2005) indicated that Jahoda (1958) was the first of the classical theorists to come up with a conceptualised framework on positive mental health. In her analysis, Jahoda (1958) listed three misconceptions which she deemed as “unacceptable” criteria for the definition of positive mental health. These were (1) the absence of mental illness (describing more of what mental health is not); (2) conformity to rigid and discriminatory social norms; and (3) permanent states of being, thus ignoring emotional changes in people. Mental health was, in Jahoda's view, rather defined in terms of how an individual adapted to the inevitable life changes he/she went through (Compton, 2005). The work of Jahoda (1958) resulted in the construction of six criteria, deemed as imperative in the description of mental health as well as their subcategories. They are:

1. Attitudes towards self: Self-acceptance and self-reliance are addressed by this criterion and the four main subcategories include (a) self- awareness; (b) accurate self-concept; (c) self-acceptance; and (d) a positive sense of self.
2. Growth, development and self-actualisation: Mental health, according to Jahoda, was a process involving the individual's attempts at goal achievement as well as of reaching his/her potential. These efforts include: (a) the ability to meet one's challenges and to deal with life's complexities in the interest of goal attainment; and (b) living with the purpose of being involved in different activities, thinking of others and an awareness to be helpful and of service to fellow human beings.
3. An integrated personality: This criterion points to the importance of creating a balance between the important aspects of one's life. There are three components: (a) impulses and desires are balanced with rationality, responsibility and social concerns; (b) having a unifying sense of meaning and purpose; and (c) there is an ability to tolerate anxiety and frustration, coupled with an ability to delay gratification.

4. **Autonomy:** There are two components to this criterion: (a) an ability to regulate behaviour from within; and (b) functioning independently.
5. **Perception of reality:** The individual has to have the capability of seeing the world accurately and the sub components are (a) the ability to see the self and others without distorted ideas due to own needs; and (b) empathy and sensitivity with those around him/her.
6. **Environmental mastery:** This criterion refers to an ability to adapt to life's demands and there are six subcategories: (a) ability to love; (b) ability to work; (c) good interpersonal relations; (d) ability to practice a sense of mastery and self-efficacy; (e) ability to balance one's capability towards making a difference in the world, with efforts to change one's own psychological world; and (f) the ability to use problem-solving strategies (Compton, 2005; Compton & Hoffman, 2013).

In a nutshell, Jahoda's theory of positive mental health viewed human beings as capable of creating a balance between a number of personality factors (Compton, 2005; Jahoda, 1958). This author agrees with Compton and Hoffman (2013) that a positively healthy person will be able to balance dependence and independence, concern for others with self-concern, and will find it easy to form healthy personal relationships, yet simultaneously managing to reach his/her life goals (Jahoda, 1953, 1958). Basing one's argument on the above, it could be said that despite the fact that most of her research and analysis of positive mental health were completed decades ago, Jahoda's contribution is still highly relevant today.

2.2 Ryff's Model of Psychological Well-Being

In the tradition of Jahoda's (1958) concept of positive mental health, Carol Ryff (1989, 1998) and her colleagues (Ryff & Keyes, 1995; Ryff & Singer, 1996, 1998) undertook a review and an in-depth analysis of existing theoretical conceptualisations of well-being, and

these were synthesised into six points of convergence. In her study on psychological well-being, Ryff (1989) argued that the meaning and measurement of well-being could not be understood within the traditional framework, which viewed health as the absence of illness, rather than as the presence of wellness (Ryff & Singer, 1995). Based on this argument, Ryff (1989) envisaged to develop an integrative view of well-being that took into account the role of positive functioning and mental health, found in the work of life span theorists such as Erikson (1969) with his theory of psychosocial stages, Rogers' (1961) depiction of the fully functioning individual as well as Maslow's (1968) notion of self-actualisation. It was this integrated view which led to Ryff's description of well-being as an individual's striving for perfection that encapsulated the realisation of one's optimum potential (Van Schalkwyk, 2009). Ryff (1989) presented a model of psychological well-being entrenched within the eudaimonic tradition, and comprising six dimensions, namely self-acceptance, environmental mastery, personal growth, purpose in life, autonomy, and positive relations with others (Ryff, 1989a, 1989b, 1995; Gallagher, Lopez, & Preacher, 2009).

Self-acceptance refers to an ability to evaluate oneself, whilst accepting both the positive and negative aspects in one's abilities. Environmental mastery has to do with a sense of mastery and competence in making decisions conducive to meeting life goals; whilst personal growth is related to one's capacity for personal growth, self-knowledge, effectiveness and openness to new experiences. A purpose in life refers to one's sense of meaning, purpose and direction in life. Autonomy is characterised by independence and self-determination, coupled with abilities to resist societal pressures as well as self-regulation. Positive relations with others refer to an ability to create and sustain close relationships with others, a concern for the welfare of others and empathy and affection for others (Compton 2005).

The Psychological Well-Being Scale (Ryff, 1995; Ryff & Keyes, 1995; Compton 2005) that operationalised Ryff's model, gained recognition as a valid measure of positive

mental health across different populations. The six dimensions in the model were used to obtain a holistic picture of well-being, with individuals doing a positive self-evaluation in relation to their present and past life, continued sense of personal growth and purpose in life, as well as their good relationships with others (Ryff & Keyes, 1995; Ryff & Singer, 2008). In her work, Ryff found that the well-being components had different outcomes at different periods in the human development process. For example, whilst high psychological well-being amongst young people emanated more from personal growth and was less based on environmental mastery, high levels of well-being amongst older individuals emanated more from autonomy and environmental mastery (Ryff, 1989b). She further found that, for younger people, psychological well-being was associated with pleasant activities, whilst older people associated well-being with positive relationships and work experiences (Ryff & Heidreich, 1997).

According to Ryff's model (1989) of psychological well-being, the six dimensions of well-being are guided and shaped by our socio-demographic characteristics such as age, gender, ethnicity and culture, as well as both positive and negative life experiences we experience in our lives. In her study on positive ageing, Ryff identified constructs such as well-being, positive health and resilience as important building blocks for positive human development and mental health (Ryff, 2011). The implication of this is that people cannot be studied in a vacuum, but within the context of their surrounding circumstances and experiences. Bach (2011), in her analysis of Ryff's model, concluded that the study of psychological well-being amongst the youth should be of "paramount importance" (p. 82). In her research, Bach indicated that promoting mental health amongst the youth along the lines of the Ryff model could have positive outcomes in their adult years and it could equally reduce young people's vulnerability to high risk behaviour, to substance abuse and anti-social behaviours, to suicidal tendencies as well as to mental illnesses such as depression. It was thus, according to Bach (2011), important to provide youth with relevant psychosocial skills

reflecting the dimensions conceptualised by Ryff, in order to enhance their psychological and general well-being, as well as to reduce any negative or detrimental behaviours in the interest of the young individual, and society as a whole.

Empirical findings, as mentioned above, point to the eudaimonic nature of Ryff's model of psychological well-being; wherein the individual's ability to manifest the six intra- and interpersonal dimensions would lead to high levels of psychological well-being. It should be noted, that despite the fact that the model was centered mostly on psychological aspects of well-being, Ryff (1989), in her dimensions of environmental mastery and positive relations with others, stressed the role played by environmental and societal factors in the advancement of holistic well-being. It is this social well-being component together with the role of personal narratives in eudaimonic well-being (Diener & Seligman, 2002; Lopez & Synder, 2009), which make Ryff's psychosocial well-being model relevant and important in the current study.

2.3 Keyes' Model of Complete Mental Health

Mental health, according to Keyes (1998, 2002, 2003, 2004, 2005a, 2005b, 2007), should firstly be viewed on a continuum which moves from severe pathology to optimal health. Secondly, mental health was viewed as a complete state or condition, in which human beings are free of any dysfunctional behaviour and are instead flourishing (Dodge, Daley, Huyton, & Sanders, 2012), with high levels of psychosocial well-being (Keyes, 2002, 2003a, 2003b). Thirdly, Keyes (2002, 2005) perceived mental health as a syndrome of well-being symptoms and this, he argued, is achieved when an individual is "experiencing a high level of symptoms of hedonia whilst exhibiting just over half of the eudaimonia symptoms" (Keyes, 2009, p. 15). For example, in his study with youth Keyes (2002) asked the participants to record the frequency at which they experienced symptoms of psychological, emotional and social well-being. If a participant displayed a third of the proposed emotional symptoms, four

of the psychological symptoms and about five of the nine social well-being symptoms on a daily basis over a thirty-day period, then the diagnosis of flourishing was made (Dodge et al., 2012). It was from such extensive research efforts by Keyes that the terms flourishing, moderate health and languishing came to be acknowledged as scientific terms, rather than mere philosophical words as was the trend before (Griffin, 1986; Nussbaum, 2000; Sumner, 1986). Keyes' model of mental health thus comprised three distinct yet closely related components: emotional well-being, psychological well-being and social well-being (1998, 2002, 2003, 2004, 2005a, 2005b, 2007). Emotional well-being reflected the individual experiencing high levels of satisfaction and happiness regarding his/her life. Positive affect and life satisfaction are the constructs that this component is based on (Keyes, 2005). Psychological well-being, based on Ryff's model, indicated an individual's ability to experience autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. Social well-being referred to the individual experiencing levels of social fulfilment, social acceptance, social contribution, social coherence and social integration in his/her relational and communal context (Keyes, 2004, 2005, 2007). The three distinct components of human well-being, according to the Keyes model (Keyes, 1998; Compton, 2005), are discussed below.

Emotional well-being described the state in which individuals experience frequent positive emotions and a few negative emotions and are satisfied with their lives (Keyes, 1989, 2005; Lyubomirsky, Schkade, & Sheldon, 2005). Keyes further referred to this as emotional vitality that individuals experience at the peak of their happiness levels, experiencing total satisfaction with their lives. The person will be said to have high subjective well-being with low levels of neuroticism (Keyes & Lopez, 2002). Emotional well-being is often used synonymously with the term subjective well-being, a construct that is used as an umbrella term for happiness (Diener & Ryan, 2009). According to Diener and Suh (1997), emotional/subjective well-being comprises both emotional and cognitive components, where

an individual perceives his/her life as the good life. Whilst the cognitive component is measured against the individual's perception of his/her satisfaction with life, positive and negative affective experiences make up the emotional component (Sirgy & Wu, 2009). Baumgardner and Crothers (2010) stated that emotional/subjective well-being is relatively stable over the life span, despite changes in events, circumstances and stages which are assumed to have an influence on happiness. Other researchers such as DeNeve (1999), DeNeve and Cooper (1998), and Lykken (1999) found that emotional well-being is influenced by genetic temperament factors, as indicated by twin studies. In this line, Heady and Wearing (1992) found that people inherited an emotional "set point" that seemed to be a determinant of their general level of happiness. Research on the effects of life changes on long term emotional well-being concurred with the notion of a return to a set point. Such a "set point" referred to that point or level to which people returned after undergoing a significant life event, adjusting to the high and low effects thereof on their emotional state (Lykken & Tellegen, 1996). For example, it was found that life events such as job loss, divorce, or relocation to a new place did not significantly alter most individuals' levels of emotional well-being in the long term (Costa, McRae, & Zonderman, 1987).

Linley, Maltby, Wood, Osborne, and Hurling (2009) found that emotional well-being and psychological well-being were closely related. According to Ryan and Deci (2001), positive affect led to high levels of satisfaction with life and high emotional well-being had positive correlates with self-confidence, while this in turn correlated with goal-achievement, social relations, and leadership abilities. Lyubomirsky, King, and Diener (2005) identified a positive state of mind as a precursor for best work performance, high energy level, flow and more social rewards. Diener and Ryan (2009), on the other hand, cautioned that excessive striving for high positive affect might expose people to possible risk-taking and reckless behaviour. Lyubomirsky et al. (2005) pointed to the fact that people with high levels of emotional well-being were more able to control themselves and possessed high self-

regulatory abilities (Perstling, 2011). This ability to use emotions wisely, is described as a type of emotional intelligence (Compton, 2005), while the theory of emotional creativity (Averil, 2002) posited that people who have the ability to use their emotions in a creative manner, would in turn experience a greater sense of meaning, personal strength and connectedness with life.

Emotional well-being is also characterised by general well-being in the health, work and social areas of life. For example, in the work area, people with high emotional well-being tended to be more productive, creative and reliable and were more inclined to help others voluntarily (Diener & Ryan, 2009). On a broader level, communities and the society benefited from individuals with high emotional well-being, because such people were more altruistic, trusting, peaceful and tolerant of those different to themselves, such as foreigners and other racial groups (Perstling, 2011).

Within the realm of Keyes' understanding of *social well-being*, social acceptance referred to the degree to which people generally held positive attitudes towards those around them; social actualisation was the degree to which people believed that society had the capacity to develop and grow towards optimum levels of functioning; social contribution referred to how much people believed their efforts to contribute to the upliftment of society and how much their community valued those activities; social coherence was the degree to which the society seemed to be understandable, predictable and logical for the individual; and social integration was the degree to which an individual felt part of the community, as well as how much support he/she received from the social society (Keyes, 1998).

According to Matsumoto (1994), collectivistic cultures such as in countries like China, Japan, and India tend to be community and socially oriented and emphasis is placed on the significance of the individual's relationship with his/her immediate community as well as relationships characterised by support and encouragement amongst the group members

(Matsumoto, 1994; Price & Caporale, 1997). Such cultures encouraged socially engaged emotions together with communal relations such as humility, altruism, compassion and acts of kindness for fellow human beings. For example, studies in the slums of Calcutta, India found that social support and close knit relationships led to general psychological and mental well-being and as a result the participants had meaningful lives, despite their impoverished living conditions (Biswas-Diener & Diener, 2001). Within African communities, Irwin, Siddiqi, and Hertzman (2007) found that every aspect in the development of a child was greatly influenced by the context, especially the society within which the child was raised; thus, making such context an invaluable and intrinsic part of the development process (Richards, 1986). Social support, culture and heritage were thus important building blocks that shaped “human psychosocial differentiation” for young people (Nsamenang, 2008, p. 73).

The components of social well-being, as discussed above, were found to have a positive correlation with measures of happiness, life satisfaction, generativity, optimism, feelings of neighbourhood trust and safety, as well as subjective perceptions of people’s personal physical health and the degree of past community involvement (Keyes, 1998). Social well-being was further found to increase with one’s age as well as level of education (Compton, 2005), was viewed as an important determinant of general mental health and well-being (Keyes, 1998), and as a manner in which people could measure their own sense of well-being (Compton & Hoffman, 2013).

The tendency of earlier researchers to exclude the social well-being component from well-being studies inadvertently led them to attribute all behavioural issues to individual personality traits; a concept termed context minimisation error (Tooby & Siobhan, 2003). It is the rise of the proponents of the social well-being component of human well-being, such as Keyes (1998), which led to the emergence of the field of community psychology. This specialty area advocated the importance of environmental and social relationships in both the

creation of mental and behavioural problems as well as the solution to such problems (Keyes, 1998; Nsamenang, 2008). The above arguments are in line with those of the current study, wherein young people were studied within their context, characterised by adversity and marginalisation. The findings of this study could serve as evidence that the community and the larger society, within which the young people are living, have an impact on their psychosocial well-being.

Psychological well-being, the third dimension of the Keyes model, seemed to have originated from Aristotle's 'Nicomachean Ethics' (350 BC) and was summarised by Ryff who, after many years of positive mental health research, created a six-dimensional structure of well-being (1985, 1995). According to Ryff, Aristotle was convinced that finding meaning in life was based on virtues and ethics, which were guidelines that people lived by and which brought out the best in each person, or what Perstling (2011) referred to as the "delicate balance between good and evil" (p. 29). As stated before, Ryff's (1989, 1995) study of classical theories integrated with developmental, clinical, and personality psychology theories (Compton & Hofmann, 2013) resulted in her renowned six-factor model of psychological well-being. These six dimensions have proved to be closely related to the self-determination theory of Ryan and Deci (2000, 2001), which was centered on three innate psychological needs: the need for competence, the need for autonomy and the need for relatedness. Ryan and Deci (2001) indicated that these needs were imperative for the achievement of personal growth, integrity and well-being and were based on intrinsic motivation, which in turn was seen as positively related to mental health, achievement, well-being and personal growth. Hence, Samman (2007) argued that well-being was achieved by reaching one's potential and should any of the three psychological needs be compromised, then psychological well-being would be negatively affected.

Within the well-being realm, Keyes (2005) distinguished between three main categories: languishing, moderate mental health and flourishing. He advised that although the

health continuum measures mental health, it should always be borne in mind that pathology and wellness were two separate yet correlated dimensions on the continuum. Languishing was defined as a state that divided mental health from mental illness and was characterised by feelings of emptiness, hollowness and what was normally called melancholy. This state normally led to low levels of emotional, psychological and social well-being (Keyes & Lopez, 2002). The middle part of the continuum was called moderate mental health and, according to Keyes, this referred to a state of balance between the upper and lower ends of the continuum, characterised by moderate levels of emotional, psychological and social wellness (2004, 2005a, 2005b). Flourishing was referred to as the state of optimal human functioning that is at the opposite end of the continuum from languishing; this is when an individual experiences high levels of emotional, psychological and social well-being. In other words, flourishing indicated complete mental health (Baumgardner & Crothers, 2010; Keyes & Lopez, 2002).

The mentioned three components of mental health can be measured using the Mental Health Continuum Scale or MHCS (Keyes 2005a, 2006; Keyes et al., 2008). The MHCS measures states of mental health as positive rather than pathological facets in human functioning. It is therefore evident from the above facts that psychosocial well-being refers to a complete mental health state in which an individual shows low levels of perceived helplessness, high levels of functional goals, high levels of self-reported resilience and high levels of intimacy in relation to the others (Keyes, 2007). Of importance about the Keyes mental health model is its ability through application to assist human beings, and in the case of this study young people in particular, to achieve an optimum level of functioning as well as holistic psychosocial well-being.

Keyes (2005) further argued that society had a major role to play in the promotion of mental health, while in an earlier study on mental health, Murray and Lopez (1996) found evidence that mental illnesses placed an undeniable burden on societies; such illnesses were

to become more prevalent in future. Keyes (2002) indicated gender differences with regard to mental health, whereby females were found to be more prone to poor mental health; whilst males and females were found to be equally prone to languishing. As mentioned earlier in this overview, in a study conducted in the African context, Keyes et al. (2008) found that whilst 12% of the population was languishing, 68% was moderately healthy, yet only 20% of the people were flourishing, and similar results were also reported in a study conducted in the US (Keyes, 2005a). Keyes (2002, 2005) further emphasised that for complete mental health to be experienced, it was imperative for positive mental health to be promoted and mental illness to be reduced, as this would result in flourishing. Hence, the current study was aimed at identifying factors that would promote psychosocial well-being amongst marginalised youth.

It is the comprehensive, yet clear and concise view of mental health that earned the Keyes' model (2005) the reputation as currently being one of the best in the field of study of psychosocial well-being. Keyes' model of mental health has, through time, culminated into a strong precursor of aspects within the positive psychology ambit and evidence to this is the number of research studies as well as academic publications, books and articles which have focused on the construct (Baumgardner & Crothers, 2010; Dogde et al., 2012; Griffin, 1996, Hurthouse, 1999, Nussbaum, 2000; Seligman, 2011; Van Schalkwyk, 2009). This study employed the Complete Mental Health Continuum to serve as a measure for psychosocial well-being amongst marginalised youth in South Africa.

2.4 Wissing and Van Eeden's General Psychological Well-Being Factor

Wissing and Van Eeden (2002) identified a general psychological well-being factor that consisted of a sense of coherence, satisfaction with life and affect balance, and that included facets from both hedonic and eudaimonic conceptualisations of psychological well-being. Facets and characteristics of general psychological well-being that loaded significantly

on this factor were: predominantly positive affect, sound cognitive beliefs, adaptive behaviour, a positive self-concept, supportive interpersonal relationships and an absence of mental dysphoria. The study was conducted in the South African context and included 500 participants from all cultural groups, genders and across the spectrum of adolescents and adulthood. The findings of this study revealed a number of significant facts in relation to the study of well-being, and psychological well-being, in particular.

Firstly, the concept of self-actualisation (Maslow, 1970), an individualistic concept in nature, was found to be less applicable within the Afro-centric cultural context. The reason for this, the authors elucidated, was the collectivistic or communal nature of African nationalities (Wissing & Van Eeden, 2002), a fact supported by Shah and colleagues in whose study a call was made to always consider the communities and other relationships when studying the characteristics of youth (Shah et al., 2005). A second finding in the aforementioned South African study pointed to significant differences between the subgroup scores wherein variables such as the participant's age, gender and cultural background had an influence on the nature and prevalence of psychological well-being (Wissing & Van Eeden, 2002). The findings of the study by Wissing and Van Eeden were in line with the results of other studies on well-being (Eagle, 2004; Nsamenang, 2008; Prilleltensky, 2001; Shah et al., 2005), where aspects such as age, cultural background and gender of the participants, for example, emerged as influential variables in the manifestation of well-being. Wissing and Van Eeden, described psychological well-being as a multidimensional construct that encompassed a variety of factors which worked together in an interrelated manner in the advancement of optimal psychological well-being. Khumalo (2011) also described this well-being factor as multi-faceted, whilst Wissing and Temane (2008) viewed the factor as reflective of positive, cognitive, affective, social and spiritual experiences, accompanied by the absence of mental illness.

The multidimensional nature of well-being, found by Wissing and Van Eeden (2002),

positively resonated with general systems theories as well as holistic models of psychological well-being. Such theories perceived human beings as holistic and integrated organisms functioning within a number of subsystems (Magnusson & Mahoney, 2003), and further advised that any definition of well-being should be inclusive of a healthy integration of these systems (Compton, 2005). Wissing and Van Eeden (2002) also regarded the correlations of the facets of well-being as evidence of an empirical overlap between hedonic (Kahneman, Diener, & Schwarz, 1999) and eudaimonic (Waterman, 1993) conceptualisations of well-being. In turn, this signified the applicable nature of the general psychological well-being factor and its relevance to the study of well-being in general, and particularly within the multicultural South African context. Khumalo (2011) met the challenge and operationalised the general psychological well-being factor with the general psychological well-being scale (GPWS) and validated it for use in the South African context.

2.5 Seligman's PERMA Well-Being Theory

Described as one of the founders and leaders of the positive psychology movement (Baumgardner & Crothers 2010; Compton, 2005; Dodge et al., 2012; Linley & Joseph, 2004), Seligman's recent theory on well-being was developed as an extension of his earlier theory on authentic happiness (Seligman, 2002). In his theory on well-being, Seligman (2011) postulated that well-being itself was a theory of free choices made by human beings and comprised a number of elements. These five elements, he argued, were characterised by what individuals would choose on their own accord and for their personal benefit. Each of these elements, according to Seligman (2011), must have the following three characteristics: (i) it makes certain contributions to the individual's well-being; (ii) the individual will pursue it for its own sake, exclusive of other elements; and (iii) the definition and measurement of the element is independent of others. The five elements in Seligman's well-being theory are PERMA or positive emotion, engagement, positive relationships, meaning as well as accomplishment. These five components are briefly described below:

- Positive emotions (Frederickson, 1998, 2001), also known as the pleasant life, are crucial building blocks of well-being and comprise subjective measures of happiness and life satisfaction. These are divided into physical pleasures such as enjoying a good meal or the more sophisticated pleasures such as a complex game of chess, which are described as complex combinations of emotions capable of producing feelings of joy or ecstasy (Compton & Hoffman, 2013).
- In relation to engagement, Seligman (2011) indicated that the good life was achieved through engagement in absorbing activities, which promote full participation in life. His description of the good life was embedded in the construct of signature strengths, described by Peterson and Park (2009) as “positive traits that a person owns, celebrates and frequently exercise” (p. 9). Authentic happiness, according to Seligman (2002), is an innate ability to identify and cultivate one’s strengths in everyday activities such as work, play and being a parent. Closely related to this is the notion of “gratification”, which is described as the emotional response to activities that promote the enactment of signature strengths and virtues, which in turn culminate in authentic happiness and abundant gratification (Compton & Hoffman, 2013, p. 45).
- With regard to positive relationships, human beings are seen as inherently in need of positive and reciprocal relationships (Seligman, 2011). Closely related to this need for relatedness (Ryan & Deci, 2001), is their need for living autonomously, deciding on goals and challenges which they can strive to achieve, coupled with a sense of competence and mastery of life and environmental contexts (Compton & Hoffman, 2013).
- In a meaningful life, personal or signature strengths are employed for the achievement of something more significant than one’s individual self, thus approaching life from a wider perspective of purpose and meaning. This would lead people to understand their world better and make sense out of it, most especially as they would get a sense of

fulfilment when they believe that their lives are significant and have a purpose (Compton & Hoffman, 2013; Seligman, 2011).

- Accomplishment is achieved by using one's most prominent strengths, which in turn leads to the experience of more positive emotion and deeper meaning. Feelings of accomplishment will also have a positive impact on our relationships (Seligman, 2011). The importance of strengths and virtues in the development of well-being was proven by a number of research studies over the past few decades (Gould, 1991; McCullough & Snyder, 2000; Petersen & Seligman, 2004; Thorndike, 1911, 1939, 1940, in Seligman, 2011), and the findings in such studies equally appraised strengths as an imperative part in the conceptualisation of well-being.

Seligman (2011) constructively criticised his own theory of authentic happiness (2002) as being one-dimensional, in that it concentrates on feeling good and attempting to maximise these feelings on a continuous basis. The well-being theory was, in contrast, appraised by Seligman (2011) for its multipronged nature, both in method and application.

In his criticism of the PERMA theory, Wong (2011) argued against the use of the term "gold standard" for measuring well-being, which had been used in Seligman's description of the theory. Wong contended that there was a global agreement amongst positive psychology scholars that the Ryff and Singer (1998) model of well-being deserved the title of gold standard of well-being. Wong (2011) further argued that to date research had not found any undisputed evidence supporting the PERMA theory as a representation of a new theory of well-being, as suggested by Seligman (2011). The author did, however, credit the theory for its scientific expansion of the theory of authentic happiness (Seligman, 2002; Wong, 2011). The addition of the elements of accomplishment and relationships, in particular, brought a social component to the PERMA theory, thus making it more inclusive and integrative than other theories of well-being (Gallagher, Lopez, & Preacher, 2009; Keyes, 1998; Ryff, 1989; Wissing & Van Eeden, 2002). The PERMA theory is, according to this

author, a relevant scientific theory that could be operationalised for use in future research studies in order to understand the concept of well-being, from yet another viewpoint.

Wissing succinctly stated (in Van Eeden & Wissing, 2014) that positive psychology had not yet provided an overarching master theory for well-being; therefore, all models and theoretical frameworks from hedonic and eudaimonic perspectives should be researched and theoretically scrutinised for their contributions towards our understanding of psychosocial well-being. Thus, after the above explication of the most salient theories and models of psychosocial well-being, the next part will consider complementary theoretical approaches.

3. Complementary Theoretical Frameworks and Constructs

In addition to the major theoretical models, research identified a variety of complementary theoretical constructs or conceptual frameworks which contributed to the study of psychosocial well-being.

3.1 Subjective Well-being

Diener (2008) focused on the investigation of subjective well-being (SWB) in humans, which referred to optimal psychological experience and functioning. Well-being is considered subjective because the idea is for people to evaluate for themselves the degree to which they experience a sense of wellness. SWB which was interpreted to mean the experience of a high level of positive affect, a low level of negative affect and a high degree of satisfaction with one's life, has frequently been used interchangeably with happiness and has been associated with the hedonic approach to well-being. Subjective well-being was used as an umbrella term for the understanding of happiness, and it was defined through the assessment of pleasant moods and subjective emotional experiences in an individual's life (Diener & Ryan, 2009), as well as through cognitive self-assessment of one's life satisfaction (Perstling, 2011).

Research on subjective well-being became the first systematic study of happiness to

focus on large groups of people and to utilise the statistical procedures and methodology of contemporary psychology. In their work, Diener and Seligman (2004) recommended that measures of subjective well-being should be implemented in the development of national policies on people's health and quality of life. Diener, Schimmack, and Helliwell (2009) reviewed national policy arguments in five major areas: health, longevity, the environment, social life and work and/or income. These areas were reviewed to indicate how well-being measures could be useful to add concrete information to current policy discussions (Diener & Tov, 2009). The findings of this review indicated that if well-being measures were instituted in the policy-making processes, then this would help citizens to make better decisions regarding the quality of their lives, and subjective well-being would become more prominent in the public mind than money. Whilst the role of material factors was acknowledged, Diener and Tov (2009) cautioned that there are other factors that were equally important in determining the level of subjective well-being in both individual human beings and on national levels. Accounts of subjective well-being further assisted in the development of relevant interventions within the human sciences, the field of psychology included (Diener & Tov, 2009).

A variety of constructs in the field of positive psychology is associated with subjective well-being. Whilst a positive self-esteem is a precursor of both happiness and life satisfaction (Compton & Hofmann, 2013), self-esteem was found to be a predictor of subjective well-being, leading to increased happiness (Campbell, 1981). Optimistic people, on the other hand, were found to be happier, and they enjoyed more life satisfaction than others (Rand & Cheavans, 2009; Seligman, 2011). Hope, which is strongly related to the construct of optimism, was found to be a better precursor of life satisfaction than optimism (Compton & Hofmann, 2013). Being goal-oriented and having a purpose in life are predictors of higher subjective well-being and, as found by Steger, Oishi, and Kashdan (2009), a sense of meaning was an important aspect of well-being at all the developmental stages of life. On

a broader level, intimate personal and social relationships, such as good companionship and high quality friendships, resulted in greater experiences of subjective well-being (Cummins, 1996).

3.2 Positive Emotions

According to Lopez and Snyder (2011), the earlier studies of emotions were more concerned with negative emotions and not enough was being done to research the role of positive emotions in human well-being. Such lack of balance led to the emergence of a new approach in the past decade, which saw a new breed of scholars concentrating on positive emotions (Fredrickson, 1998, 2000, 2001, 2003). This new focus on emotions developed from two main sources: an interest in the study of the “good life”, as well as an effort to build an empirical bottom up model of positive emotions (Frederickson, 1998; Keyes & Haidt, 2002; Ryff & Singer, 1998).

The Broaden-and-Build model of positive emotions. According to Fredrickson (2000), positive emotions help preserve the organism by providing a different service than negative emotions. Firstly, they provide nonspecific action tendencies that can lead to adaptive behaviour. One of the examples given was the emotion of joy. In this regard, Fredrickson (1998) cited Nico Frijda (1986) who said joy “is in part aimless, unasked-for readiness to engage in whatever interaction presents itself and (it is also) in part readiness to engage in enjoyments” (p. 304). For example, whilst in children the feeling of joy culminated in a need to play or explore, when adults felt such a positive emotion they were more inclined to seek interaction with others, and creative challenges. Positive emotions secondly broaden the scope of attention and cognitive action repertoires in people who experience them (Fredrickson, 2001; Van Schalkwyk, 2009). The implication thereof is that people are more inclined to act or behave in a particular way because they associate certain thinking activities with certain actions. Hence, according to the broaden-and-build model, positive emotions

broaden our cognitive awareness and then build upon the learning acquired to create emotional and intellectual resources that can be used in the future (Garland, Fredrickson, Kring, Johnson, Meyer, & Penn, 2010).

Positive emotions were further found to lead to flexibility in thinking, embracing new experiences and developing a greater sense of meaning (Cohen & Fredrickson, 2009; Fredrickson, 2008). In contrast, negative emotions were seen as leading to the narrowing of thought and action alternatives. For example, when faced with any potential threat of danger, one was more likely to take a quick decision to act and avoid the eminent danger, rather than trying to think about available options (Compton & Hoffman, 2013). Negative emotions were thus crucial for survival, while positive emotions were sources of growth, development and resilience (Fredrickson, 2003). According to Fredrickson (1998, 2001), positive emotions were also effective as antidotes to stressful situations and the effects of negative emotions. This was referred to as the undoing hypothesis and it posits that positive emotions help human beings, after an impact of negative emotions, regain their sense of balance in both body and mind (Fredrickson, 1998, 2001). Positive emotions often lead to a need to share with others as in the case of love and joy. In the context of social support, the bonds of closeness, love and compassion are created by acting on positive emotions that encourage us to interact with others and when these actions are reciprocated, we experience more positive emotions; thus, solidifying those and other social relationships (Compton & Hoffman, 2013).

Whilst Fredrickson and Branigan (2005) stressed that positive emotions play an important role in the promotion and protection of human flourishing, Fredrickson (2005) indicated that despite the fact that positive emotions were short-lived, personal resources resulting from these emotions were highly enduring. Such personal resources ranged from physical and social through to intellectual and psychological resources. In line with these research findings, Argyle (2001) found that happiness led to efficiency and productivity, and happy people earned a good income and were more positive in their relationships with those

around them. Happy people are physically and mentally healthy and better at coping with stress than their counterparts (Valiant, 2000, 2008).

The fact that positive emotions have a useful function was related to the assumption that one's ability to use emotions wisely might be a type of intelligence; hence the construct emotional intelligence (Compton, 2005; Compton & Hoffman, 2013). *Emotional intelligence* was defined as an ability to identify meanings of emotions and their relationships, and an ability to reason and solve problems on the basis of emotional awareness (Mayer, Caruso, & Salovey, 2000). Emotional intelligence is further associated with an ability to read others' emotions, to manage one's own feelings and a sensitivity to the emotions underlying various social interactions. This is akin to the construct of *social intelligence*, which refers to the ability to deal with and cope well with social interactions. High emotional intelligence was found to enhance various aspects of well-being (Compton & Hoffman, 2013). In their study, Mayer, Caruso, and Hoo (2009) found that people with high emotional intelligence had better family and social relationships, as indicated by low conflict levels, emotional support, more intimacy and affection. These individuals also reported high satisfaction with life and psychological well-being. In another study, Mayer, Salovey, and Caruso (2000) found that emotional intelligence scores increased with age, as it was assumed that people became experienced in dealing with emotions and got better as they matured. High emotional intelligence scores positively correlated with verbal IQ scores, life satisfaction, empathy, and perceived parental warmth during childhood (Compton, 2005; Compton & Hoffman, 2013). Closely related to emotional intelligence is what Sternberg (2004) called *practical intelligence*, which refers to an individual's ability to adapt positively to his/her physical and social context, and was found to have significant correlations to both physical and psychological well-being. A recent study in this regard found that both male and female physicians who had higher levels of empathy, had more content patients and better clinical outcomes (Hojat, Louis, Markham, Wender, Rabinowitz, & Gonnella, 2011).

The preceding discussion clearly showed the important role played by positive emotions and related constructs in the enhancement of psychosocial well-being. Hence in this study, emotional well-being was measured by the MHCS of Keyes (Keyes, 2005a, 2006; Keyes et al., 2008).

3.3 Self-Determination Theory

The construct of self-determination refers to an individual's act of volition, which was executed in an intentional and conscious manner (Gove, 1976). According to Ryan and Deci (2000, 2001), self-determination theory (SDT) views human behaviour as determined by an interaction between personality factors and behavioural self-regulation, together with environmental influences and the societal context. SDT indicated that there was a need for human tendencies, human motivators and social contexts to work together in an integrated and congruent manner towards human well-being (Little, 1998; Little Hawley, Henrich, & Marsland, 2002; Ryan & Deci, 2000, 2001). Although this theory was mainly based on the individual and his or her view of him/herself and how this influenced his/her behaviour, the important but subtle role of environmental and social contexts in the SDT cannot be overlooked.

The SDT identified three basic psychological needs which operated in interaction with the social context towards optimal well-being, and they were the needs for competence, autonomy and relatedness (Deci & Ryan 2000). Whilst competence refers to the need for mastery that affords an individual the ability to deal effectively with the environment, autonomy is related to the need to make independent life decisions; and relatedness indicates the need for mutually beneficial interpersonal relationships (Compton, 2005). The satisfaction of these needs is important for the experience of well-being and despite the complementary nature of these psychological needs, it should be noted that they may at times be in conflict with one another (Deci & Ryan, 2000). The fulfilment of these needs is further perceived as

an essential element in the facilitation of optimal functioning towards individual growth and integration, as well as for personal well-being and social development (Ryan & Deci, 2000). Therefore these needs, once fulfilled, could act as basic psychological strengths (Bolt, 2004). If these needs are met, then there is an enhancement of adaptive functioning and well-being (Compton & Hoffman, 2013). Studies have found that high autonomy combined with perceived low levels of control by others is related to higher self-esteem and self-actualisation scores, greater self-consistency, striving for goal achievement and fewer experiences of boredom (Compton & Hoffman, 2013; Deci & Ryan, 2008). A recent study found that a feeling of autonomy and a sense of relatedness were both associated with well-being (Howell, Chenot, Hill, & Howell, 2009). When competence was measured though, it was found that learning a new skill, in an effort to enhance competence, did not bring about any immediate joy (Howell et al., 2009). Well-being instead, was found to increase gradually over time, meaning that the learning efforts culminated in more future happiness and satisfaction in life (Compton & Hoffman, 2013).

The cognitive evaluation theory of Ryan and Deci (1985) was a subset of the self-determination theory and was aimed at clarifying the socio-environmental factors that lead to enhanced autonomous or intrinsic motivation. Conditions that are conducive for autonomy, relatedness and competence involve personal challenge, positive supportive feedback and novelty or a sense of aesthetic value. Situations that afford a person choices for self-direction as well as secure social contexts in which a person is given social support, are strongly conducive for meeting the three psychological needs (Compton & Hoffman, 2013). Ryan and Deci (2001) used self-determination theory as the basis for presenting a model of eudaimonia. Although self-determination was expected to yield both the feelings of happiness and pleasure (hedonic) and a sense of meaning and fulfilment (eudaimonic) (Ryan & Deci, 2001), the emphasis was on the processes that represent eudaimonic living and that yield well-being.

Autonomy and mindfulness in eudaimonic living. The SDT (Ryan & Deci, 2000, 2001) identified the role of autonomy as the core in the process of motivation in eudaimonic living (Ryan, Huta, & Deci, 2009). This view was embedded in the self-actualisation concept of Maslow (1968), the fully functioning individual as described by Rogers (1962), as well as life-span developmental theories (Erikson, 1959; Neugarten, 1973). The term autonomy literally means “self-governing” and implies the experienced regulation by the self (Ryff & Singer, 2008). Heteronomy, which is the opposite, refers to regulation that emanated from factors external to the self (Ryan, Huta, & Deci, 2009). A person who acted autonomously did so freely, at his/her own will he/she reflectively embraced an act as his/her own and he/she regulated behaviour from within; thus, self-evaluation is done based on personal standards (Ryff & Singer, 2008). Such free acts and self-determination were the core of nearly all the instances in which the construct of autonomy was applied (Ryan, Huta, & Deci, 2009).

An important point to note here is that autonomy does not necessarily refer to the ability to act “in the absence of constraints or demands, nor does acting in opposition to constraint or demand necessarily imply autonomy” (Ryan, Huta, & Deci, 2009, p. 157). Autonomy is defined by an individual’s ability to reflect and think thoroughly about the endorsement of his/her actions (regardless of external pressures), whilst heteronomy is defined as acting without any reflective self-endorsement (Ryan, 1993). Evidence from more recent research revealed the importance of mindfulness and awareness in promoting both autonomous self-regulation and enactment of personal values (Langer, 2009; Little et al., 2002; Ryan & Deci, 2001; Sheldon, Ryan, Deci, & Kasser, 2004). According to Brown and Ryan (2004), there was a clear association between mindfulness and autonomous self-regulation at both the intrapersonal and interpersonal levels of analysis. People who were more mindful were found to be less materialistic, had the ability to embrace more intrinsic values, and seemed more certain about what they had and what they wanted. Mindfulness

further led to eudaimonia, by facilitating a greater awareness of what was worth doing and how to do it well (Brown & Ryan, 2004; Langer, 2009). Research indicated that the basic needs for competence, autonomy and relatedness must be satisfied across the life span in order for a person to achieve a sense of integrity and optimal well-being (Ryan & Fredrick, 1997; Waterman, 1993). A study by Baard, Ryan, and Deci (1988) found that the experiences of psychological need satisfaction amongst a group of employees, predicted their performance and general well-being in the workplace. Such research gives evidence to the correlation between psychological need satisfaction and overall well-being (Ryan & Deci, 2000).

3.4 Coping and Resilience

The study of human resilience in the face of adversity has been a subject of research with youth for many decades (Koen 2010; Lopez & Snyder, 2011; Masten, Burt, & Coatsworth, 2006; Mayr, 1982; Theron & Theron, 2010). Closely related to the construct of resilience is the role of positive or adaptive coping in the enhancement of well-being (Snyder & Dinoff, 1999). Findings from these studies revealed a common characteristic amongst their subjects of study, namely that despite their adverse life circumstances as well as being perceived to be at high risk for psychopathological outcomes, these young people were capable of developing into healthy and psychosocially stable adults (Anthony, 1974; Garmenzy, 1971). Resilience and positive coping emerged as cornerstones in the field of positive psychology, and the obvious reason for the popularity was the fact that researchers have always been interested in the ability of some human beings to thrive and flourish in the face of adversity (Kaplan, 1999; Koen, 2010; Masten, 1999; Theron & Theron, 2010). Resilience is described as patterns of positive adaptation in the midst of general risk or adversity. Positive coping, on the other hand, is the response aimed at dealing with the physical, emotional and psychological challenges linked to daily stressful events (Snyder & Dinoff, 1999). The implication here is that whilst resilience related to long-term and rather

severe adversities in life, positive coping dealt with short-term stressors and life demands; thus, enhancing long-term stress management by building resources that buffer future challenges, in other words resilience.

According to research on positive coping, it was the small daily frustrations and the accumulation thereof that led to negative moods, which would then affect one's overall well-being (Snyder, 1999). It is the cumulative effects of such events that normally happen frequently and in a relatively short period of time that have a larger impact on the person's well-being rather than major life challenges. Hence, Lazarus (1984) suggested that it was important for stress management and positive coping to form part of a person's daily routine, thereby building one's resilience and well-being. An example lies in Fredrickson's (1998, 2000) suggestion that positive emotions are facilitators of adaptive coping and adjustment to stressful situations. Another example is that of the process known as positive appraisal, a coping mechanism referred to as a cognitive process in which people focus on the positive aspects of their life circumstances (Folkman & Moskowitz, 2000). The above elucidate some of the reasons why certain people are able to cope with difficulties and manage to thrive.

Coping has been conceptually related to problem-solving appraisal, a process which is aimed at efforts to solve the cause of the problem (Compton & Hofmann, 2013). In a study conducted by Baumgardner, Heppner, and Arkin (1986), effective problem solvers were found to assume responsibility for their personal challenges and the outcomes thereof. Additionally, the availability and use of environmental resources emerged as an important aspect in coping with stressful events (Lopez & Snyder, 2009). A study of a group of college students revealed that there was a positive relationship between problem-focused coping and beneficial coping activities such as awareness of and satisfaction with helping resources around the campus (Neal & Heppner, 1986). Emotion-focused coping include either the avoidance or denial of the existence of a problem, or positive self-talk as a way of reducing or changing one's emotional responses to the problem (Lazarus & Folkman, 1984). In their

study of AIDS caregivers, Folkman, Tedlie, and Moskowitz (2000) asked the participants about things that made them feel good. From a total of 1700 interviews, 99.5% of participants reported positive and simple events, such as planning a dinner for their partner or a get-together with friends. Such ordinary activities combined with positive meaning led to positive feelings and helped the caregivers make it through difficult days (Baumgardner & Crothers, 2010; Folkman et al., 2000). Emotion-focused coping was often found to be an adaptive and helpful way of dealing with stressful events or situations, and in terms of health-related stressors, it was identified as an effective manner in which people could cope with major diseases such as cancer, chronic pain and infertility (Austfeld & Stanton, 2004).

