

**THE RELATIONSHIP BETWEEN ADOLESCENT
WELL-BEING AND COMMITMENT
TO FAMILY-OF-ORIGIN**

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**The relationship between adolescent well-being
and commitment to family-of-origin**

by

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DECLARATION OF ORIGINALITY

I, Faye Denise Turner (student number: 23087472) hereby declare that the mini-dissertation, which I hereby submit for the degree Masters in Educational Psychology at the University of Pretoria, that all the resources consulted are included in the reference list and that this study titled:

The relationship between adolescent well-being and commitment to family-of-origin

is my origin work. This mini-dissertation was not previously submitted by me for any degree at another tertiary institution.

A handwritten signature in black ink, appearing to be 'F. D. Turner', written over a horizontal line.

F. D. Turner

30 November 2015

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SUMMARY

Research is burgeoned with the association between adolescent mental health and family cohesion and connectedness (White, Shelton &, Elgar, 2013; Jose, Ryan &, Pryor, 2012; Jagers, Church, Tomek, Hooper, Bolland &, Bolland, 2014) where the family can be seen as a moderating risk factor that can enhance resilience (Maynard &, Harding, 2010; Fergus &, Zimmerman, 2005).

In the present study I explored the relationship between family commitment and adolescent well-being with the main research question, “What is the relationship between family commitment and adolescent well-being?” In order to answer this question, I formulated a secondary question namely; “Does commitment and well-being vary as a result of sex, parents’ marital status and participants’ relationship with their parents?” For the present study, I adopted a quantitative methodological approach to secondary data analysis, as numerical data and statistical analyses were used to explore the relationship between the variables. The sample was conveniently sampled and consisted of adolescents in a high school setting between the ages of 16 and 18 years. Data was collected via the administration of a questionnaire which comprised of the Family Commitment Scale (FCS) and the Trait Well-being Inventory (TWBI). The reliability analyses confirmed that both the FCS ($\alpha = .930$) and the TWBI ($\alpha = .878$) have moderate to high Cronbach alpha’s and are therefore reliable measures. Non-parametric statistical analyses were conducted to answer the primary research question, through the two stated hypotheses. The results proved that both null hypotheses could be rejected in favour of the alternative, thus indicating that there is a significant relationship between family commitment and well-being and that participants’ perceptions of their relationship with their parents significantly impacts their perceptions of their family commitment and overall well-being. The findings of the present study contribute to the utility of the Family Commitment Scale in measuring family commitment and add to the literature on adolescent well-being and commitment to family-of-origin.

Keywords: adolescence, well-being, commitment, family-of-origin

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CHAPTER 1

INTRODUCTION, BACKGROUND, PROBLEM STATEMENT, RATIONALE, CONCEPTUAL FRAMEWORK AND RESEARCH METHODOLOGY

1.1 INTRODUCTION

The family system provides a crucial context which both impacts and enhances children's well-being. The family thus plays a vital role in the development of each member's sense of self-worth and provides a sense of belonging and meaning (Carlson, Watts, & Maniaci, 2006). If parents and caregivers have a profound impact on children's well-being (King, Mitchell, & Hawkins, 2010; Ruiz, & Silverstein, 2007; Birditt, Tighe, Fingerman, & Zarit, 2012; Margolis, Focso, & Stormshak, 2014) then one can possibly argue, based on the systemic notion of reciprocity (Rosa, & Tudge, 2013), that the degree to which individuals are committed to their families, could possibly be positively associated with their well-being.

Limited research is available on adolescent's perceptions of commitment to their family-of-origin and for this reason the present study explores the hypothesis that adolescents with high levels of commitment to their family-of-origin will experience high levels of well-being. Recent unpublished research by Georgiou (2014) found a significant relationship between family commitment and subjective well-being. Further research supporting the present study, indicates that family dynamics are intricately connected to negative life factors as well as eudaimonic well-being (Ryff, 2014). The present study aims to explore adolescent well-being and commitment to their family-of-origin, as higher family life satisfaction is reported to relate positively to greater quality of life (Henry, 1994).

1.2 BACKGROUND

1.2.1 ADOLESCENCE

Adolescence is viewed as an important transition within the family life cycle which is characterised by a search for more autonomy, where adolescents are increasingly influenced by peers and exposed to more opportunities for risky behaviour (Sandler, Schoenfelder, Wolchik, & MacKinnon, 2011). Good parent-child communication and joint problem-solving can facilitate this transitional stage (Carr, 2006). Despite peer influences, and the challenges posed for parents, adolescents continue to be greatly influenced by their parents (Sandler et al., 2011). In both the western contexts and many other cultures the family remains central

throughout the whole life course (Grusec, 2011; Pearson, & Wilkinson, 2013). Walsh (2003) indicates that as adolescents come to terms with their family of origin, their commitments to their families should also be explored.

The resilience enhancing function of connectedness during youth development, in particular a sense of connectedness to family (Resnick, Harris, & Blum, 1993), highlights that while adolescents are becoming more independent they must strive for maintaining commitment to their families such that identity development and having one's family as a foundation and orienting influence relies on this support (Marcia 1966). Commitment has been found to be vital during adolescence such that higher commitment experienced within families serves to bolster subjective well-being, such that adolescents experience more positive emotions and greater autonomy and active coping (Pace, & Zappulla, 2011).

1.2.2 WELL-BEING

The importance of relatedness is described by some theorists as being a fundamental human requirement essential for well-being, where the vital importance of close, loyal and supportive interpersonal relationships has gained increasing appreciation within psychology (Ryan, & Deci, 2001). Well-being refers to “optimal psychological functioning” (Ryan, & Deci, 2001, p. 142) of which hedonic well-being (HWB) and eudaimonic well-being (EWB) are the two primary philosophical positions (Hallam, Olsson, O'Connor, Hawkins, Toumbourou, Bowes, McGee, & Sanson, 2013). Positive psychology has expanded from a focus on hedonic subjective well-being and satisfaction with life to a focus on eudaimonic well-being exploring meaning, purpose and positive relations (Wissing, 2002). For the purpose of the present study subjective well-being will be explored as the instrument used to measure subjective well-being namely the Trait Well-being Inventory will be used. The Family Commitment Scale measures meaningfulness and connectedness which explores a eudaimonic perspective. Well-being will now further be explored in the context of the family and with particular reference to the South African context.

1.2.2.1 Well-being in the family context

The family is a central socialisation context from childhood through to adolescence (Margolis et al., 2014) where adolescence is viewed as an important transition within the family life cycle (Walsh, 2003). Research is burgeoned with the association between adolescent mental health, family cohesion and connectedness (White et al., 2013; Jose, Ryan, & Pryor, 2012; Pearson, & Wilkinson, 2013; Jagers, Church, Tomek, Hooper, Bolland, & Bolland, 2014) where the family can be seen as a moderating risk factor that can enhance resilience

(Maynard, & Harding, 2010; Fergus, & Zimmerman, 2005) and prevent psychological distress (Pearson, & Wilkinson, 2013). Adolescent eudaimonic behaviours (care for oneself and others which generally requires a level of commitment) were researched to be associated with higher emotional competence in young adulthood and inversely associated with anxious-depressive symptoms (Hallam et al., 2013).

Research on commitment in the family context is limited, especially in South Africa but it has been researched to contribute to greater subjective well-being in young adults (Georgiou, 2014) and meaningfulness was researched to be a predictor of intergenerational commitment (Jansen, 2014). The relationship between adolescent well-being and commitment to one's family-of-origin may be important for South African youth as their development occurs within the context of socio-political difficulties which could negatively impact their well-being. South Africa is considered a multi-cultural society where family fulfils a major role in individual well-being and where family ties act as powerful protective factors that promote resilience (Koen, van Eeden, & Rothmann, 2013) and buffer against stress (Maynard, & Harding, 2010). Available research highlights that family structures within the South African context have been compromised by factors such as fractured families due to enforced migratory labour systems, poverty and the HIV/AIDS pandemic leaving most youth to be raised by grandparents (Croxford, 2011; Koen et al., 2013) and therefore vulnerable to suffering considerable emotional distress (Nduna, & Jewkes, 2012).

The family resilience framework considers a systemic notion of families making it particularly applicable to the South African context because it focuses not only on the parent-child relationship but also considers broader interactions to extended family ties (Walsh, 2003). It also considers socio-cultural variables such as poverty and discrimination allowing for the multiplicity of family arrangements and family diversity (Walsh, 2002) to serve in the conceptualisation of families with the aim of mobilising strengths, assets and resources. Therefore well-being within the family context should be considered systemically so that the disadvantages of fractured families can be addressed through a focus on resilience and commitment.

1.2.3 FAMILY COMMITMENT

Commitment is defined in Etcheverry and Le (2005) as a long term attachment to a relationship which involves psychological attachment and feelings of devotion, loyalty and a sense of obligation and a responsibility towards a relationship. Research on commitment and well-being generally focuses on romantic relationships (Davis, Le, & Coy, 2011; Etcheverry, & Le, 2005; Etcheverry, Le, Wu, & Wei, 2012) and organisational commitment (Meyer, &

Maltin, 2010; Field, & Buitendach, 2011). Research on commitment in the family context is limited, especially in South Africa but it has been researched in recent unpublished research to contribute to greater well-being in young adults such that family commitment enhances meaningfulness (Jansen, 2014) and subjective well-being (Georgiou, 2014).

Family commitment is defined as a choice to promote “the well-being and growth of the individual family members as well as that of the family unit” (Jansen, 2014, p. 5). Family commitment seems more permanent than the temporariness of romantic or organisational commitments. In Rusbult’s (1980) model of commitment she measured commitment by means of the Investment Model Scale. Variables such as satisfaction (satisfaction experienced within the relationship) and investment size (investments put into the relationship) were positively associated with commitment whereas quality of alternatives (favourable alternatives which may be present) was negatively associated with commitment (Rusbult, Martz, & Agnew, 1998). The Family commitment scale used in the present study was adapted from Rusbult’s Investment Model Scale and now includes a meaningfulness variable which portrays the permanence of family commitment and also links favourably with well-being seen as though meaning is central to eudaimonic well-being and is linked to purpose in life (Hallam, et al., 2013). Human-Vogel (2013) also emphasises the permanence of family commitment as opposed to the temporary nature of romantic commitment due to the symbolic ties of kinship which are more related to meaning than satisfaction.

1.3 PROBLEM STATEMENT

The present study has been formulated to explore the correlation between how adolescents perceive themselves in general and how they perceive their commitment to their families. Both these perceptions are potentially interdependent and can exert both positive and negative influences on overall adolescent well-being.

Possible outcomes for youths of fractured families that can impact well-being include poor academic performance, risky sexual behaviour, substance abuse, low self-perception, aggressive behaviour and suicidal tendencies (Koen et al., 2013). A South African study comprising of an adolescent population, by Van Schalkwyk (2009) as cited in Koen et al., (2013) found that 60% of adolescents surveyed in South Africa are not experiencing psychological, social or emotional well-being and that adolescence represents a period of decreased relationship warmth with family. The current findings of Koen’s et al., (2013) study contribute to the literature on family cohesion as they highlight that family cohesion is linked to enhanced resilience in adolescents thus making family cohesion a powerful factor to nurture in family based interventions (Koen et al., 2013; White et al., 2013).

Of particular importance to the South African context is the finding that even a good relationship with one parent or family member can be a powerful predictor of adolescent well-being (Benard, 1991). Based on the collaborative caretaking perspective, grandparents often assume the primary caregiver role, highlighting that constructive relationships with extended family also constitutes a protective factor for adolescents (Margolis et al., 2014). Adolescents have been found to “remain relatively close with grandparents and rate them as important attachment figures” (Tamm, Kasearu, & Tulviste, 2014, p. 2). Parents/caregivers or grandparents therefore facilitate the adjustment of adolescents and encourage optimal development that they may function as healthy members of society (Ruiz, & Silverstein, 2007; Margolis et al., 2014). Once again a systemic conceptualisation of family is emphasised where family commitment can be extended to beyond the parent-child relationship.

Proctor, Tsukayama, Wood, Maltby, Eades and Linley (2011) emphasised that meaningful, fulfilling lives and well-being are not outcomes most people want for themselves, but also what they want for their children. Parents want more for their children than just the avoidance of negative behaviours- they want their children to flourish. The concept of strengths and resilience are therefore essential for understanding adolescent well-being and promoting commitment to family-of-origin (Brownlee, Rawana, Franks, Harper, Bajwa, O’Brien, & Clarkson, 2013). There is currently limited literature on commitment to family-of-origin, where commitment explores more than just cohesion and connectedness (Walsh, 2003) but also meaningfulness. It may be important to identify whether or not the Family Commitment Scale could prove to be a viable measure for understanding how commitment, satisfaction, quality of alternatives and meaningfulness influence the decision of adolescents to remain committed to their family-of-origin and then further explain how their level of commitment impacts their well-being.

1.4 RATIONALE

Current research looks at enhancing adolescent well-being through parental involvement (Cripps, & Zyromski, 2009); family system characteristics and parental behaviour (Henry, 1994); family functioning and family feeling (Koen et al., 2013); and secure attachments (Pace, & Zappulla, 2011). Recent unpublished research examined young adults’ commitment to the family-of-origin as a correlate of subjective well-being where significant correlations between all the study variables revealed that family commitment is significantly related to subjective well-being (Georgiou, 2014). Optimal psychological development during adolescence is an important contributor to an adaptive transition into adulthood (Croxford, 2011) as is enhances autonomy in young adulthood (Hallam et al., 2013). Commitment has been found to be relevant during adolescence, such that adolescents with greater commitment

levels have higher positive emotions, are more autonomous and display better coping skills (Pace, & Zappulla, 2011).

Within the context of the bio-ecological model of human development, commitment to family is paramount (Bronfenbrenner, 1994). Commitment is generally defined as a “long-term attachment or orientation towards a relationship” (Etcheverry, & Le, 2005, p. 104). Available research related to commitment is centralised on dyadic, romantic relationships and within organisations (Georgiou, 2014). Commitment related to family is conceptualised in the literature in terms of connectedness implying a sense of belonging and satisfaction (Jose et al., 2012). However family commitment is explained by Human-Vogel (2013) as the extent to which family relationships are permanent and based on kinships which extends beyond satisfaction to include meaningfulness. In the present study, I argue that in examining the relationship between adolescent well-being and commitment to family-of-origin one can better understand family commitment and its potential to be mobilised as a protective factor in enhancing adolescent well-being. There is currently no literature indicating adolescent well-being as being correlated to the level of commitment to one’s family-of-origin.

The present study could inform counsellors and psychologists to utilise interventions which take on a systemic perspective to intervene with adolescents and families. As Emmy Werner stated in Benard (1991, p. 19) “effective prevention efforts are aimed at reinforcing natural social bonds between old and young, between siblings, between friends as that gives meaning to one’s life and a reason for commitment”.

1.5 CONCEPTUAL FRAMEWORK

The present study is framed and informed by the paradigm of positive psychology (Seligman, & Csikszentmihalyi, 2000) and is concerned with a bio-ecological model (Bronfenbrenner (1979; 1986; 1989) to understand adolescents and their families interactions with reference to well-being and resilience (Bronfenbrenner, 1994). Bronfenbrenner (1994) explains in his bio-ecological model that development occurs via reciprocal interactions between “an active, evolving bio psychological human organism and the persons, objects and symbols in its immediate environment” (p. 38). Such long term interactions are referred to as proximal processes which, for example, in a parent-child interaction the proximal process emerges as the most powerful predictor of developmental outcome (Bronfenbrenner, 1994). Bronfenbrenner (1999) further explained that development occurs in multiple settings as well as in the relation between these settings. Steinberg (1995) as cited in Bronfenbrenner (1999) indicated that parents have a powerful impact on adolescent constructive and destructive behaviour. Therefore Bronfenbrenner’s bio-ecological model informs how adolescent well-

being is positively or negatively associated with family interactions indicating that well-being and commitment to family have reciprocal influences on each other.

In dealing with aspects of human functioning it is important to frame one's perspective within a systemic framework so that the consideration of complex human functioning can be explored. Bronfenbrenner's bio-ecological model considers individuals as part of a dynamic, interactive and interdependent system (Bronfenbrenner, 1994; 1999; Donald, Lazarus, & Lolwana, 2010). The various environmental contexts such as family, peers, and wider social networks shape how humans function and interact (Bronfenbrenner, 1999) such that parents and other meaningful social relationships coach and model appropriate functioning (Zeman, Klimes-Dougan, Cassano, & Adrian, 2007). Families are relational and therefore comprise of systems of interconnected and interdependent individuals (Tisdale & Pitt-Catsuphes, 2012) who exert a reciprocal interaction on each other (Bronfenbrenner, 1999), implying that the family situation is an important context for understanding children's psychosocial development. Bronfenbrenner explores how interactions that occur in direct and frequent relationships are the most important in shaping well-being (Bronfenbrenner, 1994; 1999; Donald, Lazarus, & Lolwana, 2010). Working within Bronfenbrenner's bio-ecological model the present study focuses on the individual and the family and their reciprocal influence on each other, where the family is seen as a vital context in which people grow and develop, overcome crises and celebrate meaningfulness (Bitter, 2009).

Bronfenbrenner's bio-ecological model of development is appropriate to use as a contextual framework for the present study because it guides the acknowledgement of the intricate and diverse interactions that lead to one's overall development (Bronfenbrenner, 1994; 1999; Toland, & Carrigan, 2011). Bronfenbrenner's Process-Person-Context-Time (PPCT) model looks at how these four elements simultaneously influence developmental outcomes (Bronfenbrenner, 1999; Rosa, & Tudge, 2013). These four elements create proximal processes which are seen when an individual is actively interacting with other people or things (Seo, & Lee, 2012).

Proximal processes (the first *P* in PPCT) involves the relationships between individual and environment and is stated first because Bronfenbrenner implied that weak proximal processes are linked to ineffective functioning (Williams, & Nelson-Gardell, 2012). Person characteristics (the second *P* in PPCT) explore resource or liability characteristics called force characteristics, which include ability, temperament, achievement and personality (Williams, & Nelson-Gardell, 2012). These force characteristics influence one's effective engagement in proximal processes (Rosa, & Tudge, 2013). Context (the *C* in PPCT) considers the interactions within and between the four nested structures namely, the microsystem,

mesosystem, exosystem and macrosystem (Williams, & Nelson-Gardell, 2012). Contextual environments include family, community, culture, policies, and worldviews (Williams, & Nelson-Gardell, 2012). Time (the *T* in PPCT) encompasses individual development as it is contained in and moulded by historical events (Williams, & Nelson-Gardell, 2012).

