THE COPING RESOURCES AND SUBJECTIVE WELL-BEING OF DUAL-CAREER HINDU MOTHERS

by

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To my family

Thank you for your Love, Support & Encouragement throughout the years.
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Abstract

With the increasing number of women entering the labour force internationally, the role of women is changing. Consequently, researchers are pressed to investigate how females of all cultures balance their work and family responsibilities. Amongst Hindu couples, this issue can either be a source of tension or positive support. An overview of literature indicates that the psychological aspects of dual-career Hindu women have received little attention in South Africa.

The current study aimed to explore and describe coping resources and the subjective well-being of full-time employed Hindu mothers. The study took the form of a non-experimental exploratory-descriptive design. Participants were selected through non-probability convenience sampling. The sample of the study consisted of sixty full-time employed Hindu mothers between the ages of 25 and 45 years of age who had at least one dependent primary school child aged between 7 to 12 years.

Various questionnaires were used to collect data for this study. These included a Biographical Questionnaire, The Coping Resources Inventory (CRI), The Satisfaction with Life Scale (SWLS), and The Affectometer 2 (AFM2). Data was analysed by means of descriptive statistics. Cronbach’s coefficient alphas were utilised to calculate the reliability of the scores of each questionnaire. A multivariate technique was used to determine the amount of clusters formed. A non-hierarchical partitioning technique known as K-means cluster analysis was utilised in this study. An analysis of variance (ANOVA) was utilised in order to compare the mean scores of the various clusters. A post-hoc analysis using the Scheffé test was computed to test for significant differences. Cohen’s d statistics was subsequently used to determine the practical significance of the differences found between the cluster means on each of the measures. The cluster analysis indicated three clusters that differed significantly from one another on all three measures.

The results of the CRI indicated that the participants used cognitive and spiritual resources to assist them to cope with the transition from traditional to modern contemporary roles. It was also found that the participants with low coping resources had inferior subjective well-being compared to those who had average and high CRI scores. The findings indicated that the participants were generally satisfied with their lives and experienced high levels of positive affect and low levels of negative affect. However, as a group there was a trend for the participants to have experienced slightly lower levels of global happiness or slightly negative affect.
The results of this study broadens the knowledge base of positive psychology with respect to the diverse cultures and gender roles within South Africa. Overall, this study highlighted the value and the need for South African research on the coping resources and subjective well-being of dual-career Hindu mothers.

Key words: Subjective well-being; coping resources; dual-career; mothers; full-time employment; Hindu; Nelson Mandela Metropole; culture; gender role
Chapter 1
Introduction and Problem Statement

1.1 Chapter overview

In this chapter, a general orientation to the present study is provided. A brief theoretical overview relating to the field of health and family psychology, and more specifically occupational health psychology, is outlined, followed by an explanation of the need for the present research study. Thereafter, the proposed aims of the study are discussed.

1.2 Theoretical overview

Mid 20th century research reflected a marked increase in the number of women who choose to combine their traditional family role (i.e., that of wife and mother) with that of the worker role (Man, 1962). Later research by Repetti and Crouter (2000) found that in the last three decades there has been a further increase in women’s labour force participation and in the number of mothers of young children entering the labour market.

For centuries, women have taken part in their country’s economic life. During the gathering and hunting days, more than in any other time in human history, women were considered to be equal to men, as gathering was considered to be a secure, constant source of food supply (Sear, 1971). In medieval and early modern times, women’s work was carried out primarily in their own homes or on nearby farms. With industrialisation however, many women’s jobs were shifted into factories and taken over by men, while the scope for economic activity shrank for the women who stayed at home (Kemp, 1994).

The movement of women back into the labour market has been cited as the most significant social phenomenon of the 20th century. Up until the 1960’s, most women did not expect their careers to play a primary role in their lives and employment was viewed as a secondary life role (Repetti & Crouter, 2000). However, in recent years, there has been a dramatic increase in women’s participation in the paid labour force. Two significant reasons have been cited. It is apparent that modern-day women tend to seek opportunities to express themselves in the workplace and tend to use their education and experience to explore roles beyond the traditional scope of wife and mother (Padula, 1994). These women want to work and exercise a freedom denied to previous generations. A second explanation for the increasing number of women in the labour market is financial in nature in that many families can no longer cope financially with only one income (Bullock, 1994).
1.2.1 Dual-career families

Rapoport and Rapoport (1971) were the first to refer to the term ‘dual-career family’. This term was used to describe families in which both spouses (i.e. husband and wife) participated in the labour market, pursuing their respective professional careers. In these families, the wives were regarded as being career oriented rather than simply holding jobs (Kinnunen & Mauno, 2001). This phenomenon of dual career families was widely described during the 1980’s and the 1990’s and gradually became a dominant structure for families with dependent children (Glass, 1998). During the 1980’s, women’s movements held the notion that many middle and upper-class women had a need to fulfil themselves outside the home and in the labour market, and they were less willing to limit themselves to household chores (Kahn-Hut, Daniel & Colvard, 1982). It is interesting to note, however, that amongst dual-career families, some research indicated that the entrance of mothers into the labour force had not been accompanied by an increase in fathers’ participation in domestic labour (Glass, 1998). Other research by Ross and Mirowsky (1998) found that the number of fathers caring for the children while mothers worked had in fact increased and that the working mothers’ mental health had consequently improved.

The stage of life in which a woman combines work with parenthood may be a source of either satisfaction, stress or both. This often depends on external circumstances such as the distribution of family work and paid work, and other factors such as level of career involvement (Arber 1991, Hall 1992;). In most cases, mothers still seem to assume the primary responsibility for most aspects of childcare and household chores, even if they hold a full-time position. This results in many working mothers experiencing conflicting demands regarding their dual role as mothers and as workers. Various researchers, highlighted this conflict between the two roles and showed that this situation may lead to stress and difficulties which tend to have a negative influence on several areas of life such as diminishing job satisfaction, life satisfaction, wellness, and general mental and physical health for (Brule, 1996; Repetti & Crouter, 2000). In addition, this conflict has been found to have a negative effect on both the person’s attitude to work and the family situation, as the dual-role overload causes the interaction within the family to be less sensitive and more conflictual and negative (Brule, 1996; Brule & Greenglass, 1987; Repetti & Crouter, 2000).

1.2.2 Dual-role conflict

The dual-role conflict is comprised of three forms: the time-based form, the strain-based form and the behaviour-based form (Burke, 1996; Lewis & Cooper, 1989). The time-
based conflict involves the distribution of time and energy between the occupational and the family roles. This form of conflict occurs when the time and energy spent on one of the roles makes it difficult to fulfil the demands of the other role. For example, a mother who holds a high position at work, has numerous demands that she has to fulfil; this could cause her to neglect her role at home. The strain-based conflict occurs when there is a spillover of strain or, more specifically, when a negative emotional state generated in one role spills over onto the performance of another role. The behaviour-based conflict refers to an incompatible set of behaviours which the individual partakes in both for work and for family. The two roles (work and family) usually demand separate sets of behaviours, resulting in women often finding it difficult to shift their behaviours from one role to another (Repetti & Crouter, 2000). In addition to these work-family conflicts, the marital relationship has also been found to contribute to working mothers’ stress, to their feelings of success or failure in balancing their dual-role, and their subjective well-being (Milkie & Peltola, 1999). The work-family conflicts and the marital relationship issues have thus both been found to influence the subjective well-being of the working mother.

1.2.3 Subjective Well-being

A number of terms have been used interchangeably over the years to describe subjective well-being; satisfaction, quality of life and happiness are amongst them. Early researchers, Andrews and Whitey (1976, p.45), defined the concept of subjective well-being as “cognitive evaluation with some degree to which a person evaluates or judges the quality of his or her life as a whole”. Other early research findings by Diener (1984), described three characteristics of subjective well-being. Firstly, it is subjective in nature and resides within the experiential field of the individual. Secondly, subjective well-being is not only the absence of negative factors but also the inclusion of positive elements. Thirdly, the term includes a global assessment of one’s life instead of a narrow assessment of only one life domain. Later research by Smith (2000), described subjective well-being as a domain of satisfaction, such as satisfaction with one’s group or one’s health. Other theories have stressed dispositional influences, adaptation goals and coping strategies as contributing to a person’s subjective well-being (Diener, Suh, Lucas & Smith, 1999) while other researchers (Andrew & Whitey, 1976; Argyle & Martin, 1991) describe the existence of two separate components of subjective well-being, namely that of life satisfaction and happiness.

Research studies on the subjective well-being of working-mothers have generally yielded contradictory results. Many researchers have found that multiple roles are the cause of negative and lowered subjective well-being (Goode, 1960; Slater, 1963). Studies
conducted by Baruch, Diener and Barnett (1987) and Warr and Parry (1982) confirm that mothers working outside of the home experience more depression and stress than mothers who do not work outside of the home. The former situation tends to have a negative influence on mothers’ subjective well-being. Other contradictory research has suggested that involvement in a variety of roles could result in a net gain in subjective well-being, as the roles are not necessarily additive (Marks, 1977; Sieber, 1974). According to this view, people are able to learn how to use expectations that are associated with one role to reduce obligations associated with their other roles. For example, the working mother could reduce her social commitments and/or encourage her children to take over some of the household chores (Barnett, 1995), and thereby maintain positive subjective well-being.

1.2.4 Coping

Coping resources refer to the numerous techniques available to the individual for use in the coping process. It involves an evaluation of stressors and the initiating of activities, with the aim of decreasing the stressor’s impact (Margalit, Raviv & Ankonina, 1992). There are a number of coping resources available to an individual in the coping process. Hammer & Marting (1988, p.2), defined coping resources as “those resources inherent in individuals that enable them to handle stressors more effectively, to experience fewer or less intense symptoms upon exposure to a stressor, or to recover from exposure”.

In summary, research reflects that holding dual career roles could lead the working mother to role conflict, and consequently to decreased subjective well-being, decreased happiness, decreased satisfaction with life and increased negative feelings (Slater, 1963). However, other research has found that dual-career roles can contribute to increased levels of subjective well-being amongst working mothers and to an increase in happiness and satisfaction with life, as well as positive affect (Marks, 1977).

1.3 Problem statement

In line with the international trend of women entering the labour market, more and more Hindu women currently choose to combine the traditional roles of wife and mother with their careers. This situation has increased significantly over the past two decades. Previously, social and cultural barriers prevented these women from taking advantage of education and general participation in outside-of-home activities such as work. In recent years, the attention of social reformers all over India has been directed towards the position of women in society as they have endeavoured to abolish the myth regarding women’s inferiority and their need to be subordinate to men.
In addition, the pressure of economic conditions has compelled many young Hindu women to seek employment and go through the necessary course of education and training in order to ultimately become independent. Presently, numerous Hindu women throughout the world are in dual-career relationships where they work an eight-hour day and then have to return home to perform numerous household and child rearing duties. As there is a void in research conducted on dual-career Hindu women in South Africa to date, the current researcher considered it to be valuable to conduct a study on the subjective well-being and coping resources of full-time employed Hindu mothers.

1.4 Primary aims of the research

The present study investigated the Coping resources and Subjective Well-being of dual-career Hindu mothers. The main aims of the study were as follows:

To explore and describe the coping resources of full-time employed Hindu mothers.

To explore and describe the subjective well-being (i.e. satisfaction with life, positive/negative affect) of full-time employed Hindu mothers.

To explore and describe patterns of subjective well-being and coping resources of full-time employed Hindu Mothers.

1.5 Outline of Chapters

Chapter 1: Introduction

The chapter introduces briefly the topic of dual-career families, dual-career conflict, subjective well-being and coping. The need and the rationale for the research are outlined, and the aims of the study are discussed.

Chapter 2: Hinduism and Female Gender Roles

This chapter looks at Hinduism and its expectations of the female gender. Thereafter it examines the transitions of Hindu female gender roles from the traditional roles to the contemporary roles.

Chapter 3: Coping Resources

This chapter deals in depth with the concept of coping resources and the theories and definitions relating to this concept.

Chapter 4: Subjective Well-being

This chapter examines the concept of subjective well-being by providing a definition of subjective well-being and a theoretical overview of this construct. The variables that may impact upon subjective well-being are also discussed.

Chapter 5: Methodology
This chapter focuses on the research process, which includes the problem statement, the aims of the study, the research design, the participants and data collection procedure, the measurements that were used, and the data analysis that was undertaken.

Chapter 6: Results and Discussion

This chapter presents the results obtained from the study, as well as a discussion of these results in the light of the theoretical frameworks that were presented in the previous chapters.

Chapter 7: Conclusions and Recommendations

This chapter offers an evaluation of the study, and provides conclusions to the present research and recommendations for future research studies in this field of psychology.

1.6 Conclusion

In this chapter, a brief theoretical overview has been given of the topic under investigation, namely the coping resources and subjective well-being of dual-career Hindu mothers. The problem statement and the aims of the study were also reflected. The outline of the present study was also provided.
Chapter 2
Hinduism and Female Gender roles

2.1 Introduction

The Hindu population in South Africa consists predominantly of Tamil, Hindu, Telegu and Gujerati language speaking groups. However it is important to realise that these groups all belong to Hinduism (Chetty, 1982). The Hindu religion is regarded, as the oldest religion in the world; it is tolerant in the sense that it does not force anybody to follow its practices and does not condemn other religions. From the distant past, Hinduism has been the cradle of man’s civilization. Hinduism is a commitment to discipline and devotion; devotion to religion and a rule of contact being distinctive features of Hindu culture. The Hindu Religion is the only religion, which does not believe in conversion from one faith to another. To the Hindu, the end result of religion is union with God. Hinduism is unlike any of the major historic religions; it does not claim an identifiable human founder or a specific origin in history (Klostermeier, 2000).

Hinduism is not founded by a single prophet or religious leader but it is a product of the seers of the Vedas, developed from age to age by the teachings of the Incarnations, the Hindu Scriptures and Epics. Shivananda (undated), states that there is a peculiar, mysterious force that is ingrained in the heart of Hinduism.

Traditional Hinduism has preserved much of the character of autochthonous native traditions, maintaining the holistic, all-embracing approach. There is no hard and fast distinction between the sacred and the secular, no strict separation of religious ritual from essential daily activities, and no real differences or tension between religion and culture (Klostermeier, 2000). Hindus are convinced about the unreality of the world and they regard the universe as merely a picture drawn upon a wall. Banerjee (1979, p.70) states, “As children build houses of sand and then throw them down, similarly do people engage themselves in worldly life, and then take leave of it”. Reincarnation is another aspect that Hindus believe is important. Hindus believe that desires lead to rebirth. Depending on what one has done in your life, which was further beneficial or detrimental, you will have to answer for it in your next life / birth. In order to award absolute justice, the law of Karma
ensures that the amount of injury inflicted on others equals the amount of injury ultimately suffered by the doer. For example, extreme cruelty to helpless animals and humans results in physical deformities of an incapacitating nature on the doer. If cruelty is committed in cold blood without giving the least consideration to the agony of the victims, the physical deformities are accompanied with serious mental and emotional derangement (Banerjee, 1979). The Hindu Yogis (priests) suggest that in order to change present conditions, people should create a very strong mental picture of what they would like to accomplish. Day in and day out, for months and even for years, people should rotate this thought in their mind, using all the will-power at their command.

Hindu’s are taught about their religion, culture and traditions by their families, (i.e. grandparents, parents, aunts and uncles). It is the Hindu family that plays a vital role in a child when they are growing up. It is evident that there has been a transition with regards to female roles in the Hindu Society. The researcher will now discuss social role issues pertaining to Hinduism in the light of orthodox or traditional female role expectations and later day changes or transitions within contemporary South African society. The demands of dual-roles generated by Hindu women entering the workplace will be discussed.

2.2 The Traditional Perspective

2.2.1 The Hindu family

The purpose of a Hindu marriage is continuity of the family. A Hindu family is a social unit. It has assimilated through years and ages, the traditions and sentiments and the modes of behaviour of the community in particular and of society at large. Therefore the Hindu family is an essential medium to preserve these values for its individual members. Within the family, the biological, psychological and social forces meet in giving the individual his or her start in life. It is a social, economic and religious reality. All activities connected with the Hindu home are intended for the preservation and the continuity of the family, its customs and ceremonies (Banerjee, 1979).

2.2.2 The Hindu extended family

In this context an extended family means all the members of the family who live together in the same house. It includes, a husband, wife and their children, as well as additional elders namely husbands and or wife’s parents, grandparents, elder siblings and or other elder relatives (Naidoo, 1977). According to the Indian tradition, when the sons marry, they continue to live in the parents’ homes, and this leads to an extended family (Jithoo, 1975).
All the members of a joint versus extended family co-operate and work for each other. The earning, savings and duties are shared among all the family members without any distinction of gender. Both males and females enjoy rights and privileges in their own sphere. The mother, father, and the eldest brothers must be respected and obeyed by everyone in the family. Parental punishment has been one of the chief means of controlling and guiding the behaviour of their children (Banerjee, 1970).

2.2.3 Roles within the Hindu family

A young Hindu, upon his marriage, does not set up a house for himself but brings his new wife to his fathers’ house; this constitutes the extended family, in which his elder brothers, uncles and his father live with their wives and children. The bride lives in the women’s apartment with her sisters-in-law under the vigilance of her mother-in-law. The husband and wife only meet at night (Thomas, 1960). The extended family is called a Kutum and its perpetration has an important significance among Indians. Every Hindu father takes pride in his family name and wants a son, who will not only perpetrate his line of descent, but who will cremate him and carry out the subsequent funeral rites when he dies. The general expectation of the duration of the extended family is three generations. In rare cases it may reach four (Jithoo, 1975).

Banerjee (1979) notes that the birth of a son is considered to be particularly significant contributing towards helping the father to execute his obligations, to the departed ancestors, social obligations and duties. They are essential members of the extended family who must attend all occasions ranging from picnics to the more exclusive ceremonies which precede formal engagements, weddings and prayers. Pillay (1972, p.20) stated, “All members of the extended family have mutual expectations, demands and privileges interflow without indebtedness”.

Younger sons pay deference first to their father, then to their paternal uncles and then to the eldest brother. The men set rules of this hierarchical order, accepting the obligation and the discipline that such a family unit be placed on them (Mehta, 1975). According to Jolly (1975), when the father’s power of acting as household leader ceases, the eldest son may take over the management of the property in his place if he is discrepant, absent or ill. Sons are subordinate to the patriarch of the family and are expected to obey, respect and accept the decisions made by the father. While the father is alive, the sons may not make decisions without consulting him, nor may they initiate a major undertaking, which could directly or indirectly involve the family unit (Jithoo, 1975).
The economic link between members of the extended family is one of the most important factors holding the family together. A strong force binding the extended family together is, in many cases, a large flourishing, family business, or a piece of land owned by the family (Jithoo, 1975). This practice of favouring males as benefactors of an estate also flourishes in South Africa (Pillay, 1972).

Each member of the extended family is entitled to food, clothing and pocket money, which the head of the family distributes (Thomas, 1960). According to traditional Hindu practice, however females are excluded from the right to inherit but a woman has a right to be supported by her husband’s extended family until her death (Pillay, 1972). If her sons split up after the death of the father, as a widow she is sure to be supported by one of her sons. If she is unfortunate enough not to have a son, she may be taken care of by one of her nephews or under special circumstances by her daughters and daughter’s family. She may also go back to her natal family and live with one of her brothers (Roy, 1975).

Traditionally, daughters and daughters-in-law come under the authority of the female head of the family and thus have to take instructions from her on matters pertaining to the general running of the household. The duties of cooking and cleaning are apportioned to the female members of the household (Jithoo, 1975).

Thomas, (1960) described some opinions of Hindu daughter-in-laws regarding their mother-in-laws. Mother-in-laws were seen to be the terror of all young ladies and their ill treatment had became proverbial in India. It was further described that it was the mother-in-law’s duty to see that every young lady of the household drudged from sunrise to sunset, that no young girl spoke to any male member of the household, not even to her husband during the day, and that no young lady had anytime for keeping herself clean and attractive. When a daughter-in-law made herself presentable, the old women would call her a prostitute; if she was slovenly (untidy or dirty), the old women called her mother names for not knowing how to bring up her children. Any slackness and oversight in the matter of domestic drudgery, was pointed out by the mother-in-law as a reflection of her daughter-in-laws breeding.

A study conducted by the Jithoo (1975), found that during the 1950’s and 1960’s in India, daughter-in-laws mostly conformed to the traditional way of life without question. However in the same families the younger educated daughter-in-laws who had gone out to work could not get on with their mother-in-law, who expected them to live according to the traditional way of life.

Despite these tensions, the extended family system has helped to keep the cultural and religious traditions of Hinduism intact in South Africa and while at the same time it
provided security to needy individuals. This system was a stabilising force during political and social upheavals of late 20th century in South Africa (Naidoo, 1977).

The disadvantages of such an extended Hindu family are that it discourages individual initiative and promotes dependence. Men who were brought up under such a family system often lose the capacity to act and think for themselves as they follow the dictates of their elders without question. When certain family members are removed from the family unit, they often find it difficult to accept adult responsibility (Mehta, 1975). The wife then has to fill the gap created by the separation from the extended family. Naturally she is not equipped to handle such a great burden as she herself has come from a traditional family in which she has led a passive existence. Although she desires independent status and freedom of action, she does not have the ability to cope with the demands inherent in such a situation. Such unrealistic expectations from each other and from themselves are compounded by unresolved conflicts with their own parents. Consequently, children become victims of their parents’ uncertainties and confusions (Ramanujan, 1975).

Today, women tend to resist the passive role assigned to them traditionally. Those who are economically independent press their claims to live independently in their own house. Even those who are not self-reliant exert pressure on their husbands to separate from their extended family. It is observed that in extended families today, difficulties arise when the mother-in-laws, who are old and orthodox, have well educated sons who have chosen to marry equally well-educated women. This may give rise to a conflict of values and attitudes between the older and younger generation (Jithoo, 2000). Modern industrialisation has offered Indian women more economic freedom and today many of them go out to work to supplement the family income. This situation is in contrast to the early days when women were expected to stay at home, care for the children and do the housework. More and more Hindu women are going in for higher education and they have a western-orientated outlook in life; this is certainly in conflict with the traditional ideals, upheld by a typical extended Hindu family (Chetty, 1998).

The Hindu family has now tended to become a smaller unit; each family member has fewer people to turn to for gratification, attention, companionship, assistance and support. This may result in a growing isolation of the individual (Popenoe, Cunningham, Boul & 1998). Nevertheless, the Hindu extended family is an important social unit in which the traditional authority of the patriarch is presented. Even if the sons have separated from the extended family and have set up separate households, there is always at least one son who takes care of the aged parents in order that they never be left alone to fend for themselves.
Sons generally visit and reunite with the members of the extended family during life-cycle ceremonies and other religious observances in the family (Jithoo, 2000).