Any study of resilience requires the researcher to define (a) the criteria for the identification of positive adaptation; and (b) the past or existing conditions that were a threat to positive adaptation (Lopez & Snyder, 2011). The prominence of resilience within the positive psychology framework resulted in several empirical research studies on the concept, which contributed to the development of preventative interventions aimed at minimising risk and enhancing adaptive behaviour in adverse life situations, especially for children and young adults (King, 2011; Masten, 2001). Previous studies of resilience suggested that the most vivid threat to the psychosocial well-being of youth was the adversities that undermined their basic human protective systems (Anthony & Choler, 1987; Garmenzy, 1985; Linley & Joseph, 2004). The best precursor of resilience in children and the youth was a strong bond with a competent caregiver; a significant other who did not need to be a biological parent (Lopez & Snyder, 2009; Masten, 2001). Masten (2001) made this clear when she declared that resilience did not come from great and special qualities, but from the daily activities of the bio-psychosocial human system, ranging from personal strengths, families, relationships, and communities to schools, religions and cultures within societies (Masten & Coatsworth, 1998). This conceptualisation of resilience is proof of the psychosocial nature of the construct, as it is evident that for any person to acquire resilience and rigour against life's

adversities, he/she needs to have the support of the society within which he/she resides or the social ecology of which he/she is part (Ungar, 2012).

In their study of resilience in South African youth, Theron and Theron (2010) indicated that most recent studies have conceptualised this construct as a dynamic transaction with emphasis on the culture and context of the participants. Theron and Theron (2010) analysed studies over a period of 18 years from which a number of protective factors were identified and explored as precursors of coping and resilience in the youth, including personal abilities (consciousness, autonomy, self-regulation, goal orientation), familial factors (bonding with the primary caregiver, especially the mother, parenting practices, supportive family relationships), community features (schools, peers) as well as cultural resources (religious practices, rites of passage). The implication is that there should be a close interaction between psychological, emotional and social aspects in order for the young person to manifest resilience in dealing with adversities. This view of resilience points to a need for the integration of all intra- and interpersonal systems in order for young people to attain resilience; thus being able to overcome life's adversities towards optimal psychosocial well-being (Du Toit, 2005). This point is also articulated by Adam-McCrisp, Aptekar, and Kironyo (2005), who in their study of street children argued that these young people needed to be studied within their socio-cultural contexts in order to get a better understanding of their ability to develop and sustain resilience-promoting behaviour. Hence, youth-focused researchers were encouraged to get a clear understanding of the role played by context and culture in influencing coping and resilience amongst youth, universally (Adam-McCrisp et al., 2005; Theron & Theron, 2010).

3.5 Meaning

Meaning is a construct that is closely related to psychosocial well-being, and Bruner (1992) actually named it the central concept of psychology. In his analysis of the term,

Peterson (1999) argued that for us to have a good understanding of the process of meaning-making, we needed to make a connection with who we were, where we are coming from, the myths we believed in as well as the world of science and neuropsychology. Steger (2009) defined meaning as the “ability and extent to which people comprehend or see significance in their lives, as well as the extent to which they see themselves as having a purpose in life” (p. 682). Park and Steger (2009) further indicated that a sense of meaning and purpose was a strong predictor of higher levels of subjective well-being. Steger and his colleagues supported this view by pointing to a sense of meaning as an important element of well-being across all life stages (Steger, Oishi, & Kashdan, 2009), whilst King, Hicks, Krull, and Del Gaiso (2006) suggested that having a sense of meaning not only increased well-being, but that this positive emotion led to feelings of living a meaningful life. The attainment of meaning was seen as a pertinent cornerstone of human existence and it was thus necessary to address this aspect in any kind of therapy work (Hoffman, 2009). Although the proponents of positive psychology regarded meaning as the foundation of eudaimonic happiness (Park, Peterson, & Ruch, 2009; Seligman, 2002), they indicated that meaning was a much broader and richer construct than just an outcome of happiness (Wong, 2012).

In his study of lay people and their beliefs about a meaningful life, Wong (1998) identified seven sources of meaning, namely happiness, achievement, intimacy, relationship, self-transcendence, self-acceptance and fairness (in Wong, 2012). In addition to these sources, the structure and functions of meaning have also been identified and these are introduced as the PURE (Wong, 2010a), an acronym that stands for purpose, understanding, responsible action and enjoyment. These four components functioned together as the individual’s self-regulation purposes (Carver & Schreier, 2001; Ryan & Deci, 2000), and contributed in an interrelated manner to create meaningful living for human beings (Wong, 2010a). Meaningful living is viewed as the central concept of study for both positive psychology and psychology in general (Bruner, 1992; Hoffman, 2009). In this regard

previous studies have found that people who perceived their lives as meaningful, reported higher levels of life satisfaction (Steger, Oishi, & Kesebir, 2011), happiness (Debats, Van Der Lubbe, & Wezeman), general well-being (Bonerbright, Clay, & Ankenmann, 2000) and a high level of social closeness (Ryff, 1989). Research further found that meaning in life was positively related to optimal well-being (Steger & Frazier, 2005), and that if people perceived their lives as meaningless, they experienced distress (Ryff & Singer, 1989; Steger, 2012; Steger & Shin, 2010). Based on these research findings, Steger and Kashdan (2013) identified meaning as a prominent part in well-being theory for future studies.

3.6 Strengths and Virtues of Character

As a contribution to the field of positive psychology, Peterson and Seligman (2001, 2004) began to develop a classification system for strengths and virtues, which they deemed important for human flourishing. These authors reviewed virtues that have been promulgated in cultures throughout history and proposed that strengths that represented such virtues, could be broadly classified into cognitive and emotional strengths, strengths of will, relational and civic strengths and strengths that helped create coherence of personality (Linley & Joseph, 2004). These strengths and virtues have universal significance and comprise the Values in Action (VIA) classification system in which a list of 24 different strengths defines six different core virtues. This list of strengths and virtues included cognitive, emotional and interpersonal strengths as well as strengths that promoted healthy community life, protected against excess and forged connections to a larger universe. Peterson and Seligman warned that theirs is neither a comprehensive nor conclusive list of strengths and virtues, because they acknowledged other virtues might be useful in specific social and cultural contexts (Peterson, 2001). For instance, in certain religious or spiritual contexts, the virtue of selflessness may be prized and fostered (Linley & Joseph, 2004). The VIA presented current and future positive psychologists with the task of further research into the classification of strengths and virtues, aimed at holistic therapeutic interventions to help people develop

modes of flourishing in their lives (Peterson & Seligman, 2001, 2004).

Authors of positive psychology argue that there was a need for scholars in the broader psychology field to focus on human strengths as much as they did on human weakness; hence character strengths play a very important role in these fields and in developmental psychology (Seligman, 2002). Character strengths such as empathy, altruism and hope were identified as important positive traits that could enhance overall well-being in human beings (Peterson & Park, 2004). Linley (2008) emphasised the importance of allowing youth to identify and internalise their strengths in order to ensure that these positive traits were carried forward and deployed efficiently in their lives. Research evidence showed that there were positive relationships between people who were authentic to themselves and their character strengths, as such individuals reported higher levels of happiness, fulfilment and life satisfaction (Linley, 2008). The VIA was operationalised by the Values in Action – Inventory of Strengths (VIA-IS) (Seligman & Peterson, 2004) and research findings with this measurement reported that common strengths among youth were gratitude, humour and love, while strengths of prudence, forgiveness, religiousness and self-regulation were less manifested. Hope, teamwork and zest were also more characteristic of youth than adults, and across cultures (Peterson & Park, 2011).

The preceding discussion gave attention to complementary theoretical conceptualisations relevant to this research study. Consideration will now be given to the contextual theoretical and cultural aspects that related to this study.

4. Contextual Conceptualisations Further Relevant to this Study

4.1 Late Adolescence and Early Adulthood

Louw and Louw (2007) described adolescence as a period in the developmental growth of an individual, a bridge between childhood and adulthood, characterised by the onset of puberty. Late adolescence, according to the developmental psychological approach,

refers to individuals of between the age groups 16-20 years. This age range could be overlapping with the term young adult, referring to individuals of ages between 18-35 years (Erikson, 1994). A number of researchers debated the implications of the use of age in defining youth (meaning young people, as opposed to children). For example, Sommers (2007) warned of two challenges posed by this approach. Firstly, marriage was a challenge since research indicated that about 42% of girl-children in some African countries were married before the age of 18 (UNICEF), and were subsequently no longer regarded as youth (Sommers, 2007). The second challenge, which had relevance to the definition of youth within the context of this study, was that scholars have in the past struggled to reach a consensus on the age range in the definition. For example, whilst in some countries the common age range was 15-24 years, in many African countries the range was inclusive of people of older ages. South Africa and Rwanda regarded people up to and including the age of 35 years, as youth (Sommers, 2007). In the current study, the term young adults or youth was used to refer to the participants whose ages ranged from 18-35 years of age.

A number of scholars have undertaken studies on the conceptualisation of the characteristics of the youth, as in the work of Lerner et al. (2002), Peterson and Seligman (2004), and Ungar (2005). Often in developmental psychology the stage of adolescence, whether early, middle or late, was seen as marred by storm and stress. Hence theorists regarded the youth as having and presenting problems, which required strict management and control (Lerner, Brentano, Dowling, & Anderson, 2002; Roth & Brooks-Gunn, 2003). This negative view of the youth further led to the perception of young people as weak and inadequate, that their adaptation problems were inevitable, unless there were preventative measures early in their development (Lerner et al., 2002). These deficit models further misconstrued young people as ineligible for any study of adaptive or positive development. Interventions to ameliorate this state of affairs were introduced (Nelson & Prilleltensky, 2005), but were solely focused on the individual in isolation, exclusive of the socio-economic

and socio-cultural factors that had a significant influence on the well-being of such individuals (Marmot & Wilkinson, 1999; Smedly & Syme, 2000). According to the ameliorative approach, youth development was seen as a process involving a split, which was causal in nature, between an individual and his/her context, the person and his/her environment, and the nature versus nurture scenario (Overton, 1973; Lerner, 1978). The ameliorative model was unfortunately also flawed, in that it assumed that pathology in young people was a result of bad genetic influences, failed parenting and socialisation (Lerner et al., 2002).

The deficiency of the two mentioned approaches to the study of youth and their development prompted efforts for more research and a new transformative approach (Evans, Hanlin, & Prilleltensky, 2007), advocating for the involvement of communities and other stakeholders in the promotion of well-being amongst the youth. The transformative approach emerged as a more integrated model of studying the youth. Young adults were, henceforth, regarded as functioning as part of a system, consisting of a number of co-related and co-operative subsystems (Bronfenbrenner & Morris, 2006; Prilleltensky, 2005). The implication here was that a young person could no longer be perceived as developing within a vacuum, but was to be seen as part of a larger multi-systemic ecology comprising family, peers, school, community, culture and so forth (Nsamenang, 2008; Prilleltensky, 2005; Shah et al., 2005). The new generation of scholars would ultimately come to acknowledge the importance of the integration of the individual and his/her context in youth studies and research (Evans & Prilleltensky, 2007; Irwin, Siddiqi, & Hertzman, 2007; Koen, 2010; Shah et al., 2005), with the aim of affording every young person the opportunity to achieve his/her potential for optimal development (Prilleltensky, 2005). These relational models of youth development emerged towards the end of the 20th century (Lerner et al., 2002) and will be considered for the purposes of this study.

4.2 Marginalisation/Marginalised Youth

The Merriam Webster dictionary (2006) defined the term marginalised as being relegated to the rear, an unimportant or powerless position within one's community or society. Sommers (2003) defined marginalised urban youth as "a demographic majority which regards itself as an outcast minority" (p. 1). Marginalised youth were also viewed as those individuals who had weakened or severed family ties with minimal or no social support systems to offer them protection (In Focus, 1999). Such youth were generally viewed negatively by their communities and this led to an internalisation of such negative views, which in turn culminated in a lack of self-esteem and poor social skills (Alizianza, 1995). Studies on marginalised youth indicated that in first world countries such as America, the concept was generally used to refer to those individuals who found themselves excluded from the dominant culture (Healthy Teen Network, 2008). In the African context, marginalised youth is a term used in reference to those young people who, due to their health, socio-cultural, and economic circumstances, find themselves faced with less or no access to education, services and the support they need in order to develop into fully functioning adults (Nyangara et al., 2009; Shah et al., 2005). Circumstances such as wars, hunger, famine, dire household poverty, HIV/AIDS, as well as personal or parental psychological problems have turned many young people into marginalised subgroups within their communities (Nyangara et al., 2009). Marginalised young people could be found all around the world and they included street kids, HIV/AIDS orphans, child labourers and sex workers, to name but a few (In Focus, 1999). The United Nations estimated that about 404 million young people under the age of 18 were not attending school in developing countries (UNICEF, 1997), an estimated 100 million young people were working in the streets and about 10% of this population was actually living on the streets (Copping, 1998; UNICEF, 1997).

Within the context of this study, marginalisation could be conceptualised differently depending on the past and current life circumstances, the dreams, fears, aspirations and

outlook about the future of every participant. This definition was guided by the way in which participants viewed and described themselves within the research context. For example, for one participant marginalisation may have referred to being the head of the family because they were orphaned; and the elder sibling, according to culture, automatically carried the responsibility of taking care of the younger ones. For another participant the term could have meant being a child in a family headed by a single parent, wherein the parent (father or mother) might have had his/her own psychosocial issues which could have had a negative impact on parenting abilities, thus leading to a lack of support, love and guidance within the family. The young person living in an abusive extended family situation could experience another kind of marginalisation. The conclusion was that whilst marginalisation was initially purported to describe young people coming mostly from deviant developmental contexts and child-headed households, it seemed that there were multiple intrapersonal and interpersonal factors that differed from one individual to the next to render them marginalised (Nelson & Prilleltensky, 2005).

4.3 Family/Extended Family

The Penguin Dictionary of Psychology (2009) defined a family as a nuclear unit consisting of two parents and their children, whilst an extended family was any constellation which might include grandparents, cousins, uncles, aunts and other related members. In her study of families within the South African context, Koen (2012) described the family as complete family units, or single parents and children, or extended and non-biological families that are in an individual's immediate vicinity. The family was also described as an intergenerational group of society, organised by a constellation of social norms regarding descent, reproduction and the socialisation of youth (White, 1991). According to Koen (2012), the family has an essential role to play in the enhancement of well-being of its members and the society as a whole. The need for the promotion of family well-being within the South African context was further stressed by Sheridan, Eagle, and Dowd (2006), in line

with the statistics highlighted by the South African Institute of Race Relations, reporting that only 34% of all South African children and youth lived in families with both parents, 40% resided with their mothers, whilst 3% lived with their father, and 23% resided with people who were not their biological parents (Holborn & Eddy, 2011). Possible outcomes for youth living in broken-up families included antisocial tendencies, such as alcohol and drug abuse, dropping out of school, poor self-perception as well as mental health problems. The weakened family ties often characterising such fragmented families exposed the youth to limited or no systems of social support (In Focus, 1999); social support being an essential protective factor to enhance resilience against adversity. In a South African study on resilience, Theron and Theron (2010) found that strong and supportive family relations resulted in feelings of belongingness, being loved and valued by the family, clear family rules as well as opportunities for education. The Theron study also found that close and connected family relationships were perceived as a buffer against violence, encouraged Black youth to be competent in their tertiary studies, as well as allowed the school-going youth to commit to their education, face their adversity and develop practical solutions to their difficult circumstances (Theron & Theron, 2010).

For the purpose of this study, family and extended family will be used to refer to any constellation or unit of individuals residing together and sharing the same values and cultural beliefs. For example, within the context of this study the participants used the concepts of family and extended family interchangeably. Whilst one participant regarded a grandmother, siblings and an alcoholic uncle as family, another, whose parents were deceased, identified siblings as well as the community within which they were residing, as family. It could therefore be concluded that within this study, family was made up of those individuals with whom the participant identifies and relies on for psychosocial support, motivation and guidance. This is in line with the view of the South African Law Commission (2002) which cautioned that due to the diverse multicultural nature of the South African nation, any attempt

to define 'family' with the specific characteristics of a married man, woman and their children, would not be a true reflection of the reality of the current society.

4.4 Community

According to the Penguin Dictionary of Psychology (2009), the term community referred to a group of people settling in one geographic location. The Cambridge Dictionary (2008) defined the term as a group of people residing in the same area and that are considered a unit, because they share common interests, social affiliation or nationality. The main characteristic defining such a group is a self-conscious awareness of each member to the fact that the group was a social unit in which all members shared group identification with one another. In the context of this study, the term community was used to include all constellations of people, groups and organisations that had a direct or indirect impact on the young people's everyday existence and their general well-being (Bronfenbrenner & Morris, 2006).

For most of the participants in this study, the community which comprised groups such as religion and church, youth clubs, cultural groups and other such organisations, served as a moral compass as well as a guide towards cultural and psychosocial development. Participants mentioned a very close relationship with their communities, characterised by taking part in community projects, taking up leadership roles within their communities with the aim of assisting fellow young people with pertinent social issues such as drug addiction, teenage pregnancy, as well as stressing the importance of education in their lives. According to research on flourishing in communities, the person-environment fit theory found that a positive fit between a person and the environment led to a greater probability of human flourishing (Compton & Hofmann, 2013).

The marginalised young people in the study further perceived themselves as a special community in that they belonged to the Ikageng/Itireleng NGO, which not only gave them a

sense of identity and belongingness, but through the structured youth groups and related activities, it also provided social support and served as a moral compass for them. The youth, however, also voiced their appreciation for the original family communities in which they resided, and they mentioned the role of these communities in their everyday lives and well-being. This was in line with the learned empowerment concept of collective efficacy, which is described as a social cohesion process within a community which created a network of friendships, a sense of agency as well as a willingness to make one's community a better place to live in (Sampson, 2001). A high level of collective efficacy was found to protect the community members against criminal activity, as it enhanced mutual trust and reduced fear (Ross & Jang, 2000). Older members of the community were regarded as mentors to whom the young people looked for moral guidance and discipline, as indicated in Kohlberg's concept of a just community, which refers to the social bonding and co-operation that enhance moral development of youth to a higher level (Power & Reimer, 1979). The role of faith and religious organisations, such as the church and cultural groups, emerged as important sub-groups within the communities from which the young people drew strength, hope and identity. In their study on the role of faith and religion in communal well-being, Laek, DeNeve, and Greteman (2007) found that individuals whose goals are based on spirituality and religion reported higher subjective well-being, as well as empathy for others.

Community Psychology: According to Compton (2005), previous psychological studies have ignored the impact of social context on human behaviour as well as on emotions, thus attributing behaviour specifically to individual personality traits. Shinn and Toohey (2003) referred to this as the *context minimisation theory* and gave an example of how assumptions about the best parenting style could actually only be determined within the community context. It was this shortcoming of previous studies that led to the rise in the field of community psychology research. Community psychology is defined as a study of person-in-social-context and it emphasises the role of the environment and the social world in both

the creation and the solution of problems (Rappaport, 1997; Rappaport & Seidman, 2000; Sarason, 1988).

Rappaport (1997) described community psychology as being built on three foundations: cultural relativity, diversity and ecology. These three aspects indicated a number of assumptions about working with people in their social and cultural contexts (Compton, 2005; Rappaport & Seidman, 2000). Whilst cultural relativity argued that social rules and standards differed from one cultural group to the other, diversity acknowledged the fact that differences between subgroups within a community was a reality which needed to be embraced at all times. Finally, the notion of ecology referred to the reality of the human ecology, which stressed that community psychology studies the complexities of people in different social and cultural settings (Compton, 2005).

There were a number of implications brought about by the above perspectives. The most important tenet of community psychology was the person-environment-fit implying that a poor fit led to languishing, whilst a good fit promoted human flourishing (Phares & Trull, 1997). Another implication was the focus on individual competencies. Change was brought about by the identification and utilisation of individual strengths and resources within the environment. Community psychology was viewed as political activism at times and this made the field a bit unusual amongst the others in the psychology arena. Finally, the field of community psychology seemed to be more preventative than most other areas of psychological practice (Compton, 2005; Phares & Trull, 1997).

Community Empowerment: A cornerstone of community psychology was empowerment, which is described as the process from within by which marginalised people are enabled to gain some measure of power (Rappaport & Seidman, 2000). Empowerment was further seen as people taking control of their lives and having a sense of efficacy, competence and self-determination. Most interventions within this field were aimed at

assisting people to be in charge of their environments as well as mastering their life challenges. Gore (2001) referred to such communal mastery as learned empowerment, indicating the ability of people to take control over their communities, thus owning them and protecting them from threats such as crime. Sampson (2001a, 2001b) believed that collective efficacy was another form of empowerment, which he described as a sense of social cohesion that creates friendships within a community, as well as a willingness to participate in making the neighbourhood a better place to live in (Sampson, 2001a, 2001b). Such social cohesion encourages informal ties with one's community; thus preventing a sense of fear and mistrust within the community (Ross & Jang, 2000). Keyes (2005, 2006) was of the opinion that the outcome of an interrelated and interdependent relationship between person and community would be social well-being, characterised by social acceptance, social actualisation, social contribution, social coherence and social integration.

4.5 Cultural Context

Louw and Louw (2007) defined culture as a combination of beliefs, norms, customs, traditions and a global way of life adopted by a particular group of people. Culture was further defined as the social roles, norms, attitudes, beliefs, values, practices and behaviours which were shared by a social group or a society. (Betancourt & Lopez, 1993; Diener & Suh, 2000a; Trandis, 2000). This way of life was commonly transmitted from one generation to the next through the use of language and other communication channels (Koen, 2010; Segal, Lonner, & Berry, 1998). In his study of culture and human development, Nsamenang (2008) indicated that rather than a mere variable, culture was an imperative part of human development. Shah and colleagues (2005) similarly stressed that any interventions aimed at young people should take cognisance of the interactive components of the youth's ecological environment, such as culture, socio-political features as well as their larger external environment. Furthermore, human development was seen as highly influenced by cultural context that impacted on the individual's survival and the provision of protective as well as

risk factors towards well-being (Irwin, Siddiqi, & Hertzman, 2007). It was evident in the context of this study that participants had a firm belief in their cultural background, and cultural values were regarded as imperative to their psychosocial well-being.

It should be noted, however, that due to their differences in ethnicity and upbringing, participants had different cultural perspectives, values and beliefs. In this vein, Prilleltensky and Nelson (1997) suggested that efforts towards advancement of marginalised groups should consider all their values in a balanced manner. Research indicated that traditional healers and ancestors had a pivotal role to play in the African society (Bodibe, 1992; Eagle, 2004), where ancestors were perceived as imperative to the agency in the afterlife and were accorded an elevated status in most African cultures (Burhmann, 1984; Melato, 2000; Shutte, 1994). For many African people wellness, psychological, emotional and social, is deeply embedded in periodic consultations with a family traditional healer, who in the process would consult with the ancestors and then identify any possible problems or challenges. He also prescribe some traditional medicine to try and prevent any misfortune befalling the individual. Culture is therefore perceived as a building block or pathway which serves to shape a person's psychosocial identity and differentiation in the direction of creating cultural meaning (Nsamenang, 2008). Hence, Cowen (1991, 1994, 1996) argued that for the promotion of wellness to be enhanced, there was a need to take all multiple pathways and cornerstones into consideration. This was especially true in the case of African nations, where culture played an integral part in the development and socialisation of children and young people; a point which will be discussed later in this study.

4.6 African World View and Cosmology

Throughout the past decades a number of scholars (Bodibe, 1992; Buhrmann, 1984; Melato, 2000; Shutte, 1994; Van Dyk, 2000) studied the prevalence of African belief and healing systems, also known as African cosmology, which were widely upheld by both rural

and urban dwellers. According to Myers (1998), the concept of worldview refers to a conceptual system which guides the philosophical assumptions and principles that inform people's beliefs. Bodibe (1992) and Melato (2000) indicated that despite the elusive and complex nature of the definition of the term, the concept of African worldview appeared to be the product of the African metaphysics, epistemology, axiology, ontology as well as eschatology. Whilst metaphysics was defined as the theory concerned with the nature of human beings and the realities within which they live/exist, epistemology referred to the theory of the origins of knowledge; axiology was the theory of what people hold for truth or their values; and ontology dealt with the nature of being, the existence or essence of being human (Bodibe, 1992). Eschatology referred to the ability to understand the concept of death as well as afterlife (Melato, 2000).

As highlighted by Buhrmann (1984), the worldview and customs of African people are not completely similar for all black people, but there are certain themes that are universal. For example, within the African cosmology people are seen as part of a holistic system wherein the self subsides and the collective takes precedence (Nsamenang, 2005; Prilleltensky, 2001; Sampson, 2001; Shutte, 1994). Collectivism perceives the individual as part of a broader ecological system, such as the family as well as the extended unit, community, church, school and other subsystems, where group integrity comes before that of the individual (Baumgardner & Crothers, 2010; Shutte, 1994). This is aptly worded in the popular Xhosa expression "Umntu ngumuntu ngabantu" which loosely translates into "a person is in existence through other people" (Eagle, 2004, p. 5). This is akin to another African proverb which is popular amongst not only the Zulu speaking nations, but is used by most South African ethnic groups, known as "Ubuntu". According to Cook and Du Toit (2005), the word "Ubuntu" means "I am a person because you are a person" and this phrase underpins most African cultures in South Africa (p. 262). The implication is that every person is related to another and individuals depend on one another for support. This value is

embedded within the collective value system, in which, for example, children and young people could be fed, disciplined and educated by all members of their community. As argued by Cook and Du Toit (2005), although this value has not been totally abandoned, it has been slowly eroded from people's traditional sense of identity. The reason for this has been the rise of Western individualism and customs introduced by the arrival of missionaries and the past South African government (Cook & Du Toit, 2005).

Another pertinent characteristic of the African cosmology is the role of ancestors in the African society. In her articulation of the relationship between the living and the ancestors, Buhrmann (1994) said "a symbiotic relationship exists between the living and ancestors, the role of each being to keep each other happy, healthy and viable" (p. 29). Equally important is the role of ancestors who are regarded as the medium between God, the ancestors and the living (Eagle, 2004; Melato, 2000).

The above are some, but not all of the components of the African worldview and cosmology, which forms an important part of any study or policy intervention aimed at the African population. It is on these premises that Eagle's (2004) study of therapy at the cultural interface warned of the need for modern day South African psychologists to acknowledge and respect the role of these belief systems in their work with clients. Research showed that most African people had worldviews that reflected a belief in the traditional African cosmology, which manifested in their behavioural patterns; this is the case even amongst the most modern and educated individuals (Bodibe, 1992; Eagle, 2004; Myers, 1988). The African worldview and cosmology in this study referred to the beliefs and conceptions which governed people's lives and how these factors impacted on their psychosocial well-being.

In the preceding descriptions, the contextual frameworks within which this thesis is embedded were considered while the further discussion will focus on aspects related to youth as the source of knowledge for this research.

5. Psychosocial Well-Being Amongst the Youth

The issue of well-being amongst children and young people has been the focus of many research studies in the past two decades (Bach, 2011, Koen; 2010; Ungar, 2005). This resulted in a continuing intellectual debate on the best possible ways to promote youth well-being (Koen, 2010; Shah et al., 2005; Van Schalkwyk 2010). The current study emanated from such discussions as it deemed more research into this field of well-being important, especially amongst the youth from marginalised backgrounds, both for the development of wellness in the youth as well as for policy-making processes. The urgent need for the development of wellness in youth was shown by the findings of Keyes (2006) on adolescent mental health. In various studies it was found that approximately 20% of youth experience mental illness, but Keyes (2006) questioned the quality of mental health of the remaining 80%, since he found that only moderate mental health was experienced in youth between 15-18 years. Furthermore, Keyes (2006) reported that as mental health symptoms in youth increased, depressive symptoms decreased and as mental health increased, so did psychosocial functioning and well-being. What was of further interest was that Keyes found that flourishing (mentally well) youth engaged significantly more in pro-social activities, had good interpersonal connectedness and integration in educational contexts. Similarly, in their study of youth and democracy, Nelson and Prilleltensky (2005) argued that the well-being of every person was closely intertwined with the well-being of his/her relationships and those of the communities within which he/she existed. Hence well-being was defined as “a satisfactory state of affairs for individual youth and communities that represent more than the absence of risk” (Evans & Prilleltensky, 2007, p. 681). This view was echoed by Shah and associates (2005), who conducted studies of young people in countries such as Ethiopia, Democratic Republic of the Congo, Sierra Leone and Sudan. These authors strongly argued that the social context and interactions within which young people exist were at the core of their psychosocial well-being. Their ecological model illustrated the important role played by

the circles of ecology, family, community and other contexts surrounding the young person (Shah et al., 2005). The domains identified by Shah et al. were perceived as major interactive components within the overarching ecology that influence the psychosocial well-being of the young person. Such argumentation was in line with the classical conceptualisation of positive youth development which put emphasis on the values of self-determination, community participation, capacity building and social justice (Evans & Prilleltensky, 2007; Lerner, 2004).

In their theoretical framework of well-being, Prilleltensky and Prilleltensky (2006) distinguished between the personal, relational and collective characteristics of youth well-being. Wellness, according to this theory, was embedded in the interaction of those factors that impacted on how these three dimensions were catered for (Nelson & Prilleltensky, 2004; Prilleltensky, Nelson, & Peirson, 2001b, 2012). Whilst the personal dimension involved meeting the needs for a sense of control, hope, meaning and spirituality, the relational dimension was about the need for belonging, mutual respect, compassion and appreciation of diversity. The collective dimension was where communities encourage fairness, democracy and adequate access to amenities and food security (Nelson, & Prilleltensky, 2004; Prilleltensky & Nelson, 2002). The optimum synergy in the person-context relationship in which the youth and community equally and adequately benefit from having their needs met, will result in high levels of well-being (Compton & Hofmann, 2013; Nelson & Prilleltensky, 2004).

5.1 Positive Youth Development

According to Shah, Graidage, and Valencia (2005), every young person is not only capable, but has the potential to be healthy and successful; in other words, all young people possess an inner capacity for positive development in their lives as well as for psychosocial well-being. Seligman and Peterson (2005) described youth development as an

interdisciplinary field which drew from a multifaceted spectrum of the social sciences. Using the ecological theory of Bronfenbrenner (1977, 1979, 1986), these scholars stressed the fact that young people should not be compared to adults, but rather be understood for who they really were, in their own terms. Closely related to the framework of psychosocial well-being, the ecological theory identified four different contexts and their importance to individual behaviour (Bronfenbrenner, 1986):

1. Microsystems referred to the immediate context or ecologies with which the individual interacted, such as family, friends and neighbours, schools and communities;
2. Mesosystems referred to the intricate relationships between various microsystems;
3. Exosystem referred to larger ecologies, such as government, welfare and social media which had an indirect impact on young people's behaviour and development; and
4. Macrosystem was a broad spectrum of ideologies and patterns which were collectively defined as aspects of culture.

In the processes of their development, each young person brought his/her own unique traits and these, together with the different socio-ecologies, influence youth's behaviour. In a research study of asset-based theory in the development of the youth, Ungar (2005) explored the role of strengths as possessed and used by young people in their developmental processes. Strengths, such as community engagement, close relations with others as well as the ability to share with and help others, were found to be at the core of positive youth development. Within the framework of well-being, such strengths underpinned the "well-being of relationships" (Evans & Prilleltensky, 2007, p. 682) that are characterised by caring, compassion and support, and which would have positive effects on young people (Berkman, 1995; Cohen, 2004; Keyes, 2006). Ungar (2005) highlighted the necessity for a multidimensional definition of psychosocial health in youth, and according to this author, the quantitative measurement of youth well-being had to be based on a representative model

which would encapsulate most elements of their psychosocial health. The two proposed models were: (1) the 40 development assets from the Search Institute; and (2) the positive youth development (PYD) model (Le Blanc, Talbot, & Craig, 2005).

The PYD model is closely related to Bronfenbrenner's (1979) ecological model, since it viewed the young person as functioning within a context of systemic youth development and therefore influenced by processes which were determined by personality traits, social context as well as the cultural values defined by the young individual's community and culture (Bronfenbrenner, 1979). Thriving amongst the youth would be characterised not only by the absence of illness or abnormal behaviour, but also by the presence of positive developmental features (Le Blanc et al., 2005). The popular conceptualisation of PYD is in the form of 5 Cs, namely competence, confidence, character, social connection and compassion. The Cs were perceived as healthy outcomes of positive youth development and young people possessing these characteristics were at an advantage to make a contribution to their community (Roth, Brooks-Gunn, Murray, & Foster, 1998; Lerner, Fisher, & Weinberg, 2000). The PYD was in line with the work of Lerner et al. (2002) who called for the need of critical alignment in public policy and community action toward positive civic identity, morals and spirituality promoting the thriving of the youth and their communities.

According to Lerner (2000), the relative plasticity model of developmental theory described developmental processes that may be referred to as thriving. Earlier theories stressed that plasticity, defined as the ability to change and adapt although differing in magnitude, was a life trait of human beings (Lerner, 1998, 2000). Thus, positive and healthy developmental processes would include flexibility and positive change between the individual and the community as well as adaptive regulation of the person-context relations (Lerner, 2000). The young person would be described as thriving if he or she was continuously involved in healthy and positive relationships within his or her community (Evans & Prilleltensky, 2007; Prilleltensky, 2001). This continuous path culminated in the

adult status and is characterised by culturally valued contributions towards the self, others as well as communal institutions (Csikszentmihalyi & Rathunde, 1993). It is imperative for the young person that such status is accompanied by a sense of spirituality, moral identity and a sense of civic duty towards his/her community (Benson, 1997b; Benson, Masters, & Larson, 1997). Of equal importance is the effort to give the youth an opportunity to contribute to the community by taking leadership roles within their communities (Zeldin, Camollo, & Wheeler, 2000). It is such a bidirectional, multilevelled and dynamic developmental process that gives young people an ability to grow into thriving adults who would make a positive contribution to social order (Lerner et al., 2002; Prilleltensky; 2001).

5.2 Developmental Pathways

Traditional psychology was mainly concerned with how people grow and develop over the course of their lifetimes. However, the perception held was based on the assumption that human beings were people merely responding to stimuli, and these responses were further seen as a result of past conditioning that allowed little room for independent action (Compton, 2005; Compton & Hofmann, 2013). In contrast, modern psychology had a new perspective which views human beings as active participants who were capable of shaping their own development. A specific example was that of child psychology, which according to Bach (2011) and Roberts, Brown, Johnson, and Reinecke (2005), had gradually moved its focus away from developmental challenges and the psychological deficits emanating from these challenges, towards a competency and strength-based approach in child and adolescent research. The implication for the youth was their awareness that they were undergoing an important life-stage and that all developmental changes and adaptations they went through would have an impact on their well-being in adulthood. It was evident that the mental health of youth must be emphasised in order to avoid poor mental status, which in turn may impede their academic and social success (Keyes, 2009). The development of young people is a continuous process of anticipating the future, appraising and reappraising goals, adjusting to

current realities and regulating expectations in order to maintain a sense of well-being in the face of changing circumstances (Compton, 2005; Compton & Hoffman, 2013).

Research in this regard was conducted by Caprara et al. (2006) in a study which identified personal characteristics and the development of pathways conducive to successful adaptation from childhood to adulthood. The study examined the concurrent and longitudinal impact of self-esteem on subjective well-being in adolescence, namely on happiness and positive thinking. The researchers found that both self-esteem and optimism correlated with psychosocial well-being and various other positive outcomes across the lifespan (Caprara et al., 2006). In other research high levels of self-esteem were further associated with a low risk of anxiety and depression and with healthy outcomes (Baumeister, 1993; Greenberg et al., 1992). Having high levels of self-esteem have proven to promote popularity amongst peers and were associated with high levels of academic achievement (Battistich et al., 1993; Bowles, 1993; Davies & Brember, 1999).

Amongst adolescents, optimism was found to be related to positive adjustment to new scholastic environments, to intentions to avoid unsafe sexual practices and to the avoidance of substance use (Herman-Stahl & Peterson, 1996; Carvajal et al., 1998, 1998b). In summary, Caprara and colleagues identified positive thinking as a common latent dimension underlying life satisfaction, self-esteem and positive outlook towards life in general. It was this positive thinking that proved to be associated with a variety of individual positive experiences, all suggesting psychological well-being and health (Caprara & Steca, 2005).

The characteristics of self-esteem and optimism mentioned above were, amongst others, intrapersonal features or pathways underpinning the salutary development of youth. Interpersonal and socio-cultural features or socio-cultural ecological pathways to healthy youth development were considered in detail in the preceding parts of this review.

5.3 Psychosocial Interventions

Since it was an aim of this study to provide guidelines for an intervention programme aimed at the enhancement of psychosocial well-being in youth, a preliminary consideration of guidelines in literature on this topic is presented here. As mentioned earlier, the field of positive psychology has in the last decades begun to question the illness model which viewed adolescent's challenges as deficits, problem behaviours and pathologies. This questioning of the deficit-based approach to well-being gradually led to the move towards a more holistic model of development (Trout, Ryan, La Vigne, & Epstein, 2003). It was this move that saw the birth of strength-based approaches wherein the practitioners collaborate with families and children to help them discover their optimum levels of functioning (Larsen, 2000). The basic tenet of the strength-based approach to intervention is the belief that children, adolescents and families had unique talents as well as strengths and skills to meet and deal with life's challenges and adversities (Olson, Whitebeck, & Robinson, 1991 cited in Epstein, 1999).

The most researched positive youth development approaches in the study of marginalised youth included the person-in-environment approach, resilience as well as virtues and strengths (Lopez & Snyder, 2009; Ungar, 2005). As mentioned before, according to the person-in-environment approach, youth development depended on the intrinsic characteristics, relational and socialisation factors such as family, peers and other significant relationships, as well as the cultural values of the community (Bronfenbrenner, 1979). Research found that the adaptive regulation of the relationship between the person and his/her context was the basis of healthy development of young people; hence thriving youth exhibited positive youth development and less negative behaviours (Lerner, 2004). Much research was done and interventions developed based on the five "Cs" of positive youth development namely, competence, confidence, connection, character and caring (Eccles & Gootman, 2002; Lerner, 2004; Roth & Brooks-Gunn, 2003). These components were used in the conceptualisation of positive youth development, together with indicators such as

academic success and self-esteem; and they were positively linked to healthy youth developmental outcomes (Roth & Brooks-Gunn, 2003). Young people possessing these attributes were found to have an inclination to contribute to the development of their communities, and this was named the “sixth C” of positive development (Lerner, 2002; 2004). These enabling “Cs” of youth development were included in various interventions aimed at promoting psychosocial health in youth (Le Blanc, Talbot, & Craig, 2005).

The resilience approach was based on the principle that all people have the ability to overcome adversity and achieve success (the ordinary magic, according to Masten, 2006), despite the hardships they experienced in their lives. Wagnild and Young (1990) viewed resilience as a display of emotional strength and they used the term to describe individuals who managed to adapt to life’s challenges with remarkable courage. Resilience was further defined as a human factor that buffers the individual from any kind of psychological disorder (Rutter, 1987), characterised by self-confidence, curiosity, self-discipline, esteem and an ability to exercise control over one’s environment (Beardslee, 1989; Caplan, 1990; Hoznik, 1984; Richmond & Beardslee, 1988). When applied to the context of this study, resilience implied that despite all the hardships and adverse life circumstances surrounding them, the marginalised youth were able, with appropriate intervention strategies, to develop into positive and flourishing individuals. This argument was in line with Kadner (1989), who conceptualised resilience as an individual’s ability to make psychosocial adjustments after a period of adversity, and resume an expected developmental trajectory (Theron & Theron, 2010).

The resilience theory is a strength-based model which focuses on providing the support and opportunities to people to be successful, rather than trying to eliminate risk factors (Stevens, 2005). The proponents of this school of thought employed youth development approaches in their work, believing that providing youth with caring relationships and opportunities for meaningful participation will lead to their fundamental

psychological and emotional needs to be successfully met (Family Health International, 2008; Hanson & Lim, 2007). In addition, resilience theory not only recognised the social determinants affecting the youth, but also demonstrated that interventions can be successful in supporting positive youth development; without overlooking these factors (Healthy Teen Network, 2008). Resilience research and interventions place much focus on the support that young people receive from the social networks of family, friends, community involvement and participation in religious activities, and the impact thereof on how the youth dealt with adversity (Compton & Hofmann, 2013; Grotberg, 2001). A specific factor that was found to increase resilience in youth was positive emotions. A number of studies identified a positive relationship between positive emotions and reactions to stress. For example, whilst Campbell-Sills, Choan, and Stein (2006) found that problem-focused coping enhances resilience, Connor and Zhang (2006) identified a positive relationship between patience, optimism, faith, altruism and resilience in the youth (also see Tugade, 2011).

The current shortcoming of the strength-based approaches is that whilst there are a variety of programmes that utilise a strength-based model, there is relatively little empirical research on the effect of strength-based programmes on youth and family development (Cosden, Pantaleakos, Guiriterrez, & Barazani, 2004). This lack of research on strength-based programmes has been attributed to the wide variation of programmes within a strength-based framework, while only a few standardised strength-based interventions for youth and families exist; thus, determining the effectiveness of these approaches proved to be a challenge. To overcome this scientific weakness, programmes that utilised strengths models often used them in conjunction with other models, such as wraparound service models, family systems frameworks and various types of cognitive behavioural approaches (Johnson, 2003; McDonalds, Boyd, Clarke, & Stewart, 1995). This implied that instead of regarding the strength-based approach as a one-way single method of working with youth and families, it should rather be seen as a conceptual framework within which practitioners work. Whilst the

implementation of the strength-based approach may vary, practitioners using a strength-based approach tended to emphasise the individual and family, interaction and co-operation (Koen, 2013).

Until recently, there were few assessment tools designed to measure the effects of strength-based programmes on youth and family outcomes. Past assessment tools equipped to measure problem behaviours were not applicable to measuring the effects of strength-based programmes on youth and family development. While there is still no single accepted and well validated strength-based intervention strategy, recent advances in the reliability and validity of strength-based assessment tools provided researchers with a standardised method of evaluating programmes operating within a strength-based context (Johnson, 2003).

Peterson and Seligman (2004) introduced the VIA model including 24 strengths on which interventions could be based (especially the signature strengths approach within the VIA model). The VIA presents current and future positive psychologists with the task of further research in the field of strengths and virtues, aimed at holistic therapeutic interventions to help youth develop modes of flourishing in their lives (Peterson & Seligman, 2001, 2004). The VIA-IS youth measuring instrument by Park and Peterson (2006) could be valuable in this regard.

In the above discussion factors considered in the understanding and promotion of wellness-related youth development were explicated. The following discussion will be about the approach to psychosocial well-being in this research study.

6. Psychosocial Well-Being in this Study

Psychosocial well-being was defined as a global combination of emotional well-being, psychological well-being as well as social well-being (Baumgardner & Crothers, 2010). This definition was based on the Keyes model of mental health (2005) which integrated the markers of subjective well-being, mainly positive emotions and life

satisfaction, with those of psychological well-being as indicated by Ryff (1989), and with the components of social well-being identified by Keyes (2004, 2007). Mental health or wellness was seen as a continuum of psychological functioning ranging from languishing through moderate mental health to flourishing, and as reflecting an integration of hedonic and eudaimonic well-being (Keyes, 2005, 2007). In this study, psychosocial well-being will be conceptualised as the manifestation of psychological, emotional and social well-being, using the model of Keyes (2005, 2007), as well as of characteristics of coping self-efficacy and the absence of aspects of mental distress such as anxiety, depression and stress. These are all intrapersonal abilities, but in interaction with the social ecology of the individual.

In a study relating to self-esteem and self-efficacy, Caprara et al. (2006) found that these personal characteristics and positive developmental pathways were conducive to successful adaptation from childhood to adulthood. High levels of self-esteem and self-efficacy were further associated with low risk of anxiety and depression and to various health-related outcomes (Bandura, 2007; Kaplan, 2000). A positive sense of self or self-esteem and efficacy was seen by Taylor (2011) as a psychosocial resource that was protective against poor mental health outcomes, and associated with healthy coping and overall wellness. With regard to coping, which has been described before, people with high levels of positive affect were found to exhibit more proactive coping skills (Aspinwall & Taylor, 1997). Studies on coping and wellness indicated that positive emotions were at the core of positive health and longevity and that the mind and body interact as a dynamic system encompassing the psychological, physical and spiritual factors impacting people's health (Compton & Hofmann, 2013). Coping was also associated with self-efficacy (Carr, 2011), and the coping self-efficacy model of Chesney (2006) will be applied in this study. Taylor (2011) perceived coping as a psychosocial resource that is strongly enabled by social support. Social support seemed to influence the neural activity in response to stress and had beneficial effects by keeping stress reactivity low through the appraisal of the stressors. Active coping

seemed to be an outcome facilitated by social support.