Proximal processes were researched by Bronfenbrenner as being the most powerful predictors of human development (Bronfenbrenner, 1999; Rosa, & Tudge, 2013). Family and social support, especially relationship quality with a caregiver are proximal process variables that enhance adaptive functioning (Williams, & Nelson-Gardell, 2012). The inclusion and consideration of protective factors shows that resiliency also fits within the PPCT model because the model enables one to examine interactions and predict resilience.

The concepts of the PPCT model were embedded in the present study to explore the relationship between adolescent well-being and commitment to family-of-origin. Proximal processes in the present study refer to adolescent's commitment to their families, and the person factors are adolescent well-being. The family resilience framework is also well suited to the present study because both ecological and developmental perspectives are combined making it suitable to enhance well-being within the family setting and it also highlights connectedness and cohesion as being vital for family functioning such that resilience is optimised through support, cohesion and commitment (Walsh, 2003) which further emphasises the importance of children's well-being in remaining committed to their families.

1.6 PURPOSE OF THE STUDY

The purpose of the present study is to determine if there is a relationship between adolescent well-being and commitment to family-of-origin.

1.7 RESEARCH QUESTION

The primary research question is:

What is the relationship between adolescent well-being and commitment to family-of-origin?

Secondary research question:

Does commitment and well-being vary as a result of sex, parents' marital status and participants' relationship with their parents?

1.7.1 HYPOTHESES

The research question will be investigated by examining the relationship between adolescent well-being (general Life satisfaction and Mood) and commitment to family-of-origin (Commitment Level, Cohesion, Quality of Alternatives – Loyalty and Independence and Meaningfulness) as reported by the participants.

1.7.1.1 Hypothesis 1

$$H_0: \rho_s = 0$$

There is no statistically significant relationship between the study variables, namely Family Commitment and Well-being.

$$H_1: \rho_s \neq 0$$

There is a statistically significant relationship between the study variables, namely Family Commitment and Well-being.

1.7.1.2 Hypothesis 2

$$H_0: \mu = 0$$

Subgroups analysed in the present study (sex, parents' marital status and relationship with parents) will not show a statistically significant difference in terms of the study variables; Family commitment namely; Commitment Level, Cohesion, Quality of Alternatives – Loyalty and Independence and Meaningfulness and Well-being namely; Life satisfaction and Mood.

$$H_1: \mu \neq 0$$

Subgroups analysed in the present study (sex, parents' marital status and relationship with parents) will show a statistically significant difference in terms of the study variables; Family commitment namely; Commitment Level, Cohesion, Quality of Alternatives – Loyalty and Independence and Meaningfulness and Well-being namely; Life satisfaction and Mood.

1.8 RESEARCH METHODOLOGY

1.8.1 METATHEORETICAL PARADIGM

The present study follows a post-positivist epistemology because as a research paradigm it is often associated with quantitative research, objectivity and it accepts the concept of the social construction of parts of reality (Ramlo, & Newman, 2011). Post-positivism is therefore best

suiting to framing the reality of the present study in that the present study examines how meaning is socially constructed and also implies that results should be understood within a context (Coyle, & Williams, 2000).

1.8.2 METHODOLOGICAL PARADIGM

The present study uses a quantitative research approach. Quantitative research is explained by Maree, & Pietersen (2007, p. 145) as a “process that is systematic and objective in its ways of using numerical data from only a selected subgroup population to generalise the findings to the population that is being studied”. Quantitative researchers use statistical types of data analysis (Durrheim, 2006) and ensure precision through quantitative and reliable measurement and control through sampling and design (Burns, 2000). A quantitative approach allows for the exploration of correlations between variables which will enable me to address the research question as well as broadly examine statistical distributions and relationships in the data so that patterns can be observed. Studies that explore commitment level predominantly use quantitative methods (Dalbert, 1992; Rusbult et al., 1998). Jansen (2014) also emphasised that preceding studies regarding commitment successfully used a quantitative research design to test hypotheses and arrive at objective conclusions.

1.8.3 RESEARCH DESIGN

Secondary data analysis is used to analyse the present study. A common disadvantage of using this type of analysis is that researchers are often not familiar with the data (Boslaugh, 2007). I can avoid this disadvantage as I was involved in the data collection of the original study in 2011 for which the secondary analysis of the data is to be conducted. The original study was conducted by me and a group of colleagues during my Honours year at the University of Pretoria, exploring the relationship between personal and general just-world beliefs, commitment to family-of-origin and well-being. For the present study I will be reporting on the original processes within the context of adolescent well-being and commitment to family-of-origin to determine whether or not a relationship exists between these variables.

The data that will be analysed was originally collected as part of a cross-sectional correlational research design to establish construct-related validity in examining the correlation between the constructs of adolescent well-being and family commitment. Cross-sectional correlational research design was well suited to the original study in that it allowed the study variables to be correlated so that hypotheses could be tested. A correlational

coefficient describes the magnitude and direction of a relationship (Kaplan, & Saccuzzo, 2009).

The present study will use data generated by the original study and this data will be analysed using descriptive statistical procedures. Descriptive statistics involve methods used to provide a comprehensive description of a collection of quantitative information (Kaplan, & Saccuzzo, 2009). Descriptive statistics summarises data through centrality (mean, mode and median); through dispersion (range, variance and standard deviation); through the measures of shape (skewness and kurtosis) (Jansen, 2007).

To explore relationships among variables correlation techniques are used. Correlation techniques are used by researchers engaged in non-experimental research designs (Pallant, 2007). Correlation coefficients such as Pearson's correlation coefficient (r) and Spearman's Correlation Coefficient (r_s), or more commonly referred to as Spearman's rho, are types of correlational analyses. Pearson's correlation coefficient is a parametric statistic and is used if the data is normally distributed, whereas Spearman's rho is a non-parametric statistic used when the data violates parametric assumptions such as normally distributed data (Field, 2009). Correlations measure how variables or rank orders are related, however caution must be given when interpreting correlation coefficients because they give no direction of causality (Field, 2009). When analysing data with bivariate correlations, correlation coefficients range in value from -1 (a perfect negative relationship) and +1 (a perfect positive relationship) (Pallant, 2007). A value of 0 indicates no linear relationship (Pallant, 2007). The significance level (Sig. 2-tailed) is denoted by the p-value, where if $p < 0.05$ it can be said that there is a significant relationship between the variables. The significance level also indicates how much confidence we should have in the results obtained and does not indicate how strongly the two variables are associated (Pallant, 2007).

1.8.4 SAMPLING

Convenience sampling was used in the original study on 194 High school learners, however after data clearing 188 questionnaires were analysable and included in the study. Convenience sampling, also known as non-probability sampling was used because I was currently employed at the school and had convenient access to the adolescent participants. The disadvantage of convenience sampling is that it has limitations in terms of generalisations (Maree, & Pietersen, 2007). Ethical clearance (EP 15/04/02) for the present study had been approved. Permission to administer the questionnaires was obtained from the Head of Academics at a private school in Centurion, where the data was collected. Informed

consent was sent out to each respective parent via the school communicator, which directly sends an email to the parents. Participant's ages varied from 16 – 18 years.

1.8.5 INSTRUMENTS

The data was originally collected through a single survey via questionnaires which consisted of both the Trait Well-Being Inventory (TWBI) and the Family Commitment Scale (FCS). A common method to measure attitude and personality, requires that a respondent indicate their degree of agreement with a particular question (Kaplan, & Saccuzzo, 2009). This technique is called the Likert format and consists of items in which, up to six alternatives are offered, ranging from “strongly disagree” (1) to “strongly agree” (6) (Kaplan, & Saccuzzo, 2009). The Likert scale provides an “ordinal measure of a respondents’ attitude” (Maree, & Pietersen, 2007, p. 167), which is a convenient method to measure constructs (Kaplan, & Saccuzzo, 2009). The scales will now be further explained.

1.8.5.1 Trait Well-being Inventory (TWBI)

Participants’ well-being was measured with Dalbert’s (1992) Trait Well-being Inventory which investigates one’s perception of their current and past personal well-being. The Trait Well-being Inventory comprised of the Mood Level Scale consisting of 6 items and the General Life Satisfaction Scale 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*. Reliability in the original study was based on inter-item correlations and presented a Cronbach’s Alpha Coefficient of .878. Scale reliabilities of the present study for the Mood Level Scale are good, with an alpha of .838 and the General Life Satisfaction Scale is acceptable, with an alpha of .784. The present study reliabilities compare favourably with those obtained in the literature as Mood Level Scale and the General Life Satisfaction Scale were also reported as good, with alphas of .870 (Underwood, & Froming, 1980) and .90 respectively (Dalbert, Montana, Schmitt, & Schneider, 1984 as cited in Georgiou, 2014).

1.8.5.2 Family Commitment Scale (FCS)

The family commitment scale is an adaptation of the investment model of commitment by Rustbult et al., (1998) as reported in Jansen (2014). Jansen’s (2014) study addressed the research question; “*How can commitment be measured in the context of family relationships?*” Data collection took place through the Family Commitment Scale which was adapted from the Investment Model Scale and a new meaningfulness scale was added. The findings of Jansen’s (2014) study show that the Family Commitment Scale is a reliable

measure of family commitment. A sample item for the commitment level is *In my family we feel committed to other family members* and for meaningfulness *My family plays an important role in my life*. Reliability for this scale in the original study was also based on inter-item correlations and presented a Cronbach's Alpha Coefficient of $\alpha = .930$. This internal reliability coefficient in relation to that of Jansen's (2014) compares favourably as his study produced a Cronbach's Alpha Coefficient of $\alpha = .870$. Both can be described as acceptable ($.90 > \alpha > .80$) in accordance with Maree and Pietersen's (2007) guidelines.

1.8.6 STANDARDS OF RIGOR

1.8.6.1 Reliability

Reliability of a scale determines how free it is from random error (Pallant, 2007). Reliability of scales is important to consider as this affects the quality of the data one is using. The reliability of the Family Commitment Scale and the Trait Well-being Scale is examined with Cronbach's Alpha (α) by calculating the internal consistency. Cronbach's Alpha determines whether the items are consistent with one another such that they represent only one construct or area of interest (Salkind, 2011). Cronbach's Alpha values range from 0-1 (Salkind, 2011). The higher the value to 1, the more confidence one has that all the items measure the same construct and that the construct is the sum of what each item evaluates (Salkind, 2011). As presented in Chapter 1 (see section 1.8.5) the Cronbach's Alpha for the Family Commitment Scale correlated positively to Jansen's (2014) recent study on the same scale. Similarly Cronbach's Alpha for the Trait Well-being Inventory was positively correlated with Underwood and Froming's (1980) and Dalbert's (1992, as cited in Georgiou, 2014) studies as reported in the Literature. Cronbach's Alpha scores above .70 are considered viable and indicate good reliability or high internal consistency. Therefore using these guidelines I believe the data to be reliable enough to answer the research question.

1.8.6.2 Validity

The validity of a scale refers to the degree to which it measures that which it is supposed to measure (Pallant, 2007). The main types of validity used to collect empirical evidence are content validity, criterion validity and construct validity (Pallant, 2007; Salkind, 2011). It is important to ensure that when using questionnaires to collect data, that the questionnaire is purpose related such that the constructs covered by the instrument are measured by different groups of related items (Maree, & Pietersen, 2007). The original data collection process can impact the validity of the present study however as the original data was collected at one point in time it ensures anonymity and confidentiality.

The original instruments appear to have good construct validity. Construct validity is used to determine whether a test measures some underlying psychological construct (Salkind, 2011). Maree and Pietersen (2007, p. 217) stated that “construct validity should first be examined and shown to be present before it can be said to be a standardised instrument”. As mentioned, the Family Commitment Scale was based on the Investment model of commitment and several studies support the (construct) validity of the Investment Model Scale (Jansen, 2014). A study conducted by Rusbult et al., (1998) indicated evidence for cross-cultural validity of the Investment model of commitment. This is important as little evidence supports the validity of the Investment model of commitment in a South African Context. The Family Commitment Scale has however been used in recent studies within the South African context, namely Jansen (2014) and Georgiou (2014). These two studies provide tentative evidence of the validity of the scale in the contexts in which it has been used. Jansen (2014) emphasised that family as a concept is a universal construct and argued that commitment is a construct that is universally understood regardless of the context of inquiry. Similarly the literature presented in Chapter 2 echoes that which Jansen (2014) reported on, that commitment as a construct can be understood and explored in romantic relationships, organisational contexts and within the family. The original instruments appear to measure that which they claim to measure.

When using secondary data analysis it is important to assess whether the data is sufficient to address the research objectives, therefore I will need to focus on a process of verification to identify and correct potential threats to validity. This can be achieved by engaging the data in a process of checking and confirming the quality of the data.

1.8.7 DATA COLLECTION PROCESS

The original data was collected by means of a questionnaire. Questionnaires allow researchers to collect quantitative numerical data and statistically analyse the data to describe trends and also interpret the meaning of the data by relating results to past research studies (Creswell, 2012).

Questionnaires were distributed via group administration, where I waited for the entire group of respondents to complete the questionnaires. The advantages of this method according to Maree, & Pietersen (2007) include that multiple respondents can fill in the questionnaire within a short time span, decisions are optional, and the issues of misunderstanding are quickly resolved.

1.8.8 DATA ANALYSIS

The data from the original study will be entered into a computer statistics program called Statistics Package for the Social Sciences (SPSS). Regarding the FCS and TWBI, I will use descriptive statistics to organise and summarise the data meaningfully (Maree, & Pietersen, 2007) in order to analyse the scale properties of the instruments. The descriptive statistics that will be used include reliability coefficients and item analysis, specifically inter-item correlations and item-total correlations, to ensure the items measure what they intended to. Item analysis results for the TWBI will be analysed to check the reliability of all the items. Regarding reliability analysis of the FCS, composite scores will be calculated according to the scale properties recommended by Jansen (2014). The reliabilities of the present study will then be compared to those of Jansen's (2014) study.

The distributional properties of both the TWBI and the FCS will then be analysed to decide whether parametric or non-parametric analytical techniques must be used to answer the research hypotheses. To assess the distribution, the data will be described using measures of central tendency (mean, median and mode) and variability (standard deviations, variance and range). The descriptive data will also be used to generate frequency tables for the FCS and the TWBI to enable the researcher to make a decision between parametric and non-parametric statistics through evaluating the distributions normality, skewness or kurtosis (Kaplan, & Saccuzzo, 2009).

A descriptive analysis of the sample will then be analysed. A frequency distribution will be used to reflect how frequently each value was obtained and how many people obtained each of these scores (Kaplan, & Saccuzzo, 2009). The present study computed tables for sex, language, qualification, relationship involvement, romantic relationships and family relationships.

Inferential statistics will be used for correlational analysis to investigate the hypothesised associations between constructs (Kaplan, & Saccuzzo, 2009). Inferential statistics aim to draw conclusions (Georgiou, 2014). The group differences may be tested by the parametric tests such as the Pearson correlations test, Independent T-test or ANOVA to assume a normal distribution, or, in the case of non-normal distributions which violate the assumption of normality, non-parametric equivalents being the Spearman rho correlation coefficient, Mann-Whitney test and the Kruskal-Wallis test (Cohen, Manion, & Morrison, 2007) may be used.

1.9 ETHICAL CONSIDERATIONS

Research ethics are set out to protect the well-being of research participants and should therefore be treated with integrity (Wassenaar, 2006). The University of Pretoria's code of

ethics for research identifies key values characterising the Universities' ethos and highlights that responsibilities of researchers within the research environment (University of Pretoria code of ethics for research, Rt429/99). Researchers at the University of Pretoria have the following responsibilities:

Social responsibility (researchers accept the responsibility to address the developing problems in broader South African communities). The present study is especially defined and explained in terms of the South African context in an attempt to fulfil not only my duties of social responsibility but also to address a pressing problem in today's society. The present research question contributes directly to well-being and quality of life for South African adolescents. A bias in terms of socio-economic status is highlighted as the sample contained for the present study consisted of high-school children attending a predominantly affluent private school. Thus in terms of socio-economic status, the adolescents sampled would possibly fall into the middle class socio-economic status in South Africa. Although caution should follow when attempting to generalise the results of the present study, readers should take cognisance of the fact that the present study might also bias adolescents in terms of socio-economic status.

Justice (equal and fair treatment of everyone and place involved in the research process). Contributory justice is relevant to the present study in that fairness of the contributions from the individual participants was secured by selecting a sample of the population that is diverse in terms of age, race and gender and therefore representative of the South African adolescent community within private schools.

Benevolence (protect from harm and promoting the well-being of those affected). In an attempt to increase possible benefits and reduce possible harm I informed the participants of the purpose of the study and how the questionnaire would be used in relation to the research question. I also made myself available after administering the questionnaires for any kind of debriefing or questions which might possibly have needed to be addressed. Only one individual remained and she wanted to enquire about my studies. The aim of the present study is to promote the quality of adolescents' life through enhancing their commitment to their family of origin.

Respect for the individual (recognise the dignity and autonomy of all individuals involved in the interaction, maintain humanity and freedom of choice). During the data collection of the present study I highlighted the voluntary nature of filling in the questionnaire and respected those individuals who chose not to complete the questionnaire. In the cases where the parents did not consent to their child completing the questionnaire I respected their wishes.

The basic principles of using human participants in research are that the researcher should consider respect for personal autonomy, benevolence and justice. In applying these principles it involved evaluating risks and benefits and the present study which involved administering questionnaires, did not pose any form of risk and the benefit was that, in using people to fill out a questionnaire data is collected quickly and effectively.

Due to the fact that I conducted the data collection for the original study, I can confirm that informed consent was sent out to the parents in a formal letter indicating that I invite their child/children to voluntarily complete a questionnaire related to collecting data in an attempt to explore the relationship between commitment to family of origin and adolescent well-being. Considering that the majority of the learners were under 18 years old I had to obtain parental consent. The school is an English Medium school so I assumed that language would not be a barrier in terms of obtaining consent. The informed consent letter provided information and understanding on the purposes of the study, the research procedure, how participants are selected, the voluntary nature of the process and the opportunity for questions was highlighted as well as the fact that certain aspects of the research will not be made known until the research has been completed. This information was again reiterated before the questionnaires were handed out and it was made clear to the students that they may withdraw from the study at any time.