Chetty (1998) concludes that the Hindu extended family, which is fading away, was a very strong factor in keeping the Hindu culture alive. In the extended family, the various religious rites were always carried out and all the auspicious occasions were celebrated. Children grew up in a rich cultural environment. At times of crises, the relatives of the extended family were never alone, as they always had one another’s support. No envy and jealousy was experienced in an extended family as everybody received equal opportunities and each and every one of them had to respect the patriarch (head) of the family and his wife. Argument did not continue endlessly as the patriarch always made the final decision and this decision was accepted with no ill feelings and argument. A Hindu belief is that it is a blessing for a child (married or not), to look after his parents in their old age. However today old age homes are being constructed; children are shirking their traditional responsibilities by placing their parents in old age homes (Chetty, 1998). Divorce is a rising issue amongst Hindus today. In times of the joint family system divorce was unheard of. Today married couples are living more independently, and simultaneously divorce is increasing rapidly (Chetty, 1998).

2.2.4 Hindu Couple Interaction

Vivaha (marriage) is the most important of all the Hindu ceremonies. The ceremony marks the individual entry into the life of the householder. For several reasons, marriage is held in high esteem by the Hindus, for here he/she takes the pledge to assist in the continuation of the family, race and community and begin to take efforts in that direction. According to Hindu culture marriage is not for lust, but for domestic life and progeny.

The wife holds a respected position as the head of domestic affairs. The measure of her success is the extent to which she can identify herself with her husband’s home. The husband was traditionally regarded as her natural teacher and it was held that it was his duty to teach her the Hindu Scriptures. The Hindu wife was typically subordinate to her husband. Hindus have a code regulating the behaviour between husband and wife. In public behaviour of married couples should be restrained, circumspect and undemonstrative (Pillay, 1972).

The structural situation of sanction against close husband and wife interaction within the family created a practical condition that did not allow for the formation of a close relationship between the newly married couple. The husband was not encouraged by the family to demonstrate overt affection, if any, toward his wife. It was considered shameful to be overtly attentive to one’s wife in such a household (Roy, 1975). A husband was expected
to be his wife’s superior and to receive symbolic and actual deference from her. There was no great expectation that the couple should share thoughts and tastes (Chetty, 1998).

A married couple could not meet often in the course of the daily round. At meals women customarily serve all men first and eat only after the men have finished eaten and risen (Mandelbaum, 1970). Pillay (1972) points out that as long as the man remains under his own father’s roof, he must deny that he leads an active sexual life of his own. Not to do so would be disrespectful.

2.2.5 Societal Expectations Of Hindus

In India there was and to some extent, still is, a clear-cut division in the tasks allocated to girls and those allocated to boys in the extended household families. The boys do most of the outside work such as running errands, and as adults they are the breadwinners. Girls are brought up to spend most of their time well scheduled within the confines of the home. Conservative Hindus regard it a “principle” that women should stay at home and not go out to work (Pillay, 1972).

Social calls among the Hindus lack the intimacy and pleasantness of such interactions in the West. It was not considered proper for a man to eat and talk with one’s wife in the presence of other people, and it was nothing short of scandalous for women of the household to appear before male guests and converse with familiarity. As such, social calls among the Hindus are generally a matter of embarrassment rather than of pleasure. However, this applies only to orthodox families and not to the modern imitators of western manners whose percentage of the Hindu population is at present negligible (Thomas, 1990).

Women have constant household duties or religious ceremonies to perform. Men too have their daily work, and the routine of domestic worship has to be gone through. Hence social visits have not, among the Hindus, developed into a social art. Men, however, visit their households very often on matters of business, and these that are not of a pressing nature indulge in petty talk, partake of refreshments and play indoor games with the hosts. Women occasionally got a holiday when they visit other households. On these rare occasions, however it was made a whole-time job and they spend hours in gossip; sickness and ceremonies are made good excuses of women by visiting neighbours and relatives. Men folk as a rule discouraged women from leaving their households for any purpose whatsoever, least of all for making idle social calls (Chetty, 1988). Girls of marriageable age and young ladies from orthodox homes were not allowed to go out alone (Pillay, 1972).

2.2.6 Hindu females and Hindu Marriage
Marriage was a social institution and the union of a couple was regarded as a social alliance between the families of the bride and the bridegroom (Urquart, 1952). It was believed that a women’s sole aim in life ought to be to ensure the happiness and well being of her husband’s family and her own happiness was of the least importance (Basu, 2001). The chief objects of Hindu marriage consisted of three pillars: dharma or religious duties to be performed by the couple, proja or procreation and rati or conjugal love (Banerjee, 1975). This lofty concept of Hindu marriage, however, was vitiated in the nineteenth century. The concept of an ideal mother was also eroded by the common misuse of power by the mother-in-law in the day-to-day management of the family, as a result of which the only role left for a young wife was one of appeasement. Vivekananda, (1948, p.408) states, “It is perfectly true we have made almost a caricature of some of these great ideas. It is lamentable true that the fathers and mothers are not who they were in the olden times, neither is society so educated as it used to be, neither has society that love for individuals that it used to have”.

The common practice in a typical Hindu family was that as soon as the daughter-in-law stepped into the house, the mother-in-law and sister-in-law retired, as it were and the newcomer was burdened with all kinds of responsibilities (Basu, 2001). Her husband, mother-in-law and other elder members of the family, often scolded the newly wedded bride for any minor fault. Most mothers-in-law had little sympathy and often ill treated the daughter-in-law, who was left feeling miserable in her new home and she was forced to live in a state of tension and fear (Basu, 2001). No young wife, rich or poor, was allowed to sit idle. The daughter-in-law had to perform a variety of domestic chores from morning till midnight. These chores included cooking food and performing religious duties. Women were expected to wear veils and were not permitted to speak to elders, a practice considered a mark of respect. They had to obey the mother-in-law and elders of the family alike (Basu, 2001). When the young daughter-in-law themselves grew old and occupied the superior position of a mother, they enjoyed more power, authority and freedom, but always within the framework of the household, and never beyond it.

2.2.6.1 The Dowry System

The Dowry system in India has a long history. The Hindus believed that Kanyadaan (giving away a daughter in marriage) was a pious duty. Kanyadaan literally means, the gift of a virgin and it was the ideology to which high-caste groups tried to conform and which was respected by low-caste groups as well. The Act of Dana (presentation) according to religious practises indicates that it is essential that parents give something more besides the
bride, so that the ritual of Kanyadaan could be complete. Marriage implied the gift of a daughter bedecked and bejewelled with expensive ornaments and laden with presents. The gifts, including jewellery, were given voluntarily to the bride for her comfort as well as for a better status in her in-laws house (Niroj, 1989). The bride herself was supposed to have little or no say in what happened to her dowry once she left her parent’s home. As a bride, she was expected to behave in a modest and self-effacing manner, and by ensuring her future happiness and earning the new family’s favours, she was not allowed to assert her own wishes. There was always the possibility of conflict between the couple and the husband’s parents on this issue, for it was not only that the bride had limited control over her dowry, but even her husband could find it difficult to assert her rights in it, owing to the close relationship between seniority and authority in the family (Hooja, 1969). Another implied ideology governing the dowry was that it was means of pre-mortem inheritance for the girl from her parent’s wealth, which if probed, would be found equally violated (Basu, 2001).

The Dowry system was yet another evil that prevailed in the Hindu society during the period under investigation. Dowry had to be paid, as a rule, at a time of a daughter’s marriage. A daughter was a perennial source of worry in the Hindu family since she had to be married at the correct age and within the accepted caste framework. Neither inter-caste marriage nor marriage below one’s social status was socially acceptable. The father of the bride found it difficult to meet the dowry requirements and, taking advantage of his difficult situation, an exorbitant dowry was often demanded by the bridegroom’s father. The bride’s father had no option but to agree to this high demand, resulting in great hardship for the bride’s own family after the wedding. The parents were often humiliated for their failure to give adequate gifts and were often insulted and ridiculed for not fulfilling all the promises of the dowry (Basu, 2001).

### 2.2.6.2 Hindu Widows

Halder & Gopal, (1972) stated that the Hindu religion prescribed laws that applied equally to men and women. According to the Hindu scriptures it was necessary to examine the family roots and tradition of both the boy and the girl before fixing the marriage. Just as a man could marry again if his wife was dead or barren, a woman had the same right in a similar situation. If it were shameful for a widowed woman to marry again, it should be just the same for a man. After marriage both husband and wife were expected to make each other happy.
Halder & Gopal (1972, p.157) stated, “A man’s heart breaks, at the deplorable condition of the present day India. The practice of keeping women in happiness and care almost disappears. By and by, some so-called wise man even goes to the length of thinking that it is quite foolish to give them peace and comfort. On close examination it becomes quite evident that at present women’s status is lower than that of maidservants in the family”.

During the second half of the century, there was a tragic period where there were many upper caste Hindu widows in society. A widow was often looked upon as an outcaste in the family where she invariably led a miserable life (Basu, 2001). A widow had no freedom – whether economic or personal. Women in the Hindu society had no right of succession to property, the absence of which made them dependent on men (Mayne, 1906). A Hindu widow inherited nothing and was only entitled to bare sustenance in her husband’s family till her death. Even a millionaire’s wife became virtually a pauper in widowhood and, since widows had no economic security, they were looked upon as parasites (Kumar, 1936). A widow could not enjoy luxury, and could dress only in white. She could not wear ornaments and her diet was strictly vegetarian. A widow was allowed only one main meal per day, and that, too in one table sitting. If she left her seat before finishing her meal, she would be guilty of taking two separate meals in a day. She was frequently required to keep a fast while performing various religious rites in the family since her very presence was regarded ominous on auspicious occasions. Widows were prevented from taking an active part in marriages being held in the family and they were not even permitted to touch anything used for ceremonial rites. Her duty on such occasions was to perform all routine domestic work, however difficult it might have been (Basu, 2001). With a view to improving the situation of widows, the Hindu Widow-Remarriage Act (Act XV) was passed on the 26 of July 1856, through the untiring efforts of Vidyasagar. The Act, however, failed to serve its purpose and the attempt to encourage the remarriage of Hindu widows did not make any substantial progress (Majumbar, Majumbar & Ghose, 1965).

2.3 The changing concept of The Hindu Marriage

Marriage has been, since the ancient times, one of the most important social institutions. Sociologists have offered several different explanations, among them being Westermarck’s definition of marriage as a more or less durable connection between male and female, lasting beyond the mere act of propagation till after the birth of the offspring (Edward & Westermack, 1996). The concept of Hindu marriage has undergone continuous modification through the ages and traditions of thousands of years are dissolving. The concept of Hindu marriage has gone through a transformation from sacrament to contract
(Basu, 2001). Marriage in the Vedic period was regarded as a Sanskara (Rite). Sanskaras are very deeply rooted in the Hindu social system. Sanskaras are certain performances and undertakings which are aimed at making the life and the personality of a person complete, and marriage is solemnized with these customary rites and ceremonies practiced by both the families involved (Basu, 2001). Through these rites and customs, especially of marriage regulated by law, a Hindu whether male or female, attains full personhood. Basu (2001, p.79) stated, “An exposition of Vedic religious rites states that a man who does not win a wife is really half and he is not a full man as long as he does not beget an offspring”.

Basu (2001), expresses that the idea that men are created to be fathers and women to be mothers. Therefore marriage is obligatory for both men and woman. Hindu marriage in the Shastras (sacred writings of Hindus) was viewed as a sacrament. Once established through proper customs and rituals, the relationship of husband and wife, was believed to be irrevocable. In Hindu marriage, custom is sacrosanct, which is why a marriage ceremony is considered to be complete only when the customary rites and rituals are fully performed. Hindu marriage in the early Vedic and later Vedic ages was categorized into two broad classes; Dharmiya (sanctioned by religion) and Adharmiya (disapproved by religion) (Basu, 2001). At objective levels, Hindu tradition stipulates that the important aims of marriage are religious duty (Dharma), progeny (Praja) and conjugal love (Rati). According to Hindu traditions, marriage is an instrument for the pursuance of higher goals of life, rather than a means for personal gratification, which was given the least priority. For this reason religious duty (Dharma) is regarded as the most important purpose of Hindu marriage. An important aim of marriage is Praja i.e. progeny or procreation. Procreation is essential for the continuance of the family line. Avasthi (1979) said that a son saves his father from going to hell. Moreover debts to ancestors (Pitiririna) are discharged through procreation. The marriage of a daughter or Kanyadaan involves a drain of wealth from the girl’s father to her husband’s house. A son of on the other hand, carries out the religious duties of the family and performs the last rites of his parents, thereby paving their path to heaven and preserving his father’s property through inheritance and succession.

2.3.1 The role of Rati (sex) in a Hindu marriage.

The role of Rati (sex) in a Hindu marriage is regarded as very insignificant in Hindu tradition. Though sex is accepted as one of the functions of marriage, it is less important in Hindu marriage that Dharma (religious duties) and Praja (progency). Personal pleasures like
Rati (sex) is to be treated only as an essential means for perpetuation of procreation (Basu, 2001).

2.3.2 The appropriate age of Hindu women for marriage.

As far as the appropriate age of marriage is concerned, it appears that in the Vedic, girls were supposed to be married at a mature age because consummation was prescribed immediately after three nights following the marriage ceremony, indication that the females were sufficiently grown up (Basu, 2001). A Hindu female would be at a marriageable age when she reaches the age of puberty. A girl having reached the age of puberty should wait three years for a husband; but at the end of that time she should choose a husband of the same caste (Manu, undated).

2.4 Reasons For Becoming Westernised

The necessary result of the desire for higher education has been to postpone the age of marriage of women, and several of those who have entered the professions have either decided not to marry or indefinitely put off marriage. Girls are often sent to distant places away from their home to complete their education. No restriction by way of escort are considered to be necessary or practical and the girls become more and more capable of taking care of themselves without any chaperone. Upper-class married women of the new generation have organized clubs for recreation and have formed associations for carrying on various forms of social service. They take part in public meetings and are prepared to participate in the discussion of political, social, educational, or economic question. They run their own magazines for the advocacy of women’s cause and are ready to travel long distances, to attend conferences for the discussions of matters of special interests to women. They have been moved by the spirit of patriotism and are ready to face the consequences of the political agitations and undergo suffering. The ideals of culture, social services, and nationalism which Hindu educated women folk place before themselves, are in no way different in kind from those which actuate Hindu men or educated women of the west. The number of women to whom the above description applies, is still extremely small compared to the population. The portals of western literature and science are open to Indian youth and it would be impossible to prevent the penetration of western ideals of life and conduct (Aiyar, 2001).

According to Shivananda (1969), a Hindu woman should not go to the cinemas, dramas, fairs, hotels and other crowded places, should never hear a song or sing obscene songs and should not read novels and newspapers. She must read spiritual books and philosophical journals instead. The Hindu women should not go out in an attractive,
fashionable, semi-transparent dress and should wear simple clothing. The external fidelity of a Hindu woman to her husband makes her an ideal of the feminine world (Shivananda, 1969). The author says further that women can no more do the work of men in the world than men can do that of women. By taking part in politics, by becoming voters or lawmakers, women cannot attain enlightenment and refinement. If women become salaried workers, they would withdraw from their homes and the result would be disastrous. There will be subversion of domestic discipline and family order. There will be social decay.

Hindus are serious people and sports and games are not as popular among them as in the West. Children and young men are privileged to play. Elderly people seldom play outdoor games but those who are willing to be amused watch games. The Hindus universally appreciate music, as it forms part of all their rituals and ceremonies. Though the higher classes are connoisseurs of music and dancing, it is considered derogatory to the dignity of the respectable person to dance and sing. As far as Hindu women are concerned the word “dancer” or “singer” used to be a synonym for a prostitute and hence Indians have not copied the mixed dances, which are so popular in all social circles in the West. Some Indians love to watch other people dance, but they are reluctant to dance themselves (Thomas, 1990).

Traditionally speaking, education for Hindu girls is frowned upon and is of no particular value (Vidyarthi, 1980). Women were encouraged by their peer groups to remain within the confines of the homes and were taught domestic crafts. Liberal education was denied to them not by law or religion, but because of social prejudice against it. Their role demanded of them a different kind of training to which, it was thought, formal education presented a challenge. Families feared educated women could threaten the harmony of family life. To maintain unity it was essential that women did not have personal ambitions and goals. Hindu women were expected to find their fulfilment in the family, not outside it (Mehta, 1975). The education of a daughter may present a knotty problem to a father. If the daughter can read and write, there may be no difficulty and some advantage on the score in getting a daughter married. But if she goes to a secondary school, it would be difficult to find a groom for her whose family will be willing to take in an educated girl. They may fear that she will not make a proper, dutiful wife because of her education (Chetty, 1988). The villager now sees education, as a desirable asset for the sake of one’s child as well as for the good of the family. Educated boys and their families increasingly insist on a bride with an education suitable to the education of the groom. Thus as more boys receive high school or university education, the incentive to educate girls also increases (Mandelbaum, 1970).
Shivananda (undated), states that women should be educated, but he is not in favour of such freedom, as it will ruin them. He favours education and culture that will make them ideal women. Women should have the knowledge of the Holy books such as the Gita and The Bhagvata, the lives of saints and sages, and Holy Scriptures. They should study the Ramayana (Holy book). A woman can have knowledge of medicine, law, biology and science for her own enlightenment, but not for the sake of employment. Educated women can do any useful service to society according to her capacity, taste, temperament, aptitude, nature and standard of education in a manner that is consistent or in perfect agreement with established principles of their mode of life. The ideal Hindu women is one who manages the home efficiently, who looks after the comforts of her husband and serves him as her God, who trains the children to become good citizens, who leads a chaste and virtuous life and who plays the noble and important part of a good wife and good mother. Women should become ideal wives and mothers. This is nature’s scheme in a good plan.

2.5 Hindu Female Roles in Transition

2.5.1 Conditions of Hindu women during the second half of the nineteenth century.

The life of an average Hindu woman was difficult and pitiable owing to the existing social customs and practices in the early nineteenth century. During this time, some Hindu women were highly educated and played an important part in society. In the pursuit of knowledge and virtue, performance of rituals, composition of hymns and in other activities, temporal or spiritual, women were considered the equals of men (Basu, 2001). Hindu women displayed outstanding capabilities as administrators and warriors, and did not remain behind in statecraft either. The condition of Indian women in general, and of Hindu women in particular, began to deteriorate after the Muslim conquerors settled in India. Women then lost their opportunities and freedom, and became increasingly dependent on men. The consequent political and economic unrest arrested the development of Indian society as a whole and women in particular. Worse still, undesirable social customs crept in, which gradually reduced the Indian women to a state of perpetual bondage. When raids and warfare became a common occurrence, the fear of insecurity which affected unmarried young women was, perhaps, largely responsible for the emergence of the system of early marriage. This most probably led to the beginning of the cruel and reprehensible dowry system, which has prevailed for centuries. With no organised system of education to sustain a female child, she was often married even before she had learnt the alphabet, thus she remained unlettered and absolutely dependent upon men, economically and otherwise (Basu, 2001). Gradually, the belief grew in Indian society that women were destined to a
status inferior to men. By the beginning of the nineteenth century, the position of Indian women had reached the lowest depth of degradation (Majumdar, 1953). The position of women in the family which was discussed in the second chapter has to be examined, in order to determine their social status because, in early Indian society, women exercised influence mostly in their families. The family was of prime importance in the life of an Indian. The extended family, which included father, mother, grandfather, grandmother, brothers, sisters and other relatives, was the traditional pattern of the family. The western concept of the nuclear family consisting of only a husband, wife and children had not emerged then.

2.5.2 The Modern Hindu Women

The social barriers that prevented women from taking advantage of education and participation in outside activities began to lift at the start of this century. The attention of social reformers all over India was directed towards the position of women and they endeavoured to abolish the myth regarding their inferiority and their need to be subordinate to men. Men like Gandhi sought the help of women in the fight for freedom – a call that was answered by all sections of society. He championed their rights and through every available means tried to re-educate society. Gradually in the cities the age of marriage began to rise as a result girls were sent to schools and colleges. Families within the orbit of British influences were the first to break through the traditional bonds. Daughters of such families were educated though they were still brought up with the Hindu ideals (Mehta, 1975). In 1896, the Indian National Social Conference proclaimed that the permanent progress of our society is not possible without a further spread of female education over the last 100 years; the outlook of the Indian Society almost completely changed and the women, especially in urban centres attained a respectable status (Raychaudary, 1978). The pressure of economic conditions compelled many young women to seek employment away from their homes and go through necessary courses of education and training. Women in India today have obtained their political equality. There is currently no disposition in India to deny the eligibility of women to sit in the legislatures or local bodies or to enter the public services or to enter any of the professions. Several women have been serving as members of the legislatures, local bodies or as magistrates and given a good account themselves. Their claims to education have been to recognise their parents and the government and these women who are well to do are ready and willing to give the benefits of a collegiate education to their daughters (Aiyar, 2001). The upward trend in the divorce statistics has been considered by some observers to be closely related to the changing status of women. They believe that the more
freedom women gain, the less willing they become to accept an unsatisfactory marriage, and as their economic status improves, they have an alternative to continuing with an unhappy marriage (Ramphal, 1985).

The woman of the west has opened a new chapter in her life. She is dazzled by the glamorous rush and speed of the modern age. She does not like to perform household duties. You can now find her in the house of parliament or behind a typewriter. She is a telephone operator, she is a pilot, she is a film star, a shop girl. She compliments herself that she is sharing and lessening the work of a man. Slowly she has got into his trousers and vies with him in his field and tries to oust and replace him. She has asserted her rights and has broken the four walls of her home. She works in war zones and industries. She thinks she is living a glorious life. But is it so? She is not really happy and peaceful (Shivananda, undated).

Thus one can see that generally the more Western education the Hindu receives, the more they move up the social ladder and the more likely they are to move further away from the Hindu traditions and values.

2.6 Women and work

The movement of women into the labour market has been cited as the most significant social phenomenon of the 20th century. Up until the 1960’s, most women did not expect their careers to play a primary role in their lives and employment was viewed as a secondary life role (Repetti & Crouter, 2000). However, over the last three decades, there has been a dramatic increase in women’s participation in the paid labour force. It is apparent that modern-day women tend to seek opportunities to express themselves in the work place and want to use their education and experience to explore roles beyond the traditional scope of wife and mother (Padula, 1994). They want to work and exercise a freedom denied to previous generations. A second explanation for the increasing number of women in the labour market is financial in nature. Many families can no longer cope financially with only one income (Bullock, 1994).