In numerous studies mental health and especially low levels of anxiety and depression were found to be integral components of psychosocial health and well-being (Malebo, Van Eeden, & Wissing, 2007; Mutrie & Faulkner, 2004). In a review of the impact of mental health, Diener and Seligman (2004) concluded that mental ill-health caused poor well-being. These authors compiled mental health statistics highlighting a greater increase in the number of youth suffering from depression. According to their findings, whilst depression amongst the youth was highly uncommon in the past with the average onset age being 30 years, recent studies found that a significant percentage of young people from the age of 14 experienced depression (Diener & Seligman, 2004). The prevalence of depression amongst the youth was further related to high levels of distress amongst family and friends, leading to a negative impact on the overall well-being of the family. Whilst the relationship between mental health and happiness revealed that happy people reported low levels of mental disorders (Diener & Seligman, 2004), other studies found that measures of well-being, as indicated by healthy functioning, had negative correlations with symptoms of mental illness (Keyes, 2003).

The psychosocial well-being features described above will be investigated in a South African group of African marginalised youth. The term “marginalised youth” refers to young people who have weakened or severed family ties and, as pointed out by Shah and colleagues (2005), refers to young people “living outside the norms and values of the society” (p. 46). Jordan (2006) described the marginalised young person as one who experiences him/herself as outside the human community and as being socially flawed in some way. They have lost the sense of mutuality that characterises family life, communal belongingness and cultural embeddedness. They experience disconnection and isolation from their collective ecology. These young people were often subject to social stigmatisation and were seldom connected to institutions such as schools, youth clubs and/or the formal workplace (Youth Net, 2009). However, as indicated in paragraph 4.2 of this review, marginalisation of the youth in this

study had a different profile, since they lived in the community of Ikageng Ministry and that had changed their marginal status considerably.

7. Conclusion

Based on the above explicated facts and evidence, it can be argued that although there have been a number of studies focusing on young people and their psychosocial well-being, there is a lot that still needs to be done in terms of research and intervention (Koen, 2013). Van Schalkwyk (2009) indicated that there was a dearth of validated data within the South African context on the psychosocial well-being of the youth; hence the need for more in depth research studies on this subject. Despite their adverse life circumstances, marginalised young people of African origin, can, with appropriate intervention strategies, be able to reach their optimum levels of psychosocial well-being. For example, meaning, purpose, forgiveness and optimism, all constructs from positive psychology, can be used in constructive ways to assist the youth in growing into psychologically, emotionally and socially flourishing adults. Evidence to this view was provided by the different research studies which have been discussed in the overview of the literature; where each theorist or researcher made an important contribution to the conceptualisation of psychosocial well-being, and how this can be enhanced and improved, particularly amongst young adults. From the wealth of theoretical and research knowledge gained by reviewing literature presented before, a research question emerged: Could psychosocial well-being features and characteristics of youth be identified by means of quantitative investigation and further qualitative exploration with African youth in South Africa, who had been marginalised by their developmental circumstances; and could guidelines for an intervention to promote psychosocial well-being in youth be identified from the research results obtained?

8. Problem Statement and Research Questions

The major shift within the psychological sphere, from the illness model or

pathogenesis to salutogenesis, is at the core of positive psychology which focuses on the enhancement of human capabilities as well as well-being (Seligman, 2004). The growth of the field of positive psychology has resulted in a need for studies that explore the well-being of individuals and groups, especially amongst the youth of South Africa. The main reason why this study was conducted was to understand and describe the psychosocial well-being of young people with marginalised backgrounds; and to formulate guidelines for an intervention in order to enable the youth to deal with their life challenges, and to create well-being oriented pathways towards becoming flourishing adults.

8.1 The Necessity to Promote Psychosocial Well-being amongst Marginalised Youth

In his series of research studies on complete mental health, Keyes (2002) found that the prevalence of positive health is barely 20% in the adult population of the USA. He also found that flourishing seems to diminish from adolescence to adulthood (Keyes 2002, 2003, 2004, 2005a, 2005b, 2007). Recent studies on the adult population have indicated that there were similarities in the data between the USA and the SA findings. In the South African context, the data revealed that in an adult population (including young adults) 20% were flourishing, 68% were moderately mentally healthy and 12% of the population was languishing. Such information is only slowly emerging concerning South African youth, but the need to maximise youth health in all societies is an accepted reality (Patel et al., 2008). The paucity of empirical research studies on psychosocial well-being of youth within the South African context has led to this proposed study of the psychosocial well-being of marginalised African youth. Positive psychology, in theory and research, takes a positive stance towards human beings as being in control of their destiny and thus able to develop to their full potential; a perspective already held by Rogers (1995) years ago. Previous studies of well-being in both developmental psychology and in positive psychology pointed to a correlational relationship between psychosocial well-being amongst young people and their global self-actualisation in adult years (Jones & Candrall, 1991; King, 2008; Louw & Louw,

2008; Shama & Rosha, 1992). Keyes (1998), in his exploration of the concept of well-being, observed that significant discrepancies between the psychological, emotional and social well-being during adolescence can lead to unhappiness and emotional instability in adulthood.

Other studies have further identified a number of reasons for the enhancement of psychosocial well-being amongst young people (In Focus, 1999; Sommers, 2007; Van Schalkwyk & Wissing, in process), such as:

Firstly, it is argued from a positive psychology perspective that pathologising does not render the answer to developing higher levels of well-being (Seligman, 2005); and it is erroneous to assume that being symptom-free would automatically lead to higher levels of well-being (Keyes, 2005a). There is further empirical research evidence pointing to the fact that about 60% of adolescents do not experience complete mental health (Keyes, 2006, 2007; Van Schalkwyk & Wissing, in process). This has led to the suggestion that positive health may be an important, yet unexplored, protective factor during adolescence.

Secondly, it is argued that the traditional illness model has led to the pathologising of human existence (Maddux, 2008), and that we need to use methods of science to understand and develop models of psychological health (Sheldon & King, 2001). In addition to the lack of adequate knowledge concerning well-being and flourishing, Seligman (2005) stated that the answer does not lie in merely correcting weakness, but in a focused perspective on systematically building psychological strength and competency in people. Furthermore, previous findings have clearly shown that interventions that target person-centered factors and resources (e.g. character strengths) receive support for their ability to increase people's well-being (Suldo, Huebner, Fredrich, & Gilman, 2009). The development of psychosocial strengths is needed to develop personal resources in order to deal effectively with the negative and destructive impact of stress (Taylor, 2011). This viewpoint is supported by growing evidence which shows that certain strengths of character, e.g. kindness, self-regulation and wisdom (perspective) can buffer the negative effects of stress and trauma, and

prevent the awakening of disorders (Joseph & Linley, 2006; Peterson, Park, Pole, D'Andrea, & Seligman, 2008; Peterson & Seligman, 2004; Seligman; 2005). Park and Peterson (2009) argued that character strengths manifesting in a range of thoughts, feelings and actions are a foundation of lifelong healthy development, and that they are essential for the well-being of an entire society (see Van Schalkwyk, 2009).

Thirdly, Ryff and Singer (1996) emphasised that the absence of well-being creates conditions of vulnerability, such as depression, suicide and other psychiatric conditions. A major public health concern in South Africa is risk behaviour among adolescents who constitute 21% of the country's total population (Wegner, Flisher, Caldwell, Vergnani; & Smith, 2007). Fisher and colleagues (2007) emphasised the need for effective programmes aimed at reducing risk behaviour among South African adolescents. As mentioned before, such programmes should include competence and strengths development as their essence.

Fourthly, mental disorders account for a large proportion of the disease burden in young people in all societies (Patel, Flisher, Hetrick, & McGorry, 2007). Since most mental health needs in young people are unmet, more research is urgently needed to improve the range of affordable and feasible interventions. Youth should be enabled and their psychosocial resources strengthened in order to deal with the pathogenic adversities they encounter (Flisher, Mathews, Mukoma, & Lombard 2006; Taylor, 2011).

Fifthly, each phase of life requires attention to the particular problems evident in that period (Erickson 1968); for example, young people between the ages of 11 and 18 face problems that relate to the transition from puberty to adolescence, which could lead to an identity crisis. Although substantial progress has been made in developing effective interventions for problems such as self-mutilation, mental health service needs are greatly unmet in many developing countries (Patel et al., 2008). Addressing young people's mental needs is crucial if they are to fulfil their potential and contribute fully to the development of

their communities.

Lastly, while youth development programmes were initially established to support children and families cope more effectively with existing crises (Catalano, Berglund, Ryan, Lonszak, & Hawkins, 2004) and in due course focused more on prevention, it became clear that a successful transition to adulthood requires more competence and coping resources than those necessary for avoiding drugs, school failure, or precocious sexual activity.

Several recent youth development programmes now aim at developing adolescents' internal assets, e.g. commitment to learning, positive values, social competencies and positive identity (Lerner, Almerigi, Theokas, & Lerner, 2005; Lerner, Brentano, Dowling, & Anderson, 2002; Peterson & Seligman 2004). Other youth development programmes concentrate on protective factors that function as foundations for healthy development and also reduce problem behaviours, by assisting 21st century curricula in their mission to educate students to be knowledgeable, responsible, socially skilled and contributing citizens (Greenberg, Weissberg, O'Brien, Zins, Fredericks, & Resnik, 2003). Still, compared to research on the remediation of problems (or "negative psychology"), little research has been undertaken on positive youth development in adolescents (Gillham, Reivich, & Shatte, 2002). Although existing youth development programmes now focus on positive facets, these programmes do not primarily focus on important aspects such as the development of psychosocial or character strengths in pursuit of positive outcomes. Given these considerations, it is evident that youth (late adolescents and young adults), are a particularly important target group for mental health capacity building (Van Schalkwyk, 2009). The current study concurs with the need for an intervention programme to systematically enhance psychosocial well-being, and counteract the negative impact of experiences and circumstances, such as those often experienced by marginalised youth. This study can best be approached within the framework of positive psychology that deals with the scientific study of "ordinary" human strengths and virtues that promote well-lived lives defined by happiness,

physical and mental health (Baumgardner & Crothers, 2010; Seligman, 1998).

Developmental psychology will also be studied in order to understand the life tasks and developmental challenges of late adolescents or youth that are involved here. The context within which the study will be conducted is both socially and culturally relevant in the sense that the subjects of study are African youth who have been marginalised by their life circumstances.

Based on the above information, the pertinent research question for this study is: What is the prevalence and nature of psychosocial well-being in a group of marginalised youth in South Africa; and could guidelines towards an intervention, based on quantitative and qualitative research results obtained in this study, be developed in order to enhance the psychosocial well-being of young people?

8.2 Research Objectives

In view of the above arguments, it was imperative for this study to begin with a detailed data gathering process about the prevalence and nature of psychosocial well-being amongst marginalised youth. As stated before and recently indicated by Van Schalkwyk (2009), this is important because there is a need for more information about the incidence of mental health in South African young adults, since such information will present a clearer picture of the context and nature of appropriate interventions.

The following were the specific objectives of this study, namely to:

- 1) Study how psychosocial well-being and the related constructs in the developmental context of late adolescence/early adulthood are conceptualised in literature.
- 2) Determine through quantitative research, the psychosocial well-being of a group of marginalised African youth from data obtained by means of completed validated questionnaires.
- 3) Qualitatively explore and describe aspects that contribute to psychosocial well-being

in marginalised African youth, by analysing data obtained through personal narratives and focus group discussions with these youth.

- 4) Construct guidelines towards an intervention aimed at improving the psychosocial well-being of marginalised African youth.

8.3 Methodological Assumptions

Methodological assumptions guiding this study are discussed below.

Quantitative research. Burns and Grove (2005) described quantitative research as a systematic and objective method using data from only a selected subgroup of a population; and using deductive reasoning to generalise the findings to a larger population under study. In the first phase of this study a quantitative research design was used to statistically determine the psychosocial well-being in a purposively and conveniently selected group of young people from marginalised backgrounds, who voluntarily agreed to participate. During this phase, data was obtained by means of completed validated questionnaires. The data was captured and statistically analysed using SPSS and Mplus computer software programmes. Descriptive analyses, structural path coefficients and structural equation models were calculated.

Qualitative research: Explorative and descriptive. Maree (2007) describes qualitative research as research methodology which aspires to understand human processes, socio-cultural contexts underlying behavioural patterns and, most importantly, exploring the “why” questions in research. Additionally, qualitative research explores the nature of a phenomenon in its entirety, the manner in which such phenomena exist and other related factors to be included in the documentation of the exploration, which in turn allow the researcher to gain more knowledge about the explored phenomenon (Burns & Grove, 2005; Koen, 2012). The main characteristic of qualitative research is to see the world through the eyes of the participant so that the phenomena can be described in terms of the meaning that they have for

such participants (Maree, 2007). Descriptive research is aimed at discovering new information with the purpose of giving in-depth feedback on phenomena and their characteristics. The current study is aimed at an exploration and description of psychosocial well-being amongst marginalised young people, through qualitative analyses of information obtained in personal interviews and focus group discussions with purposively selected participants who agreed to participate in the research.

Paradigmatic perspective. According to qualitative research principles in social science, there is no research that can be conducted free of values and this view is supported by this researcher; hence, this section discusses the paradigms which guided the qualitative phase of this study. A paradigm is described as a set of beliefs or assumptions about reality, which forms the foundation of a particular worldview (Nieuwenhuis, 2009). Patton (1990) viewed a paradigm as a worldview or a way of understanding the complexities of the real world. It was on the basis of similar definitions that Lincoln and Guba (1985) cautioned that paradigms represent our thoughts about the world (which we cannot prove); thus, the actions we take as researchers cannot occur without mention of these paradigms (Walker-Williams, 2012). The paradigm employed in this study is that of an interpretative framework described by Denzin and Lincoln (2001), which addresses the fundamental assumptions about the kind of reality that govern being a human being (ontology), about the relationship between the enquirer and the known (epistemology), as well as about how we get to gain knowledge about the world (methodology).

The paradigmatic perspective of this study is entrenched within the framework of positive psychology that deals with the scientific study of “ordinary” human strengths and virtues, which together with the constructs of developmental psychology will enhance how we understand life tasks and developmental challenges of the late adolescents or youth involved in the study. Whilst early developmental psychologists perceived the stage of adolescence and early youth as one marred by emotional turmoil and turbulence (Strong, De

Vault, Satad, & Yarber, 2001), the strength-based researchers are focusing on human strengths and the impact of these on the psychosocial well-being of the youth (Peterson & Seligman, 2004). The basic tenet of the strength-based approach to well-being is the belief that youth have unique talents of strength, skill and coping that they have learned from life events (Olson, Whitebeck, & Robinson, 1999 as cited in Epstein, 1999). The strength-based school of thought emphasises the importance of asking the correct questions when working with the youth, in order to understand what enabled them towards well-being, resilience and positive development (Saleebey, 2006).

As the primary research instrument (collecting and interpreting data) in this research, it is imperative for the researcher to be conscious of the fact that her preconceived thoughts, values and assumptions may influence the research process. Thus, the researcher always needs to be aware of how these preconceptions may affect the findings (Creswell, 1994). According to Guba (1990), a paradigm is also a pattern of beliefs and feelings about the world and how it should be understood and studied; hence, the paradigm in this research study is aligned to the strength-based school of thought, grounded in positive psychology. The assumption is that human beings have an innate ability to overcome adversity through the use of their strengths and virtues. The ontological, epistemological and methodological assumptions guiding this study are discussed next.

Ontology, epistemology and methodology. The methodological assumptions that guide this study encompass the ontology, epistemology and the methodology used. According to Terre Blanche and Durrheim (2002), whilst ontology specifies the nature of the reality which the researcher is to study as well as what can be known about it, epistemology is focused on the nature of the relationship between the enquirer (researcher) and the known (reality of the participants). Methodology specifies how the researcher may study and understand the world, or gain knowledge of the world through research (Denzin & Lincoln, 2001). It is characterised by logical planning, taking scientific decisions, and the use of the

most appropriate research methods in obtaining valid findings (Mouton & Marais, 1996). This study is based on the principles of pragmatism, according to which both quantitative and qualitative research methods can be employed in a single study, thus assisting the researcher in delineating on the ideas of “what works” in diverse approaches (Tashkori & Teddlie, 2003). In this study the mixed or multi-method of research was employed wherein quantitative methods were used to study a population sample with the purpose of statistically investigating its psychosocial well-being; and in the process also identifying participants who could contribute to an in-depth understanding of the phenomenon through qualitative research methods. The findings obtained in the quantitative and qualitative phases were used to identify guidelines for the construction of an intervention aimed at promoting psychosocial well-being of marginalised and other youth populations in South Africa.

8.4 Research Methods

Research design. This study used a multi-method approach, namely both quantitative and qualitative research methods (Burns & Grove, 2005; Denzin & Lincoln, 1994). The first phase consisted of quantitative research aimed at statistically determining psychosocial well-being amongst a group of marginalised young people, and to identify participants who reported high, medium and low levels of psychosocial well-being in order to select a group which would be used for the second qualitative phase of the study. Validated self-report questionnaires, aimed at assessing aspects of psychosocial well-being, were completed by the selected group of marginalised young people. The second phase, qualitative in nature, used an explorative research design to explore and obtain an in-depth understanding of those aspects which contribute to the psychosocial well-being of young people coming from marginalised backgrounds. The information was collected through personal semi-structured interviews (personal narratives), as well as focus group discussions with selected participants who reported their psychosocial well-being or a lack thereof (Creswell, 2003). The findings of the two research phases would serve as guidelines to construct an intervention model to be used

in future to promote the psychosocial well-being of the youth.

Research methods. The setting for research, participants, data collection, data analysis, the research procedure and data handling will be discussed below.

Setting and participants. The setting for the completion of questionnaires, personal interviews, as well as the focus group discussions was the Ikageng/Itireleng Ministry to which all the research participants were members. For the purpose of the questionnaire completion and focus group discussions, a spacious hall with chairs and desks was provided to the researcher for the duration of the data collection period. Subsequently, a private office was provided for the purpose of personal interviews, as this facility was suitable for such an activity.

For the quantitative phase, participants had to meet the following criteria. They had to:

- voluntarily participate in the study;
- sign consent forms before participating; and
- be able to communicate in English.

For the qualitative phase, participants had to meet the following criteria. They had to be:

- identified by scoring in the upper range, medium range or the lower range of scores on the self-report measuring instruments completed in the first phase;
- willing to participate voluntarily in the second phase by signing a consent form to that effect; and
- willing to share their personal narratives through recorded interviews and focus group discussions about their psychosocial well-being or a lack thereof.

The purposive or convenience sampling method used was based on the voluntary participation of young people who were all members of the Ikageng/Itireleng Ministry, and were identified by the organisation through its database. Participants in the first phase included both male and female participants, between the ages of 18 and 30, either attending

high school or a tertiary institution, who were volunteers at the Ministry, or were employed or unemployed. All the participants came from marginalised backgrounds; were mostly from child-headed households and some of them were orphans who, being the eldest within the household, were taking care of the younger siblings.

The Ministry, which is a non-governmental organisation (NGO) that deals with marginalised young people such as HIV/AIDS orphans, those from single parent families and child-headed families, was approached by the researcher and the management of the Ministry subsequently gave their written consent for the researcher to proceed with the study. They also offered to assist with the provision of the database for the purpose of participant selection. The researcher informed the Ministry about the number of participants required for the research, their age, gender and education level. After the suitable participants had been identified, they attended a briefing session in which the Director of the Ministry introduced the researcher, who then introduced the study and its purpose to the group. The Director then identified four people working at the Ministry to assist the researcher with arrangements such as the organising of participants into manageable groups for the completion of questionnaires.

In the second (qualitative) phase purposive sampling was again used to select participants who were identified from the first (quantitative) phase as manifesting psychosocial well-being or a lack thereof, and who were willing to voluntarily share their life stories with the researcher.

The sample size in the first phase was 800 participants ($N = 800$) for the purpose of validity of the study. The sample size of the second phase was determined by data saturation (Burns & Grove, 2005). According to Polit and Hungler (1995), data saturation was achieved when further data became redundant and there was repetition of information from new participants.

Data collection. In the quantitative phase of the research, the data was collected through the use of validated measuring instruments completed by the participants. The

reference to “validated” measuring instruments implies that these measures have been thoroughly researched and statistically analysed in order to ensure that they measure the theoretical construct which they purport to measure and nothing else (De Vos et al., 2005). Terre Blanche and his colleagues (2006) describe this as a good “fit” that exists between the conceptual and operational definitions of the construct. The instruments used in this study have been used in research with different cultural groups within different contexts. The original norm groups and the validity of the instruments for use in those diverse groups have been mostly statistically indicated. This researcher is, however, conscious of the fact that the contexts as well as the diverse value systems that these theoretical constructs are based on, may differ in the context of the participants of this study. Therefore, South African studies in which the instruments were used were obtained and the validity and reliability of the measures in such research groups were established. The preliminary validity of these instruments for use among South African participants encouraged the researcher to use the instruments in this research group.

The following validated measuring instruments were used in the quantitative phase of the study:

- *Biographical Information*: A biographical questionnaire was compiled and used to gather the participants’ information including their age, gender, home language and parental/caregiver status.
- *The Mental Health Continuum Short-Form (MHC-SF)* of Keyes (2005) is derived from the long form (MHC-LF), measuring emotional well-being or subjective well-being; the six dimensions of Ryff’s model of psychological well-being (1989) as well the five dimensions of Keyes’ model of social well-being (1998). The (MHC-SF) was developed with the specific purpose of measuring emotional, social and psychological well-being in the upper range of the mental health continuum (Keyes, 2005, 2006).

The MHC-SF comprises 14 items and these measure emotional well-being (EWB) with items 1-3, social well-being (SWB) with items 4-8 and psychological well-being (PWB) with items 9-14. Example items include questions such as: “In the past month, how often did you feel happy, interested in life or satisfied”? and “In the past month, did you feel that your life has a sense of direction or meaning to it?”. The MHC-SF has yielded good internal consistency coefficients of more than 0.80 and high discriminant validity (Keyes, 2005, 2006; Keyes et al., 2008). The three-factor structure of the MHC-SF (EWB, SWB and PWB) has been confirmed in nationally representative samples of US adults, college students, as well as a sample of adolescents between 12 and 18 years of age (Keyes, 2009). In South Africa, the MHC-SF was used in research by Koen (2010) with professional nurses and by Keyes and colleagues (2008) in a Setswana-speaking sample, with Cronbach Alpha coefficients of 0.83 and 0.74 obtained respectively in these studies. Keyes et al. (2008) validated the MHC-SF for use in South African research.

- *The Coping Self-Efficacy Scale (CSES)* of Chesney, Nieland Chambers, Taylor, and Folkman (2006) provides a measure of an individual’s perceived ability to cope effectively with life’s adversities. The original CSE (a short form of the scale which consists of 13 items) is a 26-item scale that measures an individual’s self-evaluation of his/her confidence (perceived self-efficacy) in relation to how he/she employs coping strategies in dealing with threats. The CSES has also been used to assess changes in coping efficacy over time in longitudinal intervention research (Chesney et al., 2006). The CSES short form comprises three sub-scales: problem-focused coping (PFC); stop unpleasant emotions and thoughts (SUE); and support from friends and family (SFF). Chesney et al. (2006) provided evidence of high levels of reliability with a Cronbach alpha reliability index of 0.91 for every sub-scale. The CSES was validated for use in South African research by Van Wyk, Wissing, and Temane

(2010). South African research with the CSES-SF was also done by Koen (2010) with professional nurses and by Wissing and Temane (2008) in a mostly Setswana-speaking sample. In these studies reliability indices ranging from 0.85 to 0.87 were found.

- *The Depression, Anxiety Stress Scale (DASS-21)* was developed by Lovibond and Lovibond (1995) to measure dimensions of depression, anxiety and stress. Each of the DASS-21 subscales taps into a more general dimension of psychological stress. The DASS-21 is a short form of Lovibond and Lovibond's (1995) original 42-item self-report measure (Henry & Crawford, 2005). The subscales of the DASS-21 measure a tripartite model comprising of low positive affect (DASS-Depression), psychological hyperarousal (DASS-Anxiety) and negative affect (DASS-Stress). In completing the DASS-21, participants are required to indicate the presence of a symptom over the previous week. Each item is scored from 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time). The sample items include: "I felt I was rather touchy" and "I felt down-hearted and blue". The DASS-21 has been shown to have adequate construct validity as well as high reliabilities (Henry & Crawford, 2005). In a study conducted by Henry and Crawford (2005), the internal consistencies of the DASS-21 Anxiety, Stress and Depression subscales and the total scale showed Cronbach alpha coefficients between 0.88 and 0.91 for the subscales, and 0.93 for the total scale. No South African studies using the DASS-21 could be found.

In the second (qualitative) phase, data was collected from a group of participants who manifested to be psychosocially well, and those who manifested medium to low well-being. Life stories in the form of participants' responses in semi-structured individual interviews about aspects which contributed to their psychosocial well-being as well as factors that hindered their well-being were obtained and recorded on audio-tape. In addition, semi-structured interview questions were used to guide the focus group discussions which were

conducted with the participants about further topics pertaining to their psychosocial well-being. This would allow the researcher to further do an in-depth exploration of information and topics that emerged in the individual interviews (Freitas et al., 1998). The following questions which were constructed and discussed with the promoter of this study for the purpose of relevance and clarity were used in the interviews:

1. How would you describe your psychosocial well-being?
2. What aspects contribute to and maintain your psychosocial well-being?
3. How do you know that you are psychosocially well?
4. What would you say is hindering your psychosocial well-being?

As stated in Okun (1992), the researcher applied the following interviewing techniques: paraphrasing where the words of the respondent were repeated back to him/her in other ways without any addition of new information; reflecting was used to confirm with the participant if his/her words were heard and understood; summarising was the synthesis of the interview content as well as the isolation of important themes; clarifying was used to obtain a better understanding and detailed information from the participant, whilst attentive listening, accompanied by minimal verbal and non-verbal responses from the researcher, ensured that there was little distraction to the flow of the interview process. Furthermore, a research journal was kept by the researcher to document all observations and other aspects of awareness which presented during the research process. The following were considered:

- **Field Notes.** During this process of data collection, the researcher would take detailed field notes after every personal interview pertaining to the verbal and non-verbal behaviour of each participant as well as her own responses, since Maree (2007) argued that such a written record is important for the data analysis that would follow.
- **Observational Notes.** According to Koen (2012), observational notes refer to an account of what happened during the interviews, including the what, how, when, and

where of the circumstances.

- Theoretical Notes. These notes refer to the researcher's interpretation of observations during the interviews and focus group discussions. In addition, the notes reflect meaning and conceptualisation by linking the previous and present responses in relation to the observational notes (Schatzman & Strauss, 1973).
- Methodological Notes. These notes are related to the researcher's consciousness with regard to the appropriateness of the research methodology wherein the researcher reflects on the process of interviewing methods; thus, ensuring that it is consistent with the selected method (Schatzman & Strauss, 1973).

After all the interviews had been completed, the researcher diligently transcribed all the audiotape responses for each participant, including the nuances, and any non-verbal cues. These recording and transcription procedures are identified as an essential part of the process of qualitative data collection (Creswell, 1998). In addition, the researcher's feelings, thoughts and experiences with regard to the phenomena under study were also noted and included in the field notes; thus, ensuring that these personal aspects would not have a negative influence on the research.

Ethical principles in this study. Various international ethical principles, such as those stated in the Helsinki declaration, were used by the researcher in order to ensure that the research was conducted in an ethical manner (Burns & Grove, 2005). The researcher sought and obtained written permission from the Director of the Ministry, and the participants also gave their written, voluntary consent to participate in the research. Permission was obtained from the Ethical Committee of the North-West University (NWU-00021-12-A9). The researcher referred all participants who experienced emotional discomfort emanating from the research process to a qualified resident social worker at the Ministry for individual counselling sessions. The main ethical principles of confidentiality, respect for the dignity of persons, non-maleficence and participant anonymity (Terre Blanche, Durrheim, & Painter,

2006) were always protected throughout the research process. The nature of the study, their participation and all ethical principles involved in conducting the research, were clearly communicated to the participants at the beginning of the study. The participants were, at all stages of the research, required to give voluntary written assent for participating in the study. All participants were further informed at the outset of the study that their participation was voluntary and that they could leave the setting if they felt the need to. The participants were also informed that all the information they provided was to be treated in the highest level of confidentiality and would be used for research purposes only.

Trustworthiness. The term trustworthiness in qualitative research is similar to the terms validity and reliability in quantitative research (Lincoln & Guba, 1995). To ensure the trustworthiness of this study, the following criteria were followed:

Reflexivity was employed to ensure that the researcher maintained critical and circular thought processes throughout the data gathering process, thereby controlling for and limiting the possibility of over-involvement, which was a real possibility due to the upsetting nature of some shared narratives.

Additionally, a clear description of the research process and participants' context was provided, thus enhancing the *dependability* of the data. In order to heighten the *transferability* of the findings (Terre Blanche & Durrheim, 1999), the results were presented in a form of rich data description and were grounded in literature, with similarities, differences and unique findings clearly identified (Burns & Grove, 2005). Once the themes had been identified, the researcher verified these with willing participants to ensure *credibility*; this process is known as *member-checking* (Creswell, 2008).

To obtain greater trustworthiness in the coding process, *an independent co-coder* was asked to verify the coding process (Polit & Hungler, 1987). The researcher provided the *independent co-coder* with the research objectives, and raw data collected during the

qualitative phase. The co-coder then independently conducted her own coding, and jointly, the codes and categories were compared and verified. Whilst this process is known as *inter-coder reliability* and is aimed at further enhancing the consistency of the results, *intra-coder reliability* was achieved by the researcher re-reading the data, identifying and confirming codes and categories, in order to capture finer nuances of meaning not identified in the original coding system; thus, ensuring thorough analysis, a process also known as elaboration (Terre Blanche & Durrheim, 1999). This process was conducted up to a point where there was a clear consistency amongst the codes and categories identified in the data. To *control for researcher bias* the above guidelines were strictly adhered to by the researcher and discussed with the promoter throughout.

Research procedure. Briefing sessions were held with each group whereby the individuals who were selected from the database of the Ministry and had volunteered to participate, were informed of the objectives of the research, what their role would be, the nature of their participation, as well as getting informed voluntary and written assent from them. The researcher then informed each group of the date of the session and further confirmed group appointments with the relevant assistant a day before the scheduled date for data collection. This was done in both phases of the research. The questionnaires, to be completed by the participants, were bound in a booklet form and were administered by the researcher, who is a qualified clinical psychologist. Research assistants provided by the Ministry and who were trained by the researcher, assisted with the process. For the second phase of the research, participants who were identified in the first phase as manifesting high, medium or low levels of psychosocial well-being and who agreed to further participate in the qualitative investigation of their psychosocial well-being were involved in interviews and discussions. The primary instrument for data collection and analysis throughout this study was the researcher, although a co-coder was used for the qualitative data analysis (Brink, 2002; Maree, 2007).

Data analyses. The data in the first phase of the research was electronically captured by the researcher and statistically analysed using SPSS 17.0 (SPSS, 2008) and the MPlus Version 7.11 computer programmes, through which descriptive statistics as well as reliability and validity indices were determined and factor analyses performed. Structural equation modeling was done by means of Mplus (Muthén & Muthén, 2012). The statistical analyses were conducted with the help of a statistical consultant and the promoters at the North-West University.

Data in the second phase of the study involved qualitative thematic content analysis. The researcher first transcribed all interviews and discussions and then an experienced co-coder was provided with a work protocol. The researcher and the co-coder then coded the work independently (Brink, 2002). As indicated in Polit and Hungler (1987), the researcher and the co-coder then went through the identified themes and reached a consensus on thematic categories in order to ensure trustworthiness; that is similar to the validity and reliability of quantitative data analysis (Lincoln & Guba, 1985; Maree, 2007). Once the themes had been identified, the researcher verified these with willing participants to ensure *credibility*, and this process is known as *member-checking* (Creswell, 2008).

In the qualitative phase, literature control was conducted; research findings were discussed as pertaining to the South African context; and compared to previous studies conducted on the prevalence of psychosocial well-being of the youth (Theron & Theron, 2010). The literature was used as a means of data validation, by identifying the findings which are unique to this study, those findings in the literature that were not evident in this study as well as findings which were common in this study and in previous research (Burns & Grove, 2005).

Data handling. As prescribed by the North-West University, the data will be stored for the recommended period of time. The questionnaires, audio-recordings, and transcriptions

will be safely stored by the researcher, and after the prescribed time has expired, these will be destroyed in an appropriate manner.

8.5 Rigour

Guba and Lincoln (2005) identified the following considerations that guide and help in evaluating the research process:

- Is the research well-defined, thus ensuring theoretical validity?
- Are the findings trustworthy and credible regarding the population context, data collection and the analysis thereof?
- Are the findings transferable to other settings and research groups?
- Is there consistency in the research findings?
- Is there neutrality in the research findings?
- Do the research findings have operational value?
- Is there logic in the research arguments?
- Are the research decisions and findings justifiable?

The researcher was guided by these considerations throughout the research process and will in the final chapter of the thesis evaluate the completed study according to these criteria.

9. Possible Contributions of the Study

This study could make the following contributions to the field of positive psychology and other fields in psychology as a broad discipline:

- 1) The study could make a contribution to empirical knowledge on psychological, emotional and social well-being, coping, self-efficacy and symptoms of mental distress amongst the youth, not only of African origin, but including all the marginalised young people within the South African context.
- 2) The results of this study could help future researchers come up with interventions

aimed at enhancing psychosocial well-being of youth in various cultures.

- 3) The findings of this study could serve as a foundation for future research, especially in the understanding of psychosocial well-being in a South African context. This will allow for more effective and relevant interventions aimed towards the enhancement of psychosocial well-being within the South African context.
- 4) The promotion of well-being is viewed as imperative by developing and emerging countries such as South Africa. Therefore, this should be in the forefront of socio-economic planning where the policy makers should take an interest in the youth's levels of well-being towards guiding policy decisions (Diener, Kesebir, & Lucas, 2008; Farid & Lazarus, 2008). This study could contribute to social change and policy formation in this regard.
- 5) The information obtained through this study, could not only contribute to the field of clinical psychology, but also to the broader field of positive psychology and developmental psychology.
- 6) Finally, this study could contribute to the development of evidence-based intervention programmes aimed at promoting levels of psychosocial well-being in young people.

10. Outline of the Manuscript

The research report is presented in article format, as described by the General Regulation A 14.4.2 of the North-West University and it includes the following:

- **Section 1:** Overview of the study
- **Section 2:** Statistical investigation of the psychosocial well-being amongst marginalised African youth. This part will focus on quantitative research aimed at determining the significance of data obtained from questionnaires about psychosocial well-being in a group of marginalised South African youth.
- **Section 3:** A qualitative exploration of the psychosocial well-being of South African

youth and which aims at an in-depth contextual understanding of psychosocial well-being of marginalised young people of African descent.

- **Section 4:** Guidelines for an intervention to enhance psychosocial well-being of African youth.
- **Section 5:** The conclusions and limitations of the study, and recommendations for future research.

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CHAPTER TWO

MANUSCRIPTS

MANUSCRIPT ONE

INVESTIGATION OF THE PSYCHOSOCIAL WELL-BEING OF A GROUP OF MARGINALISED AFRICAN YOUTH

“Well-being cannot exist just in your head. Well-being is a combination of feeling good as well as actually having meaning, good relationships and accomplishment.”

- Martin Seligman (2014).

Abstract

The aim of this study was to investigate the prevalence of psychosocial well-being amongst a group of youth from marginalised backgrounds. A group of young South African participants ($N=794$) aged between 18 and 30 years voluntarily completed a biographical questionnaire and validated self-report questionnaires measuring mental health and well-being (MHC), coping self-efficacy (CSES) as well as symptoms of depression, anxiety and stress (DASS) in a cross-sectional survey research design. Means and standard deviations were similar to those found in literature. Reliability indices of the scales used varied from acceptable to good. Correlational results showed significant positive relationships that were theoretically expected between the scales and subscales of the CSES and the MHC, and negative correlations of these scales with DASS. The identified measurement model proved to have a good statistical fit and served as the base model for further structural equation modelling. The regression coefficients of the structural model indicated that coping self-efficacy (CSES) significantly positively predicted health and well-being (MHC) and negatively predicted depression, anxiety and stress (DASS) symptoms. Mental health and well-being also proved to be antecedents of low or absent symptoms of depression, anxiety and stress.

Key words: Marginalised youth, positive psychology, psychosocial well-being, coping self-efficacy, mental distress

According to Shah, Gaidadge, and Valencia (2005), the issue of well-being amongst the youth has been the focus of many research studies in the past two decades. This has resulted in continuing intellectual debate on the best possible way to promote youth well-being. The current study emanates from these considerations, as more research into this area is deemed pertinent towards the promotion of well-being, especially amongst the youth from marginalised or traumatised backgrounds. In their study of positive youth development, Lerner, Brentano, Dowling, and Anderson (2002) argue that every young person has the potential to be successful in his/her life and that all young people have, within themselves, the capacity for positive development.

Shah et al. (2005) advocated that the social context and interactions within which young people exist are at the core of their psychosocial well-being. The ecological model of these authors illustrates the important role played by the young people's circle of ecology, family, community and other contexts surrounding the young person. In her study of positive mental health, Jahoda (1958) argued for the need to understand psychosocial well-being in its salutary context, rather than part of a disorder. In their criticism of this theory, Peterson and Seligman (2004) denounced Jahoda's work as having an inclination towards Western bias in that it perceived the human being as a self-reliant rather than an interdependent entity. This view of a person as a self-sufficient being was seen as excluding what these authors viewed as pertinent in the well-being of people, namely the social context within which people need to function towards optimal well-being (Peterson & Seligman, 2004). Jahoda's work did, however, together with other classical humanistic authors, set precedence for the rise of contemporary positive psychology; the theoretical and research framework in which this study is embedded.

Psychosocial Well-being

Psychosocial well-being, broadly speaking, is a multidimensional concept that refers to aspects of well-being related to one's intrinsic psychological state in relation to one's relationships and interactions with other people and social institutions (Le Blanc, Talbot, & Craig, 2005). According to Keyes (1998, 2002), psychosocial well-being refers to a global combination of psychological, emotional and social well-being in which emotional well-being comprises three components, namely happiness or subjective well-being, life satisfaction, and negative and positive affect. The psychological dimension is represented by the features of well-being conceptualised by Ryff (1989), and social well-being by the five aspects of optimal social competence identified by Keyes (2004, 2007). In practical terms, the emotional aspect of this conceptualisation implies feeling well, while the psychological and social components imply functioning well (Keyes & Annas, 2009). In the context of this study, psychosocial well-being was conceptualised by the emotional, psychological and social well-being dimensions of Keyes (2002) described above; the absence of symptoms of depression, anxiety and stress (Lovibond & Lovibond, 1995), and the presence of coping self-efficacy (Chesney, Nieland, Chambers, Taylor, & Folkman, 2006).

Psychosocial Well-being Amongst Marginalised Youth

Psychosocial well-being in its entirety forms the core of this study. This is in line with the Keyes and Lopez (2002) theory of complete mental health, which views mental health or flourishing as not only the absence of mental illness, but as high levels of functioning in the psychological, emotional and social dimensions of human behaviour. Of particular interest to this research is the degree to which marginalised young people experience psychosocial well-being.

The term psychosocial well-being was originally used to address developmental changes which young people go through as they are growing up, i.e. psychological, emotional

and social developmental changes (Duncan & Arnston, 2005). However, this traditional description was deemed to be limiting and the importance of an all-inclusive definition which would incorporate all the dimensions of human functioning that contribute to global well-being, was highlighted. Such dimensions include, for example, feelings of belonging, secure relationships, and freedom to express love, anxiety, hopes and desires without fear of abandonment, discrimination or isolation (Shah et al., 2005). Of particular importance for research is to take into consideration the interconnected nature of the relationship of a person to his/her family and community, especially when working with participants of African descent (Sommers, 2001, 2003, 2007). As noted by Shah et al. (2005), this relationship has a major impact on the psychosocial development of young people, and the design of new frameworks and research efforts should take this into account.

The psychosocial model of child well-being in Africa (Armstrong, Boyden, Galapatti, & Hart, 2004) illustrates the reciprocal relationship between a developing young person and the context of family and community. In the interest of general psychosocial well-being, the model further stresses that the broader ecological context, including the socio-emotional, mental, spiritual, physiological and economic components of individual well-being, should be adequately and fluidly developed in the young person's interaction with his/her family. For example, in her work on traumatic stress intervention, Eagle (2004) found a positive interface between cultural well-being and the African worldview which is entrenched in the community psychology approach. Myers (1988) is of the opinion that the concept of worldview is systemic and functions as a guide to people's assumptions and life principles on which their beliefs and actions are based. The role of communities and society in the development of youth is reminiscent of the African proverb: "It takes a village to raise a child" which, when loosely translated, means that the broader contextual environments such as communities and societies within which young people are growing up, are major contributors to the psychosocial well-being of such individuals (see Taylor, 2011). The work

of Koen (2012) and Khumalo (2011) had recently provided much evidence of the socio-demographic variables that influence the well-being and mental health of South African families and youth of African descent.

Coping and Self-efficacy as Components of Psychosocial Well-being of Youth

The World Health Organisation (2004) conceptualised psychosocial well-being (mental health) as “a state of well-being in which the individual realizes his or her abilities, are able to cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community” (p. 12). For the purpose of this study, the constructs of coping and self-efficacy will be described next, since coping self-efficacy is a main construct of this study.

Lazarus and Folkman’s (1984) classic definition of coping as “constantly changing cognitive behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p. 14), is still relevant today, although more recently Folkman (2011) also referred to coping as ways to mitigate the harmful effects of stress and as processes that contribute to the maintenance of well-being during stressful situations. In line with this well-being related view of Folkman, *constructive* coping is seen as an ability to manage situations that a person perceives as potentially stressful or harmful (Lazarus & Folkman, 1984; Scott, 2009).

Whilst maladaptive coping implies an inability or failure to manage uncontrollable stressors with either problem-focused or emotion-focused coping strategies (Strentz & Auerbach, 1988; Vitaliano, DeWolfe, Maiuro, Russo, & Katon, 1990), adaptive coping refers to situations in which there is a fit between the ability to control the stressful situation and an appropriate choice of a coping strategy (i.e. emotion-focused or problem-focused). When people obtain a ‘fit’ between stressful events and their coping strategies, they experience fewer psychological symptoms and higher levels of well-being than when there is a lack of fit

(Park, Folkman, & Bostrom, 2001). In an interesting review of coping literature by Skinner, Edge, Altman, and Sherwood (2003), they identified a myriad of coping strategies that are currently being assessed and concluded that the five basic types of coping strategies are: problem solving, support seeking, avoidance, distraction and positive cognitive restructuring.

According to research on positive coping which only recently received attention as a coping resource (Baumgardner & Crothers, 2010), it is the small daily frustrations and the accumulation thereof that lead to negative moods, which would then affect one's overall well-being (Snyder, 1999). It is the cumulative effects of such events that normally happen more frequently and in a relatively short period of time that may have a larger impact than the major life challenges (Aldwin, 2011). Hence Lazarus and Folkman's (1984) suggestion about the importance for stress management and positive coping to form part of a person's daily routine; thus, building one's resilience and well-being. An example lies in Fredrickson's (1998, 2000) view that positive emotions are facilitators of adaptive coping and adjustment to stressful situations. Another example is that of the process known as positive appraisal, a coping mechanism referred to as a cognitive process in which people focus on the positive aspects of their life circumstances (Folkman & Moskowitz, 2000).