Professionalism (researchers form part of a specific profession and should therefore be professional at all times and adhere to integrity, quality and accountability). The present study maintained professionalism by also refraining from discrimination, abusing supervisory authority and sexual harassment.

Privacy and confidentiality (autonomy and right to privacy). Confidentiality was ensured in that the participants were instructed they did not have to write their names on the questionnaire papers, the information from the questionnaire would only be shared with the research team and supervisors at the University of Pretoria and that in no way would any information be able to be linked back to individuals or make individuals identifiable. The questionnaires would also remain in storage at the University of Pretoria for 15 years. Both the hard copies and the imported data will be stored for archival purposes in the Educational Psychology Faculty.

In terms of supervision, I consulted with my supervisor regarding areas of development and I was provided with the necessary assistance to continue with the present study. I was encouraged to make use of critical and independent thinking.

1.10 REPORT OUTLINE

CHAPTER 1: Introduction, Background, Problem statement, Rationale, Conceptual framework and Research methodology

The first chapter will introduce the research topic and provide a background to the study. The research question and hypotheses are then provided. The conceptual framework contextualises the research within available theory and then the research epistemology and design are presented with reference to the sample, instrument, data collection and analysis.

CHAPTER 2: Literature review and theoretical framework

The second chapter provides a detailed account of the literature on adolescent well-being and commitment to family-of-origin. These two concepts are then integrated within a theoretical framework.

CHAPTER 3: Results

Chapter three will present the results of the secondary data analysis according to the appropriate statistical techniques.

CHAPTER 4: Discussion and interpretation of results, contributions and limitations

The final chapter will engage in a discussion and interpretation of the findings. Results obtained in the present study will be substantiated by literature, and correlated to the literature reviewed in Chapter 2. The research question will be answered and the possible contributions and limitations of the present study will also be explored.

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CHAPTER 2

LITERATURE REVIEW: ADOLESCENT WELL-BEING, FAMILY OF ORIGIN AND COMMITMENT

2.1 INTRODUCTION

Humans are relational beings and therefore cannot develop in isolation, but within a system of relationships that include family (Bronfenbrenner, 1994). Our existence is socially embedded (Jansen, 2014) and that is why the family unit and its cohesion is an essential system in which to study individual well-being. The family structure plays a vital role in the development of each member's sense of self-worth and provides a sense of belonging and meaning (Carlson, Watts, & Maniaci, 2006).

2.2 BACKGROUND

Family-of-origin is generally understood as being the original or nuclear family, consisting of parents and siblings, into which one is born or adopted (Bitter, 2009; Georgiou, 2014). In both the western contexts and many other cultures the family remains central throughout the whole life course (Grusec, 2011). In South Africa's diverse culture, family dynamics, roles and relationships are ever changing (Jansen 2014), especially with the added stressors of fractured families, poverty and the HIV/AIDS pandemic (Koen, van Eeden, & Rothmann, 2013). Family studies have linked family roles, transitions and unanticipated family events to psychological well-being (Ryff, 2014). White et al., (2013) concur that numerous studies have demonstrated positive associations between adolescent mental health and family cohesion, communication, expressiveness and warmth. Greater role involvement between parents and children such as helping each other to develop purpose and self-acceptance seems to encourage greater levels of well-being (Ryff, 2014). Family life thus shows intricate connections to the diverse aspects of children's well-being (Ryff, 2014). It is therefore beneficial to gain a further understanding of adolescent well-being and commitment to family-of-origin.

In the present study I focus on adolescent well-being and how well-being is impacted positively or negatively by commitment to their family-of-origin. Adolescence is viewed as an important transition within the family life cycle which is characterised by a search for more autonomy and where adolescents are increasingly influenced by peers and also exposed to more opportunities for risky behaviour (Sandler et al., 2011). Despite these outside influences and the challenges posed for parents, adolescents continue to be greatly influenced

by their parents (Sandler et al., 2011) and family in general. Walsh (2003) indicates that adolescents must come to terms with their family-of-origin and strive for greater investment in meaningful relationships to enhance not only individual well-being but also family resilience.

2.3 ADOLESCENCE

2.3.1 DEFINITION OF ADOLESCENCE

Adolescence is generally described by authors in terms of three phases namely, early adolescence (between 11 to 14 years), middle adolescence (between 14 to 18 years), and late adolescence (between 18 to 21 years) (Thom, Louw, van Ede, & Ferns, 1998) and is considered a period of preparation for adulthood (Crockett, & Crouter, 2014). In today's times, adolescence is advancing as puberty is reached earlier meaning that adolescents are becoming more socially mature at a younger age (Sawyer et al., 2012). Stages in the life cycle of South Africans, defines youth and young adults as the period between fourteen and thirty four years, according to Statistics South Africa (2005). Critical social, biological and psychological changes are inherent in this transitional life stage as adolescents report higher levels of negative life events and internalizing problems (Ruttle, Armstrong, Klein, & Essex, 2014). It is important to bear in mind the complexity of adolescents' development. A South African study done by Boulter (1995) as cited in Thom et al., (1998) indicated that the dramatic changes currently being implemented in schools as well as the extensive family, social and personal changes, bring about critical adjustment. Similarly research indicates increases in psychopathology throughout adolescence due to increased exposure to environmental stressors which are pertinent in poor urban South Africa (Cluver, Orkin, Gardner, & Boyes, 2012).

Could this period of critical adjustment be better facilitated through commitment to family-of-origin? Recent research concludes that adolescence is generally characterised as a stage of turmoil with a high prevalence of emotional negativity and stronger tendencies to engage in risky behaviours such as; drinking alcohol, smoking cigarettes, taking drugs, being promiscuous, and skipping school (Góngora, & Solano, 2014). Hallam et al., (2013) thus highlight that the transition from adolescence to young adulthood is an important period of learning and adjusting to new roles and responsibilities that have a profound influence on their future. The paths that young people take through adolescence depends on the environment in which they are developing, where key contexts such as family, peers and neighbourhoods shape the opportunities and risks they are exposed to (Crockett, & Crouter, 2014). Most children in all societies grow up in a home setting with at least one relative, so

we are all bound in families, we are a part of our families and they are a part of us- we are born into them, work our way toward adulthood in them and remain connected to them in old age (Shaffer, & Kipp, 2014). Personally within the context of being an Intern Educational Psychologist I have seen how this ‘troubling’ adolescent life stage impacts both the individual and the family. How adolescents feel about themselves seems to be related to how they feel about their families. Therefore I have identified the family setting as an important context in which to enhance adolescent well-being. Deficiencies in family functioning can be seen as leading to negative outcomes. These deficiencies are identified as being individual (risky sexual behaviour, peer pressure into alcohol and drug abuse, poor self-perception and low self-esteem), parental (hostile parenting styles, parental psychopathology, insecure attachments, inter-parental conflict and parent-child conflict), and/or familial (fragmented families, extended caregivers, family breakdown and violence). These deficiencies could be re-addressed through systemic resilience based interventions.

The relationship between adolescents’ well-being and commitment to their family-of-origin is important to measure, because I believe that the centrality of the family unit is also essential to identity development. Adolescents must become more independent while at the same time maintaining commitment to family ties (Walsh, 2003). The centrality of the family to adolescent development and well-being will now be explained in the following sections.

2.3.2 DEVELOPMENTAL TASKS OF ADOLESCENCE

The developmental tasks of adolescence involves coping with physical changes, harnessing interpersonal skills, becoming more autonomous, and handling identity related issues (Crockett, & Crouter, 2014). Studies of human development have identified two primary social and cognitive goals of adolescence: firstly, the consolidation of self and personal identity which is accomplished through the establishment of peer relationships and a restructuring of family relationships; secondly, to develop cognitive abilities to meet the knowledge and skills required for learning at school (Whitmire, 2000). In preparation for adulthood one of the most important developmental tasks is to form a personal identity (Croxford, 2011). Adolescents must make a “series of ever-narrowing selections of personal, occupational, sexual and ideological commitments” as quoted in Pace and Zappulla (2011, p. 855) originally stated by Erikson (1968). These selections should end with a coherent sense of self characterised by a sense of well-being (Pace, & Zappulla, 2011).

Erikson’s psychosocial model of development includes eight stages of development. Each stage involves the interaction between a psychological developmental task and the influences of social, cultural and ideological realities highlighting the reciprocal nature of personal

development and socio-cultural factors (Erikson, 1968 as cited in Thom et al., 1998), as is also emphasised in Bronfenbrenner's bio-ecological model of human development. Similarly, Whitmire (2000) alluded to the physical and psychological changes occurring within the context of socio-cultural factors to explain adolescence.

According to Erikson (1968) as cited in Thom et al., (1998), adolescents are in the stage known as identity versus role confusion where the aim of the adolescent is to develop a sense of identity such that they need to define who they are, what is important to them and what future directions they wish to take (Carr, 2006). Identity development is a psychosocial process whereby individuals construct their identity within the social their context (Bartoszuk, & Pittman, 2010). The relationship amongst one's family, one's personality and well-being has maintained interest in developmental psychology (Armsden, & Greenberg, 1987). Themes which are important for identity formation are gender roles, relationships, value systems, independence from parents and social responsibility (Thom et al., 1998). For example, Croxford (2011) referenced Stevens and Lockhat (1997) who explored the development of a personal identity to the South African context drawing conclusions that the relationship between the individual and the society is appropriate for identity formation of specifically Black adolescents, such that if Black adolescents reject their own culture they might feel isolated from their family and community and this results in role confusion.

Marcia's theory in the formulation of identity statuses describes that adolescents should strive for identity achievement which is characterised by the developing a strong commitment to family because adolescents who have achieved identity achievement status tend to have healthy self-concepts and are less emotional and self-conscious (Thom et al., 1998).

2.3.3 REDEFINING THE PARENT-ADOLESCENT RELATIONSHIP

Critical to adolescent identity development is the influence of their parents (Thom et al., 1998). Research indicates that relationships with family continue to be of great importance during adolescence, especially as parents provide knowledge, values and emotional support on issues related to education and careers (Whitmire, 2000; Thom et al, 1998). According to Bronfenbrenner's bio-ecological model of human development (1994, 1999) a child's foremost and primary experiences of relationships occur in the microsystem, thus making the microsystem the environment which shapes their views and beliefs of themselves and the world (Tisdale, & Pitt-Catsuphes, 2012). The mesosystem, consisting of the family and peers provides connections between the child's microsystem (Tisdale, & Pitt-Catsuphes, 2012) thus highlighting the influence that family has on an adolescents development and well-being. Due to the statement that "adolescence is viewed as the most traumatic or challenging period of

time within the parent-child relationship” (Cripps, & Zyromski, 2009) the present study can shed light on maintaining family commitment as a strong positive protective factor to be highlighted in resilience based interventions aimed at enhancing adolescent well-being.

In looking at theories of attachment, Bowlby’s (1973) theoretical work conceives the formation of attachments to be dependent on the security obtained from a meaningful relationship (Armsden, & Greenberg, 1987). The security of the parent-adolescent attachment relationship has been researched to be significantly related to adolescents’ development and is associated with enhanced social functioning and reduced behavioural dysfunction (Fearon, Shmueli-Goetz, Viding, Fonagy, & Plomin, 2013). It is therefore argued that adolescents who cope successfully with the transition into more autonomous relationships and develop a healthy identity, do so with the trust, respect, and positive relationships with parents (Armsden, & Greenberg, 1987). The argument that Armsden and Greenberg (1987) stated is supported in the literature by Pearson and Wilkinson (2013) who explain that an adolescent-parent relationship characterised by warmth, love and closeness results in strong attachments and overall higher levels of well-being. Similarly, Armsden and Greenberg (1987) reported that warm and autonomous relations with parents have been researched to be associated with higher stages of ego-identity, open communication, and better predicted well-being. This is further supported by research which concludes the protective function of cohesion and connectedness in positive family relationships (Resnick et al., 1993) which in turn also increases well-being. A positive separation-individuation process from parents is considered as the base from which adolescents structure their identity and develop self-confidence and trust in their own abilities (Pace, & Zappulla, 2011). Parents also continue to be important models of identity formation throughout this transitional period, which further influences emotional adjustment (Pace, & Zappulla, 2011).

On the other side, poor parent-adolescent relationships have been associated with delinquent behaviour and reduced well-being during adolescence (Croxford, 2011). Adolescence is viewed as an important transition within the family life cycle which is characterised by a search for more autonomy and where adolescents are increasingly influenced by peers and exposed to more opportunities for risky behaviour (Sandler et al., 2011). In South Africa the effects of poverty, parental absence, HIV/AIDS and violence reduce family functioning and cohesiveness and it is therefore proposed that we can combat adolescent distress by strengthening families (Nduna, & Jewkes, 2012). Adolescents must become more independent while at the same time maintaining commitment to family ties (Walsh, 2003). It is deduced that identity development and having one’s family as a foundation and orienting influence relies on this support (Kerpelman, & White, 2006). It was also found that

adolescents experiencing more satisfaction with help received from parents also experienced greater psychological well-being (Armsden, & Greenberg, 1987).

Individual family members, their interactions and the wider social support systems, contain the necessary resources to buffer against adversities (Henry, 1994). According to family systems theory; family cohesion is an important predictor of adolescent development and is found to be associated with pro-social behaviours and healthy psychological adjustment (Jaggers et al., 2014). Walsh (2003) describes the family resilience framework which can be utilised during interventions with families as it focuses on the family's functioning as a unit. Family functioning is organised according to family belief systems, family organisation and communicative processes (Walsh, 2003). The family resilience framework highlights protective factors and strengths which can also be used to enhance family cohesion and commitment which I believe to be an important intervention to mobilise in order to develop adolescent well-being. The relationship between adolescents' well-being and commitment to their family-of-origin is important to measure because the centrality of the family unit is essential to identity development (Pace, & Zappulla, 2011; Kerpelman, & White, 2006; Campbell, Adams, & Dobson, 1894) and well-being (Henry, 1994; Tisdale, & Pitt-Catsuphes, 2012). Therefore the present study highlights that it is through family life that children learn the skills they need for adult life. I agree with Henry (1994) that it is vital that families are viewed as a major contributing factor to adolescents' well-being as adolescents' perceptions of their overall family system can dictate that interventions be developed to strengthen adolescent well-being by focusing on the family resources. This point is further developed by Cripps and Zyromski (2009) who elaborated on the adolescent-parent relationship and psychological well-being, mentioning that the quality and involvement of the adolescent/parent relationship shapes their attitudes towards themselves and enhances their sense of well-being.

2.4 WELL-BEING

Optimal psychological development during adolescence is important in adaptive transition into adulthood (Croxford, 2011). Positive emotions and life satisfaction have been researched to be associated with healthier psychological functioning, better physical health, successful employment, longer lifespan and meaningful interpersonal relationships (Góngora, & Solano, 2014). Psychological well-being involves meeting the basic human needs for autonomy, competence and relatedness (Hallam et al., 2013). In terms of relatedness one must understand relationships as a source of well-being because reliable and enjoyable relationships act as a protective factor (Ryan, & Deci, 2001). Therefore the critical value amongst warm, loyal and supportive relationships for well-being has become a focal area

within psychology (Ryan, & Deci, 2001) which makes exploring adolescent well-being within the context of family commitment viable and valuable.

2.4.1 DEFINING WELL-BEING

Psychological well-being can be understood from two primary philosophical positions: one defining hedonic well-being (pleasure based) and the other defining eudaimonic well-being (values based) (Hallam et al., 2013; Nelson, Fuller, Choi, & Lyubomirsky, 2014; Góngora, & Solano, 2014). Hedonic well-being is associated with ‘the good life’, optimising pleasure and avoiding pain (Hallam et al., 2013; Nelson et al., 2014). Most psychological frameworks define well-being within the hedonistic paradigm and measure subjective well-being (Hallam et al., 2013). Subjective well-being is defined as the “multidimensional evaluation of life, including cognitive judgements of life satisfaction and affective evaluation of emotions and moods” (McGillivray, & Clarke, 2006, p. 4). The present study seeks to measure subjective well-being through the General Life Satisfaction and Mood Level subscales in the Trait Well-being Inventory.

There is burgeoning research on adolescence and subjective well-being (Bassi, Steca, Monzani, Greco, & Fave, 2014; Georgiou, 2014; King, Mitchell, & Hawkins, 2010; Ruiz, & Silverstein; Pearson, & Wilkinson, 2013; Tisdale, & Pitt-Catsuphes, 2012). Life satisfaction is a commonly used indicator of subjective well-being in youth (Jose et al., 2012). Adolescents with high levels of subjective well-being exhibit enhanced social competence, higher self-esteem and better school performance suggesting that subjective well-being is important to mental health and fosters positive change in adolescents (Croxford, 2011).

The eudaimonic paradigm is associated with ‘all that makes life worth living’ such as kindness, fairness, courage, openness and generosity (Hallam et al., 2013). The recent advances in positive psychology have led to more interest being placed on studying eudaimonic well-being which focuses on human values and meaning in life (Hallam et al., 2013). The eudaimonic approach to psychological well-being is becoming more popular because it is related to the core of humanness (Ryff, 2014). Hallam et al. (2013) researched that adolescent eudaimonic behaviours are associated with higher emotional competence and inversely associated with anxious-depressive symptoms.

Seligman proposed that well-being can be achieved through three main pathways namely; the pleasant life or positive emotions, the engaged life, and the meaningful life each of which is positively associated with life satisfaction in adults (Góngora, & Solano, 2014). The pleasant life belongs to the hedonic perspective of well-being as it encompasses positive emotions; the

engaged life is linked to developing strengths and talents; and the meaningful life consists of belonging and serving something higher than oneself, such as being devoted to family (Góngora, & Solano, 2014). Subjective and/or eudaimonic well-being seems to embrace the contextual influence of family thus providing an important mutually interdependent relationship between well-being and commitment to family which will now be further explored.

2.4.2 THE FAMILY CONTEXT AND ADOLESCENT WELL-BEING

The family is a central socialization context (Margolis et al., 2014) and provides a setting in which individuals live, grow, flourish and together face crises from early childhood into adolescence. Research repeatedly focuses on the importance of family to all aspects of adolescent well-being (Pearson, & Wilkinson, 2013; Botha, & Booysen, 2014). Parents have a nurturing and protective role to facilitate positive adjustment and assist adolescents to grow into healthy functioning adults (Margolis et al., 2014) thus providing a socio-emotional base of continuous support (Pearson, & Wilkinson, 2013).

