

**INVESTIGATING COMMITMENT TO THE
FAMILY OF ORIGIN AS A CORRELATE OF
SUBJECTIVE WELLBEING**

MELINA GEORGIU

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INVESTIGATING COMMITMENT TO THE FAMILY OF ORIGIN AS A CORRELATE OF SUBJECTIVE WELLBEING

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Melina Georgiou

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SUPERVISOR:
Dr Salomé Human-Vogel

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TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION, BACKGROUND, PROBLEM STATEMENT, RATIONALE, AND RESEARCH DESIGN

PAGE: 1

1.1	INTRODUCTION	1
1.2	BACKGROUND AND CONTEXT	1
1.2.1	Family commitment	1
1.2.2	Subjective wellbeing	4
1.3	PROBLEM STATEMENT	6
1.4	RATIONALE	6
1.5	OBJECTIVE OF THE STUDY	7
1.6	RESEARCH QUESTIONS	7
1.6.1	Primary question	7
1.6.2	Sub questions	7
1.7	HYPOTHESES	7
1.7.1	First set of hypotheses: Testing subgroup differences in scale means for two groups	8
1.7.2	Second set of hypotheses: Testing subgroup differences in scale means for three or more groups	8
1.7.3	Third set of hypotheses: Spearman's rho correlation between study variables	8
1.8	DEFINITION OF KEY TERMS	8
1.8.1	Family commitment	8
1.8.2	Family of origin	9
1.8.3	Subjective wellbeing	9
1.8.4	Subjective distress	9

1.9	CONCEPTUAL FRAMEWORK	10
1.10	RESEARCH DESIGN	11
1.10.1	Ontological assumptions and methodological paradigm	11
1.10.2	Survey research	12
1.11	PILOT STUDY	12
1.11.1	Introduction	12
1.11.2	Defining subjective distress	12
1.11.3	Scale development	13
1.11.4	Sampling and the piloting of the Subjective Distress Scale (SDS)	14
1.12	MAIN STUDY	15
1.12.1	Objective	15
1.12.2	Instruments	16
	a) Demographic sheet	16
	b) Family Commitment Scale (FCS)	16
	c) Trait Well-Being Inventory (TWBI)	16
	d) Subjective Distress Scale (SDS)	17
1.12.3	Data collection procedure	17
1.12.4	Data analysis	18
1.13	DELIMITATIONS AND POSSIBLE CONTRIBUTIONS OF STUDY	18
1.14	STANDARDS OF RIGOUR	19
1.14.1	Reliability	19
1.14.2	Validity	20
1.15	ETHICAL CONSIDERATIONS	21
1.15.1	Introduction	21
1.15.2	Veracity, voluntary participation, anonymity and benevolence	21

CHAPTER 2

LITERATURE REVIEW: COMMITMENT, FAMILY OF ORIGIN AND SUBJECTIVE WELLBEING

PAGE: 23

2.1	INTRODUCTION	23
2.2	BACKGROUND	23
2.3	FAMILY RESILIENCE	23
2.3.1	Conceptualising family resilience	23
2.3.2	Resilience and family functioning	24
2.3.3	Family and individual resilience	26
2.4	SUBJECTIVE WELLBEING	28
2.4.1	Defining Subjective Wellbeing	28
2.4.2	Measuring Subjective Wellbeing and its Components	31
2.4.3	Life Satisfaction as a Correlate of Commitment	32
2.4.4	Correlation of Commitment and Subjective Wellbeing	32
2.5	COMMITMENT TO THE FAMILY OF ORIGIN	34
2.5.1	Conceptualising Commitment	34
2.5.2	Measuring Commitment	37
2.6	CONCLUSION	38

---oOo---

CHAPTER 3

RESEARCH DESIGN AND RESULTS	PAGE: 40
3.1 INTRODUCTION	40
3.2 RESEARCH QUESTIONS	40
3.3 SAMPLING DATA COLLECTION	41
3.4 SCALE PROPERTIES OF THE SUBJECTIVE DISTRESS SCALE	42
3.4.1 Introduction	42
3.4.2 Reliability of the SDS	42
3.5 EXPLORATORY FACTOR ANALYSIS	43
3.5.1 Introduction	43
3.5.2 Assessing the suitability of the data for factor analysis	44
3.5.3 Factor extraction and rotation	45
3.5.4 Factor matrix and interpretation	46
3.6 ASSESSING THE NORMALITY OF THE SCALES	48
3.7 DESCRIPTIVE STATISTICS	52
3.8 RESULTS OF THE MAIN STUDY	54
3.8.1 First set of hypotheses	54
3.8.2 Second set of hypotheses	56
3.8.3 Third set of hypotheses	62
a) Subjective Distress Scale (SDS)	64
b) Trait Well-Being (TWB)	64
c) Mood Level (ML)	64
d) General Life Satisfaction	65
3.9 SUMMARY OF RESULTS	65

---oOo---

CHAPTER 4

DISCUSSION AND INTERPRETATION OF RESULTS, CONTRIBUTIONS

AND LIMITATIONS PAGE: 68

4.1	INTRODUCTION	68
4.2	DISCUSSION OF MAIN FINDINGS	69
4.2.1	Development of the Subjective Distress Scale	69
4.2.2	Relationship between subjective wellbeing and commitment	71
	4.2.2.1 Demographic information	71
	4.2.2.2 Family influences on subjective distress and wellbeing	72
	a) Negative parent relationship descriptions: Complicated and tense and Distant and uninvolved	75
	b) Positive parent relationship descriptions: Uncomplicated and supportive and Close and involved	76
	4.2.2.3 Association between subjective distress, wellbeing and family commitment	77
4.2.3	Summary of findings	78
4.3	CONTRIBUTION OF THE STUDY	80
4.4	LIMITATIONS OF THE STUDY	81
4.5	RECOMMENDATIONS FOR FUTURE RESEARCH	81
	REFERENCES	83
	APPENDICES	97

APPENDICES

Appendix A: Informed Consent	98
Appendix B: Demographic Sheet	100
Appendix C: Questionnaire	102
Appendix D: DSM-IV for Generalised Anxiety Disorder (GAD) and Major Depressive Episode (MDE)	110
Appendix E: Trait Well-Being Inventory	113
Appendix F: Ranks for sex of respondents	115
Appendix G: Ranks for age of respondents	117
Appendix H: Ranks for relationship involvement	119
Appendix I: Ranks for relationship description (casual/committed)	121
Appendix J: Ranks for parent marital status	123
Appendix K: Ranks for relationship with parents	125
Appendix L: Ranks for negative parents relationship	127
Appendix M: Ranks for positive parents relationship	129
Appendix N: Ethical Clearance Certificate	131

LIST OF FIGURES

Figure 1.1 Conceptual Framework	11
Figure 2.1 Key processes in fostering family resilience	25
Figure 2.2 Summary of theoretical framework	27
Figure 2.3 Representation of Subjective Wellbeing	29
Figure 2.4 Representation of the correlation between satisfaction level, subjective wellbeing and commitment	33
Figure 2.5 Representation of Investment Model of Commitment (Rusbult et al., 1998)	35
Figure 2.6 Representation of the fostering of commitment	36
Figure 3.1 Boxplot for Subjective Distress	50
Figure 3.2 Boxplot for Trait Well-Being	50
Figure 3.3 Boxplot for General Life Satisfaction	51
Figure 3.4 Boxplot for Mood Level	51
Figure 3.5 Scatter plot for Trait Well-Being and Subjective Distress	51
Figure 3.6 Scatter plot for Mood Level and Subjective Distress	51
Figure 3.7 Scatter plot for General Life Satisfaction and Mood Level	52
Figure 3.8 Scatter plot for General Life Satisfaction and Subjective Distress	52
Figure 4.1 Relationship between Family Commitment and Subjective Well-Being	79

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LIST OF TABLES

Table 1.1 Subjective Distress Scale	14
Table 1.2 Item total statistics	15
Table 3.1 Reliability Statistics	42
Table 3.2 Item-total statistics for the Subjective Distress Scale	43
Table 3.3 Communalities of the Subjective Distress Scale	44
Table 3.4 Kaiser-Meyer-Olkin and Bartlett's Test for the Subjective Distress Scale	45
Table 3.5 Maximum Likelihood Estimation (Promax rotation)	46
Table 3.6 Factor Matrix for the Subjective Distress Scale	47
Table 3.7 The scale descriptives of the Subjective Distress Scale	48
Table 3.8 Kolmogorov-Smirnov and Shapiro-Wilk Tests of Normality for the Subjective Distress Scale	49
Table 3.9 Kolmogorov-Smirnov and Shapiro-Wilk normality tests for the Trait Well-Being Inventory	50
Table 3.10 Descriptive statistics of the sample (n=204)	53
Table 3.11 First set of hypotheses: Differences in means between two groups	54
Table 3.12 Mann-Whitney U test statistics in terms of the sex of the respondents	54
Table 3.13 Mann-Whitney U test statistics in terms of the age of the respondents	55
Table 3.14 Mann-Whitney U test statistics in terms of relationship involvement of the respondents	55

Table 3.15 Mann-Whitney U test statistics depending on how participants described their relationship with their parents (Casual/Committed)	56
Table 3.16 Second set of hypotheses: Differences in means between three or more groups	57
Table 3.17 Kruskal-Wallis test statistics in terms of parent’s marital status	57
Table 3.18 Kruskal-Wallis test statistics in terms of respondent’s relationship with their parents	58
Table 3.19 The Mann-Whitney U and Wilcoxon test statistics for the two negative relationship descriptions ¹	59
Table 3.20 General Life Satisfaction ranks for the two negative parents relationship descriptions ²	59
Table 3.21 Mann-Whitney U and Wilcoxon test statistics for the two positive parent relationship descriptions ³	60
Table 3.22 The means for each group of the relevant variables (Mood Level, Trait Well-Being, General Life Satisfaction, Subjective Distress) for all the categories of parent relationship descriptions ⁴	61
Table 3.23 Third set of hypotheses: Correlations between variables	62
Table 3.24 Spearman correlations between study variables	63

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¹ 2 – complicated and tense and 3 – distant and uninvolved

² 2 – complicated and tense and 3 – distant and uninvolved

³ 1 – uncomplicated and supportive and 4 – close and involved

⁴ 1 – uncomplicated and supportive, 2 – complicated and tense, 3 – distant and uninvolved, 4 – close and involved

CHAPTER 1

INTRODUCTION, BACKGROUND, PROBLEM STATEMENT, RATIONALE, AND RESEARCH DESIGN

1.1 INTRODUCTION

The present study is part of an on-going research programme that focuses on examining the antecedents and consequences of commitment to the family of origin. In the present study, I explore subjective wellbeing of young adults as a correlate of commitment to the family of origin. Individual satisfaction and wellbeing are associated with family stability and healthy family functioning (Henry, 1994; Wolman, Resnick, Harris & Blum, 1994; Walsh, 2003; Hassan, Yusoof & Alavi, 2012). Additionally, satisfaction is associated with a comfortable, loving family environment, open communication, family involvement and a positive perception of family dynamics (Joronen, 2005). Furthermore, positive emotional support (Fiese, Foley & Spagnola, 2006), and a cohesive, expressive and less conflictual family climate are significantly related to and promote psychological wellbeing (Wong, 2012). Similarly, commitment is positively associated with cohesion and connectedness (Walsh, 2003), psychological attachment (Etcheverry & Le, 2005), and positivity, openness and support (Dailey, Hampel & Roberts, 2010). Several studies have reported a significant correlation between family connectedness, involvement, warmth and cohesion, and individual wellbeing (Wolman et al., 1994; Cripps & Zyromski, 2009; Wong, 2012). In this regard, it is suggested that commitment is a portable construct that can thus be studied in relation to the family of origin. Additionally, it stands to reason that commitment should be positively associated with wellbeing. Accordingly, in the present study I will be exploring the correlation of family commitment and subjective wellbeing.

1.2 BACKGROUND AND CONTEXT

1.2.1 Family commitment

Commitment can be broadly defined as a long-term attachment or orientation to a relationship, which involves psychological attachment and feelings of devotion, loyalty and a sense of obligation and responsibility towards a relationship (Etcheverry & Le, 2005). Research on commitment is predominantly centralised on dyadic, romantic relationships and within organisations. According to Adams and Jones (1999), numerous studies have investigated the long term stability of romantic relationships even when individuals experience a low level of satisfaction within that relationship. The findings of these studies have suggested commitment to be the primary explanation for unsatisfying romantic

relationships remaining stable over time (Rusbult, Martz & Agnew, 1998; Adams & Jones, 1999; Impett, Beals & Peplau, 2001). Commitment is additionally associated with a willingness to compromise and sacrifice within a romantic relationship and to accommodate and constructively deal with conflict situations and responses (Etcheverry & Le, 2005). Accordingly, it is inevitable that all interpersonal relationships will at some point be confronted with obstacles and some form of conflict; it is thus essential that compromise and sacrifice are engaged with during these challenging periods in order to maintain relationships.

Rusbult et al's (1998) investment model of commitment has been utilised within a range of diverse studies and contexts as a measure and predictor of commitment and perseverance within primarily romantic, heterosexual relationships that have an average duration of 18 months. They formulated their investment model of commitment to measure the commitment level in romantic relationships in terms of satisfaction, quality of alternatives and investment size. *Satisfaction* refers to the balance of positive and negative affect experienced within a romantic relationship; *Quality of Alternatives* refers to the extent that important needs of an individual can be fulfilled outside of the present relationship; and *Investment Size* considers the personal resources attached to the current relationship (Rusbult et al., 1998). For the present study, I will examine and extend the key aspects of the investment model which will be discussed in-depth in Chapter Two.

In terms of family commitment, there is limited research that explains what motivates and sustains commitment to the family of origin. More importantly, very little research exists addressing factors that can explain long-term consistency in commitment. However, an increasing number of studies do consider the contribution of family commitment to the success of family businesses (Chrisman, Chua, Pearson & Barnett, 2012; Dawson, Sharma, Irving, Marcus & Chirico, 2013). In these studies, researchers describe family commitment in terms of constructs such as devotion, satisfaction, love, responsibility, affective identification, attachment and dependence (Smart, 2005; Chrisman et al., 2012; Dawson et al., 2013). Human-Vogel (2013) emphasises that family commitment differs from commitment in dyadic romantic relationships, in terms of family relationships being permanent and based on kinship. Contrastingly, romantic relationships are chosen, thus usually nurtured and dependent on positive affect. Additionally, the support and availability of family members and symbolic ties seem to be significant aspects of the family context (Human-Vogel, 2013). Moreover, symbolic ties are related more to meaning than to satisfaction. Thus, if commitment to the family of origin is perceived as being meaningful, it may facilitate and sustain commitment in the face of adversity (Human-Vogel, 2013). The reason why people

maintain family ties cannot hinge solely on satisfaction, as ties can be maintained in the absence of satisfactory family interaction (Human-Vogel, 2013). Consequently, the determinants of commitment level in romantic relationships as stipulated by Rusbult et al., (1998), may not be entirely appropriate to assess commitment in a family context and thus need to be adapted and understood within the family of origin. Consequently, Rusbult's model of investment, as adapted by Human-Vogel and her students (2013), was used to study the young adults' dependence on the family of origin. The adapted instrument measured *Commitment Level* and three bases of dependence, namely; *Cohesion* (Satisfaction), being the extent to which participants report that they rely on their family for love and support and describe their family as a source of connection; *Loyalty* (Quality of Alternatives), in terms of having a sense of belonging to one's family of origin and the feeling that one's family is better than others; and *Independence* (Quality of Alternatives), reflecting the extent to which striving for independence motivates participants to choose to spend their time outside the family of origin. An additional dimension, *Meaningfulness*, was measured, reflecting the extent to which the young adults feel they can express themselves in the family of origin, and perceive their family to support their self-expression.

The systemic premise of which all family units are founded upon bring forth the notion that no happening can be experienced in isolation (Visser, 2007; Dallos & Draper, 2010). Accordingly, the resilience framework (Walsh, 2003) emphasises that challenging periods impact the whole family of origin, and thus in turn, it is the key family processes within the family unit that foster resilience and facilitate the mediation and recovery of all family members. These essential family processes encompass caring, supportive, cohesive and committed relationships (Walsh, 2003). Furthermore, family resilience can maintain, promote and restore healthy family functioning and the wellbeing of family members and the family unit as a whole (Walsh, 2003; Openshaw, 2011). In this regard, the family processes linked to resilience as referred to within the family resilience framework (Walsh, 2003), and their significant influence on individual and family wellbeing, form the theoretical foundation of the present study and will be discussed in greater depth in Chapter Two.

1.2.2 Subjective wellbeing

Based on the preceding discussion it can be concluded that family commitment appears to be associated with several constructs that are indicative of positive family functioning, such as family involvement, support, cohesion and connectedness. In this regard, family commitment is expected to be associated with individual wellbeing, as positive family functioning will arguably contribute to subjective wellbeing. Thus, the question raised, is whether commitment to the family of origin may be a protective resource for young adults.

Wong (2012, p.60) stipulated that research on families has focused extensively on the wellbeing of children and adolescence, but not as intensely on young adults who are transitioning from being dependent on their family of origin, to being independent and progressing towards establishing their own family. The construct of subjective wellbeing has been utilised by psychologists as a general reference for individuals' perceptions of their life circumstances (Dolan, Peasgood & White, 2008).

Subjective wellbeing, life satisfaction, and happiness are constructs that are closely linked and easily confused. Life satisfaction and happiness are components of subjective wellbeing (Conceição & Bandura, 2008), with *life satisfaction* being the cognitive assessment of positive versus negative affect, and *happiness* being the balance of positive and negative feelings. Thus, subjective wellbeing is a multidimensional construct that constitutes an emotional and a cognitive component (Arthaud-Day, Rode, Mooney & Near, 2005; Dolan et al., 2008; Larsen, 2009). The emotional component evaluates the ratios of positive affect versus negative affect (with the successful balancing of positive and negative affect fostering happiness) and the cognitive component involves the judgement of life satisfaction.

Subjective wellbeing can also be distinguished from psychological wellbeing, with the latter defined as "engagement with existential challenges of life" (Keyes, Shmotkin & Ryff, 2002, p.1007). Thus, psychological wellbeing emphasizes purpose in life, virtue, enjoyment, adaptation and continued personal growth (McDowell, 2010). In essence, subjective wellbeing is linked to hedonic philosophy, whereas psychological wellbeing is associated more with eudaimonic philosophy (Linley, Maltby, Wood, Osborne & Hurling, 2009; McDowell, 2010). Hedonic philosophy understands wellbeing in terms of individual subjective perceptions of positive and negative affect, whereas the eudaimonic perspective defines wellbeing as self-actualisation and living a meaningful life (Keys, 2006). Thus, in the present study, I understand subjective wellbeing from a hedonistic perspective rather than a eudaimonic perspective. Both perspectives (hedonistic and eudaimonic) will be discussed in greater detail in Chapter Two.

Subjective wellbeing is additionally associated with general life satisfaction, with the latter being established as an indicator for psychological wellbeing in young adulthood (Brown & Duan, 2007). General life satisfaction is defined as a subjective, cognitive evaluation of general life quality (Brown & Duan, 2007; Sepahmansour & Bayat, 2011). Furthermore, general life satisfaction has been positively associated with self-actualisation, dealing with stress, negative and positive emotional experiences and the quality of family relations (Sepahmansour & Bayat, 2011, p.167). The assessment of general life satisfaction is not

based solely on the evaluation of positive experiences, but in conjunction with a subjective assessment of perceived distress (Stewart, Ware, Sherbourne & Wells, 1998). Ivanova and Israel (2005, p.243) stipulate that unhealthy family environments facilitate the development of depressive symptoms in individuals. Depression is also highly comorbid with worry and anxiety (Wiltink, Beutel, Till, Ojeda, Wild, Münzel, Blankenberg & Michal, 2011). Additionally, atypical transitions or disruptions within the family environment, such as divorce, have been associated with lower individual wellbeing, depression and emotional and psychological distress (Overbeek, Vollebergh, Engels & Meeus, 2003). In this regard, a Subjective Distress Scale was developed and piloted in 2010 for the present study, in order to inversely assess subjective wellbeing in terms of depression, anxiety and worry. Furthermore it is expected that subjective distress should thus be negatively associated with family commitment.

The assessment of subjective wellbeing is thus a complex task that needs to address both the emotional and cognitive dimensions of wellbeing. Dalbert's (1992) Trait Well-Being Inventory (TWBI) measures both the emotional and cognitive dimensions of wellbeing in terms of the Mood Level Scale (Underwood & Froming, 1980) and the General Life Satisfaction Scale (Dalbert, Montada, Schmitt & Schneider, 1984) respectively (Dalbert, 2001). The Mood Level Scale (Underwood & Froming, 1980) assesses the positive "transient states of subjective experience" (Bohner, Hormuth & Schwarz, 1991, p.135) and the General Life Satisfaction Scale (Dalbert et al., 1984) assesses the cognitive evaluation of an individual's past, present and future life (Dzuka & Dalbert, 2007). In this regard, the Trait Well-Being Inventory was included to provide validity evidence for the Subjective Distress Scale as an inverse measurement of subjective wellbeing. Therefore, the present study will assess subjective wellbeing holistically, by measuring the emotional dimensions of wellbeing in terms of distress and positive mood, and the cognitive dimension with regards to general life satisfaction (McGillivray & Clarke, 2006).

1.3 PROBLEM STATEMENT

The present study has been formulated in reaction to the limited research on family commitment, in terms of its conceptualisation, as it is associated with various diverse factors, such as cohesion, loyalty, bonding and connectedness (Walsh, 2003; Dailey et al., 2010). Furthermore, the family environment is known to have a significant impact on individual functioning (Henry, 1994; Wolman et al., 1994; Hassan et al., 2012; Wong, 2012) yet there is limited research exploring the extent that family commitment in particular, influences personal resilience and wellbeing. In this regard, this study seeks to gain clarity on whether family commitment can be associated with subjective wellbeing. Furthermore, there are a variety of measures that assess for mental ill-health indices as an

indication for subjective wellbeing (Derogatis, 1975; Degoratis, 1977; de Haes, van Knippenberg & Neijt, 1990). However, I found these measures to be either out-dated, inaccessible or too extensive for the purpose of assessing subjective wellbeing for the present study. Therefore the development of the Subjective Distress Scale and its validity and reliability as a measure for subjective wellbeing encapsulates part of the challenge posed for the present study.

Additionally, the predominant portion of research in terms of commitment focuses either within the working environment or with regards to dyadic romantic relationships. Family commitment in particular is mentioned chiefly with regards to the balancing of family and work and its impact on business success (Chrisman et al., 2012; Dawson et al., 2013). However, there are no specific measures for assessing commitment to the family of origin. Thus, part of the problem is also understanding whether or not the adapted investment model of commitment (Human-Vogel, 2013) based on the interdependence theory, is an appropriate framework for studying family commitment.

1.4 RATIONALE

The rationale for this study is to understand the relationship between family commitment and subjective wellbeing in order to better understand family commitment and its importance as a protective resource in promoting family and individual resilience. The existing research regarding commitment has been investigated mainly in terms of romantic, heterosexual relationships and organisational contexts (Rusbult et al., 1998; Impett et al., 2001). Thus family commitment and its influence on subjective wellbeing has not been the focus of existing lines of research. Additionally, with regards to family resilience, the construct of family commitment can tie together many factors related to positive family functioning and possibly facilitate the understanding of how family members can maintain healthy ties to each other (Walsh, 2003). Yet again, dyadic studies demonstrate that commitment and wellbeing are related (Weigel, Bennett & Ballard-Reisch, 2003; Cripps & Zyromski, 2009, Openshaw, 2011), thus prompting investigation to determine if these findings are transferrable to family studies as well.

1.5 OBJECTIVE OF THE STUDY

The objective of this study is to develop a checklist that would help to see if commitment is negatively associated with indices of mental ill-health. Furthermore, the aim of the present study is to investigate the relationship between family commitment and subjective wellbeing.

1.6 RESEARCH QUESTIONS

1.6.1 Primary question

The primary research question is:

What is the relationship between family commitment and subjective wellbeing?

1.6.2 Sub questions:

1. How do demographic variables such as gender, age, relationship status and description impact on young adults' experience of general life satisfaction and subjective distress?
2. How do family variables such as parental marital status and self-reported closeness to family of origin impact on general life satisfaction and subjective distress?
3. How is subjective distress related to family commitment?