2.6.1 Role Conflict

The stage of life in which the woman combines work with parenthood may either be a source of satisfaction, stress or both, depending on external circumstances such as the distribution of family work and paid work, and other factors such as level of career involvement (Arber & Gilbert, 1992; Hall, 1990). In most cases, mothers continue to assume the primary responsibility for most aspects of childcare and household chores, even if they hold a full-time position. This results in many working mothers experiencing conflicting demands regarding their dual role as mothers and workers. The role conflict tends to create
dissatisfaction, raises unfulfilled expectations, and produces considerable strain on the women’s attitudes towards their work and family roles (Bullock, 1994; Wiseman & Paykel, 1974).

The dual-role conflict is comprised of three forms namely the time-based, the strain-based and the behaviour-based forms (Schbracq, Cooper, & Winnubst, 1996). The time-based conflict involves the distribution of time and energy between the occupational and the family roles. This form of conflict occurs when the time and energy spent on one of the roles makes it difficult to fulfil the demands of the other role. For example, a woman who holds a high position at work, has numerous demands that she has to fulfil; this could cause her to neglect her role at home. The strain-based conflict occurs when there is a spillover of strain or, more specifically, when a negative emotional state generated in one role spills over onto the performance of another role. The behaviour-based conflict refers to an incompatible set of behaviours in which the individual partakes both for work and for family. The two roles (work and family) usually demand separate sets of behaviours, resulting in women often finding it difficult to shift their behaviours from one role to another (Repetti & Crouter, 2000). In addition to these work-family conflicts, the marital relationship has also been found to contribute to working mothers’ stress, to their feelings of success or failure in balancing their dual-role, and to their subjective well-being (Milkie & Peltola, 1999). The work-family conflicts and the marital relationship issues have thus both been found to influence the subjective well-being of the working mother.

Research findings tend to indicate that the family-work conflict has led to a negative effect on the physiological and psychological functioning of working mothers. Various researchers (Bruke, 1996; Gerstel & Gallangher, 1993) have demonstrated that this conflict between the two roles may lead to stress and difficulties which influence other areas of life, such as diminishing job satisfaction, life satisfaction, wellness and general mental and physical health. In addition, working mothers who described more pressure at work, reported greater role overload and feelings of being overwhelmed by the multiple commitments (Crouter, Bumpus, Maguire, & McHale, 1999; Repetti & Crouter, 2000). These women were also likely to describe interactions with family members that are less sensitive and responsive, and more negative and conflictual (Repetti & Crouter, 2000). The next section will examine the subjective and objective stress experienced by women fulfilling the dual role of worker and mother.

2.6.2 The Context of Roles
Examining the context of the different roles can be of assistance in understanding the impact of the dual-role situation on the psychological state of a working mother. It is important to seek not only the influence of the involvement in multiple roles on the individual’s emotional distress, but also to assess the conditions under which relationships occurred (Voydanoff & Donnelly, 1999). In their research, Voydanoff and Donnelly (1999) distinguished between two contexts, namely the subjective psychological conditions (i.e., the individual’s subjective reaction to roles) and the objective structural conditions (i.e., the time spent in activities related to the role). The following subsections discuss the two contexts in great detail.

2.6.2.1 Subjective Psychological Conditions

Subjective psychological conditions are the subjective perceptions and experiences of the individual who fulfils the role. Research has yielded controversial results when it comes to the relationship between satisfaction in the dual-role (the work and the family roles) and psychological distress (Umberson, 1996).

On the one hand, these experiences and perceptions can be positive and rewarding, and provide the individual with high levels of satisfaction. When the individual perceives his or her roles in a positive way, he or she is less likely to experience psychological distress while attempting to fulfil the different roles he or she fulfils (Windle & Dumenci, 1997; Wu & DeMaris, 1996). On the other hand these can be negative perceptions or experiences, “costs” that the individual has to “pay” because of the multiple roles he or she fulfils, such as perceived strain. When the individual subjectively perceive this, or feels unable to fulfil the roles he or she is occupying in an effective way, then it is likely that psychological distress would be experienced (Barnett, Brennan, & Marshal, 1994; Voydanoff & Donnelly, 1999).

2.6.2.2 Objective Structural Conditions

Objective structural conditions are the concrete demands and the resources associated with the roles. According to Voydanoff and Donnelly, (1999), when considering the effect of the two or more roles that an individual fulfils, there are two possible outcomes, namely addictive relationships (in which the effect of one role buffer or enhance the effects of the other role on the individual’s well-being), and negative spill-over (in which aspects of one role exacerbate the effects of another role).

Voydanoff and Donnelly (1999) proposed that the time the individual spends in any role is an objective structural condition. According to these researchers, the more time the individual spends in a role, the stronger the likelihood that the individual will experience
depression. More specifically, they found that spending moderate amounts of time in roles with their associated rewards could buffer the effects of the demands of another role on psychological distress. In addition, these researchers found that wives who spend over 46 hours per week in a paid job, were more likely to experience depression when compared with wives who spend less hours in a paid job (Voydanoff & Donnelly, 1999). Another researcher (Simon, 1995) stated that time spent in one role may be perceived as neglect of the other role, as a woman could experience her roles of wife, mother and worker to be in competition with each other. The next section will examine the different sources and factors that contribute to the levels of stress experienced by working mothers.

2.7 Women in the Dual-Role and their Subjective Stress

Various factors (such as childcare duties and responsibilities at work) were found to contribute to the high stress levels that are experienced by the working mother.

2.7.1 Household, Family & Childcare Duties

Even though women might enjoy fulfilling the roles of the mother and the worker, and are committed to both roles, it is likely that they will feel strain due to this dual-role. This is because of their responsibilities to their family and home roles are likely to be greater than those of working women with no children, or mothers who do not hold a job; it is likely that these responsibilities may cause a working woman to sacrifice more (e.g., personal time) in order to fulfil both roles effectively (Shelton, 1996).

Working mothers are worried about the future of the family. When measuring themselves against the traditional, idealised standards according to which working and mothering small children cannot mix, and against the notion that good mothering equals the amount of time spent with the children, many working mothers feel they fall short (Graph, 1998). In addition, having children, especially young and dependent children, might have a negative affect on a women’s feelings of success (or lack thereof) in balancing work and family (Milkie & Peltola, 1999). Other research found that wives and mothers are more likely to experience higher levels of stress and dissatisfaction with regard to parenting problems, financial problems and occupational problems when compared to their husbands (Graph, 1998).

Having an additional family role, such as caring for the extended family (e.g., one’s own parents or in-laws), might influence the working mother in different ways. In general, researchers have found a negative impact on working women when they combine employment and care of extended family, such as parent-care (Dautzenberg, et al., 2000). In addition, it was found that role conflicts engendered by concurrent employment and
elder- or parent-care responsibilities cause psychological strain which in turn influence
marital relationship negatively (Dautzenberg et al., 2000; Rozario & Marron-Howell,
1994).

2.7.2 Husband’s Contribution to Household and Childcare Duties

Most employed women work a second shift at home after working hours, or they
work a “double-day” when combining both work and non-paid work (i.e., the family role).
This balancing act between work and family is one that employed women negotiate
throughout their lives (Horschild, 1989). Mirowsky and Ross (1995) stated that the
women’s traditional place in the social structure granted them less power and control in
both their work and family spheres; this is likely to contribute to a greater overall workload
and subsequent difficulties in balancing work and family.

In modern society, women’s work raises special problems. Although technical and
social progress has led to a reduction in men’s working hours, and to a certain extent has
made their work easier, it is not the same in the case of women who fulfil the dual role of
worker and mother (Greenstein, 2000). Compared with working fathers, working mothers
spend about twice the number of hours on family care, which includes basic housework,
shopping for the house, and caring for the children. In addition, it was found that even
though fathers tend to work longer hours in a paid job, the combined time spent in both the
workplace and family environment by the working mother adds up to approximately one
additional month of work in and outside the house every year. This is because women
generally take on the larger share of the family and household responsibilities (Robinson &
Godbey, 1997).

Although many husbands contribute to household duties by performing certain
household tasks, they do not adjust their time spent at home in response to their wives’
employment, even if their wife is the main breadwinner in the household (Greenstein,
2000). Furthermore, working mothers often viewed receiving help as a failure to fulfil
their “real” role as mother and wife (Dunahoo, Geller, & Hobfoll, 1996).

2.7.3 Asymmetrically Permeable Boundaries between Work and Family

The asymmetrically permeable boundaries between paid work and family role serve
as a buffer in the work-family role system that is held by working mothers. For women,
the demands of the family role are permitted to intrude and interfere with the work role
more than vice versa. Even when a working mother tries to devise a schedule that
accommodates her responsibilities for both her work role and her family role, if an
emergency arises in the family role that requires a choice between the two roles, then the
family role is most likely to take priority. This invasion of the family role into the work role not only commemorates gender-related stereotypes and norms, but is also a major source of stress for women at work; this is so since gender norms that women take responsibility for with regard to the family, conflict with the norms of the job role (Kahn-Hut et al., 1982).

2.7.4 Additional Responsibilities at Work

Although being employed seems to be generally beneficial for women’s health, this role can also be stressful. Occupational stressors that have been shown to have the greatest negative impact on a woman’s well-being are a heavy work load, low job control or little decision-making authority, and monotonous work (Martire et al., 1999). Given the cultural expectations of motherhood and the role of the mother, Milkie and Peltola (1999) found that employed mothers experienced great emotional distress when they spend time at work away from their young dependent children. These researchers found that longer working hours had a negative impact on the working mothers’ perceptions of their effectiveness in balancing their dual-role.

2.8 Women and Work in the South African Context

In the South African context, Budlender (1995) found that there are three main roles that woman engage in. The first role is the reproductive role where the woman is responsible for the childbearing and rearing; the second one is the productive role, in which the women is responsible for supplementing the household income; the third role is the community management work in which the woman is responsible for maintaining the resources and facilities that are necessary for everyday life. These three roles mutually influence and impact upon each other, leaving the women with little free time and energy (Budlender, 1995).

According to the Department of Labour of the South African Government (2000, in Evans, 2002), 58% of all South African women participated in the labour market during the year 2000 and they made up of 39.9% of the total work force in the country. When it comes to government assistance for the working mothers under the Basic Conditions of Employment Act, maternity protection covers all employed women who receive remuneration, except for women employed by the state or educational institution funded by the state. The duration of maternity leave is twelve weeks, four weeks before and eight weeks after confinement (International Labour Office, 1994). Based on the above
information, it is evident that more and more Hindu women are entering the labour force and becoming more equipped in dealing with stressful situations in their dual-careers. The researcher will now discuss various strategies that mothers use to cope within their dual-career roles.

2.8.1 Strategies Used to Balance Multiple Roles

Although being employed is associated with high levels of subjective well-being and low psychological distress (Baruch et al., 1987), the compounding effect of the multiple role conflict can erode such feelings of well-being. Since role conflict has a negative effect on people, working mothers, inter-alia, generally try to reduce it. Although it was found that both men and women in a dual-earner family changed their work habits and schedules in order to meet their family responsibilities, women tended to restructure their lives to meet the demands of the dual roles far more than men did. (Baruch et al., 1987). In the following paragraphs, the researcher will discuss some the strategies that are used by women to cope with their dual-role conflict and reduce the stress caused by the work overload.

Social support was defined as “the manner in which human attachments are structured as systems of support and the resources that are exchanged among the members of these systems” (Gotlieb, 1981, p.52). Social support can fulfil both affective and instrumental functions, providing a sense of belonging and a sense of being loved and needed (Niven & Carroll, 1992).

Research findings indicate that social support enables both partners in a dual-career family to cope with the stress of balancing the different demands of work and family, or at least to reduce it (Bruke, 1996). There are three ways in which social support could reduce the stress and thereby increase well-being. Firstly, social support works as a health-sustaining function. Secondly, social support has the direct effect of reducing stressors and can therefore be viewed as having preventative function. The third way in which social support helps in coping with the stress and increasing the well-being of individuals who fulfil multiple roles, is by acting as a buffering function. Social support protects and buffers individuals from the negative consequences of stress through enhanced cognitive or behavioural coping abilities (Greenglass, 1993).

According to Greenglass (1993), many working mothers use their interpersonal skills and social networks as coping mechanisms. According to this researcher, women and men who use these mechanisms are likely to report positive nonwork-to-work spill-over and are less likely to report negative nonwork-to-work spill-over.
As opposed to the use of social support as a coping mechanism, it was found that social withdrawal is another common strategy used by individuals to cope with certain types of stressors (Repetti & Wood, 1997). Experiences that increase negative effect, arousal and fatigue, such as psychological overload, may lead to social withdrawal. This coping response results in a pervasive reduction of all social involvement and a decrease in the amount of both social interactions and emotional responsiveness.

The quality of the marital relationship was found to be a contributing factor to the perceived success of balancing the dual-role that a working mother fulfils and thereby reduces the level of stress experienced. Women who were involved in a committed and happy marriage within a happy and supportive family, found that the family-work conflict was less distressing (Milkie & Peltola, 1999). Daily increases in job stressors tend to be associated with more negative marital behaviour, such as more arguments (Repetti & Wood, 1997). However, dual earner partners who provide emotional support for each other, experience less personal discontentment in both work and nonwork interactions (Bedeian, Mossholder & Touliatos, 1986).

In order to reduce the levels of pressure and stress, Robinson (2003) advised that dual-career couples with dependent children should re-assess their work patterns and make sure that there is still time for their relationship, both as a couple and as a family, including the children. Therefore, they need to communicate constantly, and need to be explicit and direct about their needs, feelings and thoughts, rather than assuming that if their partner loves them, he or she will know what it is that they want. This sharing can increase both partners’ emotional adjustment (Robinson, 2003). Looking at emotional support from a different angel, Hochchild (1989) suggested that wives could interpret their husband’s contribution to the household tasks as them understanding the woman’s needs. It seems that the principle of need rather than that of real equity might guide spouses to view help with household tasks or paid work as a display of love, even if the real division of labour remained segregated according to the traditional gender lines.

There is a possible connection between a woman’s satisfaction with her childcare arrangements and her experience of negative feelings such as stress. Erdwins, Casper and Buffardi (1998) found a significant relationship between childcare satisfaction and satisfaction with work-family balance. Even though not much research has been conducted on the potential impact of a woman’s feelings of self-efficacy on their experience of role stress, it seems logical that a relationship may exist between these two constructs. Bandura (1986) suggested that the sense of self-efficacy of an individual operates to reduce
perceptions and reactions to feelings such as stress, worry, depression and anxiety. Hence, it seems reasonable to assume that the more a woman feels able to successfully handle the demands proposed by the different roles she fulfils, the less her experience of role overload and conflict would be.

The way in which a working mother defines the different life roles she fulfils has an impact on the way she will cope with them. Three types of role definitions have been identified by Lewis and Cooper (1989), namely structural, personal and reactive. Structural role definition involves changing other’s expectations through re-negotiating expectations both in the home environment (e.g., washing, cooking and other household tasks that the wife is mainly responsible for) and in the work environment (e.g., delegating tasks to co-workers and refusing to do extra-work or staying longer hours). Personal role definition involves changes in the working mother’s self-expectations and behaviours. It can include, for example reducing the activities in one or more of the roles. Reactive role behaviour engages attempts of the working mother to meet all demands by working harder, denying the stressfulness of a situation, and carrying out effective planning and time management (Lewis & Cooper, 1989).

Scaling back is a coping mechanism that working women employ in order to cope with the dual roles of mother and worker. There are three different strategies of scaling back. The first strategy of scaling back that was determined by Becker and Moen (1999) is that of choosing between career and job. According to these researchers, many working mothers experience a change in their attitudes, even before the birth of their child, and see themselves as merely having a job, instead of having a career. This change in attitude (as their work function does not change) implies the intention to return to a career when the children are older.

The second strategy of scaling back involves specific tradeoffs, e.g., choosing which partner has the job and who has the career, and placing limits on work hours in order to spend more time at home (Lewis & Cooper, 1989). The third scaling back strategy involves placing limits. These same researchers found that about a third of dual-earning couples placed limits on the number of hours they worked and were willing to reduce long-term expectations for career advancement in order to spend more time with their families.

2.9 Conclusion

Since the position and outlook of Hindu women have so remarkably transformed over the years, it is quite natural that the concept of marriage as well as its traditions would undergo a radical change as well. One of the distinguishing characteristics of modern
society is the heavy reliance on law to bring about social change. Their endeavour was to ensure that Hindu women were better equipped socially to undertake the roles of mothers and wives in the new social conditions that were emerging (Basu, 2001).

This chapter introduced Hinduism and expectations of Hindu females within that context. It also addressed the issues of roles held by working mothers. The role conflict construct was then discussed and an examination of the contributing factors to the stress experienced by the working mother was provided. Thereafter, different forms of assistance and coping strategies were addressed, as was the issue of working women in the South African context.

The following Chapter will look at concepts related to coping, models of coping and coping resources.
Chapter 3  
Coping Resources  

3.1 Introduction  

There are few areas of psychology that receive more attention than stress (Hobfoll, 1989). The wealth of literature in the field reflects researcher’s beliefs that stress is a major factor affecting people’s lives which is intimately tied with mental health and is linked with many problems of physical health. Despite the widespread use of the word, theorists and researchers have been unable to agree on a common definition of stress (Romano, 1992; Sheridan & Radmacher, 1992). This chapter will define the concept of stress and coping and discuss the related constructs thereof.  

3.1.1 The Concept of Stress  

Selye (1976) discussed stress in terms of the body’s physical response to a demand. Regardless of whether the demand (i.e., stressor) was negative or positive, the physiology of the organism responded to it. Thus, Selye referred to good (eustress) and bad (distress) stress. Eustress heightens awareness, increases mental alertness, and often leads to improved cognitive and behavioural performance. Distress on the other hand, is damaging or unpleasant.  

The term “stressor” refers to the actual demand (environmental or internal) placed on the organism (Sheridan & Radmacher, 1992). Although Selye, (1976) focused on the organism’s response to a stressor, others focused on the stressors themselves and the stressors’ effect on the physical health of the individual (Holmes & Rahe, 1967). However, this emphasis did not sufficiently address the coping skills of the individual experiencing the stressor and the variables moderating the impact of the life event.  

Current models of stress and coping emphasize the importance of subjective evaluations of events in determining whether or not demands will be experienced as stressors (Hobfall, 1989; McCarthy, Lambert & Brack, 1997). Lazarus (1984) and his colleagues have proposed one of the most widely accepted models. They conceptualised stress in terms of “a particular relationship between the person and the environment that is
appraised by the person as taxing or exceeding his or her resources and endangering his or her well being’’ (Lazarus & Folkman, 1964, p.19). According to this theory the impact of a stressor is mediated by the individual’s appraisal of the stressor in terms of risk to the person and their ability to cope with the situation.

The three ways of conceptualising stress as described above have been referred to as response stimulus (life events), and interactional models of stress (Romano, 1992). More recently, Hobfoll (1989) presented a conservation of resources conceptualisation of stress. In this model, stress is defined as ‘‘a reaction to the environment, in which there is either (a) the threat of a net loss of resources, (b) the net loss of resources, or (c) the lack of resource gain following investment of resources’’ (Hobfall, 1989, p. 25). Therefore, stress is conceptualised in terms of the potential loss of resources (e.g., material objects, personal characteristics, or the means of attaining the same) that may be experienced through a stressful situation. Although there is a lack of agreement about a specific definition or conceptualisation of stress, recent research into the treatment of stress has focused on the cognitive-motivational-relational concepts of appraisals and coping (Lazarus, 2000).

3.1.2 The Concept of Coping

It is widely recognized that the negative health consequences of stressors depend to a large extent on the individual’s ability to cope with these stressors. There are a variety of theories on the definition and process of coping. Lazarus and Folkman (1984) have defined coping as the efforts to overcome, relieve or lessen the negative consequences of internal or external demands.

The following conclusions can be drawn from this definition:

1. Coping is a process, meaning that it takes place over time (Kleinke, 1991; Lazarus & Folkman, 1984). According to Lazarus and Folkman (1984), theories of coping that do not include a focus on cognitive-emotional factors are too simplistic and incomplete. Coping cannot be viewed structurally as a style, but must rather be seen as a dynamic process.
2. Coping is not automatic. It is a learned pattern of responding to stressful situations (Brannon & Feist, 1997).
3. Coping requires effort, even if the person who is confronted with the stressor is not entirely aware of his or her coping response (Lazarus & Folkman, 1984).
4. Coping is an effort to manage a situation, and does not necessarily imply a positive outcome (Houston, 1987; Kleinke, 1991), or that control and mastery of the situation will be achieved (Lazarus & Folkman, 1984).
This model of stress thus emphasizes the role of appraisal in determining whether demands become stressors and it became widely accepted by researchers (Hobfall, 1989; Matheny, Aycock, Pugh, Curlette & Canella, 1986) and was described by Somerfild and McCrae (2000, p.620) as “now-classic writings”. Lazarus and Folkman (1984) outline two processes that occur when the individual experiences a stressor. These are appraisal and coping.

During primary appraisal, the individual appraises whether the situation may bring harm or negative consequences. Primary appraisal is concerned with both the individual’s physical and psychological well-being. If after primary appraisal the individual decides that the situation is threatening, the process of secondary appraisal begins. During the process, the individual assesses their resources to reduce the emotional and physiological tension. Coping is the third phase and could include actions, a change in thinking, redefining the situation, or anything else that the individual feels will be appropriate after the primary and secondary appraisal (Lazarus & Folkman, 1984). The final strategy chosen depends on the wide variety of personal and environmental coping resources that are potentially available as the person appraises options (Schafer, 1996). The role that individual differences play in the coping process has been a subject of much interest and research.

Bailey and Clarke (1989) developed a comprehensive model of stress and coping: a cognitive-phenomenological-transactional perspective. This model is cognitive because it holds the assumption that, whether or not stress and coping occur (in whatever form) will depend on the individual’s appraisal of his or her relationship with the environment. This appraisal is a function of the thinking, memory and past experience of the individual. Furthermore, the approach is phenomenological because it is the person’s own unique and often idiosyncratic appraisal which is seen as the crucial factor in his or her response. From this it can be concluded that the person’s response to a particular circumstance might not be the same every time he or she is confronted by it. The transactional facet of this approach emphasizes the interaction between individuals’ appraisals and the environment in which they find themselves.