Family context is characterised by specific parenting styles and practices. Research suggests that family routines, parental presence, parental supervision and behaviour control are positively associated with adolescent adjustment (Pearson, & Wilkinson, 2013). There is abundant research on the positive and negative factors of parental influence on adolescents' psychological well-being (Tisdale, & Pitt-Catsuphes, 2012). For example, Pace and Zappulla (2011) mention how externalising behaviours have been researched to be related to individuals with weak family bonds. Children residing with two biological parents have been researched to experience higher levels of well-being (King et al., 2010). Tisdale and Pitt-Catsuphes (2012) support Pearson and Wilkinson (2013) in explaining the warm, cohesive and loving feelings between adolescents and their parents which leads to open communication, safety and self-esteem thus encouraging well-being. Conversely parental rejection contributes to internalising (anxiety and depression) and externalising (aggression and delinquency) problems (Pearson, & Wilkinson, 2013) whereas low investment from parents is a significant academic risk factor for adolescents (Tisdale, & Pitt-Catsuphes, 2012). Family satisfaction also appears to be important in the development of social connectedness and social competencies, where satisfaction with family has been reported to have a negative relationship with externalising behaviours (Croxford, 2011).

The family unit within the South African context is difficult to conceptualise due to the diversity and multifactorial structures. Types of families in South Africa have been researched to include nuclear family units, single-parent families, non-biological headed

families, extended families and child-headed families many of which are in crisis from factors such as fractured families, poverty and the HIV/AIDS pandemic (Koen et al., 2013). Majority of children from white (86.5%) and Indian/Asian (77.5%) population groups live with both their biological parents, 31.0% of black African children live with both their biological parents, thus 45.6% of black African children live with their biological mother and 21% live with neither parent (StatsSA, 2012). The majority of children who did not live with their biological parents (80%) lived in households headed by their grandparents (StatsSA, 2012).

Available research highlights that family structures within the South African context have been compromised by factors such as fractured families due to enforced migratory labour systems, poverty and the HIV/AIDS pandemic which leaves children to be raised by grandparents or orphaned (Croxford, 2011; Koen et al., 2013) and suffering considerable emotional distress (Nduna, & Jewkes, 2012). Family management models that involve many caregivers are better suited to South Africa as such models explain the intertwined and diverse nature of the family context, especially since research has recently revealed a trend for grandparents to assume the role of primary or secondary caregiver (Margolis et al., 2014). Birditt, Tighe, Fingerman and Zarit (2012) explored intergenerational relationship quality across generations using the family systems theory which implies similarities among generations within a family and found that relationship quality (between parents, children and extended family) is associated with well-being.

Non-nuclear family structures such as single-parent or absent parent settings may adversely affect child development (Ruiz, & Silverstein, 2007). However research also revealed that close-knit relationships with grandparents are positively associated with well-being (Ruiz, & Silverstein, 2007). Within the South African culture grandparents often make up the primary family unit. The notion that grandparents function as effective parental substitutes (Ruiz, & Silverstein, 2007; Margolis et al., 2014) is hopeful for the South African society as well as the fact that even a good relationship with one parent or family member can be a powerful predictor of adolescent well-being (Benard, 1991). Croxford (2011, p. 40) reported that in order to foster optimal development of South African youth, “it is necessary to consider the effects of fractured families on South African adolescents’ familial satisfaction”.

Ryff (2014) explains that positive relations with others, concern for the welfare of others, affection and intimacy are related to higher scores of well-being and therefore concludes that more adolescent/parent involvement appears to promote higher well-being. Although relationship quality and role involvement are associated with well-being (Birditt et al., 2012) a positive relationship with extended family caregivers also constitutes a protective factor (Margolis et al., 2014) as does family satisfaction (Croxford, 2011) which is positive for

families within the South African context. I concur with Botha and Booysen (2014) and can conclude that family relationships are strongly linked to well-being and health.

2.5 COMMITMENT

In a recent study regarding the associations between the family environment, family cohesion and psychiatric symptoms, White et al. (2013) have demonstrated the positive associations between adolescent mental health and family cohesion. A lack of cohesion and family commitment can lead to poor outcomes such as drug dependency, delinquency and emotional difficulties, which are all detrimental to well-being (Jansen, 2014). Research on commitment in the family context is limited, especially in South Africa but it has been researched to contribute to greater well-being in young adults enhancing meaningfulness (Jansen, 2014) and subjective well-being (Georgiou, 2014).

2.5.1 CONTEXTS OF COMMITMENT

Commitment has been defined in the literature as being “a central process that includes a long-term orientation towards a relationship, with the intent to persist in the relationship and showing feelings of psychological attachment” (Davis et al., 2011, p. 258; Le, & Agnew, 2003). Commitment is identified as the psychological construct that directly influences everyday behaviour in relationships (Rusbult et al., 1998). Commitment is also recognised as an influencing factor in the development of stable relationships alluding to the need to then remain within in a relationship (Weigel, Bennett, & Ballard-Reisch, 2003).

Rusbult’s (1980) Investment Model of commitment (Le, & Agnew, 2003) is the most commonly used framework for understanding the factors that predict commitment. The model includes satisfaction with, investment in, and alternatives to a relationship (Davis et al., 2011). Commitment is seen as strengthened by the amount of satisfaction in a relationship and weakened by possible alternatives to the relationship (Le, & Agnew, 2003). The Investment Model of commitment has been shown to predict relationship continuance and termination (Le, & Agnew, 2003) within romantic and organisational contexts.

Available literature on commitment focuses predominantly on romantic (Le, & Agnew, 2003) and organisational contexts (Meyer, & Maltin, 2010; Vallejo, & Langa, 2010). Romantic commitment was researched with the Investment Model Scale (Rusbult, 1980). Rusbult et al., (1998) used the Investment Model Scale to measure underlying factors in the persistence of relationships. They used commitment level, satisfaction level, quality of alternatives and investment size to measure the persistence in romantic relationships (Rusbult et al., 1998). Their findings demonstrated that persistence in a relationship is positively reinforced by the

satisfaction experienced (satisfaction) and the investments they put into the relationship (investment size) and negatively influenced by favourable alternatives (quality of alternatives). The Investment Model Scale has therefore demonstrated high reliability and validity and emphasised that further research on commitment processes is needed to better explain the persistence in relationships and that this model can be used to predict commitment in non-romantic contexts, such as family and organisational contexts (Rusbult et al., 1998).

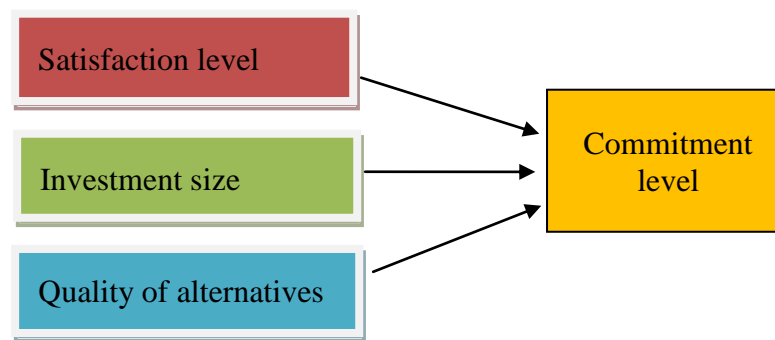


Figure 2.1: Rusbult’s (1980) Investment Model of commitment

Research exploring romantic commitment has consistently utilised the Investment Model highlighting the relationship between commitment and other variables. Davis et al., (2011) used Rusbults’ Investment Model of commitment to examine the connection between individuals’ relationships with the natural environment and their environmental behaviours with a focus on commitment to the environment. Etcheverry and Le (2005) used the Investment Model Scale to understand the cognitive aspects of commitment where accessibility of commitment is examined as a moderator of the association between relationship persistence, accommodation and willingness to sacrifice. Correspondingly, Etcheverry, Le, Wu and Wei (2013) examined adult attachment and the Investment Model, proving that commitment mediated the association of the attachment and investment model variables with relationship maintenance and persistence.

2.5.2 FAMILY COMMITMENT

There is currently limited research which explores family commitment. Family commitment is often alluded to in terms of family cohesion and family connectedness. Walsh (2003, p. 519) defines family cohesion as “the emotional bonding that couple and family members have towards one another”. The Circumplex model measures family cohesion through the dimensions of emotional bonding, boundaries, coalition, time, space, friends, decision making, interests and recreation (Walsh, 2003). Cohesive families enjoy a feeling of closeness and are less likely to have children with behavioural problems due to the supportive, encouraging and protective factors of family cohesion (Jaggers et al., 2014).

Correspondingly, studies indicate that cohesion serve as family resources related to higher levels of family satisfaction (Henry, 1994).

Family connectedness is viewed as a key process in family resilience where connectedness or cohesion is described as being key for successful family functioning (Walsh, 2003). Family connectedness is also reported to be one of the most powerful predictors of adolescent maladjustment as connectedness is also viewed as a promotive factor in adolescent health and development (Jose et al., 2012). Therefore an understanding of what keeps families committed is important given the various challenges that impact families (Jansen, 2014).

Family commitment is encompassed within the family resilience framework as an aspect of connectedness where mutual support, collaboration and commitment assist families to overcome adversity (Walsh, 2003;, & Walsh, 2002). Family commitment can be understood as an emotional bonding, support, loyalty, and building relationships between each family member. Due to the limited research on what motivates and sustains commitment to the family-of-origin, Human-Vogel (2013) emphasised that family commitment differs from romantic commitment in that family relationships are more permanent than dyadic romantic relationships. The fact that family commitment is based on kinship and symbolic ties (Human-Vogel, 2013) directs one to think of family commitment as more meaningful than only based on satisfaction. Meaningfulness has been researched to be a predictor of intergenerational commitment (Jansen, 2014) such that commitment to family is seen as a means to overcome adversity and enhance well-being (Georgiou, 2014). Family commitment is defined as a choice to promote “the well-being and growth of the individual family members as well as that of the family unit” (Jansen, 2014, p. 5).

In the present study I explore family commitment using the Family Commitment Scale adapted from Rusbult’s (1980) Investment Model Scale. The process of adaptation is fully described in Jansen (2014).

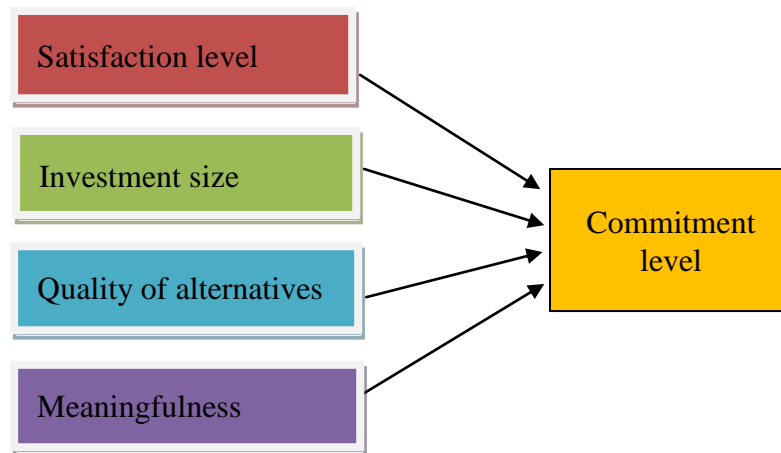


Figure 2.2: Family Commitment Scale

Commitment will involve feelings of satisfaction with the family, the propensity to choose one’s family over other favourable interests, investment of time and resources and the perception of one’s family as meaningful (Jansen, 2014). Family relationships can be meaningful if an individual perceives that relationships within the family of origin allow and support the authentic expression of the individual self (Jansen, 2014).

2.6 CONCEPTUAL FRAMEWORK

Family system theorists explain that parents and children exert a cyclical influence on each other (Walsh, 2003). Families, being a central system of society reciprocally influence well-being (Botha, & Booysen, 2014). South Africa is considered a multi-cultural society where diverse family life develops and enhances well-being and where family ties act as powerful protective factors that promote resilience (Koen et al., 2013) and buffer against stress (Maynard, & Harding, 2010).

Remaining within Bronfenbrenner’s bio-ecological framework the family as a social system will now be presented to demonstrate the interconnection between adolescent well-being and commitment to family-of-origin. The family as a social system consists of interrelated parts which affect and are affected by every other part such that everything contributes to the functioning of the whole (Shaffer, & Kipp, 2014). All families are also embedded in the larger cultural contexts which can affect family interactions and the development of children (Shaffer, & Kipp, 2014).

Bronfenbrenner’s person-environment interactions highlight that all throughout life we are shaped by the contexts we are embedded in and that these ideas are woven through the growing literature on risk and resilience (Crockett, & Crouter, 2014). The family resilience framework considers a systemic notion of families making it particularly applicable to the

South African context because it focuses not only on the parent-child relationship but also considers broader interactions to extended family ties (Walsh, 2003). The importance of extended family arrangements was emphasised as correlating with good psychological functioning (Shaffer, & Kipp, 2014). It also considers socio-cultural variables such as poverty and discrimination allowing for the multiplicity of family arrangements and family diversity (Walsh, 2002) to serve in the conceptualisation of families with the aim of mobilising strengths, assets and resources. Similarly the family resilience framework highlights the need for families to stimulate greater investment in meaningful relationships as a protective factor against crises because “what matters most in dealing with adversity are effective family processes, involving the quality of caring committed relationships” (Walsh, 2003, p. 5).

Therefore, when considering the family as a social system one needs to understand that the system is bigger than the sum of its parts such that each family member influences the behaviour of every other family member (Shaffer, & Kipp, 2014). In considering that family members develop, relationships change, and family dynamics are influenced by broader social contexts it becomes clear that socialization within families is described as a two-way street between parents and children (Shaffer, & Kipp, 2014).

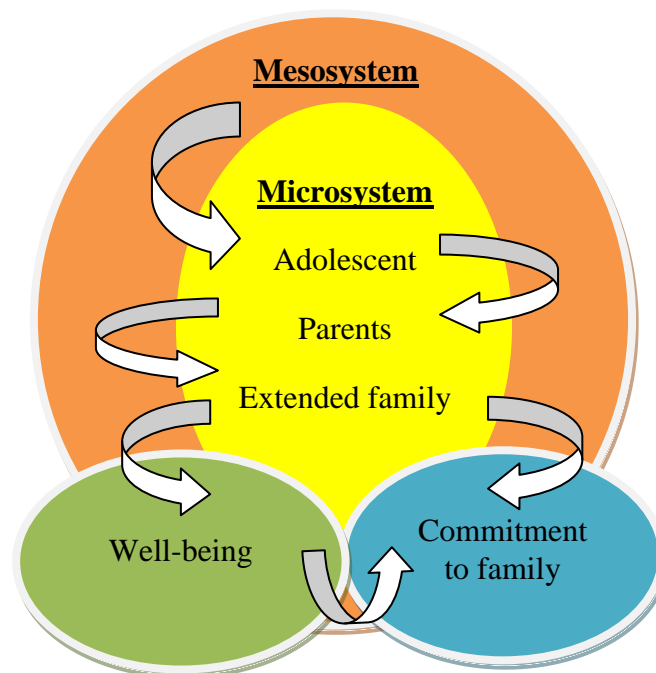


Figure 2.3: Interrelation between adolescent well-being and commitment to family-of-origin



2.7 CONCLUSION

Given the evidence that adolescent health and well-being is promoted by a sense of connectedness to the family (Henry, 1994; Jansen, 2014; Georgiou, 2014; Koen et al., 2013; Jose et al., 2012; White et al., 2013), adolescent well-being should be positively related to commitment to their family-of-origin. Research related to South African families is limited to diversity and resilience and there appears to be limited research in family commitment and the associated factors. Research on factors that contribute towards healthy family functioning (cohesion, connectedness and satisfaction) is foundational to the conceptualisation of family commitment.

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CHAPTER 3

RESULTS

3.1 INTRODUCTION

In Chapter 3 I explore the relationship between adolescent well-being and commitment to family-of-origin by presenting the statistical analysis of the data. In Chapter 2 the theory relating to the relationship between adolescent well-being and commitment to one's family-of-origin was discussed so as to demonstrate the theoretical relationship between these two variables. In the present Chapter, I will begin with a discussion of the scale properties of the Trait Well-being Inventory (TWBI) and the Family Commitment Scale (FCS). I will specifically address the reliabilities of both the TWBI and the FCS followed by a discussion of the distribution of the scale scores for the TWBI and the FCS. A discussion of the descriptive statistics of the sample will then be presented, and finally, the hypotheses that were formulated to answer the research question will be analysed according to the relevant statistical procedures.

3.2 SCALES

3.2.1 INTRODUCTION

Before answering the research questions, the chapter provides analysis of the scale properties of the instruments used in the present study, namely the TWBI and the FCS. In both cases, I will present the alpha coefficient, as well as item-total statistics for the scales. After the reliability analysis, I will discuss the distributional properties of the scales, and conclude by presenting the descriptive statistics for each scale.

3.2.2 SCALE PROPERTIES OF THE TWBI

3.2.2.1 Reliability analysis

As mentioned in Chapter 1, Cronbach's alpha coefficient (α) is based on inter-item correlations and is used to measure the internal reliability of the TWBI (13 items, $n=187$). The TWBI consists of 13 items, where, of the 13 items six items relate to the Mood Level Scale and seven items relate to the General Life Satisfaction Scale. To determine whether individual items correlate with the entire scale, item-total correlations are analysed. Item correlations on the TWBI resulted in an alpha coefficient $\alpha = .878$, indicating moderate

reliability, according to Maree and Pietersen (2007). Please refer to Table 3.1 below to view a summary of the item-total correlations for the TWBI.