1.7 HYPOTHESES

The research question will be investigated by examining the relationships between commitment, general life satisfaction and the experience of subjective distress as reported by the respondents, and by investigating subgroup differences in the scale means.

1.7.1 First set of hypotheses: Testing subgroup differences in scale means for two groups:

Null Hypothesis $H_0 : \mu_{1,2} = 0$	Alternative Hypothesis $H_A : \mu_{1,2} \neq 0$
There is no significant difference between subgroups (age, gender, relationship status and description) in terms of subjective wellbeing (Trait Well-Being Inventory and Subjective Distress Scale).	There is a statistically significant difference between subgroups (age, gender, relationship status and description) in terms of subjective wellbeing (Trait Well-Being Inventory and Subjective Distress Scale).

1.7.2 Second set of hypotheses: Testing subgroup differences in scale means for three or more groups:

Null Hypothesis $H_0 : \mu_{1,2} = 0$	Alternative Hypothesis $H_A : \mu_{1,2} \neq 0$
There is no significant difference between subgroups (parental marital status and general relationship with parents) in terms of subjective wellbeing (Trait Well-Being Inventory and Subjective Distress Scale).	There is a statistically significant difference between subgroups (parental marital status and general relationship with parents) in terms subjective wellbeing (Trait Well-Being Inventory and Subjective Distress Scale).

1.7.3 Third set of hypotheses: Spearman's rho correlations between study variables:

Null Hypothesis	Alternative Hypothesis
$H_0 : \mu_{1,2} = 0$	$H_A : \mu_{1,2} \neq 0$
There is no statistically significant relationship between the study variables (family commitment and subjective wellbeing).	There is a statistically significant relationship between the study variables (family commitment and subjective wellbeing).

1.8 DEFINITION OF KEY TERMS

For the purpose of the present study, the key words are defined and utilised in the following manner:

1.8.1 Family commitment

Commitment is defined as the association of psychological attachment, loyalty, obligation, cohesion and the fostering of connectedness within the family of origin (Etcheverry & Le, 2005; Walsh, 2003). More specifically, commitment is defined as the persistence to maintain a relationship (Rusbult et al., 1998). Human-Vogel (2013) adapted the investment model of commitment (Rusbult, et al., 1998) to the family of origin and identified the constructs of family commitment as: *Cohesion* (Satisfaction), *Loyalty* (Quality of Alternatives), *Independence* (Quality of Alternatives) and *Meaningfulness*. *Cohesion* (Satisfaction) refers to experiencing one's family as loving, supportive and as a source of connection. *Loyalty* (Quality of Alternatives) refers to pride and a sense of belonging to one's family of origin. However, it should be taken into consideration that for the present study, the construct of *Loyalty* is measured inversely, thus indicating a lack of pride or sense of belonging to the family of origin. In this regard, a high score on the loyalty scale would be an indication of less pride or sense of belonging to one's family. *Independence* (Quality of Alternatives) refers to spending time outside one's family in striving for independence. *Meaningfulness* refers to the sense of support for self-expression within one's family or origin.

1.8.2 Family of origin

The family of origin is understood as the original or natural nuclear family of adults, inclusive of parents and siblings, into which one is born or adopted (Whiston & Keller, 2004; Bitter, 2009).

1.8.3 Subjective wellbeing

Subjective wellbeing is defined as the overall perception and evaluation of one's life circumstances and experiences (Dolan et al., 2008; Arthaud-Day et al., 2005). The present study understands subjective wellbeing from a Hedonistic perspective in terms of a cognitive

component consisting of one's perception of their general life satisfaction and an emotional component that evaluates positive affect versus negative affect (Arthaud-Day et al., 2005; Diener, 2006; McGillivray & Clarke, 2006). For the present study, the definition of subjective wellbeing as the "multidimensional evaluation of life, including cognitive judgements of life satisfaction and affective evaluations of emotions and moods" (McGillivray & Clarke, 2006, p.4) is embraced. Thus subjective wellbeing, and the measurement thereof, is investigated in terms of positive mood, general life satisfaction (trait wellbeing) and subjective distress.

1.8.4 Subjective distress

In the present study, subjective distress can be understood as the presence of negative symptoms, particularly associated with anxiety, worry and depression. These three symptoms were operationalised using the definitions from the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000) for Generalised Anxiety Disorder (anxiety and worry) and Major Depressive Episode (depression), and were specifically selected as they are prevalent during young adulthood (Wittchen, Nelson & Lachner, 1998; Gould & Edelstein, 2010).

1.9 CONCEPTUAL FRAMEWORK

This study utilises an adaptation of the investment model of commitment (Rusbult et al., 1998) for the family of origin, as family relationships are different from romantic relationships, in that they are permanent (Human-Vogel, 2013). The present study utilises the determinants of commitment level as mentioned in Human-Vogel's study (2013) as being *Cohesion* (Satisfaction), *Loyalty* (Quality of Alternatives), *Independence* (Quality of Alternatives) and *Meaningfulness*. Thus the level of family commitment is expected to have a positive relationship with cohesion and meaningfulness, and a negative relationship with independence and loyalty (as loyalty is measured inversely).

This study measures subjective wellbeing in terms of *general life satisfaction*, *positive mood* and *subjective distress*, as suggested by McGillivray and Clarke (2006). *Life satisfaction* has been identified as an indicator of subjective wellbeing (Diener, 2006; Arthaud-Day et al., 2005; Brown & Duan, 2007), and has been identified to be evaluated in conjunction with *positive mood* (Diener, 2006; McGillivray & Clarke, 2006) and with *subjective distress* (Stewart et al., 1998; Sepahmansour & Bayat, 2011). Subjective wellbeing is thus expected to correlate positively with life satisfaction and positive mood and negatively to subjective distress (Suh & Oishi, 2002; Arthaud-Day et al., 2005; Larsen, 2009).

Family commitment is expected to indicate a positive relationship with subjective wellbeing, as some of the variables of family commitment such as family connectedness, involvement, warmth and cohesion (Walsh, 2003; Wolman et al., 1994; Cripps & Zyromski, 2009 and Wong, 2012) are positively correlated with individual wellbeing.

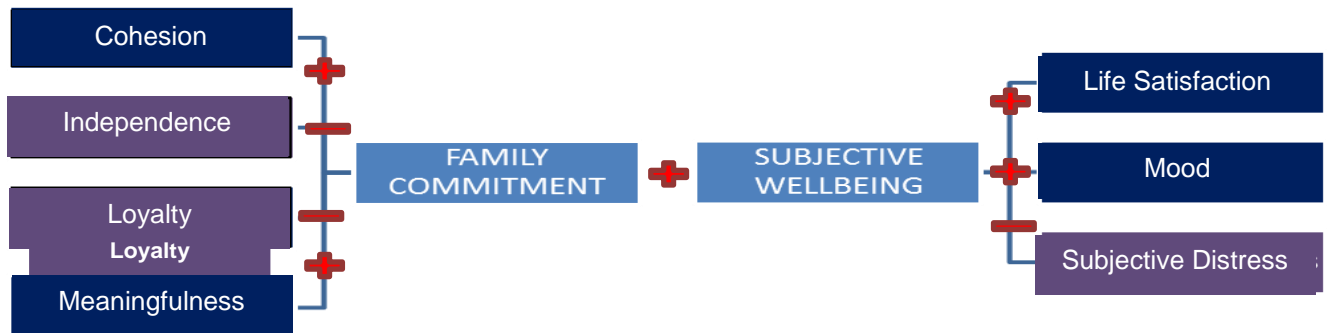



Figure 1.1: Conceptual Framework

Diagram Key:

 Indicates a positive relationship


 Indicates a negative relationship

Figure 1.1 above summarises the expected relationships amongst the variables of the present study.

1.10 RESEARCH DESIGN

1.10.1 Ontological assumptions and methodological paradigm

The ontological assumptions for the present study stem from a positivist paradigm. Reality can thus be understood as being external, objective, measurable and observable (Maree & van der Westhuizen, 2007). Additionally, causal relationships between consistent variables across time and context can be investigated through deduction (Perry, Riege & Brown,

1999). A positivistic approach tends to be structured and aims to gather information in the least obtrusive and observable way possible (Perry, Riege & Brown, 1999).

With the underpinnings of a positivist paradigm, the present research is formulated as a quantitative study with the use of a cross-sectional correlational design. A quantitative study with a cross-sectional correlational design was selected in order to establish construct-related validity, in terms of investigating the correlation between constructs of family commitment and subjective wellbeing within a single data collection (Salkind, 2010). Studies that explore level of commitment use predominantly quantitative methods (Dalbert, 1999; Rusbult, 1980; Rusbult et al., 1998).

1.10.2 Survey research

For the present study, a survey was selected as a means to measure the attitudes and orientations towards family commitment and subjective wellbeing, of a fairly large sample population, by asking various questions in assessment of the sample population's beliefs and judgements (Babbie, 2005, p. 252; Church & Waclawski, 1998, p.3). For the purpose of this study, a questionnaire administered in a group format was decided upon as an appropriate way of obtaining the necessary data in terms of investigating the research questions. This allows for large quantities of data to be gathered in a time efficient way and generally results in high response rates (Salkind, 2010).

1.11 PILOT STUDY

1.11.1 Introduction

A pilot study was conducted in 2010 with the aim of exploring distressing symptoms related to anxiety, worry and depression that may influence one's subjective wellbeing. The objective of the pilot study was to investigate the construct related validity of an initial pool of items operationalised by the descriptions of anxiety, worry and depression by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), titled the Subjective Distress Scale (SDS).

1.11.2 Defining subjective distress

For the present study, a Subjective Distress Scale (SDS) was created to assist in the measurement of subjective distress, as subject distress is identified as having a significant influence on subjective wellbeing. There was a need to construct an original scale to measure subjective distress as the majority of existing scales are either inaccessible as they require purchase; or overly extensive and contain items that are redundant for the present study. The SDS for the present study was constructed by including items written to assess

for the prevalence of DSM-IV-TR (American Psychiatric Association, 2000) indicators for Generalised Anxiety Disorder (anxiousness and worry) and Major Depressive Episode (depression). These constructs were selected as indicators of subjective distress, as the risk for anxiety and depression is often the highest during early adulthood (Wittchen, Nelson & Lachner, 1998). The items were piloted with a non-clinical student sample (N=414) of young adults of similar age to those who will participate in the main study.

1.11.3 Scale development

DeVellis' guidelines on scale development (2012, p.11) closely guided the development of the SDS in the pilot study. He points out that a measurement scale is a comprehensive assembly of items that facilitate the revelation of theoretical variables that are not directly observable. DeVellis (2012) further highlights that the main objective of scale development is to measure phenomena that cannot be assessed directly, but exist due to our theoretical knowledge of the world. In this regard, the SDS was used to measure the experience of individual subjective distress in three areas, namely the experience of symptoms related to worry, anxiety and depression. These symptoms were derived from the DSM-IV indicators for Generalized Anxiety Disorder (GAD) and Major Depressive Episode (MDE)⁵, which are strongly associated with individual distress (American Psychiatric Association, 2000; Wittchen, Nelson & Lachner, 1998; Gould & Edelstein, 2010). Furthermore, anxiety and depression are frequently used in symptom checklists (such as the Hopkins Symptoms Checklist – 25 [Derogatis, Lipman, Rickels, Uhlenhuth & Covi, 1974]) measurements of mental health.

As recommended by DeVellis (2012), the first step in the development of the SDS was to construct an initial item pool and to subject it to revision by a panel of experts, which I submitted to my supervisor before they were piloted. Eleven items were initially constructed and piloted, including four items measuring anxiety, four items measuring worry and three items assessing depression. For the present study, care was taken in the formulation of the items to ensure that participants distinguish between the assessment of mood (more stable) and emotionality (varies more) when answering items. The next step taken was to conduct an item analysis to gather construct-related validity evidence by assessing the internal consistency and factor structure of the scales. Construct related validity was supported by investigating convergent validity of the scales. This was done by examining the extent to which expected patterns of correlations between study variables support theoretical assumptions about the constructs.

⁵ Refer to Appendix D for the DMS-IV criteria for GAD and MDE.

The table below shows the eleven items piloted for the subjective distress scale.

Table 1.1

Subjective Distress Scale

<i>Items for Subjective Distress Scale</i>	<i>Item Indicators</i>	<i>DSM-IV Criteria</i>
I get anxious about things more than I want to (SD 1)	Anxiety	(GAD): <i>Excessive anxiety</i>
I worry a lot about what people think of me (SD 2)	Worry	(GAD): <i>Worry about a variety of activities</i>
I feel like I want to cry all the time (SD 3)	Depression	(MDE): <i>Depressed mood; tearful</i>
I can't stop worrying about small things (SD 4)	Worry	(GAD): <i>Restlessness</i>
I don't find pleasure in most things (SD 5)	Depression	(MDE): <i>Diminished pleasure</i>
I find it hard to control my anxiety (SD 6)	Anxiety	(GAD): <i>Difficulty to control anxiety</i>
I worry about most things in my life (SD 7)	Worry	(GAD): <i>Worry about a variety of events</i>
Worrying so much makes me tired (SD 8)	Worry	(GAD): <i>Easily fatigued</i>
I've lost interest in most things in my life (SD 9)	Depression	(MDE): <i>Diminished interest</i>
I get so anxious that I find it difficult to think (SD 10)	Anxiety	(GAD): <i>Difficulty concentrating</i>
I tend to get so nervous that I tremble (SD 11)	Anxiety	(GAD): <i>Muscle tension</i>

1.11.4 Sampling and the piloting of the Subjective Distress Scale (SDS)

The SDS was piloted in 2010 in conjunction with the study of Human-Vogel and Dippenaar (2012). A non-random sampling method was utilized to identify a sample population of 414 student-teachers in their second year of study at a South African University. The participants completed a questionnaire containing the SDS and two other instruments (which are not part of the present study), and returned these anonymously.

The ages of the participants in the pilot study varied between 19 - 35 years ($M = 20.6$; $SDS = 1.70$). Approximately 96% of the respondents ranged between 19 – 23 years. The sample population consisted of 73 male students (18%) and 341 female students (82%). With regards to home language, the sample population reflected 228 respondents (55.1%) reporting Afrikaans as their home language, 83 participants (20%) indicating English as their home language, and 103 respondents (24.9%) representing the nine indigenous official African languages in South Africa.

The initial item pool for the subjective distress scale achieved an Alpha of .87, which was considered acceptable. Item analysis indicated three items with item total correlations below .50, which had a negative correlation with most other items. The items highlighted in Table 1.2 below were identified for deletion.

Table 1.2
Item Total Statistics

Item-Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
SD 1	20.56	40.042	.564	.377	.855
SD 2*	20.87	40.867	.407	.240	.867
SD 3	21.52	40.510	.525	.290	.858
SD 4	20.93	39.049	.601	.432	.853
SD 5*	21.51	41.755	.409	.238	.865
SD 6	21.23	38.352	.665	.516	.848
SD 7	20.76	37.296	.673	.481	.847
SD 8	20.82	37.713	.632	.426	.850
SD 9*	21.71	40.840	.489	.368	.860
SD 10	21.36	37.896	.716	.586	.844
SD 11	21.23	39.731	.529	.341	.858

*Items with the lowest item-total correlations selected for deletion

The corrected item-total correlation indicated that SD 2, SD 5 and SD 9 have the lowest item-total correlations. Factor analyses of the data (maximum likelihood analysis – MLE; promax rotation), using the Kaiser criterion (Eigenvalue >1 in addition to scree plot test) suggested a one factor solution (Fabrigar & Wegener, 2012). The factors SD 2, SD 5 and SD 9, had loadings of .407, .409 and .489 respectively, on the one factor extracted. In the interest of parsimony, these items were deleted to obtain a shorter instrument with comparable reliability (Alpha = .86). Thus the final SDS consisted of a uni-dimensional scale of eight items, with four items related to anxiety, three related to worry and one related to depression.

1.12 MAIN STUDY

1.12.1 Objective

The objective of the main study is to investigate the relationship between family commitment and subjective wellbeing. A secondary objective was to examine the reliability and validity of the subjective distress scale.

1.12.2 Instruments

a) *Demographic sheet*⁶

A demographic questionnaire was compiled and attached to the survey questionnaire. According to Maree and Pietersen (2007b), biographical questions are an essential component of a questionnaire as they establish the sample profile. The profile of the sample is compared to the population for the purpose of seeing if it is a true representative of the population and to “explore possible relationships between biographical variable and other variables in the study” (Maree & Pietersen, 2007b, p.164). The demographic questionnaire included subgroups in relation to age, gender and relationship status and description.

b) *Family Commitment Scale (FCS)*

The family commitment scale is an adaptation of the investment model of commitment by Rusbult et al. (1998). The scale constituted of 22 items in total and five subscales. The five subscales represented Commitment Level and its four determinants, namely Cohesion, Loyalty, Independence and Meaningfulness. A sample item of the scale for Commitment Level included *I am committed to keeping my family together*. A six-point Likert scale was used (1 - *strongly disagree*, 2- *slightly disagree*, 3 - *disagree*, 4 - *agree*, 5 - *slightly agree* and 6 - *strongly agree*).

The reliability of the FCS is comparable to reliability coefficients reported for the Rusbult model, ranging from .82 to .95, from which the FCS was adapted. A number of studies provide validity and reliability evidence for Rusbult’s model of commitment with alphas ranging from .91 to .95 for Commitment Level, .92 to .95 for Satisfaction Level, .82 to .88 for Quality of Alternatives and .82 to .88 for Investment Size (Rusbult, Martz, & Agnew, 1998; Le & Agnew, 2003). Additionally, Human-Vogel (2013) reports the construct validity of the FCS to be .88 for *Cohesion*; .87 for *Independence*; .86 for *Loyalty*; .74 for *Meaningfulness* and .71 for *Commitment Level*.

c) *Trait Well-Being Inventory*⁷ (TWBI)

The inclusion of the Trait Well-Being Inventory (Dalbert, 1992) was primarily to explore the construct-validity of the Subjective Distress Scale developed for the present study. The Trait Well-Being Inventory (Dalbert, 1992) investigates one’s perception of their current and past personal wellbeing. It consists of 13 items overall, which are divided into two separate scales, namely the Mood Level Scale (Underwood & Froming, 1980) consisting of 6 items and the General Life Satisfaction Scale (Dalbert, Montada, Schmitt & Schneider, 1984)

⁶ Refer to Appendix B to view the Demographic sheet

consisting of 7 items. Sample items for the Mood Level Scale include *I usually feel quite cheerful* and *I am not as cheerful as most people*. A sample item for the General Life Satisfaction Scale is *My life could hardly be happier than it is*.

The Trait Well-Being Inventory utilises a six-point Likert scale comprising of response categories ranging between 1 - *strongly disagree* and 6 - *strongly agree*. Scale reliabilities for both the Mood Level Scale and the General Life Satisfaction Scale have been reported as good, with alphas of .87 (Underwood & Froming, 1980) and .90 respectively (Dalbert et al., 1984).

d) Subjective Distress Scale (SDS)

The variables selected as indicators for subjective distress were based on symptoms of anxiety, worry and depression. This notion was supported by Gould and Edelstein (2010), who replicated earlier research investigating the relationship between age and worry and subsequently demonstrated that worry was prominently associated with young adults (18 – 30 years). Sample items of the scale include *I feel like I want to cry all the time* (depression), *I get anxious about things more than I want to* (anxiety) and *I can't stop worrying about small things* (worry). Responses are measured on a six-point Likert scale with response categories ranging between 1 - *strongly disagree* and 6 - *strongly agree*. The SDS demonstrated high internal consistency within the pilot study (N = 414), with an alpha coefficient of .87.

1.12.3 Data collection procedure

After obtaining ethical clearance (see Appendix N), undergraduate module codes indicating the number of students registered per module were obtained from the university administration. Each cluster selected represented a module that was designated with the aid of a random number table. Once a cluster was selected, contact was made with the lecturer to obtain consent and to schedule a date for data collection. The questionnaires were distributed at the specified lecture halls, and collected as soon as the students completed them. Once the appropriate sample population was accumulated (being no less than 200 in order for significant results to be calculated), the questionnaires were prepared for Statistical Programme for Social Sciences (SPSS) by coding responses and reverse coding where necessary. The data was then quantified and analysed.

⁷ Refer to Appendix E to view the Trait Wellbeing Inventory

1.12.4 Data analysis

The analysing of the data will include descriptive analytical strategies with regard to scale development and the properties of scales (especially the new items) being investigated by item statistics in terms of scale variance, item-total correlations and Alpha coefficients (Goodwin, 2010). Factor analysis may then be conducted (principal components analysis) to assess the factor structure for the total group as well as subgroups such as gender, age, relationship status and description (Goodwin, 2010).

Thereafter, descriptive statistics such as cross tabulation, frequencies and descriptive ratio statistics may be used (Goodwin, 2010). Descriptive statistics aim to describe the data by summarizing the main features of the sample (Antonius, 2013, p.10). The data will be assessed using measures of centrality and variation. In this way, the standard deviations, variance, means and medians will be determined and utilised in making a decision between parametric and non-parametric statistics (Goodwin, 2010). Additionally, inferential statistics will be used to examine the hypotheses, thus the possible existence of a relationship between the independent and dependant variables (Salkind, 2010, p.129). In this regard, inferential statistics aim to “infer (i.e. draw conclusions about) some numerical character of a population when only a sample is given” (Antonius, 2013, p.10). The group differences may be tested by the parametric tests such as the Pearson correlations test, Independent t-test or ANOVA, or, in the case of non-normal distributions, the nonparametric equivalents being the Spearman rank order correlation coefficient (Rho), Mann-Whitney U test and the Kruskal-Wallis test (Cohen, Manion & Morrison, 2007) may be used.

The steps taken and the measures employed to analyse the data during the data analysis process will be described in further detail in Chapter Three.

1.13 DELIMITATIONS AND POSSIBLE CONTRIBUTIONS OF STUDY

One of the delimitations of the present study is the use of survey research, as the quantifiable data obtained will lack in-depth, rich information. Surveys are also limiting with regards to the truthfulness in completing the questionnaires. Another delimitation is the age group selected, as the results will not permit generalisations of the findings to samples other than the one used in the study. The fact that data will be gathered among a group of university students means that the results cannot be generalised beyond the particular sample population to the general population.

The present study can contribute to the understanding of commitment within the family context, as there is a gap in existing literature in terms of understanding commitment within the family of origin. Furthermore, I hope to demonstrate that commitment to the family of

origin is associated with certain consequences such as wellbeing (Wolman et al., 1994; Cripps & Zyromski, 2009; Wong, 2012). This study can particularly contribute to the field of positive psychology by locating commitment as a relevant construct with regards to individual wellbeing. Additionally, the present study can contribute to the field of positive psychology the instrument of the Subjective Distress Scale (SDS) being used in conjunction with the Trait Well-Being Inventory (TWBI) in measuring subjective wellbeing. This study thus contributes to the field of positive psychology in terms of synthesizing negative and positive experiences (Linley, Joseph, Harrington & Wood, 2006) when assessing wellbeing and exploring commitment as a possible strength and promoter of personal wellbeing. Furthermore, this study also contributes to and reinforces the powerful influence that family processes (particularly in terms of commitment) have on individual family members and their personal wellbeing (Henry, 1994; Wolman, Resnick, Harris & Blum, 1994; Walsh, 2003; Hassan, Yusoof & Alavi, 2012).

1.14 STANDARDS OF RIGOUR

1.14.1 Reliability

Reliability can be considered as the truthfulness of the present study, and can be measured in accordance to the reliability of the coefficient alpha (α). This involves the general estimation of the internal consistency of tests by considering the variance of each item, regardless of whether the items are 'right' or 'wrong' (Kaplan & Saccuzzo, 2009, p.115). In this regard, "the coefficient alpha is the most general method of finding estimates of reliability through internal consistency. All of the measures of internal consistency evaluate the extent to which the different items on a test measure the same ability or trait" (Kaplan & Saccuzzo, 2009, p.115). Thus, the reliability of a test would be dependent on the degree to which all the individual items measure the same characteristic (Kaplan & Saccuzzo, 2009, p.127).

Rusbult's Investment Model was reported to provide reliable data in studies by Rusbult et al. (1998), Impett et al. (2001) and Human-Vogel (2013). Thus there is sufficient evidence to suggest the instruments can provide reliable measurements of the constructs measured. Nevertheless, reliability will be investigated for different subgroups within the sample to examine any possible differences.