Bailey & Clark (1989) viewed coping behaviour as a relative process. Individuals sometimes cope actively, and at other times they may not act upon demands but may wait for the appropriate time to act. Coping may also take the form of adjusting perceptions of threat or demand. However, other individuals may find a coping strategy that involves putting aside a threat or demand for the time being without changing it, more useful.
Lazarus and Folkman (1984) identified two general types of coping, namely problem-focused coping and emotion-focused coping. Problem-focused coping involves the attempt to understand and define a problem and to work out possible solutions or do something to alter the source of stress. Emotion-focused coping is orientated towards reducing or managing the emotional distress that is related to, or brought about by, the stressful situation. Both of these methods are usually utilized when an individual is confronted with stress, and these processes may then either facilitate or impede each other (Lazarus & Folkman, 1984). Problem-focused coping strategies tend to predominate when individuals perceive themselves as capable of doing something constructive, while emotion-focused coping is used more often by individuals who believe that stressors must be endured (Lazarus & Folkman, 1984).

According to Nixon (1995), the division of coping strategies into only two general types is too simplistic, because it does not offer a precise distinction between sets of strategies. However, Billings and Moos (1981) admitted that the acknowledgment of all possible types of coping behaviours that individuals use to manage the demands of everyday life, is a formidable task. There seems to be many expansions and combinations of the various approaches to coping (Semmer, 1996). Research conducted by Endler and Parker (1990) differentiated between problem-focused, emotion-focused and avoidance coping. Carver, Scheier and Weintraub (1989) have four second-order factors, which involve (a) active coping, (b) denial and disengagement, (c) acceptance, and (d) a combination of seeking social support and focusing on, as well as the venting of emotions. McCrae and Costa (1986) distinguished between only two main factors, namely mature versus neurotic coping. Thoits (1986) proposed a two-by-two matrix involving problem-focused coping versus emotion-focused coping in one dimension, and behavioural versus cognitive strategies in the second.

Dewe and Guest (1990) stated that coping is still a poorly defined concept, and that current methods of measuring coping are inadequate. They further argued that generally speaking, not much is known about the specific coping strategies that people use. Semmer (1996) enlarged on this issue and pointed out that there is by no means consensus over the number and kind of dimensions to be employed. This problem is aggravated by the fact that the same labels (i.e., construct names) do not necessarily imply the same concept (Van Rooyen, 2000).

Olff, Brosschot and Godaert (1993) defined coping style as referring to the use of similar behaviours across situations. According to this view, individuals do not approach
each coping context anew, but rather bring to bear a preferred set of coping strategies that remains relatively fixed across time and circumstances (Carver, Scheier & Weintraub, 1989). The idea that these kinds of stable coping styles exist is somewhat controversial. Folkman & Lazarus (1980; 1984; 1988) for example, emphasized that coping should be thought of as a dynamic process that shifts in nature from stage to stage of a stressful event. Both personal and situational factors are thought to influence coping (Dunkel-Schetter et al, 1992). Folkman & Lazarus (1984) suggested that the development of a coping style constricts the person to one mode of responding rather than allowing the person the freedom and flexibility to change responses with changing circumstances.

The second idea with regard to individual differences and coping is the possibility that traditional personality dimensions may be associated with a preferred way of coping with stress. That is, that certain personality characteristics predispose people to cope in certain ways when they confront adversity (Carver, Scheier & Weintraub, 1989). These researchers suggested that people have preferred coping strategies that they use relatively consistently across a range of situations and that these may be related to dimensions of personality. Their study found links between coping dispositions (i.e. coping strategies) and several more traditional personality variables such as optimism, control, self-esteem and hardiness. In addition more and more studies have investigated the buffering effects, the interactions and / or relationships between stressors and coping styles, personality patterns, resources and so on.

3.1.3 Related constructs

The researcher has thus far discussed some of the literature and research surrounding the concept of coping. However, there are many research topics and constructs that are of related interest to the focus of the study. These are mentioned in Table 1 below.
<table>
<thead>
<tr>
<th>Concept</th>
<th>Proponent (s) and authors</th>
<th>Brief outline of concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hardiness</td>
<td>Kobasa (1979)</td>
<td>A constellation of personality characteristics that function as a resistance resource into the encounter with stressful life events</td>
</tr>
<tr>
<td></td>
<td>Kobasa, Maddi &amp; Kahn (1982)</td>
<td></td>
</tr>
<tr>
<td>2. Optimism</td>
<td>Bergh (1999)</td>
<td>A positive outlook on life and positive emotions are positively related to various positive health outcomes</td>
</tr>
<tr>
<td></td>
<td>Nevid, Rathus &amp; Greene (1996)</td>
<td></td>
</tr>
<tr>
<td>3. Locus of control</td>
<td>Cloninger (1996), Furnham (1992), Ormel &amp; Schaufeli (1991), Rotter (1990)</td>
<td>A person’s expectancy that outcomes of his or her behaviour (reinforcement) can be or are controlled. Those who believe that they have control of what they accomplish because of their personal behaviour and competencies, are referred to having an internal locus of control. On the other hand, people whose behaviour is reinforced by expectancies that their accomplishments are ruled by luck, fate, other people and circumstances have high expected outcomes.</td>
</tr>
<tr>
<td>4. Self-efficacy</td>
<td>Bandura (1977), Bergh (1999)</td>
<td>A person’s convictions that he or she is competent or can successfully carry out the behaviours needed to achieve or produce the expected outcomes</td>
</tr>
</tbody>
</table>
The interest in individual differences in coping has been stimulated by the observation that while many individuals experience overwhelming mental and physical suffering, some respond by overcoming their difficulties while others despair and give in to hopelessness. Researchers have explored the qualities of resilience that characterize those who persevere, and a number of distress-resistant personality patterns have been observed and explored. The following section will outline Salutogenesis, Positive psychology and Coping resources.

3.2 Salutogenesis and Positive Psychology

3.2.1 Introduction

Before the discussion of the theoretical constructs of coping resources, a brief description is given of the salutogenic paradigm from which these constructs have arisen, in contrast to the traditional pathogenic paradigm.

3.2.2 The Pathogenic Paradigm

In the past, the field of psychology firmly aligned itself with the pathogenic orientation of the Western medical model. This can clearly be seen in the emphasis on the abnormal in the examination of psychological phenomena (Strumpher, 1993). The pathogenic orientation is directed, generally, at finding out why people fall ill and why they may develop a particular disease. The orientation leads researchers, practitioners and policy makers to concentrate on the specific disease diagnosed, or on prevention of specific diseases, particularly among high-risk individuals or groups (Antonovsky, 1987, 1996; Wissing & Van Eeden, 1997; Witmer & Sweeney, 1992).

Cannon (1939) introduced the concept of homeostasis which is central to the pathogenic paradigm. It implies that the normal state of the human organism is a relatively constant condition, which may vary somewhat but is maintained by various complexly interacting regulatory mechanisms. However, homeostasis may be disrupted by pathogens and stressors and if the regulatory mechanisms do not function properly, disease sets in.
3.2.3 The Salutogenic Paradigm

While the pathogenic paradigm produced valuable insights into the causes of stress as well as illness and illness prevention, the exclusive emphasis on the nature of disease obscured other relevant and insightful conclusions about the nature of health. The positive psychology movement, founded partially by Martin Seligman (1998), was born out of a realisation that “psychology is not just the study of pathology, weakness, and damage;” but also the study of “strength and virtue” (Seligman & Csikszentmihalyi, 2000, p.7). Antonovsky (1979; 1988; 1994) introduced the construct of salutogenesis into the emerging field of positive psychology and has been used as an alternative orientation that facilitates greater understanding of health rather than illness.

Strumpher (1995, p.174) proposed the construct of fortigenesis, a more embracing holistic concept which focuses on the strengths of the individual. He further added to the value of this orientation by introducing the construct of fortitude as an indication of the strength to manage stress and stay well. This strength is derived from an appraisal of the self, the family and support from others.

The emphasis of this study will be focussed on the participant’s subjective well-being and ability to constructively cope with their dual-career relationship.

3.3 Coping Responses

An individual may make use of a number of different coping responses when experiencing a stressful encounter. Some of these strategies are more effective than others. McCrae and Costa (1986) indicated that the most effective coping responses include seeking help, communicating feelings, taking rational action, drawing strength from adversity, using humour, and maintaining faith, self-confidence and feelings of control. They further advocated that the least effective coping responses include hostility, indecisiveness, self-blame and attempting to escape or withdraw from the situation. Carver et al. (1989) developed a coping inventory consisting of conceptually distinct scales which measure 14 coping tendencies. Some of these coping tendencies are considered functional, while others are considered less functional. This is a relatively comprehensive representation of the main types of coping skills which are used either singly or in various combinations (Nixon, 1995). These 14 coping tendencies are further divided into three main groupings, namely problem-focused coping, emotion-focused coping, and less effective coping mechanisms. These 14 coping tendencies are summarized in Table 2 below.
Table 2: COPE Subscales and Descriptions
(Lazarus & Folkman, 1984)

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Descriptions</th>
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<tbody>
<tr>
<td><strong>Problem-focused Coping</strong></td>
<td></td>
</tr>
<tr>
<td>1. Active coping</td>
<td>taking active steps that assists one to cope</td>
</tr>
<tr>
<td>2. Planning</td>
<td>thinking about how to cope with a stressor</td>
</tr>
<tr>
<td>3. Suppression</td>
<td>putting other projects aside, trying to avoid becoming distracted by other events, even letting other things slide, if necessary, in order to deal with the stressor</td>
</tr>
<tr>
<td>4. Restraint coping</td>
<td>waiting until an appropriate chance to act presents itself, holing oneself back and not acting prematurely</td>
</tr>
<tr>
<td>5. Seeking instrumental</td>
<td>seeking advice, assistance or information</td>
</tr>
<tr>
<td>6. Seeking emotional social</td>
<td>getting moral support, sympathy or understanding</td>
</tr>
<tr>
<td>7. Positive reinterpretation</td>
<td>managing distress emotions rather than dealing with the stressor <em>per se</em></td>
</tr>
<tr>
<td>8. Acceptance</td>
<td>acceptance of the reality of the stressor</td>
</tr>
<tr>
<td>9. Denial</td>
<td>refusal to believe that the stressor exists or trying to act as if the stressor in not real</td>
</tr>
</tbody>
</table>
10. Turning to religion  
   tendency to turn to religion in times of stress

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**Less Effective Coping Mechanisms**

11. Focus on and venting of emotions  
   tendency to focus on whatever distress one is experiencing and to ventilate those feelings

12. Behavioural disengagement  
   reducing one’s efforts to deal with the stressor and even giving up the attempt to achieve goals with which the stressor is interfering

13. Mental disengagement  
   activities that serve to distract one from thinking about the behaviour or goal with which the stressor is interfering (e.g., escapism through sleep or television, or daydreaming)

14. Alcohol and drug disengagement  
   the use of alcohol or drugs in an effort to avoid a stressor

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3.4 **Coping Resources**

How well people are able to cope with stress in life depends on several factors (Brannon & Feist, 1997). One of these factors is a person’s coping resources. Different researchers have explored and defined these coping resources in various ways (Schafer, 1996). For the purposes of this study, Antonovsky (1979), Lazarus and Folkman (1984) and Hammer and Marting’s (1998) models of coping resources are outlined and other conceptualisations will also be examined briefly.

**3.4.1 Antonovsky, Sense of Coherence (SOC) and coping resources**

Antonovsky (1979), who proposed a salutogenic paradigm as an alternative to the pathogenic orientation, has focused on coping resources. Whereas the pathological orientation aims to explain why people get sick and why they enter a given disease category, the salutogenic model aims to explain health rather than disease, and disregards the fundamental dichotomy between healthy and sick people (Fouché, 1999). Furthermore, the salutogenic paradigm focuses on how people manage to continue functioning regardless of overwhelming stressors which come their way (Antonovsky, 1979).

As mentioned, Antonovsky (1979) proposed a focus on health and wellness as opposed to illness and disease. He stated that instead of dichotomously classifying people as either healthy or diseased, it would be more appropriate to make use of a model that
places individuals somewhere on an ease/dis-ease continuum. Antonovsky (1979) stated that the extent to which coping resources are available to an individual, will play an important role in determining the individual’s movement towards either the healthy end of the ease/dis-ease continuum or remaining in the same position. Antonovsky (1979) has referred to these resources as Generalised Resistance Resources (GRRs). He defined a GRR as any characteristic of a person, the group or the environment that can facilitate effective tension management. He further stated that a GRR is a “physical, biochemical, artifactual-material, cognitive, emotional, valuative-attitudinal, interpersonal-relational or macrosociocultural characteristic of an individual, primary group, subculture or society that is effective in avoiding or combating a wide variety of stressors” (Antonovsky, 1979, p.103). GRR’s provide individuals with sets of meaningful and coherent life experiences, and these life experiences in turn shape individuals’ Sense of Coherence (SOC) (Antonovsky, 1979). The SOC construct explains the issue of successful coping with stressors, and movement towards health (Antonovsky, 1984; Antonovsky & Sagy, 1986). A strong SOC is essential for successful coping with the stressors of living and hence to health maintenance and health promotion (Antonovsky, 1988; 1996). Antonovsky (1993, p.19) formally defined the SOC as follows: “A global orientation that express the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (a) the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable and explicable; (b) the resources are available to one to meet the demands posed by these stimuli, and (c) these demands are challenges, worthy of investment and engagement”.

From this definition, Antonovsky (1996) derived three components, namely comprehensibility, manageability and meaningfulness. He further concluded that when an individual with a high SOC is confronted with a stressor, the person would:

1. Believe that the environment is structured, predictable and explicable, and thus understandable (comprehensibility).
2. Believe that the resources necessary to deal with one’s environment are available (manageability).
3. Perceive demands posed by one’s environment as challenges worthy of being taken up (meaningfulness).

Antonovsky (1988) described the relationship amongst these three factors as inextricably intertwined, and research has shown that the inter-correlation between these components is very high, but not perfect (Antonovsky, 1988).
It is important to note that SOC is not a specific coping style (Antonovsky, 1988), but an individual with a strong SOC will select the most appropriate coping strategy for a given situation. There is also empirical evidence that a strong SOC is associated with considerable and stable subjective well-being, which constitutes physical health and psychological distress (Antonovsky & Sagy, 1986). Where there are deficits in an individual’s GRRs, that person might cope ineffectively with stressors and develop disease (Antonovsky, 1988). Lazarus (1969) indicated that stress could result in disturbances of adjustment and the development of physical and mental illness. When one considers these two statements, it becomes clear that there may be a link between stress and coping resources. Deficits in coping resources could result in physiological and psychological maladjustment.

3.4.2 Lazarus and Folkman and coping resources

According to Lazarus and Folkman (1984) some of the most important coping resources are health and energy, positive belief, problem-solving skills, social skills, social support and material resources.

1. Health and energy assists individuals in coping, since healthy, robust individuals are better able to manage external and internal demands than frail, sick people.
2. Positive belief is an important coping resource. The ability to cope with stress is enhanced when people believe they can successfully bring about desired consequences.
3. Closely allied to the previously mentioned resource are problem-solving skills. Knowledge of a specific topic may assist an individual in understanding a problem he/she may be experiencing.
4. Social skills refer to a person’s confidence in his/her ability to get other people to co-operate, and this can be an important source of stress management. This ability is closely related to the fifth coping resource.
5. Social support is another important coping resource, and refers to an individual’s feeling of being accepted, loved and prized by others.
6. Material resources are also of vital importance in assisting coping. Having the financial means to purchase certain products and services can decrease the stress of other problems.

Lazarus (1984) further stated that material and social resources by themselves are not as important as an individual’s belief about these resources. An individual’s perception that he/she is capable of managing or altering a stressful situation and regulating his/her
own emotional distress are the two main ways of coping with stress (Brannon & Feist, 1997).

3.4.3 Hammer and Marting and coping resources

According to Hammer and Marting (1988), people make use of coping resources to enable them to handle stressors more effectively. They defined coping resources as “those resources inherent in individuals that enable them to handle stressors more effectively, to experience fewer or less intense symptoms upon exposure to a stressor, or to recover faster from exposure” (Hammer & Marting, 1988). Individuals with low resources tend to be vulnerable and constitutionally fragile (Kessler, 1979), while those with high resources can be described as resilient (Kessler & Essex, 1982) and hardy (Kobasa, 1979).

Hammer & Marting’s (1988) model of coping resources will be adopted for the purposes of this study, as it constitutes a biopsychosocial conceptualisation. Their model looks at five different domains of coping resources, namely Cognitive, Social, Emotional, Spiritual/Philosophical, and Physical. Each of these different domains are briefly outlined below.

1. The Cognitive domain considers the extent to which an individual maintains a positive sense of self-worth, a positive outlook towards others and an optimism about life in general.

2. The Social domain looks at the degree to which an individual is embedded in social networks that are able to provide support during stressful times.

3. The Emotional domain is concerned with the degree to which an individual is able to accept and express a range of affect, based on the premise that a range of emotional response aids in ameliorating long-term negative consequences of stress.

4. The Spiritual/Philosophical domain looks at the degree to which an individual’s actions are guided by stable and consistent values derived from religious, familial, or cultural tradition or from personal philosophy. It is interesting to note that Idler and Kasl (1992) have also drawn attracted considerable attention in recent years, as most studies have shown a beneficial effect of religion on health.

5. The Physical domain is concerned with the degree to which individuals enact health-promoting behaviours believed to contribute to increased physical well being.

Upon examination of the above domains, it becomes clear that they constitute a biopsychosocial conceptualisation (Brown, 2002). The Physical domain constitutes the biological component of the biopsychosocial model. The Cognitive and Emotional
domains could be seen as constituting the more psychological component of the model. The Social and Spiritual/Philosophical domains constitute the social component of the biopsychosocial model.

Coping resources may be viewed as a salutogenic construct. There are a number of coping resources available to an individual in the coping process.

Hammer & Marting (1988, p.2) defined coping resources as “those resources inherent in individuals that enable them to handle stressors more effectively, to experience fewer or less intense symptoms upon exposure to a stressor, or to recover faster from exposure”. From this definition it becomes clear that exploring coping resources concurs with the salutogenic premise of attempting to explain coping strategies, rather than stress.

3.4.3.1 Models of Stress Coping Resources

The modern view of stress emphasizes the role of appraisal in determining whether demands become stressors (Lazarus, 2000; Matheny, Aycock, Curlette & Junder, 1993). In terms of this view, stress is the result of an imbalance between appraised resources (Lazarus & Folkman, 1984). There has been emphasis in the literature on the measurement of perceived demands (Holmes & Rahe, 1967; Matheny et al., 1993). Hobfall (1989) maintained that the focus of stress models should be directed mainly to the resources side of the equation. According to Hobfall’s (1989) conservation of resources model, people strive constantly to retain, protect and build up coping resources, and they experience threat when they perceive loss or potential loss of these resources. Resources are therefore the single unit necessary for understanding stress. Hobfall (1989, p.516) defined resources as “those objects, personal characteristics, conditions, or energies that are valued by the individual or that serve as a means for attainment of these objects, personal characteristics, conditions, or energies.” Examples of resources include mastery, self-esteem, learned resourcefulness, socio-economic status and employment. Hobfall (1989) argued that the measurement of coping resources will be more predictive of stressful reactions than will the measurement of demands. Hammer and Martin’s (1988) Coping Resource Inventory (CRI) as well as Matheny, et al. (1987). Coping Resource Inventory for Stress (CRIS) are two of the measures that examine the resource end of the demand-resource imbalance (Matheny et al., 1993). The CRI will be used as one of the measuring instruments in the present study. The resource domains of the CRI were established on the basis of the author’s experience in conducting stress programs and in working with individual clients. The CRI measures resources in five domains; cognitive, social, emotional, spiritual/philosophical and physical (Hammer & Marting, 1988).
There are two different models concerning the impact of psychosocial coping resources. Firstly, the direct-effect model assumes that these resources have a beneficial effect on psychological health, regardless of whether stress (e.g., due to disease) is present (Cassel, 1976; Broadhead, 1983). According to the second model, the so-called buffering model, coping resources may mitigate the negative influence of stressors on health (Cobb, 1976; Cohen & Wills, 1985). Despite theoretical controversies, there is empirical evidence in favour of both models (Cohen & Wills, 1985).

In exploring optimal coping, Mathey et al., (1986, p.533) suggested that “increasing one’s (coping) resources should positively affect the equation between perceived demands and resources at the appraisal stage”. In other words, persons with high levels of certain types of coping resources should be less likely to make the initial appraisal that a demand is in fact threatening enough to represent a stressor. Thus, some types of resources are effective in helping individuals deal with stressors and others may be important in preventing demands from becoming stressors in the first place.

3.5 Conclusion

In this chapter, different theories pertaining to stress, coping resources, coping responses and coping strategies were discussed. The researcher chose to adopt Hammer and Marting’s (1998) and Lazarus and Folkman’s (1984) models of coping resources, as a framework of explanation of the phenomena which constitute the focus of this current research study. The following chapter examines the concept of subjective well-being by providing a definition of subjective well-being and a theoretical overview of this construct.
Chapter 4
Subjective Well-being

4.1 Introduction

In the past few decades, the field of subjective well-being has become an established topic of research in psychology. Research and literature in the area of subjective well-being has increased dramatically and has become an established field of research in a large number of disciplines, extending over many countries (Diener & Diener, 1995). This trend reflects the shift from pathogenesis to salutogenesis (i.e., tracing the origins of health) and the increased concern with the positive end of the psychological well-being spectrum. The positive psychology movement focuses on helping people to enhance their life rather than merely focusing on their problems. Positive psychology researchers are less interested in disorders and pathology. Their focus is on examining the precursors of happiness as well as consequences, in addition to examining the practical ways in which to help people enhance their self-esteem, their quality of life and other indicators of well-being (Lucas, Diener & Suh, 1996; Seligman & Csikszentmihalyi, 2000).

The increase in interest in the area of Subjective well-being is not surprising, as general research findings indicate that people are generally becoming more and more concerned with happiness and fulfilment, and view satisfaction in life as extremely important (Diener, 2000). Veenhoven (1994, p.47) defined happiness “as the degree to which an individual positively evaluates the overall quality of his or her life”. Two components of happiness are distinguished within this concept. The first component is the ‘hedonic’ level of affect, which implies the degree to which pleasant affective experiences usually outbalance unpleasant experiences. The second component is called ‘contentment’ and is concerned with the degree to which the individual perceives his or her wants to have been met. These components represent respective ‘affective’ and ‘cognitive’ appraisals of
life and are regarded as sub-totals in the overall evaluation of life, namely overall happiness.