Hobfoll (2011) emphasises that coping does not occur in a vacuum. The social context of family, friends and community not only influences our appraisals of situations, but also our choice of coping strategies (Aldwin, 2011). The implication here is that the development of constructive coping strategies during childhood and adolescence determines how the individual would cope with adversities throughout his/her youth and adult years (Moodley, 2008). A variety of other factors such as age, intellect, gender and parental/social support was found to influence coping styles amongst young people (Frydenberg & Lewis, 1991), while culture, race and nationality also emerged as prominent factors influencing coping processes (Chapman & Mullis, 2000; Frydenberg, Lewis, Kennedy, Ardila, Frindte, & Hannon, 2003; Seiffge-Krenke & Shulman, 1990). Within the South African context, interpersonal

relationships were perceived as playing a major role in the coping abilities of the youth (Moodley, 2008; Shah et al., 2005). Hence the assertion from Printz, Shermis, and Webb (1999) that support from family and friends serves an important function as a coping resource during adolescence. Compass (1998) argued that any change in the social relationships with parents, siblings and peers during adolescence would have an impact on the extent to which those relationships will serve as sources for emotional support, even into adulthood. In line with these considerations, the coping self-efficacy scale used in this study has a subscale for support from family and friends (Chesney et al., 2006).

In relation to self-efficacy, coping involves emotion-focused (Stanton, Danoff-Burg, Cameron, Bishop, & Collins, 2000) and problem-focused (Billings, Folkman, Acree, & Moskowitz, 2000) coping; where emotion-focused coping refers to strategies to manage emotional responses to stressful events, and problem-focused coping strategies are focused on changing problematic aspects of stressful events (Franks & Roesch, 2006; Roesch & Weiner, 2001). The choice of a coping strategy is influenced by the appraisal of coping options, referred to in the stress and coping theory as 'secondary appraisal' (Lazarus & Folkman, 1984). Secondary appraisal is related to the question, 'What can I do?' which, according to Park and Folkman (1997), is a key aspect in the judgment of the extent to which the individual can control the outcome of the stressful situation. Self-efficacy contributes to this judgment, which in turn influences coping. Bandura (1997) describes the term perceived self-efficacy as a person's belief about his/her ability to execute a specific behaviour and is regarded as an imperative component of the social cognitive theory. According to this theory, beliefs about personal efficacy have a high correlation with the acquisition of knowledge on which skills are founded. Hence one's beliefs about one's ability to cope with stressful circumstances would influence coping outcomes (Chesney et al., 2006). According to Maddux (2002), self-efficacy research and theory should be directed towards the understanding of positive aspects of psychological functioning, such as adaptive coping and

the promotion of human potential.

In his study of general self-efficacy within an African context, Redelinghuys (2010) found that “self-efficacy was a moderator in the relationship between stress and positive mental health as represented by psychological, emotional and social well-being along the mental health continuum” (p. 26). According to this research, anxiety had a negative effect on emotional well-being, and any anxiety-arousing situation was perceived as less threatening when the individual was equipped with and convinced that he/she had the psychosocial skills to cope with the situation (also see Yeung, 2009). Self-efficacy acts as a buffer against social dysfunction by creating a sense of control, which in turn may enhance the individual’s participation in his/her society (Bandura, 1997). Social participation is perceived as of special significance in collectivistic cultures, wherein social engagement is encouraged and highly valued (Mbiti, 1990; Wissing, Wissing, & Temane, 2004). Within the realm of social well-being which, according to Keyes (1998), is a crucial aspect of positive mental health, self-efficacy was found to have a moderating effect on relationships between all indices of psychological distress and psychological well-being, as well as on the indices of stress experience that manifested as somatic, depressive, and anxiety symptoms, insomnia and social dysfunction (Redelinghuys, 2010). Self-efficacy seems to be one of the reasons why certain people are able to cope with difficulties and are capable of thriving. Therefore, since the individual who experiences stress and engages in coping behaviour does so within a complex social context, youth-focused researchers are encouraged to obtain a clear understanding of the role context and culture play in coping abilities and self-efficacy beliefs amongst South African youth (Folkman & Moskowitz, 2000; Lazarus & Folkman, 1984; Mbiti, 1990; Redelinghuys, 2010; Sokoya, Mathukrishna, & Collings, 2005).

From the above discussion of psychosocial well-being and with particular reference to the youth, the following research question emerged: Could a model of psychosocial well-being be statistically identified from the data obtained via validated measuring instruments with the

youth participating in this study; and what would the relationships be between the three constructs used to conceptualise well-being, namely mental health or well-being, coping self-efficacy and the absence of symptoms of depression, anxiety and stress?

Research Aims and Hypotheses

The general aim of this research was to investigate aspects of the psychosocial well-being of African youth from marginalised backgrounds, by means of the use of validated questionnaires on mental health, coping self-efficacy and symptoms of mental distress.

The specific aims of this study were to:

- determine the descriptive statistical features of this research group and the statistical reliabilities of the measuring instruments;
- calculate the correlational relationships between the scales and subscales of the MHC, CSES and the DASS used in this study;
- identify a measurement model from the data obtained with the MHC, CSES and the DASS by means of confirmatory factor analysis; and
- identify a structural equation model from the factors identified in the measurement model to determine predictive values/relationships among the scales and subscales used to operationalise the constructs.

From the aims of this research as stated above, two main hypotheses to guide the analyses of data found are:

Hypothesis 1: A significant correlational relationship exists between well-being constructs MHC, CSES and the DASS, as a measure of symptoms of distress in this group of marginalised youth;

Hypothesis 2: A significant predictive relationship exists between the well-being constructs MHC, CSES and the DASS, as a measure of symptoms of distress in this group of marginalised youth.

Research Methodology

Research Design

A cross-sectional survey research design was used in this quantitative research approach (Creswell, 2008; Maree, 2007) to investigate the psychosocial well-being amongst a group of African youth from marginalised backgrounds. The data was collected through the use of validated self-report questionnaires, which participants completed under the observation of the researcher. According to Terre Blanche and Durrheim (2002), quantitative research collects data in the form of numbers and uses statistical types of data analyses. Furthermore, these authors state that the quantitative method begins with a series of predetermined categories usually embodied in validated measures, using the data to make broad and generalisable comparisons.

Participants.

A study population of 794 participants, from a total population of 1715 subjects who were all registered on the database of the Ikageng/Itireleng AIDS ministry, participated. Written permission had been obtained from the Directorate of the ministry for this research project.

Selection of a convenience sample from this population was done with the help of the Director of the ministry and the social worker who advised that, due to practical circumstances, a random selection method could prove difficult. The sample population comprised both male ($n=428$) and female participants ($n=366$) in the age range of 18-30 years and who, at the time of data collection, were either at school or attending a tertiary institution. Others were unemployed, but volunteered to work at the Ministry as care workers and/or house mothers. The social worker and four designated managers at the facilities of the Ministry arranged for participants to assemble at pre-arranged times to meet with the researcher.

The biographical characteristics of participants are shown in Table 1. The participants were representative of fourteen language or cultural groups and lived in diverse family settings.

Table 1

Biographical Characteristics of the Participants (N = 794)

Groups	N	%
Age distribution:		
16 to 21 years	530	66.8
22 to 25 years	212	26.7
Over 25 years	52	6.5
Gender distribution:		
Male	428	53.9
Female	366	46.1
Culture/Language distribution:		
Zulu	315	39.8
SeSotho	145	18.3
Tsonga	35	4.4
Xhosa	66	8.3
Shona	13	1.6
Ndebele	7	0.9
Tswana	100	12.6
North Sotho	2	0.25
Tshivenda	38	4.8
SiSwati	9	1.1
SePedi	51	6.4
English	9	1.1
Afrikaans	1	0.13
Muslim	1	0.13
They live with:		
Two parents	254	32.0
Mother	315	39.7
Father	46	5.8
Grandparents	35	4.4
Other family	53	6.8
Siblings	60	7.6
Guardian	31	3.9

The data was collected from participants who completed validated self-report questionnaires. According to Compton (2005), although self-report measures are mostly general and ask people to make global assessments of their lives, they still provide an acceptable starting point for research. Permission to use the MHC, CSES and the DASS-21

was obtained from the authors of the scales.

Data Collection

Measuring instruments. The following measuring instruments were used:

Biographical information. A biographical questionnaire was compiled and used to gather information about participants' age, gender, home language and family status.

The *Mental Health Continuum Short-Form* (MHC-SF) of Keyes (2005) is derived from the long form of the Mental Health Continuum which was developed with the specific purpose of measuring emotional, social and psychological well-being in the upper range of the mental health continuum (Keyes, 2005, 2006). The MHC-SF comprises 14 items that measure emotional well-being (EWB) with items 1-3, social well-being (SWB) with items 4-8, and psychological well-being (PWB) with items 9-14. Example items include questions such as: "In the past month, how often did you feel happy, interested in life or satisfied?" and "In the past month, did you feel that your life had a sense of direction or meaning to it?" Responses were indicated on a 0=never to 5=every day response scale. The MHC-SF has yielded good internal consistency of more than 0.80 and high discriminant validity (Keyes, 2005, 2006; Keyes et al., 2008). The three-factor structure of the MHC-SF (EWB, SWB and PWB) has been confirmed in nationally representative samples of US adults, college students, and a sample of adolescents between 12 and 18 years of age (Keyes, 2009). In South Africa, the MHC-SF has been used in research by Koen (2010) with professional nurses and by Keyes et al. (2008) in a Setswana-speaking sample. Cronbach alpha coefficients of 0.83 and 0.74 were obtained in these studies respectively. The scale was validated for use in South African research groups by Keyes et al. (2008).

The *Coping Self-Efficacy Scale* (CSES) of Chesney, Nieland, Chambers, Taylor and Folkman (2006) provides a measure of an individual's perceived ability to cope effectively with life's adversities. The original CSES is a 26-item scale that measures an individual's

self-evaluation of his/her confidence (perceived self-efficacy) in relation to how he/she employs coping strategies in dealing with threats. The CSES has also been used to assess changes in coping efficacy over time in longitudinal intervention research (Chesney et al., 2006). The CSES comprises three subscales, namely problem-focused coping (PFC); stop unpleasant emotions and thoughts (SUE); and support from friends and family (SFF) and responses are given on a 0-10 response scale. Chesney et al. (2006) provide evidence of high levels of reliability with a Cronbach alpha reliability index of 0.91 for every subscale. South African research that utilised the CSES-SF obtained reliability indices ranging from .85 to .87 in studies by Koen (2010) and Van Wyk, Wissing, and Temane (2010); validating the scale for use in South African groups.

The *Depression, Anxiety Stress Scale* (DASS-21) was developed by Lovibond and Lovibond (1995) to measure dimensions of depression, anxiety and stress. Each of the DASS-21 subscales tap into a more general dimension of psychological stress. The DASS-21 is a short form of Lovibond and Lovibond's (1995) original 42-item self-report measure (Henry & Crawford, 2005). The subscales of the DASS-21 measure a tripartite model comprising low positive affect (DASS-Depression), psychological hyperarousal (DASS-Anxiety), and negative affect (DASS-Stress). In completing the DASS-21, participants are required to indicate the presence of a symptom during the previous week. Each item is scored on a Likert scale ranging from 0 (*did not apply to me at all*) to 3 (*applied to me very much, or most of the time*). The sample items include: "I felt I was rather touchy" and "I felt down-hearted and blue". The DASS-21 has been shown to have adequate construct validity as well as high reliabilities (Henry & Crawford, 2005). In a study conducted by Henry and Crawford (2005), the internal consistencies of the DASS-21 anxiety, stress and depression subscales and the total scale showed Cronbach alpha coefficients between .88 and .91 for the subscales, and .93 for the total scale. No South African studies using the DASS-21 could be found.

Research Procedure

During the first phase of the research process, informed written permission was obtained from all the role players and participants. The researcher contacted the Director of Ikageng/Itireleng Ministry to introduce herself, to explain the objectives of the research, and to obtain approval for the youth who were members of the NGO to participate in the study. Written permission to undertake the study was granted after a formal letter of request had been submitted to the Director. The researcher then met with the appointed employees who were identified by the ministry to assist with selection of participants from the database, and to discuss other practical arrangements of the research process. Since the questionnaires were in English, a pilot study with 20 to 30 participants sourced by the researcher completed the test battery and gave feedback on language clarity and comprehensibility of the questionnaires; time needed to complete the questionnaires; and other difficulties that might arise in the administration of the measuring instruments. From the feedback of the pilot study, it seemed that the questionnaires in English did not pose a serious concern.

The group of prospective participants was identified, their written consent was obtained, and they were then divided into smaller groups for the purpose of completing the validated questionnaires. Briefing sessions were held with each group during which the individuals were informed of the objectives of the research, what their role would be, the nature of their participation, as well as their right to withdraw without penalty. The researcher informed each group of the date of their session and further confirmed group appointments with the relevant assistant a day before the scheduled data collection session. The researcher who is a registered clinical psychologist trained the research assistants and offered debriefing to participants after every session. Counseling was available to anyone who experienced emotional discomfort after completing the questionnaires. The social worker of the ministry was available for this service.

Data Analysis

The researcher captured data from the completed questionnaires on an electronic spreadsheet. Thereafter, with the help of the software programmes SPSS 17.0 (SPSS, 2008) and Mplus version 7.11 (Muthén & Muthén, 2012), descriptive statistics, reliability and validity indices were determined, and correlations were calculated. Following this, a measurement model was specified and tested against various fit indices. To facilitate a comparative analysis, two competing models were specified and similarly tested. The best fitting model was re-specified as a structural model and again compared with the competing models. In all calculations, a cut-off level for statistical significance was set at $p < .05$. A statistical consultant at the North-West University assisted with the statistical analyses.

Ethical Considerations

The nature of the study, their participation and all ethical principles involved in conducting the research were clearly communicated to the participants at the beginning of the study. To ensure that the study was conducted in an ethical manner, international ethical principles such as those stated in the Helsinki declaration (Burns & Grove, 2005) were used. These principles ensured that the rights of participants were protected at all times, namely respect for the dignity of persons, non-maleficence, confidentiality and anonymity (Terre Blanche & Durrheim, 2006). The participants were required to give voluntary written consent for participating in the study and were informed that they could leave the setting at any time if they felt the need to. The participants were informed that all the information they provided was to be treated with utmost confidentiality and they were assured that the information was to be used strictly for research purposes. In the interest of confidentiality, participants' identifying information such as their names and surnames was removed and only numerical identifiers were used during data entry. They completed the questionnaires (bound in a booklet) administered by the researcher with the help of assistants and were encouraged to

ask for clarity where needed. In addition to the guidelines stated above, this research was conducted under the supervision of two qualified promoters and was approved by the Ethics Committee of the North-West University (NWU-00021-12-A9).

Results

The results of this study will be presented below, including descriptive results, correlational findings, and the competing measurement and structural models.

In Table 2 the descriptive results and reliability indices for this group of marginalised African youth are displayed.

Table 2

Descriptive Statistics and Reliability Indices (N=794)

	Median	Mean	SD	ρ
MHC:EWB	11	10.1	3.1	.66
MHC:PWB	13	12.5	5.6	.68
MHC:SWB	24	23.3	5.4	.74
MHC Total	47	45.8	11.3	.87
CSES: PF	82	81.7	17.1	.76
CSES: SUE-T	60	59.0	14.9	.71
CSES: SFF	32	31.6	10.3	.61
CSES Total	173	172.3	35.9	.88
DASS: Dep	8	8.2	4.6	.66
DASS: Anx	9	9.1	4.4	.72
DASS: Stress	8	8.1	4.5	.64
DASS Total	25	25.4	12.4	.86

Note: MHC=Mental Health Continuum; EWB = emotional well-being; PWB = psychological well-being; SWB = social well-being; CSES = Coping Self-efficacy Scale; PF = problem focused; SUE-T = stop unpleasant emotions and thoughts; SFF = support from family and friends; DASS = Depression, Anxiety and Stress Scale.

The means and standard deviations shown in Table 2 correspond with those found in relevant literature, especially that of Brink (2010) for the MHC in a group of South African youth, Van Wyk, Wissing, and Temane (2010) for the CSES in a South African validation study, and Henry and Crawford (2005) for the DASS in a research group for validation of the DASS-21. For the purpose of qualitative research on the psychosocial well-being of this group of marginalised youth, the participants with high, moderate and low scores were identified from the descriptive results. Figure 1 below shows the prevalence of the high scorers (scores above mean +2 sigma), those with moderate scores (scores between median +2.5 score points and median -2.5 score points), and the lowest range of scorers (scores below mean -2 sigma) on the scales used.

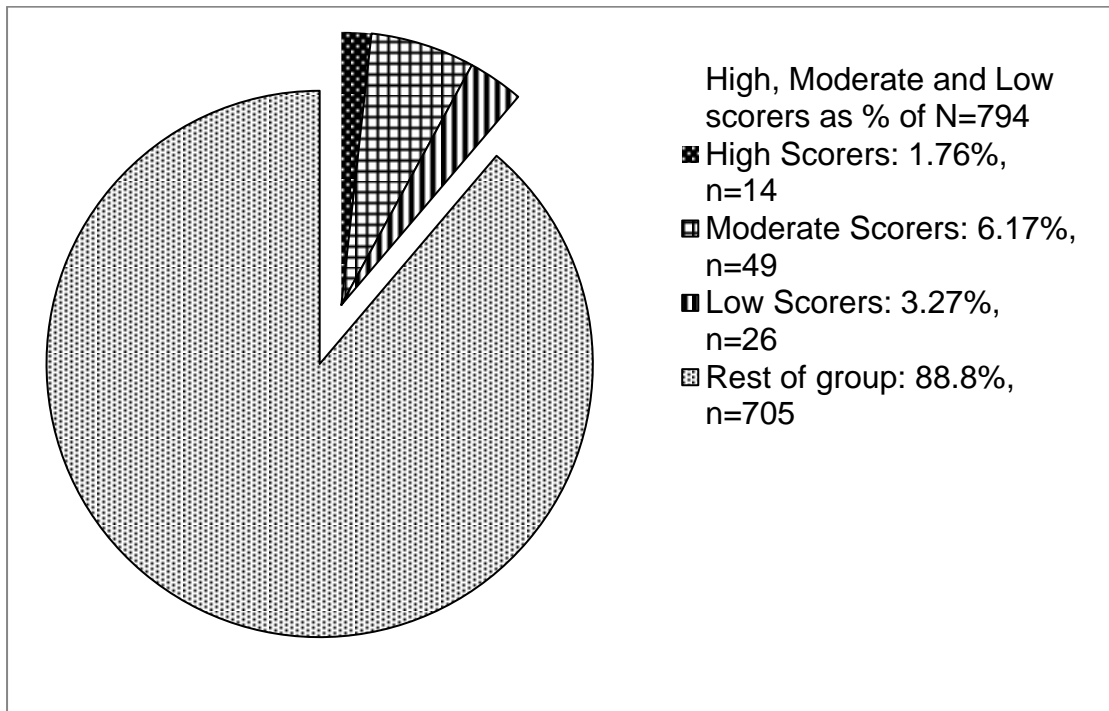


Figure 1: Prevalence of high, moderate and low scorers ($N=794$)

As far as the reliability indices for the scales are concerned, those shown in Table 2 were calculated according to the approach of Raykov (2004) and Wang and Wang (2012), which is considered to be more suitable when using structural equation modelling. The calculation was done by using the unstandardised factor loadings (χ) and unstandardised variance of errors (β), while including the correlation of errors (Erasmus, Van Eeden, & Rothmann, 2013). The scale reliability indices calculated by means of the described method are expressed as a ρ -value and range from $\rho = 0.61$ to $\rho = 0.87$ for the scales and subscales in this research. According to the classic criteria of Nunnally and Bernstein (1994), such reliability scores could be considered as fair to good and indicate that reliable scores were obtained on the scales and subscales with this current research group of participants.

Table 3 shows the Pearson product correlations among the scales and subscales used in this research.

Table 3

Correlations for Scales and Subscales (N=794)

	MHC: EWB	MHC: SWB	MHC: PWB	MHC: Total	CSES: PF	CSE: SUE-T	CSE: SFF	CSE: Total	DASS: Dep	DASS: Anx	DASS: Stress
MHC:SWB	.39										
MHC:PWB	.53	.43									
MHC: Total	.72	.81	.84								
CSES: PF	.22	.21	.28	.30							
CSES: SUE-T	.25	.18	.26	.28	.67						
CSES: SFF	.30	.26	.26	.33	.54	.45					
CSES: Total	.29	.25	.32	.36	.91	.86	.73				
DASS: Dep	-.25	-.16	-.19	-.24	-.18	-.21	-.12	-.21			
DASS: Anx	-.18	-.16	-.17	-.21	-.18	-.19	-.11	-.19	.74		
DASS: Stress	-.20	-.15	-.19	-.22	-.19	-.20	-.13	-.21	.78	.73	
DASS: Total	-.23	-.17	-.20	-.24	-.20	-.22	-.13	-.22	.92	.90	.92

Note: ($p < 0.05$); MHC = Mental Health Continuum; EWB = emotional well-being; PWB = psychological well-being; SWB = social well-being; CSES = Coping Self-efficacy Scale; PF = problem focused; SUE-T = stop unpleasant emotions and thoughts; SFF = support from family and friends; DASS = Depression, Anxiety and Stress Scale.

The correlations between the MHC scale and subscales and the CSES scale and subscales were theoretically expected and were statistically significant positive values, albeit low to moderate and with low to moderate ($>.30$) practical significance and effect (Cohen, 1997). These findings compare well with those of Koen (2010) for the correlations between the MHC and CSES, and indicate the positive relationship between components of psychosocial health and aspects of coping self-efficacy. The low to moderate, yet statistically significant negative correlations between the MHC and the DASS as well as the CSES and the DASS, make theoretical sense. The findings indicate that features of mental health or well-being (MHC) and adaptive coping (CSES) are negatively associated with dimensions of mental distress, such as depression, anxiety and stress measured by the DASS. This is in line with the opinion of Keyes (2003) that mental health and mental illness are not opposite ends of the same continuum, but should be viewed as comprising two distinct dimensions of human functioning.

Hypothesis 1 is thus accepted, based on the significant correlational relationships found between the well-being constructs MHC and CSES, and the DASS as a measurement of symptoms of distress.

The Measurement Model

Using Mplus (Muthén & Muthén, 2012), confirmatory factor analyses were done with the scales used. In order to do so, an initial measurement model (Model 1) was specified and tested for fit. However, in order to test whether this model represented the best fitting model, two competing models (Models 2 & 3) were similarly specified and tested.

Model 1 consisted of three first order latent variables, namely mental health with three factors on which three observed variables, five observed variables and six observed variables loaded respectively; symptoms of mental distress with two factors on which seven and nine observed variables loaded respectively; coping self-efficacy with three factors on

which nine, six and four variables loaded respectively. All latent variables in model 1 were correlated.

Model 2 consisted of the three first order latent variables, namely mental health with one factor on which fourteen observed variables loaded; symptoms of mental distress with two factors on which seven and nine observed variables loaded respectively; coping self-efficacy with three factors on which nine, six and four variables loaded respectively.

Model 3 consisted of three first order latent variables, namely mental health with three factors on which three observed variables, five observed variables and six observed variables loaded respectively; symptoms of mental distress with two factors on which seven and nine observed variables loaded respectively; and coping self-efficacy on which eighteen observed variables loaded.

Table 4 presents the fit statistics for the test of the three models described above.

Table 4

Fit Statistics of Competing Measurement Models

Model	χ^2	RMSEA	SRMR	<i>df</i>	TLI	CFI	AIC	BIC
Model 1	1879	.030	.041	1112	.901	.906	141430	142187
Model 2	2101	.033	.043	1115	.873	.879	141673	142416
Model 3	1930	.030	.042	1115	.895	.900	141482	142225

Note: *df* = degrees of freedom; TLI = Tucker-Lewis Index; CFI = Comparative Fit Index; RMSEA = Root Mean Square Error of Approximation; SRMR = Standardized Root Mean Square Residual; AIC = Akaike Information Criterion; BIC = Bayes Information Criterion.

In Table 4 it is evident that Model 1 has the best statistical fit of the 3 models. A χ^2 of 1897 was obtained for the measurement model. The fit indices for CFI and TLI were acceptable (above .90), as was the model fit for the RMSEA. The SRMR for model 1 is .041 and was lower than for the alternative models. The AIC and BIC fit indices were used to compare alternative models and the model with the lowest AIC fit was interpreted as the best

fitting one, which was Model 1 in this case. The BIC shows a model's parsimony and again Model 1 had the lowest or most parsimonious fit of the three models compared. It is thus clear from the fit statistics displayed in Table 4 for the three competing models, that Model 1 fitted the data best.

The Structural Model

A structural model (Model 4) was specified and tested based on the best fitting measurement model (Model 1). Model 4 was analysed and the following fit results were found: $\chi^2 = 1879$ ($df=1112$; $p=.00$); RMSEA=.03; SRMR=.04; TLI=.91; CFI=.90; AIC=141430 and BIC=142187. Figure 2 shows the standardised path coefficients estimated by Mplus version 7.11 (Muthén & Muthén, 2012) for Model 4.

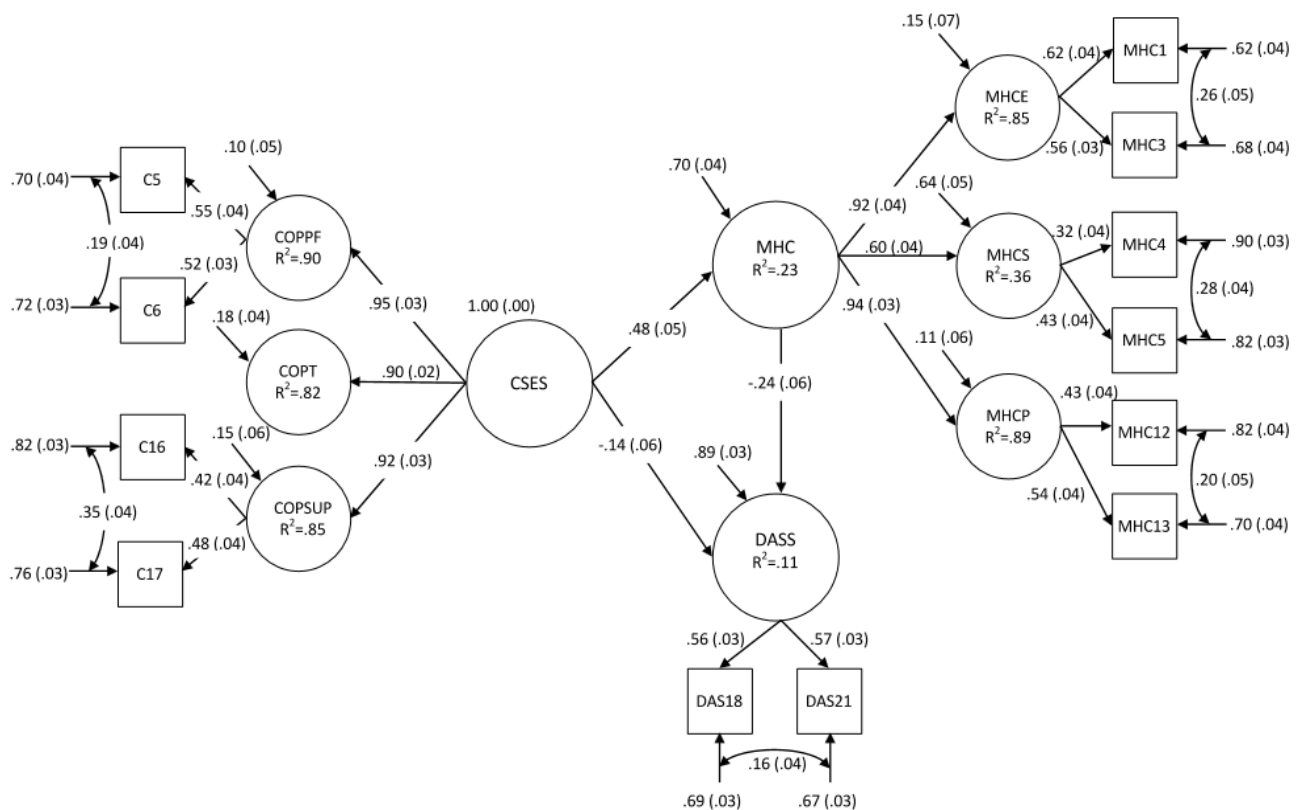


Figure 2: Structural equation model with best statistical fit of data

Given the cross-sectional nature of the data, three competing models, Models 4a to 4c were tested to determine comparable fit with Model 4, as recommended by Hancock and

Mueller (2010). The fit statistics for the competing Models 4a to 4c are as follows:

Model 4a: $\chi^2=2101$ ($df=1115$; $p=.00$); RMSEA=.03; SRMR=.04; TLI=.87; CFI=.88; AIC=141672 and BIC=42415.

Model 4b: $\chi^2=1930$ ($df=1115$; $p=.00$); RMSEA=.03; SRMR=.04; TLI=.90; CFI=.90; AIC=141482 and BIC=142225.

Model 4c: $\chi^2=1877$ ($df=1110$; $p=.00$); RMSEA=.03; SRMR=.04 TLI=.90; CFI=.91; AIC=141431 and BIC=142197.

The estimator used in the above calculations is the MLR (Mplus option for the maximum likelihood estimations with robust standard errors) and it takes skewness and kurtosis of frequency into account. However, the chi-square values for MLR cannot be used for chi-square difference testing in the regular way and the difference testing is done using the Difftest method of Mplus (Satorra & Bentler, 1999; also see www.statmodel.com). Table 5 below shows the difference testing for the competing structural models and again indicates Model 4a as the best fitting model.

Table 5

Difference Testing for Competing Structural Models

Model	$\Delta\chi^2$	Δdf	p
Model 4a	20.9	1	.001**
Model 4b	6.4	1	.012*
Model 4c	13.4	1	.001**

* $p<.05$; ** $p<.01$

Figure 2, displayed before, shows the standardised path coefficients found with the CSES as independent variable and the MHC and DASS as dependent variables; and also with the MHC as independent variable and the DASS as dependent variable.

Coping self-efficacy (CSES) explains 23% of the variance in mental health and well-

being (MHC) ($R^2=.23$; $\beta=.481$, $p=.00$), and 11% of the variance in symptoms of mental distress (DASS) ($R^2=.11$; $\beta=-.14$, $p=.00$). The contribution of coping self-efficacy is more with regards to emotional well-being (MHCE) ($R^2=.85$, $p=.00$) and to psychological well-being (MHCP) ($R^2=.89$, $p=.00$), than to social well-being (MHCS) ($R^2=.36$, $p=.00$). Mental health and well-being (MHC) also proved to be antecedents of low or absent symptoms of mental distress (DASS) ($\beta=-.24$; $p=.00$).

The above results indicate that coping self-efficacy could possibly enhance mental health and well-being as well as lower symptoms of depression, anxiety and stress in this group of youth ($N=794$). This is in line with findings from coping research that indicate the salutary relationship of coping, especially problem-solving coping and coping with social support with various aspects of mental health and well-being (D'Zurilla & Nezu, 2006; Malouff, Thorsteinsson, & Schutte, 2007). Willers et al. (2013) in coping research with South African teachers found that coping styles measured with the Coping Strategy Indicator of Amirkan (1990), predict mental health as measured by the MHC-SF. Taylor and Stanton (2007) found that coping resources such as mastery, a positive sense of self, optimism and social support were significant predictors of effective coping with stress; thus having a direct effect on the individual's mental health, well-being and physical health. These two authors further linked approach-oriented coping strategies to higher levels of psychological well-being (Taylor & Stanton, 2007).

The results also support other research findings about the strong positive association of self-efficacy with mental health and well-being (Bandura, 2008; Maddux, 2009; Redelinghuys, 2010).

Moreover, the findings of this study correspond with those of Chesney et al. (2006) and Van Wyk, Wissing, and Temane (2010) who validated the CSES for use with South African groups. These researchers all convincingly reported the positive influence of coping

self-efficacy on psychological well-being and mental health. Van Wyk et al. (2010) indicated the link between coping self-efficacy and flourishing or complete mental well-being as measured by the MHC of Keyes (2002, 2005).

Chesney et al. (2006) and Van Wyk et al. (2010) further found that coping self-efficacy has significant negative relationships with aspects of mental distress such as anxiety, depression, stress, somatic symptoms and social dysfunction; this finding being supported by the findings of this study. This is in line with Redelinguys (2010) who found that general self-efficacy ameliorated the negative effects that somatic symptoms had on psychosocial well-being. Similarly, Griffith, Dubow, and Ippolito (2000) found that whilst active coping strategies have been linked to fewer depressive symptoms, avoidance has been linked to poor adaptation abilities and higher levels of depressive symptoms.

The work of Heppner and Lee (2009) is of particular relevance regarding the findings of this current study. Heppner and Lee extensively reviewed coping literature and came to the conclusion that successful or adaptive coping did not as much flow from directly applying the necessary knowledge, processes and skills to solve problems and cope with challenges, but that it is based on higher order or meta-cognitive variables involved in the coping processes. The authors identified perceived efficacy or competence in one's ability to solve problems as the crucial higher order belief that directs adaptive problem solving. Such perceived efficacy is obtained from the self-appraisal that accompanies coping behaviour and it directly steers the coping processes; a line of argumentation much like that of Chesney et al. (2006) in the development of the CSES (also see Ironson & Kremer, 2011).

Heppner and Lee (2009) together with various colleagues researched the Problem Solving Inventory that operationalised the above described theory and reported convincing evidence that self-appraised, effective (self-efficacy) problem solvers had higher levels of mental health, positive affect, overall adjustment and social competence, and lower levels of

depression, hopelessness, anxiety and other symptoms of mental distress (Heppner & Wang, 2003). Heppner, Pretorius, Wei, Lee, and Wang (2002), and Pretorius and Diedericks (1994) reported the link between self-appraised effective problem-solving and lower depression across populations and cultures in South African research.

The structural equation modelling results of this study proved to correspond with the research results of various similar studies described above; and therefore the hypothesis that a predictive relationship exists between the CSES, MHC and DASS constructs as operationalised in this research group, can be accepted.

Discussion

The study aimed to investigate the psychosocial well-being of a group of African youth marginalised by their circumstances. Their scores on validated measuring instruments were used to obtain descriptive results and reliability indices for the scales used, as well as correlational results indicating statistical relationships between the constructs measured. The descriptive findings indicated means, standard deviations and reliability indices that were comparable to those found in literature on research where the same measuring instruments were used.

Correlational results showed significant positive relationships that were theoretically expected between the scales and subscales of the CSES and the MHC, indicating the positive associations between aspects of coping self-efficacy and emotional, psychological and social well-being. The significant negative relationships between the scales and subscales of the CSES and the MHC with the DASS were equally theoretically expected and supported the view of Keyes (2003) that mental health and well-being and mental distress or ill-being, are empirically not opposite ends of the same continuum of human functioning. The hypothesis initially stating that a significant statistical-correlational relationship exists between the CSES, MHC and the DASS could be accepted. The correlations found low to medium

practical effects, according to Cohen's (1988) criteria.

A measurement model was identified from the data obtained from the measuring instruments and was compared to competing models. The identified measurement model proved to have the best statistical fit and served as the base model for further structural equation modelling. The hypothesis initially stating that a measurement model could be identified from the data obtained with the research participants by means of the scales used could be accepted.

Structural equation modelling (SEM) identified a structural model that was compared with competing models and that proved to have the best statistical fit of the data. The path coefficients of the structural model indicated that coping self-efficacy (CSES) could possibly enhance mental health and well-being (MHC) as well as lower depression, anxiety and stress (DASS) symptoms in this group of participants. Mental health and well-being may also serve as antecedents for low or absent symptoms of depression, anxiety and stress. The results of SEM were more indicative of the influence of coping self-efficacy on emotional and psychological, or intrapersonal well-being, than on social or interpersonal well-being of these participants. This is in contrast to the findings of Redelinghuys (2010). The initial hypothesis that a significant predictive relationship exists between the CSES, the MHC and the DASS constructs in this study, could be accepted.

Limitations and Recommendations

A limitation was that the measuring instruments used in this study with African youth were in English and were not standardised for use with South African youth. This lack of cultural equivalence could have influenced the reliability and validity of the scales and the data.

It is recommended that the CSES and the MHC that have recently been validated for use in South African research, be used to further investigate the predictive and mediating

effects of coping self-efficacy on mental health and well-being, and more specifically, on the social well-being component of the MHC.

The scores of the participants on the scales used in this investigation have served to identify youth with high, medium and low levels of psychosocial well-being. These youth will be approached for further qualitative research into features of their psychosocial well-being.

Finally, the intention is to develop guidelines for an intervention to promote psychosocial well-being of youth in South Africa, based on these quantitative and further qualitative research findings with the participants used in this investigation. It is thus interesting to note that Heppner and Lee (2009) strongly recommend that self-appraised efficacy in problem solving (as operationalised in the CSES) should be part of an intervention to develop coping skills and competence in youth. They are of the opinion (based on their research) that efficacy in problem solving coping can be learned, as postulated by Bandura (1986, 2008) in his social learning theory.

It is concluded that this investigation into the psychosocial well-being of marginalised African youth was successful, since all aims have been met and hypotheses have been accepted.

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MANUSCRIPT TWO

QUALITATIVE EXPLORATION OF THE PSYCHOSOCIAL WELL-BEING OF MARGINALISED AFRICAN YOUTH IN SOUTH AFRICA

“There is no greater agony than bearing an untold story inside you”

- Maya Angelou (1984)

Abstract

This study intended to obtain an in-depth qualitative understanding of psychosocial well-being amongst African youth from marginalised backgrounds. An explorative and descriptive qualitative research design with a purposefully selected sample was used, where semi-structured interviews and focus group discussions were conducted with a total of $N=30$ participants. The collected data was transcribed and thematically analysed in line with the research questions. Despite the challenging life circumstances faced by marginalised young people, some of the participants reported coping skills, strengths and talents, which helped them survive their adversity; thus displaying significant levels of psychosocial well-being. The findings identified well-being enhancing themes such as emotional resilience, social strengths, empathy for others, a positive outlook towards life, goals and aspirations, and a strong support system. Well-being hindering themes included painful past life experiences, an absent father, emotional turmoil and a poor sense of self-esteem. Religion, Christian faith and values emerged as common themes among participants. In general, the results of the qualitative phase highlighted a variety of personal and contextual factors that contributed to participants' well-being as well as hindering factors that negatively influenced their psychosocial wellness.

Key words: Marginalised youth, positive psychology, psychosocial well-being, coping self-efficacy, mental distress

In this research manuscript, a qualitative exploration was done of the psychosocial well-being of young people seen as marginalised. A number of scholars have recently undertaken studies on the conceptualisation of the characteristics of psychosocial wellness of the youth, as in the work of Lerner, Brentano, Dowling, and Anderson (2002); Peterson and Seligman (2004); and Ungar (2005). However, in developmental psychology the stage of adolescence has often been seen as marred by storm and stress, and theorists regarded the youth as having and presenting problems which required strict management and control (Lerner et al., 2002; Roth & Brooks-Gunn, 2003).

A new generation of scholars came to realise and acknowledge the importance of the integration of the individual and his/her context in youth studies and research (Evsans & Prilleltensky, 2007; Irwin, Siddiqi, & Hertzman, 2007; Koen, 2010; Shah, Graidage, & Valencia, 2005), with the aim of affording every young person the opportunity to achieve his/her potential for optimal development (Prilleltensky, 2005). As far as the socio-ecological context that influenced the general development and psychosocial well-being of the participants in this study is concerned, the concept of marginalisation is important.

Marginalised Youth

Studies on marginalised youth indicate that in first world countries such as America, the concept is generally used to refer to those individuals who find themselves excluded from the dominant culture (Healthy Teen Network, 2008). In the African context, marginalised youth is a term used in reference to those young people who, due to their health, socio-cultural and economic circumstances, find themselves faced with less or no access to education, services and the support they need to develop into fully functioning adults (Nyangara, Obiero, Kalungwa, & Thurman, 2009; Shah, Graidage, & Valencia, 2005). The marginalised young people in this study perceived themselves as a special community in that

they belong to the Ikageng/Itireleng Ministry, a non-governmental organisation (NGO), which not only gives them a sense of identity and belongingness, but through structured youth groups and related activities also provides a source of social support and a moral compass for them. This group, however, voiced their appreciation for their original family communities wherein they reside, mentioning the role of these communities in their everyday life and well-being. The experience of these youth reminds one of the learned empowerment concept of collective efficacy, which is described as a social cohesion process within a community which creates a network of friendships, a sense of agency as well as a willingness to make one's community a better place to live in (Sampson, 2001). A high level of collective efficacy has been found to protect community members against anti-social activities as it enhances mutual trust and reduces fear (Ross & Jang, 2000). This is akin to an African proverb which is popular amongst not only the Zulu speaking nations, but is used by most South African ethnic groups, known as "Ubuntu." According to Cook and Du Toit (2005), the word "Ubuntu" means "I am a person because you are a person"; a phrase underpinning most African cultures in South Africa (p. 262). The implication is that every person is related to another, depending on one another for purposes of personal and social wellness and development. This value is embedded within the collective value system of African cultures, in which, for example, children and young people could be fed, disciplined and educated by all members of their community. Culture is therefore perceived as a building block or pathway which serves to shape a person's psychosocial identity and differentiation in the direction of creating cultural and life meaning (Nsamenang, 2008).

Psychological Well-being

Psychosocial well-being, broadly speaking, is a multidimensional concept that refers to aspects of well-being related to one's intrinsic psychological state, in relation to one's relationships and interactions with other people and social institutions (Le Blanc, Talbot, &

Graig, 2005). Linley and Joseph (2004) describe it as the location of psychological well-being in the “context of the individual within the community and culture, rather than the individual in isolation” (p. 721). Keyes (2004, 2007) conceptualised a model of optimal mental health in which emotional, psychological and social well-being contribute in equal measures to the mental health of the individual. The Keyes model could also be seen as a model of psychosocial well-being since emotional well-being comprises individual happiness or subjective wellness, life satisfaction and mostly positive emotions; psychological well-being includes features of well-being identified by Ryff (1989) as self-acceptance, personal growth, purpose in life, autonomy, positive relations with others and environmental mastery; and social well-being involves social acceptance, social actualisation, social contribution, social coherence, and social integration, as proposed by Keyes and Lopez (2002).

The urgent need for the development of psychosocial wellness in youth is emphasised by the findings of Keyes (2006) on adolescent mental health. In various studies it was found that approximately 20% of youth experience mental illness, but Keyes (2006) questioned the quality of mental health of the remaining 80%, since he found that only moderate mental health was experienced by youth between 15 to 18 years of age. Keyes (2002, 2005) furthermore found that flourishing (mentally well) youth engaged significantly more in pro-social activities, had good interpersonal connectedness and were integrated in their cultural and educational contexts. Similarly, in their study of youth and democracy, Nelson and Prilleltensky (2005) argued that the well-being of every person is closely intertwined with the well-being of his/her relationships and those of the communities within which he/she exists. Hence well-being was defined by these authors as “a satisfactory state of affairs for individual youth and communities that represent more than the absence of risk” (Evans & Prilleltensky, 2007, p. 681). This view is echoed by Shah et al. (2005) who conducted studies of young people in countries such as Ethiopia, Democratic Republic of Congo, Sierra Leone

and Sudan. These authors strongly advocated that the social context and interactions, within which the young people exist, are at the core of their psychosocial well-being (Shah et al., 2005). The ecological model of these authors illustrates the important role played by the circles of ecology, family, community and other contexts surrounding the young person (Shah et al., 2005). Such domains are perceived as major interactive components within the overarching ecology that influence the psychosocial well-being of the young person. This line of argumentation corresponds with the classical conceptualisation of positive youth development, which emphasises the values of self-determination, community participation, capacity building and social justice (Evans & Prilleltensky, 2007; Lerner, 2004). In their theoretical framework of well-being, Prilleltensky and Prilleltensky (2006) distinguished between the personal, relational and collective characteristics of youth well-being. The optimum synergy in the person-context relationship, where the youth and community equally and adequately benefit from having their needs met, will underpin high levels of psychosocial well-being (Compton & Hofmann, 2013; Nelson & Prilleltensky, 2004).