1.14.2 Validity

The aim of the present study is not to generalise or to make assumptions about the target population, therefore no criterion-related evidence is necessary at this point. However, the aim is to establish *construct-related validity*, thus the theoretical relationships among the study variables will be tested to gather evidence that will support the meaning of the

constructs being measured (Goodwin, 2010). Construct validity refers to the extent to which an instrument measures a construct validly (Cohen et al, 2007). The validity of the present study can be considered in terms of construct validity, which can be defined as “the experimental demonstration that a test is measuring the construct it claims to be measuring” (Brown, 2000, p.9). For this study, evidence for construct-related validity was established through the piloting of the constructs and the exploration of the correlation of these constructs within the main study. Brown (2000, p.10) indicates that construct validity should be illustrated through the accumulation of evidence which was demonstrated by using factor analysis and ANOVA.

Kaplan and Saccuzzo (2009, p.148) discuss the importance of gathering evidence for construct validity in terms of *convergent* and *discriminate* validation. *Convergent* validity entails the correlation of measures of constructs that were expected to do so, whereas *discriminant* validity is the theoretical significance with regards to the absence of association amongst the selected constructs (Cohen et al., 2007). Evidence for convergent validity will be accumulated through the expected theoretical correlation amongst the main constructs of the present study. Conversely, the evidence for discriminant validity will be gathered through the analysis of the demographic information (age, gender, relationship status and description) in relation to the findings, as provided by the sample population.

In terms of the Family Commitment Scale (FCS), there is sufficient evidence reported in the literature that the FCS can provide valid measurements of commitment across a variety of settings and groups (Impett et al., 2001). This study is in line with recent thinking that all validity can be regarded as evidence for inferences about the test scores (rather than as a property of an instrument) with the main sources of evidence being content-related, construct-related and criterion-related (Cook & Beckman, 2006; Kaplan & Saccuzzo, 2009).

1.15 ETHICAL CONSIDERATIONS

1.15.1 Introduction

Ethics is typically associated with morality and can be defined as conforming to the norms of a given profession with regards to one’s general conduct and its impact on the wellbeing of others (Babbie, 2005, p.62). For the present study, ethical considerations have formed an integral part of the planning and are thus discussed in this chapter.

The code of ethics for research as stipulated by the University of Pretoria (1999) emphasise several responsibilities of researchers such as: *social responsibility* (i.e. taking into consideration the needs of relevant communities beyond the academic institution), *justice*

(fair treatment of individuals and institutions), *benevolence* (ensure well-being), *respect* for the individual, *professionalism* (maintaining integrity, high quality of research, accountability of own work), and *non-maleficence* in terms of refraining from discrimination, from abusing supervisory authority and from sexual harassment. The present study was reviewed by the University of Pretoria's ethics committee, and granted ethical clearance prior to conducting the study⁸.

1.15.2 Veracity, voluntary participation, anonymity and benevolence

The present study considers *veracity* as embodied by the principles of reliability and validity which were discussed in Section 1.14 above, and signifies honesty and truthfulness throughout the research process. Voluntary participation requires that respondents are aware of the nature and effect of their participation (what the research is about, how the information provided will be utilised, who will have access to the data and how it will be secured) and are not forced or feel obliged to participate (Babbie, 2005, p.62). Additionally, the Health Professions Council of South Africa (HPCSA, 2008) stipulates that both verbal and written consent must be obtained from participants in a reasonably understandable language. The verbal and written communications with the respondents for the present study were meticulously kept accurate and objective as to avoid any misconceptions of the study at hand. Voluntary participation of the respondents was ensured by obtaining *informed consent* (see Appendix A). Respondents received an information document that provided formal information with respect to the details of the study as recommended by Allan (2009).

Anonymity refers to “when the researcher – not just the people who read about the research – cannot identify a given response with a given respondent” (Babbie, 2005, p.64). In the present study, anonymity was achieved as no identifying details were requested on the questionnaire. The questionnaires were also administered to a cluster of participants at the same time, thus securing that the information obtained could not be identified as being from a particular respondent and thus respecting their autonomy.

Benevolence refers to the researcher's responsibility to ensure that *no harm* is inflicted upon any respondents (Allan, 2009). The respondents were not required to disclose their names, unless they felt that they were in need of debriefing, in which case the appropriate referral was made. The five learners who required this service wrote their numbers on the questionnaire and were thereafter sent a referral to the on-campus psychologist for intervention.

⁸ Refer to Appendix N for Ethical Clearance Certificate

CHAPTER 2

LITERATURE REVIEW: COMMITMENT, FAMILY OF ORIGIN AND SUBJECTIVE WELLBEING

2.1 INTRODUCTION

In this chapter I will discuss the topics of family resilience, subjective wellbeing, general life satisfaction, commitment and commitment to the family of origin. Additionally, I will be exploring the correlation between happiness and subjective wellbeing, life satisfaction and commitment and commitment and subjective wellbeing. The notion of general life satisfaction being an indicator of subjective wellbeing will also be further examined.

2.2 BACKGROUND

The family of origin is generally considered as the primary influential domain of an individual's life, particularly with regards to socialization (Weigel, Bennett & Ballard-Reisch, 2003). In this regard, the family system is observed as a social unit which is "generally regarded as a major social institution and a locus of much of a person's social activity" (Nam, 2003, p.1). The functioning of a family has a significant impact on individual adjustment, as an intimate relationship with one's parents has been found to be a key predictor of psychosocial adjustment (Richardson & McCabe, 2001). Additionally, family cohesion has been reported to be associated with increased self-esteem (Baldwin & Hoffmann, 2002) and individual wellbeing (Wolman, Resnick, Harris & Blum, 1994). Many of the above processes can be understood in terms of the Family Resilience Framework developed by Walsh (2003, p.399), which will also form the framework for the present study.

2.3 FAMILY RESILIENCE

2.3.1 Conceptualising family resilience

Resilience entails the ability to rebound from adversity by utilising strengths and resources (Walsh, 2003, p.399). The family resilience framework serves to identify particular family processes that promote the adaptability of families to withstand diverse life challenges and empower them to overcome persistent hardships (Walsh, 2003, p.405). In this regard, one's family of origin can be considered as a personal resource in the face of adversity and thus promote personal wellbeing. Similarly, individual family members can serve as resources for their families during difficult times which thus influence the wellbeing of the family unit as a whole (Hassan et al., 2012). Generally, commitment to one's family involves fostering connectedness and generating a sense of belonging amongst family members. Walsh

(2003, p.406) illustrates connectedness as mutual respect for each family member's needs, differences and boundaries and involves reciprocated support and collaboration. Commitment is thus expected to enhance the wellbeing of individual family members.

2.3.2 Resilience and family functioning

The family resilience framework contributes to the conceptualization of the present study in terms of exploring connectedness or more specifically, commitment to one's family of origin as one of the key processes that fosters family resilience and enhances the wellbeing of family members. Additionally, the structure, organization and transactional patterns of the family system are important factors in determining and shaping the behaviour of family members (Epstein, Ryan, Bishop, Miller & Keitner, 2003; Cripps & Zyromski, 2009; Hassan et al., 2012; Sepahmansour & Bayat, 2011). The family resilience framework (see figure 2.1) explicates particular processes in three main domains of family functioning, mainly *belief systems*, *organizational patterns* and *communication*. These family processes are essential as they have an influence on the manner in which the family and its individual members can "reduce stress and vulnerability in high-risk situations, foster healing and growth out of crisis, and empower families to overcome persistent adversity" (Walsh, 2003, p.405).

Walsh (2003) identifies *belief systems* to foster family resilience in terms of helping to make meaning of adversity, encouraging a positive outlook (providing hope, courage and perseverance) and spirituality (in terms of promoting purpose, faith, inspiration and transformation) and transcendence (Walsh, 2003). The *organizational patterns* of a family foster resilience in terms of flexibility, connectedness (which includes family commitment) and social and economic resources, with regards to mobilizing kin and other social networks and building financial security (Walsh, 2003). *Communication* and problem solving skills within the family foster resilience through clear and direct communication, open and emotional expression (sharing feelings, mutual empathy and pleasurable interactions) and through collaborative problem solving, such as shared decision making and creative and collaborative brainstorming (Walsh, 2003).

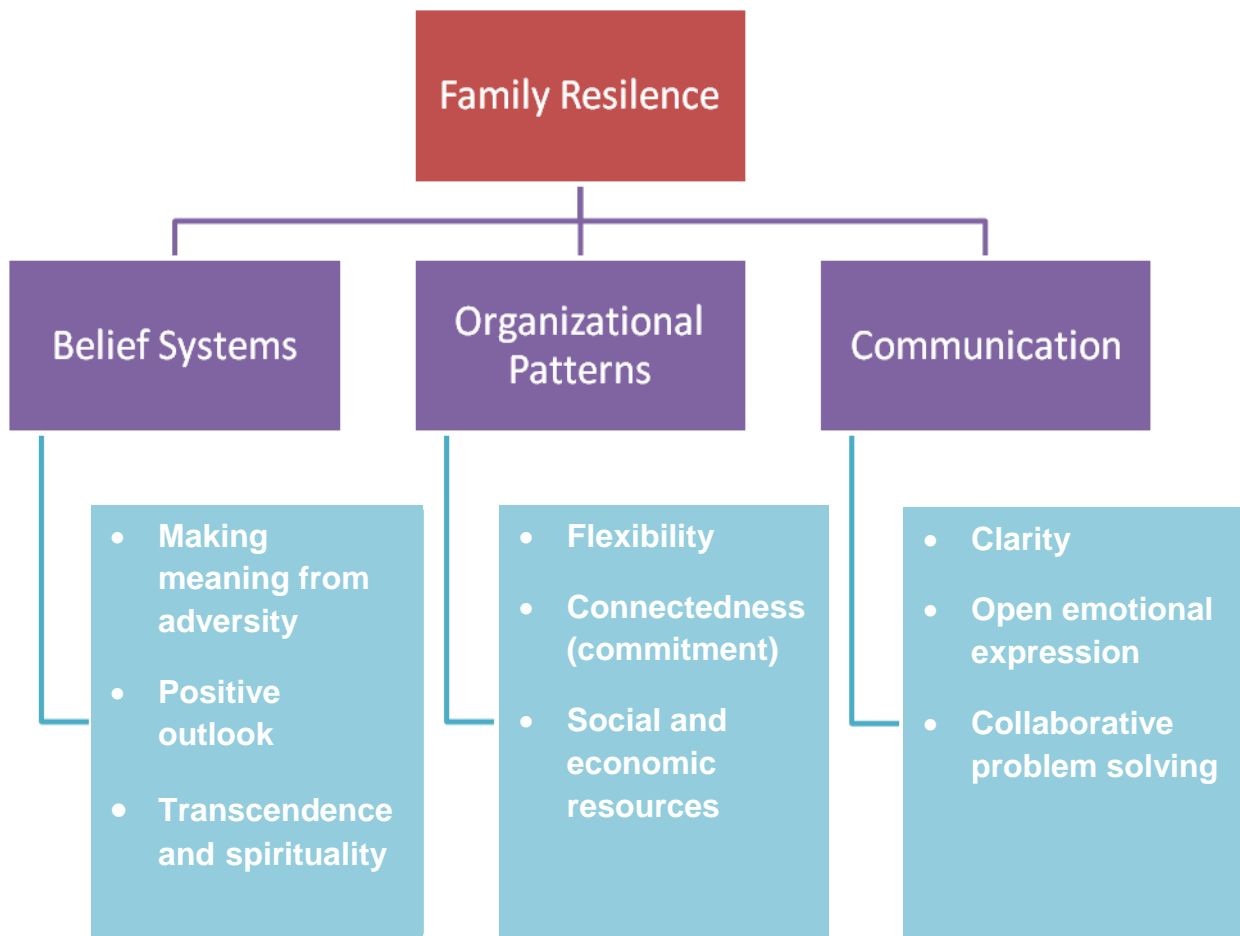


Figure 2.1: Key processes in fostering family resilience

The resilience of a family presents with the opportunity for the family to learn, transform and grow in a manner that inspires more meaningful relationships and commitment (Walsh, 2003, p.410). In this regard, the systemic foundation of the family resilience framework illustrates that adversity has an influence on the family unit as a whole and therefore, the manner in which the family mediates any conflicting or challenging situation has a significant impact on all of the family members (Walsh, 2003, p.401; Wong, 2012). Families may be confronted by a variety of challenges, such as a death of an individual that is close to the family, a severe confrontation amongst individual family members and so forth. Boss (2002, p.16) defines family stress as “pressure or tension in the family system – a disturbance in the steady state of the family”.

Systems theory illustrates that any system consists of sub-systems, thus a family involves not only its members, but an accumulation of relationships, successes and failures, memoirs and aspirations (Boss, 2002, p.21). In this regard, each family is comprised of its own unique unity and identity. Boss (2002, p.21) indicates that “the systemic strength that mobilizes a family is often observed when one of its members is in trouble, the family then becomes more than the sum of its individual parts, taking on extra strength”. The extra strength that is achieved through the collaboration of all the family members, yields commitment and support which helps them through adversity (Boss, 2002, p.21). Furthermore, Wong (2012, p.81) maintains that cohesion within the family environment increases individual resilience and promotes wellbeing.

2.3.3 Family and individual resilience

The family resilience framework is founded “on the conviction that both individual and family growth can be forged through collaborative efforts in the face of adversity” (Walsh, 1996, p.261). This may therefore be an implication that a positive family outcome from life challenges will result in the growth and better general wellbeing of the whole family, which would in turn influence the subjective wellbeing of individuals (Wong, 2012). Walsh (1996, p.262), maintains that the development of family resilience strengthens family functioning as a whole and in turn promotes resilience and lasting adaptation skills for all individual family members.

Research on individual resilience has indicated that one of the critical variables influencing resilience is that of developing a close bond with at least one other individual who is supportive and encouraging (Benard, 1991, p.8, & Walsh, 2003, p.401). Further research, such as studies conducted by Feldman, Stiffman and Jung (1987) and Wong (2012), have emphasized specifically the relationships amongst family members as being one of the most influential and protective variables in terms of resilience. Cohesive family relationships not only strengthen individual resilience, but additionally foster personal life satisfaction (Wong, 2012).

According to Almeida (2005, p.65), an individual’s personal resilience affects their reactivity to daily life challenges which would thus influence their subjective wellbeing. Almeida (2005) indicates that the extent to which individuals successfully cope with everyday life stressors is dependent on the utilization of their personal (e.g. feelings) and environmental (e.g. family support) resources. Seligman (1990) highlights that an individual’s positive thinking (attitude towards life) and subjective wellbeing is facilitated by a nurturing context. Thus, the individual resilience of family members may be strengthened by certain family processes

such as “mutual support, collaboration, and commitment to weather troubled times together” (Walsh, 2003, p.411). These family processes are illustrated by Walsh (2003, p.411) as fundamental processes that are associated with family resilience.

Walsh (2003, p.416) illustrates individual resilience as being a relational process and developing in the context of family, and suggests that effective family resilience promotes healthier family functioning and enhances individual wellbeing. She also emphasizes that efficient family processes that involve compassionate and committed relationships are vital when dealing with adversity (Walsh, 2003, p.405). In this regard, it is assumed that if individuals are committed to their family origin, they will have better individual resilience to life stressors, which in turn, would enhance their personal sense of wellbeing. Therefore, it is assumed that one’s commitment to their family of origin is an indicator of resilience and acts as a protective resource against adversity.

In summary (*depicted in figure 2.2 below*), family resilience fosters healthy family functioning (Walsh, 2003) and enhances family commitment (Boss, 2002), which in turn promotes individual resilience and enhances individual subjective wellbeing (Almeida, 2005; Walsh, 1996).

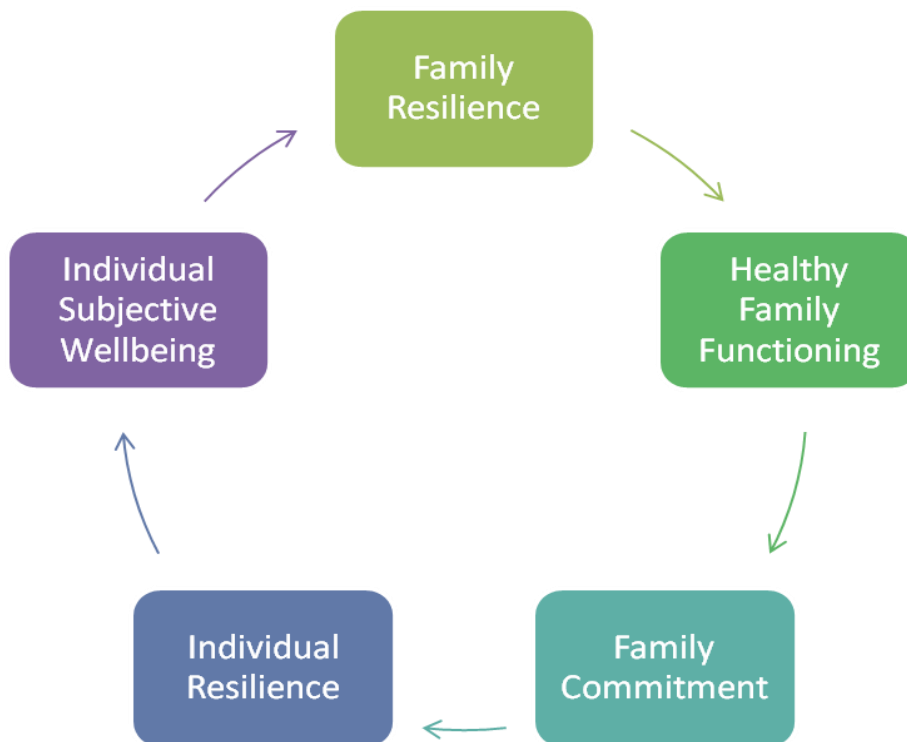


Figure 2.2: Summary of theoretical framework

2.4 SUBJECTIVE WELLBEING

2.4.1 Defining subjective wellbeing

Subjective wellbeing has been described as an individual's personal evaluation of how they holistically experience their life and can be assessed through ordinal measures (Conceição & Bandura, 2008, p.2). The concepts of happiness and life satisfaction are frequently associated with subjective wellbeing and are understood as being components of subjective wellbeing. Happiness and life satisfaction differ from each other and are more specific constructs than that of subjective wellbeing. Conceição and Bandura (2008, p.2) highlight that "*life satisfaction* reflects individuals' perceived distance from their aspirations while *happiness* results from a balance between positive and negative affect". In this regard, subjective wellbeing relates more to one 'being happy' whereas the constructs of happiness and satisfaction are associated more with statements such as 'feeling happy' (Conceição & Bandura, 2008).

A variety of research has demonstrated two mainstream approaches with regards to wellbeing, namely, the hedonistic and eudaimonic perspective. The eudaimonic perspective focuses on the actualization of one's potential and the notion of living a fulfilling and meaningful life (Waterman, 2008; Deci & Ryan, 2008; Ryff & Singer, 2008). Six dimensions have been identified that facilitate personal wellbeing in terms of achieving a meaningful and prosperous life, namely; self-acceptance, purpose in life; environmental mastery; positive interpersonal relationships; personal growth and development; and autonomy (Ryff & Singer, 2008). In this regard, Ryff and Singer (2008) have described *self-acceptance* as a sense of knowing and accepting oneself, in terms of strengths and weaknesses; *purpose in life* as emotional integration, setting and attaining goals and finding direction and creating meaning of one's life; *environmental mastery* as the selection and creation of stimulating and supportive environments that are suited to one's needs and capabilities; *positive interpersonal relationships* as the achievement and sharing of love, affection, friendship and compassion; *personal growth and development* as an understanding of one's potential and striving for lifelong learning and growth through facing and overcoming diverse stages and challenges in life; and finally, *autonomy* as the establishment of independence, self-reliance and self-determination. Positive functioning and wellbeing is thus assumed to be facilitated through the self-reported evaluations of the above-mentioned six dimensions (Ryff & Singer, 2008).

In contrast, the hedonistic perspective of wellbeing focuses on the individual's subjective perception and experience of positive versus negative affect (Deci & Ryan, 2008). Thus, wellbeing is regarded as the experience of high positive affect, low negative affect and a

high level of general life satisfaction (Deci & Ryan, 2008). Hedonia is further understood as consisting of an affective component (balance of positive versus negative affect) and a cognitive component that constitutes the judgement of general life satisfaction (Linley, Maltby, Wood, Osborne & Hurling, 2009). Deci and Ryan (2008, p.2) have highlighted that subjective wellbeing is more commonly associated with hedonia rather than with eudaimonia.

Subjective wellbeing is a term that is broadly used by psychologists to refer to the way people feel and perceive their life circumstances (Dolan, Peasgood & White, 2008, p.95), thus can be understood as an overall evaluation of one's life. For the present study, subjective wellbeing is understood from a hedonistic perspective, as a multi-faceted construct that consists of a cognitive and emotional component. The cognitive component of subjective wellbeing involves one's judgement of their life satisfaction, whereas the emotional component incorporates high and low levels of affect (Arthaud-Day, Rode, Mooney & Near, 2005, p.446). Figure 2.3 below illustrates the components of subjective wellbeing as defined for the present study.

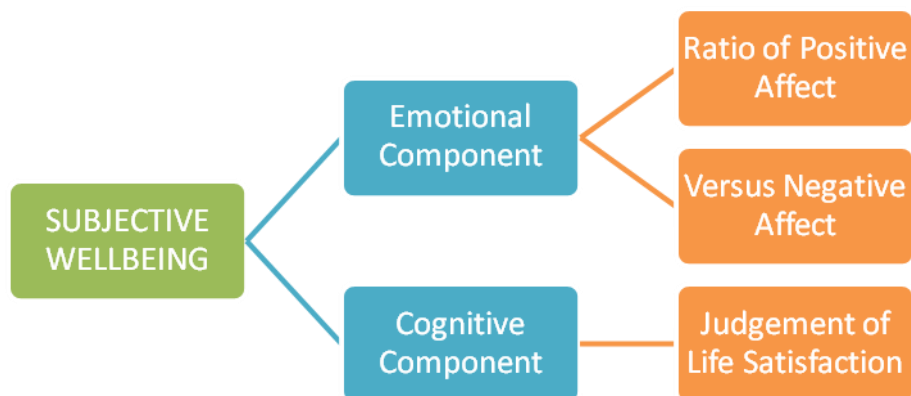


Figure 2.3: Representation of Subjective Wellbeing

Subjective wellbeing is strongly correlated to emotional wellbeing and general life satisfaction (Brown & Duan, 2007, p.268). General life satisfaction is a fundamental indicator of psychological wellbeing of young adults. According to Larsen (2009, p. 248), life satisfaction correlates well with the experiences of greater positive affect in relation to a lesser negative affect. However, it is more so of a subjectively cognitive process in which individuals judge their lives rather than a simple emotional process. General life satisfaction is an important indicator of subjective wellbeing as it portrays high levels of stability in adulthood (Larsen, 2009, p.248). An individual's perceived life satisfaction may be influenced

by their emotional experiences, yet it represents a more holistic interpretation and evaluation of how one is experiencing their life as a whole and throughout various life domains (Larsen, 2009, p.248).

Wellbeing cannot be defined as the absence of subjective distress, as all individuals experience negative affect from time to time. Cripps and Zyromski (2009, p.2) maintain that wellbeing is influenced by high levels of satisfaction and low levels of distress, with distress being positively associated with stress and depression. Additionally, stress is commonly associated with symptoms of high worry and anxiety (Fisher & Newman, 2013). Wong (2012, p.62) indicates that depression and life satisfaction are often adapted and utilised in the assessment of wellbeing. Wiltink et al., (2011) furthermore maintain that depression is commonly comorbid with anxiety and worry. Therefore it is essential to assess one's wellbeing in terms of their general life satisfaction in conjunction with their perceived distress, therefore with regards to symptoms of depression, anxiety and worry (Stewart, Ware, Sherbourne & Wells, 1998). Additionally, family functioning has a significant impact on the wellbeing of family members (Hassan et al., 2012, p.152). Unhealthy family environments and atypical transitions or disruptions within the family environment (such as divorce), promote symptoms of depression, anxiety and worry in individual members and thus negatively impact wellbeing (Ivanova & Israel, 2005; Overbeek et al., 2003).