Table 3.1: *Item-total Statistics (TWBI)*

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
TWBI1	57.04	83.896	.428	.877
TWBI2	56.57	78.450	.775	.857
TWBI3	56.34	86.248	.441	.875
TWBI4	57.03	83.338	.470	.874
TWBI5	56.20	80.772	.792	.859
TWBI6	56.74	81.390	.699	.862
TWBI7	55.79	89.438	.453	.875
TWBI8	56.90	80.500	.543	.871
TWBI9	56.79	82.427	.556	.869
TWBI10	57.19	81.791	.439	.878
TWBI11	56.73	81.630	.613	.866
TWBI12	56.68	82.378	.613	.866
TWBI13	57.35	80.346	.592	.867

None of the items presented above resulted in an alpha coefficient lower than $\alpha > .60$, meaning that none of the items needed to be considered for deletion in order to increase the overall reliability of the instrument. Item TWBI5 had the highest item-total correlation of .792, which has the greatest influence on the Cronbach's alpha. The deletion of this item would decrease the alpha to .859, thus lowering the internal consistency. Cronbach's alpha coefficients in Table 3.1 are all above $\alpha > .80$, which shows that the scale is a reliable measurement. Thus, all of the items in the TWBI reflected alpha coefficients, indicating moderate reliability, showing that all the items measure that which they were intended to measure, and that the instrument can be interpreted consistently across different situations.

3.2.2.2 Distributional properties

Assessing the distribution of scale scores is an important step, because it helps the researcher decide whether parametric or non-parametric analytical techniques must be used to answer the research questions. To assess the distribution of the scale scores, I followed Field's (2009) recommendations, where the centre of the frequency distribution lies for the TWBI by

analysing the average scores. As Field (2009) explains, a normal distribution is characterised by a bell-shaped curve and implies that the majority of the scores lie around the centre of the distribution. There are two ways in which a distribution can deviate from the norm, namely: skewness, which is a lack of symmetry, and kurtosis, which is pointiness (Field, 2009). To assess the distribution of the scores on the TWBI for the present study, descriptive statistics including the mean, standard deviation, skewness and kurtosis values are analysed. Descriptive statistics of the TWBI are presented in Table 3.2 below.

Table 3.2: *Descriptive Statistics (TWBI)*

Descriptive Statistics					
	N	Mean	Std. Deviation	Skewness	Kurtosis
	Statistic	Statistic	Statistic	Statistic	Statistic
Life satisfaction	184	4.70	.790	-.621	.265
Mood	183	4.70	.800	-.442	-.680

Using Field's (2009) criteria for a normal distribution, I can deduce from the table above that both Life satisfaction and Mood represent a normal distribution, as the skew values are less than 1. This outcome implies that the Life satisfaction and Mood scales have scores that are centred around the mean, and that therefore there is not too much variance in the data, resulting in a symmetrical distribution. The difference between the Life satisfaction standard deviation and the Mood standard deviation is also indicative of the narrow spread of the data around the mean. Life satisfaction and Mood subscales are therefore reliable in measuring the population's opinions on well-being.

The histograms of each subscale are then individually inspected to further assess for shape and distribution. Histograms provide a graphical representation of the frequency distribution and contain important information about the shape, spread and skewness of the distribution (Maree, & Pietersen, 2007). It is important to visually assess the frequency distribution via histograms to gather more information about the distribution, and to observe possible outliers (Field, 2009). The histograms for the TWBI are illustrated in Figure 3.1.

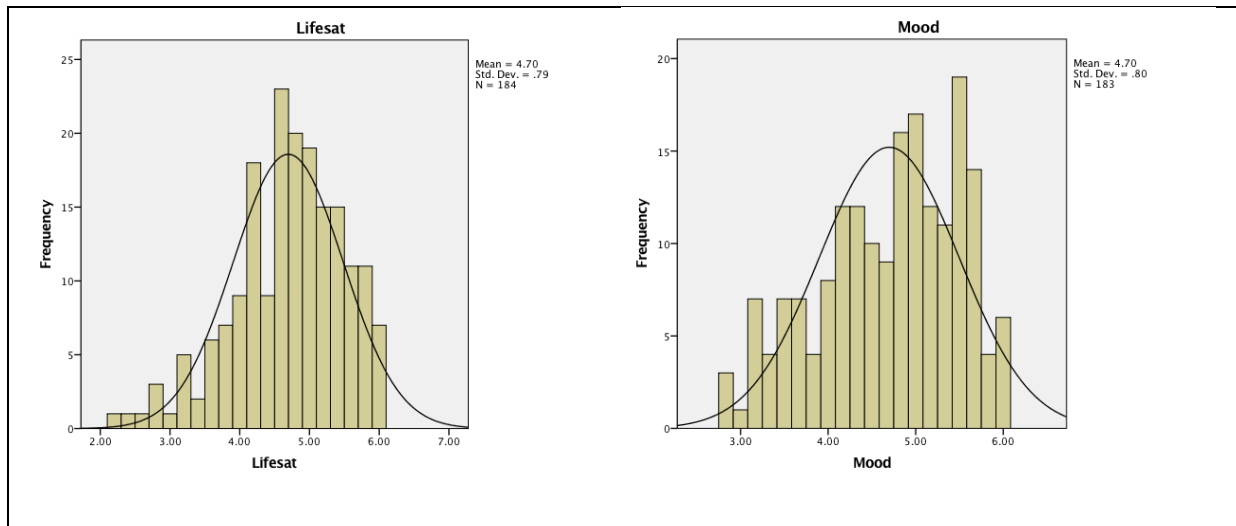


Figure 3.1: Histograms (TWBI)

Upon inspection of the histograms, it is apparent that both the Life satisfaction scale and the Mood scale have an idealised curve shape as there is no visible positive or negative skewness, thus the normal distribution mentioned in Table 3.2 is now confirmed. According to Field’s (2009, p. 136) recommendations, “looking at histograms is subjective and open to abuse.” Field (2009) further explains that descriptive statistics and histograms are a good way of getting an instant picture of the distribution, where the data needs to be substantiated with more analyses to test whether or not a distribution can be determined to be normal.

The Kolmogorov-Smirnov (K-S) test was conducted to assess the normality of the distribution of scale scores for the TWBI. The K-S test is used when sample sizes are larger than 50 and compares the scores in the sample to a normally distributed set of scores with the same mean and standard deviation, so as to test whether a distribution of scores is significantly different from a normal distribution (Field, 2009). The results of the K-S test are presented in Table 3.3.

Table 3.3: K-S test (TWBI)

One-Sample Kolmogorov-Smirnov Test			
		Mood	Life satisfaction
N		184	184
Normal Parameters ^{ab}	Mean	4.70	4.70
	Std. Deviation	.790	.790

One-Sample Kolmogorov-Smirnov Test

		Mood	Life satisfaction
Most Extreme Differences	Absolute	.109	.109
	Positive	.049	.049
	Negative	-.109	-.109
Test Statistic		.109	.109
Asymp. Sig. (2-tailed)		.000 ^c	.000 ^c

^a Test distribution is Normal. ^b Calculated from data. ^c Lilliefors Significance Correction.

A significance level of 0.05 was used for the K-S test. The literature explains that if $p < 0.05$ then the distribution in question is significantly different from a normal distribution (Field, 2009). The p-values of all the subscales in the TWBI are $p < 0.001$. All the scales are therefore highly significant, indicating that a normal distribution is rejected. It is therefore concluded that the distribution of the TWBI is non-normal. Field (2009) and Maree and Pietersen (2007) indicate that if a distribution is non-normal then non-parametric analyses must be conducted to analyse the hypotheses.

3.2.3 SCALE PROPERTIES OF THE FCS

3.2.3.1 Reliability analysis

Item-total correlations were analysed on the FCS to assess the internal consistency of the scale. As previously stated in Chapter 1 as well as in Jansen’s (2014) study, the FCS revealed a five factor structure, namely: Commitment level (CL); Cohesion (CSS); Quality of alternatives - Loyalty (QAL); Quality of alternatives - Independence (QAI); and Meaningfulness (CM). Jansen (2014, p. 65) concluded that “the patterns of correlations between the subscales appear to support the construct validity of the FCS.”

In order to assess the reliability of the FCS in the present study the scale scores for the FCS were calculated according to the recommendations made by Jansen (2014). Using the items for each scale as recommended by Jansen (2014) inter-item analyses were performed and reliabilities calculated for the present studies data. The composite scores of each subscale were then calculated using the following formula: See Table 3.4 below.



Table 3.4: *Jansen (2014) formula for calculating composite scores*

Scale descriptions	Formula for composite scores
Cohesion (CSS)	$(CSS2+CSS3+CSS4+CSS5+CSS6+CSS7+CSS8+CSS9)/8$
Quality of alternatives-Loyalty (QAL)	$(QAL2+QAL3+QAL4+QAL5+QAL6+QAL7)/6$
Meaningfulness (CM)	$(CM1+CM2+CM4+CM5+CM6+CM7)/6$
Commitment level (CL)	$(CL7+CL8+CL9+CL10+CL11)/5$
Quality of alternatives-Independence (QAI)	$(QAI3+QAI4+QAI5+QAI6)/4$

I then used Jansen’s (2014) scale composites to assess the item-total statistics so that the alphas of each item can be reviewed. Table 3.5 presents a summary of the item-total correlations for the FCS. Although the subscales were analysed separately the results below are presented in one table for convenient viewing and interpretation.

Table 3.5: *Item-total Statistics (FCS)*

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach’s Alpha if Item Deleted
CSS2	34.39	42.17	.412	.885
CSS3	34.56	37.79	.607	.866
CSS4	34.02	37.88	.772	.847
CSS5	33.90	39.61	.695	.856
CSS6	33.78	40.50	.740	.854
CSS7	34.28	36.69	.727	.851
CSS8	33.85	40.43	.510	.875
CSS9	33.83	40.03	.748	.852
QAL2	27.26	20.67	.596	.903
QAL3	27.29	19.30	.708	.885
QAL4	26.85	21.16	.616	.897
QAL5	26.80	20.16	.860	.861
QAL6	26.73	20.90	.839	.867
QAL7	26.73	20.90	.832	.867
CM1	25.68	14.29	.718	.829
CM2	25.99	14.18	.608	.848
CM4	25.78	14.98	.624	.845
CM5	26.02	13.77	.711	.828



Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
CM6	25.81	13.77	.727	.826
CM7	25.80	14.63	.560	.856
CL7	20.24	16.23	.190	.907
CL8	19.83	18.67	.669	.613
CL9	19.74	18.52	.668	.611
CL10	20.07	18.08	.627	.613
CL11	19.84	17.93	.696	.596
QAI3	11.10	10.55	.770	.821
QAI4	11.27	10.50	.733	.836
QAI5	10.57	11.30	.709	.846
QAI6	10.90	10.35	.708	.848

None of the items presented above resulted in an alpha coefficient lower than $\alpha > .60$ meaning that none of the items needed to be considered for deletion in order to increase the overall reliability of the instrument. Next, I compared the reliability of the FCS in the present study with the results reported by Jansen (2014). Please refer to table 3.6 below.

Table 3.6: FCS Alpha comparisons between the present study and Jansen's (2014) study

Alpha Comparisons				
Scale description	Jansen's (2014) study		Present study	
	Number of items	Cronbach's Alpha	Number of items	Cronbach's Alpha
Full scale	29	0.870	29	0.930
Commitment Level (CL)	5	0.871	5	0.710
Cohesion (CSS)	8	0.921	8	0.876
Quality of alternatives-Loyalty (QAL)	6	0.922	6	0.898
Quality of alternatives-Independence (QAI)	4	0.918	4	0.873
Meaningfulness (CM)	6	0.939	6	0.862

All of the scales presented in Table 3.6 above have acceptable alphas ($\alpha > .07$), indicating moderate reliability. Therefore, the reliability of the FCS, compared to that of Jansen's (2014) study, yields the conclusion that the FCS reliability of the present study compares favourably

with that of Jansen's (2014) study. The FCS in the present study produced an alpha coefficient of .930. According to Maree and Pietersen (2007), Cronbach alpha coefficients above .90 indicate high reliability. The alpha coefficient for the full FCS has high internal consistency. There is therefore a high degree of similarity among the items used to measure family commitment in the FCS.

3.2.3.2 Distributional properties

As was conducted with the TWBI, the FCS frequency distribution was assessed so as to explore the central tendency of the various subscales, by observing the mean and standard deviation. Table 3.7 presents the descriptive statistics for the FCS.

Table 3.7: *Descriptive Statistics (FCS)*

Descriptive Statistics					
	N	Mean	Std. Deviation	Skewness	Kurtosis
	Statistic	Statistic	Statistic	Statistic	Statistic
Cohesion (CSS)	181	4.87	.889	-.847	.423
Quality of alternatives-Loyalty (QAL)	182	5.32	.909	-2.023	4.605
Commitment Level (CL)	183	4.98	.912	-1.191	1.659
Quality of alternatives-independence (QAI)	183	3.63	.942	.342	-.238
Meaningfulness (CM)	188	5.16	.832	-1.142	1.091
Valid N (listwise)	156				

Using Field's (2009) criteria for a normal distribution, it is evident that Quality of alternatives - Loyalty, Commitment Level and Meaningfulness scales are significantly skewed, as they have a skew value greater than 1, and therefore do not represent a normal distribution. Cohesion and Quality of alternatives - Independence have skewness values less than 1, indicating that those subscales represent a normal distribution. This outcome implies that the Quality of alternatives - Loyalty, Commitment Level and Meaningfulness scales have scores which are not centred around the mean, and that therefore, there is too much variance in the data. Their skewness could be due to some of the items requiring reverse scoring.

The histograms of each subscale were then individually inspected to further assess for shape and distribution. The histograms are illustrated in Figure 3.2. Due to the skew values generated for the Quality of alternatives - Loyalty, Commitment Level and Meaningfulness scales, it is important to visually assess the frequency distributions to obtain a more detailed view of the distribution.

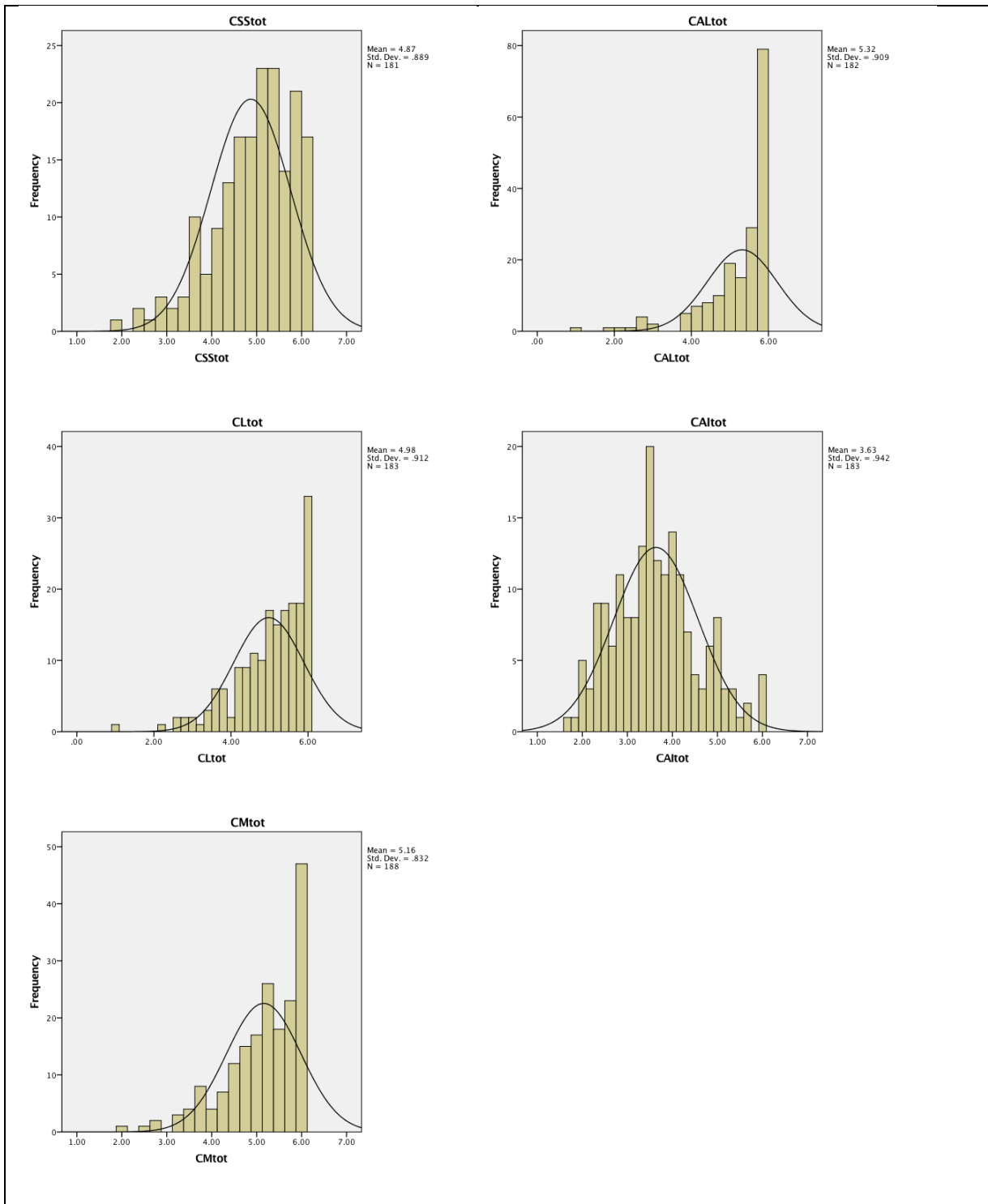


Figure 3.2: Histograms (FCS)

Inspection of the histograms in Figure 3.2 illustrates that the Quality of alternatives - Loyalty, Commitment Level and Meaningfulness scales were all negatively skewed, indicating that the frequent scores are clustered at the higher end, and that the tail points are clustered towards the lower or more negative scores (Field, 2009). In comparison with Jansen's (2014) study, Field too found that Commitment Level and Meaningfulness were negatively skewed. Therefore, if three of the five subscales are skewed, it is possible to deduce that the FCS represents a non-normal distribution of the data.

Based on the histograms results, the Kolmogorov-Smirnov (K-S) test was conducted to assess the normality of the distribution of scale scores of the FCS. The results of the K-S test are presented in Table 3.8.