During the past three decades, psychologists have shifted their emphasis from examining demographic and pathogenic factors to focusing on personality and resilience. They regarded personality and resilience as the primary factors of life quality, referred to as ‘subjective well-being’ (DeNeve, 1999). In 1974, the journal ‘Social Indicators Research’ was founded with a variety of articles on the topic of subjective well-being (Diener, 1984). Conceptualisations and definitions of subjective well-being are often not explicit in the literature, yet a current composite definition can be established from major work and research done in the field (Diener, 1994).

4.2 **Subjective Well-being: Definitions**

A number of different terms have been used interchangeably to describe subjective well-being; satisfaction, quality of life, and happiness are amongst them. Andrews and Whitey (1976), defined subjective well-being as cognitive evaluation with some degree of positive or negative affect. Two other researchers, Veenhoven (1984, p.28) and Diener (2000, p.86) defined subjective well-being as “the degree to which a person evaluates or judges the quality of his or her life as a whole”. Whereas Smith (2000) added another aspect to the definition of subjective well-being, namely the domain of satisfaction (such as satisfaction with one’s group, health, etc.), other theories have stressed dispositional influences, adaptation goals and coping strategies as contributing to the person’s subjective well-being (Diener, Suh, Lucas & Smith, 1999).

Three important areas of the concept of subjective well-being should be taken into consideration. Firstly, it is a subjective concept, meaning that it resides within the experience of the individual. Secondly, subjective well-being is not only the absence of negative factors but is also the inclusion of positive elements and therefore focuses on positive measures (e.g., satisfaction with life). Thirdly, even though the field of subjective well-being focuses on the global assessment of an individual’s life, it is selective and tends to focus on certain domains within the individual’s life (Diener, 1984; Diener & Biewas-Diener, 2000). From the above it becomes evident that different researchers (Argyle & Martin, 1991; Diener, 1984) have used different constructs such as affect and the lack of negative emotions to define the concept of subjective well-being. There is however, no complete definition of subjective well-being (Diener, 1994). It seems that there is an agreement amongst these various researchers that subjective well-being is a subjective
judgement made by an individual of his or her life. In addition researchers (Diener & Biewas-Diener, 2000), suggest that subjective well-being consists of two dimensions.

Those dimensions are (a) life satisfaction, which is a cognitive interpretation of the individual’s quality of life; and (b) life happiness, which includes positive affect or happiness. The next section will provide in greater details the above-mentioned dimensions of subjective well-being, namely satisfaction with life and happiness.

4.3 The Dimensions of Subjective Well-Being

Even though the above-mentioned hallmark definitions serve to describe the area of subjective well-being, they are not comprehensive definitions (Diener, 1984). Diener, (1984) claimed that subjective well-being can be understood on two levels, namely that of the cognitive level and the emotional level. The cognitive level refers to a global sense of satisfaction with life, in addition to satisfaction with more specific aspects of an individual’s life. The emotional level refers to the experience of pleasant emotions and the relative absence of negative emotions (Diener, 1984; Diener & Suh, 1997). Therefore, subjective well-being can be viewed as an umbrella term that refers to several separate aspects. High levels of subjective well-being occur when individuals experience frequent positive affect and infrequent negative affect, together with a global sense of satisfaction with life (Andrew & Whitey, 1976; Argyle & Martin, 1991; Diener, 1994). Thus, according to the above researchers, satisfaction with life and happiness can be seen as the core dimensions of subjective well-being.

4.3.1 Satisfaction with Life

According to Pavot and Diener (1993), life satisfaction indicates the way individuals view their quality of life, based on their unique criteria. The individual thus compares his or her life circumstances with self-imposed standards, and the degree to which his or her life situation fits these standards. Psychologists tend to refer to life satisfaction as a general factor related to many areas of an individual’s life, namely (a) family life, (b) housing, (c) work circumstances, (d) income, (e) education, (f) health and (g) social security (Strack, Argyle & Schwarz, 1991). Life satisfaction is thus a conscious and cognitive judgmental process of an individual’s life (Diener, Emmons, Larsen & Griffin, 1985).
The concept of life satisfaction is described as a characteristic of a person’s (a) social interaction, (b) activity, (c) thoughts, (d) self-concept, (e) typical ways of handling stress, as well as (f) the evaluation of the individual’s own health.

Even though satisfaction with life and happiness intercorrelate and form a strong general subjective well-being factor, they are not identical dimensions (Andrews & Whitey, 1976; Diener, 1994; Lucas, Diener & Suh, 1996). Research by Campbell (1981) spoke of a distinction between the concepts of happiness and satisfaction with life. According to Campbell (1981), satisfaction with life does not possess the same spontaneous ‘lift of the spirit’ (p16) quality as happiness does. In addition, the word satisfaction implies the use of judgment, as people compare what they have with what they expect or think they deserve, or compare the individual’s life circumstances with self-imposed standards. If the discrepancy between the two is small, the result is satisfaction. However, if the discrepancy is large, the individual is likely to experience dissatisfaction with his or her life (Campbell, 1981).

4.3.2 Happiness

Satisfaction with various domains in life (e.g., love, marriage, friendship, intelligence, gender and health) were shown to correlate with different levels of subjective well-being, but were not considered as sufficient for subjective well-being as a whole to be positive (Diener, Gohm, Suh & Oishi, 2000; Diener & Oishi, 2000). Happiness is both a condition and a characteristic. The condition is viewed as varying state of mind. The characteristic of happiness is of a more enduring and permanent nature. Researchers accept that happiness consists of three related concepts, namely (a) positive affect, (b) the absence of negative affect and (c) satisfaction with life in totality. Research in the field of happiness has indicated that happiness is associated with the following predictable aspects (a) a positive self-concept, (b) an internal locus of control, (c) extroversion, (d) intimate interpersonal relations, (e) religiosity, (f) the ability to enjoy life’s special moments, and (g) positive working circumstances as well as recreational activities (Myers & Diener, 1995).

The following two subsections will cover the definitions of positive and negative affect, the two main components underlying the dimension of happiness.

4.3.2.1 Positive Affect

Positive affect refers to the tendency to seek out situations that create a good mood and the tendency to experience a positive mood at most times. It is the positive judgement outcome or appraisal that the individual makes when he or she weighs up his or her negative versus positive affect; it also refers to the harmonious satisfaction of the
individual’s desires and goals, and to the dominance of the positive affect over the negative affect (Diener, 1984). At the affective level, the more frequently the individual experiences one affect, the more the ability to experience the other affect decreases. Therefore, people with high levels of subjective well-being have been found to experience mainly pleasant emotions, largely as a result of their positive appraisal of ongoing events (Diener, 1984; Myers & Diener, 1995).

Researchers (Lyubomirsky & Ross, 1997; Seidlitz & Diener, 1993) found that happy people, or people who are experiencing positive affect, are likely to experience events that are considered to be desirable such as to graduate cum laude or to find a new love. Moreover, happy people also have a propensity to interpret and recall ambiguous events as good as they are less likely to take into account negative social comparison information. Hence, people who experience high levels of subjective well-being are more likely to perceive ‘neutral’ events as positive compared with people who experience low levels of subjective well-being.

4.3.2.2 Negative Affect

The negative affect dimension of happiness includes feelings such as stress, worry, anger and depression that cannot be diagnosed on the clinical level, but nevertheless detract from an individual’s sense of subjective well-being. This depression can be experienced on different levels. On the intrapersonal level, this depression is characterised by difficulties in interpersonal interactions, reduced participation in and enjoyment of pleasant activities, and a reduced level of motivation. On the interpersonal level, this depression can be characterised by the experience of a greater number of stressors and a range of negative cognitive and emotional patterns (Diener et al., 1999; Lewinson,Render & Seeley, 1991). As mentioned earlier, the more frequently the individual experiences one affect, the more the likelihood of experiencing the other affect decreases. People with low levels of subjective well-being are more likely to experience unpleasant emotions such as anger and depression due to undesirable events and circumstances in their lives (Myers & Diener, 1995). The next section will provide an historical overview with regard to the concept of subjective well-being.

4.4 Historical Overview of Subjective Well-being

Early research on the concept of subjective well-being was based on simple measures of happiness and satisfaction, with unknown validity and reliability. There was no recognition of the importance of the processes that underlie happiness, or recognition of the central role played by people’s goals, coping efforts and dispositions (Diener et al.,
Instead, early study in the field of subjective well-being was descriptive and focused on the average levels of happiness and satisfaction of groups of people measured on a one-item measure (Diener & Biswas-Diener, 2000). In his study entitled ‘Correlates of Avowed Happiness’, Wilson (1967) presented a broad review of the area of subjective research on well-being which had been conducted up to that point. Since the data that was available at this time was limited, Wilson, (1967, p. 294) concluded that a happy person is a “young, healthy, well-educated, well-paid person with high self-esteem, job morale, modest aspirations, of either sex and of a wide range of intelligence”. This conclusion reflects the simplistic and basic understanding of the construct of subjective well-being of that era.

The construct of subjective well-being has developed over the last 30 years within the underlying philosophy of positive psychology. The positive psychology philosophy focuses on enhancing what is good and functional in life rather than on fixing what is wrong. This philosophy states that psychology should be the study not only of human weaknesses but also of ordinary human strength and virtues (Seligman, 1998; Sheldon & King, 2001).

In their article “Subjective Well-being”, Diener et al. (1999) reviewed the growth in the field of subjective well-being. According to these writers, the scientific study of subjective well-being developed, in part, as a reaction to the overwhelming emphasis in psychology on negative states. Therefore, instead of focussing on the negative, new scientific study in the field of subjective well-being started reflecting larger societal trends concerning the “value of the individual, the importance of subjective views in evaluating life, and the recognition that well-being necessarily includes positive elements that transcend economic prosperity” (Diener et al, 1999, p. 276). As subjective well-being researchers recognise that people tend to approach positive incentives and do not just avoid misery, they study the entire range of emotions encompassed by well-being, from misery to elation.

As referred to earlier, subjective well-being researchers believe that general social indicators alone, as described in 1967 by Wilson, do not define the quality of life. Instead there is a place for individual differences and uniqueness as people respond and react differently to the same circumstances (Diener & Suh, 1997). Positive psychology examines two main levels, namely the individual level and the subjective level. When scrutinising the individual level, the positive psychology philosophy emphasises and examines the positive traits that the individual holds, such as courage, interpersonal skills,
perseverance, forgiveness, talent, originality, and wisdom. The capacity to love and be loved, altruism, spirituality, creativity, courage, happiness and wisdom have been defined as the source of positive life (Kogan, 2001). At the subjective level, positive psychology is about positive subjective experiences. These experiences are comprised of past levels of well-being and satisfaction, joy, sensual pleasures and happiness at present, as well as constructive cognitions about the future such as optimism, hope, and faith.

Today's researchers are not only interested in merely describing the demographic characteristics that correlate with subjective well-being. Instead, the focus has shifted to understanding the processes and subjective experiences that underlie happiness. For example, this movement emphasises the important role of an individual’s goals which would lead to a better future for the person. In addition, it is believed that the priorities of the individual are defined by his or her subjective views and play a major part in determining subjective well-being. An example of this subjectivity can be found in research conducted by Diener and Oishi (in press, in Diener et al., 1999). These researchers found that college students believed that happiness is more important than money when establishing a high quality of life.

4.5 Current Theories of Subjective Well-being

Research conducted on subjective well-being focuses mainly on two levels. The first level presents theoretical models that explore subjective well-being and emphasise variables such as goal fulfilment, adaptation and social comparison (Diener et al., 1999; Myers & Diener, 1995). The other type of research relates to subjective well-being describes and compares people in various categories, especially along demographic dimensions such as age, gender, education and income (Diener & Oishi, 2000; Diener & Suh, 1997; Diener et al., 1995; Myers & Diener, 1995). The various theoretical models of subjective well-being will be discussed in the next subsections, followed by a discussion of demographic characteristics and influential factors and their relationship to subjective well-being.

4.5.1 Telic Theories

Telic theories examine the different levels of subjective well-being caused by different goals that individuals create for themselves, and they examine the ways in which individuals perceive those goals (Diener, 1984). The types of goals, the success in attaining the goals, and the rate of progress towards the goals is believed to influence and individual’s affect and well-being (Austin & Vancouver, 1996).
The various telic theories are derived from different origins of the striving. The telic position is differentiated by whether the end state refers to a few common universal needs (Maslow, 1970) or to the more numerous personally chosen goals (Michalos, 1980). According to the needs theories, there are certain inborn or learned needs that the individual seeks to fulfil. The individual may or may not be aware of these needs, though happiness will follow from their fulfilment. Goal theories, on the other hand, are based on specific desires of which the individual is aware. The individual consciously tries to reach certain goals, and happiness follows when they are reached (Michalos, 1980). Individuals who present with high levels of subjective well-being perceive their goals as more important and higher in their probability of success (Emmons, 1992), whereas individuals who are low in subjective well-being tend to perceive more conflict regarding their goals (Emmons & King, 1988).

An individual’s goals are generally influenced by developmental phases, cultural goals and individual needs. A shift in life goals can be accomplished by changes in the dominant predictors of subjective well-being (Cantor & Kihlstrom, 1989). It seems that, even though the levels of satisfaction with life are generally stable, factors predicting subjective well-being may change over time (Magnus, Diener, Fujita & Pavot, 1993). There is a relationship between goals and needs, in that underlying needs may lead to specific goals. A person may also have certain values that lead to specific goals. There is general agreement that the fulfilment of needs, goals and desires is somehow related to happiness.

Goals and desires are usually considered as being more conscious than needs. Most people feel happy when they achieve some important goal. However, a question that has been raised is whether goal fulfilment has an influence on longer-term differences in subjective well-being between people, or whether it only affects short-term mood elevations. Chekola, (1975) stated that happiness depends on the continuing fulfilment of one’s life plan, which is the total integrated set of a person’s goals. According to the life plan approach, happiness depends on two based related factors which are the harmonious integration of one’s goals, and the fulfilment of these goals (Diener, 1984).

4.5.2 Autotelic Theories

The autotelic theory or activity theories, maintain that happiness is a by-product of human activity. Thus, the movement towards an endpoint rather than the endpoint itself creates happiness. Happiness thus arises from behaviour, rather than from achieving endpoints. Aristotle, a major proponent of one of the earliest and most important activity
theories, maintained that happiness came about through virtuous activity, that is, from activity that was performed well. Aristotle’s theory stated that there were certain human abilities and that happiness arose when these were performed in an excellent manner. Activity theory, in modern gerontology, refers to activity in more general terms, such as hobbies, social interaction and exercise (Diener, 1984).

The studies of Csikszentmihalyi and Figurski (1982) gave evidence to the fact that self-awareness decreased happiness. This was consistent with the popular idea that concentrating on gaining happiness might be self-defeating. According to this approach, one should concentrate on important activities and goals, and happiness would follow as an unintended by-product (Csikszentmihalyi & Figurski, 1982). Perhaps the most explicit formulation about activity and subjective well-being was the theory of flow (Csikszentmihalyi, 1990). Activity is experienced as pleasurable when the challenge is matched to the person’s skills level. If an activity is too easy, the person will experience boredom. If it is too difficult, anxiety is experienced. When the person is involved in an activity where intense concentration is needed, and in which the person’s skills and the challenge of the task are almost the same, this results in a pleasurable flow experience (Csikszentmihalyi, 1990).

4.5.3 The Bottom-Up Approach

According to this approach, the balance of pleasant and unpleasant experiences determines well-being. Brief, Houston-Butcher, George and Link (1993) stated that a happy person is happy because he or she experiences many happy moments. Well-being is directly related to the relationship between negative-positive experiences (Suh, Diener & Fujita, 1996). A happy life in this view is simply an accumulation of happy moments.

4.5.4 The Top-Down Approach

The top-down approach maintains that well-being levels derive largely from stable person features. General personality traits, such as neuroticism, predispose people to experience and react to situations in either positive or negative ways. Despite the specific circumstances, some people tend to be happy persons and others tend to be unhappy persons (Costa, McCrae & Norris, 1981).

This approach thus assumed that there was a global tendency to experience things in a positive way, and that tendency influenced the interactions an individual had with the world. A person thus enjoys pleasures because he or she is happy, not vice versa. According to this approach, global features of personality are thought to influence the way
people react to events. Philosophers have often placed the locus of happiness in attitudes, thus suggesting a top-down approach (Diener, 1984).

4.5.5 Discrepancy Theories

The multiple discrepancy theory of satisfaction emphasises people’s comparisons of themselves to multiple standards such as that of other people, past conditions, aspirations, needs and ideal levels of satisfaction. The resulting level of satisfaction is determined by the discrepancy between the individual’s current condition and the above-mentioned standards. Decreased satisfaction results when the discrepancy involves an upward comparison, i.e., when the standard of the condition is higher than that of the individual’s condition. Increased satisfaction will result when the discrepancy involves a downward comparison, resulting in the individual’s conditions being higher or more positive (Michalos, 1985).

There are three major processes involved in social comparison, namely that of acquiring social information, thinking about social information, and reacting to social comparisons. The coping aspect of the social comparison model indicates that people selectively choose others to compare themselves to. The idea is that individuals tend to look up to others to help motivate themselves, boost their moods or gain specific knowledge. This is why in some cases, people create an imaginary person with whom they compare themselves in order to achieve their objectives (Wood, Taylor & Lichtman, 1985). In addition, discrepancy theories examine the influence of an individual’s aspiration on his or her subjective well-being. It is interesting to note that researchers (Csikszentmihalyi, 1990; Emmons, 1992; Markus & Nurius, 1986; Michalos, 1985) found that high aspirations may be a major source of threat to an individual’s happiness. The idea is that high aspirations may lead to unhappiness because of the discrepancy between one’s aspirations and one’s actual standing or what one has actually achieved. This, in turn, may discourage the individual and decrease his or her experience of well-being. However, modern theories suggest that it is not the level of aspiration per se, but rather the process of moving towards one’s aspirations that may be a more important influence on one’s well-being. Consequently, according to these theories, individuals with high aspirations and low current outcomes may experience high levels of subjective well-being as long as they are making progress towards their goals (Carver, Lawrence & Scheier, 1996).

4.5.6 Adaptation Theories

The general concept behind the adaptation theories is that people tend to react strongly to new situations or life events, but habituate over time. According to these
theories, people may adjust, at least to a certain degree, to both good and bad events, and therefore do not remain in a state of either elation or despair. In addition, it is interesting to note that people tend to adapt in a relatively short time to many life events (Diener et al., 1999; Diener et al., 1996). Longitudinal studies have found that significant events are greeted with strong emotions when encountered, but that these dampen over time. For example, Krauss, Nadler and Boyd (1990) found that individuals who acquired their disability later in life were more satisfied with life when compared to people who acquired their disability earlier in life. This could be attributed to the fact that the other group of individuals have never experienced life without disability. It can also be assumed that those who had had the disability longer had more time to adapt.

According to the adaptation theories, the environment has a long-term influence on the subjective well-being of an individual. Diener and Diener (1995) found substantial differences in subjective well-being between nations. These differences relate to the income, human rights records, and democratic institutions in these societies. Nations with dire poverty and few human rights report substantially lower levels of subjective well-being compared to wealthier societies with a good record of human rights. These findings may indicate that, even though the adaptation process is powerful, it may not be complete at all times or may not occur under all circumstances, as people will not always adapt completely to all conditions (Diener and Diener, 1995).

4.6 Subjective Well-being and related variables.

4.6.1 Demographic variables

Considerable research has focused on the individual differences in several variables and traits, and their correlation to subjective well-being. For example it has been found that demographic variables often have weak relationships to subjective well-being. In their study across 40 nations, Diener and Suh (1997) found that males and females, and people of different ages, hardly differed in their levels of subjective well-being. Earlier research by Rodgers (1976) found that all the demographic factors together accounted for less than 20% of the variance in subjective well-being. In contrast to these findings, international research has shown that several variables such as marriage and personality traits may influence and can even predict levels of subjective well-being. There are various factors or variables that are considered to play a role in the subjective well-being of the individual. These are discussed in the following section.

4.6.1.1 Gender and Subjective Well-being
Lu (2000) reported that, on the overall level of subjective well-being, women did not differ from men. However, there were significant and profound gender differences found on specific facets of the subjective well-being construct. On the quantitative aspect, women were found to be more satisfied than men with their social relations and living environment. Lu, Shish, Lin and Ju (1997) also found that women had greater variance in the distribution of happiness scores than did men. Argyle (1987) speculated that there was a difference in the perceived sources of happiness and satisfaction for men and women. Women claimed that their source for greater happiness was found in harmonious interpersonal relationships, especially those involving family members, where men derived greater happiness from material pursuits and career success. This pattern correlated with the findings based on gender role theories (Baken, 1966). Diener, Sandvik and Larsen (1985) stipulated that, although there were no major differences between the subjective well-being of men and women, there were clear differences in the emotional intensity between the two groups. Women were found to be more intense, which led these researchers to postulate the perception that men were culturally expected to be less emotional.

Women generally reported more negative affect although they also seemed to experience greater joys (Braun, 1977). This implied that there was little difference in global happiness or satisfaction found between the sexes (Goodstein, Zautra & Goodhart, 1982). According to Medley (1980), younger women were happier than younger men, and older men were happier than older women. The crossover appeared to be round about age 45, but the differences between the two genders never appeared to be great.

It is interesting to note that in the South African context, Wissing and Van Eeden (1997) found significant differences between the subjective well-being of men and women, with men on average scoring higher. The researchers attributed these differences to cultural, social, and role patterns constructed for men and women in the South African society, rather than to biogenetic causes. In conclusion, it seems that gender does not have an influence on the levels of subjective well-being when men and women are compared.

4.6.1.2 Age and Subjective Well-being

The studies of Stock, Okun, Haring and Witter (1983) revealed that there was almost no correlation between age and subjective well-being, as there was no time of life that was notably happier or unhappier than others. However, researchers began to focus on the life cycle of patterns wherein life stages that created characteristic demands, were examined (Medley, 1980). Health and functionality are the main factors that promoted
well-being across the life course, specifically in old age. Older people tend to report surprisingly high levels of well-being. However, age has to be viewed in a cultural context, as most negative aspects of ageing, such as weakened health and functionality, are mediated by culture (Fry, 2000).