Furthermore, in line with Keyes' (2006) concern about the quality of mental health of young people, Diener and Seligman (2004) compiled mental health statistics highlighting a greater increase in the number of youth suffering from depression. According to their findings, whilst depression amongst the youth was highly uncommon in the past with the average onset age being 30 years, recent studies found that a significant percentage of young people from the age of 14 experienced depression. The prevalence of depression amongst the youth was also related to high levels of distress amongst family and friends, leading to a negative impact on the overall well-being of the family. On the other hand, whilst research on the relationship between mental health and happiness revealed that happy youth mostly reported low levels of mental disorders (Diener & Seligman, 2004), other studies found that measures of well-being as indicated by healthy functioning, had negative correlations with

symptoms of mental illness (Keyes, 2003); thus, the call for a renewed focus on the promotion of well-being in youth.

Based on the above explicated facts and evidence, it can also be argued that although there have been a number of studies focusing on young people and their psychosocial well-being, much still needs to be done in terms of research. Van Schalkwyk (2009) indicated that there is a dearth of validated data on psychosocial well-being amongst the youth within the South African context; hence the need for more in-depth research studies on this subject. The research of Holborn and Eddy (2011) greatly emphasises why research into the promotion of psychosocial well-being of the youth of this country is so crucial. They found that, amongst other aspects, despite their adverse life circumstances marginalised young people of African origin can, with appropriate intervention strategies, reach optimum levels of psychosocial well-being. Therefore, based on the literature viewpoint discussed above, the research question that guides this study is: What are the features of psychosocial well-being that could be identified through qualitative research with a group of African youth who experienced marginalising life circumstances?

Research Objective

The objective of this study is to obtain an in-depth qualitative understanding of psychosocial well-being amongst African youth from marginalised backgrounds.

Research Methods

Research Design

An explorative and descriptive qualitative research design was conducted in this study. Qualitative research is described as a situated activity which locates the observer within the world of the observed, and it consists of interpretative material practices that make

the world visible (Denzin & Lincoln, 2008). Qualitative research is characterised by the study of phenomena in their natural settings, and interpreting these phenomena in terms of the meanings that people attach to them. As described by Creswell (2008, 2009), qualitative research is a channel through which researchers can explore and understand the meaning that people ascribe to social or human challenges. The researcher is the primary instrument for data collection and analysis.

This study is grounded within the social constructivist worldview, the proponents of which hold the belief that people are always in search of meaning in the world within which they live (Creswell, 2008; Guba & Lincoln, 1985), and they construct such meaning as products of systems that exist in a social context (Terre Blanche, Durrheim, & Painter, 2006). The goal of the researcher is to elicit and interpret the participants' views to understand the phenomena under study (Crotty, 1998; Lincoln & Guba, 2000), and such understanding is derived from interpreting the interactions of participants, within their historical and cultural settings (Crotty, 1998). The researcher also acknowledges that her personal, cultural and historical experience as an African clinical psychologist has an impact on such interpretation (Creswell, 2008). Because qualitative research is perceived to be a largely inductive process, social constructivists inductively develop a theory or a pattern of meaning from the data collected (Creswell, 2008).

Central theoretical statement. The psychosocial well-being of marginalised youth who are participants in this study will be studied with the focus on their psychological, emotional, and social well-being as conceptualised by Keyes (2004, 2007). Psychosocial well-being is both an intrapersonal and interpersonal process in which the participants experience their wellness as being interrelated with the well-being of their families, culture, communities and other ecological systems.

Participants and Procedure

A purposive sampling selection method (Creswell, 2009; Durrheim & Terre Blanche, 2006) was used to select participants. Participants were identified in a previous quantitative phase of the research in which validated self-report questionnaires measuring aspects of psychosocial well-being were used. Identified participants ($N=89$) were those who scored in the high, medium and low ranges of the scales used, of which $n=14$ participants were in the high range, $n=49$ in the medium and $n=26$ in the low scoring range. The selection was done in this way to ensure that youth who experienced well-being, those who were moderately well and also those who were less well, were represented in the qualitative research (Keyes, 2008). According to Maree (2007), purposive sampling enables the researcher to select participants according to a list of criteria and for the purpose of a study, as was described above.

Of the $N=89$ identified participants, a total of $n=32$ participants who were young Africans from marginalised backgrounds between the ages of 18 to 35 years, agreed to participate in personal interviews and focus group discussions. This group included participants from the three scoring ranges mentioned above. Data saturation, which means that no new data emerge in further qualitative exploration methods after a saturation point has been identified (Maree, 2007), was reached with a total of $N=20$ participants, of which $n=11$ were female and $n=9$ were male participants. However, all 32 participants' transcripts were analysed as they had contributed to the study.

The qualitative research activities took place at the facilities of the Ikageng/Itireleng Ministry. The researcher, assisted by staff from the ministry, made prior arrangements to meet with these participants in order to conduct one-on-one interviews for personal narratives and further focus group discussions. As a follow-up, the researcher also contacted each of the participants telephonically to remind them of their date as well as times for the interviews.

This was repeated again a day before the interview processes began and was aimed at ensuring that participants were aware of the arrangements, and to minimise the occurrence of no-shows on the days of the interviews.

Data Collection

Semi-structured interviews for personal narratives. The data was collected through a series of one-on-one semi-structured interviews with each interview lasting for about 60 to 90 minutes, depending on the information provided by the participant. The venue for the interviews was a private office within the premises of the ministry, which was quiet and free from distractions (Creswell, 2009), thus maximising the privacy and confidentiality of the process. The interview process was captured on audiotape with the permission of interviewees.

Before the commencement of each interview, the researcher would read the questions to the interviewees in order to ensure that they understood and were emotionally and otherwise ready for the discussions. The participants had an adequate understanding of the English language and the interview questions, thus facilitating the interview process. At times, however, some participants resorted to their African vernacular, which was also well comprehended by the researcher. During this process of data collection, the researcher (after every personal interview) took detailed field notes pertaining to the behaviour, both verbal and non-verbal, of each participant as well as her own experience. Maree (2007) argued that such a written record is important for the data analysis that would follow. After all the interviews had been completed, the researcher diligently transcribed all the audiotaped responses for each participant, including the nuances and any non-verbal cues. These recording and transcription procedures were identified as an essential part of the process of qualitative data collection (Creswell, 2009).

Focus group discussions. After the personal narratives had been analysed, a group of voluntary participants who indicated their availability for and willingness to further the discussion of the topics at hand, was divided into four focus groups, consisting of 4 to 6 individuals per focus group (Maree, 2007). In these focus group discussions which lasted for about 45 to 60 minutes, themes identified from the data obtained in the personal narratives and from relevant literature, were explored. The objective was to obtain further information that had perhaps not been presented in the individual discussions; also to obtain their views on ways of promoting and enhancing psychosocial well-being amongst South African youth. Such information could assist in formulating guidelines that could be used in constructing an intervention aimed at promoting and enhancing psychosocial well-being amongst South African youth. Furthermore, as indicated by authors such as Guba and Lincoln (2005) and Maree (2007), the use of multiple data collection methods ensured that the data was crystallised and triangulated; thus increasing the trustworthiness of the data collection and findings.

An important advantage of using focus groups in qualitative research is that such groups allow for rich and flexible data collection, whilst simultaneously allowing for spontaneous interaction amongst the participants (Freitas, Oliveira, Jenkins, & Popjoy, 1998). In contrast, Nieuwenhuis (2007) points to a limitation of focus groups which are not only small, but difficult to organise regarding meeting at the same venue at the same time, especially if participants reside in different geographical areas. This limitation was, however, controlled for in this research as most of the participants were residing in and around the ministry venue. Focus group discussions were also audio-recorded with the full knowledge and approval of participants taking part in the discussions. The researcher kept a research journal of field notes and personal observations and experiences of every focus group discussion (Creswell, 2009; Maree, 2007).

Data Analysis

To ensure optimum immersion in the research data, the researcher personally conducted the interview and focus group discussion transcriptions; an experience which usually gives rich and deep insight into the data (Creswell, 2009; Thomas, 2000). The data was then repeatedly read and thematically analysed through a process of coding. The coding process enables researchers to retrieve and collect all related data within one thematic idea, thus making the comparison of information easier (Maree, 2007; Thomas, 2000). Within this study, the researcher used inductive codes which were developed during data examination. These identified codes were organised into themes and categories. Each theme was assigned a coloured label with identifying names and descriptive phrases, and this was done with all the identified themes to form a number of categories. This process was repeated until there was evidence of data saturation, i.e. there was no evidence of new themes (Maree, 2007).

A coding consultant or co-coder also performed independent coding of the transcribed data, identifying themes and sub-themes that emerged throughout the analysis process (Creswell, 2009). The co-coder and the researcher then met and identified, discussed and agreed on the identified categories and themes to be presented as results of the qualitative study. This process ensured that the trustworthiness of the data analysis was preserved.

During the process of data analysis, the researcher was continuously looking for alternative explanations and patterns that could either clarify or contradict initial insights (Creswell & Miller, 2000). The researcher also reflected on the content of her field notes and a detailed research journal, in order to enhance interpretation of or control for subjective influences on data analysis (Creswell, 2009). The following phases of thematic analysis portray the process of data examination used in this study:

1. Familiarisation with the data.
2. Generation of initial codes.

3. Searching for emerging themes.
4. Reviewing the themes.
5. Defining and naming the themes.
6. Producing and writing an overall report.

(Adapted from Braun & Clarke, 2006).

Braun and Clarke (2006) identified thematic analysis as the foundation for qualitative data analysis in that it provides researchers with the core skill that can be applied across many other methods of qualitative analysis. Boyatzis (1998) further described thematic analysis as a method for identifying, analysing and reporting thematic patterns, as well as a tool to use across different methods; rather than using a specific tool in qualitative research analysis. Braun and Clarke (2006), however, argue that researchers should not lose sight of the fact that thematic analysis is a method in its own right. They point to the benefit of flexibility, which is offered by this method of analysis. In support of their argument, Braun and Clarke differentiated between two types of qualitative analytic methods, which are: Firstly, those methods that emanate from a particular theoretical position; and secondly, those methods that are independent of theory and epistemological position, and because of their flexibility, can be applied across a range of theoretical and epistemological approaches, as in the case of the current study (Braun & Clarke, 2006). Thematic analysis is deeply embedded in the second method and as posited by Aronson (1994) and Roulston (2001), the analytic method is compatible with the social constructivist paradigm of psychological research, to which the current study subscribes.

Ethical Considerations of this Study

The nature of the study, participation, interviews that were recorded, and all other ethical principles involved in conducting the research were clearly communicated to the

participants at the beginning of the study. The participants were, as mentioned before, informed about and required to give voluntary written consent for participating in the qualitative study. Participants were informed that they could withdraw at any stage if they felt the need to, and also that all the information they provided was to be treated with utmost confidentiality. Such confidentiality, respect for the dignity of persons, non-maleficence and participant anonymity (Brink, 2006; Terre Blanche, Durrheim, & Painter, 2006) were protected throughout the research process. In addition to the guidelines stated above, this research was conducted under the supervision of qualified promoters and was approved by the Ethics Committee of the North-West University (NWU-00021-12-A9). The following ethical fundamentals for qualitative research were observed throughout the study:

Trustworthiness

According to Niewenhuis (2007a, 2007b), trustworthiness is of utmost importance in qualitative research and the following guidelines were followed:

The Use of Two-fold Data Collection Methods. Personal interviews and focus groups discussions contributed to researcher confidence in the results of the study. The *prolonged engagement* with participants enhanced the level of rapport, which led to a relationship of trust between the researcher and the participants. The *researcher's experience* and skills in interviewing, facilitating and moderating focus group discussions, and her scientific skills gained through many years as a clinical psychologist, enhanced her role as a trustworthy human research instrument. The questions posed were *continuously rephrased and repeated* on demand, with the aim of verifying information obtained from the participants. The researcher kept *a detailed research journal*, which was used to document all field notes, decisions taken, as well as the data analysis process. This method was also important for the co-coder to be able to see how the analysis was conducted and the processes followed by the researcher in the interpretation of the data, in order to verify the analyses and enhance

trustworthiness.

Reflexivity. This was employed to ensure that the researcher maintained critical and circular thought processes throughout the data gathering process; thereby controlling for and limiting the possibility of over-involvement, which was a real possibility due to the upsetting nature of some shared narratives. Additionally, a clear description of the research process and participants' context was provided, thus enhancing the *dependability* of the data. In order to heighten the *transferability* of the findings (Terre Blanche & Durrheim, 1999), the results were presented in a form of rich data description and were grounded in literature, with similarities, differences and unique findings clearly identified (Burns & Grove, 2005). Once the themes had been identified, the researcher clarified these with willing participants to ensure *credibility*; a process known as *member-checking* (Creswell, 2008, 2009).

The researcher provided the *independent co-coder* with the research objectives and raw transcribed data collected during the qualitative phase. The co-coder then independently conducted her own coding, and jointly the codes and categories were compared and verified. Whilst this process is known as *inter-coder reliability* and is aimed at further enhancing the consistency of the results, *intra-coder reliability* was achieved by the researcher re-reading the data, identifying and confirming codes and categories. This was done in order to capture finer nuances of meaning not identified in the original coding system, thus ensuring thorough analysis; a process also known as *elaboration* (Terre Blanche & Durrheim, 1999). This process was conducted up to a point where there was clear consistency amongst the codes and categories identified in the data. To *control for researcher bias*, the above guidelines were strictly adhered to by the researcher and throughout with the promoter.

Literature Control

Literature control was conducted through a comprehensive investigation, interpretation and integration of the relevant literature. This was done with the aim of

grounding the findings in literature, to identify similarities and differences as well as those unique characteristics of the findings, as described in the work of Burns and Grove (2005).

Findings and Discussion

The findings of this qualitative study into the psychosocial well-being of African youth from marginalised backgrounds are presented in this section. Themes emerging from the analysis of the personal narratives shared by these young people with the researcher through open-ended interviews and focus group discussions will be presented. Some responses are presented in the exact words of the participants, and the researcher was looking for richness of data; thus rather presenting too much of the content than too little (Koen, 2010).

All the participants were asked the questions below and their responses to these questions were used to build a thematic description of the well-being of these youth, as indicated in the work of Denzin and Lincoln (2005). A concluding narrative constructed from all the personal narratives is presented at the end. The following questions were posed:

- 1) How would you describe your psychosocial well-being?
- 2) What aspects contribute to and maintain your psychosocial well-being?
- 3) How do you know that you are psychosocially well?
- 4) What would you say is hindering your psychosocial well-being?

Furthermore, the high scoring participants were more deeply probed on what enabled them to remain psychosocially well despite life's challenges, while the medium scoring participants were probed on what sustained their levels of psychosocial wellness during their difficult life experiences. The low scoring participants were asked questions on what hindrances disabled their psychosocial wellness and functioning.

Thematic analyses of participants' stories showed that there were a number of themes

and subthemes which were similar. All three groups told stories in which the emerging main themes included some of the following well-being enhancing attributes: Altruism and a caring personality, emotional resilience, social strengths, empathy for others, a positive outlook towards life, goals and aspirations, a strong support system such as a loving and caring mother and a supportive community. Religion, and Christian faith and values also emerged as a common theme across all three groups. The thematic findings on wellness-hindering attributes among the participants included aspects such as: Loss of family well-being, painful past life experiences, an absent father, emotional turmoil, as well as a poor sense of self-esteem.

However, some of the themes and subthemes differed between the high, medium and low scoring group of participants. The observed thematic differences were as follows: Whilst the high scoring participants' narratives had themes of emotional and social intelligence, leadership skills, community participation and pro-activity in dealing with life challenges, the medium and low scoring participants had themes of depression, fragmented and dysfunctional family systems, parental abandonment, emotional ambivalence, unresolved painful past experiences, and feelings of guilt, regret, emotional pain and suffering. The thematic narrative will be presented below:

Themes

Three themes emerged describing behaviour that builds well-being:

Well-being Promoting Themes

Theme 1: Strengths of Personality. Under this theme, the following seven sub-themes emerged:

Subtheme 1: Altruism and Caring about Others. There were 18 reports on this theme wherein participants referred to strong affection, caring and support towards others, despite

their own adverse life circumstances. They reported often putting others' needs before their own and were caring in their relationships with others. Some of them said: "I am one person who is very fond of those around me" (Participant 284, line 1). "But I hate seeing another person struggling or hungry, even if you cannot offer anything. At least try and motivate the person and tell them that things will be better, without shunning them." (Participant 58, lines 19 and 21).

Of the participants in the focus group discussions said the following with regard to their altruism and caring for others: "I am always at hand to help others." "I am better off tending this vegetable garden (at the ministry's premises), as it will benefit all those who are in need; people like my brother and sister." "I am currently involved in youth movements around my community, wherein we help our peers with general life problems."

According to the "empathy-altruism hypothesis", the human empathic emotions felt for a person in need evokes a motivation towards altruistic actions, which would see the other person's needs relieved, and a number of studies bear evidence to this notion (Batson, 2009; De Waal, 2008). In response to an argument that suggested that such altruistic actions might be egoistic with the ultimate goal of gaining benefits for the self, Piliavin and Charng (1990) concluded that true altruism is real; and the act of doing good with the ultimate aim of benefiting a fellow human being does indeed exist and it is part of human nature. Kassin, Fein, and Marcus (2014) cite research that indicates the beneficial influence of aiding others on people's positive emotions and on mental and physical health. They refer to the empathic joy in the pleasure one has at witnessing the relief experienced by the helpee, and also indicate that the human brain associates such joy with being rewarded. Furthermore, Kassin et al. (2014) indicate research that convincingly found that helping others may lead to self-healing. After experiencing trauma, people often wish to assist others in order to prevent negative emotions in themselves. In their study on the homeless, however, Tweed, Biswas-

Diener, and Lehman (2012) warned that such findings should be treated with caution when dealing with homeless populations. The reason is that due to high levels of stressors faced by homeless people, it would not be fair for one to expect altruism from them.

Subtheme 2: Relatedness. There were 6 reports on this theme in which participants viewed themselves as socially inclined individuals who thrived on human contact, conversations and even debates with others. This is what some participants said:

“I am a very social person; I thrive on personal affection, being around people from whom I can learn something” (Participant 598, line 21).

“Well, I am very friendly, I like people and get on very well with people” (Participant 254, line 1).

“Another thing about me is that I am a social person who does not keep grudges against other” (Participant 17, line 25).

“H is a person; actually I am a very quiet person who likes the company of funny people, who is always cracking jokes” (Participant 437, line 1).

“It means that me as M, I am a person who likes other people” (Participant 8, line 1).

“My attitude, I always try and have a good attitude towards others” (Participant 334, line 4).

“I give them advice and support, much as I would expect them to support me in things that I am doing” (Participant 17, line 5).

In the focus group discussions, this is what participants had to say: “Later that year my grandmother got really sick, so my mum had to go back to Lesotho and I stayed with my stepsister, looking after her, she was then 6, and doing her grade 1.”

“There is nothing as nice as waking up with your mom every morning, helping you here and there before you go to school.”

“I have been keeping to myself...when I am well, I have my two best friends with whom I

chat and laugh with...they keep me well.”

During focus group discussions, the participants mostly spoke of their responsibility to nurture and provide for those who are related to and dependent on them. Such emotional, physical, psychological and material nurturance was provided, despite their limited or unavailable resources; emotional involvement was the support most often given. For example one of the participants said:

“The first thing I do when I wake up is give my daughter a kiss, I then think about the kind of life I want for her.”

Another participant said:

“In the year 2010 I repeated my grade 10 and my parents moved my stepbrother to Gauteng and he was also admitted to the same school, so I took care of him.”

An important observation made by the group facilitator was the fact that some of the group participants from child-headed families did not perceive themselves as “orphans” and preferred not to be referred to as such. This was attributed to the fact that they felt a strong sense of relatedness with those around them. The participants referred to themselves as “individuals from child-headed households.” These are pertinent statements which were made by a group member:

“My mother died in 2007, and my father died in 2008, but I do not regard myself as an orphan...I regard myself as a person who is part of a child-headed household.”

“I will never see myself as an orphan.”

“My aunt, who is the older sister to my mother, decided to bring me back to Gauteng in 2010 to continue with my education, and then I got introduced to Ikageng, my family.”

A situational study on child-headed households in South African refers to children and young people without parents as child-headed household members (Mogotlane, Chauke,

van Rensburg, Human, & Kganakga, 2010). A child-headed household is described as households where both parents are permanently absent (Bequele, 2007; Germann, 2005). In the current study, most of the participants coming from child-headed households were caregivers to their younger siblings and/or other extended family members.

The positive youth development theory identified ‘connection’ as one of the five Cs contributing to psychosocial well-being of the youth, referring to the feeling of belonging or being in touch with important others (Ungar, 2005). Such connections include those with parents, peers, education as well as the community environment, and such relatedness encourages young people to open up about their life challenges in a safe environment (Le Blanc, Talbot, & Craig, 2005). Diener and Diener (1995) found that of all psychosocial variables, only sound social relationships consistently predict happiness across widely differing cultures. They conclude that close relationships are essential to human well-being (Diener & Oishi, 2005), which again confirms that relatedness is a basic psychological need (Ryan & Deci, 2000).

Subtheme 3: Personal Competence. There were 8 reports on this theme. Participants reported self-confidence and belief in their abilities to make a difference; not only in their own lives, but in those of others around them. This is what some said:

“I am the kind of person who likes going out there and getting things done, I like a challenge” (Participant 58, line 7).

“My name is T, and I am one person who would like to succeed in my life” (Participant 468, line 1).

“Ok, when I got pregnant I thought ok, I was in matric and I told myself that I was going to pass my matric” (Participant 254, line 13).

“I work very hard at my studies to ensure that I realise this dream (Participant 627, line 31).

“If there are courses out there aimed at developing the youth, I want to participate”

(Participant 284, line 30).

“And then last year I joined the press team, where we do media-related things, and we won awards” (Participant 263, line 26).

“Like when I was 13, I started playing basketball...” (Participant 616, line 38).

In the focus group discussions, participants spoke of personal achievements in their lives, which were reached despite their challenging life circumstances. This is what some had to say:

“She has a son who is a teacher and was very instrumental in helping me win an award for being the best in grade 6 and a regional gold medal for a history Olympiad.”

“Few months later I received an award of achievement for the top best learners.”

“In January 2008, I was selected to be the school’s head boy and I happily accepted.”

Literature of psychosocial well-being amongst youth points to a positive relationship between well-being and self-control, which is derived from being able to make sound choices when confronted with challenges (Evans & Prilleltensky, 2007). As in the positive accomplishment element of Seligman’s (2011) PERMA theory, these young people show a need to feel competent and able to achieve a sense of mastery of both themselves and their environment. The implication here is that the young people’s well-being is related to their competence in dealing with life’s choices and challenges. Brooks and Goldstein (2001) refer to resilient youth as having islands of competence within themselves. Competence is also one of the core variables of self-determination and is seen as a basic psychological need by Ryan and Deci (2000). Closely linked to this is the ability to use coping strategies, to work through and deal with their everyday adversities in life. The use of positive reappraisal (Folkman & Moskowitz, 2000) emerged as a coping skill amongst the participants in this study. In using

this coping skill, participants use their cognitive abilities and try to focus on the good in what is happening around them; thus redirecting their focus from their adverse circumstances and growing in self-competence (Folkman & Moskowitz, 2000).

Subtheme 4: Social Intelligence. This was one of the most prevalent themes in terms of frequency and there were 16 reports. Some participants said:

“V is a person who does not like talking too much, because there are times when you find people just talking too much, like, I always try and find a reason, a reason why things happen” (Participant 263, line 1).

“I like being around people who would have a positive influence on me” (Participant 468, line 49).

“And the way I talk and relate to people is that I do not impose myself on others” (Participant 263, line 5).

“I am a soft, kindhearted person who is able to accommodate other persons, put myself in their shoes” (Participant, 114, line 1).

“I like positive people, not negative-minded people” (Participant 437, line 3).

“And S is also quite a shy person, but when he is around people who are keen, S does enjoy talking to others” (Participant 58, line 3).

“I prefer to always respect people so that they can respect me back” (Participant 17, line 19).

In the focus group discussions, participants came across as socially aware and sensitive individuals who treated others with honesty and respect. They reported self-respect, respect for the young and old as well as any other person they came across, and this is what some had to say:

“I look at respect, trust and integrity, for instance...in a relationship, I am able to open up about my feelings and thus expect the other party to be open with me.”

“If maybe I happen to upset you, I prefer for you to come and talk to me about it, rather than discussing it with another person.”

“People started being friendly towards me and I gained a lot of respect.”

Literature on character strengths indicates that the ability to be aware of the motives and feelings of people around you, including your own feelings, coupled with the capability of identifying the relevant action for a variety of situations, enhances one’s overall well-being (Linley & Joseph, 2004). In a study conducted by Tweed et al. (2012), social intelligence emerged as the highest in the ranking of character strengths amongst homeless people. These findings reflected the need for the homeless to have everyday interaction with strangers in unfamiliar and dynamic settings, which in turn exposes homeless people to opportunities of listening to other people’s problems. This, according to Tweed et al. (2012), could reinforce a sense of social intelligence in relation to how they overcame their social challenges as well as relating to others. In the VIA strengths classification of Peterson and Seligman (2004), social intelligence is a character strength in the humanity virtue cluster.

Subtheme 5: Leadership Skills. Many participants showed an ability to lead and take charge within their families, extended families as well as their communities (6 reports). Evidence to this ability was also found in the fact that some of them held such positions within the ministry where they were members. Whilst some were responsible for taking care of younger members of the NGO, other participants were holding even higher positions, such as being team leaders and supervisors in the variety of social groups within the NGO. The following is what a few participants said:

“I use places like the church where we have study groups in which we talk about such issues, as well as reach out to those who are affected” (Participant 114, line 48).

“I have made it my duty to gather all the young people within my community (where I am staying now), to form some kind of a youth club...organisation” (Participant 284, line 9).

“Hence I have already started with efforts to bring together a number of us to form a study group with others in order to make it” (Participant 59, line 26).

In the focus group discussions, a few participants said:

“That’s when I decided to form a cultural youth organisation which was aimed at taking young people off the streets and away from harmful activities such as alcohol and drugs.”

“The women’s organisation nominated me to be their chairperson and it is going well thus far.”

The above statements of participants strongly remind one of the human leadership strength under the justice virtue cluster in the classification system of Peterson and Seligman (2004). In their study of character strengths, Linley and Joseph (2004) identified leadership skills as one of the strengths possessed by those who are psychosocially well, namely the ability to encourage others within the group to execute tasks, whilst at the same time being able to retain good relations within the group; sound organisational skills as well as seeing that things do happen according to plan. Saleebey (2006) identified leadership qualities in youth as indicators of resilience and also as important strengths to cultivate in empowering youth in poverty-ridden contexts.

Subtheme 6: Good Communication Skills. Closely related to the theme of leadership, were good attentive listening and communication skills amongst the participants and there were 9 reports. Participants reported an inclination to listen attentively, before attempting to respond to what was being said in their communication with others. The following is what some participants said:

“The thing is listening helps me get what the other person is thinking so that when I say my opinion, we are on the same page” (Participant 598, line 11).

“Like let’s say we have any issue, I prefer for us to sit down and talk, solve it and continue to

have a good time” (Participant, 284, line 5).

“For instance, we are involved in this research project. I would really enjoy it if we were to sit together as a group, talk and discuss and debate issues, just to hear the views of others” (Participant 598, line 3).

“That’s what I normally do, I can get angry with you now, but after talking about it and sorting it out, I am okay and life goes on” (Participant 17, line 27).

“If things are not ok, we need to sit down and talk about those things and sort them out, then life will be good and that is how I maintain these factors” (Participant 58, line 44).

In the focus group discussions one participant said:

“Hence I managed to get a position of a communication liaison here at Ikageng; it’s because I am good at working with people.”

“I am very good at public speaking as well as debating competitions.”

Literature suggests that open and rewarding communication is crucial for the well-being of young people (Choo, 2000; Koen, 2010). This view is in line with Louw and Louw (2007) who, amongst other developmental psychologists, indicated that open and regular communication has a positive link to emotional and social maturity in adolescents.

Subtheme 7: Goal-related Wellness. Several of the participants reported having goals and aspirations (12 reports) about what they would like to achieve in their lives, despite their difficult life circumstances. This is what a few said:

“The things I want in life I can jot them down and say what my first goal is, then the second and so forth” (Participant 58, line 9).

“The day I achieve my dreams and goals and each and everything I strive for in my life, I will say I am psychosocially well” (Participant 284, line 57).

“To maintain these contributing factors, I focus on the goal, what is it that I want in life?”

(Participant, 263, line 32).

The psychosocial well-being of the participants was embedded in reaching their dreams and in their hope that things will get better and this is what they had to say in the focus group discussions:

“This boy had a vision and hope to change his background...break the cycle of poverty in his home (family).”

“The realisation of all the plans that I have about my life and my future will make me to very happy and well in all aspects.”

“For me, to realise my dreams, it would mean that I would be the happiest person ever.”

“I don't picture myself married or anything, I want to go to school, that would complete me.”

“I feel...I feel like for now, the only thing that will make me whole, is to see myself at a tertiary institution.”

“I became courageous...I had a goal that I wanted and I still want to achieve; that...it is to break the cycle of poverty in my family.”

“I want to be the first in my family to get my matric certificate and not to disappoint other people who believe in me.”

In his study of meaning in life, Steger (2009) argues that it is important for people to have a purpose or goals in their lives. This observation has been supported by a number of other authors who had studied the construct of meaning. These studies found that people, who had a purpose and clear life goals, emerged healthier both in body and mind. For example, goal-focused people were found to be happier (Debats, Van Der Lubbe, & Wezeman, 1993), and they reported overall life satisfaction (Chamberlain & Zika, 1988; Diener, Suh, Lucas, & Smith, 1999). In addition, people with life goals had more control over their lives (Ryff, 1989), and greater overall well-being (Bonebright, Clay, &

Ankenmann, 2000; Lyubomirsky, 2008).

Literature on youth and adversity advises that meaning is an imperative mediating factor in young people living under adverse life circumstances, although this is a fact that has often been ignored in most literature (Boyden & Mann, 2005). These authors further contend that the way in which the youth respond to adversity cannot be divorced from the social, cultural, economic and moral meanings which they themselves give to such experiences within the context in which they are living. In his statement on the dearth of culturally and contextually appropriate literature on human development, Nsamenang (2008) felt that “what exacerbates Africa’s appalling situation is the scarcity of culturally sensitive and contextually tuned human capacity for the stark African realities” (p. 76).

In the strengths of character literature, aspirations and dreams are equal to hope and optimism and this is also known as future-mindedness (Peterson & Seligman, 2004). According to Zimbardo and Boyd (1999), a future-minded individual is able to think ahead about what the future holds and how all possibilities will turn out. However, in a controversial debate on social class, Banfield (1999) argued that dreams, aspirations and being future-minded were a major psychological variable in distinguishing between classes within society. In his argument, this author said that the most affluent and upper class groups are more future-minded in that they invest in the future and its possibilities, whilst the lower and more impoverished class groups were described as thinking only about the present. The present findings question such perspectives. Furthermore, Carver and Scheier (1981, 1990) introduced dispositional optimism, a term which describes human behaviour as directed by goals and aspirations, the achievement of life goals and the regulation of actions (Carver & Scheier, 2009).

Theme 2: Emotional Resilience. Under this theme, the following three subthemes emerged.

Subtheme 1: Emotional Awareness and Sensitivity. There were 13 reports on emotional self-awareness and sensitivity. This is what some participants said:

“I am also a person who keeps things confidential. When I have problems, I prefer to keep them to myself, rather than burden the next person, only to find that he/she has got his/her own problems” (Participant 114, line 3).

“I try and talk to my mom about it, and she also does not like it, she cries a lot when we talk about it” (Participant 162, line 25).

“The smile is actually coming from my inner self, because immediately a person smiles, you can tell that they are feeling very good inside” (Participant 114, line 58).

“I feel there are a lot of things in my life, which I feel a lot of people my age have never come across or experienced” (Participant 352, line 55).

The theme of emotional growth emerged in the focus group discussions and participants said:

“But after my stay in hospital, I became aware of the fact that I could have gone home (heaven), but that would not have solved anything... Things were still the same.”

“People in my life encourage me to be a better person in life... firstly, they tell me to study hard, learn to talk less and do more and this is what I am doing.”

Emotional intelligence (EI), of which aspects have been revealed by participants, is seen as an individual’s ability to identify and monitor his/her own emotions as well as the feelings of others and to use this information to guide thinking and action. The ability to identify own and other’s emotions underpins self-management and social competence (Salovey, Mayer, & Caruso, 2002). Studies found that people with EI were capable of using their emotions in a wise manner, as well as have a clear understanding of their emotions (Compton & Hoffman, 2013). Additionally, such individuals are able to read the emotions of

people around them; they possess a practical knowledge of managing their feelings and impulses; and they are sensitive to the emotional nuances underlying many social interactions (Compton & Hoffman, 2013). Furthermore, such people showed better interpersonal relationships, were more satisfied with their social relationships and the support from those around them (Lopes, Salovey, & Starus, 2003).

EI has also been associated with lower stress levels, but specifically for participants who were able to clearly identify their emotions and experience those emotions (Gohm, Corser, & Dalsky, 2005). Regarding subjective well-being, EI has been positively related to higher life satisfaction (Mayer, Caruso, & Salovey 2003), and greater levels of psychological well-being (Brackett & Mayer, 2003).

Subtheme 2: A Resilient Demeanour. There were a total of 10 reports in this theme. Many participants, who come from very poor and marginalised backgrounds, are living a life of adversity and life is all about survival. Yet, these participants show forms of emotional resilience, ensuring that they live and survive each day, while maintaining their sense of strength and control. This is what a few had to say:

“I was 14 years old when she died, and my mother’s death has made me emotionally strong” (Participant 263, line 16).

“I can be faced with a number of challenges of which I fail, but in the end I always believe that I am not a loser” (Participant 769, line 47).

“The thing like sometimes there are certain life experiences that make you become emotionally strong” (Participant 263, line 12).

Participants in the focus group discussions had this to say:

“I wanted to prove to them and myself that I was not a failure and that I am capable of doing better.”

“I have decided to fight; life is all about that, isn't it...? I am going to fight.”

“With God's grace and the love of people we were surrounded with, we managed to get through all this trauma.”

“I chose to forget about the past, but it was hard because that very same past is the one that made me who I am.”

The responses of these participants reminded strongly of the position taken by Masten (2001) that resilience is in the power of the ordinary and, specifically, the ordinary resources in the minds, brains and bodies of youth in various contexts. Literature on resilience cautions that threats to marginalised young people are those life adversities that undermine their basic protective factors; thus, efforts to promote resilience and competence in these groups should provide strategies that either prevent, restore or compensate for such threats (Masten, Cutuli, Herbers, & Reed, 2009). The strongest asset of resilient young people is a strong emotional bond with a caring, loving and competent adult, who need not be a biological parent (Masten, et al., 2009). The proponents of resilience theory further believe that providing marginalised youth with caring relationships and meaningful participation in such supportive contexts would meet their fundamental developmental needs (Healthy Teen Network, 2008). In a South African study of youth resilience, Theron and Theron (2010) discovered that resilience was influenced by multiple resources, such as personal, family and community resources. These authors further stressed the importance of understanding the context and cultural values or socio-ecological environment within which resilience unfolds, as these factors have a strong influence on resilience-promoting endeavours within the South African context (Theron & Theron, 2010). The reports of participants also indicate that they experience a sense of personal control or mastery over their life outcomes, or have a sense of being - “masters of their destiny” (Compton & Hoffman, 2013, p. 142). Taylor (2011) found such a belief to be related to fewer mental risks in people with low economic status (SES), and with

outcomes equivalent to persons in higher SES groups.

Subtheme 3: Emotional Expressiveness. Participants, both males and females, spoke of their ability to express their emotions either verbally or using an emotional outlet freely, without any fear of being judged by those around them (5 reports). This is in contrast to the norm in African culture, where males are expected not to express their emotions to the outside world as this is presumed to be a sign of weakness. This is what some participants said:

“I look at respect, trust, honesty and for instance, in a relationship, I am able to open up about my feelings and thus expect the other party to be open with me” (Participant 769, line 8).

“I am very expressive, so my actions and everything I do will speak for itself, you will see it...ummmm, in my eyes” (Participant 598, line 31).

“I have all those who are not at school...there is a cultural dance group, gumboot dance, drama group, etcetera” (Participant 284, line 9).

“I used to write poems, a lot and I joined a youth club, TTGA, and I would do my poetry there” (Participant 468, line 78).

“I love singing, I cannot sing, but I love singing, a lot” (Participant 231, line 80).

In the focus group discussions, participants spoke of their use of emotional outlets such as music, art and sport in dealing with life’s challenges and this is what some had to say:

“At home they will tell you that this guy likes music, like if I want to heal, I can’t talk to any person... I would rather listen to my music.”

“So that’s the thing, I like to communicate, using visuals, using audios, but also at the same time like story telling.”

“The other contributing factor is my public participation and taking part in sport” (Participant 114, line 33).

Literature highlights the use of coping styles such as emotional avoidance, emotion-focused coping as well as problem-focused as various ways of dealing with adversity (Compton & Hofmann, 2013; Folkman, 2011). These authors suggest emotional processing as a positive way of coping, which is the acknowledgement of one's emotional status and allowing one to go through the process of experiencing one's true feelings; whilst emotional expression is the way in which the affected person conveys the feelings associated with stressors through the use of music, the arts and even having a good cry (Compton & Hofmann, 2013).

In his study of emotional expression, Pennebaker (1993) conducted a number of studies on the use of writing as a method of dealing with traumatic and challenging circumstances. The findings led to a conclusion that the sharing of one's experiences as well as being able to open up and confide in others had beneficial therapeutic effects, and closely related to this was the non-verbal expression of emotions in the form of music or art (Berry & Pennebaker, 1993; Pennebaker, 1993). In another study, Lyubomirsky, Sousa, and Dickerhoof (2006) highlighted the importance of being conscious of how people process their emotional material. According to these authors, embarking on a journey of writing about adverse life events led to greater emotional and physical health. A closely related construct to emotional expressiveness is emotional self-regulation of which features are also seen in the reports of participants. Buckner et al. (2003) found that emotional self-regulation is a skill of resilient living by youth in poverty. The authors found that such youth seem adept at the nature and intensity of emotional expressions under stress, in order not to alienate them from others. Emotional self-regulation is part of their social competence and enables them to accomplish goals and to effectively cope with daily challenges (also see Baumgardner & Crothers, 2010).

Theme 3: Social Strengths and Well-being. Under this theme the following four

subthemes emerged:

Subtheme 1: Belongingness and Social Support. Participants reported a sense of belongingness and support from their parents or significant others (9 reports). In most instances, it is a loving and supportive mother, and in a few cases a caring father, who create an environment of belongingness. For others (those who are from child-headed households), the support is from an elder sibling or a grandparent, who, due to the absence of both parents, has taken the role of the most significant person in the participant's life, offering emotional and other forms of support to the participants. This is what some of the participants said:

“My dad is always encouraging me in each and everything I do” (Participant 263, line 39).

“I don't have a mother, I don't have a father, but my sister is always there for me” (Participant 769, line 49).

“Life is like that especially; the person I am very close to is my mother, because my father is not available” (Participant 58, line 23).

“I could say it's my father because although he is a very old person (78 years old), but he has always been there for me” (Participant 468, line 88).

“Now my mother is always there for me, she won't say you are right or you are wrong” (Participant 58, line 29).

“It is up to us together with my siblings to, we always stand together and be one...Like we come up with ideas on how to succeed and make it in life, then we are ok” (Participant 769, lines 64 and 66).

Participants in the focus group discussions spoke of their need to belong and this is what some said:

“I am currently in grade 12 and still staying happily with my new family.”

“Didn't Mama (The ministry Director) tell you...? I was in hospital, but when I came out I

decided that this is where I belong, Ikageng is our home... all of us... we belong here.”

The statements above remind one of the powerful proposition of Baumeister and Leary in 1995 that the need to belong is a basic human motive, “a pervasive drive to form and maintain at least a minimum quantity of lasting, positive and significant interpersonal relationships” (p. 497). The need to belong runs very deep and people become very distressed when they experience being neglected, rejected, excluded, stigmatised or ostracised, which are all forms of “social death”, according to Williams and Nida (2011). On the contrary, people who “belong” have higher self-esteem, life satisfaction, are physically healthier, less prone to risk behaviour and even more motivated to achieve success than those who lack a sense of “closeness” (Kassin, Fein, & Markus, 2014).

Shah et al. (2005) point to the fact that the key factor in the promotion of positive psychosocial development is the existence of a stable and secure attachment to the caregiver, mentor, positive role model or a person in leadership. Thus, the availability of a loving, caring and supportive relationship with an adult or any significant individual in the young person’s life is imperative in the enhancement of psychosocial well-being (Shah et al., 2005). Furthermore, Taylor (2011) views social support in people’s lives as the most significant and reliable psychosocial predictor of their health and well-being outcomes. Social support is the enabling outcome of sound relationships with others and, according to Gable and Gosnell (2011), social support reduces the perceived stress in one’s life and equips one to cope with stressors.

Subtheme 2: Communal Wellness. Participants reported being active members of the community within which they are living, thus perceiving themselves to be a part of their communities (13 reports). The participants are also members and/or leaders of their communities and organisations, such as youth organisations, soccer clubs and ladies clubs.

This is what a few had to say:

“Yes, it is yourself, your family and the community, they are all part of one’s well-being”
(Participant 114, line 23).

“I prefer for people to try and do positive things together, maybe clean up a piece of open space, plant some grass and at least convert the space into a recreational park....do something with our lives” (Participant 58, line 43).

“And then for my community, I am involved with this campaign, The Women Network. We go and do door-to-door campaigns in order to get a better understanding of problems faced by the people we are living with” (Participant 769, lines 26 and 28).

“Most of the time when I read these books, they teach me that when you live in a community and you do something wrong... you have to go back and make amends and show them that it was a mistake and not my intention” (Participant 58, line 39).

During the focus group discussions some participants had this to say with regard to their communal wellness:

“I am currently involved in youth movements here and outside of this organisation, my community, and as an aspiring politician and dreaming of being a member of parliament in the future.”

“But fortunately a friend of mine offered me a helping hand and asked if I cared to move in with her and her family until my parents came...well, I didn’t have a choice, so I moved in with her family.”

“It was extremely cold and a good Samaritan, a teacher, saw this young boy who was freezing but was still going to school... and this teacher volunteered to buy a school uniform for the boy.”

“I felt so tired and helpless, but Mama and my friends here at home (Ikageng) made me realise that there was still a lot to live for...yes, there is...”

Studies on the function of the collective in the enhancement of well-being have indicated that young people who scored high on the Mental Health Continuum questionnaire by Keyes (2008) were keener on engaging in pro-social behaviours within their communities. In his study, Keyes found that flourishing young people were more willing to assist friends, siblings and parents as compared to those who were non-flourishing; whose engagement in such behaviours happened less frequently. Evans and Prilleltensky (2007) encourage young people to participate in their communities as a way of enhancing their well-being, while Prilleltensky and Prilleltensky (2003a, 2003b) argue that for greater improvement of youth's overall well-being, researchers should strive to invent ways that encapsulate personal, relational as well as community development.

Studies on psychosocial well-being and youth resilience have found that resilience was enhanced by protective resources which are anchored within the community (Theron & Theron, 2010). Furthermore, the role played by society in the well-being of individuals has been identified as an important aspect in the promotion of positive youth development. Such communal involvement could lead to enhanced positive youth empowerment; building their strengths and providing direction, moral guidance and support to the young people (Healthy Teen Network, 2008). Moreover, social cohesion is a powerful communal strength that maintains and reinforces the collective sense of belonging in youth of a healthy community (Kassim et al., 2014).

Subtheme 3: Transcendence Strengths. The participants reported a very strong belief system or a spiritual background (4 stories) on which their lives depend for direction and guidance. For most of the participants, a belief in God, going to church and praying are an imperative foundation for their survival amid life adversities. This is what some participants had to say:

“Dankie (meaning thank you), a lot...I love going to church to praise and worship”

(Participant 114).