From an intergenerational transmission approach, attitudes, values and behaviours can be transmitted to children from their family of origin (Weigel et al., 2003, p.454). These aspects are manifested in young adulthood and thus persist long after the children have left their family of origin. Wong (2012, p.60) reiterates that "the family influences on offspring are so profound but unapparent that, for instance, irrational beliefs or behavioural patterns can be transmitted generation by generation and formulate a vicarious cycle". Cripps and Zyromski (2009, p.2) maintain that the relationship that individuals have with their parents may foreshadow their personal attitudes and their future relationships. Moreover, previously conducted research has indicated that a link exists between one's family of origin and personal satisfaction of one's future relationships (Weigel et al., 2003, p.454).

In relation to the family of origin, Winkelmann (2004, p.3) has explored aspects of one's family in terms of influencing individual subjective wellbeing. Winkelmann (2004) investigates the important role that an individual family member's subjective wellbeing has on the overall affect and general wellbeing of the family of origin and vice versa. The main findings of the research illustrate that both an individual member's subjective wellbeing and that of the family as a whole are mutually associated. In this regard, the "underlying long-term wellbeing

of individuals within the same family is highly correlated” (Winkelmann, 2004, p.18). This indicates that the interdependencies amongst individuals of the same family are highly influential with regards to the perceived wellbeing amongst family members.

Individual satisfaction is facilitated by the “experience of possessing a comfortable home, a loving atmosphere, open communication, familial involvement, external relations, and a sense of personal significance in the family” whereas individual ill-being was affected by poor family relationships, family hostility or death or injury to a family member (Joronen, 2005, p.67). Henry (1994) and Wolman et al. (1994) suggest that family stability is highly correlated with individual life satisfaction and subjective wellbeing. Seligman (1990) also illustrates that positive subjective perceptions are promoted and influenced by a nurturing and compassionate context. It is thus assumed that a positively influential and loving family context encourages the subjective wellbeing of family members. Walsh (2003, p.416) endorses this notion and maintains that healthy family functioning is a significant variable for individual wellbeing.

2.4.2 Measuring subjective wellbeing and its components

Subjective wellbeing has been described by various researchers as being a multidimensional (Arthaud-Day, Rode, Mooney & Near, 2005, p.446) and multi-faceted (Larsen, 2009, p.248) construct. Subjective wellbeing can be measured in terms of three fundamental components (*see figure 2.4*), the presence of positive emotional experiences in relation to negative affect and a cognitive assessment of one’s overall life satisfaction (Arthaud-Day et al., 2005; Larsen, 2009; Suh & Oishi, 2002). In this sense, an elevated level of subjective wellbeing entails that individuals are satisfied with their life circumstances and report experiencing more positive than negative affect (Suh & Oishi, 2002). According to Larsen (2009, p. 247), people perceive daily life events in a very subjective manner and are thus “also able to reflect to their life as a whole over a specific time period and provide a global judgment of their level of happiness or subjective wellbeing” (Diener, Gohm, Suh & Oishi, 2000, p.423).

Gallagher, Lopez and Preacher (2009, p.1043) have suggested that high negative affect in combination with low positive affect are indicative of mental distress, such as the experience of possible depression. Depression has also been indicated to be highly comorbid with anxiety (Wiltink et al., 2011), and both symptoms have been observed to be highest during young adulthood (Wittchen et al., 1998). Therefore, it can be understood that the experience of distress has a significant impact on subjective wellbeing, and needs to be taken into consideration. The present study thus combines the assessment of subjective wellbeing

through Dalbert's (1992) Trait Well-Being Inventory, with the newly constructed Subjective Distress Scale (SDS) which is a symptom checklist for depression, anxiety and worry. McDowell (2010, p.70) reports that various studies have illustrated that an association exists between symptom checklists and psychiatric evaluations. It can therefore be assumed that the combination of both the Trait Well-Being Inventory (Dalbert, 1992) and the Subjective Distress Scale will facilitate a more comprehensive evaluation of subjective wellbeing. Furthermore, the inclusion of the Trait Well-Being Inventory may serve as validity evidence for the Subjective Distress Scale as an inverse measurement for subject wellbeing.

2.4.3 Life satisfaction as a correlate of commitment

According to Ivanova and Israel (2005, p.243), family stability, satisfaction (Joronen, 2005, p.32) and positive emotional support (Fiese, Foley & Spagnola, 2006, p.84) are identified as aspects of the family environment which have a positive effect on general psychological wellbeing. Furthermore, Ivanova and Israel (2005; p.244) have suggested that "greater consistency and predictability of events and activities in a family of origin are associated with better adjustment in the offspring". Stability in one's family environment is thus viewed as a protective factor (Joronen, 2005, p.28) against developing clinically significant symptoms as well as maladaptive adjustment in young adults.

Joronen (2005, p.85) states that the perception of family stability and support is highly correlated with an overall sense of general life satisfaction. In this regard, satisfaction is associated with family involvement, a comfortable and compassionate family atmosphere, clear and direct communication and a sense of family belonging (Joronen, 2005, p.67). According to Weigel, Bennett and Ballard-Reisch (2003, p.454) "commitment has long been recognized as a critical factor in the development and stability of personal relationships".

2.4.4 Correlation of commitment and subjective wellbeing

Rusbult et al's (1998) Investment Model of Commitment has been used in a variety of studies and contexts to measure and predict commitment and perseverance in primarily romantic, heterosexual relationships. Even though this scale has been developed specifically for romantic, heterosexual relationships, it can be argued that the construct of commitment and its three bases of dependence – satisfaction level, quality of alternatives and investment size (Rusbult et al., 1998) are universal concepts that may be adapted to the family environment. Therefore, satisfaction level has been identified as a dependent of commitment. Additionally, satisfaction level has been established as a key component influencing subjective wellbeing (Arthaud-Day, Rode, Mooney & Near, 2005; Diener, 2006). In this regard, a correlation between commitment and subjective wellbeing can be deduced.

Winkelmann (2004, p. 18) has illustrated that both an individual member's subjective wellbeing and that of the family as a whole are mutually correlated. This indicates that the interdependencies amongst individuals of the same family are highly influential with regards to the perceived wellbeing amongst family members. This notion is further supported by systems theory in which the family may be understood as an interrelated and interdependent system. The relationships and interactions of the family members impact the members individually and the family system as a whole (Visser, 2007). Therefore, subjective wellbeing may be fostered within the family environment thereby additionally facilitating commitment, as commitment has been noted to correlate with subjective wellbeing.



Figure 2.4: Representation of the correlation between satisfaction level, subjective wellbeing and commitment

Satisfaction level is one of the bases that is utilized in terms of measuring commitment (Rusbult et al., 1998), and a component of subjective wellbeing (Conceição & Bandura, 2008, p.2). It can therefore be argued that satisfaction, subjective wellbeing and commitment are correlated, in the sense that a higher level of satisfaction will influence a greater sense of subjective wellbeing, which in turn, would contribute to stronger commitment to one's family of origin. Figure 2.4 illustrates the correlations between satisfaction level, subjective wellbeing and commitment.

2.5 COMMITMENT TO THE FAMILY OF ORIGIN

2.5.1 Conceptualising commitment

Commitment can be broadly defined as feelings of attachment to a relationship that inspire devotion, loyalty and a sense of obligation (Etcheverry & Le, 2005). There has been limited research in terms of understanding what motivates, sustains and explains the consistency of commitment within the family context. However, there are an increasing amount of studies that explore the role of commitment in sustaining successful family businesses and dyadic romantic relationships (Chrisman et al., 2012; Dawson et al., 2013; Rusbult et al., 1998; Etcheverry & Le, 2005). Research exploring commitment in organisations such as family businesses can facilitate our understanding of family commitment with regards to variables such as devotion, satisfaction, love, responsibility, attachment and dependence (Smart, 2005; Chrisman et al., 2012; Dawson et al., 2013).

Chrisman et al (2012, p.273) maintain that family commitment in family firms can reduce family conflict and promote access to essential cumulative resources. Additionally, family involvement influences family commitment, to the extent that increased family involvement promotes commitment. Furthermore, the more ownership or investment a family has in their family firm, the greater psychological attachment is created, thus facilitating stronger commitment (Chrisman et al, 2012, p.273). Dawson et al (2013, p.5), maintain that fostering commitment within family businesses involves forming an emotional attachment; experiencing a sense of obligation and satisfaction to work in the family firm; and a lack of viable alternative employment. The above-mentioned constructs of attachment, satisfaction and lack of alternatives are positively correlated with commitment in romantic relationships as discussed in further detail below.

According to Adams and Jones (1999), various studies explore the notion that romantic relationships demonstrate long term stability even if their level of satisfaction within the relationship is low. In this sense, commitment is considered an underlying explanation as to why unsatisfying romantic relationships seem to remain stable. The Investment Model (Rusbult et al., 1998) has been used in a variety of studies and contexts to predict commitment and perseverance in primary romantic heterosexual relationships. For the present study, the key constructs of Rusbult et al.'s (1998) Investment Model of Commitment are utilised and adapted within a family context rather than that of heterosexual relationships⁹.

⁹ The Family Commitment Scale is discussed briefly in a related study by Human-Vogel (2013)

The scale of Rusbult et al.'s (1998) Investment Model of Commitment is an instrument which is designed to measure four constructs. These include commitment level and three bases of dependence, being satisfaction level, quality of alternatives, and investment size (Rusbult et al., 1998). *Satisfaction* is understood as the contrast level of positive and negative affect experienced within a romantic relationship; *quality of alternatives* refers to important needs of an individual being fulfilled outside of the present relationship; and *investment size* considers the personal resources attached to the current relationship (Rusbult et al., 1998). The Investment Model (as seen in figure 2.5) makes use of these interdependent constructs to investigate the predisposition to persist in a relationship.



Figure 2.5: Representation of Investment Model of Commitment (Rusbult et al., 1998)

Commitment level is defined as the “intent to persist in a relationship, including long-term orientation toward the involvement as well as feelings of psychological attachment” (Rusbult et al., 1998, p.359). High satisfaction levels, poor quality of alternatives and a significant investment size foster dependence within relationships (Rusbult et al., 1998). Rusbult et al., (1998, p.360) report that “as individuals become increasingly dependent they tend to develop strong commitment”.



Figure 2.6: Representation of the fostering of commitment

Rusbult et al., (1998) has demonstrated commitment as being negatively associated with quality of alternatives and positively associated with both investment size and satisfaction level (as seen in figure 2.6 above). Additionally, the more committed individuals are, the more they persist within the relationship. In this sense, commitment can be used as an explanation for why some relationships that are unsatisfying seem to remain stable over time (Adams & Jones, 1999). Etcheverry and Le (2005) have elaborated on the above definition of commitment, in terms of it being a long term orientation towards a relationship, a psychological attachment, feeling of loyalty and devotion, as well as a perceived obligation towards the relationship.

Family commitment as understood by the family resilience framework is a fundamental process that promotes resilience and fosters healing, growth and strengthens family relationships (Walsh, 2003, p.405). In this regard, it is expected that family resilience strengthens the commitment of family members toward the family unit. Commitment is additionally noted as being a key aspect in terms of connectedness in the organizational patterns of effective family functioning (Walsh, 2003, p.406). Thus, commitment may be viewed as one of the crucial variables that influence individual and family resilience, their functioning and wellbeing (Walsh, 2003, p.405).

Family commitment needs to be additionally understood and explored differently from romantic dyadic relationships, as the dynamics within the family context are more complicated and intricate. To illustrate, generally there are more than two members within a family unit, thus the family context involves the interactions of two and more systems and further subsystems. Moreover, family relationships are based on kinship not romance, thus family relationships and members are not chosen as in romantic relationships (Human-Vogel, 2013). In this regard, romantic relationships are generally associated with more positive affect. Additionally, it is within the family of origin that one is initially exposed to and learn the importance of relationship dynamics, such as communication, respect and affection (Weigel et al., 2003). In this sense, the family of origin has an imperative influence on an individual, and can shape individual behaviour and even serve as a protective or risk factor for its members (Hawley & DeHaan, 1996). In essence, the availability of family members and the family context in general should foster the development of symbolic attachments and provide support to its members (Human-Vogel, 2013).

Consequently, the vast difference between the context of a romantic relationship and that of the family context entails that for the present study, commitment needs to be measured differently than how it would be for romantic relationships. In this regard, as there is limited literature in terms of measuring family commitment, the Rusbult Investment Model of Commitment (Rusbult et al., 1998) needs to be adapted to account for the variance in context.

2.5.2 Measuring commitment

The Investment Model assumes that commitment develops when dependence on a relationship develops. Dalbert (2001, p.11) provides support for the above assumption and argues that commitment is related to relationship stability and satisfaction (Dalbert, 1999; Dalbert & Radant, 2004; Dalbert, Fisch, & Montada, 1992). Commitment is therefore accommodating and involves a willingness to sacrifice which is associated with positive relationship outcomes (Etcheverry & Le, 2005). One can thus argue that high levels of commitment, given its relationship with positive relationship outcomes, should generally then be associated with positive outcomes for the individual as well.

For this study, an adaptation of Rusbult et al's., (1998) Investment Model of Commitment is used to measure commitment within a family context. In this regard, a similar model of commitment is utilized, but within a different context. The family of origin is the contextual focus of this study as it is one's family that "provides individuals with their first understandings of how people should treat one another and of what is normal in personal

relationships” (Weigel et al., 2003, p.454). Consequently, the determinants of commitment level in romantic relationships as stipulated by Rusbult et al., (1998), need to be adapted and understood within the family of origin. Thus, Rusbult’s model of investment, as adapted by Human-Vogel (2013), was used to study the young adults’ dependence on the family of origin by measuring *Commitment Level* and its four bases of dependence, namely; *Cohesion* (Satisfaction), being the extent to which individuals can express themselves and feel loved and supported by their families; *Loyalty* (Quality of Alternatives), in terms of having a sense of belonging to one’s family of origin; *Independence* (Quality of Alternatives), being the strive for independence and motivation to choose to spend time with one’s family; and *Meaningfulness* being the extent that individuals self-expression is supported by their family of origin.

2.6 CONCLUSION

This chapter has explored the existing literature in terms of the constructs related to commitment to the family of origin as a correlate to subjective wellbeing. The literature has investigated the research and findings with regards to these constructs of general life satisfaction, subjective wellbeing and commitment, and identified how some of these constructs are correlated. The foundation on which this study is conceptualized is based on the Family Resilience Framework by Walsh (2003). This framework demonstrates how one’s family of origin can serve as a mediator for developing both family and individual resilience. This model also illustrates how certain family processes foster resilience and promote optimal and healthier family functioning and individual wellbeing (Walsh, 2003, p.416). The family resilience model demonstrates that commitment is a fundamental process that promotes resilience and fosters healing, growth and strengthens family relationships (Walsh, 2003, p.405). In this regard, it is expected that family resilience strengthens the commitment of family members toward the family unit.

Perception of family stability and support is highly correlated with an overall sense of life satisfaction. Satisfaction is associated with family involvement, a comfortable and compassionate family atmosphere, clear and direct communication and a sense of family belonging. Previously conducted research has indicated that a link exists between one’s family of origin and personal satisfaction of one’s future relationships. Interdependencies amongst individuals of the same family are highly influential with regards to the perceived wellbeing amongst family members. Subjective wellbeing can be measured in terms of three fundamental components, the presence of positive emotional experiences, the absence of negative affect and a cognitive assessment of one’s overall life satisfaction. Life satisfaction tends to reflect one’s cognitive interpretation and evaluation of their progress towards

achieving their life goals. In this regard, subjective wellbeing can be measured through personal reports of happiness and an overall judgment of life satisfaction. The concepts of happiness and life satisfaction are components of subjective wellbeing. Satisfaction, subjective wellbeing and commitment are correlated, in the sense that a higher level of satisfaction will influence a greater sense of subjective wellbeing, which in turn, would contribute to a more positive commitment to one's family of origin.

Commitment can be used as an explanation for why some romantic relationships that are unsatisfying seem to remain stable over time. Rusbult et. al's, (1998) Investment Model of Commitment is designed to measure four constructs; these include Commitment Level and three bases of dependence – Satisfaction Level, Quality of Alternatives, and Investment Size (Rusbult et al., 1998). These constructs needed to be adapted to a family context, thus will be measured instead in terms of *Cohesion* (Satisfaction), *Loyalty* (Quality of Alternatives), *Independence* (Quality of Alternatives) and *Meaningfulness*.

CHAPTER 3

RESEARCH DESIGN AND RESULTS

3.1 INTRODUCTION

For the present quantitative study, I have selected a positivist epistemology which is founded upon the belief that events are determined by natural, physical laws that can also be applied to human behaviour (Nieuwenhuis, 2007, p.48). The fundamental ontological assumption that underlies the positivist epistemological paradigm is that of an external reality, thereby understanding reality to be objective, observable and measurable (Maree & van der Westhuizen, 2007; Maree & Pietersen, 2007a, p. 145). Reality is thus perceived as fixed and consequently investigated objectively. In this regard, the “natural and physical laws that regulate everything are external to the human condition” (Nieuwenhuis, 2007, p.48). A quantitative research approach was selected for the present study as it allows for the exploration of correlations between variables, thereby addressing the research questions for the main study (Babbie, 2005). Quantitative research allows for hypothesis testing, precision (through quantitative and reliable measurement); control (through sampling and design) and statistical techniques which allow sophisticated analyses (Burns, 2000, p.9).

In chapter one I discussed the pilot study and the reliability and validity for the subjective distress scale (refer to Section 1.15). In chapter two, I argued the theoretical correlation between family commitment and subjective wellbeing. In the present chapter I discuss the research design of the main study and quantitatively investigate the correlation between family commitment and subjective wellbeing and present the findings of the main study. The present chapter focuses solely on the main study. I begin this chapter by presenting the research questions for the main study, then present the results in accordance to the hypotheses of this study and conclude with a summary of the findings.

3.2 RESEARCH QUESTIONS

The primary research question for the present study is:

What is the relationship between family commitment and subjective wellbeing?

The sub questions of the present study are:

1. How do demographic variables such as gender, age and relationship status and description impact on young adults' experience of general life satisfaction and subjective distress?
2. How do family variables such as parents' marital status and self-reported closeness to family of origin impact on general life satisfaction and subjective distress?
3. How is subjective distress related to family commitment?

3.3 SAMPLING AND DATA COLLECTION

A sample can be understood as a portion of the population that is selected by various means for a study (Mann, 2010). The sample population for the present study consisted of young adults, of all races and both sexes, between the ages of eighteen and twenty five, enrolled at a South African University. A sample size of 204 students participated in the present study. The participants completed a comprehensive instrument in the form of a questionnaire (see Appendix C) that consisted of five different scales.

In an attempt to ensure that the sample population was selected at random and to try and increase the representativity of the sample, one-stage random cluster sampling was used. Maree and Pietersen (2007b, p.167) define one-stage random cluster sampling as the "random selection of a number of clusters from which either all elements or a randomly selected number form the sample". A list of modules offered at a South African University was used in conjunction with a table of random numbers to establish which modules would be utilized for the sample population. Three modules were randomly selected, with the approximate enrollment of 300 students across the combined selected modules. I then approached the lecturers of the modules to discuss my research topic and for consent to distribute my questionnaire to the students. The lecturers then scheduled time during their lectures for the distribution of the questionnaires. At the beginning of each distribution I explained my research study to the students and emphasized that participation was voluntary and that their responses would be kept anonymous. I read out the attached consent form with them and gave them time to complete the questionnaires. Approximately 250 questionnaires were distributed in total, with 204 being completed comprehensively and returned (response rate of 81.6%), as the remainders were either returned blank or incomplete.

3.4 SCALE PROPERTIES OF THE SUBJECTIVE DISTRESS SCALE

3.4.1 Introduction

The present section will consist of a discussion of the scale properties of the Subjective Distress Scale (SDS), followed by an assessment of the normality and linearity to determine the distribution of the scores and whether the data gathered is suitable for exploratory factor analysis. Finally, the hypotheses for the present study will be examined thus resolving the research question.

3.4.2 Reliability of the SDS

The reliability of the Subjective Distress Scale (SDS) for the main study is reported in Table 3.1 below, and the item-total statistics in Table 3.3. Cohen et al., (2007) indicates that the reliability of a scale can be assessed by means of calculating the Cronbach alpha which determines the internal consistency of the scale items in terms of a coefficient that lies between 0 and 1 (refer to chapter one, Section 1.15). Cohen et al., (2007) suggest that an alpha coefficient of $>.90$ can be considered as highly reliable, and an alpha of $<.60$ would be an indication of unacceptable reliability. Table 3.2 illustrates the 8 item Subjective Distress Scale as the adjusted scale based on the findings of the initially piloted 11 item scale in 2010 (refer to chapter one, Section 1.11.4). The description of the scale was discussed in chapter one, Section 1.13.2(d).

Table 3.1

Reliability of the Subjective Distress Scale

Reliability Statistics			
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items		N of Items
.906		.905	8

Table 3.2

Item-total statistics for the Subjective Distress Scale

Item-Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
SDS 1: <i>I get anxious about things more than I want to</i>	20.66	72.628	.508	.299	.910
SDS 3: <i>I feel like I want to cry all the time</i>	22.53	71.145	.589	.386	.904
SDS 4: <i>I can't stop worrying about small things</i>	21.45	65.083	.734	.584	.891
SDS 6: <i>I find it hard to control my anxiety</i>	21.86	65.428	.809	.660	.885
SDS 7: <i>I worry about most things in life</i>	21.52	64.452	.775	.613	.888
SDS 8: <i>Worrying so much makes me tired</i>	21.25	65.342	.708	.557	.894
SDS 10: <i>I get so anxious that I find it difficult to think</i>	21.85	65.284	.764	.645	.889
SDS 11: <i>I tend to get so nervous that I tremble</i>	22.07	65.629	.716	.580	.893

The observed Alpha (.906) of the Subjective Distress Scale is very good, thus demonstrating a high internal consistency and test reliability (Cohen et al., 2007). Pallant (2011, p.100) suggests that item total correlation values indicate “the degree to which each item correlates with the total score”. The values are demonstrated on a 0 to 1 scale, with values less than .3 being an indication of the item not correlating with what the scale is measuring as a whole (Pallant, 2011, p.100). All of the individual item total correlations are observed as being good, with the exception of SDS 1, which reflects an item-total correlation of .508. This is however, deemed acceptable, particularly in relation to the Cronbach alpha of the Subjective Distress Scale being so high (Pallant, 2011, p.10). Item SDS 6 is illustrated as having the highest item-total correlation of .809 which has the greatest influence on the Cronbach alpha, as the deletion of this item would decrease the alpha to .885, thus lessening the internal consistency and test reliability.

3.5 EXPLORATORY FACTOR ANALYSIS

3.5.1 Introduction

Pallant (2011, p.181) describes exploratory factor analysis as the gathering of information and exploration of “the interrelationships among a set of variables”. There are three main steps involved in factor analysis. First and foremost, the assessment of the suitability of the data for factor analysis; secondly, factor extraction; and finally factor rotation and interpretation (Pallant, 2011).

3.5.2 Assessing the suitability of the data for factor analysis

In terms of assessing the suitability of the data to proceed with factor analysis, I had to consider two main influences: namely, sample size and the relationship strength among the variables (Pallant, 2011, p.182). With regards to the sample size, recommendations from literature indicate that smaller sample sizes of approximately 200 respondents, are acceptable if the communalities of the items are above .3, with at least 3 - 5 measured items per factor (Pallant, 2011). The communalities give an indication of the extent to which the variance in each item is explained (Pallant, 2011, p.198). The communality values range between 0 and 1; with values less than .3 indicating the item does not correspond well with the other items (Pallant, 2011, p.198). Table 3.3 below demonstrates the communalities for the Subjective Distress Scale which are acceptable, with the exception of SDS 1, which can be interpreted as the least reliable factor as it was extracted on .273.

Table 3.3

Communalities of the Subjective Distress Scale

Communalities		
	Initial	Extraction
SDS 1: <i>I get anxious about things more than I want to</i>	.296	.273
SDS 3: <i>I feel like I want to cry all the time</i>	.380	.369
SDS 4: <i>I can't stop worrying about small things</i>	.585	.592
SDS 6: <i>I find it hard to control my anxiety</i>	.660	.721
SDS 7: <i>I worry about most things in life</i>	.603	.653
SDS 8: <i>Worrying so much makes me tired</i>	.555	.579
SDS 10: <i>I get so anxious that I find it difficult to think</i>	.649	.656
SDS 11: <i>I tend to get so nervous that I tremble</i>	.584	.564

Extraction Method: Maximum Likelihood.