Table 3.8: *K-S test (FCS)*

			One-Sample Kolmogorov-Smirnov Test				
			CSS	QAL	CM	CL	QAI
N			181	184	188	184	184
Normal Parameters ^{ab}	Mean		4.87	5.39	5.17	4.99	3.65
	Std. Deviation		.889	.897	.743	1.021	1.067
Most Extreme Differences	Absolute		.105	.252	.139	.155	.101
	Positive		.101	.248	.132	.155	.101
	Negative		-.105	-.252	-.139	-.151	-.065
Test Statistic			.105	.252	.139	.155	.101
Asymp. Sig. (2-tailed)			.000 ^c	.000 ^c	.000 ^c	.000 ^c	.000 ^c

^a Test distribution is Normal. ^b Calculated from data. ^c Lilliefors Significance Correction.

As was used for the TWBI, the significance level of 0.05 was set for the K-S test. The p-values of all the subscales in the FCS are $p < 0.001$. All the scales are therefore highly significant, indicating that the distribution of scores significantly differs from a normal distribution. A normal distribution regarding the FCS is therefore rejected. These analyses help the researcher to understand the need to use non-parametric statistics to answer the research hypotheses as the distribution of the scales' data is non-normal.

3.3 DESCRIPTIVE ANALYSIS

3.3.1 INTRODUCTION

The analyses used to assess the scale properties of the TWBI and the FCS indicated that the variables of both scales are skewed, and that the data violates the assumptions of normality

(Maree, & Pietersen, 2007). If the data violates the assumption of normality, then, as previously mentioned, non-parametric statistical measures must be used to test the hypotheses (Field, 2009). The testing of the hypotheses will be discussed in section 3.4. The descriptive statistics of the sample will now be presented to provide information about the demographics and attributes of the sample. Descriptive statistics also summarise information by highlighting the numerical features of the data (Antonious, 2013). In the following section the sample is analysed according to sex, language, qualifications, romantic relationships, and family relationships.

3.3.2 SEX

The present study's sample consisted of 188 respondents between the ages of 16 and 18 years old, living in Pretoria. Table 3.9 below indicates the proportion of males and females in the sample.

Table 3.9: *Sex of the sample (n=187)*

Sex	<i>f</i>	%	Cumulative %
Male	89	47.3	47.6
Female	98	52.1	100.0

The present studies sample consisted of 89 males (47%) and 98 females (52%).

3.3.3 LANGUAGE

The sample's home language distribution was analysed by allowing the respondents to choose between the nine language options presented in the table below. Table 3.10 shows what percentage of the samples population varied in terms of their home language.

Table 3.10: *Home language distribution of the sample (n=188)*

Language	<i>f</i>	%	Cumulative %
Afrikaans	51	27.1	28.8
English	109	58.0	90.4
IsiZulu	3	1.6	92.1
Sesotho	2	1.1	93.2
SiSwati	1	0.5	93.8
IsiXhosa	1	0.5	94.4

Language	<i>f</i>	%	Cumulative %
Setswana	2	1.1	95.5
Tshivenda	2	1.1	96.6
Other	6	3.2	100.0

Analysis of the present study's demographic data revealed that the majority of the respondents reported English as their home language (58%, $n=109$), with Afrikaans respondents being the second highest (27%, $n=51$). Other home languages of the respondents included IsiZulu (1.6%, $n=3$), Sesotho (1.1%, $n=2$), SiSwati (0.5%, $n=1$), IsiXhosa (0.5%, $n=1$), Setswana (1.1%, $n=2$), Tshivenda (1.1%, $n=2$), and Other (3.2%, $n=6$).

3.3.4 QUALIFICATIONS

The respondents were asked in the questionnaire to indicate their highest level of education. The highest qualification distribution is presented in Table 3.11.

Table 3.11: Highest qualification of the sample ($n=188$)

Highest qualification	<i>f</i>	%	Cumulative %
Grade 10	79	42.0	42.2
Grade 11	107	56.9	99.5
Grade 12	1	0.5	100.0

The majority of the respondents reported that their highest qualification was Grade 11 (56.9, $n=107$). Seventy-nine respondents stated Grade 10 as their highest qualification (42.0%), and only one respondent reported Grade 12 as their highest qualification (0.5%).

3.3.5 ROMANTIC RELATIONSHIPS

The respondents' involvement in (romantic) relationships and the nature of these relationships was explored. Not only did the researcher want to investigate whether or not the respondents were in a relationship, but also how their involvement would define their relationship. The respondents could choose to describe their relationship as either casual or committed. Table 3.12 and 3.13 provide the frequencies and percentages relating to relationship involvement and description of their relationship.

Table 3.12: Involved in a relationship (n=188)

	<i>f</i>	%	Cumulative %
Yes	87	46.3	46.3
No	101	53.7	100.0
Total	188	100.0	

Table 3.13: Description of relationship (n=188)

	<i>f</i>	%	Cumulative %
Casual	30	16.0	34.9
Committed	56	29.8	100.0
Total	86	45.7	
Missing system	102	54.3	
Total	188	100.0	

Roughly about half of the respondents indicated that they were not currently involved in a romantic relationship (53.7%, n=101). Forty-six percent of the respondents indicated that they were involved in a romantic relationship (n=87). From the total sample, 30 participants (16%) felt they were involved in casual relationships, whereas 56 participants (29.8%) explained their relationships as being committed.

3.3.6 FAMILY RELATIONSHIPS

The respondents' Parental Marital Status was rated according to these categories: married, separated, divorced, remarried or deceased. The respondents' evaluation of the quality of their relationship with their parents was also investigated. The researcher was not only interested in the respondents' parental marital status, but also in the ways in which the respondents felt about their relationship with their parents. The options made available to respondents to describe their feelings about their relationship with their parents were: uncomplicated and supportive; complicated and tense; distant and uninvolved; close and involved. Table 3.14 presents the percentage of the respondents whose parents are married, separated, divorced, remarried or deceased.

Table 3.14: Parents Marital Status (n=188)

	<i>f</i>	%	Cumulative %
Married	134	71.3	72.4
Separated	11	5.9	78.4
Divorced	17	9.0	87.6
Remarried	14	7.4	95.1
Deceased	9	4.8	100.0
Total	185	98.4	
Missing system	3	1.6	
Total	188	100.0	

Table 3.14 shows that the majority of the participants' parents are married (71.3%, n=134). The remaining participants reported that their parents were either separated (5.9%, n=11), divorced (9.0 %, n=17), remarried (7.4%, n=14) or deceased (4.8%, n=9).

Table 3.15 describes the way participants feel about their relationships with their parents. The quality of the parent-child relationship was therefore investigated.

Table 3.15: Description of relationship with parents (n=188)

	<i>f</i>	%	Cumulative %
Uncomplicated and supportive	73	38.8	40.3
Complicated and tense	13	6.9	47.5
Distant and uninvolved	10	5.3	53.0
Close and involved	85	45.2	100.0
Total	181	96.3	
Missing system	7	3.7	
Total	188	100.0	

Table 3.15 demonstrates that the majority of the participants reported that their relationship with their parents can be described as being close and involved (45.2%). A number of participants also feel that their relationship with their parents can be described as being uncomplicated and supportive (38.8%). Few participants feel that their relationship with their parents is complicated and tense (6.9%), and even fewer reported that their relationship with their parents is distant and uninvolved (5.3%).

3.4 RESEARCH QUESTIONS

To examine the research questions of the study, two sets of hypotheses were formulated. The hypotheses will now be analysed. Please note that the hypotheses are examined with the use of non-parametric statistical tests, as the data violated assumptions of normality.

3.4.1 HYPOTHESIS 1

To answer the primary research question regarding the nature of the relationship between adolescent well-being and commitment to family-of-origin, the following hypothesis is used to test the relationship between adolescent well-being and commitment to family-of-origin. Table 3.16 presents the null and alternative hypotheses pertaining to the first hypothesis.

Table 3.16: Hypothesis 1: Spearman's rho correlation (FCS and TWBI)

Null Hypothesis $H_0: \rho_s = 0$	Alternative Hypothesis $H_1: \rho_s \neq 0$
There is no statistically significant relationship between the study variables, namely family commitment and well-being.	There is a statistically significant relationship between the study variables, namely family commitment and well-being.

The first null hypothesis postulated that there are no statistically significant relationships between family commitment; Commitment Level, Cohesion, Quality of Alternatives and Meaningfulness and Well-being; Life satisfaction, and Mood. The first hypothesis is analysed so that I can first look for relationships between the variables before I analyse them further in the second hypothesis. I examined the associations between the variables in the FCS and the TWBI by using a Spearman bivariate correlational analysis. The Spearman correlation coefficient (Spearman's rho) is the non-parametric alternative to the Pearson correlation coefficient (Maree, & Pietersen, 2007). Spearman's rho is suitable for ordinal or ranked data and is increasingly being used in psychology research (Pallant, 2007). The correlational associations between commitment level, cohesion, quality of alternatives- loyalty and independence, meaningfulness, life satisfaction, and mood are presented in Table 3.17 below.

Table 3.17: Spearman bivariate correlation (FCS and TWBI)

		Correlations						
		Lifesat	Mood	CSS	QAL	CM	CL	QAI
Life satisfaction	Correlation	1.000	.479**	.229**	.205**	.258**	.350**	.175*
	Coefficient							
	Sig.(2-tailed)	.	.000	.002	.006	.000	.000	.019
	N	184	180	177	180	184	180	180
Mood	Correlation		1.000	.136	.122	.227**	.167*	.016
	Coefficient							
	Sig.(2-tailed)		.	.073	.103	.002	.025	.830
	N		183	176	179	183	179	179
Cohesion (CSS)	Correlation			1.000	.554**	.681**	.587**	.382**
	Coefficient							
	Sig.(2-tailed)			.	.000	.000	.000	.000
	N			181	178	181	177	177
Quality of alternatives - Loyalty (QAL)	Correlation				1.000	.507**	.477**	.496**
	Coefficient							
	Sig.(2-tailed)				.	.000	.000	.000
	N				184	184	181	180
Meaningfulness (CM)	Correlation					1.000	.602**	.394**
	Coefficient							
	Sig.(2-tailed)					.	.000	.000
	N					188	184	184
Commitment Level (CL)	Correlation						1.000	.416**
	Coefficient							
	Sig.(2-tailed)						.	.000
	N						184	180
Quality of alternatives - Independence (QAI)	Correlation							1.000
	Coefficient							
	Sig.(2-tailed)							.
	N							184

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

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

I observe from Table 3.16 that most of the correlations were significant as $p < 0.001$. Positive relationships were shown in all the correlations which are interesting as one would expect Quality of alternatives- Loyalty and Quality of alternatives- Independence to have an inverse relationship with Cohesion, Commitment Level and Meaningfulness. This finding will be further discussed in Chapter 4.

Life satisfaction correlated significantly with Mood, Cohesion, Quality of alternatives - Loyalty, Commitment Level, Meaningfulness and Quality of alternatives - Independence at

the 1% level. Mood correlated significantly with Life satisfaction and Meaningfulness at the 1% level and with Commitment Level at the 5% level, however there was no significant correlation amongst Mood, Cohesion, Quality of alternatives - Loyalty and Quality of alternatives - Independence. Cohesion correlated significantly at the 1% level with Life satisfaction, Quality of alternatives - Loyalty, Meaningfulness, Commitment Level, and Quality of alternatives - Independence. Cohesion did not correlate significantly with Mood. Quality of alternatives - Loyalty correlated significantly with Life satisfaction, Cohesion, Quality of alternatives - Independence, Meaningfulness, Commitment Level and Quality of alternatives - Independence at the 1% level, but did not correlate with Mood. Meaningfulness correlated significantly at the 1% level with all the subscales. Similarly, Commitment Level also correlated with most of the subscales at the 1% significance level, except for Mood, with which it correlated at the 5% level. Quality of alternatives - Independence correlated at the 1% significance level with Quality of alternatives - Loyalty, Meaningfulness, Commitment Level and Quality of alternatives - Independence and correlated significantly at the 5% level with Life satisfaction.

There is a strong positive correlation of $r_s = .681$ between Meaningfulness and Cohesion. Commitment Level was also expected to correlate positively with Meaningfulness which is evident in the results, with a correlation of $r_s = .620$. A further observation is that the correlations are moderate, and therefore collinearity is not expected to be a problem for further analyses. The null hypothesis is therefore rejected, even though not all of the variables correlated significantly, such as the Mood subscale and Cohesion, Quality of alternatives - Loyalty and Quality of alternatives - Independence subscales. The alternative hypothesis is therefore accepted as there is a statistically significant relationship between the majority of the study variables, namely well-being and family commitment.

3.4.2 HYPOTHESIS 2

A secondary research question was then examined, namely: Does commitment and well-being vary as a result of sex, parents' marital status and participants' relationship with their parents?

Table 3.18: Hypothesis 2: Comparison of the mean scores of Independent subgroups

Null Hypothesis $H_0: \mu = 0$	Alternative Hypothesis $H_1: \mu \neq 0$
Subgroups analysed in the present study (sex, parents' marital status and relationship with parents) will not show a statistically significant difference in terms of the study	Subgroups analysed in the present study (sex, parents' marital status and relationship with parents) will show a statistically significant difference in terms of the study variables;



variables; Family commitment namely commitment level, cohesion, quality of alternatives and meaningfulness and Well-being namely life satisfaction and mood.	Family commitment namely commitment level, cohesion, quality of alternatives and meaningfulness and Well-being namely life satisfaction and mood.
--	---

I examined this hypothesis by using the non-parametric Mann-Whitney technique to test whether the study variables (Life satisfaction, Mood, Cohesion, Quality of alternatives - Loyalty, Meaningfulness, Commitment Level and Quality of alternatives - Independence) would vary as a result of sex. The Mann-Whitney test looks at the differences in the ranked position of scores in different groups and is the non-parametric equivalent of the t-test (Field, 2009). The Mann-Whitney test relies on scores being ranked from lowest to highest (Field, 2009). The results are recorded in Table 3.19 below.

Table 3.19: Mean Ranks and Test Statistics for FCS and TWBI (sex)

		Mean Ranks		
	Sex	N	Mean Rank	Sum of Ranks
Life satisfaction	Male	88	95.01	8361.00
	Female	95	89.21	8475.00
	Total	183		
Mood	Male	87	96.99	8438.00
	Female	95	86.47	8215.00
	Total	182		
Cohesion	Male	85	75.41	6410.00
	Female	95	104.00	9880.00
	Total	180		
Quality of alternatives-Loyalty	Male	87	83.05	7225.50
	Female	96	100.11	9610.50
	Total	183		
Meaningfulness	Male	89	87.07	7749.50
	Female	98	100.29	9828.50
	Total	187		
Commitment Level	Male	86	85.44	7348.00
	Female	97	97.81	9488.00
	Total	183		
Quality of alternatives - Independence	Male	87	78.68	6845.50
	Female	96	104.07	9990.50
	Total	183		

Test Statistics ^a							
	Lifesat	Mood	CSS	QAL	CM	CL	QAI
Mann-Whitney U	3915.00	3655.00	2755.00	3397.50	3744.50	3607.00	3017.50
Wilcoxon W	8475.00	8215.00	6410.00	7225.50	7749.50	7348.00	6845.50
Z	-.743	-1.348	-3.681	-2.248	-1.679	-1.584	-3.248
Assump. Sig. (2-tailed)	.458	.178	.000	.025	.093	.113	.001

^a Grouping Variable: Sex

From Table 3.19, I observe that some significant differences were found. In particular, when looking at the mean ranks and significance scores, I see that females generally reported significantly higher means of Cohesion (CSS) (104.00, $p < 0.001$); Quality of alternatives - Loyalty (QAL) (100.11, $p = 0.025$); and Quality of alternatives – Independence (QAI) (104.07, $p = 0.001$). Males, although not with large differences, did experience higher mean ranks than females with regards to Life satisfaction (Lifesat) and Mood. When using the Mann-Whitney U test, it is evident that there was no statistically significant difference for Life satisfaction (Lifesat) ($U = 3915.00$, $p = 0.458$); Mood ($U = 3655.00$, $p = 0.178$); Meaningfulness (CM) ($U = 3744.50$, $p = 0.093$) and Commitment Level (CL) ($U = 3607.00$, $P = 0.113$). It is important to note that a limitation for the interpretation of sex differences, is that the group size is unequal, with majority of the participants being female.

Next, I examined whether the study variables would vary as a result of participants' parents' marital status (Married, separated, divorced and remarried), and how they experienced their relationship with their parents by using the Kruskal-Wallis test. The Kruskal-Wallis test is the non-parametric equivalent of analysis of variance, and similar to the Mann-Whitney test, it is based on ranked data ordering the scores from lowest to highest (Field, 2009). Table 3.20 presents the results for the Kruskal-Wallis test.

Table 3.20: Mean Ranks and Test Statistics for the FCS and TWBI (parent's marital status)

Mean Ranks			
	Parent marital status	N	Mean Ranks
Life satisfaction	Married	130	96.86
	Separated	11	66.82
	Divorced	17	72.47
	Remarried	14	82.75
	5	9	83.72
	Total	181	



Mean Ranks			
	Parent marital status	N	Mean Ranks
Mood	Married	130	89.87
	Separated	11	72.14
	Divorced	17	85.35
	Remarried	13	112.96
	5	9	99.28
	Total	180	
Cohesion	Married	128	91.33
	Separated	11	77.36
	Divorced	16	70.91
	Remarried	14	92.00
	5	9	107.50
	Total	178	
Quality of alternatives – Loyalty	Married	131	91.18
	Separated	11	98.68
	Divorced	16	97.94
	Remarried	14	74.36
	5	9	92.61
	Total	181	
Meaningfulness	Married	134	92.80
	Separated	11	94.41
	Divorced	17	86.35
	Remarried	14	83.82
	5	9	121.11
	Total	185	
Commitment Level	Married	131	94.35
	Separated	11	91.64
	Divorced	17	64.06
	Remarried	14	77.32
	5	8	116.50
	Total	181	
Quality of alternatives - Independence	Married	131	89.29
	Separated	10	106.55
	Divorced	17	109.09
	Remarried	14	72.82
	5	9	92.72
	Total	181	



Test Statistics ^{a,b}							
	Lifesat	Mood	CSS	QAL	CM	CL	QAI
Chi-Square	6.665	4.242	4.000	2.070	3.205	7.947	4.773
Df	4	4	4	4	4	4	4
Asymp. Sig.	.155	.374	.406	.723	.524	.094	.311

^a Kruskal Wallis Test; ^b Grouping Variable: Parent marital status

The analysis pertaining to parents' marital status demonstrated no significant differences for any of the study variables, as all of the p-values were > 0.01. The null hypothesis was therefore accepted. The Kruskal-Wallis test analyses were again conducted, to determine whether relationship with parents had an influence on the study variables. See Table 3.21 for the results.