“To know that I am well most of the time, one thing that I believe is that God is great”

(Participant 769, line 45).

“I love church a lot, as it gives me the space to communicate my personal problems at any given time” (Participant 284, line 34).

A strong faith and a belief in God emerged as a frequent theme in the focus group discussions and this is what some participants said:

“It is the belief and my faith...they keep me well, at all times.”

“My faith always spurs me on.”

“I always think it was some condolence from God.”

“I have put everything in God’s hands...He is the only one who knows everything.”

A significant number of studies have been conducted on the salutary impact of faith and religion on overall well-being (Chamberlain & Hall, 2000; Miller & Kelley, 2005; Plante & Sherman, 2001), and this also applies to the lives of young people. Within the African context, spirituality has emerged as a major factor in the holistic development of the youth (Shah et al., 2005). Results from these and other studies revealed that a high level of religiousness is positively related to overall mental health and subjective well-being (Compton & Hoffman, 2013). Young people who are religious were further found to have emotional well-being with low rates of alcohol and drug abuse, delinquency and other antisocial behaviours (Donahue & Benon, 1995; Louw & Louw, 2013). Park and Peterson (2006) found transcendence strengths to be of the strong character strengths in youth, especially young people from African-American descent.

Subtheme 4: Espousing Traditional and Cultural Values. The participants spoke about the importance of culture and tradition (6 reports) and its values in their lives. This is what

some had to say:

“So this past Saturday I decided to go and consult a traditional healer, to try and find out about my problems...It’s in our family tradition, we still believe in our ancestors”

(Participant 437, lines 23 and 25).

“The following year in June, the family had to go back to Witbank as my other brother was going to the initiation school...Unfortunately my mother passed away, whilst the family was still there for the initiation ceremony” (Participant 468, lines 146 and 148).

Participants in the focus group discussions alluded to their traditional and cultural values by saying:

“I was named Jan to keep a long family tradition of naming the son of the last daughter with that name...that tradition has so far gone for three generations before me.”

“My second name, M, was given to me by both my parents who lost two daughters before me.”

“An ancestrally/tribally-connected or -related grandmother who lived almost a kilometre from my grandmother’s residence, then offered to live with me in order to carry on my primary schooling.”

Literature on the role of culture in the psychosocial well-being of the youth stress that the youth cannot be perceived as developing within a vacuum, but they are to be seen as part of a larger multi-systemic ecology comprising family, peers, school, community, and culture (Nsamenang, 2008; Prilleltensky, 2005; Shah et al., 2005). Saleebey (2006) refers to cultural resilience as a constellation of culture-related characteristics and strengths that protect and sustain people of a culture during challenging periods in their development.

Wellness-hindering themes

Theme 4: Loss of Family Well-being. Under this theme the following six subthemes

emerged:

Subtheme 1: A Broken-down Family System. There were 13 reports where participants came from single parent, broken-down or dysfunctional families; where either parent is deceased, or they are separated or divorced. For some of the participants, both parents are still alive, but they are not staying with the participants as both have their own separate dwellings far away from their children. This is what some participants had to say:

“When my mother was still alive, I was a free, happy-go-lucky kind of girl; it was me and my brother” (Participant 263, line 50).

“Apparently, my biological father, I am told, passed away years back. The same goes for the woman that I call my mother (the one that I say passed away a few years ago); she was also not my biological mother” (Participant 468, lines 112 to 114).

“My mother, she is not staying with us...at times I do miss having her around, even though I can go and visit her, I wish she was staying with us” (Participant 8, line 65).

“I am always thinking a lot about my father, like where is he, is he alive or did he die a long time ago?” (Participant 8, line 61)

“Last year ...K is currently staying at a friends’ place...She had to move out of the place she called home...Because there was no peace at home” (Participant 231, lines 13, 15 and 18).

In the focus group discussions, participants shared thoughts about their poor sense of belonging emanating from their dysfunctional family circumstances; and this is what some said:

“My mother’s family didn’t want anything to do with us and as for my father’s family, they didn’t know us or where we were staying.”

“I had to stay with my uncle in Dithabaneng, and also had to change schools to Maseru High School to do my grade 9.”

“The death of my grandmother led to all family members, with whom I was staying, to relocate with other relatives.”

Participants who had gone through multiple caregivers in their lives had this to say:

“A relative of my grandmother who then lived almost a kilometer from my grandmother’s residence, then offered to stay with me so that I could carry on with my primary schooling.”

“My aunt, who is the older sister to my mother, decided to bring me back to Gauteng in 2010, to start with my grade 9.”

“In December 2006, my other grandmother took me back to her care and we moved back to Gauteng.”

“They took us to an orphanage where they look after needy and abused orphans and children.”

In their study of South African families, Holborn and Eddy (2011) found that despite numerous challenges faced by the youth, for example the loss of family well-being, most of these individuals have future aspirations and are goal-oriented. Whilst about 94% of 12 to 22 year-olds were found to have clear life goals and plans of how to go about reaching them, 99% had specific goals; and 97% believed that whether they met their desired goals depended on their own actions and efforts. Additionally, 90% of the youth were found to have an ability to cope with adverse life circumstances. These results are, according to Holborn and Eddy (2011), an indication of the potential of South African youth; provided they are afforded an opportunity to grow up in stable families and communities that are free of violence, and are afforded an opportunity for good education; which is sadly not the reality in South Africa. The presence of warm and responsive parenting in young people’s lives is positively related to a variety of positive developmental outcomes, including high self-esteem, pro-social behaviour, less behavioural problems as well as depression and anxiety

symptoms (King, 2008; Parritz & Troy, 2011). Hence it could be said that any kind of dysfunctional and or fragmented parental system would have a negative impact on the development of the young person, leading to poor self-esteem, depression, anti-social behaviour as well as behavioural problems. This point is emphasised by Holborn and Eddy (2011) who caution that when only 35% of young people are raised by both biological parents, as is the case in South Africa, there is a risk that dysfunctional families are damaging the prospects of our younger generations. Evidence further points to the possibility that individuals from broken families are more likely to experience relationship problems; thus, creating fragmented families themselves, a cycle which needs to be broken.

Subtheme 2: An Absent Father. There were 14 reports of participants from single-parent families who spoke of their absent father or an emotionally unavailable father and these were some of their stories:

“But the person I am more close to is my mother, than my father, ahhhh...most of the time he is just doing his own thing” (Participant 17, line 42).

“Ummm... my father, I never had, I know that he is alive, but I don't know him...it's like I never had him” (Participant 616, line 34).

“He said that I needed my mother to come in and explain to us as to who my real father is, as the man I have known as my father is not my biological parent” (Participant 437, line 32).

“Lately I tend to lose ...aaahhh...like recently, I just found out that the person whom I have been calling my father is actually not my biological father” (Participant 437, line 7).

Some participants in the focus group discussions had this to say:

“Me, my biological father, I don't know him.”

“It was a Thursday midnight, a 20 year-old girl gave birth to a cute little boy...during that time the father of the child was nowhere to be found.”

“But sometimes there are things, I feel, need a father to discuss them with. Hence I say that my dad has got a role to play in my life.”

As in the case of positive parenting, literature stresses the importance of a secure attachment to a warm and caring caregiver, a mentor, or a positive role model, for the promotion of positive psychosocial development of the youth (Shah et al., 2005). This is especially true in the case of the male-child who needs the presence of a loving and caring father figure who would act as a positive role model, guiding the young person and teaching him life morals and cultural values. Louw and Louw (2007) cited research conducted by the Human Science Research Council, which found that in the South African context most men are not active in the lives of their children, and they are not willing to engage in intimate interaction with them. Wilkenson (2013) states in this regard that the greatest predictor of pathology in youth is fatherlessness, even greater than poverty. He is further of the opinion that fatherlessness is the most harmful demographic trend of this generation.

Research further identified a father’s positive influence among girls, in terms of length of time spent attending school, educational achievement, and self-confidence; whilst among boys, there was enhanced adjustment and behaviour control (Holborn & Eddy, 2011).

Research on South African adolescents further found that secondary school pupils who were growing up in the presence of their fathers, performed better in all subjects than pupils with absent fathers (Adolescence, 1999).

Subtheme 3: Painful Past Life Experiences with Emotional Baggage. Participants spoke of a history of pain and suffering (12 reports) in their life experiences, and these were some of their stories.

“Like one day my father just decided to up and leave us, even now I do not know what happened to him. You know this thing has always caused me a lot of pain deep inside of me and it disrupted a lot, for example, my father used to always push us to excel at school, like

he would physically drive us to school daily when he visited home from Johannesburg” (Participant 8, lines 21 and 23).

“The relationship I have with my step-sisters is the main hindrance towards my psychosocial well-being” (Participant 162, line 30).

“I have had some things, something happened when I was young...I think, it took...it took my childhood and even more so now, people are...” (Participant 616, lines 16 to17).

“My past life as a child is filled with pain, and the memories...” (Participant 616, line 68).

“This thing hurt me, it hurt me very badly, I cried, I cried for...maybe 45 minutes, I was hurting...” (Participant 437, line 36).

Participants in the focus group discussions had this to say:

“When every time my mother would send money and clothes so that my granny could feed us, but instead my granny will take the money and clothes and give them to her other grandchildren.”

“I had to stay with my grandmother who was not employed and we were in a family of six, and no one was working; some days we had to go sleep with empty stomachs.”

“I isolated myself from other kids because I was scared that that they were going to tease me about the death of my HIV-positive mother.”

“My mother died in 2005 when I was doing grade 4, after being hospitalised for nearly half a year from cancer.”

Studies of marginalised youth have pointed to a variety of life circumstances in which these young people have either survived or are still living, such as poverty, HIV/AIDS stigma, lack of education and resources. These circumstances are said to disrupt the young people’s social functioning, which in turn, undermines their well-being (Shah et al., 2005; Williamson & Robinson, 2005). Resilience findings in more recent studies, however, bear

evidence to the fact that young people who face adversity in their daily existence are capable of overcoming and thriving under such difficult circumstances (Ungar, 2011; Wright, Masten, & Narayan, 2013).

Subtheme 4: Emotional Turmoil. This was another prevalent theme with 15 frequent stories of emotional turmoil, brought about by participants' adverse life experiences. This is what a few shared:

"I do, I just do not show it when I have stress, not for other people to notice" (Participant 334, line 10).

"It becomes very painful and when people gossip about me, it becomes so painful...I feel like dying, you know... hhhhh?" (Participant 162, line 5).

"I miss them a lot, the death of my two unborn children has also affected me a lot and I find myself consistently thinking about it..." (Participant 8, line 67).

"And as for in relating to people, I think I am good... (hearty, yet anxious giggle)...but K is someone who is... She is hurting inside (Participant 231, lines 7 to 9).

"Sometimes I have a feeling, I feel like no one cares, so this sometimes acts as a hindering factor in what I am doing" (Participant 231, line 63).

"So, it was really painful... hhhh... this thing like I sometimes sit and think about it like we could be sitting like this... chatting... and I would suddenly feel like I should shut down, not to think about anything" (Participant 437, line 9).

"If someone happens to hurt me, I get very angry and feel like shouting at the person; as a way of taking out the pain" (Participant 627, line 5).

"It's like the reasons are two-fold: I can't open up because it's too far back and painful for me to talk about (sobbing quietly)" (Participant 616, line 28).

The fear of being judged emerged as a theme related to emotional pain in the focus

group discussions and this is what a few participants said:

“I am scared that when people realise the pain I am going through, they will reject me (teary eyes).”

“Such things are stressful to me most of the time, when you are told you are judgmental of others, that’s what I fear most, being judged.”

“The only thing hindering my psychosocial well-being is that I am always judged.”

Literature on youth wellness points to adverse life circumstances, such as lack of fulfilment of basic psychological and emotional needs, family separation, chronic poverty and unemployment, as some of the psychosocial challenges facing the young people (Felner, 2006; Taffee, 2006). These circumstances are linked to high levels of disturbance and upheaval on personal, familial and broader societal levels (De Vries, 1996; Parritz & Troy, 2011). In particular, such experiences overwhelm young people emotionally and psychologically, whilst undermining their overall development, coping, resilience, as well as adaptation during adulthood (Boyden & Mann, 2005).

Subtheme 5: Struggling Well-being. Participants spoke about fluctuating depressive symptoms (4 reports); some of them with suicidal ideation. This is what they said:

“Especially when I am under stress, I do go and drink in order to try and cope with my stress” (Participant 284, line 21).

“There was a time when I even wanted to commit suicide, when I felt like I was tired” (Participant 231, line 22).

“It’s eating me up...like every day of my life (sobbing)” (Participant 616, line 62).

“I feel very guilty that I have disappointed them by bringing a baby into this world (tears rolling from her eyes)” (Participant, 254, line 138).

In the focus group discussions the participants had this to say:

“I told myself that this was the end of me, because the way things were like... I stayed two months in hospital.”

“But that year things really got worse at home, things really got out of hand... me and my brother were not talking for an extremely long time...it even led to physical and verbal fighting; that is when I thought of suicide.”

A study by Bach (2011) identified depression as a prevalent mental health challenge facing a lot of young people and this would be more profound within a marginalised group. Such young people are considered as a vulnerable population group due to their exposure to and risk of the development of alcohol and substance abuse, bunking school, suicidal ideation as well as depression and related anti-social behaviours (Bach, 2011). In his work on languishing, Keyes (2005) found that languishing makes the youth vulnerable to the development of mental illnesses, such as depression which results from distorted thought processes and behavioural patterns; also the inability to form and maintain positive attachments to significant others. Reis and Gable (2006) concur that positive interpersonal relationships and belongingness are imperative for mental health amongst young people.

Subtheme 6: A Lack of Confidence and Poor Self-esteem. Some of the participants exhibited a poor sense of self-esteem and a lack of confidence in their relationships with others, as indicated by this statement:

“The thing I lack most is confidence, but if I get someone who motivates me, I tend to be judging myself first” (Participant 254, line 152).

“It becomes a dilemma as I feel torn between my studies and hanging out with my friends” (Participant 352, line 44).

Self-esteem has been found as a predictor of psychological health, social competence and resilience, whilst a lack thereof has been associated with failure at school, substance

abuse, self-mutilation, depression and suicidal thoughts (Bolt, 2004). Literature points to the importance of affirming character strengths as a way of building self-esteem and confidence in marginalised people (Tweed, Biswas-Diener, & Lehman, 2012). Furthermore, the community can be active agents of cultural education to help young people develop a sense of worth and self-esteem (Cook & Du Toit, 2005).

Reflection

In this qualitative exploration of the psychosocial well-being of a group of African youth who live under marginalised circumstances, the results indicated various personal and contextual factors that contributed to their well-being as well as hindering factors that negatively influence their psychosocial wellness. The process and findings of this research are depicted in Figure 1 below:

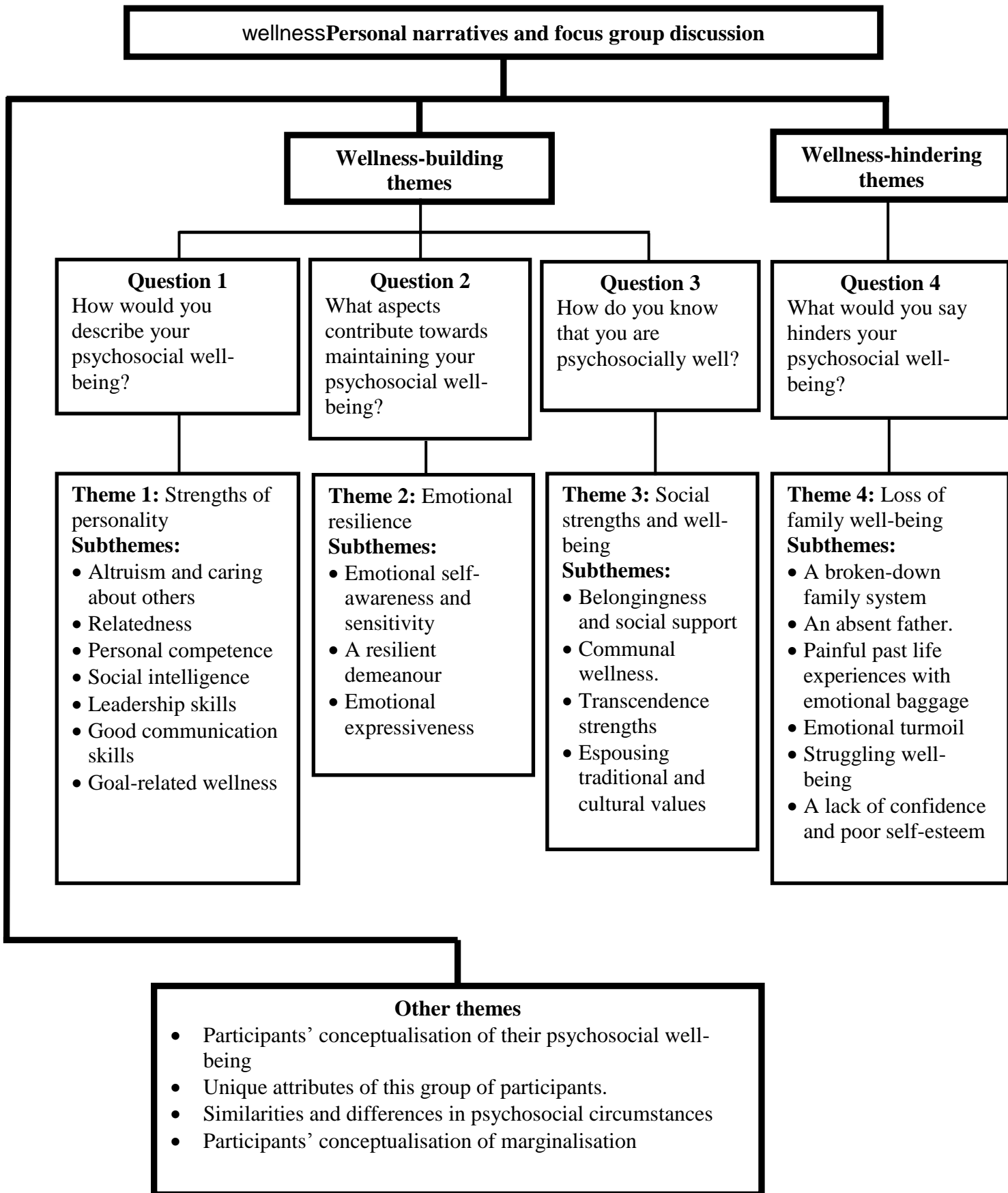


Figure 1: A synopsis of the process and findings of the study

In Figure 1 the themes that emerged and that present a framework from which to understand the psychosocial well-being or lack thereof of this group of African youth who experienced harsh personal circumstances, are evident. From the thematic analysis of their shared narratives, the following conclusions could be reached:

1. Participants' conceptualisation of their psychosocial well-being was mostly centred on aspects such as:
 - Love, caring for others, faith and cultural beliefs, family responsibilities, the need for education as well as economic independence.
 - Their resilience and rigour within their adverse life circumstances, as a precursor to their well-being.
 - Their psychosocial well-being was deeply embedded within the well-being of their families, community and religious organisations, as well as other related social groups. As in their own words, when the society within which they are living is not well, then the participants themselves cannot achieve the desired psychosocial wellness.

Literature studies on psychosocial well-being of the youth identify protective factors as imperative for the overall wellness of young people, such as an affectionate relationship with a significant adult, a strong support system that fosters belongingness, and self-confidence as well as a healthy socio-economic status (Trussel, 2008). Additionally, the development and sustenance of resilience was linked to long term wellness, success in life and the prevention of antisocial behaviours, such as suicide, and substance- as well as alcohol abuse amongst the youth (ARACY, 2011).

2. The participants in this study shared a unique life context from which the following were evident:

- Psychosocial well-being for these participants is intertwined with the Ikageng Ministry. It is this sense of belonging and security within a safe and supportive environment which makes this marginalised group of young people unique.
- Another unique characteristic of this group of young marginalised people is that the Ikageng Ministry maintains their family units by keeping siblings together in their homes and within their communities. As in the words of the ministry's Director, Ikageng is "an outreach organisation and not an orphanage"; thus, offering an inclusive and even unmarginalising environment.
- The 1700 young people at Ikageng reside in 400 households, spread in and around the Soweto area, of which 65 % of these households have an adult such as an aunt or grandmother as a primary care-giver; about 35% of households are child-headed.
- The basic role of the ministry is to ensure that the young people attend school or tertiary institutions, receive monthly food parcels and the necessary medical attention, and to offer them a safe home environment.

The above factors add to the wellness of these young people since, instead of uprooting youth from their families and placing them in orphanages or foster homes, the ministry allows them to live within the safety and familiar surroundings of their environment, whilst providing them with support.

Research reports that in recent years, young people from child-headed households prefer staying in their own homes as a family unit, rather than being dispersed with relatives or being placed in foster care homes (Chilangwa, 2004; Tsegaye, 2007). Studies further highlight the importance of social well-being which encompasses positive social influences interacting with emotional and social characteristics of young people; stressing that such individual and contextual interactions result in positive relationships which in turn enhance the achievement of potential in the youth (Bernard, Stephanou, & Urbach, 2007).

3. This group of marginalised young people shares a number of psychosocial features:
- Of the *wellness-building circumstances*, there is a common theme of a sense of belongingness and relatedness emanating from their membership within the Ikageng/Itireleng Ministry. In their narration of their life stories, participants would refer to the ministry being their second home, family as well as a refuge to which they can escape from their adverse life circumstances. Fellow ministry members are viewed as extended family, siblings, friends, confidants as well as role models and mentors, who are always there to offer support and guidance to one another at all times.
 - Mostly, *participants showed character strengths* as well as personal competence, emotional resilience and social intelligence. There is a presence of a loving, caring and supportive mother-figure in most of the participants' lives, which had an enabling influence as was evident in their stories of courage, goal-oriented attributes as well as an ability to deal with their emotional and social challenges. The theme of hope for a better and positive outlook was frequent in such stories told by the participants.
 - On *wellness-hindering factors*, participants shared past painful life experiences, emotional turmoil, pain, hurt, anger, depression, often an absent father and a dysfunctional family background. Hence most participants regard the Director, social worker and staff at the ministry as a source of psychosocial and economic support and refuge from their broken, dysfunctional and fragmented families.

In a South African study on family psychosocial well-being, Koen (2012) used the model of optimal mental health of Keyes (2004, 2007), according to which psychosocial well-being is a multi-faceted concept encompassing one's psychological, emotional and social aspects of well-being, which contribute equally to mental health. As is the case with participants in this study, psychosocial well-being results from aspects such as the experience

of positive emotions (emotional well-being), personal competence, character strengths, goal-mindedness and finding meaning (psychological well-being), as well as belongingness and relatedness together with community involvement (social well-being). On the other side of the spectrum are the negative life experiences, such as pain, anger and depression which impact negatively on the well-being of participants. These findings once again support the strong view in positive psychology that authentic well-being is never without stress, sadness, loss and some anguish, but the strengths exist to cope with and even reside from such contexts (King, 2008).

4. As far as understanding the marginalised position of these youth is concerned, the researcher had a challenge at the beginning of the research as to the description and application of the term marginalisation within the context of this study. However, the participants' life stories somehow gave the term its contextual meaning. Within the context of this study, the term marginalisation is not a global umbrella term which applies to every participant in an equal and similar manner. Instead, the participants, through their personal narratives, highlighted the following important and *differentiating factors*:

- That the term marginalisation applies differently in the case of each participant, depending on the culture as well as his/her past, present and future context.
- The participants' life circumstances, aspirations, fears, hopes and outlook about their future play an important role in their conceptualisation of their marginalised status.
- Another differentiating factor was the prevalence of a high self-esteem, communication abilities as well as leadership skills amongst the well-functioning participants; and a contrasting low sense of self-esteem, self-doubt and fear of being judged amongst the struggling participants.

- Based on the above, the term marginalisation means different things to each participant within this study. For example, whilst for one participant the term meant being a member of a child-headed household, or being the oldest of the siblings responsible for the psychosocial maintenance of the younger family members, for another participant the term referred to an absent or emotionally distant father, an unsupportive mother or an aggressive elder brother. For other participants, marginalisation was related to the harsh socio-economic and dysfunctional family circumstances, as well as themselves being a single mother or father with little education and a burden of parenting responsibilities.

The conclusion here is that whilst marginalisation was initially purported to describe young people coming mostly from child-headed households, living in the margins of “normal” society, lacking in personal abilities with poor competence and strengths to reject a marginalised label and to integrate in a self-chosen and perceived “belongingness” context, this qualitative study revealed that the term is a multi-pronged concept with intrapsychological and interpsychological features, which differ from one individual to the next. The differentiating factors stem from the life circumstances and socio-cultural context within which the participants exist.

On a personal note of reflection, the majority of youth who participated in this study reminded the researcher of the youth studied by Buckner et al. (2003, in Baumgardner & Crothers, 2010), who come from circumstances of abject poverty. They were found to have no significant mental health symptoms; they showed mostly positive functioning and were doing well across various measures of health and competence. Specifically, they showed aspects of intellectual competence and self-esteem, as well as problem-solving coping abilities. A characteristic that significantly differentiated them from those who adapted less well was related to self-regulation skills. They could choose and direct their behaviour

towards desirable goals; control and modulate their thinking, emotions, attention and behaviour; and they could engage in pro-active coping strategies to prevent stressful events and redirect and offset negative experiences and emotions. Many of the attributes described above that characterised a group of resilient youth, were also observed in the current group of African youth.

Finally, a concluding narrative by the researcher representing the voice of this remarkable group of participants is as follows:

We, a group of African youth from marginalised backgrounds, have our own perception and description of the term marginalised, which emanates from a myriad of personal and contextual circumstances. Our psychosocial well-being is characterised by wellness-enhancing factors such as the strengths of our personalities, altruism and caring for others, our social intelligence in the understanding of our world, our relatedness to important others in our lives, as well as our personal sense of competence. On an emotional level, our emotional awareness, expressiveness and resilience are some of our positive emotional strengths, whilst we use activities such as music, sport and art as emotional outlets and coping methods. Our positive approach to life is characterised by self-reliance, trust and honesty in our relationships with others. On a social level, we regard belongingness, religious and cultural values as well as community support and participation as imperative to our wellness. However, regarding the wellness-hindering factors in our lives, we are faced with challenges such as the absence of fathers which leaves us yearning for their love and guidance in our life journeys. Childhood trauma and painful past experiences and the resulting emotional turmoil are factors which burden us with a poor sense of self-esteem and a lack of confidence.

Our psychosocial well-being is, therefore, deeply embedded within our personal, communal and cultural contexts. We share a common sense of belongingness and relatedness

as members of Ikageng, which is our second home and fellow members are our extended family. Ikageng is a home to all of us; therefore we reject any form of labeling, and we do not regard ourselves as orphans, but members of child-headed households. Most of us perceive our psychosocial well-being as influenced by the care and support from mothers, who are always encouraging us in our daily strife against adverse life circumstances. We have a shared commonality in painful life experiences, though, anger, emotional pain and in most cases an absent father. These negative factors may contribute to us engaging in anti-social behaviours; we do, however, always strive to overcome all these negative influences in order to build and maintain our health and well-being.

Discussion

The main aim of this study was to identify, describe and explore the aspects which positively enhance and those that negatively hinder psychosocial well-being of a group of young people from marginalised backgrounds. This aim was achieved by obtaining data through semi-structured personal interviews (narratives) as well as focus group discussions held with the participants. The findings indicate that the South African youth who participated in this study have valuable strengths and capabilities, despite their impoverished and adverse life circumstances. Some of the psychosocial well-being enhancing attributes observed from the participants were strengths of personality, emotional resilience and social strengths. Within these major themes, the findings identified subthemes, such as caring about others, relatedness, social skills, emotional intelligence, a resilient demeanour, belongingness, and espousing spiritual and cultural values. The findings of this study about the psychosocial well-being of youth support the model of well-being identified by Prilleltensky (2005), who views well-being as a combination of various personal, relational, and collective aspects of human functioning (see Figure 2). The findings of this study further support the model of Keyes (1998, 2002, 2005a, 2005b, 2007) who describes well-being as not only the absence of

psychopathology, but rather the presence of sufficient levels of psychological, emotional and social well-being and an integration of the three aspects of human existence. The aspects identified by marginalised young people in this study bearing evidence to their psychosocial well-being, are enhanced by the role played by the larger ecological subsystems that surround them. According to Shah et al. (2005), a person cannot exist in a vacuum, but within his/her life context; and this is reflected in the findings of this study where participants described their well-being as being closely intertwined with that of their families, communities and the Ikageng NGO to which they are affiliated, in particular. Shah et al. (2005) and other professionals insist that every young person should be perceived as part of a larger ecology comprising other systems such as the family, community, church, school, culture, tradition and peers (Nsamenang, 2008; Prilleltensky, 2005; Shah et al., 2005). Hence Eagle (2004), in her definition of the African worldview concept, described people as holistic beings who perceive themselves, their relationships, psychosocial illness and health as intertwined with their social contexts. This is especially important when working with participants of African descent, as in this study. Corresponding to this view, Sommers (2003, 2007) stressed that it was imperative for researchers to always consider the collective nature of African people, especially how an individual is connected to his/her family, community and the larger ecological system within which he/she exists. Figure 2 below shows an adapted version of the model of Prilleltensky (2005), depicting the multi-dimensional nature of youth well-being.

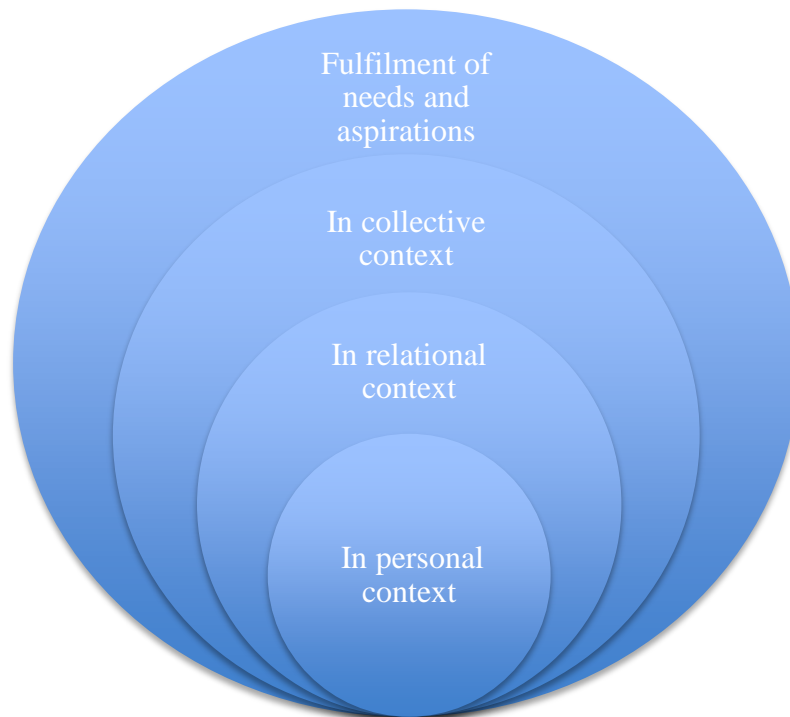


Figure 2: A model of youth psychosocial well-being (adapted from Prilleltensky, 2005)

The aspects identified by Prilleltensky (2005) are supported by the findings of this study on the nature of psychosocial well-being amongst marginalised youth within their broader contextual environments. Recent studies found similar features that indicate socio-demographic factors as major contributors in the enhancement of well-being of individuals and families in South Africa (Khumalo, 2011; Koen, 2012).

The factors identified by participants in this study that negatively impact on their psychosocial well-being included, amongst others, broken-down families, absent fathers, emotional baggage caused by painful past experience, emotional turmoil and poor self-esteem. These negative factors have an adverse effect on the psychosocial well-being of participants; thus threatening their well-being and mental health (Holborn & Eddy, 2011; Williamson & Robinson, 2005). Such negative factors are in line with what Keyes (2004, 2005) called 'languishing', which is characterised by depressive episodes, and low levels of

psycho social well-being. A number of South African studies found evidence that the incidence of absent fathers and broken-down family systems created a pattern in which young people from such dysfunctional environments were more likely to engage in risky and dysfunctional behaviours, such as alcohol and substance abuse, depression and suicide (Bach, 2011; Holbord & Eddy, 2011, Mogotlane et al., 2010).

Although a large number of studies have been undertaken on the psychosocial well-being of the youth, there is still a need for research and published literature focusing mainly on South African marginalised youth. The significance of this study is that young people from marginalised backgrounds were afforded an opportunity to share their life experiences as well as their experience of psychosocial well-being. The findings of this study, such as the identified well-being enhancing and hindering factors and the role of the environment in psychosocial well-being, could assist future researchers to study youth well-being in greater detail.

This study was mainly focused on the psychosocial well-being of individual participants, exclusive of their families or the larger context within which they are residing. Future research could include family members or whole family units who would be able to give valuable information on the individuals or the family unit, their well-being, strengths, coping, optimism as well as their weaknesses and all the related factors which contribute to the enhancement or hindrance of psychosocial well-being. A major limitation of this study was that members of the Ikageng/Itireleng Ministry were involved. Through the caring involvement of the NGO in their lives, these participants were “less” marginalised than other youth who have to totally fend for themselves. Further research should focus on such independent and unsupported youth in order to understand their experience of wellness and flourishing.

In conclusion, the findings of this study will form a basis for the construction of a psychosocial well-being intervention programme for the youth, aimed at the enhancement of youth well-being in South Africa. The results may also be used as guidelines in the construction of psychosocial well-being teaching and training modules in South African education institutions. The findings impart valuable information which can be used by mental health professionals in workshops and other youth development programmes and activities.

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MANUSCRIPT THREE

**GUIDELINES FOR AN INTERVENTION TO ENHANCE PSYCHOSOCIAL WELL-
BEING OF AFRICAN YOUTH**

*“We need you, we need your youth, your strength, and your idealism, to help us make right
what is wrong”.*

- Ronald Reagan

Abstract

The aim of this study was to formulate guidelines and strategies aimed at a strength-based intervention programme for the enhancement of the psychosocial well-being of marginalised African youth. Research on youth well-being has recommended that any efforts towards the construction of guidelines for interventions with youth should take into consideration developmental contextual factors, individual factors, exposure to adversity, socio-economic status, and access to programmes and services. The proposed guidelines and strategies were based on the results of preceding quantitative and qualitative research with a group of marginalised youth. Through a proposed programme of eight formulated guidelines and strategies, the youth will be guided in using their personal and contextual strengths, their coping self-efficacy and other experiences of mastery and competence as well as their social resources and skills in enhancing their emotional and psychological well-being; also to be able to positively cope with adverse life circumstances, limiting their symptoms of depression, anxiety and stress. The guidelines and strategies proposed here are in line with existing interventions in positive psychology.

Key words: Marginalised youth, psychosocial well-being, coping self-efficacy, guidelines, strategies, strength-based interventions programme

In this paper, proposed guidelines for promoting the psychosocial well-being of marginalised African youth will be discussed. The focus of mental health and social services has in the past decade been on the psychosocial well-being of the youth, with researchers and practitioners within the educational, psychological, and social work fields gradually moving towards more holistic models which are in line with the strength-based approach to development (Trout, Ryan, La Vigne, & Epstein, 2003). Whilst earlier scholars focused on the weaknesses and deficits of individuals and their families, strength-based practitioners prefer to work in collaboration with families and young people to discover, employ and enhance their strengths (Laursen, 2000). The strength-based approach and also the premise of this study are based on the assumption that every person, family and community have unique strengths, talents, skills and abilities to face unique challenges (Laursen, 2003; Pulla, 2012; Saleeby, 2006; Williams; 2013).

Positive Youth Development Through Intervention Programmes

The development of psychosocial strengths in youth is needed to build their personal resources, in order to cope with the negative and destructive factors and adversity that they often face. This is in line with growing evidence indicating that certain strengths of character e.g. kindness, self-regulation and wisdom (perspective) can buffer the negative effects of stress and trauma, and even prevent the onset of disorders (Joseph & Linley, 2006; Peterson & Seligman, 2004; Peterson, Park, Pole, D' Ander, & Seligman 2008; Seligman, 2005). Park and Peterson (2009) argued that character strengths, manifesting in a range of thoughts, feelings and actions, are foundations of lifelong healthy development, and that they are essential for the well-being of the entire society.

While youth development programmes and interventions were initially established to support children and families to cope effectively with existing crises (Catalano, Berglund,

Ryan, Lonszak, & Hawkins, 2004) and in due course focused on prevention, it became clear that a successful transition to adulthood requires more than avoiding drugs, school failure, or precocious sexual activity. Several recent youth development programmes aim at developing adolescents' "internal" assets, e.g. commitment to learning, positive values, social competencies and positive identity formation (Lerner, Almerigi, Theokas, & Lerner 2005; Lerner, Brentano, Dowling, & Anderson 2002; Peterson & Seligman 2004). Other youth development programmes and interventions concentrate on protective factors that function as foundations for healthy development and aim to reduce problem behaviours, by assisting 21st century curricula in their mission to educate students to be knowledgeable, responsible, socially skilled, and contributing citizens (Greenberg, Weissberg, O'Brien, Zins, Fredericks, & Resnik, 2003). Still, compared to research on the remediation of problems (or "negative psychology"), little research has been undertaken on the development of positive strengths and abilities or competencies in adolescents (Gillham, Reivich, & Shatte, 2002; King, 2008). Although current youth development programmes focus on positive facets, such programmes do not primarily focus on important intra- and interpersonal aspects such as the development of psychosocial strengths and general coping skills to pursue positive outcomes. According to Mahoney (2000) and Marsh and Kleitman (2002), it is of even greater importance to involve disadvantaged or marginalised youth in such constructive youth programmes.

A review of previous literature indicates that studies on psychosocial well-being of youth within a marginalised African context are scarce (Bach, 2011), and this also applies to appropriate intervention strategies aimed at building and maintaining the well-being of young people, both in Africa and globally (Shah, Graidage, & Valencia, 2005; Sommers, 2007). Although some research on especially intervention strategies and programmes did commence during the past decade and is ongoing (Keyes, 2002; Koen, 2012; Prilleltensky, 2006; Ungar, 2005; Van Schalkwyk, 2009), it is still in its infancy stages (Huebner & Diener, 2008). In a

study of African marginalised youth, Sommers (2007) noted that broad youth development policies and their implementation are desperately needed due to the fact that most African youth are marginalised in one way or another and this reality should be reflected in government policies and inclusive societal platforms. Keyes (2013), in the same vein, insists that every nation should have comprehensive assessment approaches to the well-being of youth, as this is the best way to get in-depth knowledge of their strengths and weaknesses, which will in turn direct prevention and intervention strategies.

Given the afore-mentioned considerations, it is evident that youth (late adolescents and young adults) are a particularly important target group for positive mental health interventions aimed at psychosocial capacity building (Jahoda, 1958; Keyes, 2011). The current study concurs with the need for positive youth development interventions aimed at the systematic enhancement of their psychosocial competencies and well-being; also at counteracting the negative impact of adverse experiences and circumstances (Ungar, 2006, 2011). In order to do so, this study is approached from the theoretical framework of positive psychology that comprises the scientific study of “ordinary” human strengths and virtues (Peterson & Seligman, 2004; Seligman, 2002). This is in conjunction with that of developmental psychology (Erikson, 1959; Neugarten, 1973), aimed at understanding the life tasks and developmental challenges of late adolescents or youth.

The context within which the study was conducted was both socially and culturally relevant in the sense that the participants were African youth who have been marginalised by their life circumstances. This study was also done in line with the view of Theron and Theron (2010), who advised professionals and researchers to pursue South African cultures with an active, yet conscious approach that acknowledges the capability of such cultural contexts to nurture youth resilience, whilst not overlooking the richness of the spirit of ‘Ubuntu’ and its potential to encourage altruism towards and communal support of youth. Similarly, in a study

of the social ecology of resilience amongst the youth, Ungar (2011) argued that it is important for any study to consider and address all the contextual and cultural aspects within which it is conducted. These aspects, he argued, are imperative determinants in the definition of resilience “that emphasizes the environmental antecedents of positive growth” (Ungar, 2011, p. 1).

Some existing views on the development of psychosocial wellness of youth were given above. Empirical evidence supporting the proposed guidelines to be developed is presented next.

Empirical Background for Proposed Guidelines

Previous research phases conducted in this study (Chapters 2 and 3), quantitatively investigated and qualitatively explored features of psychosocial well-being of a group of youth from marginalised backgrounds. In the quantitative component of the study, a cross sectional research design was used to statistically determine the structure of psychosocial well-being amongst a group of marginalised South African youth. A sample of $N=794$ participants was used, consisting of male $n=428$ and female $n=366$ youth living in adverse and marginalised circumstances, and who were all on the database of Ikageng/Itireleng AIDS Ministry, a non-governmental organisation (NGO) based in Soweto, South Africa. Validated self-report questionnaires were completed by the youth and the data obtained was statistically analysed with factor analyses and structural equation modelling. Structural models of psychosocial well-being in this group of participants that could provide empirical evidence for guidelines to be developed were identified.

The results of the quantitative research showed that coping self-efficacy of the participants significantly and positively explained the variance in mental health and well-being and negatively in symptoms of depression, anxiety and stress. Practically, this could be interpreted that coping self-efficacy could possibly enhance mental health and well-being

(emotional, psychological and social) of youth and could possibly even lower symptoms of distress. Furthermore, the findings showed that mental health and well-being could serve as antecedents of low levels of mental distress. These findings are in line with findings from coping research that indicated the salutary relationship of coping, especially problem-solving coping and coping with social support with various aspects of mental health and well-being (D’Zurilla & Nezu, 2006; Malouff, Thorsteinsson, & Schutte, 2007). For example, Taylor and Stanton (2007) found that coping resources such as mastery, a positive sense of self, optimism, and social support were significant predictors of effective coping with stress; thus, having a direct effect on the individual’s mental health, well-being and physical health.

The results of this study also support research findings about the strong positive association of a sense of self-efficacy with mental health and well-being (Bandura, 2008; Maddux, 2009; Redelinguys, 2010). In this regard the findings of this study correspond with those of Chesney, Neilands, Chambers, Taylor, & Folkman (2006), and with Van Wyk, Wissing, and Temane (2010) who validated the Coping Self-efficacy Scale for use with South African groups. These researchers all convincingly reported the positive influence of coping self-efficacy on psychological well-being and mental health, and Van Wyk et al. (2010) indicated (as did this study) that there is a link between coping self-efficacy and flourishing or complete mental well-being, as measured by the Mental Health Continuum of Keyes (2002, 2005). Chesney et al. (2006) and Van Wyk et al. (2010) further found that coping self-efficacy had significant negative relationships with aspects of mental distress, such as anxiety, depression, stress, somatic symptoms and social dysfunction; a finding which is supported by the findings of this study. Similarly, Griffith, Dubow, and Ippolito (2000) found that whilst active coping strategies have been linked to fewer depressive symptoms, avoidance coping has been linked to poor adaptation abilities and higher levels of depressive symptoms.

Based on the finding from structural equation modelling in this study that corresponded with research results of various similar studies described in literature, the research hypothesis that a predictive relationship exists between indices of coping self-efficacy, mental health and well-being, and mental distress in this research group, was accepted.

In the qualitative component of the study, an explorative and descriptive qualitative research design was conducted using purposive sampling methods (Miles & Huberman, 1994) to select a sample of participants. The participants were identified from the previous quantitative phase of the research and were selected from three identified groups, namely those who scored in the high, medium and low scoring ranges of the scales used. Of the $N=89$ identified participants, a total of $N=32$ who were young Africans from marginalised backgrounds between the ages of 18 to 35 years, agreed to participate in personal interviews and focus group discussions. After transcription of all interviews and discussions, a thematic data analysis method (Braun & Clarke, 2006) was used which was aimed at describing the nature of psychosocial well-being amongst the young people. The main themes identified included well-being enhancing attributes, such as altruism, emotional resilience, social strengths, empathy for others, high self-esteem, competence, a positive outlook towards life, goals and aspirations, and a strong support system such as a loving and caring mother and a supportive community. Religion and Christian faith and values also emerged as common themes. The results were in line with the findings, amongst others, of Keyes' (2013) study which reported that youth who had high levels of emotional, psychological and social well-being, exhibited features of self-esteem, self-competence and self-determination. Corresponding with an earlier study of Keyes (2006), positive characteristics reflected by the ability to refrain from antisocial behaviour (conduct problems) in favour of pro-social acts (altruism), were equally observed amongst the flourishing (high scoring) group of

participants in this study.