Literature recommends that in order to determine the strength of the intercorrelations among the variables, the Bartlett's test of sphericity and the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy should be utilized. The Bartlett's Test is considered significant at $p < .05$ and the KMO index "ranges from 0 to 1, with .6 suggested as the minimum value for a good factor analysis" (Pallant, 2011, p.183). Table 3.4 illustrates that the KMO value for the Subjective Distress Scale was observed to be .912, which is an excellent indication that satisfactory factor analysis can proceed. Additionally, Table 3.4 demonstrates that the

Bartlett's Test was significant at $p = .000$ (Pett, Lackey & Sullivan, 2003, p.80). Thus, the sample size (communalities), KMO and Bartlett's test demonstrate that the data is amenable to factor analysis.

Table 3.4

Kaiser-Meyer-Olkin and Bartlett's Test for the Subjective Distress Scale

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.912
	Approx. Chi-Square	899.716
Bartlett's Test of Sphericity	df	28
	Sig.	.000

The tables above demonstrate the communalities (Table 3.3), KMO and Bartlett Test (Table 3.4) values for the Subjective Distress Scale.

3.5.3 Factor extraction and rotation

Factor extraction involves "determining the smallest number of factors that can be used to best represent the interrelationships among the set of variables" (Pallant, 2011, p.183). The Maximum Likelihood Estimation (MLE) assesses the parameter values of a model that fits best with the data (Myung, 2003, p.90). The MLE was carried out using the Eigenvalue >1 rule in conjunction with a scree test as the determinants for the quantity of factors. The scree test functions as a determinant of the number of factors that need to be retained in a factor analysis (D'agostino & Russell, 2005).

A Promax rotation was selected instead of the commonly used varimax rotation, as items and factors are theoretically expected to correlate and therefore cross-correlations were permitted (Pallant, 2011, p.185). I selected the promax rotation as it is an oblique approach to rotation and offers a more realistic representation of the data by increasing the factor loadings to two or greater, explaining 55% of the variance (Fabrigar & Wegener, 2012). Additionally the promax rotation allows for factors to be correlated, as I argued they should be theoretically correlated (see Chapter one, Section 1.9). The solution indicated a unidimensional scale with a solitary factor. Table 3.5 below indicates the MLE (Promax Rotation) for the Subjective Distress Scale.

Table 3.5
Maximum Likelihood Estimation (Promax rotation)

Total Variance Explained						
Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.821	60.262	60.262	4.407	55.091	55.091
2	.796	9.949	70.212			
3	.658	8.230	78.441			
4	.506	6.320	84.761			
5	.368	4.602	89.363			
6	.327	4.092	93.455			
7	.278	3.478	96.933			
8	.245	3.067	100.000			

Extraction Method: Maximum Likelihood.

The MLE (promax rotation) indicates a single factor with an Eigen value of 4.821 that explains 55% of the variance in the data. The next step was to determine the factor matrix of the Subjective Distress Scale.

3.5.4 Factor matrix and interpretation

Costello and Osborne (2005, p.3) describe the factor matrix as facilitating the revelation of correlations between the factors. For the factor matrix to be considered suitable for factor analysis, the majority of the correlations should be observed at $r = .3$ or greater (Pallant, 2011, p.187). Table 3.6 below depicts the factor matrix of the Subjective Distress scale.

Table 3.6

Factor Matrix for the Subjective Distress Scale

Factor Matrix^a	
	Factor
	1
SDS 6: <i>I find it hard to control my anxiety</i>	.849
SDS 10: <i>I get so anxious that I find it difficult to think</i>	.810
SDS 7: <i>I worry about most things in life</i>	.808
SDS 4: <i>I can't stop worrying about small things</i>	.769
SDS 8: <i>Worrying so much makes me tired</i>	.761
SDS 11: <i>I tend to get so nervous that I tremble</i>	.751
SDS 3: <i>I feel like I want to cry all the time</i>	.608
SDS 1: <i>I get anxious about things more than I want to</i>	.522

Extraction Method: Maximum Likelihood.

a. 1 factors extracted. 4 iterations required.

The factor matrix indicated the item-loadings on all the individual factors are good, with the exception of SDS 1, which is however still considered acceptable, as value of the loading is more than 0.3. This solution was considered an acceptable model for the data based on the non-parametric technique Chi-square goodness-of-fit index ($\chi^2 = 59.789$, $df = 20$, $p = .000$) and the root mean square error of approximation (RMSEA = 0.099). The chi-square test measures the “difference between a statistically generated expected result and an actual result to see if there is a statistically significant difference between them” (Cohen et al., 2007, p.525). In this regard it assesses the ‘goodness of fit’ between the expected and actual result (Cohen et al., 2007, p.525). The RMSEA gives an indication of the error of approximation in the population with values greater than .10 being indicative of a poor fit between the hypothesized model and observed data (Byrne, 2008, p.85). In this regard, although the RMSEA value of the Subjective Distress Scale is not ideal, it is still considered significant. I thus accepted the one-dimensional solution and calculated the scale score with all the items.

3.6 ASSESSING THE NORMALITY OF THE SCALES

In terms of assessing the normality of the Subjective Distress Scale, it is stipulated that only if scores are normally distributed, can it be assumed that they have been sampled from a normal distribution (Pett et al., 2003). The implications are that if the scores are not normally

distributed, then parametric tests cannot be used, but non-parametric tests may be utilized. In this regard, parametric tests make assumptions about the population, and if the data is not from a normal population, then those assumptions will be rendered invalid. Table 3.7 below indicates the scale descriptives of the Subjective Distress Scale.

Table 3.7
The scale descriptives of the Subjective Distress Scale

Descriptives			
		Statistic	Std. Error
	Mean	3.0925	.08206
	95% Confidence Interval for Mean	Lower Bound	2.9307
		Upper Bound	3.2543
	5% Trimmed Mean	3.0569	
	Median	3.0000	
Subjective Distress Scale (SDS)	Variance	1.347	
	Std. Deviation	1.16050	
	Minimum	1.00	
	Maximum	6.00	
	Range	5.00	
	Interquartile Range	1.88	
	Skewness	.382	.172
	Kurtosis	-.466	.342

The scale mean is observed to be 3.09 which is very similar to the trimmed mean, thus indicating that outliers did not have a significant effect on the locality of the mean (Pallant, 2011). I then analysed the data further by using the Kolmogorov-Smirnov (K-S) and Shapiro-Wilk tests to assess for normality of the Subjective Distress Scales, as depicted in Table 3.8. The K-S analyses normality of a scale, in terms of a non-significant result, is indicated by a value greater than .05 (Pallant, 2011, p. 63). The values derived from the Shapiro-Wilk test lie between 0 and 1, where values less than 1 indicate the rejection of normality (Razali & Wah, 2011, p.25).

Table 3.8

Kolmogorov-Smirnov and Shapiro-Wilk tests of normality for the Subjective Distress Scale

Tests of Normality						
	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Subjective Distress Scale (SDS)	.072	200	.014	.977	200	.002

a. Lilliefors Significance Correction

Table 3.8 indicates that both measures of normality are significant (Kolmogorov-Smirnov on the .05 level and the Shapiro-Wilk on the .01 level); implying that the data is significantly skewed and that parametric statistics should not be used (Razali & Wah, 2011). Thus, non-parametric equivalents were used to test the hypotheses. In this regard, the Mann-Whitney U test is utilised instead of t-test for two groups; the Kruskal-Wallis instead of ANOVA for three or more groups; and Spearman Rank Order Correlation (rho) for correlations instead of Pearson correlations. Thus, the Mann-Whitney U test will be used to assess for discrepancies between two independent groups by comparing the medians of the groups (Pallant, 2011, p.227). The Kruskal-Wallis test will be utilised for the comparison of three or more groups (Pallant, 2011, p.232) and Spearman's rho will be used to assess the relationship between two variables (Pallant, 2011, p.103).

The normality of the Trait Well-Being Inventory (TWBI) was also examined as indicated in Table 3.9. The Trait Well-Being Inventory (Dalbert, 1992) consists of two subscales, namely the Mood Level Scale (Underwood & Froming, 1980) and the General Life Satisfaction Scale (Dalbert et al., 1984). Refer to Chapter one, Section 1.13.2(c) for a full description of the Trait Well-Being Inventory.

Table 3.9

Kolmogorov-Smirnov and Shapiro-Wilk normality tests for the Trait Well-Being Inventory

Tests of Normality						
	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Mood Level (ML)	.135	188	.000	.922	188	.000
General Life Satisfaction (GLS)	.119	188	.000	.952	188	.000
Trait Well-Being (TWB)	.116	188	.000	.936	188	.000

a. Lilliefors Significance Correction

Table 3.9 illustrates that all the tests indicate significant results and therefore demonstrate that the data is not normally distributed. Boxplots were thereafter drawn to compare distribution, means and variance for males and females on each of the scale means, namely the Subjective Distress Scale (figure 3.1), the Trait Well-Being Inventory (figure 3.2), the General Life Satisfaction scale (figure 3.3) and the Mood Level scale (figure 3.4). Boxplots divide the data “based on four invisible boundaries, namely, two inner fences and two outer fences” (Dawson, 2011, p.2). The tail ends on the boxplots indicate the extremities of the data within the inner fences. The data lying inside the outer fences are considered mild outliers, while the data situated outside the outer fences are considered to be extreme outliers (Dawson, 2011, p.2).

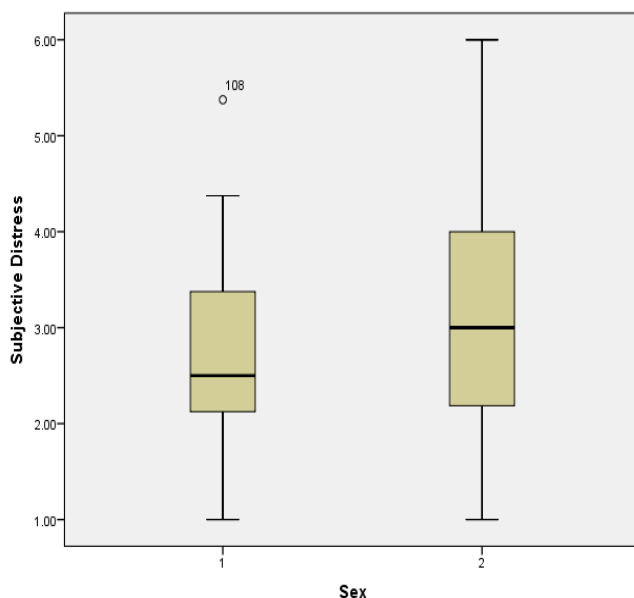


Figure 3.1: Boxplot for Subjective Distress

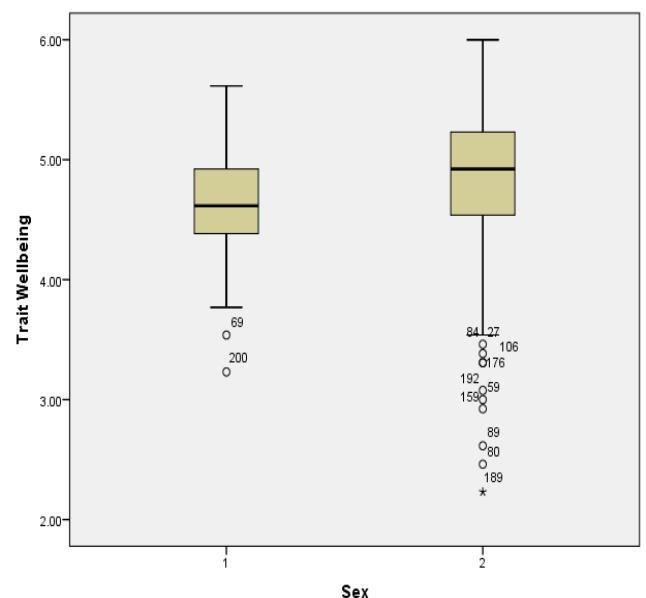


Figure 3.2: Boxplot for Trait Well-Being

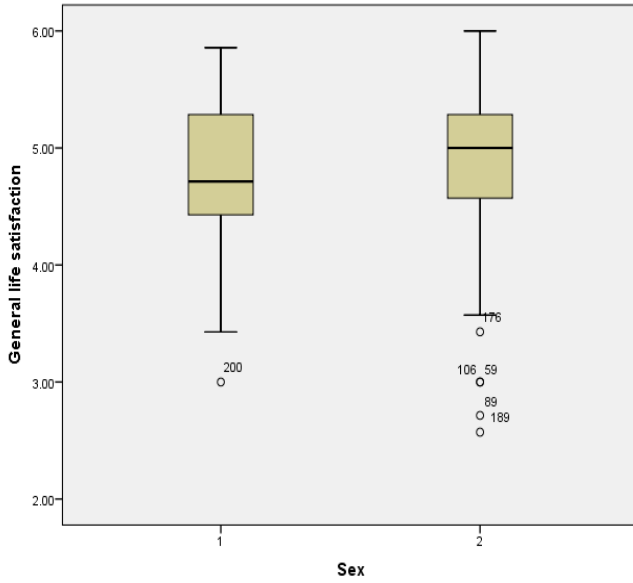


Figure 3.3: Boxplot for General Life Satisfaction

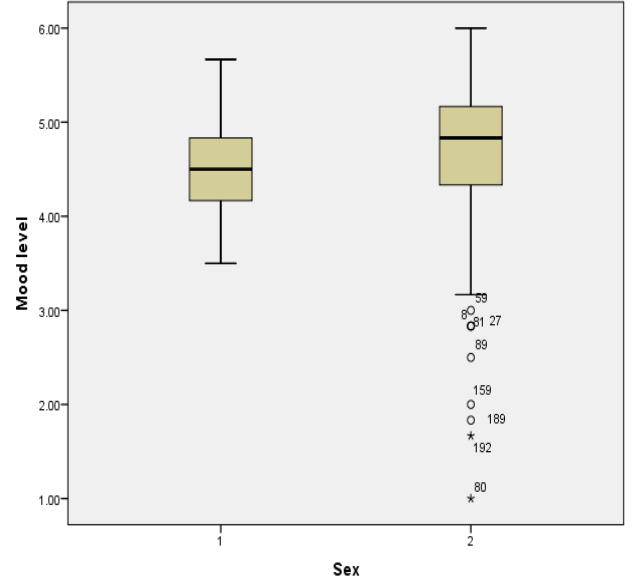


Figure 3.4: Boxplot for Mood Level

I decided to further analyse the linearity assumptions for Trait Well-Being Inventory and Subjective Distress Scale (figure 3.5); for Mood Level and Subjective Distress Scale (figure 3.6); for General Life Satisfaction and Mood Level (figure 3.7); and for General Life Satisfaction and Subjective Distress Scale (figure 3.8) by means of scatter plots. I used scatter plots, as they are useful in terms of illustrating the association between two variables by plotting the variables along two axes (Friendly & Denis, 2005, p.103).

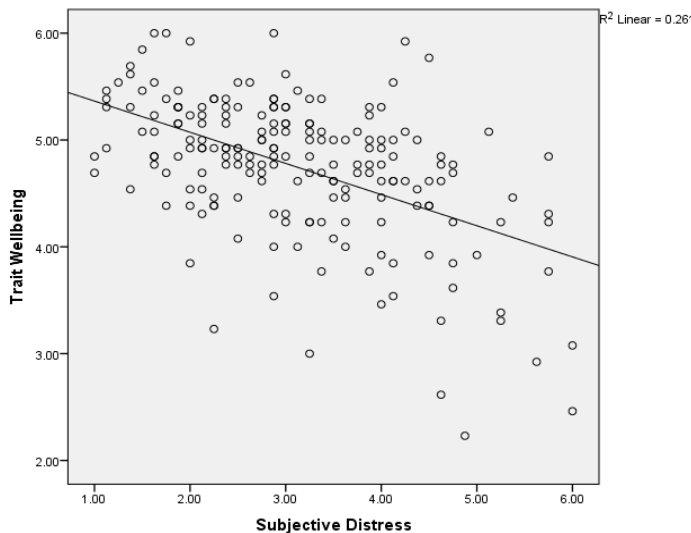


Figure 3.5: Scatter plot for Trait Well-Being and Subjective Distress

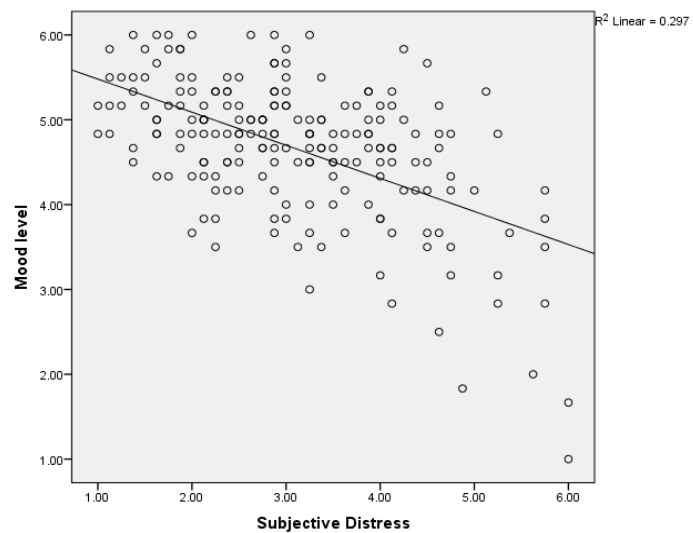


Figure 3.6: Scatter plot for Mood Level and Subjective Distress

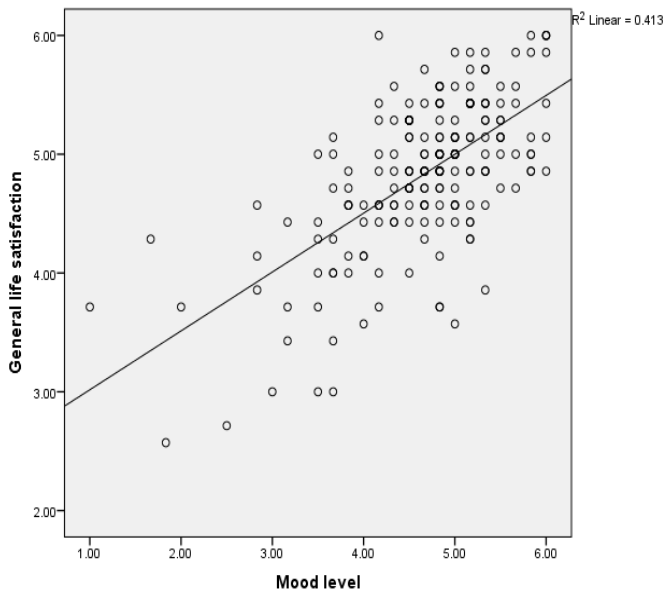


Figure 3.7: Scatter plot for General Life Satisfaction and Mood Level

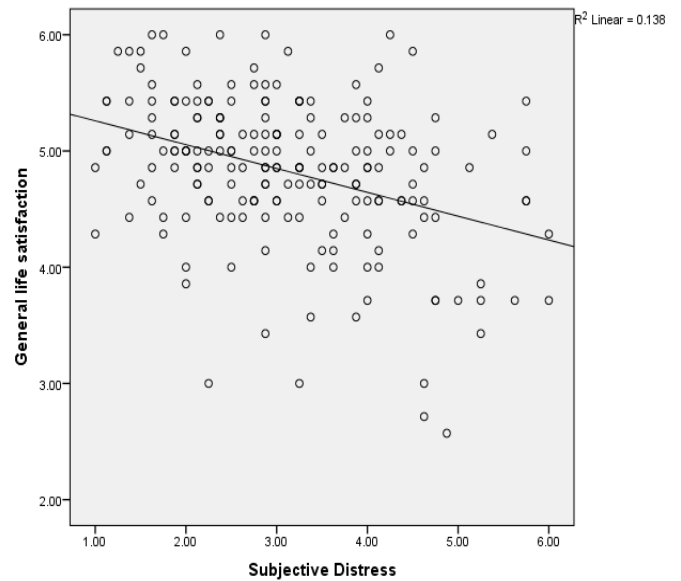


Figure 3.8: Scatter plot for General Satisfaction and Subjective Distress

The scatter plots above indicate that a linear relationship exists between Trait Well-Being and Subjective Distress (figure 3.5), and Mood Level and Subjective Distress (figure 3.6), General Life Satisfaction and Mood Level (figure 3.7) and General Life Satisfaction and Subjective Distress (figure 3.8). However, it is observed that there are a significant amount of variability and outliers, which negatively affect the strength between these relationships (Pallant, 2011). The linearity relationship between General Life Satisfaction and Mood Level is observed as having the strongest and most linear relationship. This indicates that Mood Level has a greater impact on General Life Satisfaction than Subjective Distress.

The following section will proceed to discuss the descriptive statistics for the present study, followed by a discussion of the hypotheses of this study and finally a summary of the findings.

3.7 DESCRIPTIVE STATISTICS

Descriptive statistics aim “to describe a situation by summarizing information in a way that highlights the important numerical features of the data” (Antonius, 2013, p.10). The sample population for the present study consisted of 204 respondents, representing 38 male students (19%) and 166 female students (81%). The ages of the respondents’ in the main study varied between 18 - 25 years [$mean (\bar{x}) = 20.6$; $standard\ deviation (s) = 1.70$]. The descriptive statistics of the sample for the present study are depicted in Table 3.10 below.

Table 3.10

Descriptive statistics of the sample (n=204)

	<i>f</i>	<i>%</i>
Gender		
Male	38	18.6
Female	166	81.4
Age in years (N=204; M=20.5 years; SDS=1.7 years)		
Home language (N=204)		
Afrikaans	98	55.1
English	46	20
African language ¹	59	3.06
What is your highest qualification? (N=204)		
Grade 12/Senior Certificate	115	56.4
Degree/Diploma (Matric +3years)	83	40.7
Honours (Matric +4years)	4	2.0
Missing values	2	1.0
Are you involved in a relationship? (N=204)		
Yes	112	54.9
No	91	44.6
Missing value	1	0.5
If yes, how would you describe this relationship?		
Casual	21	10.3
Committed	90	44.1
Missing value	92	45.1
What is your parents' marital status? (N=204)		
Married	129	63.2
Separated	25	12.3
Divorced	17	8.3
Remarried	8	3.9
Deceased	18	8.8
Missing value	7	3.4
How would you describe your relationship with your parents in general?		
Uncomplicated supportive	85	41.7
Complicated tense	14	6.9
Distant Uninvolved	14	6.9
Close involved	89	43.6
Missing value	2	1.0

Note. ¹ = African language include nine indigenous official languages of South Africa of which mother tongue speakers are black South Africans.

In the following section I will be investigating the results of the main study following the three sets of hypotheses generated for the present study.

3.8 RESULTS OF THE MAIN STUDY

3.8.1 First set of hypotheses

The first set of hypotheses guiding the present study investigates the first sub question by comparing subgroup difference as depicted in Table 3.11 below.

Table 3.11

First set of hypotheses: Differences in means between two groups

Null Hypothesis	Alternative Hypothesis
$H_0 : \mu_{1,2} = 0$	$H_1 : \mu_{1,2} \neq 0$

The Mann-Whitney U Test was used to test the hypothesis for possible differences in scale means in terms of gender, age, relationship status (involved/not involved) and relationship description (casual/committed). The Mann-Whitney U test compares two independent samples based on ranks (Cohen et al, 2007). Statistical significance is displayed by values $\rho < 0.05$, thus indicative of a significant difference between the independent samples, thereby rejecting the null hypothesis (Cohen et al., 2007). Table 3.12 below illustrates the findings of the Mann-Whitney U test with regards to the sex of the respondents.

Table 3.12

Mann-Whitney U test statistics in terms of the sex of the respondents

	Mood Level (ML)	General Life Satisfaction (GLS)	Subjective Distress (SDS)	Trait Well-Being (TWB)
Mann-Whitney U	2291.000	2659.000	2443.500	2258.000
Wilcoxon W	2994.000	3400.000	3146.500	2961.000
Z	-2.422	-1.361	-1.801	-2.386
Asymp. Sig. (2-tailed)	.015	.173	.072	.017

The findings¹⁰ of the Mann-Whitney U Test with reference to the sex of the respondents (see Table 3.12) indicate significant differences between males and females in terms of how they reported their experiences with regards to Mood Level ($\rho < .015$) and Trait Well-Being ($\rho < .017$). It was further observed that the group size was unequal. In this regard, the null hypothesis was rejected for the Mood Level and Trait Well-Being variables as both values are statistically significant ($\rho < .05$). Table 3.13 and 3.14 below indicated the findings of the

¹⁰ Refer to Appendix F for the tabulated ranks in terms of the sex of the respondents

Mann-Whitney U test with regards to the age of the respondents and their relationship involvement, respectively.