Research by Veenhoven (1984) has suggested that an individual’s hedonic level, i.e., the affective component of the pleasantness experienced in feelings and mood, decreased with age while contentment increases. However, more recent reviews and empirical studies regarding the relationship between subjective well-being and age have found contradictory results. For example, Costa, McCrae and Zonderman (1987) as well as Diener (1994) found no relationship between subjective well-being and age, which confutes Wilson’s (1967) earlier findings. Other research has found that life satisfaction often increases or at least does not decrease with age (Horley & Lavery, 1995). Campbell (1981) argues that the perception of the “crotchety old person who is dissatisfied with everything” (p.81) is an unrealistic perception or stereotype of the elderly. Diener and Suh (1997) examined the relationship between age and subjective well-being. They found that, out of three dimensions of subjective well-being (i.e., satisfaction with life, positive affect and negative affect), only positive affect declined with age. Therefore, Wilson’s (1967) conclusion was only supported by trends in positive affect. This lack of significant decrease in satisfaction with life across the lifespan suggests an ability of individuals to adapt to their conditions (Diener et al., 1999). Rapkin and Fischer (1992) proposed that these findings provide evidence that people readjust their life goals as they age. They overcome difficulties and challenges in life by actively changing their life circumstances to personal preferences (assimilative coping) or by adjusting personal goals and preferences (accommodative coping). Both coping strategies are positively related to life satisfaction; however, as the individual ages, he or she will gradually shift from the assimilative to the accommodative mode (Brandstädter & Renner, 1990). In a longitudinal study, Horley and Lavery (1995) found that younger individuals tended to report lower satisfaction with life, as well as lower quality of life when compared to older individuals. The critical age of 40 years appears to be a significant turning point with regard to subjective well-being, after which well-being levels begin to rise to at least 70 years of age.

4.6.1.3 Culture, Ethnicity and Subjective Well-being

Knowing someone’s culture or ethnic group provides very limited knowledge of the person’s psychological well-being (Myers & Diener, 1995). Data indicated that most people’s affect is primarily pleasant. Even people in disadvantaged groups reported on
average positive well-being (Diener & Diener, 1996). Crocker and Major (1989) reported that people in disadvantaged groups maintained self-esteem by (a) valuing the things they excel in, (b) by making comparisons within their groups, and (c) by attributing problems to external sources such as prejudice. They also found that black and white individuals scored similarly in a test of self-esteem.

In additions to self-report measures such as the Affectometer 2, other measurement methods have also indicated a general trend of primary pleasant affect that is experienced by most people. Cross-national data has indicated that there is a positive level of subjective well-being throughout the world, keeping in mind the exceptions that were found in the very poor societies. The mean of the subjective well-being response was above neutral for 86 % out of the 43 nations participating in a study conducted by Diener and Suh (1997); this reflected that on average, most people in nations around the world experience high levels of subjective well-being.

4.6.1.4 Education and Subjective Well-being

According to Campbell (1981), people with higher education are more likely to report positive affective experiences in their past, such as feeling excited, pleased or proud. However, this does not necessarily imply that they are less likely to report negative affective experiences, such as being bored, lonely, depressed or restless. In terms of satisfaction, higher education appears to be related to greater reported satisfaction.

Education may contribute to an individual’s subjective well-being in an indirect manner and may allow the individual to make progress towards his or her goals. However, education may also lead to a decrease in subjective well-being as it may raise an individual’s aspirations (Diener et al, 1999). Clark and Oswald (1994) found that unemployed, highly educated individuals are more distressed than less educated, unemployed individuals because of their higher aspirations and unmet expectations.

4.6.1.5 Employment and Subjective Well-being

Employment provides a personal identity for many people as it helps define the individual. It also helps to add to a sense of community as it offers a network of supportive relationships. This feeling of “belonging” helps people to construct their social identity. Employment also adds to the sense that one’s life matters (Myers and Diener, 1995). Tait, Padgett and Baldwin (1989) found that the relationship between job satisfaction and life satisfaction has grown stronger for women in the last few decades, because of the change in their roles within the society that enable them to expand their careers. A reciprocal relationship was found between job satisfaction and satisfaction with life when measured at
the same point of time (Judge & Watanabe, 1993). This relationship reflects a top-bottom process, since people who are satisfied with their lives tend to find more satisfaction with their work (Stones & Kozma, 1986).

Sometimes employment is ‘overwhelming’, which means that the challenges of the work or work situation are more than the time and skills that are available. This tends to lead to anxiety and stress in people. On the other hand, employment may be ‘underwhelming’, which means that the challenges do not fully utilise the time and skills that are available. This can lead to a feeling of boredom. The area where challenges match the skills and time available is the optimal state (Csikszentmihalyi, 1990). Involvement in interesting activities, which include engagement in work, is a major source of well-being. Campbell, Converse and Rodgers (1976) found that unemployed people were the unhappiest group, even when income differences were controlled for. This implies that unemployment has a devastating impact on the subjective well-being for many people that go beyond the financial difficulties involved. The length of unemployment is inversely correlated with mental health and well-being (Hepworth, 1980). In the case of semi-skilled and unskilled persons, subjects had poorer psychological well-being during unemployment than those of higher occupational status. The single best predictor of mental health during the time of unemployment was the extent to which the person experienced his or her time.

4.6.1.6 Income and Subjective Well-being

Larsen (1978) stated that there was a positive relationship between income and subjective well-being within countries. As may be expected, it was found that satisfaction with income was also related to happiness. According to research by Strumpel (1976), most adults indicated a need for materialism, believing that increased income would make them happier. Few agreed that money could buy happiness, but many agreed to the notion that a little more money would make them a little happier.

Easterlin (1974) reviewed 30 cross-sectional studies within countries. In every study it was found that wealthier people were happier than poorer people in that country. Diener, Wolsic and Fujita (1995) confirmed that high income correlated strongly with subjective well-being across surveys. Income correlated positively with subjective well-being, even after basic need fulfilment was controlled for. However, once people could afford life’s necessities, increasing levels of affluence mattered surprisingly little, the correlation between income and happiness was modest, and increases and decreases in income had no long-term influence on subjective well-being (Diener, Sandvik, Seidlitz & Diener, 1993). When an individual’s income stays stable over a period of time, he or she
may adapt to a particular level of wealth. When or if change in the income level occurred, there may be a temporarily increase or decrease in the individual’s subjective well-being. Economic deprivation was, however, associated with both more experiential deprivation and lower subjective well-being. According to Campbell (1981), satisfaction with income predicted subjective well-being better than actual income, although there was only a slight tendency for those who made a great deal of money to be more satisfied with what they made.

In conclusion, wealth may contribute to subjective well-being by providing the means for achieving one’s goals and providing basic needs such as food, shelter and health care. Poverty thus affects subjective well-being as it affects one’s basic needs.

4.6.1.7 Recreation and Subjective Well-being

Leisure activities are an important part of the individual’s total subjective well-being. In research by Balatsky and Diener (1993), it was concluded that leisure satisfaction is the domain that best predicts global well-being. Different recreational activities create intrinsic satisfaction to the individual (Strack, Argyle & Swartz, 1991). Intrinsic satisfaction can be created by the following activities: (a) sport, which creates happiness by the increased secretion of endorphins; (b) hobbies, which often also include group activities; (c) voluntary charity work, which creates satisfaction as the individual is of service to others; (d) home work, like gardening, needlework and wood work. These activities thus create a positive source as expansion of the individual’s subjective well-being.

4.6.1.8 Religion and Subjective Well-being

The links between religion and mental health have been found to be impressive. The spiritual component of psychological well-being is reflected in the experience of hope, of life as meaningful, and by having a purpose in life. Spiritual or religious content in personal goals has an especially strong influence on well-being (Emmons, Cheung & Tehrani, 1998). In a study, by Ellison (1991) found that the positive influence of religious certainty on well-being was direct and substantial. Those individuals who indicated strong religious faith reported higher levels of life satisfaction, greater personal happiness, and fewer negative psychosocial consequences of traumatic life events. Religious people also tend to be a little less vulnerable to depression (Brown, 1993; Gartner, Larson, Allen & Garner, 1991). In addition, prayer is relied on for coping with difficult circumstances, which may serve as a stress-deterrent effect (McCullough, 1995).
A study among the elderly revealed that the two best predictors of well-being among older persons are health and religiousness (Okun & Stock, 1987). However, in a study by Spreitzer and Snyder (1974), these researchers found that religion had a significant effect on people younger than 65 years of age, however surprisingly not on older respondents.

4.6.1.9 Social Relationships and Subjective Well-being

Although close relationships often create stress, the benefits of close relationships with friends and family usually outweigh the strains. It was found that people with various intimate friendships with whom they share intimate concern freely, were healthier, were less likely to die at a younger age, and were happier than those with few or no such friends (Burt, 1986; House, Landis & Umberson, 1988). A sense of community was significantly related to subjective well-being and the effects were especially prominent for the happiness facet of subjective well-being (Davidson & Cotter, 1991). A supportive intimate relationship is among life’s greatest joys and for about 90% of people, the most significant alternative to aloneness is marriage. On the other hand, the result of broken marital relationships has found to be a source of much self-reported unhappiness (Glenn, 1981). This is endorsed by a cross-cultural study with almost 60,000 people in 42 nations, where the authors concluded that the relationships between marital status and subjective well-being were similar across the world (Diener, Gohm, Suh & Oishi, 2000).

4.6.1.10 Physical Health and Subjective Well-being

Early research concluded that health is strongly correlated to subjective well-being (George & Landerman, 1984; Wilson, 1967). However, a recent review of research found only a weak correlation between health level and subjective well-being. It was found that the influence of an individual’s health on his or her subjective well-being depends on his or her perception of the life situation; this, in turn, is influenced by personality traits (Breetvelt & Van Dam, 1991). The way in which an individual perceives his or her health is a very personal experience that comes from within. Health is usually not valued as a high priority in one’s life until problems arise. It is difficult to accommodate poor health which can lead to decreased satisfaction (Campbell, 1981).

According to Pincus, Griffiths, Isenberg and Pearce (1997), positive well-being is directly related to coping and adjustment. This refers to the way the patient deals with, comprehends, and is able to manage an illness and its impact on his or her life. Subjective well-being and health are more closely related to treatment-seeking behaviour, compliance and evaluation of treatment, than to the objective medical condition.
In the South African context, a study conducted by Odendaal (1999) found that the satisfaction with life of cardiac patients in rehabilitation ranged from slight dissatisfaction to moderate satisfaction with life. The levels of happiness ranged from low levels of positive affect to an equal amount of positive and negative affect. Family life, religion, social relationship, work satisfaction, married life, self-esteem, and an optimistic attitude towards life were all found to be linked to levels of satisfaction with life.

4.6.1.11 Personality and Subjective Well-being

Personality is one of the strongest and most consistent predictors of subjective well-being. In the attempt to explain the personality and subjective well-being link, researchers have used two main approaches. Firstly, they have attributed subjective well-being to temperament, and secondly, they have identified traits and cognitive dispositions associated with subjective well-being (Diener et al., 1999). The strongest evidence for a temperamental predisposition to experience certain levels of subjective well-being comes from behaviour-genetic studies of heredity. These studies show that some people have a genetic predisposition to be happy or unhappy, which is presumably caused by inborn or innate individual differences in the nervous system (Diener et al., 1999; Tellegen, Lykken, Bouchard, Wilcox, Segal & Rich, 1988). Lykken & Tellegen (1996) examined twins who were reared together and twins who were reared apart. They calculated that 80% of long-term subjective well-being is hereditary, and that 40% to 55% of the individual’s current subjective well-being can be explained by genes.

In addition to the idea of biological predisposition, researchers have identified several traits and cognitive dispositions associated with subjective well-being. Extroversion and neuroticism are the two traits that have received the most theoretical and empirical attention. Costa and McCrae (1980) posited that extroversion influences positive affect and is related to pleasant affect, while neuroticism influences negative affect and is related to unpleasant affect. In his theory of personality, Gray (1991) suggested that two underlying brain systems are responsible for many of the individual differences in personality. The behavioural action system is sensitive to signals of reward and thereby controls approach behaviour. The behaviour inhibition system is sensitive to signals of punishment and is responsible for inhibiting behaviour when there is a threat of punishment. Based on this theory, Lucas, Diener, Grob, Suh and Shao (1998) suggested that extroverts are more sensitive to rewards and that this sensitivity manifests itself in the form of greater pleasant affect when exposed to rewarding stimuli. Higher positive affect motivates individuals to approach rewarding stimuli; and since social situations tend to be
more fun and rewarding than non-social situations, extroverts’ elevated positive affect and sensitivity to reward leads to increased social behaviour (Lucas, et al., 1998).

Optimism is another personality trait that has been correlated with subjective well-being. Craver and Scheier (1998) developed a theory of dispositional optimism in which an individual’s characteristic thoughts about the future affect his or her circumstances and therefore his or her subjective well-being. According to this theory, optimism is a trait that represents a general tendency of the individual to expect favourable outcomes in his or her life, and therefore the person will work towards the goals that he or she has set. If the individual expects failure, he or she will disengage from the goals that have been set. Expectancy of control, a related trait, was also found to correlate with subjective well-being (Lachman & Weaver, 1998).

Another trait that is strongly related to subjective well-being is self-esteem (Lucas et al., 1996; Wilson, 1967). However, cross-cultural investigation has shown that the correlation between the two constructs (i.e., subjective well-being and self-esteem) is lower in collectivist cultures compared with individualist cultures. The reason for this may be that reporting high self-regard is not a powerful predictor of subjective well-being in cultures that value the group above the individual (Diener et al., 1999).

4.6.1.12 Intelligence and Subjective Well-being

Wilson (1967), as well as later researchers (Diener, 2000; Watten, Syversen & Myhrer, 1995), concluded that intelligence is not appreciably related to happiness, except when it is low enough to prevent economic success. The relationship between intelligence and subjective well-being seems to depend on the degree to which intelligent individuals excel in society, and the degree to which intelligent individuals share their higher aspirations and expectations that counterbalance their advantages (Diener et al., 1999; Sigelman, 1981; Watten et al., 1995).

4.6.1.13 Life events and Subjective Well-being

The influence of life events on the individual’s subjective well-being and the correlation between the two concepts remains largely uncertain. In a two-year longitudinal study, Suh et al., (1996) explored the effects of life events on subjective well-being. They found that only life events that had occurred during the preceding three months influenced the life satisfaction and happiness of the individual. This finding was supported by other longitudinal studies (e.g., Costa et al., 1987; Diener, et al., 1992), suggesting that life events or changes in life do not have a great influence on the individual’s subjective well-being over long periods of time (such as 10 years). Heady and Wearing’s (1989) dynamic
equilibrium model of subjective well-being might provide an explanation for these findings. The model suggests that deviations from normal patterns of life events only modify the individual’s subjective well-being temporarily. It also suggests that subjective well-being reverts to a level predetermined by the individual’s personality traits as soon as the pattern of life events regains its equilibrium.

4.6.1.14 Marriage, Cohabitation and Subjective Well-being

A positive relationship between marriage and subjective well-being was found by Wilson (1967) and was supported by a variety of later researchers (Diener et al., 2000; Glen, 1975; Gove & Shin 1989; Mastekaasa, 1995; White, 1992). Married individuals report greater happiness compared to those who were never married or who are separated, divorced or widowed. Among the non-married individuals, those who cohabit with a partner are significantly happier compared to those living alone (Mastekaasa, 1995).

It has been found that married women are consistently happier than unmarried women, and married men are consistently happier than unmarried men (Lee, Seccombe & Shehan, 1991). However, the effect of marriage differs for men and for women (Mroczek & Kolarz, 1998), and it has often been debated as to whether marital satisfaction is more important to the overall well-being of men or women or not (Glen, 1975; Gove & Shin, 1989; Wood, Rhodes & Whelan, 1989). Research found that men obtain greater benefits than women in a marital relationship in terms of positive emotions, but both married men and women showed the same levels of satisfaction in life (Diener et al., 1999).

Marriage as a variable has been found to be the strongest predictor of subjective well-being, even when other variables such as income and employment are controlled for (Diener, 1984; Myers & Diener, 1995). There is further evidence that happy people are more likely to get married in the first place (Mastekaasa, 1992; 1994; Veenhoven, 1989), so the causal influence between subjective well-being and marriage may work both ways. Hence, many researchers believe that the salutary effect of marriage, i.e., its role as a buffer against the hardship of life and the emotional support it provides, generates a positive state of well-being.

Cultural characteristics might also influence the relationship between marital status and subjective well-being. Diner and Suh (1997) studied 40 nations and found that in general, married people are happier than divorced, separated or single people living alone, regardless of the divorce rate or the level of individualism in the nation. However, the effect of cohabitation depends on cultural factors. In individualist cultures, unmarried cohabitating partners reported lower satisfaction with life as well as more negative
emotions and anxiety compared to married or single individuals. One explanation could be that the collectivist societies tend to be more traditional and therefore less accepting of cohabitation outside of marriage (Diener & Suh, 1997).

4.6.1.15 Women’s Roles and Subjective Well-being

Past research has focused on topics related to the impact of various combinations and interactions of social roles that an individual fulfils on subjective well-being. In addition, research has focused on the effects of balancing work and family life and the dual-role conflict that many women deal with in everyday life. However, the area of women’s subjective feelings with regard to maintaining the dual role of a mother and a worker has not drawn a great deal of attention from researchers (Evans, 2002; Greif, DeMaris & Hood, 1993; Simon, 1995).

Findings of research conducted on the subjective well-being of working mothers yield contradictory results. On the one hand, several researchers (Baruch, Diener & Barnett, 1987; Warr & Parry, 1982) found that married mothers who were working outside of the home experienced higher levels of stress and depression compared to married mothers who did not work outside the home. In addition, women who reported role-conflict and role overload as they filled the worker and the family roles, also tended to report higher levels of emotional distress (Gerstel & Gallagher, 1993; Guelzoe, Bird & Koball, 1991; Paden & Bueheler, 1995). Being satisfied with employment substantially increased the working mother’s responsibilities and duties, and therefore tends to arouse concerns and negative affect (Grenber & O’Neil, 1993). In addition, mothers who described greater pressure in the working environment also reported greater role overload and being overwhelmed by multiple commitments, which in turn led to a decreased level of overall well-being (Crouter et al., 1999).

On the other hand, fulfilling the dual role of mother and worker has been found to have many positive affects on the employed mother (Barnett, 1994; Wethington & Kessler, 1989). For example, Piechowski (1992) found that mothers who experienced the additional role of the worker as positive often simultaneously experienced a greater degree of control, decision freedom and autonomy, all of which came with being employed. Crosby and Jaskar (1993) found that an important coping mechanism of the working mother lies in the comparison with working mothers of earlier generations. These researchers found that working mothers who compared their own situation to the situation of their mothers in previous generations realised that their own husbands contributed more to the household duties than did their mothers’ husbands, and therefore they themselves performed fewer
household duties compared to their mothers. This comparison has helped women who hold the roles of the worker and mother in coping with their dual role, and therefore reduced some of the pressure and stress associated with both roles.

In their theory of role balance, Marks and MacDermid (1996) argued that people who had a well-balanced role system (i.e., full engagement in and enjoyment of all roles) experienced higher levels of well-being. Therefore, according to the role-balance theory, women who hold a well-balanced role system, do not necessarily spend fewer hours in their work role, but rather have higher self-esteem and lower depression levels; this in turn leads to a high sense of subjective well-being.

In terms of the South African context, it was found that there is a lack of research into women’s mental health issues (Klugman & Weiner, 1992). These researchers claimed that the main factor that undermined the South African women’s mental health was the subordinate position of women in this country, implying that South African women do not generally have control over their own lives. Their research findings reflected that South African women tended to see themselves in terms of male definitions of women, which in turn undermined their confidence and capacity to engage effectively in society. With regard to the dual role of mother and employee, it was found that most of the employed women were also responsible for the greater part of childcare in the home, which led to substantial stress and negative affect (Evans, 2002; Klugman & Weiner, 1992).

Budlender (1995) pointed out other factors that contribute to the increased level of stress of South African mothers who enter the labour market. Among these factors are the everyday experiences as caregiver, the burden of unpaid household work, together with second-class status in paid labour, the threat of sexual violence and the lack of autonomy and control over their own lives.

4.6.2 The effect of life events on Subjective Well-being

Researchers focused their attention on the psychological consequences of life events and how individuals coped with the stress created by these “exogenous shocks” (Dohrenwend & Dohrenwend, 1974). Good events are related to positive affect and bad events are related to negative affect (Warr, Barter & Brownbridge, 1983). Therefore, even pleasant events can perhaps influence subjective well-being negatively if they lead to feelings of lack of control (Diener, 1984).

In the study of Seidlitz and Diener (1993), happy people recalled more positive life events and fewer negative life events, than did unhappy people. They suggested that the difference in recall was due to two factors: (a) Happy participants objectively experienced
more positive versus negative events than unhappy participants; (b) happy participants interpreted their life circumstances more positively than unhappy participants. In addition, the difference in recall may also have occurred because of the fact that happy participants paid more attention to positive versus negative experiences at the time they occurred, than unhappy participants, and were therefore more likely to encode them into the memory. Life events are organised in their memory according to their valence and this organisation facilitates recall of positive events in happy participants more than in unhappy ones. Happy participants, relative to unhappy ones, also used strategies of retrieving events from memory that favoured the recall of positive versus negative events (Seidlitz & Diener, 1993). Negative events in particular received a great amount of attention, largely because of their threatening potential impact on the well-being of the individual. Decades of research have shown that individuals’ cognitive interpretation styles and personality factors can mediate the ways in which stressful life events are experienced (Suh, Diener & Fujita, 1996).

Heady and Wearing (1989) described a dynamic equilibrium model in which each person is regarded as having “normal” equilibrium levels of life events and subjective all of which are predictable on the basis of age and personality. Only when events deviate from their equilibrium levels, does subjective well-being change. Unusually positive events enhance subjective well-being while unusually negative events depress it.

According to the research of Eronen and Nurmi (1999), subjects who have experienced many positive and limited negative life events, showed high well-being adaptive strategies, in comparison to those who have faced many negative and limited positive events, and who reported low well-being and self-protective strategies. Life-event patterning was also found to influence later well-being. Longitudinal findings, as reported by Costa, McCrae, and Zonderman (1987) suggested that life events or changes did not have a large influence on subjective well-being over long periods of time (i.e. 10 years).

4.7 Conclusion

The present chapter has focused on subjective well-being. Areas that were reviewed were the dimensions and sources of subjective well-being, as well as the subjective well-being and related variables that were found to correlate. The following chapter is a detailed description of the research design and the methodology that was used in this study.
Chapter 5
Methodology Chapter

5.1 Introduction
This chapter provides a description of the research design and methodology employed in the study. The primary aims of the present research, as well as the research methods that were employed in this study, are outlined. A description of the participants and the sampling procedure is provided. Furthermore, a brief overview of the measures used to gather the data is included. The process of the research and the data analysis of the study are explained. Finally, the ethical considerations to be borne in mind when conducting research are discussed.