In order to understand the antithesis of the psychosocial well-being experienced by the participants in this research, qualitative questions about the factors that would hinder or compromise their wellness, were also presented to them. The thematic findings on the wellness-hindering attributes included aspects such as loss of family well-being, painful life experiences, an absent father, emotional turmoil, and a poor sense of self-esteem. These findings supported those of Holborn and Eddy (2011) who reported on the disintegrated family situation in South Africa, where most young people are growing up in insecure and unsafe households, characterised by a single parent (most likely the mother); whilst in most cases the father is absent, thereby perpetuating the “crisis of men” situation (p. 6). The findings were also in line with those of the South African Institute of Race Relations about a study in the Eastern Cape which found that young people who lived without their fathers, showed significant symptoms of depression and low self-worth, with strong links to risky sexual behaviour which, in turn, necessitated promotion of youth mental health as a way of preventing HIV infections. The researchers in the Eastern Cape further found that whilst motherless young people were more likely to be depressed, those who did not know their fathers underwent significant levels of emotional turmoil (Holborn & Eddy, 2011).

In the qualitative differential analysis of the three groups, it was found that whilst the high scoring participants’ narratives had themes of emotional and social intelligence, leadership skills, community participation and pro-activity in dealing with life challenges; the medium and low scoring participants exhibited themes of depression, fragmented and dysfunctional family systems, parental abandonment, emotional ambivalence, unresolved painful past experiences, and feelings of guilt, regret, emotional pain and suffering. The positive psychosocial attributes exhibited by the high scoring participants within this study echo the observation made by Boyden and de Berry (2004), namely that many young people

are capable of positively influencing their own fate and that of those depending on them, even amidst the most appalling adversities. The authors emphasised that any intervention effort should begin with the young people's perceptions and understanding of their opportunities and constraints. It was further argued by Sommers (2006), that it is a "critical departure point for youth interventions and programmes, because it casts the youth as the core formulators of their own assistance" (p. 8).

Although some theory has been discussed above, the following part will explore theoretical frameworks to be developed for the guidelines.

Theoretical Background for the Proposed Guidelines

Contextual Factors

In their study of well-being amongst South African youth, Richter, Foster, and Sherr (2006) described psychosocial well-being as a term which refers to positive age-and-stage-appropriate phases in young people's psychological, social, emotional and physiological development; determined by the individual's multifaceted capabilities and his/her social and material context. The context refers to the conducive socio-cultural environment, which promotes the young people's psychosocial well-being (Gumede, 2009). Psychosocial well-being is further perceived as essential for the optimal growth and development of the youth, amidst chronically adverse life circumstances (Gumede, 2009). In their model of youth psychosocial well-being, Gilborn et al. (2006) identify the youth's intrapersonal, emotional, and mental status together with their interpersonal network of relationships and social functioning as pertinent indicators of their psychosocial well-being. These authors describe a high level of psychosocial well-being as a stage in which an individual's emotional state and social relationships are positive, healthy and consistently adaptive, whilst psychosocial distress or ill-being, on the other hand, manifests through negative, maladaptive or unhealthy states (Gilborn et al., 2006). The role played by supportive family and communities in the

enhancement of the psychosocial well-being of youth is further stressed by Richter, Foster, and Sherr (2006), who argue that such relationships are critical because they enable the young people to develop resilience against adversity when they are surrounded by loving and caring significant others.

Gilborn et al. (2006) further hypothesise that psychosocial well-being is influenced by three pertinent factors: (1) individual factors, such as age, gender, personality, household structure, exposure to adversity, and socioeconomic status; (2) contextual factors, namely community support and cohesiveness, socio-political environment, and educational opportunities; and (3) access to programmes and services, namely psychosocial support programmes. All these factors were found to act as protective factors that buffer the youth against adversity and psychosocial distress. Whilst marginalised youth are often faced with multiple life challenges, including unmet psychosocial needs and lack of guidance and support, meeting such needs is inarguably an imperative aspect for positive youth development (Giese, Meitjies, Croke, & Chamberlain, 2003).

In the above paragraphs the developmental contextual factors that should be kept in mind when constructing guidelines for interventions with youth, were briefly outlined. The theoretical frameworks used in the previous empirical work of this research and applications from such theories will be explained next. Thereafter, frameworks for intervention and examples of existing interventions will be described.

Complete Mental Health and Coping Self-efficacy Frameworks

Mental health and well-being features were based on Keyes' Mental Health Continuum (1998, 2002); according to which, psychosocial well-being is described as a global combination of psychological, emotional and social well-being. The Keyes model is also considered a framework of complete mental health (2002). The psychological well-being component of the model is founded on Ryff's (1989) six dimensions of psychological well-

being: self-acceptance, autonomy, environmental mastery, positive relations with others, purpose in life and personal growth. Whilst emotional well-being comprises three components of subjective well-being, namely life satisfaction, negative and positive affect, it further represents the knowledge to manage one's feelings and impulses, and to deal with emotional aspects underlying many social interactions (Keyes, 2002). Social well-being, the third component necessary for mental health, refers to the ability to manage one's interpersonal relationships and comprises five components: social integration, social contribution, social actualisation, social acceptance and social coherence (Keyes, 2007).

In devising guidelines for an intervention, a concept to consider from the Keyes (2002) model is "flourishing". According to Keyes and Haidt (2003), flourishing exemplifies mental health and they claim that not only are flourishing people free of mental distress; they also show emotional vitality and function optimally in the private and social areas of their lives. Keyes (2003) proposed a diagnostic framework for mental health as well as operational definitions for the enhancement of mental health, which could be practically included in any intervention to promote the psychosocial health and well-being of youth.

The complete mental health model of Keyes also includes the concept of languishing that refers to low levels of well-being and even symptoms of mental distress. Depression, anxiety and stress constructs were used in the empirical part of this research to represent languishing. Keyes (2003) cited extensive research that reports the negative correlations of languishing with all aspects of mental health and well-being, and this study's empirical research, in support, found that mental wellness serves as a precursor or antecedent of low levels or even the absence of mental distress. In an intervention, well-being aspects and coping could thus be developed to decrease feelings of depression, anxiety or stress in youth.

The coping self-efficacy features were based on both coping theories (e.g. Skinner & Zimmer-Gembeck, 2011) and theories about a sense of self-efficacy (e.g. Maddux, 2009).

Interventions from various coping theories are, amongst others, coping effectiveness training (Chesney, Chambers, Taylor, Johnson, & Folkman, 2003; Folkman, 2011) in which participants learn to select specific coping strategies for specific facets of stressful situations; assessment of assets (Dunn & Dougherty, 2005) in which a person's tangible and psychological resources (proficiencies, skills, qualities) are explored and applied in coping behaviour; solution-focused coping (O'Connell & Palmer, 2003) which focuses on the strengths, competence and achievements involved in solution-finding behaviour of individuals; cognitive-behavioural stress management interventions which reduce negative mood states, improve outlook and attitudes, teach coping strategies to enhance self-efficacy and improve interpersonal skills to obtain social support (Anton, 2011).

Many constructs from the positive psychology field have also lately been used in interventions aimed at promoting coping behaviour, amongst others, meaning-making coping (Park, 2011); hope-building interventions (Mc Dermott & Hastings, 2000; Pedrotti, Lopez, & Krieshok, 2008); strengths-finding and -using interventions (Park & Peterson, 2008); forgiveness interventions (Worthington, 2001); benefit-finding interventions (Pakenham, 2011); self-regulation interventions (Wrosch, 2011); and Aspinwall's (2011) pro-active coping which entails future-orientated thinking to manage potential threats to health and well-being. Perhaps the most popular and well-researched construct from positive psychology used in the coping field is positive emotions (Tugade, 2011), and especially the broaden-and-build theory of Fredrickson (1998, 2001). In her study of positive emotions, Fredrickson found that positive emotions are facilitators of adaptive coping and adjustment to stressful situations and they also provide a purpose for positive therapeutic processes. The generation of positive emotions has been identified as a common factor in most therapeutic interventions; positive emotions being a foundation for coping self-efficacy and resilience-building against adversity (Fitzpatrick & Stalikas, 2008).

A sense of self-efficacy or personal competence in dealing with challenges has consistently been identified as an antecedent and an outcome of coping (Chesney et al., 2006; Heppner & Lee, 2009; Maddux, 2009; Skinner & Zimmer-Gembeck, 2011). Many of the above-mentioned interventions also include self-efficacy in one way or another, for example, solution-focused coping and cognitive-behavioural stress management interventions. Two approaches toward coping interventions that have a sense of self-efficacy, mastery, control or competence as an integral part, are the problem-solving training interventions (Heppner & Hillerbrand, 1991; Heppner & Lee, 2011); and the perceived control and development of coping approach (Skinner & Zimmer-Gembeck, 2011). Heppner and co-authors (1991, 2011) base problem-solving training on the assumption that appraising the self as an effective problem-solver can be learned (as posited in the social learning theories of Bandura, 1997, who also identified the self-efficacy construct). Thus, effective problem-solving self-appraisal is taught in the interventions, as well as specific coping skills and general problem-solving abilities; all aimed at developing a strong sense of self-efficacy in solving problems and coping with challenges. Skinner and Zimmer-Gembeck (2011) are of the opinion that perceived control or self-efficacy is a powerful resource and an essential part of coping with stressful life events. Perceived control is seen as a person's sense of effectance, competence, mastery or control in interactions with the environment. Skinner and Zimmer-Gembeck (2011) proposed a strong model of adaptive coping with a sense of perceived mastery at its core.

Frameworks for Interventions

The Positive Psychology Approach to Well-being

Positive Psychology is defined as that field of psychology which uses psychological theory, research, and intervention techniques to understand the positive, adaptive, creative and emotionally fulfilling elements of human behaviour (Compton, 2005). Sheldon and King

(2001) define positive psychology as the scientific study of ordinary human strengths and virtues, together with human effectiveness as well as striving and flourishing. These authors further view positive psychology as an attempt to urge psychologists to adopt a more open and appreciative perspective regarding human potential, motives and capacities. They further argue that no comprehensive exploration of the field of positive psychology could take place, without taking into consideration the role and contributions played by secured and intimate relationships in positive youth development (Sheldon & King, 2001). According to Compton & Hoffman (2013), positive psychology studies what people do right and how they manage to do it. It further helps people develop those qualities that lead to greater fulfilment for themselves and for others. Sheldon, Frederickson, Rathunde, and Csikszentmihalyi (2000) provide another perspective when they define positive psychology as the scientific study of optimal human functioning that aims to discover and promote factors that allow individuals, communities and societies to thrive and flourish.

In the definitions of positive psychology briefly stated above, the theoretical assumptions of this field in psychology are clear, and it stands to reason that interventions within positive psychology would reflect the same premises and aim to optimise human functioning, feelings and thoughts. According to Keyes and Lopez (2002), in positive psychology the practitioners and their clients are “active seekers of health” (p. 51). This is an important acknowledgement of the fact that, even in times of extreme psychosocial difficulty, people actively attempt to solve their problems. Compton (2005) argued that once one knows what the goals for positive well-being should be and how to evaluate progress, then the next step would be to devise intervention strategies aimed at reaching well-being goals with people. In this regard, Seligman (2002) gave direction by stating that “treatment is not just fixing what is wrong, it is also building what is right” (p. 4). Therefore, interventions in positive psychology would nurture existing strengths, capacities for problem solving (coping)

and demonstrated competencies, and creatively devise strategies to build new skills or find innovative ways to employ old skills, talents and abilities. Two existing intervention frameworks in positive psychology will be briefly described next.

Positive Youth Development (PYD)

Research conducted on the youth over the last decade has led to a better understanding of the role played by peers, family, community and other relevant social subsystems; and the effects of such systems on youth development (Brendtro, Brokenleg, & Van Bockern, 2013). Based on the theory of Bronfenbrenner (1986), the psychosocial challenges faced by the youth are perceived to be caused by the disruption within these ecological subsystems. Hence such support systems around the young people are deemed to be a powerful force in the positive development of the youth (Garfat & Van Bockern, 2010). The basic assumption of the model of positive youth development is that of the “person-in-environment”; young people’s development is achieved through their abilities to adapt to their surroundings and to regulate not only themselves, but also their relationships with those around them (Le Blanc et al., 2005; Lerner, 2004). Lerner (2002, 2004) further described thriving in the youth as a reflection of not only the absence of negative behaviours, but also the presence of positive development. For example, a thriving young person would, according to Lerner (2004), not only possess the five ”Cs” which are regarded as the positive outcomes or characteristics of youth development, namely competence, confidence, character, connection (social), and compassion, but also possess the sixth “C” of contribution to one’s community. They would, at the same time, exhibit an absence of negative characteristics, such as negative self-regard, manipulation of others, and lack of integrity. The PYD perspective of Lerner (2004) posited that young people who display positive characteristics in the face of adversity are best able to contribute to the understanding of

positive youth development, which, in turn, could lead to the development of effective prevention and intervention programmes for marginalised youth.

Psychosocial Strength-based Approaches

Closely related to positive youth development is the strength-based intervention approach that is based within the broad positive psychology framework, which posits that “the best in life is not simply the absence of disorder or dysfunction” (Peterson & Seligman, 2004, p. 82). In his study of authentic happiness, Seligman (2002) described positive psychology as being “about meaning of those happy and unhappy moments, the tapestry they weave, the strengths and virtues they display that make up the quality of your life” (p. 7).

The concerns around the traditional use of the medical model in the psychological field contributed to the emergence of alternative strength-based approaches, which saw a paradigm shift from the traditional deficit model towards the study of character strengths and virtues which enable people to thrive (Lopez et al., 2006). According to Toner, Haslam, Robison, and Williams (2012), the basic tenet behind the positive psychology delineation of character strengths is to enhance our understanding of well-being, optimal functioning and happiness (from childhood through to adulthood), and also to alleviate conditions that lead to ill-health and poor well-being. The strength-based approach is aimed at a clear comprehension of individuals in terms of their strengths and involves a systematic examination of survival skills, abilities, knowledge, resources and desires that can be employed to assist the person in reaching his/her life goals (Saleebey, 1996). The underlying assumption here is that human beings are capable of growth and the capacity for change, understanding their situation, resilience and community membership (Early & GlenMaye, 2000; Garmenzy, 1994; Walzer, 1983; Weick, 1983). This is in line with Laursen’s (2003) view that when “we focus in on the youth’s strengths and resources, the young person feels

that he or she is special, a one of a kind person who is worth knowing, worth understanding and worth caring about” (p. 12).

Although challenge and adversity are pertinent aspects in the lives of marginalised youth and their communities, recent research evidence indicates that youth and families in marginalised communities cannot only be resilient, but are also capable of thriving in the face of adversity (Alvord & Grados, 2005). Such young people are further capable of enhanced achievements and living fulfilled lives (Laursen, 2002). The proponents of the strength-based perspective strongly believe that such individuals and their families have strengths, resources and the ability to recover from adversity (as opposed to emphasising problems, vulnerabilities, and deficit); hence the language used in the strength-based paradigm is different in its description of a person’s difficulties and struggles in that it allows people to explore opportunities, hope and solutions, rather than just problems and hopelessness (Hammond & Zimmerman, 2012).

The strengths of a person give him/her a sense of how things might be and ideas about how to bring about desired changes (Hammond & Zimmerman, 2012). The emphasis on strengths is founded on the following principles, which will be considered as a conceptual framework for the guidelines proposed in this study (as adapted from Saleebey, 1999):

- All people have strengths and capacities.
- Change is inevitable; therefore, given the right conditions and resources, a person’s capacity to learn and grow can be nurtured and realised. Hence all people are capable of change. People change and grow through their strengths and capacities
- People are experts of their own situation.
- The problem is the problem, not the person.
- Problems can blind people from noticing and appreciating their strengths and capacity to find their own meaningful solutions.

- All people want good things for themselves and have good intentions.
- People are doing the best they can in light of their experiences to date.
- The ability to change is within us, so it is our story and we can tell it better than anybody else.

The strength-based approach further encourages seeing beyond the risk behaviours and characteristics of youth and families in marginalised communities towards the potential of what can be (Hammond & Zimmerman, 2012). It offers a genuine basis for addressing the primary mandate of community and mental health services wherein people are allowed to take control of their own lives in healthy, meaningful and sustainable ways, through the following steps (Hammond & Zimmerman, 2012):

- Focus on trusting, meaningfulness, and relationships.
- Empowering people to take a lead in their own care process.
- Working in collaborative ways on mutually agreed upon goals.
- Drawing upon the personal resources of motivation and hope.
- Creating sustainable change through learning and experimental growth.

Hammond and Zimmerman (2012) caution that the strength-based perspective is not a model, but more of a philosophical approach to practice, based on values and attitudes wherein practitioners believe that people are capable of facilitating their own change. The role of practitioners therefore, is to use frameworks and resources which are conducive towards creating strength-based actions aimed at initiating and harnessing people's strengths, talents and capabilities. This is in line with what Madsen (1999) said in his support of the strength-based practice: "The stance we take in relation to others reflects choice. We can position ourselves in ways that invite respect, curiosity, and connection. We can also position ourselves in ways that invite judgement, disconnection, and disapproval. The stance we take

has profound effects on relationship and is shaped by our values and conceptual assumptions (p. 15)”.

Saleebey’s strength-based practice. The guidelines proposed in this study will keep Saleebey’s (2006, 2009) strength-based practice and applications in mind. The motivation behind the use of Saleebey’s (2006) strength-based applications as a broad conceptual framework for guidelines and strategies in the construction of an intervention for youth, is that strength-based applications seek to understand and develop those attributes and characteristics that can change the lives of the youth in a positive way (Gelso & Woodhouse, 2003; Scheel et al., 2012). Saleebey’s strength-based practice is based on the following basic principles:

- That all human beings possess strengths and capabilities.
- Adversity, although being a negative experience, may also be a source of challenge and opportunity.
- The role of the facilitator is to respect the client and to make allegiance with their dreams, hopes, visions, but most especially, their values.
- Collaboration is the best way to work with the client.
- The environment has an abundance of resources.
- The context, in conjunction with compassion and support, is the cornerstone of the strength-based therapeutic relationship.

In summary, whilst the traditional psychological theories often viewed life challenges as deficits and disorders amongst the youth, the strength-based philosophy perceives such challenges as learning opportunities (Long, Wood, & Frescoer, 2001).

Development of Proposed Guidelines

Shekelle, Woolf, and Eccles (1999) describe guidelines as a set of recommendations mostly used in medical settings, with the aim of developing appropriate care processes in the

enhancement of health practices and the improvement of intervention outcomes (cited in Walker-Williams, 2012). The proposed guidelines of this study are aimed at building young people's competence and ability to cope with self-efficacy in order to experience emotional, psychological and social well-being and lessen depression, anxiety and stress. This will be done through the use of strengths and skills that they already have and can enhance, namely their intrapersonal strengths such as altruism and caring, emotional resilience, positive outlook at life, goals, values and aspirations; and their interpersonal strengths such as relatedness, social strengths, empathy, support system, community engagement, faith and culture.

These strengths are to be used within the framework and principles provided by Saleebey (1999), to develop a strength-based intervention protocol aimed at enhancing the psychosocial well-being of young people from marginalised backgrounds. There is also general consensus amongst authors about an environment that is conducive towards positive therapeutic outcomes (as adapted from Laursen, 2003; Saleebey, 2002), and this includes:

- fostering strengths, social support and the ability to cope with change;
- establishing positive helping relationships;
- maintaining hope and expectations; and
- using relevant and respectful methods acceptable to young people.

Group Context Intervention

The guidelines and strategies that are proposed below are intended for use with groups of young people. The aim of group sessions is to allow the young clients to identify themselves with other group members, with whom they share similar characteristics, including challenges, dreams and aspirations. As articulated by Yalom (1975), such universality and a sense of belonging are unique to recovery within a group context. According to Walker-Williams (2012), the group context provides an opportunity for

members to consider their own growth potential. The group is used as a safe and contained environment wherein members are able to voice their needs, goals and challenges, and to explore any similarities and differences without the fear of being judged. Group members become facilitative in directing the treatment plan and the direction of the growth process (Brasler, 2001); while the strengths of group members are important and positive processes and an important tool of effecting positive change. The incorporation of such group strengths is assumed to lead to the prevention of problems, promotion of growth and maximisation of youth potential (Gelso & Woodhouse, 2003; Lopez, 2008). Strength-based researchers further acknowledge the importance of accessing and harnessing the strengths of group members in order to gain their collaboration and acceptance of the counselling relationship (Saleebey, 2006; Scheel, Davis, & Henderson, 2013).

The Strength-based Practice (SBP) Intervention Protocol

Eight group sessions are suggested in this proposed intervention and each session will last for about two hours, should be flexible in their scheduling, and with a short break in the middle of each session. Each group will consist of 8-10 young participants.

The group counselling sessions are aimed at providing a safe, supportive and contained environment for marginalised youth to share their life experiences, dreams, aspirations and fears within a group context. The sessions are aimed at affording the group an opportunity to identify, explore and work at harnessing its strengths, talents and capabilities; and applying these to current situations. The role of strengths in enhancing the coping, self-efficacy and mental health of marginalised youth, and how this could help lessen their depression, anxiety and stress, will also be explored in the group sessions. This intervention protocol is a proposed tool that might help professionals working with marginalised and other at-risk youth, by guiding them towards reaching their potential and enhancing their psychosocial well-being.

The above factors, preceding literature considerations as well as the empirical results and themes which were identified in the quantitative and qualitative phases of this study, together with SBP principles which serve as guidelines for the implementation of strength-based practices and intervention models (Rapp & Goscha, 2006; Saleebey, 1999, 2002, 2006; Sharry, 2004), will be used to construct the guidelines and strategies proposed below.

Guidelines to be used in a strength-based intervention programme for the youth.

Guideline 1: Engagement and goal orientation: Discovering and discussing the youth's goals and strengths. In the personal interviews previously held with participants, the researcher had to gain their trust in order for them to narrate their personal stories with confidence. It was thus important to consider that young people from marginalised backgrounds are often prone to feelings of mistrust and a lack of confidence due to their difficult life circumstances. Therefore, the environment needs to be engaging whilst providing a safe, supporting, and trusting climate in order for the youth to relate to and express themselves confidently.

Discussion of Evidence. The above is in line with Brownlee, Rawana, and MacArthur's (2012) work on a strength-based approach to teaching, which found positive and effective engagement as an enabling factor that could provide an affirming social context for the youth. Strength-based engagement and a total belief in and acceptance of the client have further been identified as effective in the creation and maintenance of trust in positive relationships, also minimising a breakdown in communication with the youth (Fredricks, Blumenfeld, & Paris, 2004; Rawana & Brownlee, 2009). Thus, the broad aim of this guideline is to motivate them to personally and collectively commit to engagement in this growth-promoting process.

Strategy: We Commit to the Creation of a “Roadmap” Towards our Growth and Wellness

Aim: To establish a working alliance in which the young people are able to relax, relate, identify and explore their goals, strengths and capabilities in a safe and supporting environment.

Actions

1. Commencing with a “get acquainted exercise” (Walker-Williams, 2012), aimed at spending time with young people to create rapport and the understanding that every one of them has strengths and the potential to flourish, although they also have their life challenges (Rapp & Goscha, 2005).
2. Setting flexible relationship boundaries and agreements about trust and confidentiality.
3. Using their past success to address current challenges as the starting point, (although steering away from ”problemising to strengthtising”); i.e. what is most urgent and what would they want to talk about first (Scheel, Davis, & Henderson, 2012).
4. Using the “roadmap exercise” to identify and describe their strengths, short and long-term growth and development goals, aspirations, concerns as well as what they would like to achieve from the facilitating relationships (Basler, 2001; Laursen, 2003).

Outcome: Participants will begin to engage with confidence and acknowledge that they possess resources, talents and strengths, and that the process would have salutary outcomes for them.

Guideline 2: Strength assessment. In previous research, participants have demonstrated their ability to cope with adverse circumstances and this session aims at reminding them of such capabilities and identifying their specific strengths. This guideline is purported at allowing participants, through a collaborative assessment process, an opportunity to identify the strengths, talents, capabilities and skills that they are bringing into the relationship and the growth process. The identification of strengths and skills is further viewed as a useful tool in encouraging the youth to perceive challenges as fostering their capabilities, without totally avoiding those challenges; thus creating hope and optimism (Saleebey, 2006). A strength-based approach is characterised by assessment without rigid boundaries; where there is a continuous partnership and collaboration between the youth and the facilitator. The process of assessment which Cowger (1994) describes as multi-causal (constantly changing and interactive), allows the client to relate stories about his/her social and cultural reality, define his/her circumstances, and evaluate and give meaning to these situations.

Discussion of evidence. Participants who were identified as flourishing in this study, reported a range of intrapersonal strengths which, together with their coping self-efficacy, enhanced their psychological and emotional well-being. These included self-esteem, emotional resilience, personal goals and aspirations. The identification of such strengths could be an effective tool in the enhancement of the youth's self-image and esteem within group sessions. Brownlee, Rawana, and McArthur (2012) introduced strength-based classroom research with an activity called the "strengths wallpaper", in which students in the exploration of their strengths were encouraged to use the bulletin board to identify their individual strengths, abilities and achievement. This was used on a daily basis and the

strengths wall became a dynamic part of the culture of students, and it proved an effective method of promoting self-reflection, self-esteem and self-image amongst these youth.

Strategy: What we Focus on Becomes our Reality

Aim: To use open-ended questions and other assessments to identify strengths and empower the youth to have a voice and to take ownership; focusing on strengths and not deficit. Also to encourage them to perceive challenges as fostering their capabilities without totally avoiding those challenges; thus creating hope and optimism. A secondary aim is to facilitate group cohesion and dynamics to build trust, respect and collaboration.

The following questions have been identified as effective tools for strengths assessment. It should, however, be noted that the strength-seeking questions are not a protocol, but can be used as a guide to direct the facilitator's attention in the conversation (Saleebey, 2006):

Activities:

1. Using a "positive introduction exercise" (Rashid, 2008), aimed at acknowledging strengths, challenges and unique individual needs (Cowger, 1994).
2. Using strength-seeking conversations, for example, "What are your hopes for the future and how can you make them happen", or "What is your life like when you are ok"?
3. The use of coping questions: "How have you managed to come this far"?
4. Support questions: "Who are the people that you go to for support and that help you cope"?
5. Exemptions questions: "What do you do to make your life worth living"?
6. Possibility questions: "Would you like to tell me about your special abilities and talents"?

7. Esteem questions: “What are the good things that people are likely to say about you”?
8. Perspective questions: “What about your current life situation, do you think it will make you strong”?
9. Change questions: “What are the things that are available to you now, that have in the past made your life better”?
10. Make a visual representation of your strengths (ownership).

Outcome: They will understand that their wellness emanates from within and that knowing and using their strengths and competencies will empower them to cope with challenges; enhancing their well-being. Intergroup functioning and interaction will be evident.

Adapted from Saleebey (1996, 2006).

Guideline 3: Promoting well-being by means of mastery. Despite their adverse life circumstances, participants in this study displayed significant levels of coping self-efficacy and an ability to make effective choices in coping with adversity. The role of the facilitator is to work collaboratively with the youth towards gaining confidence and comfort to undertake a journey into the unknown (future), by giving them the liberty to start with that which they already know (Hammond & Zimmerman, 2012; Saleebey, 2006).

Discussion of evidence. Eagle (2000) indicates that the main function of an intervention programme is to provide the person with an ability to function effectively and meaningfully and this, in turn, would enhance their well-being. The ability in youth to master their life adversities through the application of their strengths (Peterson & Seligman, 2006), has the potential to enhance an ability to tolerate negative affect and develop greater optimism. Hence, any work with the youth should include efforts to allow for competence and mastery activities as well as decision-making processes within the safety of counselling (Eagle, 2000; Walker-Williams, 2012); thus ensuring that the young person is able to exercise

self-efficacy in his/her relationships with others (Heppner & Lee, 2009). The broad aim of this guideline is thus to create an awareness of the youth's unique competencies or abilities to master the challenges that they face, and that mastery or a sense of personal control liberates them from a victim role.

Strategy: A Sense of Control, Mastery and Competence

Aim: To assist the youth in developing and enhancing their psychosocial well-being through the use of their competence, mastery and a sense of control.

Activities:

1. Discussion about which of my strengths make me competent (empower me)?
2. Creating a “well-being diary” (Ruini & Fava, 2004) or “expressive writing” (Lyubomirsky, 2007) - Practicing “I can” attitudes.
3. Undertaking an active process of self-discovery and acceptance characterised by positive attitudes towards oneself and accepting varied aspects of the self – “self-talk” awareness.
4. Learning to practice mastery and competence guided by their own socially accepted standards and ability to resist degrading social pressures (Ryff, 1989) – Develop a collage depicting your mastery and competence.
5. To endeavour the ability to influence and manage the environment to meet one's needs - Partnering with my community and my culture
6. To enhance warm, satisfying and trusting positive relations with others, whilst being engaged and responsible for own actions – I take ownership of my life and my relationships. [Adapted from Keyes (2002, 2005)].

Outcome: Participants will be able to demonstrate that they have gained mastery, competence, and self-control towards personal growth and well-being.

Guideline 4: Building well-being through positive emotions. In previous research, participants reported that the use of positive emotions was an important part of coping with their adverse life circumstances. Furthermore, despite their life of adversity, participants reported experiencing life satisfaction.

Discussion of evidence. Participants, who were identified as flourishing in the previous research phases, reported positive affect, low negative affect and satisfaction with life, as well as emotional resilience; and this made a positive contribution to their well-being. The participants displayed practical knowledge of managing their feelings and impulses and sensitivity to the emotional aspects of their social interactions. Furthermore, the participants' interpersonal relationships were mostly sound and they were satisfied with their social relationships and the support from those around them (Lopes, Salovey, & Starus, 2003). Those participants who were able to clearly identify and experience their emotions, experienced lower levels of depression, anxiety and stress. Fitzpatrick and Stalikas (2008) identified positive emotions as a foundation for coping self-efficacy and building resilience against adversity, and this was also found amongst flourishing participants in the previous research. These findings are in line with literature on emotional well-being as reflected in living life with confidence, and being satisfied with one's life (Liebenberg & Ungar, 2008; Seligman, 2002). The broad aim of this guideline is thus to use the broaden-and-build principles of Fredrickson's (2008) model to enhance emotional wellness.

Positive Emotions Keep us Well

Aim: Using positive emotions to build happiness and life satisfaction.

Activities

1. To talk about emotions and their effects on behaviour – Make visual representations of negative feelings versus positive feelings on behaviour.
2. A presentation and group discussion on how to broaden-and-build with positive emotions (Fredrickson, 2008).
3. Facilitating emotional mastery and growth by using role plays and guided imagery (Williams & Poijula, 2002).
4. Restoring emotional control and self-esteem (Fouche & Williams, 2005).
5. Planning the creation and use of positive emotions during the coming week – keeping a diary for report back in the next session.
6. Facilitating emotional regulation to teach the youth acceptance of, tolerance for and the ability to change their negative emotions by using techniques such as relaxation training, emotional labelling or goal-setting elements (Berking Wupperman, Reichardt, Pejic, Dippel, & Znoj, 2008).

Outcome: The youth will be able to understand and apply positive emotions toward improving their relationships and self-image, and not be victims of negative emotions.

Guideline 5: Fostering psychological well-being. This guideline is based on psychological well-being, a construct which was founded by Ryff (1989). The aim of this guideline is to ensure that youth are afforded an opportunity to develop and use their strengths to enhance and sustain their psychological well-being; also their interpersonal

health comprising self-acceptance, autonomy, environmental mastery, positive relations with others, purpose in life and personal growth (Ryff, 1989). The life adversities and challenges that marginalised youth face in their daily existence can have a negative impact on their psychological well-being; hence this is an important area on which facilitation should focus.

Discussion of evidence. The participants in the qualitative phase of this study reported that they experienced and used some aspects of Ryff's model to deal with their adverse life conditions; however, the quantitative results showed that most of them experienced only moderate psychological well-being (albeit with low levels of distress). These findings correspond with those of Keyes (2003) and Keyes et al. (2008), also with the work of Khumalo (2011); all indicating the need to develop and promote the intrapersonal health and wellness of youth, especially South African youth. Keyes (2003) as well as Ruini and Flava (2004) developed interventions for the building of well-being, based on the Ryff model. Ryff (1989) also indicated that the acknowledgement of one's purpose in life and enhancement of personal growth, together with the other components of psychological well-being, are a source of resilience in the face of adversity as well as a reflection of positive functioning, strengths and mental health.

Psychological well-being has been found to buffer any form of pathology; and in the case of participants in this study, it proved to possibly lower or diminish depression, anxiety and stress (Keyes, 2005b; Seligman, 2008). Furthermore, flourishing has been associated with lower levels of perceived helplessness, higher functional goals and higher levels of self-reported resilience (Keyes, 2005a).

We Commit to Building our Inner Selves

Objective: To assist the youth in developing and enhancing their psychological well-being by means of employing their strengths and mastery.

Activities

1. Reflecting back on learning attained in Guideline 3 – self-awareness and appreciation.
2. Learning to practice autonomy and assertiveness while respecting the interpersonal context – Ownership of and responsibility for life decisions and choices.
3. Appreciating the strengths in my environment through a “strength-date exercise” to celebrate one another’s strengths (Rashid, 2008).
4. Undertaking “ubuntu” reflections to confirm relatedness in well-being.
5. Acknowledging one’s purpose in life through goals and beliefs that affirm a sense of direction, purpose and meaning in life – I know where I am going in my life.
6. Enhancing one’s personal growth by understanding one’s own potential sense of development and seeking new and challenging experiences – Present a collage of a “future realistic self”.

(Adapted from Keyes, 2002, 2005).

Outcome: They will show an understanding of what their inner well-being entails and the ability to take ownership of their own mental health and well-being.

Guideline 6: Promoting overall well-being through the use of social competencies.

Children and young people, in particular, have common and universal needs for attachment, autonomy, altruism and achievement (Bernard, 2004). Social support meets these needs and provides the youth with positive developmental strengths by providing opportunities for

mastery, belonging, independence, and generosity (Brendtro, Brokenleg, & Van Bockern, 2002). Any kind of intervention should strive at affording the youth all opportunities for socialising with their peers and friends, especially those who have a positive influence on the young individuals (Brendtro, 2014).

Discussion of evidence. The collective nature of this group of African youth was evident in the results obtained during previous stages of research for this study. In the quantitative findings, it was seen that coping self-efficacy (intrapersonal) had little influence on their social well-being scores, which were mostly moderate. However, in qualitative interviews and discussions they succinctly reported social strengths and competencies displayed by aspects of altruism, empathy, social intelligence, leadership, relatedness, community involvement and socio-ecology-related resilience. The speculation engendered by these findings is whether the youth need improved social well-being or rather to be made aware of their social skills and competence in order to employ those towards enhancing their total psychosocial well-being? Psychosocial well-being is the recognition that people exist in social contexts and that their well-being is not just an individual pursuit (Compton, 2005). In this regard, Keyes (1998) and Keyes and Lopez (2002) clearly state that social well-being is a specific way in which people experience their sense of wellness; therefore, social well-being is crucial for overall mental health and well-being. The aim of this guideline is thus to create awareness and a sense of mastery and personal control in these youth by acknowledging their social skills and competence; and to enhance their intrapersonal wellness by means of their social mastery and well-being.

Social Strengths as a Source of Empowerment

Aim: To build overall psychosocial well-being through the use of personal social competencies.

Activities:

1. Acknowledging that they are socially strong and have a “hands-on, know-how” ability – Make a collage of personal competencies.
2. Undertaking the “eco-mapping exercise” aimed at helping youth in mapping a visual description of their social networks, including family, friends, peers and community connections (Williams, 2013).
3. “Role playing” exercises (Cook & Du Toit, 2005) aimed at encouraging altruistic acts, empathy for others, and social strengths as effective tools in social contribution and social integration.
4. Identifying and exploring significant engagements enriching the youth’s sense of actualisation and feelings of being accepted – Make a large group poster or collage of youth strengths in service of community issues
5. Refining their social intelligence in building interpersonal relationships and improving the quality of their community’s conditions and well-being – Devise two community projects for the Mandela’s 67 minutes’ drive.
6. Group discussion of how social support and well-being help us cope with life issues and keep us sane – A group dramatisation of how life could be in isolation.

Outcome: Participants will realise the social skills, awareness and competence that living in a collective context instils in them, and they will understand its contributions to their mental health and well-being.

Guideline 7: Using coping self-efficacy skills and well-being experiences to deal with depression, anxiety and stress. In a growing body of literature there is evidence that coping self-efficacy has been found to have significant negative relationships with aspects of mental distress, such as anxiety, depression, stress, somatic symptoms and social dysfunction (Chesney et al., 2006; Van Wyk et al., 2010), and this is supported by the findings of this study. This is in line with Redelinguys (2010) who found that general self-efficacy ameliorated the negative effects that somatic symptoms had on social well-being, whilst Griffith, Dubow, and Ippolito (2000) found that active coping strategies have been linked to fewer depressive symptoms; avoidance has also been linked to poor adaptation abilities and higher levels of depressive symptoms.

Discussion of evidence. Participants in this study identified factors that included amongst others, broken-down families, absent fathers, emotional baggage caused by painful past experience, emotional turmoil and a poor self-esteem, as negatively impacting on their psychosocial well-being. These negative factors that have an adverse effect on the psychosocial well-being of participants, threatening their well-being and mental health (Holborn & Eddy, 2011; Williamson & Robinson, 2005), are in line with what Keyes (2004, 2005) called ‘languishing’, which is characterised by depressive episodes and low levels of psychosocial well-being. Flourishing participants in this study who displayed significant levels of coping self-efficacy and related well-being experiences could apparently deal with their life adversities and the mental ill-being that ensued. Participants were found to use coping self-efficacy (CSES) to significantly enhance their psychological, emotional (and less so) social well-being (MHC), and to lower their depression, anxiety and stress (DASS) symptoms. Mental health and well-being were further found to serve as precursors or antecedents of low or absent symptoms of depression, anxiety and stress amongst participants. The broad aim of this guideline is thus to enable them to deal with aspects of

distress that they may experience, and to make them aware of their ability to cope with depression, anxiety and stress symptoms.

Coping Self-efficacy Skills to Deal with Distress

Aim: To employ coping self-efficacy skills to manage experienced depression, anxiety and stress.

1. Reflecting on awareness gained in previous sessions and identifying the youth's perceived efficacy or competence to deal with challenges which may evoke depression, anxiety and stress symptoms – Make a collage of their mental health.
2. Using “culturally-rooted drama and local games” (Cook & Du Toit, 2005) to identify and reinforce values and practices which support coping, self-efficacy and mental health.
3. Teaching self-appraisal of effective coping and problem solving behaviour - Make a visual presentation of “I am fighting fit”.
4. Teaching problem solving, cognitive restructuring and support-seeking skills (CSES) and their practical application - Draw a personal tree that bears these skills as fruit.
5. Presentation on symptoms of depression, anxiety and stress, followed by group discussion of practical hints to manage such feelings.
6. Practicing “accomplishment versus struggle” exercise (Williams, 2013), aimed at assisting the youth to think of adverse life situations where they used their coping and self-efficacy skills to prevent negative outcomes and to accomplish their goals.

Outcome: Participants will show mastered learning on how to use their coping self-efficacy as well as other practical skills to manage their distress

Guideline 8: Celebrate wellness and commit to staying well. Despite their adverse life circumstances, participants in this study voiced their yearning and commitment towards their own psychosocial well-being as was reflected in this participant's narrative: "Although we have a shared commonality in painful life experiences, anger, emotional pain and in most cases, an absent father and these negative factors may contribute to us engaging in anti-social behaviours; we do, however, always strive to overcome all these negative influences in order to build and maintain our health and well-being".

Discussion of evidence. From previous phases of this study it became evident that participants perceived the term marginalisation differently and it applied uniquely to each participant, depending on their culture, and their past, present and future context. Participants' life circumstances, aspirations, fears, hopes and outlook about their future played an important role in the conceptualisation of their marginalised status. Participants further regarded Ikageng as a home to all of them. Hence, they rejected any form of labelling and did not regard themselves as orphans, but members of child-headed households who were always striving to enhance and maintain their psychosocial well-being, despite all adversities. Furthermore, coping self-efficacy significantly proved to be a strong feature of their collective well-being ($N=794$), and the qualitative interviews and discussions revealed more psychosocial qualities than ill-being aspects. The aim of this guideline is thus to encourage them to celebrate and cherish their strengths, sense of mastery and overall well-being, and to commit to life-long development of their psychosocial well-being.

Celebrating Wellness and Endeavour to Stay Well

Aim: To make a commitment to being well and staying well.

1. Writing “gratitude letters” to show an awareness of and express thankfulness for the good things that happened in one’s life (Rashid, 2008) – Letter to self and to a significant other person.
2. “Hope exercise” aimed at one’s expectations for the best and working towards achieving those (Lopez et al., 2004).
3. Encouraging forgiveness towards those who have done wrong.
4. Creating a group “wellness collage” (Maygar-Moe, 2009) to depict commitment towards promoting well-being in self and in fellow youth.
5. Creating a well-being roadmap for life and to encourage future-mindedness.
6. Light a candle and make a declaration to the group about their graduation into a mental and physical well-being lifestyle.

Outcome: The young people will be able, through their group work, to commit to a life style of positive mental health and to strive at celebrating their psychosocial well-being.

Discussion

The purpose of this study was to develop specific guidelines and strategies purported at the development of an intervention programme towards psychosocial well-being, using Saleebey’s (2006) strength-based practice model as a conceptual framework. The intervention programme is intended for use towards the youth’s strengths and how these can be harnessed and employed to enhance psychological, emotional and social well-being; also

to lessen the occurrence of depression, anxiety and stress amongst marginalised South African youth. A review of relevant theory and literature about strength-based practices, mental health, coping self-efficacy as well as depression, anxiety and stress amongst marginalised youth was used to provide theoretical evidence in support of the intervention guidelines.

The statistical results of the quantitative phase (Chapter 2) and the themes that emerged from the qualitative phase (Chapter 3) of the study were applied within the conceptual framework, together with principles of Saleebey's (1999) model of strength-based practice, namely to develop a strength-based intervention protocol aimed at enhancing the psychosocial well-being of young people from marginalised backgrounds. Figure 1 below depicts the process of growth toward psychosocial well-being, envisioned by the proposed intervention built on guidelines and strategies that flowed from research findings in this study.