Table 3.21: Mean Ranks and Test Statistics for the FCS and TWBI (relationship with parents)

Mean Ranks			
	Relationship with parents	N	Mean Ranks
Life satisfaction	Uncomplicated and supportive	73	99.05
	Complicated and tense	13	42.31
	Distant and uninvolved	10	87.65
	Close and involved	81	87.60
	Total	177	
Mood	Uncomplicated and supportive	72	91.69
	Complicated and tense	13	46.85
	Distant and uninvolved	10	100.95
	Close and involved	81	90.81
	Total	176	
Cohesion	Uncomplicated and supportive	70	74.03
	Complicated and tense	13	57.65
	Distant and uninvolved	10	43.10
	Close and involved	81	109.41
	Total	174	
Quality of alternatives - Loyalty	Uncomplicated and supportive	72	77.22
	Complicated and tense	12	51.04
	Distant and uninvolved	10	54.10
	Close and involved	83	108.92
	Total	177	



Mean Ranks			
	Relationship with parents	N	Mean Ranks
Meaningfulness	Uncomplicated and supportive	73	89.68
	Complicated and tense	13	37.46
	Distant and uninvolved	10	33.65
	Close and involved	85	107.06
	Total	181	
Commitment Level	Uncomplicated and supportive	71	88.08
	Complicated and tense	13	35.23
	Distant and uninvolved	10	47.90
	Close and involved	83	103.16
	Total	177	
Quality of alternatives - Independence	Uncomplicated and supportive	69	86.43
	Complicated and tense	13	41.88
	Distant and uninvolved	10	61.20
	Close and involved	85	101.56
	Total	177	

Test Statistics ^{a, b}							
	Lifesat	Mood	CSS	QAL	CM	CL	QAI
Chi-Square	13.771	9.780	32.780	29.399	34.034	27.340	19.341
Df	3	3	3	3	3	3	3
Asymp. Sig.	.003	.021	.000	.000	.000	.000	.000

^a Kruskal Wallis Test; ^b Grouping Variable: Relationship with parents

The analyses above, indicated statistically significant differences ($p < 0.01$) for Cohesion (CSS), Quality of alternatives – Loyalty (QAL), Meaningfulness (CM), Commitment Level (CL) and Quality of alternatives – Independence (QAI). Life satisfaction (Lifesat) and Mood with the corresponding p- values of $p = 0.003$ and $p = 0.021$, are also highly significant. This means that the participants’ perception of their relationship with their parents significantly impacts their perceptions of family commitment and well-being.

It is important to emphasise that overall, participants who described their relationship with their parents as close and involved tended to have the highest ranks, even higher than those who reported their relationship with their parents to be uncomplicated and supportive. This means that they generally reported significantly more cohesion, higher loyalty, more

meaningfulness, greater levels of commitment and higher independence when their relationship with their parents was described as being close and involved. The participants who described their relationship as being uncomplicated and supportive only reported significantly higher levels of life satisfaction and Mood. The next pattern I observed is that participants who experienced their relationship with their parents as both close and involved and uncomplicated and supportive, generally experienced greater cohesion, loyalty, meaningfulness, commitment and independence than those who reported a complicated and tense or distant and involved relationship with their parents. Interestingly, the participants who described their relationship with their parents as being distant and uninvolved showed significantly higher life satisfaction and mood. The null hypothesis is therefore rejected in favour of the alternative hypothesis.

3.5 CONCLUSION

Chapter 3 explained the scale properties and distribution of the scale scores in order to assess the normality of the distribution. The descriptive statistics of the sample were discussed and the hypotheses examined using various non-parametric statistical procedures in order to answer the research questions. In Chapter 4, the results presented in the current chapter will be further explored and explained.

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CHAPTER 4

DISCUSSION OF RESULTS, CONTRIBUTION, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The singer Whitney Houston sang a song called “Family first”, where she explained that nothing’s better than family, they are always there to support you and help you stand tall on your feet when all else fails (McKinney, & Love, 2007). In the popular animation movie; ‘Lilo and Stitch’ (Spencer, 2002), Stitch speaks about ‘Ohana’ which means family, and family means that nobody gets left behind or forgotten. The importance of family is echoed throughout the literature (Jaggers et al., 2014; Koen, van Eeden, & Rothman, 2014; Harper, & Cooley, 2007; White et al., 2013) and is also commonly a main theme in songs and movies, alluding to the fact that family is an important social structure critical to the health and well-being of all individuals regardless of culture (Stuart, & Jose, 2014). With the vital transition in mental health literature to a new focus on psychological strengths, positive development and well-being (Olsson, McGee, Nada-Raja, & Williams, 2013) the present study aims to explore the relationship between adolescent well-being and commitment to family-of-origin.

In the present study I explored the relationship between adolescent well-being and family commitment. The primary research question being, “What is the relationship between adolescent well-being and commitment to family-of-origin?” In order to answer this question, I formulated a secondary research question namely; “Does commitment and well-being vary as a result of sex, parents’ marital status and participants’ relationship with their parents?”

I adopted a quantitative methodological approach to secondary data analysis, as I used numerical data and statistical analyses to assess the relationships between the variables. The sample was conveniently sampled and consisted of adolescents in a high school setting between the ages of 16 and 18 years. Data was collected via the administration of a questionnaire which comprised of the Family Commitment Scale (FCS) and the Trait Well-being Inventory (TWBI). The reliability analyses confirmed that both the FCS ($\alpha = .930$) and the TWBI ($\alpha = .878$) have moderate to high Cronbach alpha’s, which concludes that both scales have moderate internal consistency and are therefore considered to be reliable measures. Non-parametric statistical analyses namely; Spearman’s rho was used for the correlational analysis and Mann-Whitney and Kruskal-Wallis for the mean score comparisons. These analyses were conducted to answer the primary research question

through the two stated hypotheses. The results proved that both null hypotheses could be rejected in favour of the alternative, thus indicating that there is a significant relationship between family commitment and well-being. Participants' perception of their relationship with their parents significantly impacts their perceptions of their family commitment and overall well-being.

The findings of the present study, contribute to the literature on family commitment by reinforcing the applicability of the FCS in non-romantic commitment related contexts, therefore highlighting that the FCS is a reliable measure of family commitment. Well-being is also shown in both the present study and in the literature reviewed in Chapter 2 to be pivotal to family commitment, where family commitment is researched to lead to better adolescent adjustment across a variety of domains (Stuart, & Jose, 2014).

The findings of the present study will now be discussed according to the relationship between family commitment and well-being as well as how family commitment and well-being differ in terms of participants' sex and their perspectives about their relationship with their parents. Thereafter, the contributions and limitations of the study will be presented, as well as recommendations for future studies.

4.2 DISCUSSION OF MAIN FINDINGS

4.2.1 RELATIONSHIP BETWEEN FAMILY COMMITMENT AND WELL-BEING

The present study set out to explore the relationship between adolescent well-being and commitment to family-of-origin. The literature reviewed in Chapter 2 provided theoretical evidence for the relationship between these variables, highlighting that adolescents' well-being is directly related to family support (Pace and Zappulla, 2011; Tisdale and Pitt-Catsuphes, 2012; Pearson and Wilkinson, 2013); family satisfaction (Croxford, 2011); relationship quality (Margolis et al., 2014); family cohesion (White et al., 2013, & Walsh, 2003); and family connectedness (Jose et al., 2012). Stuart and Jose (2014) emphasise family, as being an important social structure, which is vital to the health and well-being of all individuals. They continue to mention that positive family dynamics, such as higher levels of cohesion, connectedness and support, ensure better adolescent well-being in all domains of their functioning (Stuart and Jose, 2014).

The first hypothesis used Spearman's rho to analyse the correlational pattern between family commitment and well-being. The significant statistical results meant that the alternative hypothesis could be accepted, and it could be statistically deduced that family commitment presents a moderate relationship to well-being. Direct causal relationships cannot be inferred

as a limitation of correlational analyses (Field, 2009). The subscales of the Family Commitment Scale (FCS) namely; Cohesion, Quality of Alternatives – Loyalty, Meaningfulness, Commitment Level and Quality of Alternatives – Independence all correlated significantly with each other, thus reiterating that the FCS is a reliable measurement of family commitment. Similarly, the Trait Well-being Inventory (TWBI) which comprised of Life satisfaction and Mood subscales also correlated significantly with each other. Jansen (2014) reported the reliability of the FCS and Georgiou (2014) also reported the reliability of the FCS and the TWBI in assessing family commitment and well-being.

As per the results in Chapter 3, Commitment Level correlated significantly with Life satisfaction. Romantic commitment, as discussed by Rusbult et al. (1998) is measured via commitment level, satisfaction level, quality of alternatives and investment. This would imply that satisfaction is a significant subscale of commitment and a reliable variable used to correlate with commitment. Correspondingly, Rusbult et al. (1998) highlighted that persistence in a relationship is positively reinforced by the satisfaction experienced. It is to be noted that Rusbult et al.'s (1998) study, focused on romantic commitment which, as referred to in Chapter 2 is temporary, as compared to family commitment, which is more permanent, thus the addition of the meaningfulness subscale. This result demonstrates that in pursuing a meaningful commitment, one does in fact experience satisfaction. Not only satisfaction, as Bronfenbrenner (1994) mentioned when explaining his PPCT model, but particularly the mother-child interaction across time is a significant predictor of well-being as this proximal process reduces and buffers environmental stressors thus reducing problem behaviour.

The present study's results contradict the literature stating that satisfaction and commitment in adolescence is more meaningful with peers, and confirms the literature which states that adolescents do find satisfaction in meaningful family commitments. Contradicting research states that adolescents show a 21% drop in time spent with family and rather rely on peers for intimacy and support (Moretti, & Peled, 2004). Likewise, recent research in the field of neuroscience now tells us that adolescence is characterised by a reduced ability to manage affective and social influences, such that adolescents are very much reward system sensitive, where peer interactions are found to be the most salient factor in reward processing (Fine, & Sung, 2014). This highlights that peer interactions are possibly more meaningful commitments for adolescents to pursue, than time spent with their families. Other insights reveal that life satisfaction is researched to be culturally dependent, in that collectivistic cultures value family well-being as a strong predictor of life satisfaction, than individual variables, as is the case with individualistic cultures (Vera et al., 2012). This point is further

supported by Bronfenbrenner (1999) who concluded with evidence from the bio-ecological model that parents have a primary impact on adolescent behaviour patterns and peers groups only serve to reinforce established behaviour patterns.

There was no significant correlation between Mood and Cohesion, Quality of Alternatives – Loyalty and Quality of Alternatives – Independence. Mood level, I think is challenging to accurately measure in adolescents due to their ‘emotional turmoil life stage’ (Góngora, & Solano, 2014). Thus when assessing adolescents’ mood, it can be very dependent on a variety of factors and therefore not always necessarily a true reflection of their feelings. Similarly, Steinberg (2013) explained that adolescence is characterised by more brain changes than any other developmental stage alluding to their poor impulse control, sensation driven behaviour and reward sensitivity. Recent brain research shows that brain changes and not necessarily hormone changes account for teenagers’ fluctuating thoughts, feelings and behaviours (Roaten, & Roaten, 2012). Adolescents are also still in the process of prefrontal cortex development which means they are still developing control over their moods (Roaten, & Roaten, 2012). In considering the impact of mood, it is intriguing to find that family cohesion is researched to protect against depression, such that close relationships with family implies that adolescents experience fewer depressive symptoms and higher levels of well-being (Sze, Lin, Hsieh, & Chen, 2013). Adolescents’ mood could possibly then be enhanced by strengthening family cohesion through family based therapy interventions adopting a systemic framework.

Recent research conducted using the TWBI and FCS rendered significant correlations between Mood and Cohesion, as is presented in Jansen’s (2014) and Georgiou’s (2014) studies. Both their studies involved participants in the early adulthood life stage which could help in understanding, that perhaps older participants are more stable with regards to their mood level and attribute mood levels more specifically to family cohesion. Respectively, both studies’ correlations resulted in a significant but negative relationship between Mood and Quality of Alternatives – Loyalty and Independence. This implies that mood level is higher when alternatives to family commitment are considered. Quality of alternatives, as explained by Rusbult and Agnew (2010) refers to the perceived desirability of alternatives to the relationship. Or as Jansen (2014, p. 30) explains “if a person is reasonably unhappy in a particular relationship and prefers to spend time with friends, that person will be less committed to remaining in the relationship”. Research also demonstrates that adolescents are sensitive to stressful life events such that daily interpersonal stress affects their overall well-being (Flook, 2011). Support from parents and peers impacts adolescents’ daily positive and

negative moods, where relationship quality has been researched to enhance the overall well-being of adolescents as they negotiate daily stressors (Flook, 2011).

Quality of alternatives should, based on theoretical findings and previous research, represent an inverse relationship to commitment. Perhaps the present studies' participants struggled with the reversed structure of these questions in the questionnaire, or they simply do not think that their mood is related to alternatives.

Quality of Alternatives – Loyalty interestingly, correlated significantly with all the subscales besides Mood. According to Boszormenyi-Nagi's theory (1984) the concept of loyalty is defined by how family members perceive their familial relationships. A sense of justice (fairness) and trust results in one perceiving loyalty (Delsing, Van Aken, Oud, De Bruyn, & Scholte, 2005). Feelings of justice and trust are fundamental for psychological well-functioning families. The concept, Belief in a Just World (BJW), explains an individual's necessity to believe that they live in a just world as this belief helps them to be able to commit to long term goals (Furnham, 2003). According to Furnham (2003), BJW provides 'psychological buffers' against the realities of the world. Therefore loyalty (comprised of trust and justice) is related to both family commitment and well-being. Interestingly, Thom et al. (1998) emphasised research which highlighted that female's use a care perspective whereas males use a justice perspective when reasoning moral dilemmas.

Meaningfulness presented as the only variable which correlated with all the remaining subscales. This indicates that meaningfulness is a crucial factor in both well-being and family commitment. Jansen (2014) highlighted meaningfulness as being a motivational process behind family commitment, and he explained that people make commitments because meaningfulness allows them to believe that life is emotionally worthwhile and meaningfulness is a central aspect of our lives (Jansen, 2014). Meaningfulness is a key factor in well-being and resilience (Seligman, & Csikszentmihayli, 2000) and can explain persistence in relationships when factors such as satisfaction are low. The strongest positive correlation was found between meaningfulness and cohesion which makes sense in that family cohesion is also researched to enhance resilience (Hair, Moore, Hadley, Kaye, Day, & Orthner, 2009). Here I now see that there exists a reciprocal interaction between meaningfulness, cohesion and resilience. Likewise when one believes that their life is emotionally worthwhile, they will be more likely to strive for unity and togetherness and will experience higher levels of well-being.

4.2.2 RELATIONSHIP BETWEEN FAMILY COMMITMENT, WELL-BEING AND SEX

The secondary research question was then examined, namely: Does commitment and well-being vary as a result of sex, parents' marital status and participants' relationship with their parents? Firstly, the non-parametric Mann-Whitney technique was used to test whether the study variables would vary as a result of sex. Although some significant differences were found, what is most interesting is that females generally reported significantly higher means of Cohesion; Quality of Alternatives – Loyalty; and Quality of Alternatives – Independence. Females', higher ranks with regards to Quality of Alternatives – Loyalty could be due to the gender differences in moral reasoning as is described by Kohlberg's (1984) theory of moral development, where it is mentioned that women tend to consider more responsibility, commitment to obligations, caring and interpersonal relationships, than males who tend to focus more on rules and rights (Thom et al., 1998).

Family cohesion is defined as “the emotional bonding between family members” (Rask, Åstedt-Kurki, Paavilainen, & Laippala, 2003, p. 130). The challenge for families is to adjust relationships so that equilibrium is achieved between individuation and connectedness, especially in adolescence (Rask et al., 2003). Family cohesion is theoretically related to psychological well-being (Uruk, Sayger, & Cogdal, 2007). Families and gender are so intertwined that families are said to be organised by gender in terms of gender-based expectations, shaping identities and organising the daily social processes (Walsh, 2003). Gender and sexuality are socially constructed cultural products (Ma, Zeng, & Ye, 2015) which help us to understand that gender differences are impacted by a variety of factors. The gender intensification theory highlights that gender roles and responsibilities in terms of the cultural expectations for both girls and boys become more sensitive during adolescence (Vera et al., 2012). The research reviewed, presented contradicting yet interesting evidence on gender differences.

Generally females are researched to exhibit more internalising problems, such as depression and anxiety, as adolescent girls report more interpersonal stressors and therefore show greater reactivity with family and friends as compared to males (Flook, 2011). However, the literature states that females focus more on the interpersonal domains than males do (Bartoszuk, & Pittman, 2010), which means they strive for more commitment but are as easily deterred by it due to their high reactivity.

An Israeli study found that adolescent girls were more confident if relationships between their family members were cohesive. However with boys, less cohesive family relationships were related to higher confidence (Sze et al., 2013). In contradiction, a Dutch longitudinal study

showed that sex moderated the association between parent-child relationships as depression was experienced more strongly in adolescent boys than girls (Sze et al., 2013). Other studies suggest that supportive family relationships and family cohesion can buffer the effects of stress for girls, thus reducing their depressive symptoms, whereas peer relationships are buffers for boys (Sze et al., 2013). This could explain why the males sampled in the present study did not provide high mean ranks for Quality of Alternatives – Independence as they possibly feel that family relationships negatively impact their independence to explore peer relationships, which are a greater source of meaning for them. Walsh (2003) adds that males experience less emotional investment in family relationships. If emotional investment is linked to loyalty, then it would be logical to deduce that male's loyalty does not lie solely in familial relationships. It now seems viable that male socialisation moves them towards more autonomy from families, while females tend to move towards more family affiliation and attachment (Feinauer, Larson, & Harper, 2010). Generally, boys are socialised to focus on autonomy whereas girls are socialised to define themselves in terms of closeness and connection to others (Stuart, & Jose, 2012)

Similarly, Bowlby (1973) as cited in Armsden and Greenberg (1987) noted a greater tendency for females to engage in anxious and clinging attachments with peers, whereas with males peer detachment is more common. Research based on romantic commitment highlighted that women were significantly more satisfied, invested and committed to their relationships, whereas men perceived significantly better alternatives to commitment (Le, & Agnew, 2003). Studies have demonstrated a significant association between parental support and lower substance abuse for boys, as well as a significant association between parental support, lower depression and higher well-being for girls (Tisdale & Pitt-Catsuphes, 2012). Likewise, females tend to be more relationship-focused whereas males are more focused on self-esteem and reward rich activities such as sports (Vera et al., 2012). Therefore well-being in girls was based on family values (family satisfaction) (Vera et al., 2012).