Table 3.13

Mann-Whitney U test statistics in terms of the age of the respondents

	Mood Level (ML)	General Life Satisfaction (GLS)	Subjective Distress (SDS)	Trait Well-Being (TWB)
Mann-Whitney U	4441.000	4336.000	4407.500	4408.500
Wilcoxon W	8182.000	9901.000	10078.500	9868.500
Z	-.416	-.473	-.257	-.168
Asymp. Sig. (2-tailed)	.677	.637	.797	.866

Table 3.14

Mann-Whitney U test statistics in terms of relationship involvement of the respondents

	Mood Level (ML)	General Life Satisfaction (GLS)	Subjective Distress (SDS)	Trait Well-Being (TWB)
Mann-Whitney U	4274.000	4649.000	4556.500	4373.500
Wilcoxon W	10490.000	10754.000	8651.500	10368.500
Z	-1.885	-.742	-.862	-1.316
Asymp. Sig. (2-tailed)	.059	.458	.388	.188

The results¹¹ of the Mann-Whitney U test with reference to the age and relationship involvement of the respondents indicate no significant differences, as depicted in Table 3.13 and Table 3.14 respectively. In this regard, no significant differences were found in terms of the diverse ages of the respondents and how they reported their relationship involvement. Table 3.15 below indicates the findings of the Mann-Whitney U test with regards to how the participants described their romantic relationships (*casual or committed*)¹².

¹¹ Refer to Appendix G and H for the rank table in terms of the age and relationship involvement of the respondents respectively.

Table 3.15

Mann-Whitney U test statistics depending on how participants described their romantic relationships (Casual or Committed)

	Mood Level (ML)	General Life Satisfaction (GLS)	Subjective Distress (SDS)	Trait Well-Being (TWB)
Mann-Whitney U	639.000	823.000	832.500	697.000
Wilcoxon W	870.000	1054.000	4748.500	928.000
Z	-2.314	-.779	-.376	-1.746
Asymp. Sig. (2-tailed)	.021	.436	.707	.081

The Mann-Whitney U test indicated a significant difference for Mood Level, with a value of $\rho < 0.021$ (refer to Table 3.15). In this regard, the null hypothesis is rejected for Mood Level as it was indicated as statistically significant. Thus it can be understood that the relationship involvement of the respondents has a significant impact on the respondent's reports of Mood Level.

3.8.2 Second set of hypotheses

The second set of hypotheses investigated the second sub question of the present study by comparing three or more sub groups, as depicted in Table 3.16 below.

Table 3.16

Second set of hypotheses: Differences in means between three or more groups

Second set of hypotheses

Null Hypothesis	Alternative Hypothesis
$\mu_a = \mu_b = \mu_c$	$\mu_a \neq \mu_b \neq \mu_c$

The Kruskal-Wallis non-parametric analysis of variance is used for testing three or more independent samples (Cohen et al., 2007). Thus the Kruskal-Wallis was used to test the marital status of the respondent's parents and the respondent's relationship with their parents in general. My expectation is that participants with a poor relationship with their parents will report significantly lower scores on the Trait Well-Being Inventory (TWBI) and higher scores on the Subjective Distress Scale (SDS). The Kruskal-Wallis test is similar to

¹² Refer to Appendix I for the tabulated ranks in terms of how the respondents described their romantic

the Mann-Whitney U test in terms of being based on ranks and in having a statistically significant value of $\rho < 0.05$ (Cohen et al., 2007). Accordingly, a statistically significant value of $\rho < 0.05$ would reject the null hypothesis. Table 3.17 below indicates the findings of the Kruskal-Wallis test in terms of how the participants reported their parent's marital status.

Table 3.17

Kruskal-Wallis test statistics in terms of parent's marital status

	Mood Level (ML)	General Life Satisfaction (GLS)	Subjective Distress (SDS)	Trait Well-Being (TWB)
Chi-Square	12.939	6.914	5.079	13.453
df	4	4	4	4
Asymp. Sig.	.012	.140	.279	.009

The Kruskal-Wallis test indicated¹³ a significant difference between how participants reported their parent's marital status with regards to Mood Level: ($\rho < 0.012$) and Trait Well-Being: ($\rho < 0.009$) as depicted in Table 3.17. Therefore, the null hypothesis is rejected for the Mood Level and Trait Well-Being variables. Thus, the marital status of the respondent's parents had a significant impact on their individual Mood Levels and their experiences of Trait Well-Being. Table 3.18 illustrates the findings from the Kruskal-Wallis test with regards to how the respondents reported their relationship with their parents.

Table 3.18

Kruskal-Wallis test statistics in terms of respondent's relationship with their parents

	Mood Level (ML)	General Life Satisfaction (GLS)	Subjective Distress (SDS)	Trait Well-Being (TWB)
Chi-Square	20.606	14.978	9.091	20.028
df	3	3	3	3
Asymp. Sig.	.000	.002	.028	.000

The findings¹⁴ from the Kruskal-Wallis test (see Table 3.18) in terms of the respondent's relationship with their parents indicated all the tests as significant, with Mood Level demonstrating a value of $\rho < 0.000$; General Life Satisfaction: $\rho < 0.002$; Subjective Distress: $\rho < 0.028$; and Trait Well-Being: $\rho < 0.000$. Therefore the null hypothesis is rejected for

relationships (casual or committed).

¹³ Refer to Appendix J for the parent marital status ranks

¹⁴ Refer to Appendix K for the ranks of the respondent's relationship with their parents

these variables. In this regard, the respondent's perception of their relationship with their parents significantly impacts the respondent's experience of family commitment and their subjective wellbeing.

The finding that the respondent's relationship with their parents was significant to all the subjective wellbeing variables encouraged a deeper investigation in terms of understanding what aspects of the respondent's parent relationship influences which specific variables. In this regard, I decided to further investigate how the respondents' reported their relationship with their parents by grouping the two negative parent relationship descriptions (*complicated and tense*; and *distant and uninvolved*) and the two positive parent relationship descriptions (*uncomplicated and supportive*; and *close and involved*). To further explore the positive and negative parent relationship descriptions reported by the respondents, I utilized the Mann Whitney U and the Wilcoxon tests to compare firstly the two negative relationship descriptions (*complicated and tense* and *distant and uninvolved*), as illustrated in Table 3.19, and secondly the two positive relationship descriptions (*uncomplicated and supportive* and *close and involved*), depicted in Table 3.21. The Wilcoxon test was used as it analyses two related samples (Cohen et al., 2007), in which the two negative relationship descriptions are related and similarly, the two positive relationship descriptions. I began the further exploration of the parent relationship results by firstly looking at the negative relationship descriptions, followed by the positive relationship descriptions.

Table 3.19

The Mann-Whitney U and Wilcoxon test statistics for the two negative relationship descriptions (complicated and tense and distant and uninvolved)

	Mood Level (ML)	General Life Satisfaction (GLS)	Subjective Distress (SDS)	Trait Well-Being (TWB)
Mann-Whitney U	67.000	42.500	71.000	54.500
Wilcoxon W	172.000	147.500	162.000	159.500
Z	-1.171	-2.559	-.972	-1.774
Asymp. Sig. (2-tailed)	.241	.011	.331	.076
Exact Sig. [2*(1-tailed Sig.)]	.259 ^b	.009 ^b	.350 ^b	.076 ^b

Table 3.20

General Life Satisfaction ranks for the two negative parents relationship descriptions (complicated and tense and distant and uninvolved)

		Ranks			
		Rel_Gen	N	Mean Rank	Sum of Ranks
General Life Satisfaction (GLS)	Total		27		
	<i>Complicated and tense</i>		14	18.46	258.50
	<i>Distant and uninvolved</i>		14	10.54	147.50
	Total		28		

The above results¹⁵ from the Mann-Whitney U and Wilcoxon tests indicate that General Life Satisfaction is the only significant variable, with a 2-tailed significant value of $p < 0.011$ and a 1-tailed significance of $p < 0.009$. Thus, the null hypothesis is rejected for the General Life Satisfaction variable as General Life Satisfaction has a significant relationship with the reported negative parent relationship descriptions. Furthermore there seems to be a difference in terms of General Life Satisfaction being described as “complicated and tense” with a mean rank of 18.46, and “distant and uninvolved” displaying a mean rank of 10.54. Thus, parent relationships that were reported as “distant and uninvolved” are observed to be associated with less General Life Satisfaction than parent relationships reported as “distant and uninvolved” (see Table 3.20). I thereafter investigated the positive parent relationship descriptions (*uncomplicated and supportive and close and involved*) which were similarly analysed using the Mann-Whitney U and Wilcoxon tests. The findings are indicated in Table 3.21 below.

Table 3.21

Mann-Whitney U and Wilcoxon test statistics for the two positive parent relationship descriptions (uncomplicated and supportive and close and involved)

	Mood Level (ML)	General Life Satisfaction (GLS)	Subjective Distress (SDS)	Trait Well-Being (TWB)
Mann-Whitney U	2846.500	3155.000	3163.500	2858.500
Wilcoxon W	6501.500	6810.000	7079.500	6513.500
Z	-2.828	-1.668	-1.511	-2.573
Asymp. Sig. (2-tailed)	.005	.095	.131	.010

¹⁵ Refer to Appendix L for the negative parent relationship ranks

The findings (as illustrated in Table 3.21) indicated that Mood Level: $\rho < 0.005$ and Trait Well-Being: $\rho < 0.010$, have a significant relationship with positive parent relationship descriptions, thus rejecting the null hypothesis for these variables. Thus it seems that a positive parent relationship has a significant impact on the respondent's individual Mood Level and Trait Well-Being. Table 3.22 indicates the mean as reported by the participants for the four categories of parent relationship descriptions (*uncomplicated and supportive, complicated and tense, distant and uninvolved, close and involved*).

Table 3.22

The means for each group of the relevant variables (Mood Level, Trait Well-Being, General Life Satisfaction, Subjective Distress) for all the categories of parent relationship descriptions (uncomplicated and supportive, complicated and tense, distant and uninvolved, close and involved)

Relationship description		Mood Level (ML)	Trait Well-Being (TWB)	General Life Satisfaction (GLS)	Subjective Distress (SDS)
<i>Uncomplicated and supportive</i>	Mean	4.6020	4.7249	4.8303	3.1386
	N	85	85	85	83
	Std. Deviation	.76812	.62778	.62094	1.07210
<i>Complicated and tense</i>	Mean	4.4103	4.6331	4.8673	3.2788
	N	13	13	14	13
	Std. Deviation	.71562	.58343	.68044	1.51224
<i>Distant and uninvolved</i>	Mean	4.0000	4.0824	4.1531	3.8482
	N	14	14	14	14
	Std. Deviation	.94054	.82268	.79335	1.08882
<i>Close and involved</i>	Mean	4.8614	4.9045	4.9442	2.8878
	N	89	87	87	88
	Std. Deviation	.82198	.60852	.56531	1.16215
Total	Mean	4.6625	4.7522	4.8350	3.0865
	N	201	199	200	198
	Std. Deviation	.82906	.66050	.64050	1.16399

The findings¹⁶ illustrated in Table 3.22 above indicate that the means of Mood Level: ($\bar{x} = 4.8614$), Trait Well-Being: ($\bar{x} = 4.9045$) and General Life Satisfaction ($\bar{x} = 4.9442$) are higher for those who reported a “close and involved” relationship rather than an “uncomplicated and supportive” relationship, Mood Level: ($\bar{x} = 4.6020$) and Trait Well-Being: ($\bar{x} = 4.7249$). Additionally, the means of Subjective Distress are higher for parent relationships reported as “uncomplicated and supportive” ($\bar{x} = 3.1386$) than those reported as “close and involved” (\bar{x}

¹⁶ Refer to Appendix M for the positive parent relationship ranks

= 2.8878). Furthermore, the scores for Mood Level ($\bar{x} = 4.4103$), Trait Well-Being ($\bar{x} = 4.6331$) and General Life Satisfaction ($\bar{x} = 4.8673$) are higher for parent relationships reported as “complicated and tense” than those reported as “distant and uninvolved” (Mood Level: $\bar{x} = 4.0000$; Trait Well-Being: $\bar{x} = 4.0824$; General Life Satisfaction: $\bar{x} = 4.1531$). Moreover, the scores for Subjective Distress are higher for parent relationships reported as “distant and uninvolved” ($\bar{x} = 3.8482$) than those reported as “complicated and tense” ($\bar{x} = 3.2788$). Thus, parent relationships reported as “close and involved” facilitate greater subjective wellbeing in terms of higher mood levels, trait wellbeing and general life satisfaction, and lower levels of subjective distress. Similarly, it is observed that parent relationships reported as “complicated and tense” facilitate greater subjective wellbeing and less subjective distress than parent relationships reported as “distant and uninvolved”.

3.8.3 Third set of hypotheses

The third set of hypotheses investigated the third sub question in terms of the Spearman Correlations between study variables as depicted in Table 3.23 below.

Table 3.23

Third set of hypotheses: Correlations between variables

Null Hypothesis	Alternative Hypothesis
$\rho_{xy} = 0$	$\rho_{xy} \neq 0$
There is no relationship between subjective wellbeing and family commitment.	There are statistically significant relationships between subjective wellbeing and family commitment

The Spearman rho is a nonparametric measure that tests the linear relationships of two ordinal variables (Cohen et al., 2007). Spearman’s rho varies between -1 and +1, with the perfect negative correlation being -1, the perfect positive correlation being +1, and 0 indicating no relationship (Muijs, 2011).

Correlations ranging from 0.20 to 0.35 indicated a slight relationship between variables, thereby indicating only 4% of the variance is common to the two measures (Cohen et al., 2007). Correlations ranging from 0.35 to 0.65 are “statistically significant beyond the 1 per cent level” (Cohen et al., 2007, p.536), making only crude group predictions possible. Cohen et al., (2007) ascertain that correlations ranging from 0.65 to 0.85 make group predictions possible, especially near the top of the range. Correlations over 0.85 demonstrate that the two measures correlated have a close relationship and is indicative of 72% common variance between the two variables (Cohen et al, 2007). Table 3.24 indicates the correlational findings from the Spearman rho between the study variables.

Table 3.24

Spearman rho correlations between study variables

		Correlations								
		ML	GLS	SDS	TWB	CL	CS	QAL	QAI	CM
Mood Level (ML)	Correlation Coefficient	1.000	.575**	-.466**	.876**	.386**	.271**	-.248**	-.164*	.321**
	Sig. (2-tailed)	.	.000	.000	.000	.000	.000	.000	.021	.000
	N	203	200	199	200	199	199	200	198	199
General Life Satisfaction (GLS)	Correlation Coefficient		1.000	-.351**	.882**	.353**	.220**	-.274**	-.210**	.293**
	Sig. (2-tailed)		.	.000	.000	.000	.002	.000	.003	.000
	N		201	197	200	197	197	198	196	197
Subjective Distress (SDS)	Correlation Coefficient			1.000	-.470**	-.229**	-.219**	.170*	.127	-.187**
	Sig. (2-tailed)			.	.000	.001	.002	.017	.077	.009
	N			200	196	197	196	197	195	196
Trait Well-Being (TWB)	Correlation Coefficient				1.000	.421**	.280**	-.292**	-.211**	.352**
	Sig. (2-tailed)				.	.000	.000	.000	.003	.000
	N				200	196	196	197	195	196
Commitment Level (CL)	Correlation Coefficient					1.000	.699**	-.487**	-.561**	.740**
	Sig. (2-tailed)					.	.000	.000	.000	.000
	N					200	197	198	196	197
Cohesion (CS)	Correlation Coefficient						1.000	-.488**	-.541**	.727**
	Sig. (2-tailed)						.	.000	.000	.000
	N						200	198	196	198
Loyalty – Quality of Alternatives (QAL)	Correlation Coefficient							1.000	.572**	-.557**
	Sig. (2-tailed)							.	.000	.000
	N							201	197	198
Independence – Quality of Alternatives (QAI)	Correlation Coefficient								1.000	-.579**
	Sig. (2-tailed)								.	.000
	N								199	196
Meaningfulness (CM)	Correlation Coefficient									1.000
	Sig. (2-tailed)									.
	N									200

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

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

The findings from the Spearman rho, as illustrated in Table 3.24, indicate that the correlations are in the expected directions, with the Trait Well-Being Inventory being

negatively correlated to the Subjective Distress Scale, and the Family Commitment Scale correlating positively to the Trait Well-Being Inventory and negatively to the Subjective Distress Scale (refer to Chapter one, Section 1.9). In this regard the null hypothesis is rejected as all the variables of the present study are significantly correlated. Additionally, the construct validity of this study is supported in terms of the pattern of correlations of the Trait Well-Being Inventory, being significantly correlated with the Subjective Distress Scale with regards to the measurement of subjective wellbeing. The results are discussed in more detail below.

(a) Subjective Distress Scale (SDS)

The Subjective Distress Scale correlations are observed as being significant but weak, which can be attributed to the high variance in scores. As would be expected theoretically, Subjective Distress is positively correlated to Loyalty – Quality of Alternatives: ($r_s = .170, p = .017$) and Independence – Quality of Alternatives: ($r_s = .127, p = .077$), and negatively correlated to Mood Level: ($r_s = -.466, p = .000$), General Life Satisfaction: ($r_s = -.351, p = .000$), Trait Well-Being: ($r_s = -.470, p = .000$), Commitment Level: ($r_s = -.229, p = .001$), Cohesion: ($r_s = -.219, p = .002$) and Meaningfulness: ($r_s = -.187, p = .009$).

(b) Trait Well-Being (TWB)

The Trait Well-Being Inventory was included in the present study mainly as a measure for construct validity for the Subjective Distress Scale with regards to measuring subjective wellbeing. The findings indicate that construct validity was supported by the pattern of correlations between the Trait Well-Being Inventory and the Subjective Distress Scale. As theoretically expected, Trait Well-Being displays a strong relationship with both Mood Level ($r_s = .876, p = .000$) and General Life Satisfaction: ($r_s = .882, p = .000$). Additionally, Trait Well-Being is positively correlated to Commitment Level ($r_s = .421, p = .000$), Cohesion ($r_s = .280, p = .000$), Meaningfulness ($r_s = .352, p = .000$) and negatively correlated to Subjective Distress ($r_s = -.470, p = .000$), Loyalty – Quality of Alternatives ($r_s = -.292, p = .000$) and Independence – Quality of Alternatives ($r_s = -.211, p = .003$).

(c) Mood Level (ML)

As expected theoretically, Mood Level is observed as having a close relationship with Trait Well-being ($r_s = .876, p = .000$). Additionally, Mood Level is positively correlated with General Life Satisfaction: ($r_s = .575, p = .000$), Commitment Level ($r_s = .386, p = .000$), Cohesion ($r_s = .271, p = .000$) and Meaningfulness ($r_s = .321, p = .000$). Conversely, Mood Level is negatively correlated to Subjective Distress ($r_s = -.466, p = .000$), to Loyalty –

Quality of Alternatives ($r_s = -.248, p = .000$) and to Independence – Quality of Alternatives ($r_s = -.164, p = .021$).

(d) General Life Satisfaction (GLS)

General Life Satisfaction is observed as having a stronger relationship with Trait Well-Being ($r_s = .882, p = .000$) than what Mood Level had. As would be expected theoretically, General Life Satisfaction is additionally positively correlated with Mood Level ($r_s = .575, p = .000$), Commitment Level ($r_s = .353, p = .000$), Cohesion ($r_s = .220, p = .002$) and Meaningfulness ($r_s = .293, p = .000$). Conversely, General Life Satisfaction is negatively correlated to Subjective Distress ($r_s = -.351, p = .000$), Loyalty – Quality of Alternatives ($r_s = -.274, p = .000$) and Independence – Quality of Alternatives ($r_s = -.210, p = .003$).

3.9 SUMMARY OF RESULTS

The objective of the present study was to develop a checklist that would assess the negative association of commitment to indices of mental ill-health (such as anxiety, worry and depression) and to investigate the relationship between family commitment and subjective wellbeing. To achieve this objective, the Subjective Distress Scale was developed and used in addition with established measures of wellbeing, thus the Trait Well-Being Inventory (Dalbert, 1992). The reason for developing the Subjective Distress Scale was to measure distress, a negative state, which may be less vulnerable to the positive bias in answers that are often associated with the measurement of positive constructs (McDowell, 2010). The findings indicated that the Subjective Distress Scale is strongly correlated to the Trait Well-Being Inventory and significantly correlated to family commitment, thus supporting the objective that it can be used to measure the negative association of commitment to mental ill-health indices. Furthermore, the correlations of all the study variables indicate that family commitment and subjective wellbeing are significantly correlated, thus concluding the objective of this study; to investigate the relationship between family commitment and subjective wellbeing. The findings that demonstrate the achievement of the objectives of the present study are further summarized below.

The results of the present study have indicated that a linear relationship exists between Trait Well-Being and Subjective Distress; Mood Level and Subjective Distress; and General Life Satisfaction and Subjective Distress. However, it was additionally observed that the strength of all these relationships are negatively affected by significant variability and outliers, with General Life Satisfaction and Mood Level observed as having the strongest and most linear relationship.

The first set of hypotheses tested the differences in the scale means in terms of gender, age, relationship status and relationship description. The Mann-Whitney U Test demonstrated a significant difference between males and females in terms of Mood Level and Trait Well-Being, thus rejecting the null hypothesis for these variables. Furthermore, the results illustrated no significant difference in terms of age and relationship involvement. Relationship description of casual or committed was indicated as being significant in relation to Mood Level, thereby rejecting the null hypothesis for this variables.

The second set of hypotheses compared the marital status of the respondents' parents using three or more groups. The Kruskal-Wallis non-parametric test indicated a significant relationship between parental marital status and the respondents Mood Level and Trait Well-Being, thereby rejecting the null hypothesis for these variables. Similarly, the relationship between the respondents and their parents is also significant. To further explore the significance of this relationship, the Mann Whitney U test was conducted. The first test compared the two negative relationship descriptions being "complicated and tense" and "distant and uninvolved". The results indicated that only General Life Satisfaction is significant, thereby rejecting the null hypothesis and illustrating a difference between the two relationship descriptions, with "distant and uninvolved" generating less General Life Satisfaction. The second test compared the two positive relationship descriptions, being "uncomplicated and supportive" and "close and involved". The results indicated a significant relationship in terms of Mood Level and Trait Well-Being, thus rejecting the null hypothesis for these variables. Furthermore, scores for Mood Level and Trait Well-Being were observed to be higher for the "close and involved" group.

The third and final set of hypotheses tested the correlations between the study variables using the Spearman Correlations Test. The results indicate that the correlations are as expected (refer to Chapter one, Section 1.9), although the Subjective Distress Scale was observed as significant yet weak due to variance. However, the Trait Well-Being Inventory was illustrated as having a strong correlation to the Subjective Distress Scale, thus supporting construct validity. Furthermore, the significant and expected correlations of the study variables, particularly that between the Subjective Distress Scale and the Trait Well-Being Inventory, support and confirm the objective of the present study with regards to the development of a checklist assessing the correlation of commitment to mental ill-health indices. The significant correlations between all the study variables thus facilitate the rejection of the null hypothesis and support the objective of the study by revealing that family commitment is significantly related to subjective wellbeing.