5.2 Primary aims of the study
The primary aim of this study is to explore and describe the coping resources and subjective well-being of dual-career Hindu married mothers. In order to accomplish this aim, the following objectives were identified:

To explore and describe the coping resources of full-time employed Hindu mothers.

To explore and describe the subjective well-being (i.e. satisfaction with life, and positive/negative affect) of full-time employed Hindu mothers.

To explore and describe patterns of subjective well-being and coping resources of full-time employed Hindu Mothers.

5.3 Research Design
Choosing a research design is an integral part of any study and should be approached with care. The research design is a detailed plan of how a specific research
study will be conducted (Thyer, 1993). The proposed study can be described as having an exploratory descriptive design.

An exploratory design has the purpose of gaining awareness and understanding of the phenomena being studied (Neuman, 1997), namely the subjective well-being and coping resources of dual-career Hindu mothers. A descriptive study aims to present an accurate profile of a group and describe relevant processes, mechanisms or relationships that affect the phenomena being studied (in this study, the subjective well-being and coping resources of full-time Hindu mothers).

The main advantage of the exploratory descriptive research design is that it increases the understanding of a particular field of interest and allows for the development of theory (Mouton & Marais, 1994). More specifically, an exploratory study is conducted with the aim of exploring a relatively unknown research area in order to gain new insights into the specific phenomena and to determine priorities for future studies, whereas the descriptive design makes it possible to emphasise the in-depth description of a specific phenomena or behaviour (Van-Lill & Grieve, 1994).

The main disadvantage of the exploratory descriptive research design is that there is no method for controlling extraneous variables. In addition, no cause-and-effect conclusion can be drawn, and the researcher is unable to progressively investigate one aspect of the independent variable after another (Burns & Grove, 1993).

This type of research is considered to be a necessary first step when attempting to gain familiarity with a phenomenon, since it establishes the foundation of future research (Barker, Pistrang, & Eliot, 1994). As this was an exploratory-descriptive study, no hypotheses were stated. Instead, aims were used to guide the methodological aspect of the study. The data that was obtained from the present research study was quantitative as the collected data and the analysis thereof was primarily numerical in nature.

When conducting research, a researcher can apply various descriptive methods. The methods tend to reflect the methodology used for the data collection and include field observation, systematic observation (i.e., observing one or more specific behaviours in a particular setting), case studies, survey research (i.e., the use of self-report measures question attitudes, behaviours and demographics), as well as archival research (i.e., using already existing information to answer research questions; Cozby, 1993). For the purpose of the present study, a survey type of descriptive design was employed in that self-report measurement techniques were used. Survey research involves asking question to a sample
of individuals who are representative of the group being studied (Cozby, 1993; Mitchell & Jolley, 1996); in his case the individuals were full-time employed Hindu mothers.

There are two main survey procedures that can be employed for data collection, namely questionnaires and interviews. A questionnaire survey has two basic options, that of self-administration and investigator administration (Drew, Hardman, & Hart, 1996). The present study utilized the investigator administration survey method in the form of standardised paper-and-pen questionnaires, and gathered information with the aim of exploring and describing the coping resources and subjective well-being of dual-career Hindu mothers.

A survey characteristically carries instructions on how to complete the questionnaires and presents a number of questions or items that may have forced response choices (i.e., forced-choice questions) or open-ended questions (Fink & Kosecoff, 1998). When using a survey, the researcher does not manipulate a situation or condition and allows the research participants to simply answer questions. The questions should be written clearly and in a fashion that minimise the possibility of misinterpretation (Neuman, 1997). The rating scales used in the present study are examples of forced-choice questions.

Many surveys rely on this type of questioning due to it’s proven efficacy, and due to it being easy to use, score and code responses for analysis; it’s other strength lies in the uniformity of the data which this type of questioning provides, as everyone responds in terms of the same options, e.g., always, sometimes, never (Fink & Kosecoff, 1998). It is relatively easy to establish the validity of survey data, and this is a major advantage of the survey method. In general, a main advantage of the use of questionnaires is that they can be administered in a group context, and therefore have the advantage of saving time, and circumventing the unpredictable questionnaire return rates (Salkind, 1997).

Salkind (1997), however, pointed out several disadvantages of the survey method of research. According to this researcher, surveys tend to be rigid in order to create comparability between questionnaires. As the researcher must be content with only those feelings that the respondent is conscious and willing to describe, a significant amount of information is lost. Another disadvantage of the survey method of research is that it does not capture the information over a significant period of time but rather at a specific point in time and is therefore not sensitive to fluctuations in a respondent’s feelings that may occur daily or weekly. In addition, there is an increased likelihood of misunderstood items and incomplete responses, as well as an unpredictability of response rates (Dane, 1990). Yet another disadvantage of the survey method, as stated by Bailey (1987), is that it allows only
minimal control over whether the respondents employ bias or response sets when answering the questions. It was hoped that since the participants in this study were volunteers, this fact may have increased the probability of the participants responding truthfully and carefully. Mitchell and Jolley (1996) pointed out a disadvantage relating specifically to the investigator-administered questionnaire. According to these researchers, the presence of the researcher may reduce perceived anonymity. The respondents may feel that their answers are less anonymous and therefore may answer the questions in a less frank manner.

In summary, given the nature and the aims of this study, the researcher decided that the disadvantages described above were outweighed by the appropriateness of this method of design for the research at hand. In the following section, a description of the participants and sampling methods utilised for the current study is provided.

5.4 Sampling

Sampling procedures can be divided into two main categories, namely probability and non-probability sampling (Stoker, 1984). A probability sample is selected in an objective manner, which implies that the chances for every person to be selected can be calculated. On the other hand, in non-probability sampling, the researcher selects only those participants who are available and willing to take part in the research. Therefore, it can be concluded that non-probability sampling is a convenient one (Cozby, 1993; Fink & Kosecoff, 1998). The disadvantage of this type of sampling is that the generalisability of findings will be reduced as the biases of estimates cannot be measured and controlled for (Harris, 1998). The reason for selecting this particular demographic group of Hindu women was, however, that they were easily accessible to the current researcher. Convenience sampling was employed by the researcher as the sample was accessible and reasonably representative of the population of interest (Harris, 1998).

For the purpose of this study, a non-probability purposive sampling method was utilised. The advantage of this method was that it is cost effective as it saves time and money and is less intricate when compared to probability sampling methods as it makes use of respondents who are already available. This implied that the probability of selecting a dual-career Hindu mother in the Nelson Mandela Metropolitan area was unknown to the researcher and that there were unequal chances that all female Hindu mothers in this area were included in the study.

A purposive “sample” is based on the researcher’s judgment in the way that a sample is composed of elements which contain most characteristics which are representative
of or are typical attributes of the population (Burns & Grove, 1993; De Vos, 1998). There are three situations in which purposive sampling is appropriate: firstly, when the researcher uses this sampling technique to select unique cases that are especially informative; secondly, when researcher selects members of a difficult-to-reach, specialized population; and thirdly, when the researcher wants to identify particular types of cases for the purpose of in-depth investigation (Neuman, 1997). The second situation applies in this study.

Disadvantages of the non-probability sampling method are that it is less precise than probability sampling, and it limits the possibility of generalizing to the population at large, due to the researcher overestimating or underestimating the true population values (Bailey, 1987; Blanche & Durham, 1999). Despite these drawbacks the non-probability purposive sampling method was regarded as having more benefits than disadvantages and was thus the sampling method employed in this study.

5.5 Participants

Grinell and Williams (1990) suggested that a minimum of 30 participants is sufficient to perform basic statistical procedures in an exploratory descriptive study. The sample for the current study consisted of 60 Hindu mothers between the ages of 25 and 45 years, who lived and worked within the Nelson Mandela Metropole in the Eastern Cape of South Africa and who have one or more primary school children aged between 7 and 12 years of age. The researcher chose the above age groups with Erikson’s stages in mind. The mothers are in Erikson’s stage of stagnation versus generativity. In this stage earlier conflicts (Erikson’s stages) have been partly resolved and they are free to direct their attention more fully to the assistance of others. Individuals can direct their energies without conflict to the solution of social issues. The children are in the stage of industry versus inferiority. During this stage children develop numerous skills and competencies in school, at home, and in the outside world of their peers. According to Erikson, one’s self is enriched by the realistic development of such competencies (Craig, 1996). Both the mothers and the children were chosen because they were both in specific life stages and therefore they would have experienced similar crises, as discussed above. The choice of female subjects for research studies has special advantages, according to several researchers. For instance, Altekar (1992) stated that the best way to understand ‘the spirit of civilisation’ was to study the women in it. Furthermore, Man (1996) stated that the position of women in any society is a significant pointer to the level of culture in that society. These were some of the factors which endorsed the current researcher’s choice of gender group selected for this study. The participants represented and reflected the
experience between the traditional and contemporary gender roles of Hindu career orientated women.

The participants had to be able to read and understand English at a Grade Twelve level. This was necessary in order to ensure that they could fully read and understand the test items and what was required of them. This latter issue is of vital importance in order to maintain the reliability of the results, as the information letter, consent form, written instructions, biographical questionnaire and measures that were used (Coping Resources Inventory, Satisfaction with Life Scale and the Affectometer 2) were all provided in English.

5.6 Measures

Data was collected by means of standardized paper and pencil measures. The measures included a Biographical Questionnaire, the Coping Resources Inventory, the Satisfaction with Life Scale, the Affectometer 2, all of which were self-report measures. The basic data collected from these self-report measures reflected the participants’ own reports about their current thoughts, feelings and actions. The main advantage of any self-report questionnaire is that it allows the researcher to measure participants’ subjective states such as perceptions, attitudes and emotions. The main disadvantage of a self-report measure is that this technique is susceptible to faking (Taylor, Peplau & Sears, 1997). The four measures referred to earlier will now be discussed briefly.

5.6.1 Biographical Questionnaire

The Biographical Questionnaire (Appendix 3) was constructed by the researcher for the purpose of the current study and it includes general biographical information such as the participant’s age, number of dependent children, highest level of education, occupation and work position. The biographical information was used to describe the sample and provided information that assisted with the interpretation and conceptualisation of the results.

The biographical questionnaire was divided into two sections, each containing structured closed-ended questions. The first section requested general biographical information such as age, home language, highest levels of education and occupation. The second section focused on the participant’s social support at home and in the work environment, and requested information about the people who contribute to or diminish the respondent’s feelings of well-being. To control extraneous variables, participants were
asked if they are on any form of medication for a psychiatric illness and they were withheld from the study.

5.6.2 The Coping Resources Inventory

Hammer and Marting (1988) developed the Coping Resources Inventory (CRI) in order to identify resources available to individuals to manage the stress in their lives. In contrast to a large body of clinical theory and practice, the CRI was constructed to emphasise resources rather than deficits. Hammer and Marting (1998) were of the opinion that in identifying and acknowledging clients’ resources and competencies as well as their deficits and impairments, their self-esteem could be enhanced. Such increased knowledge of the role of resources in coping could also assist in the planning of prevention programmes and allow researchers to specify more comprehensive models of coping that take into account both deficits and resources (Hammer and Marting, 1988). The resource domains of the CRI were devised by the test developers; these were based on a thorough literature review and on their experience in conducting stress programmes.

The 60-item measure examines resources in five domains namely the cognitive, social, emotional, spiritual/philosophical and physical domains (Hammer & Marting, 1988).

- The Cognitive (CRI-Cog) domain, measures the extent to which individuals maintain a positive sense of self-worth, which includes a positive outlook towards others and optimism as regards life in general, examples are: (“I feel as worthwhile as anyone else”, “I see myself as lovable”, “I put myself down”).

- The Social (CRI-Soc) domain is the second domain and describes the degree to which individuals are embedded in social networks that are able to provide support in times of stress, examples are: (“I am part of a group, other than my family, that cares about me”, “I enjoy being with people”, “I initiate contact with people”.

- The Emotional (CRI-Emot) domain measures the degree to which individuals can accept and express a range of emotions. This is based on the premise that being able to express a wide range of emotional responses helps in ameliorating the long-term consequences of stress, examples are: (“I can show it when I am sad”, “I express my feelings clearly and directly”, “I laugh wholeheartedly”).

- The Spiritual/Philosophical (CRI-SpPh) domain measures the degree to which actions of individuals are guided by stable and consistent values that are based
on either religious, familial or cultural traditions, or from personal philosophy. These values could serve to provide meaning to potentially stressful events and facilitate the prescription of strategies for responding effectively, examples are: (“I know what is important in life”, “Certain traditions play an important part in my life”, “My values and beliefs help me to meet daily challenges”).

- The Physical (CRI-Phys) domain examines the degree to which individuals engage in health-promoting behaviours that are believed to contribute to increased levels of physical well-being. The physical well-being is related to decreased negative responses to stress and to the enhancement of recovery, examples are: (“I exercise vigorously 3-4 times a week”, “I snack between meals”, “I am in good physical shape”).

Participants used a four-point scale (never or rarely; sometimes; often; always or almost always) to indicate how often they engaged in the behaviour described in the item over the last six months. The sums of the item responses for each scale constitute the scale scores. Six items with negative wording are reversed scored, before adding their points to the total score for that particular scale. The Total Resource score is computed by adding the five individual scale scores. The higher the scale score, the higher the resources of that person (Hammer & Marting, 1988). The CRI is hand-scored, using the template provided by the test developers. Since the scales have different numbers of items, direct comparisons among scales based on raw scores are not possible. The raw scores are converted to standard scores having a mean of 50 and a standard deviation of 10 points. Thus, approximately 95 percent of individuals will have standard scores that fall between 30 and 70. The conversion of raw scores to standard scores is done using the tables provided in the appendix of the CRI.

The validity and reliability of the CRI have been tested on a variety of subjects (Hammer & Marting, 1988). The item to scale reliability correlations has been shown to possess good homogeneity in terms of item content per scale. Similarly, the internal consistency, which was measured using Cronbach’s alpha, possesses a range and pattern that suggest that the constructs within the CRI are fairly homogenous and are reliability tapped. The CRI has been used in various studies in South Africa (Odendal, 1999; Gal, 2002; Nel, 2005 & Cairns, 2001).

5.6.3 Satisfaction with Life Scale (SWLS)

The Satisfaction with Life Scale (SWLS) is a five-item scale which measures global life satisfaction. This can be defined as a cognitive, judgemental process in which the
individuals assess the quality of their lives, based on a unique set of criteria (Diener, Emmons, Lasen & Griffen, 1985; Pavot & Diener, 1993). It is believed that when completing the self-report SWLS, the respondent is in a privileged position to report his or her experience of well-being, as only he or she can experience life’s pleasures and/or pains and judge whether his or her life seems worthwhile based on internal experience. When completing the SWLS, participants use a seven-point Likert scale (1 represents strongly disagree, while 7 represents strongly agree) to respond to various statements measuring satisfaction with life (e.g., ‘The conditions of my life are excellent’; ‘In most ways my life is close to my ideal’). Hence, the possible range of scores on the questionnaire is from 5 (i.e., low satisfaction with life) to 35 (i.e., high satisfaction with life). The scores of the SWLS can be interpreted in terms of absolute, as well as relative, life satisfaction. Scores between 5 and 9 are indicative of being extremely dissatisfied with life, while scores between 10 and 14 represent dissatisfaction with life. A score of 15 to 19 indicates slight dissatisfaction with life and a score of 20 indicates the neutral point of the scale, i.e., point at which the respondent is equally dissatisfied and satisfied with life. Scores between 21 and 25 indicates slight dissatisfaction with life, and scores ranging from 26 to 30 represent satisfaction with life. A score between 31 and 35 signifies extreme satisfaction with life (Pavot & Diener, 1993).

Previous South African studies found that the standard deviation and mean scores were similar to those found by Pavot and Diener (1993) (Wissing & Van Eeden, 1997; Hatuell, 2004; Odendaal, 1999; Vorster, 2002), The SWLS has been shown to be a reliable and valid measure of life satisfaction. A two-month test-retest reliability coefficient of 0.8 and an alpha reliability coefficient of 0.87 were reported by Diener et al. (1985). The brief format of the Satisfaction with Life Scale and its reliability and validity in the South African context made it suitable for inclusion as a measure in the study.

5.6.4 The Affectometer 2

The Affectometer 2 (AFM2) is a 40-item scale which measures general happiness or sense of well-being by determining the balance of positive and negative feelings in recent experience (Kamman & Flett, 1983). It indicates an individual’s quality of life as experienced on an affective level, with an overall level of well-being conceptualised as the extent to which positive feelings predominate over negative feelings.

When completing the AFM 2, participants were required to report their feelings over the ‘last two weeks’. It is believed that this time-frame suggests a compromise between measuring well-being in the most global sense and the choice of the time period
agreeable to reasonable recall. The AFM2 scale responses range from an indication of ‘not
at all’ to ‘all the time’ on each of the 40 items. The items measure Positive Affect (PA),
Negative Affect (NA), and Positive-Negative Affect-Balance (PA-NA) (Wissing and Van
Eeden, 1997). The 40 items which constitute the measure are grouped into ten categories,
namely confluence, optimism, self-esteem, self-efficacy, social support, social interest,
freedom, energy, cheerfulness and thought clarity. For each of these ten categories, or
characteristics of happiness, four items are identified; each of these items is derived from
one of four groups namely positive sentences (e.g. “I feel I can do whatever I want”, “I
feel loved and trusted”), negative sentences (e.g., “I feel like a failure”, “My thoughts go
around in useless circles”), positive adjectives (e.g., “Satisfied”; “Useful”) and negative
adjectives (“Helpless”, “Depressed”).

The scores on the AFM2 range from 0 to 80. The total score (i.e., the Positive-
Negative Affect Balance) for general happiness is obtained by subtracting the subtotal for
negative affect (NA) from the subtotal for positive affect (PA). A score of 40 represents a
neutral point on the scale. A higher score indicates positive subjective well-being while a
lower score indicates lowered levels of subjective well-being (Wissing & Van Eeden,
1997).

The AFM2 has been shown to be a reliable and valid measure of subjective well-
being. Research has found an alpha-reliability coefficient of 0.88 to 0.93 (Kamman &
Flett, 1983). The AFM 2 has been utilized to a large extent both internationally (e.g.,
Cernat, 2001) and in South Africa (e.g., Odendal, 1999; Gal, 2004; Voster, 2002 & Wissing
Van Eeden, 1997). The results of a national study conducted by Wissing and Van Eeden
(1997) in South Africa, indicated a mean of 55.60 and cronbach alpha reliability of .86 for
the Positive Affect (PA) subscale, a mean of 26.10 and cronbach alpha reliability of .90 for
the Negative Affect (NA), and a mean of 29.5 and cronbach alpha reliability of .92 for the
Positive-Negative Affect Balance (PA-NA). Vorster’s (2002) research results indicated
cronbach alpha reliability coefficient of .72 for the Positive Affect (PA) subscale and .83
for the Negative Affect subscale.

5.7 Procedure

Prior to the commencement of this research study, it was imperative that necessary
permission be obtained from the Ethics Committee (Human) at the Nelson Mandela
Metropolitan University. Thereafter, permission was requested from the relevant leaders of
the Hindu community in the Nelson Mandela Metropole to conduct the proposed study
(e.g. the heads of the male and female societies). After the participants were selected, by
either spontaneously volunteering after hearing of the study through their community organizations or by the researcher personally approaching them through the relevant heads of the societies, a meeting was held to introduce them to their participation in the research. The covering letter (Appendix 1) describing the research and a consent form was given to each participant. The consent form was prepared in compliance with the latest guidelines stipulated by the Ethics Committee (Human) of the Nelson Mandela Metropolitan University. The nature, procedure and outcome of the research, as well as the rights of the participants, were explained. Participants were informed that their participation was voluntary, and that they participated anonymously. It was also explained that all information provided by them was treated as highly confidential. Participants were asked to give their written informed consent for participation in this study by signing and dating the consent form (Appendix 2) and adding their initials indicating that they understood and agreed to the conditions of the study. A follow-up meeting was organized where interested participants decided on a suitable venue and date and time where they met to complete the Biographical Questionnaire, the Coping Resource Inventory, the Satisfaction with Life Scale, and the Affectometer2.

On the agreed date, time and venue, a week later, the participants were given an envelope containing the above mentioned questionnaires which was completed at home within the given time limit of seven working days. The researcher collected all the questionnaires after seven days.

The questionnaires were scored and double-checked by the researcher and the data was statistically analysed by a statistician at the Nelson Mandela Metropolitan University. Once the research was completed, a brief written report was provided to the participants who had requested feedback on the research findings. This took the form of a general feedback letter regarding the results. Contact details were made available by the researcher if the participants required counselling with regards to any uncomfortable feelings or emotions experienced after completion of the measures.

5.8 Data Analysis

The quantitative data obtained from the research was analysed in accordance with the exploratory-descriptive nature of the proposed study in terms of the three aims of the study. Descriptive statistics, in terms of the participant responses and performance on the CRI, SWLS and the AFM 2 scale, were used for the first two aims of this study: namely to explore and describe the coping resources of full-time Hindu mothers, and to explore and describe the subjective well-being of full-time Hindu mothers.
The descriptive statistics investigated the means and the standard deviations of each of the measures. Finding the measures of central tendency included the computation of the mean of the scores for each questionnaire. The mean is a measure of central tendency (Cozby, 1993). This implies that it comprises numerical values referring to the centre of the distribution (Howell, 1989). The mean can be defined as the sum of the scores divided by the number of scores for the questionnaires (Gravetter & Wallnau, 1999). The advantage of using the mean is that it can be algebraically manipulated and that it is a better estimate of the population mean than other measures of central tendency, such as the median or the mode. A disadvantage of using the mean is that it is influenced by extreme scores (Howell, 1989). The mode refers to the score with the highest frequency for each measure and the median is the score that divides the distribution of obtained scores exactly in half (Gravetter & Wallnau, 1999). The standard deviation uses the mean of the distribution as a reference point and measures variability by considering the distance between each score and the mean.