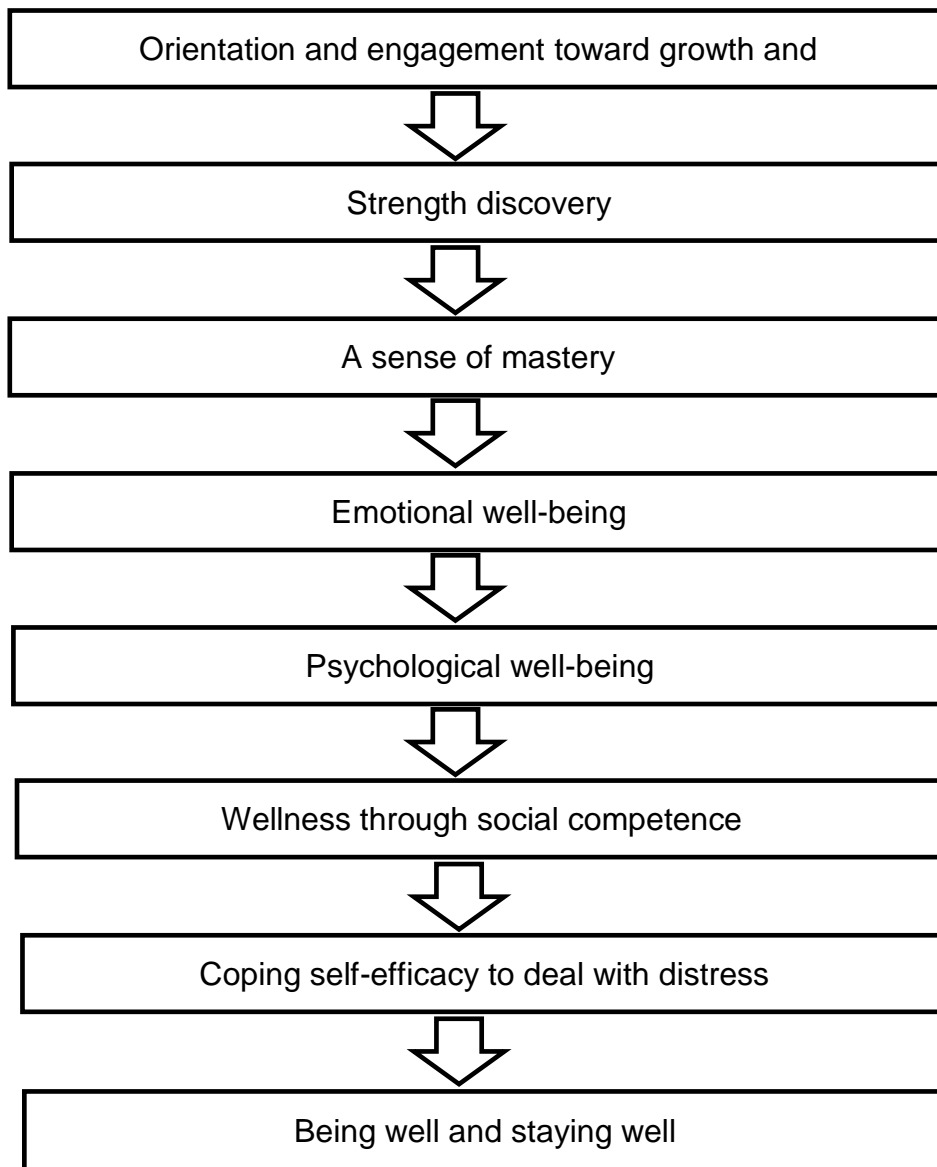


Figure 1: Guidelines and strategies towards psychosocial well-being

The construct of coping self-efficacy (Chesney et al., 2006; Lazarus & Folkman, 1984; Maddux, 2002) was used to possibly enhance the mental health and well-being of youth, since the quantitative empirical findings of a previous phase of the study indicated such a relationship, without assuming causality (Keyes, 2004, 2007). In addition, depression, anxiety and stress (Lovibond & Lovibond, 1995) had significant negative correlations with coping self-efficacy and mental health/well-being amongst the youth. Therefore, the latter constructs were also considered as possible strengths against the experience of distress in the formulation of the guidelines. The psychosocial strengths that were identified in the

qualitative research phase was weaved into the strategies to build psychosocial well-being, since strength-based approaches call for the use of the known, to work towards the unknown or the use of what they already have, to reach what they hope to attain. These constructs were used as the foundation on which the guidelines and strategies for an intervention were formulated.

The guidelines are not aimed at avoiding or ignoring the challenges faced by marginalised youth, but to constructively challenge and look beyond the problems, labelling and stigmatising language that they often encounter; in a process of fostering hope towards coping self-efficacy, mental health, growth, potential and psychosocial well-being (Keyes, 2005, 2007; Pulla, 2006; Saleebey, 2006). Cowger (1994) cautions that the utilisation of guidelines should be determined by specific contexts, together with the facilitator's judgment to assess their relevance and applicability or individual fit (Lyubomirsky, 2007). Additionally, the guidelines are proposed as an alternative to existing traditional models of therapy and may be used as a supplement to existing assessment paradigms by other practitioners (Cowger, 1994; Magyar-Moe, 2009).

According to Manthey, Knowles, Asher, and Wahab (2011), understanding the strength-based approach is not about denying that people experience problems and challenges, but it is focused on a more holistic and salutary approach to address the challenges of marginalised youth. There is further evidence that although adversity is ever-present in the lives of youth and the communities they live in, young people and their families have demonstrated resilience and an ability to thrive in the face of such adversity (Alvord & Grados, 2005; Theron & Theron, 2010). Through the use of formulated guidelines and strategies, the youth would be guided in using their personal and contextual strengths, their coping self-efficacy and other experiences of mastery and competence. They would also use their social resources and skills towards enhancing their emotional and psychological

well-being, and to positively cope with adverse life circumstances; limiting their symptoms of depression, anxiety and stress. The guidelines and strategies proposed here are in line with existing interventions in positive psychology, and especially with those described by Lyubomirsky (2007) and Magyar-Moe (2009).

Conclusion

In conclusion, the purpose of guidelines and strategies that could become an intervention aimed at fostering psychosocial well-being in youth, such as this one, could in no way be more succinctly described than was done by Lyubomirsky (2009) in her introduction to scientific interventions to raise happiness in people, namely: “Striving to be happy is a serious, legitimate and worthy aim. Many of us suffer, and many more feel empty and unfulfilled, yet to attain more joy, less anguish, more tranquillity and less insecurity is a venerable goal” (p.2). This study and the evidence-based proposed intervention that evolved from it, presents such a venerable goal.

According to Hammond and Zimmerman (2012), psychologists, social workers and other human services practitioners who embrace the strength-based practice (SBP) “have the privilege of walking along with those they are working with in supporting the exploration, realization and expression of greatness (p. 10). This greatness can only be achieved if a strength-based intervention is conducted with the clear understanding and acknowledgement that every young person is an individual with unique characteristics, and their circumstances, even though common in their adversity, are also different (Cowger, 1984; Pray, 1991; Saleebey, 2009).

Although the study reached the aim of proposing guidelines toward an intervention to enhance psychological well-being, the limitation of this study is that it is still a conceptual model that could only become an intervention once it has been applied in practice and

validated by further research. Such further research is recommended, but will also be undertaken in future by this researcher.

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CHAPTER THREE

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

In the preceding sections of this thesis, a literature overview as well as manuscripts reporting on the empirical research, the research objectives, results, conclusions and guidelines with strategies for a proposed intervention programme, were presented. The synopsis of these results, conclusions, guidelines and strategies is presented in the following part as the conclusions and recommendations from this research study. The limitations of the research and contribution of the study are discussed and the researcher's narrative is also given.

Evaluation of the Study

The broad research questions for this research were the following:

1. Could a model of psychosocial well-being be statistically identified from the data obtained through validated measuring instruments with the youth participating in this study; and what would the relationships be between the three constructs used to conceptualise well-being, namely mental health or well-being, coping self-efficacy and the absence of symptoms of depression, anxiety and stress?
2. What are the features of psychosocial well-being that could be identified through qualitative research with a group of African youth who experienced marginalising life circumstances?
3. Could guidelines be identified from the results obtained in the empirical research with which to construct an intervention aimed at enhancing the coping efficacy, mental health and psychosocial well-being of marginalised African youth?

From the above research questions and the results obtained, the researcher formulated the following argument: The quantitative investigation will lead to the statistical identification of a structural model of psychosocial well-being in which the relationship

between participants' mental health or well-being, coping self-efficacy and the absence of symptoms of depression, anxiety and stress will be explained. Qualitative interviews and focus group discussions will explore and identify common factors shared by participants to indicate their psychosocial wellness or lack thereof. Guidelines and strategies for the construction of an intervention strategy aimed at enhancing the psychosocial well-being, not only of marginalised youth, but all young people in South Africa will be obtained from the results of quantitative and qualitative research. These will be used for the construction of an intervention programme.

Data was collected using a mixed research method, with the quantitative phase entailing statistical identification of structural models explaining the psychosocial well-being of the participants by means of data obtained from validated measuring instruments. The models provided valuable information and the main finding was that coping self-efficacy significantly positively explained the variance in complete mental health and well-being of the participants ($N=794$), as well as significantly negatively explained the variance in symptoms of depression, anxiety and stress. It was also found that complete mental health and well-being could be antecedents of low or absent symptoms of mental distress. The results indicated that coping self-efficacy could possibly enhance mental health and well-being, and could possibly lower symptoms of depression, anxiety and stress in these participants. Mental health and wellness could also possibly prevent the development of mental ill-health symptoms. These findings also enabled the researcher to identify participants who have high, medium and low prevalence of psychosocial well-being for the purpose of including them in the next phase of research.

In the qualitative phase, participants ($N=30$) were involved in semi-structured interviews (personal narratives) and focus group discussions aimed at exploring and identifying features of psychosocial well-being or lack thereof, experienced by these youth in

managing their life challenges. The results and findings which emerged revealed that they have a common sense of belongingness and relatedness as members of Ikageng ministry, and additionally these participants have a sense of self-esteem, emotional competence, altruism, social intelligence, coping abilities and a resilient demeanour. Those with a low level of psychosocial well-being experienced struggling well-being, emotional turmoil, a lack of confidence and poor self-esteem. The participants further shared some common characteristics, such as painful life experiences, anger, emotional pain, and in some cases an absent father. A global commonality shared by these participants was their striving to overcome all these negative and adverse life circumstances with the aim of building and maintaining their health and well-being. The findings from the two phases of research were then utilised in the formulation of guidelines and strategies for a proposed intervention aimed at enhancing constructive coping, strengths, capabilities and overall psychosocial well-being amongst marginalised youth.

Personal Narrative

The decision to undertake this research was the result of a long period of contemplation and introspection. The beginning of this research was thus the beginning of my own journey towards self-discovery and emotional growth. I discovered emotional strength and resilience, which I never knew I had, both as a therapist, and a woman. Coming from a marginalised background myself, I learnt to appreciate the little things, as well as the psychosocial support which I was afforded as a young girl growing up in the township. The personal interviews which I had with participants turned out to be the most daunting part of my research journey, a part which brought forth a lot of deep seated childhood and youth issues, mainly of an emotional nature. The determination to make a difference in the lives of marginalised young people prompted and motivated me to persist, whilst at the same time encouraging me to face and deal with my issues. The first interview and the dynamics

presented by the participant evoked a lot of negative emotions, including pain, hurt, anger; also positive emotions such as love, affection and pride. The personal stories of loss, pain, poverty and fear of the unknown, accompanied by stories of hope and strength, further elicited a mix of emotions in me.

The personal narratives of the participants were at times quite real for me, with some mimicking my own past life experiences. My training as a clinical psychologist as well as my grounding within the clinical and community psychology principles, however, helped me in containing even the most intense and emotionally challenging narratives from the participants. My internal drive and intrinsic motivation further helped me contain each one of the participants in a safe and confidential space within which they existed during the personal interview process. A process of self-realisation of much inner strength and capability came about for me during the research process. My strengths included a high level of emotional resilience and adaptability, an ability to create rapport with each individual participant that was characterised by trust and confidentiality. This rapport, in turn, helped the participants to feel safe and face their fears and anxieties; thus, allowing themselves to share their inner emotional and psychological processes. Finally, I realised my ability to persevere with determination against personal, emotional and other challenges which were presented by the personal interviews and focus group discussion processes.

The PhD journey has been a learning experience as well as personal self-discovery for me. I have come to realise that although it was a tough and laborious process filled with challenges, anxieties, apprehension and often self-doubt; this process and the professional relationship formed with participants were vehicles towards self-discovery, knowledge and education.

It was, moreover, a tool towards the discovery and enhancement of my personal strengths. The research journey often sapped me of energy, both physically and emotionally,

and despite all the hard work day and night, especially in last few months; I still managed to positively carry on with the process. From the data collection through to the transcriptions, data capturing, analyses and the findings, results and conclusions of the research, I was going through my own personal journey of growth. I can confidently say that I have matured and I am a better and stronger person than I was three years ago when I started this journey. The most important lesson I learnt was the sense of hope amidst their pain and suffering which the research participants voiced; the hope which made me persevere amidst my own personal challenges. I know now that, as a therapist, I have gained capabilities, but also made a contribution in the form of an intervention programme to the field of positive psychology. I hope that the findings, recommendations and the intervention guidelines proposed in this research will play a role in future studies as well as in the enhancement of psychosocial well-being of young people from marginalised backgrounds.

Challenges and Limitations of the Research

The mixed research methods employed in this study, comprising both quantitative and qualitative phases, were physically, emotionally and financially demanding and they required commitment, time and patience. The quantitative phase of the study and the initiation thereof proved challenging for the researcher in that there were a large number of participants ($N=794$) that had to be co-ordinated for the initial briefing sessions and the completion of validated self-report questionnaires. Although the Ikageng Ministry and its staff were available to assist with the technical aspects of the research groups and their co-ordination, the onus was still on the researcher to ensure that the process flowed according to plan. There were 800 initial participants identified by the ministry for participation in the study and it was a challenge to ensure that all the groups were available on the agreed dates and times for the completion of consent forms and the validated self-report questionnaires. For example, the researcher would call all the participants three days and then again the day before their

research sitting. Whilst most would confirm their availability for the research, some would still not avail themselves on the day; thus, requiring that another appointment be made for them. This had an impact on the proposed timeline for the quantitative data collection process. The situation did improve with time and towards the middle of the data collection process, the participants would present themselves timeously during their given dates and time slots; and the process thus proceeded smoothly.

The qualitative phase of the research was emotionally challenging for both the researcher and participants. Those who were the first to go through the personal interviews would initially struggle in telling their stories. For example, there were a lot of emotions, tears and discomfort from the participants during the personal interviews, and the researcher would contain the emotions until the end of the interview; those who were severely affected were referred to the ministry's social worker who was on site everyday. During the interview process, the participants' emotional status differed from one individual to another; whilst one individual would be very engaging, relaxed and maintained good eye contact, the other would be fidgety, with poor eye-contact, and gave very brief answers to the interview questions. It seemed that those participants who were within the low range of psychosocial well-being seemed to be the ones who were struggling with self-expression and were more apprehensive than the high scoring participants who were more expressive in their narratives. To overcome this, the researcher used probing as a way of encouraging participants to tell their life stories, which proved effective in the facilitation of the interview process. Future researchers could keep this dynamic in mind. The participants in the focus group discussions were more engaging and willing to participate in the discussions without apprehension. This could be attributed to their confidence in their fellow group members, whom they also viewed as their larger family.

The organisational dynamics within the ministry at the time of the data collection,

including the internal conflicts within the organisation, had a slight impact on the data collection process when two of the research assistants who had been assigned to assist with the participants and their groupings, were suddenly retrenched. The Director of the Ministry, however, immediately assigned an extra assistant to the researcher; thus, ensuring that the process was immediately back on track.

Limitations of the Study

The major limitation of the quantitative phase of this study was that the measuring instruments used in this study with African youth were in English and were not standardised for use on South African youth. This lack of cultural equivalence could have influenced the reliability and validity of the scales and the data obtained from them for statistical analyses and research findings.

The limitation of the qualitative phase of this study was that participants were mainly members of the Ikageng/Itireleng Ministry and because of the caring involvement of the NGO in their lives, participants could be “less” marginalised compared to other youth who have to take care of themselves, without help from those around them. Hence the recommendation that future research should focus on such independent and unsupported youth in order to understand their experience of wellness and flourishing.

The limitation of the third phase of the study is that it is still a conceptual model that could only become an intervention once it has been applied in practice and validated by further research.

Conclusions from the Study

The findings and conclusions made from the research as well as guidelines with strategies for an intervention programme developed from the data are all considered in reaching overall conclusions of the study; and these are related to the objectives of the research.

Literature Conclusions

The literary description and interpretation of the construct “marginalisation” amongst youth as a contextual focus of this study highlighted the fact that the definition and use of such terms have to be according to participants’ personal experiences; and therefore has a contextually-embedded meaning. The literature from the fields of psychology and developmental psychology has multiple and relevant definitions of the concept, as well as related theoretical and practical applications. These definitions and their theoretical foundations were initially accepted as relevant to this study, but the participants of the study gave unique meaning to the term “marginalisation” in the context of the study. Although a number of studies have in the past decade researched the psychosocial well-being of marginalised youth, these studies were mainly focused on the youth as troubled and marred by problems which needed to be solved. Such youth were further perceived as at-risk and most studies focused on reducing the risk, without establishing if the youth had innate strengths and talents and, most importantly, coping abilities which they could use in building their psychological, emotional and social well-being. It was thus clear that this study was in line with more recent research on the youth that gradually moved away from problem-based approaches to solution and strength-based views of the youth, their families, communities and their life challenges. Studies in solution-focused and strength-based practices which emanated from this paradigm shift, and are grounded within the field of positive psychology and its principles, further changed the landscape of theory and practice in working with youth.

The grounding of this study within positive psychology and its conceptual frameworks, theoretical constructs and principles, as well as related strength-based practices, culminated in a foundation on which guidelines and strategies for an intervention were constructed. The themes which were formulated from the personal interviews and focus

group discussions could be integrated with the theoretical frameworks of constructs of coping self-efficacy, mental health and well-being, and symptoms of distress (depression, anxiety and stress) in a strength-based format. From this, guidelines and strategies could be developed for a proposed intervention aimed at the enhancement of the psychosocial well-being amongst marginalised youth in South Africa.

The rather extensive literature review that was done to conceptually understand and analyse the broad construct of psychosocial well-being and the sub-constructs that were chosen to be used in this research, primarily showed that an overarching or master theory for psychosocial well-being does not exist. Psychosocial well-being is thus still a broad and diverse construct with much overlap that occurs in research studies using the construct, but with little construct clarification that emerges.

This researcher thus agrees with authors such as Keyes (1995) who called for more theoretical work on psychosocial well-being; Ryan and Deci (2001) who contend that the conceptualisation of psychosocial well-being is controversial and unresolved; Van Eeden and Wissing (2002, 2014) who showed that the connotations and denotations of theories, models and constructs describing psychosocial well-being overlap, differ and even contradict; and Khumalo (2011) who started researching the psychosocial construct from an African perspective in order to give perspective in this field. Currently, the approach of Ryan and Deci (2001) towards psychological well-being seems equally applicable to psychosocial well-being studies. The authors distinguish two broad perspectives on well-being studies, namely the hedonic perspective which focuses on happiness, positive affect and life satisfaction (feeling good) and the eudaimonic perspective that focuses on the experience of meaning and purpose in life and of self-actualisation (functioning well). In an elementary way, the constructs selected to represent aspects of psychosocial well-being in this study, namely mental health and well-being, including emotional, psychological and social well-being

(feeling and functioning), coping self-efficacy (functioning) and symptoms of distress (feeling), followed the viewpoints of Ryan and Deci (2001) and other authors in this regard.

Empirical Conclusions

For empirical purposes, this study chose a mixed method of research, wherein both the quantitative and qualitative methods were employed in a two-phase sequential pattern. The research objectives were achieved; thus, proving that the mixed method research design was successful.

Conclusions drawn from the quantitative phase of the study (Article 1). The general objective of the quantitative phase was to statistically determine the nature of psychosocial well-being amongst a group of marginalised African youth, by means of data obtained through the use of validated self-report questionnaires which measured constructs of mental health and well-being, coping self-efficacy, and symptoms of depression, stress and anxiety. To identify participants who ranged on the high, medium and low prevalence levels of well-being was a further aim.

An interesting finding was that, despite their challenging life circumstances, a significant number in this group of marginalised African youth could be described as having a high prevalence of psychosocial well-being; whilst the other group was on a moderate to low prevalence of well-being. This finding seems to be somewhat in line with that of Koen (2012) and Van Schalkwyk (2009) in South African studies, who found that 36% and 42% of youth respectively, were psychosocially well, whilst 64% and 58% respectively varied from being moderately well to unwell.

The descriptive statistical findings indicated that mean scores and standard deviations of this group of young people ($N=794$) were comparable to those found in research where the same measuring instruments were used. This suggests that this group of youth and its general psychosocial well-being is not very different from the general population.

The reliability indices of the measuring instruments were also similar to those found in literature and suggested that the reliability scores could be considered as fair to good. It indicated that consistency was obtained on the scales and subscales with this current group of participants, even though the questionnaires were not in their mother tongue.

The correlational findings indicated that a significant statistical-correlational relationship existed between the instruments measuring coping self-efficacy, mental health and well-being, as well as depression, anxiety and stress; and that there were significant positive relationships that were theoretically expected between the scales and subscales of the instruments measuring coping self-efficacy and mental health. Evidence to this was the positive association found between aspects of coping self-efficacy and emotional, psychological and social well-being. The significant negative relationships between the scales and subscales of coping self-efficacy and mental health with the instrument measuring depression, anxiety and stress, were also theoretically expected. These supported the literature stating that mental health and well-being and mental distress or ill-being were empirically not opposite ends of the same continuum of human functioning, but were two distinct dimensions of human behaviour (Keyes, 2003).

A measurement model which was identified from data obtained on the measuring instruments and that was compared to competing models, proved to have a good statistical fit and served as the base model for further structural equation modelling. The path coefficients of the identified structural model indicated that coping self-efficacy could perhaps enhance mental health and well-being as well as lower symptoms of depression, anxiety and stress in this group of youth ($N=794$). This is in line with findings from coping research that indicate the salutary relationship of coping, especially problem-solving coping and coping with social support, with various aspects of mental health and well-being. Additionally, literature points

to the positive influence of coping self-efficacy on psychological well-being and mental health; further indicating that there is a link between coping self-efficacy and flourishing or complete mental well-being as measured by the MHC of Keyes (2002, 2005). Whilst one study found that coping self-efficacy has significant negative relationships with aspects of mental distress, such as anxiety, depression, stress, somatic symptoms and social dysfunction (supported by the findings of this study); in another study general self-efficacy was found to have an ameliorative impact on the negative effects that somatic symptoms had on social well-being, whilst active coping strategies were linked to fewer depressive symptoms, avoidance of poor adaptation abilities, and higher levels of depressive symptoms.

Practically the quantitative findings had two outcomes, namely participants who scored in the high, moderate and low brackets of psychosocial well-being could be identified for inclusion in the qualitative part of the research. Furthermore, the findings of the structural path coefficients that coping self-efficacy could possibly predict enhanced mental health and well-being, and lower levels of depression, anxiety and stress, were also fruitfully used in the guidelines and strategies for an intervention.

Conclusions drawn from the qualitative phase of the study (Article 2). The objective of this study was to obtain an in-depth qualitative understanding of the psychosocial well-being of participants who were quantitatively identified as psychosocially well, and those who were either lacking or displaying poorer mental health. The qualitative phase also provided an in-depth understanding of the aspects which enabled those who were psychosocially well, thriving, able to cope, and to survive adversity; and also those who were found to be floundering, struggling with their coping and were not able to deal with their adverse life circumstances.

The wellness-enhancing qualities of the psychosocially well participants included character strengths as well as personal competence, emotional resilience and social

intelligence. There was the presence of a loving, caring and supportive mother-figure in most of the participants' lives, which had an enabling influence as was evident in the participants' stories of courage, goal-oriented attributes as well as an ability to deal with their emotional and social challenges. The theme of hope for a better and positive outlook was frequent in stories told by the participants.

The wellness-hindering features emerging from the less psychosocially well participants included painful life experiences, emotional turmoil, anxiety, anger, depression, and often an absent father and a dysfunctional family background.

The themes and subthemes, emerging from this qualitative exploration, support literature that describes psychosocial well-being as a multi-faceted concept encompassing psychological, emotional and social aspects of well-being; and which contributes equally to mental health. As was the case of participants in this study, psychosocial well-being results from aspects of positive mental health, such as emotional well-being, personal competence, character strengths, psychological health, social mastery and coping self-efficacy. On the other side of the spectrum are negative life experiences, such as pain, anger, and distress, which impact negatively on the well-being of participants and could lead to symptoms of depression, anxiety and stress, although no participants in this study showed signs of mental illness. These findings support the strong view in positive psychology that authentic well-being is not without stress, sadness, loss and some anguish, but that strengths exist to cope with and even resile from such experiences.

The value of the mixed method of research applied in this study was evident in the qualitative component of the research. The themes and subthemes identified from the shared stories of participants showed much correspondence to the constructs that were used in the quantitative phase of the investigation. There were, for example, clear indications of participants' abilities to cope with self-efficacy, to experience positive emotions and even life

satisfaction, to function with aspects of psychological well-being, such as self-acceptance and autonomy, personal development, mastery of their own environments and finding meaning and purpose in their lives. Their social well-being was strongly communicated in their shared qualitative stories. Interesting was the mixed picture presented by the participants as far as symptoms of distress were concerned. There was a distinct group of participants who struggled or languished mentally, but without mental illness; and then there was the psychosocially well youth who also struggled with symptoms of ill-being at times, but could apparently cope with their distressful emotions.

The correspondence of quantitative and qualitative findings in the study enabled the researcher to utilise all these findings in an integrated programme for youth, aimed at enhancing psychosocial wellness. The guidelines and strategies of the intervention were derived from the findings of both components of the mixed method research design as discussed above.

Conclusions drawn from the third phase of the study (Article 3). The objective of this phase of the study was to formulate guidelines and strategies for an intervention programme based on the previous research findings and relevant literature. These guidelines and strategies would be used to construct an intervention aimed at facilitating and enhancing the psychosocial well-being of the youth, particularly those from marginalised backgrounds. This objective was met.

In the quantitative phase of the study, a structural or conceptual model of the nature of psychosocial well-being in the research group was identified, based on the data obtained from questionnaires. This model indicated that coping self-efficacy could possibly be used in an intervention to build and enhance emotional and psychological well-being or intrapersonal features of wellness, especially. Furthermore, coping self-efficacy could possibly serve to lower levels of depression, anxiety and stress in youth. Mental wellness features were also

found as antecedents of symptoms of distress; thus, such strengths could be employed to deal with times of mental difficulty. Valuable guidelines and strategies could be derived from these findings.

The qualitative phase of the research presented themes that could be integrated with findings from the quantitative phase to construct an intervention. Such themes were intrapersonal aspects of personal competence, goal setting and achievement, emotional awareness and sensitivity, resilient characteristics and emotional expressiveness; interpersonal strengths such as pro-social caring, relatedness, social intelligence, leadership and communication skills, obtaining social support, communal integration, cultural belonging and spiritual wellness. It was interesting that the quantitative findings showed mainly intrapersonal strengths; whereas the qualitative findings clearly showed the social abilities of these participants from mainly collective cultural contexts. The hindering themes indicated circumstances and life challenges that marginalised youth may face, and that a strength-based intervention could aim at empowering them. Valuable guidelines and strategies could be derived from all these findings.

Guidelines pertaining to specific strategies were formulated and focused on: (1) allowing the participants, through a collaborative assessment process, an opportunity to identify the strengths, talents, capabilities and skills that they are bringing into the facilitation experience and the growth process; (2) facilitating personal ownership of strengths and weaknesses, learned empowerment as well as group cohesion and dynamics to build trust, respect and collaboration; (3) developing and enhancing participants' psychosocial well-being through the use of their personal competence and a sense of control; (4) using positive emotions to build happiness and life satisfaction; (5) developing and enhancing psychological well-being or inner wellness by means of employing participants' strengths and a sense of mastery; (6) building overall psychosocial well-being through the use of personal social skills

and competencies; (7) employing coping self-efficacy skills to manage experienced depression, anxiety and stress; and (8) commitment to building and celebrating a lifestyle of being well and staying well.

The proposed guidelines and strategies were focused on helping participants in identifying and exploring their strengths and coping abilities to enhance their psychological, emotional and social well-being, also to lessen the occurrence of depression, anxiety and stress. This could be achieved through the following overall guidelines which the participants would undertake as part of their developmental process, namely engagement towards growth and wellness, strengths discovery, a sense of mastery, positive emotions, sound psychological functioning, social competence and coping self-efficacy. These guidelines have the potential to build strengths and coping self-efficacy for the enhancement of psychosocial well-being and the prevention or diminishing of distress.

Significance and Contribution of the Study

This study contributed towards a further understanding of the conceptual nature of psychological well-being as a construct in the field of positive psychology.

A major contribution of this study is towards the fields of counselling, developmental and positive psychology, and specifically its contribution of new information about coping self-efficacy as a possible predictor of mental health, as well as of psychological, emotional and social well-being. Furthermore, the study found that coping self-efficacy had a possible lowering effect on symptoms of depression, anxiety and stress amongst marginalised youth. Coping self-efficacy could thus become a therapeutic variable in the counselling of youth.

The results obtained from the qualitative research component could be used in coaching programmes with youth, since the themes identified indicated both personal and social competencies that could be cultivated in various contexts where youth are empowered.

The findings of this study contributed to a strength-based, positive psychology intervention programme which can be used by therapists, counsellors, school counsellors, and other relevant professionals working not only with marginalised young people, but all the youth who would benefit from such a programme of intervention.

Another contribution of this study is that the intervention programme was developed in such a way that most youth care workers (such as those working at NGOs, schools, youth and community organisations) will be able to use it in working with the youth in their quest for identifying their strengths and harnessing their coping self-efficacy for dealing with life's issues and demands. It can also be made available to non-profit groups working with the youth, such as the South African National Youth League (SANLY), South African Association of Youth Clubs, and the Organisation of African Youth (OAYouth).

Workshops and training sessions could be conducted to assist professionals and lay counsellors in the application and use of this intervention programme to elucidate its relevance and effectiveness in youth work; thus, contributing to the available resources both nationally and internationally.

The long-term contribution of the study is to implement, develop and refine the intervention programme with the view that it could be used as part of an integrated process of research, teaching and dissemination of knowledge in the training and development of future psychologists, social workers and youth care workers. The contribution would be executed through working with future researchers on youth psychosocial well-being, with the purpose of publishing the findings in professional and academic publications.

The researcher aims at undertaking a future study to develop, implement and validate the intervention programme with the objective of refining the instrument. Existing knowledge and/or new knowledge which might have been generated within the field will be used to help the youth in identifying and harnessing their strengths, and employing their coping abilities

towards building and maintaining their psychological, emotional and social well-being. Symptoms of depression, anxiety and stress will be lessened; thus ensuring that they are psychosocially well.

The researcher further intends presenting and publishing the findings of this study at future national and international conferences as well as in academic publications such as the *Journal of Psychology in Africa*.

Recommendations for Future Studies

The study was conducted with a group of marginalised youth from the database of Ikageng/Itireleng Ministry. Similar future research on psychosocial well-being amongst marginalised youth could be conducted, using larger more diverse research groups, such as independent and unsupported youth in order to understand their experience of wellness and flourishing.

It is further recommended that instruments such as the MHC and CSES which have been recently validated for use in South African research, be used to further investigate the predictive and mediating effects of coping self-efficacy on mental health and well-being and, more specifically, on the social well-being component of the MHC.

It is recommended that future studies include significant others such as parents, siblings, teachers and peers, as this might provide information on the psychosocial well-being of the youth from the perspectives of those around them.

For the purposes of statistical analyses and research findings, similar studies on the psychosocial well-being of youth from marginalised backgrounds could translate the questionnaires into African languages to increase reliability and validity of the data obtained from the scales and subscales.

The implementation and validation of the proposed strength-based intervention programme to enhance the psychosocial well-being of marginalised youth is recommended

and could assist in establishing the effectiveness of such an intervention in a variety of settings.

The broad construct of psychosocial well-being should be further researched and refined in order to develop a coherent major theory guiding future research and intervention development.

Final Evaluative Conclusion

It may be concluded that the commitment made at the beginning of this research, namely to adhere to the rules of rigour, was reached.

The study was well-defined and theoretically coherent research questions and aims ensured theoretical validity. The research results were a true reflection of the context from which data was gathered, as well as the analyses done on data obtained. The research could be replicated and although the quantitative results could not be generalised, transferability of findings to other settings and research groups is possible due to the interpretive account that could allow other researchers to make comparisons with their own work. There is consistency and neutrality in the research results; an accurate description of the research process, research situation and context; and all methods of analyses were given throughout. Furthermore, the findings have operational value in the proposed intervention that was based on guidelines and strategies derived from the research results. The research arguments and conclusions were logical and guided by theory throughout; contributing to the justifiability of the research decisions and of the findings that followed from the research process.

It can be concluded that this study into the psychological well-being of a group of African youth who lived in marginalising circumstances was successfully executed; the research questions were answered and research objectives were met. This study was a deeply meaningful experience for the researcher and hopefully for all others involved.

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APPENDIX ONE

QUESTIONNAIRES

Biographical Questionnaire

Will you please provide the following information about yourself. I will treat your information confidentially.

First Name		
Surname		
Age		
Gender	Male	
	Female	
Language/Culture		
Are you in a long term close relationship?	Yes	
	No	
Who do you see as your caregiver?	Parents	
	Mother	
	Father	
	Siblings	
	Extended Family	
	Other	
Which of these faces shows how you feel about your life in general?		
		
		

Mental Health Continuum (MHC-SF)

Please answer the following questions about how you have been feeling in the past month. I will ask you each time if it was never, once or twice, about once a week, 2 or 3 times a week, almost every day, or every day

In the past month, how often did you feel		Never (0)	Once or twice (1)	About once a week (2)	2 or 3 times a week (3)	Almost every day (4)	Every Day (5)
1.	Happy						
2.	Interested in life						
3.	Satisfied						
4.	That you had something important to contribute to society						
5.	That you belonged to a community (like a social group, your neighbourhood, or city)						
6.	That our society is becoming a better place for people						
7.	That people are basically good						
8.	That the way our society works makes sense to you						
9.	That you liked most parts of your personality						
10.	Good at managing the responsibilities of your daily life						
11.	That you had warm and trusting relationships with others						
12.	That you have experiences that challenge you to grow and become a better person						
13.	Confident to think or express your own ideas and opinions						
14.	That your life has a sense of direction or meaning to it						

Coping Self-Efficacy Scale (CSE)

When things aren't going well for you, or when you're having problems, how confident or certain are

you that you can do the followings:

Cannot do at all						Moderately certain can do					Certain can do
0	1	2	3	4	5	6	7	8	9	10	

For each of the following items, write a number from 0-10, using the scale above, Firstly decide whether your response is close to 'cannot do', and then decide to what degree you feel it, and then write down the chosen number in the column next to the statement.

When things aren't going well for you, how confident are you that you can:

1.	Keep from getting down in the dumps	
2.	Talk positively to yourself.	
3.	Sort out what can be changed, and what can not be changed	
4.	Get emotional support from friends and family	
5.	Find solution to your most difficult problems	
6.	Break an upsetting problem down into smaller parts.	
7.	Leave options open when things get stressful	
8.	Make a plan of action and follow it when confronted with a problem	
9.	Develop new hobbies or recreations	
10.	Take your mind off unpleasant thoughts.	
11.	Look for something good in a negative situation.	
12.	Keep from feeling sad.	
13.	See things from the other person's point of view during a heated argument.	
14.	Try other solutions to your problems if your first solutions don't work	
15.	Stop yourself from being upset by unpleasant thoughts.	
16.	Makes new friends	
17.	Get friends to help you with the things you need.	
18.	Do something positive for yourself when you are feeling discouraged.	
19.	Make unpleasant thoughts go away.	
20.	Think about one part of the problem at a time.	
21.	Visualize a pleasant activity or place	
22.	Keep yourself from feeling lonely.	
23.	Pray or meditate.	
24.	Get emotional support from community organizations or resources.	
25.	Stand your ground and fight for what you want.	
26.	Resist the impulse to act hastily when under pressure	

DASS21

Please read each statement and circle a number, 0, 1, 2, or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me in some degree, or some of the time
- 2 Applied to me a considerable degree, or a good part of the time
- 3 Applied to me very much, or most of the time

1.	I was aware of dryness of my mouth	0	1	2	3
2.	I couldn't seem to experience any positive feeling at all	0	1	2	3
3.	I experienced breathing difficulty (eg excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
4.	I tended to over-react to situations	0	1	2	3
5.	I found it difficult to relax	0	1	2	3
6.	I felt that I had nothing to look forward to	0	1	2	3
7.	I felt that I was using a lot of nervous energy	0	1	2	3
8.	I felt I wasn't worth much as a person	0	1	2	3
9.	I felt that I was rather touchy	0	1	2	3
10.	I felt scared without any good reason	0	1	2	3
11.	I found it hard to wind down	0	1	2	3
12.	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
13.	I felt down-hearted and blue	0	1	2	3
14.	I felt I was close to panic	0	1	2	3
15.	I was unable to become enthusiastic about anything	0	1	2	3
16.	I was intolerant of anything that kept me from getting on with what I was doing.	0	1	2	3
17.	I felt that life was meaningless	0	1	2	3
18.	I found myself getting agitated	0	1	2	3
19.	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
20.	I experienced trembling (e.g. in the hands)	0	1	2	3
21.	I found it difficult to work up the initiative to do things.	0	1	2	3

INFORMED CONSENT TO PARTICIPATE IN THE RESEARCH

Dear Participant

The psychosocial well being of the South African youth from marginalized backgrounds is regarded as one of the most important aspects of general well being and the quality of life. I am a researcher at the North West University (Vaal Triangle Campus) who is studying the psychosocial well being of marginalized South African youth with the Ikageng/Itireleng Aids Ministry located in Orlando West, Soweto.

This research is about your well-being in the psychological as well as the social areas of your life and we would like to know about your wellness in psychological, emotional, as well as your social areas of your daily experience. We are also interested in your happiness, how you cope with worries, your self-image that is how well you think about yourself, your optimism or pessimism, your general health and in strengths that you have as person.

Would you kindly help in this research? It will take approximately 1hour 30 minutes of your time to complete these questionnaires.

PLEASE NOTE:

- This is not an examination and there are no correct or incorrect answers, so you can answer each question as honestly as possible.
- This is just a survey to help us understand how well you cope with life in general.
- All the information you provide in the questionnaire will be treated with the highest level of confidentiality.
- The information gathered from this research will be used strictly for research purposes.
- Should you at any time feel any psychological discomfort during the process, you will be offered professional assistance.
- This survey is totally voluntary and you have the right to withdraw from this exercise at any time.
- Are you willing to take part in this research? If so, will you please sign the consent form just below?
- Would you like to provide us with an address and a contact number so that you can be contacted again, should the researcher need your assistance in the later stages of the research?

Thank you very much.

MRS S.R. MELATO
PROF. C. VAN EEDEN
PROF. I ROTHMANN
JUNE 2011

Signed _____ Date _____

INFORMED CONSENT TO PARTICIPATE IN THE QUALITATIVE RESEARCH

Dear Participant

The psychosocial well being of the South African youth from marginalized backgrounds is regarded as one of the most important aspects of general well being and the quality of life. I am a researcher at the North West University (Vaal Triangle Campus) who is studying the psychosocial well being of marginalized South African youth with the Ikageng/Itireleng Aids Ministry located in Orlando West, Soweto.

This research is about your well-being in the psychological as well as the social areas of your life and we would like to know about your wellness in psychological, emotional, as well as your social areas of your daily experience. We are also interested in your happiness, how you cope with worries, your self-image that is how well you think about yourself, your optimism or pessimism, your general health and in strengths that you have as person.

Would you kindly help in this research? It will take approximately 1hour 30 minutes of your time to participate in this interview and the subsequent focus group discussions.

I _____ hereby consent to the following:

- I am willing to participate in the interviews and focus group discussions, sharing my personal story about my psychosocial wellbeing.
- Allow for the interview to be recorded on a digital voice recorder.
- The recordings will be transcribed and captured for data analysis.
- All the information will be treated with confidentiality and kept in a secured place.
- My personal details will not be disclosed in the research or the publication of results.
- Participation will be voluntary and confidential.
- I have the right to withdraw from the research at any time.
- I shall not be remunerated for my participation in the research.
- I have a clear understanding of the aims and objectives, benefits, risks and obligations of this research and the implications of my participation are clear.

Signed _____ Date _____



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ETHICS APPROVAL OF PROJECT

23 January 2013

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title : Exploring the psychosocial well-being of a group of marginalized African youth.																	
Project Leader Prof. C. van Eeden																	
Ethics number:	N	W	U	-	0	0	0	2	1	-	1	2	-	A	9		
	Faculty				Subject/Module				Year				Semester				
	School of Distance Education				Research Methods I				2012				2012/2013				
Approval date: 2012/01/28						Expiry date: 2017/01/29											

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principal investigator) must report in the prescribed format to the NWU-EC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any issue that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as requested in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviations from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project,
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof. Amanda Laurens
(Chair NWU Ethics Committee)

Date: 03 May 3 2011

To whom it may concern

Re: Official request for a research study

Dear Sir or Madam

This is an official letter requesting your permission to undertake a research study within the Ikageng/Itireleng Ministry. The purpose of this research is to have an in-depth study of the psychosocial well being of the young people who are the beneficiaries of the Ministry. This study is conducted as part of PhD degree requirements at the University of North West (Vaal Campus). The research participants are young people between the ages of 18 and 35 years who are either attending an educational institution or are at home due to a variety of reasons. All the ethical considerations shall be observed and strictly adhered to throughout the research period.

The research will last for a duration of two years the due date of which is November 2013. The results of this research as well recommendations thereof shall be made available to the Ikageng/Itireleng Ministry at the date of completion.

Signed _____ Date _____



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
VAAL TRIANGLE CAMPUS

**DIRECTOR: SCHOOL of
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9 May 2011

The Director

Ikageng/Itireleng AIDS Ministry

Soweto, Gauteng.

Research in psychosocial well-being of youth at the Ministry.

Dear Sir/Madam,

The purpose of this correspondence is to obtain permission from the Directorate and Management of the Ministry for research to be conducted with youth in the care of the Ministry, by a PhD student of the North-West University.

Ms. Seleme Melato, a clinical psychologist, is a registered PhD student in Psychology at this University. She proposes to investigate the psychosocial well-being of a group of marginalized youth in the South African context. The research will be done in four phases namely: A quantitative phase in which validated questionnaires will be completed by participants; a qualitative phase in which narrative data will be obtained from selected participants through interviews, writings and other socially constructed methods; the construction/design of an intervention aimed at developing/enhancing psychosocial well-being in youth, and the testing/validation of the intervention with a selected group of participants. All participants in this research project will, with your permission and support, be sourced from the Ministry.

The research will be conducted in line with the stipulated requirements of the Ministry as well as stringent ethical principles of the NWU: Ethics Committee, the Professional Board for Psychologists in South Africa as part of the Health Professions Council of South Africa and international ethical guidelines such as those of the Helsinki Declaration. These principle state that participation must be voluntary and as far as possible anonymous or alternatively, that any identifying information be treated confidentially and where possible be protected by

the use of pseudonyms or numbers as indicators. Furthermore, participants must be fully informed of the nature of the research and of procedures involved as well as the nature of their participation. They have the right to be protected from any harm and to withdraw their participation at any stage without negative consequences. All expectations must be clarified and it must be understood that participants will not be paid or advantaged/disadvantaged in any material manner from their involvement in the research. The researcher, as a psychologist, will be skilled to conduct the research and will be sensitive to any emotional discomfort that any participant may experience due to his/her involvement in the research activity. Supportive counselling will be made available to those who experience such discomfort. The whole research project and all activities involved will be supervised by Professors C. van Eeden and I. Rothmann of the NWU.

Permission and approval is thus hereby requested from the Directorate and Management of the Ministry for the above described research to be conducted with youth in care of the Ministry and at premises owned and used by the Ministry. The research activities will take place over a period of 18 to 24 months in 2011 to 2013. The researcher will meet with designated representatives of the Ministry at regular intervals to discuss arrangements, concerns and other relevant matters pertaining to the research procedure.

A copy of the final research report and doctoral thesis will be given to the Ministry as a token of appreciation. Although not stated above, but implied, is that the identity of the Ministry will also be protected in all publications that may flow from this research. Please do not hesitate to contact myself or Ms. Melato for any further information or clarification that you may require.

Sincerely and with kind regards,



Prof. Chrizanne van Eeden
Director: School of Behavioural Sciences
VaalTriangle Campus of the North-West University



Physical Address:
8299 Cnr. Sisulu/Mahalefele Road,
Department of Social Services (Peoples
Centre),
Orlando West
P.O. Dube / P.O. Box 218,
Soweto, Johannesburg, South Africa.
1800

To whom this may concern

This serves to confirm that permission is hereby granted to S.R. Melato to conduct her study at Ikageng. We hope and trust it will go well. Wishing her success in all she does.

Regards

Carol Dyantyi

Carol Dyantyi

Founder and Project Director

Ikageng Itireleng Aids Ministry

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