CHAPTER 4

DISCUSSION AND INTERPRETATION OF RESULTS, CONTRIBUTIONS AND LIMITATIONS

4.1 INTRODUCTION

In the present study I investigated commitment to the family of origin as a correlate of subjective wellbeing. The research findings contribute to a programme of research studying factors influencing personal just-world beliefs and commitment to the family of origin. This study was formulated in reaction to the limited research in terms of the conceptualisation of family commitment and sought clarity on whether family commitment is associated with subjective wellbeing. The first objective of the present study was to develop a checklist that would help to see if commitment is negatively associated with indices of mental ill-health. The second objective of this study was to investigate the relationship between family commitment and subjective wellbeing. I sought to explore the objectives of the present study through the formulation of the primary research question *What is the relationship between family commitment and subjective wellbeing* and three sub questions, namely:

1. *How do demographic variables such as gender, age, relationship status and description impact on young adults' experience of general life satisfaction and subjective distress?*
2. *How do family variables such as parental marital status and self-reported closeness to family of origin impact on general life satisfaction and subjective distress?*
3. *How is subjective distress related to family commitment?*

I approached the present study from a quantitative perspective through the formulation of three hypotheses in accordance with the three sub questions of the present study, with regards to testing subgroup differences in scale means from firstly two groups and then from three or more groups. Additionally, I investigated the Spearman rho correlations between the study variables. I established the sample population for the present study through purposive and one-stage cluster sampling. Data was collected using a survey comprising of the measuring instruments facilitating the present study, namely, a demographic questionnaire, the Family Commitment Scale ($\alpha = .837$), the Trait Well-Being Inventory (Dalbert, 1992), consisting of the Mood Level Scale (Underwood & Froming, 1980) with a reported alpha of .87, and the General Life Satisfaction Scale (Dalbert et al., 1984) with a reported alpha of .90; and the newly developed Subjective Distress Scale ($\alpha = .906$).

Data analysis was thereafter conducted which brought forth significant results (see Chapter 3 for results) that will be further discussed in the present chapter. Theoretically (as discussed in Chapter 2), individual wellbeing is associated with family stability, cohesion, involvement and healthy family functioning (Henry, 1994; Wolman et al., 1994; Walsh, 2003; Hassan et al., 2012; Wong, 2012). Similarly, commitment is positively associated with cohesion, connectedness and support (Walsh, 2003; Dailey et al., 2010), which are factors that have been significantly correlated with individual wellbeing (Wolman et al., 1994; Cripps & Zyromski, 2009; Wong, 2012). Therefore it is suggested that commitment is a portable construct that can be studied in relation to the family of origin. In this regard, commitment is theoretically expected to be positively associated with wellbeing.

The findings of the present study will be discussed in accordance with the two main objectives of this study namely: the development of the Subjective Distress Scale as a checklist for negative indices of mental ill-health associated with commitment; and the relationship between family commitment and subjective wellbeing. Thereafter a brief summary of the findings will be presented followed by the limitations and contributions of this study.

4.2 DISCUSSION OF MAIN FINDINGS

4.2.1 Development of the Subjective Distress Scale

The Subjective Distress Scale (SDS) was developed as a measure of subjective wellbeing in terms of a checklist for the negative indices of mental ill-health associated with commitment. There are several existing measures that assess mental health through self-reported distress, such as the Hopkins Symptom Checklist (Derogatis et al., 1974), the Brief Symptom Inventory (Derogatis, 1975), the Symptom Checklist-90-Revised (Derogatis, 1977) and the Rotterdam Symptom Checklist (de Haes, van Knippenberg & Neijt, 1990). Nonetheless, the existing measures are either out-dated, inaccessible as they require purchase, or overly extensive and utilise items that are redundant for the present study. Moreover, the majority of the existing measures for subjective wellbeing tend to assess individual wellbeing in terms of satisfaction and/or positive mood (McDowell, 2010). Therefore the question that spurred the development of the SDS was whether the inverse (thus assessing subjective distress rather than satisfaction) would similarly be an indication for subjective wellbeing. Theoretically (see Chapter Two), it was expected that high levels of reported subjective distress would negatively influence individual wellbeing. The implication thus being that the experience of less subjective distress would promote greater subjective wellbeing (Larsen, 2009; Cripps & Zyromski, 2009). Furthermore, as subjective wellbeing cannot be understood solely as the absence of subjective distress, the inclusion of the Trait

Well-Being Inventory provides validity evidence for the SDS by measuring subjective wellbeing through the evaluation of positive mood and general life satisfaction.

The SDS was initially piloted in 2010 with eleven items assessing for the prevalence of DSM-IV-TR (American Psychiatric Association, 2000) indicators for Generalized Anxiety Disorder (with four items representing worry and anxiousness respectively) and Major Depressive Episode (three items assessing depression). The initial item pool for the SDS achieved acceptable reliability ($\alpha = .87$), thus proving to be a fairly reliable measure for subjective distress. However, for the purpose of obtaining a shorter instrument with comparable reliability, three of the items with the lowest indicators of reliability were selected for deletion. The eliminated items thus resulted in a uni-dimensional scale of eight items (four measuring anxiety, three related to worry and one assessing depression) that was utilised for the present study.

The adapted SDS was observed to have a high internal consistency and test reliability ($\alpha = .906$) for the present study, thus proving to be a reliable measure for assessing subjective distress. Additionally, the SDS was observed to have a relationship with the Trait Well-Being Inventory (TWBI), and both its constituents, being positive mood level and general life satisfaction. Furthermore, the pattern of correlations between the SDS and TWBI were in the expected directions, with positive relationships between trait wellbeing, positive mood level and general life satisfaction and a negative relationship with subjective distress. Therefore the TWBI provides validity evidence that the SDS can be utilised as a measure for subjective wellbeing. Furthermore, it can be understood that subjective wellbeing is associated with positive affect (in terms of elevated mood levels and general life satisfaction) and an absence or decrease of negative affect (subjective distress). This interpretation is supported by literature as Larsen (2009, p.249) reported that “although different theorists define SWB [Subjective Wellbeing] differently, most SWB [Subjective Wellbeing] measures correlate highly with the ratio of PA [Positive Affect] to NA [Negative Affect] assessed over time, suggesting an emotional core to global subjective well-being”.

4.2.2 Relationship between subjective wellbeing and commitment

4.2.2.1 Demographic information

When considering the demographic information of the present study, such as gender, age, relationship status and description, significant differences were observed between male and female students and in terms of how the students reported their relationships (as either casual or committed). However, no significant differences were observed between students

of varying ages or with regards to students reporting being involved or uninvolved in a relationship.

For the present study, significant differences between male and female respondents in terms of positive mood level and trait wellbeing were observed. The Trait Well-Being Inventory assesses personal wellbeing in terms of positive mood level and general life satisfaction (Dalbert, 1992). Thus, it can be deduced that the observed gender differences in terms of positive mood level will similarly influence gender differences in trait wellbeing. As both positive mood level and trait wellbeing have significant influences on subjective wellbeing (Dalbert, 1992), the difference between males and females suggest that they experience wellbeing differently. Empirical gender research additionally highlights that reliable differences exist with regards to how men and women report wellbeing (Tesch-Römer, Motel-Klingebiel & Tomasik, 2008; Maccoby, 1998; Sen, 1996).

The findings from the present study suggest that females experience higher levels of positive mood level and trait wellbeing than males. Literature demonstrates ambiguous findings with regards to gender differences in terms of positive mood and trait wellbeing. Certain literature has suggested that gender differences in depression and anxiety disorders are prevalent (Piccinelli & Wilkinson, 2000; Dickstein, 2000) and that females tend to experience depression more than males (Gatewood, Huntsman, Davis & Utley, 2011). Furthermore, Usall and Rodié (2001) report that women usually experience depression worse in terms of probability of comorbidity and longer duration of episodes. Additionally, females are reported to be more affected by negative thoughts than positive thoughts, and are influenced more by negative mood states (such as anxiety and depression) than males (Boyle, 1989; Gatewood et al., 2011). Larsen (2009) further reports that negative stimuli impacts on attentional resources more so than positive stimuli, thereby demonstrating that negative affect has a stronger influence on subjective wellbeing than positive affect. However, some literature supports the present study's findings that women experience higher levels of positive mood and trait wellbeing, as "generally, women's more intense positive emotions balance their higher negative affect" (Fujita, Diener & Sandvik, 1991, p.431). Furthermore, several studies have reported that women tend to experience higher levels of positive mood and general happiness than men (Fujita et al., 1991; Piqueras, Kuhne, Vera-Villarroel, van Straten & Cuijpers, 2011; Nolen-Hoeksema & Rusting, 2003; Extremera, Dura'n & Rey, 2007). The studies of Brody and Hall (2000) and Extremera, Salguero and Fernández-Berrocal (2011) additionally report that women tend to be more emotional than men, which facilitates a greater intensity of positive mood and general happiness in women. In this regard, the findings from this study that women experience higher levels of positive mood and trait

wellbeing than men, contribute to the body of literature that report similar findings. It is important to note that a limitation for the interpretation of gender differences with regards to subjective wellbeing, is that the group size was unequal, with the majority of the students being female. Therefore, the findings cannot be generalised to the wider population and the interpretation is based on a relatively confined sample population.

Significant differences in positive mood level were also noted with regards to how the students described their romantic relationships (*casual or committed*). Students who described their relationship as 'committed' were observed to have higher levels of positive mood, than those who described their relationship as casual. The observed difference in positive mood level between casual and committed relationships suggest that students who report their relationships as being committed, experience greater levels of positive mood than those who report being in casual relationships. This finding is as expected and supported by literature, in terms of commitment being associated with positivity, support and optimistic relationship outcomes (Dailey et al., 2010; Etcheverry & Le, 2005). Additionally, positive mood level is correlated with life satisfaction, as life satisfaction is influenced by affective states (Pavot & Diener, 2008). Positive mood level is furthermore a determinant of subjective wellbeing, in terms of the emotional component of positive versus negative affect (Larsen, 2009). In this regard commitment within a relationship can be understood as being associated with higher levels of positive mood and thus additionally promotes greater subjective wellbeing.

4.2.2.2 Family influences on subjective distress and wellbeing

With regards to parental marital status, significant differences were observed in terms of positive mood level and trait well-being. Students who reported that their parents were still married, were more likely to report higher levels of positive mood than those whose parents were divorced. Additionally, the students who reported that their parents were remarried, were more likely to report higher levels of trait wellbeing than those whose parents were deceased. It should be taken into consideration that positive mood level has been identified as a correlate of life satisfaction and a determinant of trait wellbeing (Dalbert, 1992), thus additionally a determinant of subjective wellbeing. Therefore parental marital status may be understood as being a significant influential factor on the perceived life satisfaction and subjective wellbeing of young adults.

For the purpose of interpreting the impact of parental marital status on students, it must be taken into consideration that marital status, and the marital dyad in general, cannot be understood in isolation within the family system. The family system has a significant impact

on the marital dyad and vice versa (Visser, 2007). Similarly, the functioning and status of the marital dyad will have an impact on the offspring within the family system (Visser, 2007). Moreover, holistic family wellbeing and the interdependencies of family members influence the wellbeing of individual members (Winkelmann, 2004), whereas family conflict, injury or death influences individual ill-being (Joronen, 2005). In accordance with Systems Theory (Visser, 2007), it can thus be assumed that conflict, injury, death or any change within the marital dyad will have an impact on the family system as a whole, and on the individual members. Furthermore, the subjective perceptions of individuals are influenced by the family environment (Seligman, 1990), including the marital dyad. It can thus be assumed that individual positive mood levels are influenced by the functioning and status of the marital dyad as positive mood levels influence individual perceptions (Underwood & Froming, 1980).

Family stability, consistency and the predictability of events play an important role in the general wellbeing, satisfaction and adjustment of individuals (Joronen, 2005; Ivanova & Israel, 2005). Moreover, the status and functioning of the marital dyad acts as a role model for children (Feng, Giarrusso, Bengston & Frye, 1999). Individuals that are exposed to models of satisfying relationships (such as happily married and healthy functioning parents), are more likely to have positive perspectives of commitment – with commitment involving love and stability (Amato & DeBoer, 2001). Stroud, Durbin, Wilson and Mendelsohn (2011) reported that the functioning of the marital dyad ‘spills over’ and has a significant effect on the offspring. Thus, the behaviour, emotions and mood that encapsulate the marital dyad are transferred to the parent-child relationship (Stroud et al., 2011; Katz & Gottman, 1996). In this sense it can be understood that marital status, and the emotions, mood and behaviour associated with that status, can be transferred and may influence the positive mood levels and trait wellbeing of individuals.

In terms of one’s marital status, “married people have a higher subjective wellbeing than singles, divorced, separated or widowed” individuals (Conceição & Bandura, 2008). Blanchflower and Oswald (2004) have additionally reported that subjective wellbeing is higher among individuals whose parents have never been divorced. Divorce has been found to have a significantly negative effect on subjective wellbeing (Winkelmann, 2004). The correlation between subjective wellbeing and marital status has been reported to be similar across a variety of cultures worldwide, in which “married persons experienced more positive emotions, and fewer negative emotions, than divorced or separated persons” (Diener, Gohm, Suh & Oishi, 2000, p.432). Parental divorce has been reported to have negative effects on subjective wellbeing in adulthood (Dolan, Peasgood & White, 2008). Additionally, the remarriage of one’s parent who has been widowed has more of a negative impact on

subjective wellbeing in adulthood than the remarriage of a parent after divorce (Biblarz & Gottainer, 2000). In this regard, “stable and secure intimate relationships are beneficial for well-being and the dissolution” (Dolan et al., 2008, p.107).

All the results for any reported form of relationship to the students’ parents were found to be significant. Therefore, any form of relationship that the students reported experiencing with their parents has an impact on the student’s life in terms of positive mood level; general life satisfaction; trait wellbeing and subjective distress. The significance of the findings can be understood in accordance with systems theory, as the family unit is an interconnected and interdependent system, constituted by interrelated and influential sub-systems, such as the marital dyad (Visser, 2007). The family system is additionally understood as a socialization unit (Weigel, Bennett & Ballard-Reisch, 2003; Nam, 2003) in which attitudes, values and behaviours can be transmitted through generations - parents to children (Weigel et al., 2003). Moreover, the structure, organization and transactional patterns of the family (including relationship with one’s parents) are important factors in determining and shaping the behaviour of family members (Epstein, Ryan, Bishop, Miller & Keitner, 2003). Therefore the family system, specifically the role of parents, can be seen as establishing a foundation for individuals from where they learn how to function and establish relationships with others in terms of important relationship dynamics such as communication, respect and affection (Weigel et al., 2003).

To further explore and understand the significance of student’s relationships with their parents, additional investigations were conducted to analyse the influence of reported negative parent relationship descriptions (*complicated and tense* and *distant and uninvolved*) and reported positive parent relationship descriptions (*uncomplicated and supportive* and *close and involved*).

(a) Negative parent relationship descriptions: *Complicated and tense* and *Distant and uninvolved*

The findings indicated that the general life satisfaction of students who reported negative relationships with their parents was significantly affected. Thus, students who reported ‘distant and uninvolved’ parent relationships tend to experience less general life satisfaction than those reporting ‘complicated and tense’ parent relationships. In this regard, negative parent relationships seem to have a greater impact on the general life satisfaction of students than any short-term affective state such as mood level and distress. Literature supports this interpretation as negative stimuli have a stronger impact on individuals than positive stimuli and thus have a greater influence on cognitive perceptions of life satisfaction

(Larsen, 2009). Furthermore, general life satisfaction is associated with individual perception of family dynamics, such that negative parent relations have been associated with individual ill-being (Joronen, 2005).

The finding that 'distant and uninvolved' parent relationships are associated with less general life satisfaction than 'complicated and tense' parent relationships may be an indication that any relationship, even if it is complicated and tense, is better than 'no' relationship (distant and uninvolved) with parents. This interpretation is supported by literature, with the association of satisfaction to familial involvement (Joronen, 2005) and by the notion that satisfaction is not equated solely to an absence of negative affect (Larsen, 2009).

Additionally, it is worthy to note that the results for positive mood level and the experience of subjective distress were similar for students who reported negative parent relationships. Thus it can be interpreted as evidence that the Subjective Distress Scale measures a construct more similar to positive mood than general life satisfaction and trait wellbeing. Therefore, the Subjective Distress Scale seemingly measures constructs related more to affective and temporary states of being, rather than long-term subjective distress associations. The similarity between the two scales provides evidence for the earlier interpretation that negative stimuli (subjective distress) have a greater impact on affective responses (mood) than positive stimuli (Larsen, 2009, p.251).

(b) Positive parent relationship descriptions: *Uncomplicated and supportive* and *Close and involved*

The findings indicated that the positive mood level and trait wellbeing of students, are significantly affected by the experience of positive parent relationships. This finding can be interpreted as evidence of how positive family relationships influence the experience of subjective positive mood levels and trait wellbeing. Moreover, it is reported in the literature that the family system (thus including one's relationship with their parents) has a fundamental impact on the individual; therefore a positive parent relationship can serve as a protective factor for individuals (Hawley & DeHaan, 1996). The family resilience framework (Walsh, 2003) further supports the interpretation of positive parent relationships serving as a personal resource and protective factor for individuals and additionally promoting personal wellbeing. Furthermore, the finding that the positive mood level and trait wellbeing of students are significantly affected by positive parent relationships, can be interpreted as evidence of individual's cognitive perceptions (in terms of positive thinking, attitude towards life and satisfaction and wellbeing) being influenced by nurturing systems (Seligman, 1990).

In essence, healthy family functioning (including a positive parental relationship) enhances family commitment (Walsh, 2003; Boss, 2002) and thus promotes subjective wellbeing (Almeida, 2005; Walsh, 1996).

The findings of the present study additionally demonstrate that students who reported a 'close and involved' relationship with their parents experienced higher levels of positive mood and trait wellbeing, than those reporting an 'uncomplicated and supportive' parent relationship. In this regard, a 'close and involved' parent relationship seems to have a stronger influence on individual perceptions and their prevailing affect in terms of positive mood and trait wellbeing. A 'close and involved' parental relationship can thus be interpreted as having the capacity to generate more positive outcomes for an individual than an 'uncomplicated and supportive' parent relationship. Literature such as the research of Fiese, Foley and Spagnola (2006, p.87) support this finding with regards to "being emotionally involved and genuinely committed to learning about daily activities of others will likely result in feelings of belonging and group cohesiveness". Moreover, a sense of belonging and connectedness fosters commitment (Walsh, 2003). In essence, students reporting a 'close and involved' parent relationship may experience a greater sense of belonging, cohesiveness and connectedness amongst family members. Furthermore, greater levels of commitment may be fostered, in terms higher cohesion and more meaningfulness. Benard (1991) additionally indicated that positive parent relationships provide opportunities for children to participate meaningfully within the family, which can thus explain the elevated meaningfulness associated with a 'close and involved' parent relationship.

4.2.2.3 Association between subjective distress, wellbeing and family commitment

The findings of the present study indicated that all the expected relationships between subjective distress, wellbeing and family commitment are significant and in the anticipated directions (see Chapter One, Section 1.9). In this regard, the survey measured what it intended to in terms of the operational measures relating with the theoretical concepts investigated (Burton & Mazerolle, 2011). Thus legitimate conclusions can be drawn from the findings of the present study even without criterion or content being accepted as adequate (Burton & Mazerole, 2011).

The relationship between subjective distress and family commitment was observed as significant and in the expected direction. Thus, subjective distress displayed a positive

relationship with both independence (*quality of alternatives*) and loyalty¹⁷ (*quality of alternatives*), and a negative relationship to commitment level, cohesion and meaningfulness. In essence, the more subjective distress experienced by an individual, the greater the desirability to look outside of the family system for need fulfilment, which may contribute to the experience of less loyalty to the family of origin. Additionally, the findings suggest that subjective distress is associated with greater independence in terms of individual's seeking to spend more time away from their family than with them. Furthermore, students experiencing greater levels of subjective distress would additionally experience lower levels of family commitment, cohesion and meaningfulness. Conversely, little or no family commitment, cohesion and meaningfulness may foster increased levels of subjective distress (Hassan et al., 2012; Ivanova & Israel, 2005; Overbeek et al., 2003).

The findings of the present study additionally indicate that the relationship between trait wellbeing, general life satisfaction and positive mood level was as expected, with regards to interdependently influencing each other in a positive manner. In this regard, high levels of trait wellbeing experienced by individuals would promote greater general life satisfaction and positive mood, and vice versa for both general life satisfaction and positive mood. However, it was additionally observed that general life satisfaction has a stronger relationship with trait wellbeing than positive mood level. This finding could possibly be attributed to positive mood level being a prevailing state of affect that is habitual or temporary (Underwood & Froming, 1980), whereas general life satisfaction displays elevated levels of stability in young adulthood (Larsen, 2009). Moreover, general life satisfaction is understood as a holistic cognitive judgement of one's life that is influenced by positive mood level (Pavot & Diener, 2008; Dalbert, 1992). Thus, the finding that general life satisfaction has a stronger correlation to trait wellbeing than positive mood level suggests that general life satisfaction is more consistent, encompassing and holistic than positive mood level. In essence, individual wellbeing facilitates higher levels of family commitment in terms of family cohesion, meaningfulness and loyalty, and decreases the need for alternative need fulfilment, and vice versa. Conversely, it can be understood that family commitment has an impact¹⁷ on subjective wellbeing. In this regard, subjective wellbeing has a significant relationship with commitment.

4.2.3 Summary of findings

The objective of the present study was to develop a checklist that would assess the negative association of commitment to indices of mental ill-health and to investigate the relationship

¹⁷ It needs to be taken into consideration that loyalty was measured inversely, thus a high score would indicate low levels of loyalty to family of origin. Similarly, a low score would be suggestive of high levels of loyalty to one's family of origin.

between family commitment and subjective wellbeing. The findings indicated that the Subjective Distress Scale has a strong relationship with the Trait Well-Being Inventory and a significant relationship to family commitment. Therefore it supports the objective that the SDS can be used to measure the negative association of commitment to mental ill-health indices. Furthermore, the relationships between subjective distress, wellbeing and family commitment were observed as significant and in the expected directions (see figure 4.1 below), thus indicating that family commitment has a significant relationship with subjective wellbeing.

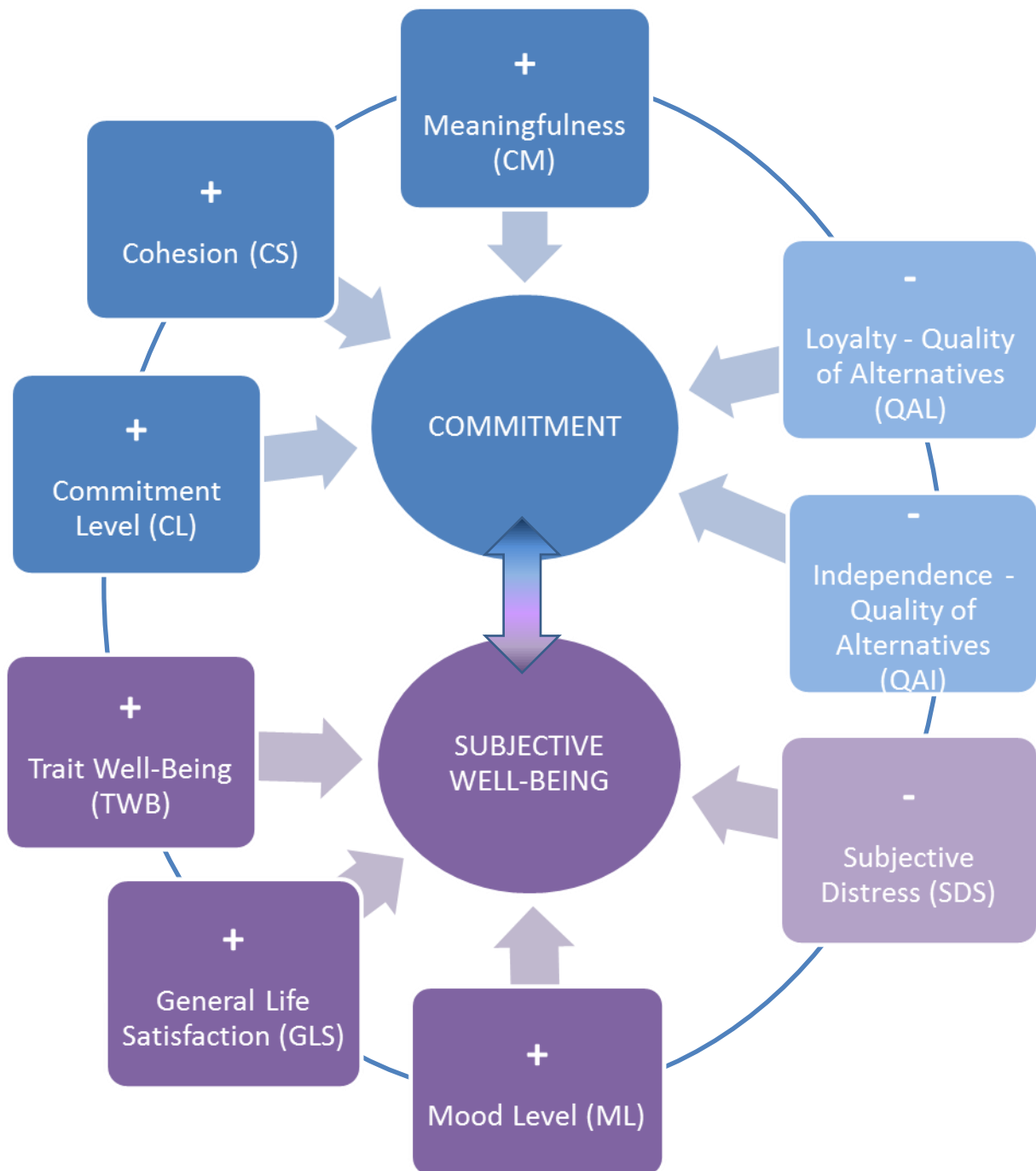


Figure 4.1: Relationship between Family Commitment and Subjective Well-Being

4.3 CONTRIBUTION OF THE STUDY

The present study has contributed to literature in several ways. Firstly, this study has presented the Subjective Distress Scale (SDS) as a newly developed eight item checklist that assesses the negative association of commitment to indices of mental ill-health. The predominant existing subjective wellbeing measures assess the positive association of commitment indices of mental health, such as satisfaction and positive mood (McDowell, 2010; Dalbert, 1992). The findings of the present study have indicated that the SDS is a reliable measure as it demonstrates high internal consistency. Moreover, the findings of this study have indicated that the SDS is correlated to the Trait Well-Being Inventory (Dalbert, 1992), thus additionally providing validity evidence for the SDS. In this regard, the SDS may tentatively serve as a reliable and valid inverse measurement for subjective wellbeing through the assessment of subjective distress. In this regard, the SDS contributes to existing literature on subjective wellbeing measures in terms of showing promise as a short and reliable measurement for subjective wellbeing.