Males, however not greatly, did report higher mean ranks for Life satisfaction and Mood, when compared to females, in the present study. The literature explains that gender differences exist in terms of depression and anxiety (Piccinelli & Wilkinson, 2000; Flook, 2011) as mentioned earlier, where females generally experience higher rates of depression than males (Carr, 2006). Depression is more common during adolescence due to the inactivity of the left prefrontal cortex which results in adolescents being stuck in negative emotions (Roaten & Roaten, 2012) as well as the researched higher levels of dopamine, which accentuate sensation seeking behaviours (Steinberg, 2013). It could then possibly be said that although females experience higher rates of depression, they do, according to the present

study, strive for more family cohesion, quite possibly to buffer their natural inclination to develop depression. This is corroborated by research which implies that family satisfaction is a high predictor of subjective well-being for girls and school satisfaction is a common predictor of subjective well-being for boys (Vera et al., 2012).

Although, on the contrary, a study focused on well-being and life satisfaction in Argentinean adolescents, reported no gender differences (Gòngora & Solano, 2014). This is supported by Vera et al., (2012) as they researched that subjective well-being does not vary according to gender. Gender differences in mental health problems have been recently researched to conclude that there are specific gender differences in self-efficacy, which explains why boys experience less negative emotions and therefore higher well-being, as adolescent boys are generally much happier and less affected by stress than females, owing to boys' higher self-efficacy (Ma et al., 2015).

The debate as to whether males or females experience greater well-being and family commitment remains inconclusive and more research is required in this field. Some studies comment on gender differences existing between males and females, such that females are more prone to depression (Gatewood, Huntsman, Davis & Utley, 2011) and are more emotional, but confusingly females also tend to experience higher levels of family cohesion (Bartoszuk & Pittman, 2010) than males. Other studies qualify that no gender differences exist in terms of well-being (Vera et al., 2012). A study conducted on functional brain imaging across development, emphasised that sex differences are more pronounced during adolescence (Rubia, 2013). In this regard, gender differences in cognitive abilities are explained by differences in brain development and structure (Rubia, 2013; Steinberg, 2013), but the extent to which these differences impact one's choice to remain committed to one's family-of-origin, is yet to be explored. The findings from the present study do however present a relationship that shows adolescent females experience higher Cohesion, Meaningfulness and Commitment Level than males, who tended to experience higher Life satisfaction and Mood.

4.2.3 RELATIONSHIP BETWEEN FAMILY COMMITMENT, WELL-BEING AND RELATIONSHIP WITH PARENTS

In answering the second hypothesis, the next set of analyses involved exploring the mean differences between how adolescents perceived their relationship with their parents, and their perceived impacts on well-being and family commitment. The Kruskal-Wallis test was again conducted, to determine whether relationship with parents had an influence on the study variables. The analyses indicated statistically significant differences for the subscales of the

Family Commitment Scale and the Trait Well-being Inventory. This means that the participants' perception of their relationship with their parents significantly impacts their perceptions of family commitment and well-being.

Adolescents who described their relationship with their parents as being “close and involved” experienced significantly higher levels of cohesion, meaningfulness and commitment. Those who reported their relationship to be “uncomplicated and supportive” experienced significantly higher life satisfaction and mood. This leads me to assume that adolescents who experience a close and involved relationship with their parents are more committed to their families, whereas those who report their relationship with their parents to be uncomplicated and supportive tend to experience higher levels of well-being. Extensive research has been conducted on the parent-child relationship. Majority of the research focuses on how nurturing and supportive parent-child relationships (Tisdale & Pitt-Catsuphes, 2012); parental warmth and family cohesion (Jaggers et al., 2014); strong affectionate bonds characterised by trust and belongingness (Koen et al., 2013); secure attachments (Fearson et al., 2013); and parent-family connectedness (Hair et al., 2009) are critical to children's overall development, positive adaptation, resilience and well-being. Parental support, lower depression and better overall emotional well-being are researched to be true (Tisdale & Pitt-Catsuphes, 2012).

Correspondingly, adolescents who perceive their relationships with their parents to be either complicated and tense or distant and uninvolved suffer more internalising and externalising behaviours, depression, higher alcohol consumption and lower well-being (Andolfi, 2013; Bachman, Coley & Carrano, 2012). Emotional distance from parents is also researched to be a significant academic risk factor for adolescents (Tisdale & Pitt-Catsuphes, 2012).

Stuart and Jose (2014, p. 1818) conclude that “a general consensus exists that positive family dynamics (e.g., higher levels of cohesion, connectedness, and support) lead to better adolescent adjustment across a variety of domains”. The present study confirms this statement and contributes to current research by confirming that close and involved relationships with parents positively impact well-being and commitment to family-of-origin.

4.3 CONTRIBUTIONS OF THE STUDY

A gap, in the literature reviewed, reveals that family commitment is a relatively un-explored concept, especially with regards to adolescent well-being. Recent research explored in Jansen's (2014) study confirmed that the Family Commitment Scale, which was adapted from Rusbult's (1980) Investment Model Scale, is a viable measure to assess family commitment. The present study confirms the reliability of the Family Commitment Scale in effectively

assessing commitment within the family context. Previous, specifically international research on family commitment encompassed mainly dyadic relationships and assessed commitment in terms of marital roles or in relation to work. The present study allows family commitment to be assessed through the variables of commitment level; cohesion; quality of alternatives and meaningfulness. The present study also shows how non-romantic commitment, but a more permanent and stable commitment, can be reliably assessed using the Family Commitment Scale.

The present study can contribute to the understanding of commitment within the family context in South Africa, where family commitment is researched to include commitment to grandparents and/or caregivers (Nduna & Jewkes, 2012; Ruiz & Silverstein, 2007). Previous studies exploring well-being in the systemic context of the family only focused on the negative family dynamics. Similarly, the turbulent life stage often characterised as ‘adolescence’, where autonomy from parents is encouraged, the present study can shed light on how to better facilitate this transitional period through a focus on strengthening family commitment, based on the premise that family commitment is researched to enhance adolescent well-being. The present study therefore explores adolescent subjective well-being in terms of mood and general life satisfaction and contextualises adolescent well-being as an important factor to nurture through commitment to one’s family-of-origin.

Congruent with the literature presented in Chapter 2, the present study highlights research which explains the powerful influence that family commitment has on well-being (Henry, 1994; Walsh, 2003; Koen et al., 2014; Birditt et al., 2012). To my knowledge, there is no available literature on how family commitment contributes to adolescent well-being. Adolescent well-being has generally been explored in terms of the parent-child relationship and family structure (Ryff, 2014 and Fearon et al., 2013). The majority of the available research focuses on adolescents’ tendency to be influenced their by peers and thus their exposure to more opportunities for risky behaviour (Sandler et al., 2011).

The present study can contribute to the field of positive psychology (Olsson et al., 2013) by placing greater emphasis on positive characteristics and strengths that contribute towards the growth and development of a system. The idea that family resilience represents adaptive pathways, can guide treatment interventions with families and adolescents to include activities to strengthen the commitment between family members in an attempt to increase their overall well-being. Similarly, the present study can provide motivation, to suggest a shift from focusing on the negativity surrounding adolescence to a more constructive approach, where we focus on developing positive outcomes for both adolescent’s and their family through family based interventions. Adolescents’ perceptions on how they view their

families, as was assessed through the present studies Family Commitment Scale and Trait Well-being Inventory, can provide valuable information about how different family dynamics can be seen as protective factors and not only negative factors. Vera et al., (2012) explained that in order to protect adolescents' well-being, they should be encouraged to evaluate life satisfaction in terms of stable factors such as family.

Supporting Jansen's (2014) research contributions, the present study supports previous studies which have found that gender and language groups do not impact commitment level, thus concluding that family commitment is not influenced by nominal characteristics as much as it is by cohesiveness experienced within the family.

4.4 LIMITATIONS OF THE STUDY

A primary limitation of the present study is the use of survey research, in that the conditions in which the questionnaires are administered cannot be controlled (Maree & Pietersen, 2007). Survey data is mainly self-reported information and therefore only focused on what people think and not necessarily on what they actually do (Creswell, 2012). If response rates are low, then researchers cannot make claims about the representativeness (Creswell, 2012). A limitation of questionnaires has to do with the timing of the questionnaire administration. The questionnaire was handed out straight after a three hour examination, which might have influenced the participants' mood and could account for some of the incomplete answers.

The sample consisted of conveniently sampled adolescents, attending a private school in Pretoria. As was discussed in the Ethical considerations section in Chapter 1, a bias in terms of socio-economic status is highlighted, as the sample contained in the present study consisted of high-school children attending a predominantly affluent private school. The present study's sample showed that 71.3% of the sample's parents were married, when StatsSA (2012) revealed that 86.5% of white children lived with their biological parents and only 31% of black children lived with their biological parents. Thus in terms of socio-economic status, the adolescents sampled would possibly fall into the middle class socio-economic status in South Africa. The results of the present study have only been presented for the purposes of making inferences about the sample of the population used in the present study and have not been used for the purpose of generalising to other populations. Although caution should follow when attempting to generalise the results of the present study, readers should take cognisance of the fact that the present study might also bias adolescents in terms of socio-economic status.

Correspondingly, the groups compared were unequal in size (more female participants than males) and although the results fit the pattern I would have expected theoretically, they must be interpreted with caution.

Regarding the research design, an important delimitation is that a correlation alone does not prove causality (Kaplan, & Saccuzzo, 2009) therefore making it particularly difficult to attain high levels of internal validity, but relatively easy to attain high levels of external validity (Tredoux & Smith, 2006). The relationship between adolescent well-being and commitment to family-of-origin is statistically significant, but does not imply that either of the variables brings about the other.

4.5 RECOMMENDATIONS FOR FUTURE STUDIES

The present study reiterated the reliability of the Family Commitment Scale in assessing commitment to one's family-of-origin. It is recommended that future studies exploring family commitment make use of a more diverse population in terms of age and economic status. While the present study found some significant differences in sex it could be interesting to include a sample of equal male/female participants so that the inconclusive evidence which exists in the literature can be better consolidated.

The significant relationship between how adolescents experience their relationship with their parents, in relation to their commitment to their family and overall well-being, was reported in the present study. Although no significant differences were researched in the present study amongst parents' marital status and adolescent well-being and family commitment, the available literature reports many cases of parents' marital relationship and the impact it has on children's well-being (Baril, Crouter & McHale, 2007; Hair et al., 2009). Perhaps with a more diverse population, this relationship can be further explored and possibly render new culturally applicable research on how parents' marital structure impacts well-being and family commitment.

Furthermore it would be interesting to research the ways in which family commitment can enhance adolescent well-being and in doing so bolster their resilience. Meaningfulness, commitment and resilience are three variables that go hand in hand (Walsh, 2003) and how family commitment further develops these through the various proximal processes could in the future assist with improved counselling and interventions.

4.6 CONCLUSION

The present Chapter discussed and interpreted the results of the study and corroborated the findings with relevant literature support. The contributions of the present study, to the body of research related to family commitment and well-being was also mentioned. Finally the limitations and contributions for future studies were explained.

The family is vital in adolescent social, emotional and behavioural well-being (Harper & Cooley, 2007). There is a significant relationship between adolescent well-being and family commitment, as was evidenced in Chapter 3's results. Adolescents, who experience family cohesion and meaningfulness, are found to experience higher levels of well-being and a greater sense of commitment towards their families.

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APPENDICES

APPENDIX A:

Questionnaire

DEMOGRAPHIC INFORMATION

1. What is your sex? Male 1 Female 2 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	<input type="checkbox"/> 1	English	<input type="checkbox"/> 2	Sepedi	<input type="checkbox"/> 3	IsiZulu	<input type="checkbox"/> 4
Sesotho	<input type="checkbox"/> 5	SiSwati	<input type="checkbox"/> 6	IsiXhosa	<input type="checkbox"/> 7	IsiNdebele	<input type="checkbox"/> 8
Setswana	<input type="checkbox"/> 9	Tshivenda	<input type="checkbox"/> 10	Xitsonga	<input type="checkbox"/> 11	Other	<input type="checkbox"/> 12

If other, please specify: _____

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

Grade 10	<input type="checkbox"/> 1	Grade 11	<input type="checkbox"/> 2	Grade 12/Senior Certificate	<input type="checkbox"/> 3	Degree/Diploma (Matric + 3 years)	<input type="checkbox"/> 4
Honours (Matric + 4 years)	<input type="checkbox"/> 5	Masters (Matric + 5 years)	<input type="checkbox"/> 6	Doctoral	<input type="checkbox"/> 7		

5. Are you involved in a relationship? Yes 1 No 2 V5

If yes, how would you describe this relationship? Casual 1 Committed 2 V6

6. What is your parents' marital status? V7

Married	<input type="checkbox"/> 1	Separated	<input type="checkbox"/> 2	Divorced	<input type="checkbox"/> 3	Remarried	<input type="checkbox"/> 4
Deceased	<input type="checkbox"/> 5						

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

Uncomplicated Supportive	<input type="checkbox"/> 1	Complicated Tense	<input type="checkbox"/> 2	Distant Uninvolved	<input type="checkbox"/> 3	Close Involved	<input type="checkbox"/> 4
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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	Moderately disagree	Mildly disagree	Mildly agree	Moderately 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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

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	
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"/>	V22
I am usually treated fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V23
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"/>	V24



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"/>	V25
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"/>	V26
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"/>	V27
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"/>	V28

10. 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	
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"/>	V29
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"/>	V30
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"/>	V31
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"/>	V32
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"/>	V33
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"/>	V34

11. 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"/>	V35
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"/>	V36
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"/>	V37
I feel very attached to my family – very strongly linked together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V38
My family makes me very happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V39
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"/>	V40



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"/>	V41
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"/>	V42
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"/>	V43
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"/>	V44
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"/>	V45

	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"/>	V46
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"/>	V47
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"/>	V48
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"/>	V49
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"/>	V50
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"/>	V51
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"/>	V52

	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"/>	V53
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"/>	V54
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"/>	V55
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"/>	V56
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"/>	V57
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"/>	V58



	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"/>	V59
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"/>	V60
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"/>	V61
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"/>	V62
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"/>	V63
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"/>	V64
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"/>	V65
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"/>	V66
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"/>	V67
	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"/>	V68
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"/>	V69
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"/>	V70
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"/>	V71
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"/>	V72
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"/>	V73
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"/>	V74
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"/>	V75

THANK YOU!

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



APPENDIX B:

Letter of informed consent

July 2011

Cornwall Hill College
Nelmapius drive
0062

Dear Parents/guardians,

Informed consent to participate in a research project

This letter serves to inform you that a voluntary questionnaire will be distributed amongst the Grade 11 and Grade 12 learners at Cornwall Hill College. The data is required for a project currently being investigated by the Educational Psychology Department at the University of Pretoria.

Particulars of the study are as follows:

B.ED HONS (EDUCATIONAL PSYCHOLOGY) – NOS 780

Faye Turner

RESEARCH QUESTION:

What is the relationship between general and personal just-world beliefs, family of origin commitment and well-being?

OBJECTIVE OF THE STUDY:

To provide data to support the discriminant and convergent validity of the Personal Belief in a Just World Scale (Dalbert, 1999), evidence is required from a sample of adults in a non-university setting that demonstrates a particular pattern of correlations between the General and Personal Belief in a Just-World Scale, Wellbeing, and Family of Origin Commitment.

SAMPLING PROCEDURE AND CRITERIA:

Non-probability sampling, based on availability of adults above 17 years of age in a non-university setting. Participants should understand English or Afrikaans and be competent to provide informed consent autonomously. The protocol letter of informed consent provided with the resubmission of the UP10/07/01 application will be used as submitted.

INSTRUMENTS:

Only instruments that appear in the UP10/07/01 resubmission is used in this study, namely the Just-world scales; Trait Wellbeing Inventory, and Family of Origin Commitment Scale.

OTHER CHANGES:

There are no other changes to the research design and methodology as described in the resubmission of the UP10/07/01 application.

The admission of the questionnaire will be distributed by Faye Turner (Learner Support at Cornwall Hill Pre-school & Bed Hons student in the Educational Psychology Department at UP)

I parent/guardian of a Grade 11 or Grade 12 learner at Cornwall Hill College, Hereby give Faye Turner permission to mete out a questionnaire to my child, as part of the above mentioned research project.

Yes

No

Faye Turner



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Education

Dear Participant,

We would like to invite you to participate in a study about justice, intergenerational commitment and personal well-being. We are student-researchers who are conducting research to fulfill some of the requirements for a B.Ed Hons (Educational Psychology) degree. We are interested in understanding how family experiences and family functioning can impact on the way adults perceive relationships with their family of origin. The results of this study will be presented for examination in an examination presentation for our B.Ed Hons (Educational Psychology) degree and may be presented 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 and 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.

This study was reviewed and has received ethical clearance 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

Mrs Faye Turner / Mr Ian Bands

If you **do not wish** for your child to participate in answering the questionnaire, please advise them not to stay after their English examination or to complete the questionnaire.

Questionnaires will be handed out to:

Grade 12 on Friday 29th July after the English examination

Grade 11 on Wednesday 3rd August after the English examination



Cornwall Hill College

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info@cornwall.co.za • www.cornwall.co.za



Faith in Education

3 August 2011

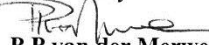
To Whom It May Concern

QUESTIONNAIRE TO COLLEGE STUDENTS

Permission is hereby granted to Ms. Faye Turner to distribute questionnaires for research purposes.

Should you have any queries, please do not hesitate to contact me.

Yours Truly


P.P. van der Merwe
Head of Academics

Executive Head: Mr L Kunneke • College Principal: Mr SH Simpson
Preparatory School Principal: Mr MS Dicks • Pre-School Principal: Mrs J O'Neill
Association Incorporated Under Section 21 • Reg No: 1999/007241/08
PBO Reg No: 18/11/13/3435 • NPO Reg No: 016-672 NPO
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