The SDS further contributes to literature in terms of the assessment of subjective distress through item indicators for Generalized Anxiety Disorder and Major Depressive Episode (American Psychiatric Association, 2000). Thus, the GAD and MDE item indicators for subjective distress contribute to the existing body of literature regarding anxiety and depression as determinants of subjective distress (Gallagher et al., 2009; Cripps & Zyromski, 2009; Stewart et al., 1998).

Secondly, the present study has provided significant findings suggesting that family commitment has a relationship with subjective wellbeing. One of the implications of the relationship between family commitment and subjective wellbeing is the contribution to gender difference studies, in terms of female students displaying higher levels of positive mood and trait wellbeing than males. This finding can be a minor addition to the ambiguous literature in terms of how subjective wellbeing is experienced by males and females differently. Additionally, the findings of the present study have indicated that all four of the parent relationship description categories (*uncomplicated and supportive; complicated and tense; distant and uninvolved; close and involved*) have significant influences on students' experiences of positive mood levels, general life satisfaction, trait wellbeing and subjective distress. This finding highlights the fundamental influence that child-parent relationships have on individual wellbeing, thus contributing to both family assessment and therapy practices. Thus, the categories describing parent relationships can possibly be used for family assessment or therapy purposes as quick references for gathering information on parent-child relationships.

Thirdly, the findings from the present study lend credence to the field of family therapy in terms of theories such as Bowen's Intergenerational family theory regarding the influence of family commitment on individual wellbeing and resilience. Bowen's Intergenerational family theory is frequently used in current research to examine parent-child relationships and all other generational family relationships (Wilkinson, Khurana & Magora, 2013; Birditt, Tighe, Fingerman & Zarit, 2012; MacKay, 2012). Additionally, the findings provide support for the importance of assessing and intervening with families from a family resilience framework and are in line with current strength-based approaches to family intervention. In this regard, assessment and intervention strategies should consider family functioning, particularly with regards to family belief systems, organizational patterns and communication (Walsh, 2003), in order to foster personal and family resilience. Thus, the enhancement of healthy family functioning and promotion of family commitment should in turn facilitate greater individual resilience and subjective wellbeing.

4.4 LIMITATIONS OF THE STUDY

There are several limitations to the present study. Firstly, the different subgroups in this study were unequal, therefore restricting the comparability of groups. Thus the exploration of the demographic variables such as gender and romantic relationship descriptions (*casual or committed*) are rendered as tentative. Secondly, the sample population was restricted to university students between the ages of eighteen and twenty five, thus not reflective of the general population and limiting the findings of the study to the sample. Thirdly, the findings of the present study are additionally limited with regards to the depth of information gathered due to the data gathered, being numerical and quantifiable in nature. Therefore further research can be done to investigate the factors and relationships that influence the significant correlations of the present study.

4.5 RECOMMENDATIONS FOR FUTURE RESEARCH

The present study brought forth a variety of significant findings that can provide some directions for future research:

- The present study yielded interesting results with regards to demographic variables such as gender and romantic relationship descriptions, yet the interpretations were rendered as tentative due to the different subgroups being unequal. Thus, a recommendation for future research would be a replication with a more equal sample population to clarify tentative interpretations.

- The sample population of the present study was also limited to university students between the ages of eighteen and twenty five, thus a replication of the study with a larger and more diverse sample population would improve the statistical power of the interpretations.
- The present research was formulated as a quantitative study with a cross-sectional correlational design. Thus future qualitative or mixed method approaches would provide more depth and a richer understanding of the relationship between constructs.

The present study investigated the relationship between family commitment and subjective wellbeing and found it significant. In this regard, family dynamics and commitment have an important influence on how individuals experience wellbeing. Additionally, this study contributed the development of the Subjective Distress Scale which was observed as being a reliable measurement of subjective wellbeing.

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APPENDICES

Appendix A:	
Informed Consent.....	98
Appendix B:	
Demographic Sheet.....	100
Appendix C:	
Questionnaire.....	102
Appendix D:	
DSM-IV for Generalised Anxiety Disorder (GAD) and Major Depressive Episode (MDE).....	110
Appendix E:	
Trait Well-Being Inventory.....	113
Appendix F:	
Ranks for sex of respondents.....	113
Appendix G:	
Ranks for age of respondents.....	117
Appendix H:	
Ranks for relationship involvement.....	119
Appendix I:	
Ranks for relationship description (casual/committed).....	121
Appendix J:	
Ranks for parent marital status.....	123
Appendix K:	
Ranks for relationship with parents.....	125
Appendix L:	
Ranks for negative parents relationship (complicated and tense & distant and uninvolved).....	127
Appendix M:	
Ranks for positive parent relationship (uncomplicated and supportive & close and involved).....	129
Appendix N:	
Ethical Clearance Certificate.....	131

Appendix A:

Informed Consent



Faculty of Education

Dear Participant,

We would like to invite you to participate in a study about justice, family commitment and relations, meaningfulness and personal well-being. We are student-researchers who are conducting research to fulfill the requirements for completion of a dissertation in the MEd (Educational Psychology) degree. We are interested in understanding how personal beliefs, family experiences and family functioning can impact on the way young adults perceive relationships with their family of origin. The results of this study will be presented in a mini-dissertation and may be submitted for publication in an academic journal.

Although we will ask you questions about your gender, age and other personal information, it is very important for you to note that this study is completely anonymous and we will not gather any information that will allow you to be identified by anyone. You do not have to record your name anywhere on the questionnaire your identity will remain anonymous to us, or anyone else at the University. We analyse the data statistically and therefore we can assure you of complete anonymity.

Your participation remains voluntary, meaning you do not have to participate if you don't want to. If you decide not to participate, you can simply return an empty questionnaire so it can be used at another time for another participant, but we hope you will assist us with this study. If you agree to assist us with this study, please complete the attached questionnaire carefully. It should take about 40 minutes of your time. We are not aware of any risk related to participating in this anonymous study, and completing this questionnaire does not carry any significant risk beyond that which you may encounter as a result of daily life.

There are some questions that are more personal than others, and that may trigger negative emotions. If you find this to be the case, please write down your **cellphone number only** on the questionnaire before returning it, and we will sms you the name and contact number of the campus counsellor.

This study was reviewed and has received approval from the Faculty of Education Ethics Committee. If you have any questions about the study, you are welcome to contact the Ethics committee (ethics.education@up.ac.za).

Yours Sincerely



Dr Salomé Human-Vogel

Mikhail Jansen

Melina Georgiou

Tina Sofocleous

Appendix B:

Demographic Sheet

DEMOGRAPHIC INFORMATION

1. What is your sex? Male Female V1

2. How old are you (completed years)? _____ years V2

3. What is your home language? (If more than one, choose language spoken most) V3

Afrikaans English Sepedi IsiZulu

Sesotho SiSwati IsiXhosa IsiNdebele

Setswana Tshivenda Xitsonga Other

If other, please specify: _____

4. What is the highest qualification you have completed? V4

Grade 10 Grade 11 Grade 12/Senior Certificate Degree/ Diploma (Matric + 3 years)

Honours (Matric + 4 years) Masters (Matric + 5 years) Doctoral

5. Are you involved in a relationship? Yes No V5

If yes, how would you describe this relationship? Casual Committed V6

6. What is your parents' marital status? V7

Married Separated Divorced Remarried

Deceased

7. How would you describe your relationship with your parents in general? _____ V8

Uncomplicated	1	Complicated	2	Distant	3	Close	4
Supportive		Tense		Uninvolved		Involved	

Appendix C:

Questionnaire

8. Please indicate how you feel about aspects of your life in general. Make sure you answer **each item**. Pay **close attention** because the meaning of some items are **reversed**:

	Strongly disagree	Disagree	Slightly disagree	Slightly Agree	Agree	Strongly Agree	
My life could hardly be happier than it is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V9
I usually feel quite cheerful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V10
I believe that much of what I hope for will be fulfilled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V11
When I think back on my life so far, I have achieved much of what I aspire to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V12
I consider myself a happy person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V13
I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V14
I think that time will bring some more interesting and pleasant experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V15
I am not as cheerful as most people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V16
I am satisfied with my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V17
I'm not often really in a good mood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V18
I generally look at the sunny side of life.							V19
When I look back on my life so far, I am satisfied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V20
I usually feel as though I'm bubbling over with joy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V21
I get anxious about things more than I want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V22
I feel like I want to cry all the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V23
I can't stop worrying about small things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V24
I find it hard to control my anxiety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V25
I worry about most things in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V26
Worrying so much makes me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V27

tired.

I get so anxious that I find it difficult to think. V28

I tend to get so nervous that I tremble. V29

9. Please indicate whether you agree with the following statements. Make sure that you circle an **answer for each item**. Pay **close attention** because the meaning of some items are **reversed**.

	Strongly disagree	Disagree	Slightly disagree	Slightly Agree	Agree	Strongly Agree	
In my family we...							
talk through differences respectfully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V30
largely ignore each other except for occasional attacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V31
attack each other personally in an argument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V32
value arguing as a way of resolving issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V33
accept someone else's point of view even if we don't agree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V34
try hard to persuade each other of our own point of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V35
try to inflict pain on each other during arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V36
are emotionally uninvolved with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V37
we love each other even though we have strong arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V38
express our differences loudly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V39
are aggressive (verbally/physically) during disagreements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V40
can't stand each other so we prefer to avoid each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V41
are comfortable with having heated arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V42
disrespect and insult each other when disagreeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V43
prefer not to be involved in each other's lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V44
believe in openly discussing issues to resolve them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V45

we show understanding for each other even when we disagree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V46
we can argue passionately about our differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V47
criticise or blame each other during disagreements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V48
ignore each other during times of conflict.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V49
In my family we...							
	Strongly disagree	Disagree	Slightly disagree	Slightly Agree	Agree	Strongly Agree	
discuss matters calmly and listen to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V50
enjoy having a good argument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V51
have to continually defend ourselves strongly in arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V52
try to hurt people by ignoring what is important to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V53
try to find a compromise that suits all of us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V54
we don't feel intimidated by strong arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V55
never really address the contempt we feel for each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V56
we feel energised when we have strong disagreements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V57
listen to each others' point of view during an argument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V58

10. Please indicate whether you agree with the following statements about justice in your life. Make sure that you circle an **answer for each item**. Pay **close attention** because the meaning of some items are **reversed**.

	Strongly disagree	Disagree	Slightly disagree	Slightly Agree	Agree	Strongly Agree	
I believe that, by and large, I deserve what happens to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V59
I am usually treated fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V60
I believe that I usually get what I deserve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V61
Overall, events in my life are just.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V62

In my life injustice is the exception rather than the rule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V63
I believe that most of the things that happen in my life are fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V64
I think that important decisions that are made concerning me are usually just.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V65

11. Please indicate whether you agree with the following statements about justice in the world generally. Make sure that you circle an answer for **each** item. Pay **close attention** because the meaning of some items are **reversed**.

	Strongly disagree	Disagree	Slightly disagree	Slightly Agree	Agree	Strongly Agree	
I think basically the world is a just place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V66
I believe that, by and large, people get what they deserve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V67
I am confident that justice always prevails over injustice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V68
I am convinced that in the long run people will be compensated for injustices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V69
I firmly believe that injustices in all areas of life (e.g., professional, family, politic) are the exception rather than the rule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V70
I think people try to be fair when making important decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V71

12. The following statements concern your feelings and thoughts about your parents and siblings. Please indicate to what extent you agree with the statement. Make sure you answer **each** statement. Pay **close attention** because the meaning of some items are **reversed**.

	Strongly disagree	Disagree	Slightly disagree	Slightly Agree	Agree	Strongly Agree	
I feel very involved with my family of origin – I put a lot of time into my relationships with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V72
Compared to other people I know, I have invested a lot in my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V73
I am committed to keeping my family together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V74
I feel very attached to my family –	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V75

very strongly linked together.

My family makes me very happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V76
I want relationships with my family to last forever.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V77
I have invested a lot in family relationships that I would lose if my family were to fall apart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V78
In my family we can depend on each other for love and support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V79
I feel like I belong in my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V80
In my family we feel committed to other family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V81
In my family we can always count on each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V82

	Strongly disagree	Disagree	Slightly disagree	Slightly Agree	Agree	Strongly Agree	
I would be as happy with any other family than my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V83
It is likely that I will break contact with my family members within the next year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V84
My needs for support and belonging could easily be fulfilled by any other family than my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V85
I would not feel very upset if I were to lose my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V86
Another family could have done a much better job of raising me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V87
If I could, I would choose to have a different family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V88
I would be much better off with another family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V89

	Strongly disagree	Disagree	Slightly disagree	Slightly Agree	Agree	Strongly Agree	
The alternatives to my family are close to ideal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V90
My alternatives to my family are attractive to me (work, spending time with friends or on my own, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V91

I prefer to spend time with friends rather than with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V92
The prefer the company of my friends to that of my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V93
I would rather spend more time getting to know other people than spending time with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V94
I rather want to pursue my own interests than spend time with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V95
	Strongly disagree	Disagree	Slightly disagree	Slightly Agree	Agree	Strongly Agree	
My relationships with my family would be complicated if my family were to fall apart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V96
My family is much better than others' family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V97
Many aspects of my life are linked to my family (recreational activities, etc) and I would lose all this if I were to lose my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V98
I rely a lot on my family members for love and support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V99
If I lost my family, I would lose my greatest source of support and belonging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V100
I can hardly imagine my life without the love and support of my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V101
My daily life is so connected to my family, I would feel empty without them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V102
Hardly a day goes by that I do not talk to one of my family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V103
My family members are my greatest supporters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V104

13. The following statements concern your feelings and thoughts about your parents and siblings. Please indicate to what extent you agree with the statement. Make sure you answer **each** statement. Pay **close attention** because the meaning of some items are **reversed**.

Strongly disagree Disagree Slightly disagree Slightly Agree Agree Strongly Agree

My family plays an important role in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V105
My family's perspective is important to me when I have to take big decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V106
My family is not a meaningful part of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V107
Overall, my family adds meaning to my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V108
My family allows me to express myself freely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V109
My family has helped to shape who I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V110
My family encourages me to be who I want to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V111
My family does not accept me for who I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V112

THANK YOU!

PLEASE GO BACK AND MAKE SURE YOU DID NOT SKIP ANY ITEMS

Appendix D:

DSM-IV for Generalised Anxiety Disorder (GAD) and Major Depressive Episode (MDE)

*DSM-IV-TR Criteria for Generalized Anxiety Disorder (GAD)**

DSM-IV-TR diagnostic criteria for generalized anxiety disorder are as follows:

A. Excessive anxiety and worry (apprehensive expectation), occurring more-days-than-not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The person finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more-days-than-not for the past 6 months).

1. restlessness or feeling keyed up or on edge
2. being easily fatigued
3. difficulty concentrating or mind going blank
4. irritability
5. muscle tension
6. sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

D. The focus of the anxiety and worry is not confined to features of other Axis I disorder (such as social phobia, OCD, PTSD etc.)

E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

F. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism), and does not occur exclusively during a mood disorder, psychotic disorder, or a pervasive developmental disorder.

*DSM-IV-R Symptom Criteria for Major Depressive Episode (MDE)**

A. At least five of the following symptoms have been present during the same 2-week period and represent a change from previous functioning: at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day, as indicated either by subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful)
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation made by others)
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day
4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
6. Fatigue or loss of energy nearly every day
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide

B. The symptoms do not meet criteria for a mixed episode.

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The symptoms are not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

E. The symptoms are not better accounted for by bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional

Impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

*Extracted from: American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders (4th Ed., Text Revision)*. Washington DC: American Psychiatric Association.

Appendix E:

Trait Well-Being Inventory

Mood level items

ML 1 I usually feel quite cheerful.

ML 2 I consider myself a happy person.

ML 3 I am not as cheerful as most people.

ML 4 I'm not often really elated.

ML 5 I generally look at the sunny side of life.

ML6 I usually feel as though I'm bubbling over with joy.

General life satisfaction items

GLS 1 My life could hardly be happier than it is.

GLS 2 I believe that much of what I hope for will be fulfilled.

GLS 3 When I think back on my life so far, I have achieved much of what I aspire to do.

GLS 4 I am satisfied with my life.

GLS 5 I think that time will bring some more interesting and pleasant experiences.

GLS 6 I am satisfied with my situation.

GLS 7 When I look back on my life so far, I am satisfied.

Appendix F:

Ranks for sex of respondents

Ranks for sex of respondents

Ranks

	Sex	N	Mean Rank	Sum of Ranks
Mood Level	Male	37	80.92	2994.00
	Female	166	106.70	17712.00
	Total	203		
General Life Satisfaction	Male	38	89.47	3400.00
	Female	163	103.69	16901.00
	Total	201		
Subjective Distress	Male	37	85.04	3146.50
	Female	163	104.01	16953.50
	Total	200		
Trait Well-Being	Male	37	80.03	2961.00
	Female	163	105.15	17139.00
	Total	200		

Appendix G:

Ranks for age of respondents

Table indicating the ranks in terms of the age of the respondents

Ranks				
	Age group	N	Mean Rank	Sum of Ranks
Mood Level	1.00	86	95.14	8182.00
	2.00	107	98.50	10539.00
	Total	193		
General Life Satisfaction	1.00	86	98.08	8435.00
	2.00	105	94.30	9901.00
	Total	191		
Subjective Distress	1.00	85	97.15	8257.50
	2.00	106	95.08	10078.50
	Total	191		
Trait Well-Being	1.00	86	96.24	8276.50
	2.00	104	94.89	9868.50
	Total	190		

Appendix H:

Ranks for relationship involvement

Ranks for Relationship involvement:

		Ranks		
	Relationship Involvement	N	Mean Rank	Sum of Ranks
Mood Level	Yes	111	94.50	10490.00
	No	91	110.03	10013.00
	Total	202		
General Life Satisfaction	Yes	110	97.76	10754.00
	No	90	103.84	9346.00
	Total	200		
Subjective Distress	Yes	109	103.20	11248.50
	No	90	96.13	8651.50
	Total	199		
Trait Well-Being	Yes	109	95.12	10368.50
	No	90	105.91	9531.50
	Total	199		

Appendix I:

Ranks for relationship description (casual/committed)

Ranks for Relationship description (Casual / Committed):

		Ranks		
	Relationship Description	N	Mean Rank	Sum of Ranks
Mood Level	Casual	21	41.43	870.00
	Committed	90	59.40	5346.00
	Total	111		
General Life Satisfaction	Casual	21	50.19	1054.00
	Committed	88	56.15	4941.00
	Total	109		
Subjective Distress	Casual	20	56.88	1137.50
	Committed	88	53.96	4748.50
	Total	108		
Trait Well-Being	Casual	21	44.19	928.00
	Committed	88	57.58	5067.00
	Total	109		

Appendix J:

Ranks for parent marital status

Ranks for parent marital status

	Ranks		
	Parent Marital Status	N	Mean Rank
Mood Level	1	128	108.23
	2	25	78.78
	3	17	69.82
	4	8	104.06
	5	18	81.33
	Total	196	
General Life Satisfaction	1	128	101.92
	2	24	94.17
	3	17	85.35
	4	8	119.88
	5	17	70.53
	Total	194	
Subjective Distress	1	126	91.23
	2	24	101.71
	3	17	119.26
	4	8	112.88
	5	18	103.03
	Total	193	
Trait Well-Being	1	127	105.81
	2	24	82.42
	3	17	74.97
	4	8	113.69
	5	17	65.91
	Total	193	

- 1 – Married
- 2 – Separated
- 3 – Divorced
- 4 – Remarried
- 5 - Deceased

Appendix K:

Ranks for relationship with parents

Ranks for respondent's relationship with parents

	Ranks		
	General Relationship	N	Mean Rank
Mood Level	1	85	94.18
	2	13	79.50
	3	14	52.61
	4	89	118.26
	Total	201	
General Life Satisfaction	1	85	96.70
	2	14	108.86
	3	14	48.64
	4	87	111.21
	Total	200	
Subjective Distress	1	83	102.57
	2	13	106.92
	3	14	136.93
	4	88	89.56
	Total	198	
Trait Well-Being	1	85	93.98
	2	13	85.35
	3	14	48.50
	4	87	116.36
	Total	199	

- 1 – Uncomplicated and Supportive
- 2 – Complicated and Tense
- 3 – Distant and Uninvolved
- 4 – Close and Involved

Appendix L:

Ranks for negative parents relationship
(complicated and tense & distant and uninvolved)

Ranks for negative parent relationship
(complicated and tense and distant and uninvolved)

Ranks				
	Negative Relationship	N	Mean Rank	Sum of Ranks
Mood Level	2	13	15.85	206.00
	3	14	12.29	172.00
	Total	27		
General Life Satisfaction	2	14	18.46	258.50
	3	14	10.54	147.50
	Total	28		
Subjective Distress	2	13	12.46	162.00
	3	14	15.43	216.00
	Total	27		
Trait Well-Being	2	13	16.81	218.50
	3	14	11.39	159.50
	Total	27		

2 – Complicated and Tense

3 – Distant and Uninvolved

Appendix M:

Ranks for positive parent relationship
(uncomplicated and supportive & close and
involved)

Ranks for positive parent relationship
(uncomplicated and supportive and close and involved)

Ranks				
	Positive Relationship	N	Mean Rank	Sum of Ranks
	1	85	76.49	6501.50
Mood Level	4	89	98.02	8723.50
	Total	174		
	1	85	80.12	6810.00
General Life Satisfaction	4	87	92.74	8068.00
	Total	172		
	1	83	91.89	7626.50
Subjective Distress	4	88	80.45	7079.50
	Total	171		
	1	85	76.63	6513.50
Trait Well-Being	4	87	96.14	8364.50
	Total	172		

1 – Uncomplicated and Supportive

4 – Close and Involved

Appendix N:

Ethical Clearance Certificate



RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE

DEGREE AND PROJECT

INVESTIGATOR(S)

DEPARTMENT

DATE CONSIDERED

DECISION OF THE COMMITTEE

CLEARANCE NUMBER :

UP 11/05/07

MEd

Investigating commitment to the family of origin as a correlate of subjective wellbeing

Melina Georgiou

Educational Psychology

28 October 2013

APPROVED

Please note:

For Masters applications, ethical clearance is valid for 2 years

For PhD applications, ethical clearance is valid for 3 years.

**CHAIRPERSON OF ETHICS
COMMITTEE**

Prof Liesel Ebersöhn

DATE

28 October 2013

CC

Jeannie Beukes

Liesel Ebersöhn

Dr S Human-Vogel

This ethical clearance certificate is issued subject to the following condition:

1. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.

Please quote the clearance number in all enquiries.