In terms of aim 3, (the exploration and description of the patterns of subjective well-being and coping resources of full-time employed Hindu mothers), the data was further analysed in terms of an exploratory-descriptive multivariate cluster analysis. Cluster analysis is the statistical procedure (multivariate technique) of classifying objects into groups or clusters, using measurements of those objects (Hintze, 1988). The use of the cluster analysis enabled the researcher to determine whether patterns were identified in the data set and whether homogenous exclusive groups or clusters emerged, based on the variables of the study. The clusters provided a convenient summary of the data which in turn contributed to a better understanding of the findings (Everitt & Dunn, 1991). Successful cluster analysis yields groups or clusters that exhibit high internal (i.e., within-cluster) homogeneity and high external (i.e., between-cluster) heterogeneity (Hair, Anderson, Tatham & Black, 1995). Cluster analysis has the potential to aid psychologists in their classification of people by searching for underlying group which are highly similar on a set of psychologically meaningful variables and dissimilar to other groups on those same variables (Hintze, 1998). Cluster analysis can reduce the information from an entire population to information about specific, smaller subgroups. This procedure has had a strong tradition of grouping individuals, ranging from psychological classification based on personality traits to the segmentation analyses of marketers (Everitt & Dunn, 1991). The clusters provided a convenient summary of the data, which in turn, contributed to a better understanding of the findings (Everitt & Dunn, 1991). Successful cluster analysis yields
groups or clusters that exhibit high internal (i.e., within-cluster) homogeneity and high external (i.e., between-cluster) heterogeneity (Hair, Anderson, Tatham & Black, 1995). Cluster analysis has the potential to aid psychologists to classify the participants by searching for subgroups within the big group. Within each subgroup there are highly similar and dissimilar psychologically meaningful variables and this information can be compared to other subgroups within the big group (Hintze, 1998). Cluster analysis can reduce the information from an entire population to information about specific, smaller subgroups. This procedure has had a strong tradition of grouping individuals, ranging from psychological classification based on personality traits to the segmentation analyses of marketers (Everitt & Dunn, 1991). The clusters provide a convenient summary of the data, which in turn, may contribute to a better understanding of the findings (Everitt & Dunn, 1991).

In the present study subscales from the CRI, were used as input variables for cluster analyses. Specifically, a non-hierarchical partitioning technique known as K-means cluster analysis, was utilised in this study (Hair et al., 1995). The term K-means denotes the process of assigning every unit of data to the cluster with the nearest mean. An analysis of variance (ANOVA) was utilised in order to compare the mean scores of the various cluster groups. Once it was ascertained that there were significant statistical differences between the means of the clusters, it was necessary to determine where exactly these differences lay. In order to identify significant differences between the clusters, a post-hoc analysis using a Scheffé test was computed. A Scheffé test is a relatively conservative multiple comparison procedure which is easy to use and maintain stringent control (Howell, 1989). The Scheffé test makes use of an F ratio to test for a significant difference between any two treatment conditions (Gravetter & Wallnan, 2004). Cohen’s d statistics were subsequently used to determine the practical significance of the differences between cluster means on each of the measures. Cohen’s d statistics are measures of the effect size. They are similar to a z score in that they use the standard deviation to standardise the distances between sample means (Gravetter & Wallnan, 2004).

5.9 Ethical Considerations

Unique ethical problems come under consideration when human beings are the objects of study in social sciences. Ethical procedures include voluntary participation, informed consent confidentiality and anonymity. All of these ethical considerations must be strictly adhered to when undertaking research of this nature in order to protect the participants (De Vos, 1998).
The researcher took such ethical considerations into account throughout the duration of the study. A research proposal of the present study was initially submitted to and accepted by the Faculty of Health Sciences Ethics Committee at the NMMU. The participants of this current study were informed of the nature, procedure and outcomes of the research, as well as their rights. The researcher did not offend or harm the participants in anyway and informed consent was obtained, prior to the commencement of the study.

The subjects were informed that participation in this study is of a voluntary nature and that they could withdraw from the study at any stage of the process. A brief written report was provided by the researcher if requested by participants and any undertakings made by the researcher, if requested by participants, throughout the duration of the study were fulfilled. Contact details of psychologists and counsellors in the community were made available to the participants if they wished to seek further counselling.

5.10 Conclusion

This chapter described the research design and methods that were employed in this study. The biographical and personal characteristics of the participants in this research were mentioned and discussed. The sampling method that was utilized was described. The procedure that was used to gather the data was also explained. Data was gathered by means of a Biographical Questionnaire and the CRI, the SWB, and the Affectometer2. These questionnaires were discussed in detail in this chapter. The method of data analysis was also addressed. Finally, ethical considerations pertaining to this research were discussed.

The results of the data analysis will be presented and discussed in the next chapter. The results are also summarized in various graphs and tables in order to enhance the reader-friendliness of the discussion and to graphically illustrate the findings in a concise format.
Chapter 6

Results and Discussion

6.1 Introduction

The results that are presented in this chapter describe the coping resources and subjective well-being of the research sample which consisted of 60 full-time married Hindu mothers. The first aim of the present study was to explore and describe the coping resources of dual-career Hindu mothers in the Nelson Mandela Metropole.

The second aim was to explore and describe the subjective well-being (i.e., satisfaction with life and happiness) of dual-career Hindu mothers. The conceptualisation of the subjective well-being constructed for the purpose of the present study entailed the exploration and description of:

1. The satisfaction with life of full-time employed Hindu mothers.
2. The levels of positive affect experienced by full-time employed Hindu mothers.
3. The levels of negative affect experienced by full-time employed Hindu mothers.

The third aim was to explore and describe the patterns of subjective well-being (i.e., satisfaction with life, positive and negative affect) and coping resources of full-time employed Hindu mothers.

In the first section of this chapter, the sample’s demographic details, which were obtained from the biographical questionnaire, are described in order to obtain a comprehensive picture of the sample. Thereafter, the results of the measures used, namely the CRS, SWLS and AFM2 are presented in response to the first and second aims. The patterns of coping resources and subjective well-being will be presented lastly to conclude the third aim of the study.
6.2 Biographical Description of the Sample

The biographical variables that are discussed in this section pertain specifically to the information obtained from the biographical questionnaire completed by the participants. It is important to note that the small sample size does not allow for the investigation of the possible relationship between the biographical variables and the results of the measures (Huysamen, 1994). However, it remains important to report the biographical data in order to provide a context for the findings related to the measures.

6.2.1 Age

The age of the participants ranged from 25 to 45 years, with the average age of 39.06 years. The age distribution of the sample is presented in Figure 1.

*Figure 1: Age range of the Participants*

![Age Distribution of the Participants](image)

3% of the participants are between 25 and 29 years of age; 17% of the participants are between ages 30 and 34; 32% between ages 35 and 39 and 48% are 40 years and older.

6.2.2 Home language

The Figure 2 below indicates that the majority (85%) of the participants in the study were English speaking and 15% of the participants were Gujerati and English speaking. The survey was conducted in English. The inclusion requirement required that the participants be conversant in English.

*Figure 2: The Home Language of the Participants*
6.2.3 Number and Ages of Children

The sample consisted of Hindu women with at least one child between the ages of 7 to 12 years of age. The distribution of the number of children of the participants reflects that the majority of the participants (54%) in the study had two children. A small percentage (8%) of the participants had one child, (33%) of the participants had 3 children and (5 %) had four children. The figure below describes how many children the participants have.

*Figure 3: The number and ages of Children*

6.2.4 Level of Education of the Sample

*Figure 4: The education levels of the participants.*
It is noted that a relationship between education level and subjective well-being was found. Higher levels of education seems more likely to be associated with positive affective experiences (Diener et al, 1995; Mathiesen et al., 1999). Formal education was found to be associated with high levels of subjective well-being specifically amongst South African women (Peltzer, 2001). However, educated individuals seem more likely to experience distress and even anxiety than non-educated individuals seem more likely to experience distress than non-educated individuals due to unmet needs and aspirations (Clarck & Oswald, 1994; Shields & Wooden, 2003). The majority of the sample were educated persons and therefore they are more susceptible to experience low coping strategies and stress due to their high expectations.

6.2.5 Number of Years in Current Workplace

The number of years that the participants spend in their current workplace ranged from 1 year to 30 with an average of 5 years. Table 3 indicates the number of years the participants worked in their current workplace.

<table>
<thead>
<tr>
<th>Years</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 5.</td>
<td>24</td>
<td>40%</td>
</tr>
<tr>
<td>6 - 10.</td>
<td>17</td>
<td>29%</td>
</tr>
<tr>
<td>11 - 15.</td>
<td>10</td>
<td>17%</td>
</tr>
<tr>
<td>16 - 20.</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>21 - 25.</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>26 - 30.</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Tot</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>
3% of the participants worked for between 26 and 30 years; 3% worked for 21 to 25 years at their current workplace; 8% worked for between 16 to 20 years; 17% of the participants worked for between 11 to 15 years; 29% worked for between 6 to 10 years and 40% worked for between 0 and 5 years.

The participants were involved in a variety of occupations. Table 4 below, indicates the various occupations held by the participants.

<table>
<thead>
<tr>
<th>Occupations</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graphic designer</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Financial Analyst</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Teacher/ lecturer</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Credit Risk Specialist</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Business Manager</td>
<td>9</td>
<td>15%</td>
</tr>
<tr>
<td>Telecomm consultant</td>
<td>2</td>
<td>3.3%</td>
</tr>
<tr>
<td>Taste consultant</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Dance teacher</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Bank teller</td>
<td>2</td>
<td>3.3%</td>
</tr>
<tr>
<td>Secretary</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Radiographer</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Beautician</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Doctor</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Occupation</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Information Technologist</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Financial Manager</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>2</td>
<td>3.3%</td>
</tr>
<tr>
<td>Lawyer</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Self employed</td>
<td>7</td>
<td>11.6%</td>
</tr>
<tr>
<td>Accountant</td>
<td>4</td>
<td>7%</td>
</tr>
<tr>
<td>Medical Technologist</td>
<td>2</td>
<td>3.3%</td>
</tr>
<tr>
<td>Speech &amp; Hearing Therapist</td>
<td>1</td>
<td>1.65%</td>
</tr>
<tr>
<td>Yoga teacher</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Cytotechnologist</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Cashier</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Financial Broker</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Computer Technologist</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Financial Manager</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Human Resources Manager</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*Note: percentages were rounded off.*

As the roles of the working women within society enable them to expand their careers, research has found that the relationship between job satisfaction and satisfaction with life has grown stronger in the last few decades for women (Baldwin, 1989). As noted before, employment may contribute to increased levels of subjective well-being as it provides pleasurable stimulation, social networking as well as meaning in life (Diener et al., 1999). Working mothers who experience high levels of rewards and low levels of concerns relating to their work situation, experience high levels of subjective well-being and low levels of psychological symptoms, such as anxiety to name one (Matheisen et al., 1999). It was found that working mothers experienced relatively lower stress levels than those of non-working mothers (Mukhopadhyay, 1996). Most of the participants were professional, working mothers, thus it could be indicative of their average to above average satisfaction with life scores.

Social support is one of the strategies used by working mothers in order to balance their dual-roles (Greenglass, 1993). Social support from co-workers and managers can reduce the stress of balancing the competing demands of work and family (Bruke, 1996). Support from the organisation or the working place can also contribute to the reduction in
the experience of role conflict by providing social and welfare services to the working mother such as paid maternity leave and flexible working hours (Hall, 1990; Sear, 1971; Girard, 1988).

6.2.6 Second Income

The majority of participants (87%) reported having a second income in the household, which mostly included income derived from the husband. A minimal (13%) amount of participants reported that their income was the only income received.

A positive correlation between socio-economic status and subjective well-being exists (Diener & Biswas-Diener, 2000). Wealthier individuals are more likely to experience higher levels of subjective well-being compared poorer individuals (Diener et al., 1985). In addition, the household’s socio-economic circumstances have been found to have a significant effect on the subjective well-being on those who bring the income (Diener & Suh, 1997). In spite of this, research has shown that an increase in income does not necessarily lead to an increase in subjective well-being (Diener et al., 1993). It is evident from the above that socio-economic status contributes to the strain related to the general living conditions of working mothers with children under the age of 18 years. In addition, it is likely that financial problems contribute to an increase in role strain and a decrease in social support (Mathiesen et al., 1999).

6.2.7 Domestic Help

It was noted that 90% of the participants had some form of domestic help. Ten percent of participants reported having no domestic help at home. The nature of the help provided to the participants by the domestic workers included cleaning, ironing, babysitting and washing of clothes. It was evident in these findings that participants who had domestic assistance coped better and therefore contributed positively to their subjective well-being.

6.2.8 Social Support, Stressors and Demands at Home and Work

One hundred percent of the participants reported having a personal relationship with someone whom they felt contributes to the subjective well-being. Table 5 specifies the role of the person or persons that contribute to the subjective well-being of the sample, as well as the type of support that is provided. It is important to note some participants mentioned more than one person with whom they had a supportive relationship.

<table>
<thead>
<tr>
<th>Role of person</th>
<th>Support provided</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Table 5: Person(s) Contributing to the Subjective Well-being of the Participants*
Social support has been found to protect and buffer individuals from the negative consequences of stress through enhanced cognitive or behavioural coping abilities. It has been found to contribute to increased levels of well-being as it provides the individual with feelings of efficacy, control and security, and therefore provides greater benefits to the cognitive aspects of subjective well-being (Ellison, 1991). In addition, social support also contributes to the emotional aspect of subjective well-being. In the case of working mothers, it was found that women involved in intimate relationships indicated that the family-work conflict was less distressing (Milkie & Petola, 1999). Forty percent of the participants stated that their spouses provided them with the most support. More specifically, it is likely that partners in a dual-earner couple who provide emotional support to each other are likely to experience less stress and conflict and more positive emotional support to each other are likely to experience less stress and conflict and more positive emotions, which in turn may lead to increased levels of subjective well-being (Milkie & Petola, 1999). In addition, it is likely that supportive partners will experience reduced levels of anxiety and negative affect. Within the Hindu family, the in-laws and family of origin play a big part by lending a helping hand to the daughter/in-law and provide her with support in whichever way they can. Fifteen percent of the participants stated that their family of origin/in-laws provided them with emotional support.

In addition, social support, and more specifically support from the husband or wife enables both partners in a dual-earner couple to manage the stress of balancing the different demands of work and family (Bruke, 1996; Milkie & Petola, 1999). The spouse’s support was also found to assist in reducing the levels of role conflict, which in turn may lead to reduced negative feelings (Suchet & Barling, 1986). Therefore, many working mothers use their social networks as a coping mechanism, and by doing so reduce the negative nonwork-to-spill over (Greenglass, 1993). Table 6 below presents the stressors in the current lifestyle of the participants.

<table>
<thead>
<tr>
<th></th>
<th>Emotional, Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse &amp; other</td>
<td>28 46%</td>
</tr>
<tr>
<td>Friend Emotional</td>
<td>16 27%</td>
</tr>
<tr>
<td>Co-worker Emotional</td>
<td>7 12%</td>
</tr>
<tr>
<td>Family of origin and in-laws Emotional</td>
<td>9 15%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60 100%</strong></td>
</tr>
</tbody>
</table>
Table 6: Stressors in Current Lifestyle of Participants

<table>
<thead>
<tr>
<th>Stressors</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td>31</td>
<td>52%</td>
</tr>
<tr>
<td>Individual</td>
<td>11</td>
<td>18%</td>
</tr>
<tr>
<td>Environment and individuals</td>
<td>16</td>
<td>27%</td>
</tr>
<tr>
<td>No stressors</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

There are several factors in the working mother’s everyday life that may lead to negative feelings such as stress, anxiety, depression and guilt; the household, family and childcare duties are amongst them (Graph, 1998). Fifty percent of the participants stated that the environment causes them most stress, this could be their lifestyle, their work, lack of support, lack of financial means and crime etc. Twenty-seven percent stated that the environment together with individuals cause them stress. Eighteen percent of the participants stated that individuals cause them the most stress, this could be family members, partners, in-laws, family of origin etc. Three percent stated that they are currently experiencing no stressors.

Daily stressors and concerns may temporarily influence the subjective well-being of an individual. Heady and Wearing’s (1989) dynamic equilibrium model of subjective well-being emphasises that deviations from normal patterns of life change the subjective well-being level experienced by the individual temporarily. As soon as the life patterns regain their equilibrium, the subjective well-being experienced by the individual will revert back to the previous level.

The participants reflected the frequencies and percentages of factors that contribute to coping with life’s stressors. Sixty percent of participants stated that they were able to do things that contributed to their subjective well-being, (e.g. yoga, walking and meditating) and 33% stated that they do not do anything to contribute to their subjective well-being.

Seventy percent of the participants stated that their work demands impacted on their home demands (e.g. child-rearing, household etc.) and 22% stated that their work demands did not impact on their home demands.

The researcher also looked at how work demands of the participants impacted on their spousal relationship. Seventy percent of the participants stated that their work
demands impacted on their spousal relationship and 27% stated that their work demands did not have any impact on their spousal relationship.

6.2.9 Professional help acquired for Dual-career demands

Table 7 below presents the psychological assistance provided for the dual career demands of the participants of this study.

<table>
<thead>
<tr>
<th>Professional assistance</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4</td>
<td>7%</td>
</tr>
<tr>
<td>No</td>
<td>56</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Seven percent of the participants stated that they have thought of seeking professional assistance with regards to their dual-career positions and 93% had not considered professional assistance with their dual-career demands. Of the 7% of participants who considered professional assistance they stated that a person/people prevented them from gaining that help. Presently, Hindu’s are toying with the idea of seeking professional assistance, while in the past it was seen as the head of the family who assisted them with any advice.

6.3 Results of the Measures

The present study, aimed to explore and describe the coping resources and subjective well-being of dual-career Hindu mothers and to explore the patterns between coping resources and subjective well-being (i.e. satisfaction with life and positive and negative affect).

The Coping Resources of the participants were measured by the CRI. Diener et al. (1999), as well as Pavot and Diener (1993) recommended that the major concepts of subjective well-being be assessed separately in research so as to accumulate a broad picture of the construct of subjective well-being, the present study measured the satisfaction with life of the participants by means of SWLS. Their levels of happiness (i.e., the existence of positive affect and relative absence of negative affect) were measured by the AFM2.

To determine the reliability of the scores derived from the various instruments, Cronbach’s coefficient alphas were calculated for each of the scales. The results are
summarised in Table 8. It was impossible to calculate the statistic for *Affect* Pos-Neg, it being the difference between (instead of the sum of) two scores.

**Table 8: Reliability of scores derived from the measures used in this study (n=60).**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Cronbach's a</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRI-Cog</td>
<td>0.85</td>
</tr>
<tr>
<td>CRI-soc</td>
<td>0.87</td>
</tr>
<tr>
<td>CRI-Emot</td>
<td>0.91</td>
</tr>
<tr>
<td>CRI-SpPh</td>
<td>0.83</td>
</tr>
<tr>
<td>CRI-Phys</td>
<td>0.83</td>
</tr>
<tr>
<td>CRI-Tot</td>
<td>0.90</td>
</tr>
<tr>
<td>SWLS</td>
<td>0.82</td>
</tr>
<tr>
<td>Affec Neg</td>
<td>0.89</td>
</tr>
<tr>
<td>Affec Pos</td>
<td>0.89</td>
</tr>
</tbody>
</table>

All the values in Table 8 are above the recommended minimum threshold value of 0.70, thus confirming the reliability of the scores derived from the measures utilised in the study.

6.3.1 *Coping Resources Inventory*

Descriptive statistics in terms of the means and standard deviations obtained on the CRI for both the total scale and the subscales are presented in Table 9.

**Table 9: Descriptive statistics for the CRI standard scores (n=60)**

<table>
<thead>
<tr>
<th>Statistic</th>
<th>CRI- Cog</th>
<th>CRI- Soc</th>
<th>CRI- Emot</th>
<th>CRI-SpPh</th>
<th>CRI-Phys</th>
<th>CRI- Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Mean*</td>
<td>50.45</td>
<td>44.23</td>
<td>45.72</td>
<td>51.87</td>
<td>48.42</td>
<td>47.40</td>
</tr>
<tr>
<td>SD</td>
<td>10.56</td>
<td>12.43</td>
<td>12.71</td>
<td>8.74</td>
<td>10.83</td>
<td>12.90</td>
</tr>
<tr>
<td>Range</td>
<td>27 - 68</td>
<td>16 - 68</td>
<td>19 - 72</td>
<td>28 - 67</td>
<td>19 - 73</td>
<td>17 - 68</td>
</tr>
</tbody>
</table>

Standard scores were utilised in order to facilitate comparisons between the various subscales of the CRI. The standard scores have a mean of 50 and a standard deviation of 10 points. With approximately 95% of individuals having scores that fall between 30 and 70 (Hammer & Marting, 1988). It can therefore be assumed that scores below 30 are to be
interpreted as below average, while scores above 70 can be interpreted as above average. A perception of high levels of coping resources will facilitate better coping. People high in coping resources are most likely to respond to stressors more effectively.

The mean of the total coping resources score for the current sample was 47.40 which is slightly lower than the mean of 50.00 established by Hammer and Marting (1988). It is nevertheless indicative of the fact that the current sample perceived themselves as having average levels of coping resources. Therefore, the ability of the Hindu women in this sample to cope with stressors in life is within the average range.

The mean scores of the Cognitive and Spiritual/Philosophical subscale were slightly above the mean of 50.00. The mean score of the Physical subscale was slightly below the mean of 50.00, while the mean scores of the Social and Emotional subscales were below the mean at 44.23 and 45.72 respectively. This means that the participants were more likely to use the Cognitive and Spiritual/Philosophical domains as coping strategies and less likely to use the Physical domain and least likely to use the Social and Emotional domains.

The Cognitive and Spiritual/Philosophical subscales were clustered slightly above the mean of 50.00 and had the highest mean scores of the five different subscales. The Cognitive subscale assesses the extent to which individuals maintain a positive sense of self-worth, which includes a positive outlook to others and optimism as regards to life in general. The Spiritual/Philosophical subscale describes the extent to which an individual’s actions are guided by stable and consistent values derived from religious, familial, or cultural tradition or from personal philosophy. These values could serve to provide meaning to potentially stressful events and facilitate the prescription of strategies for responding effectively. In terms of the participant’s coping resources, the Hindu women are thus generally most inclined to make use of their Cognitive and Spiritual/Philosophical coping resources when confronted with life stressors.

The Social subscale had the lowest mean score of the five different subscales. This subscale had a mean of 44.23, with a standard deviation of 12.43. Therefore, in terms of their coping resources, the Hindu women in this sample are least likely to make use of social coping resources when confronted with stressors. Speculatively it appears that as working mothers who have multiple roles, it is difficult for them to find time to socialise and therefore this could lead to a decrease in their subjective well-being.

Considering the total sample twelve per cent of the respondents obtained scores that were below average, while the remaining 88% obtained scores that fell within the average
range. There were no participants that fell in the above average range. Therefore it can be concluded that the sample is able to use their resources adequately to cope with their dual-career stressors.

6.3.2 Satisfaction with Life Scale

The Satisfaction with Life Scale (SWLS) measures global life satisfaction (Pavot & Diener, 1993). This refers to a cognitive judgmental process in which individuals assess the quality of their lives based on their own unique set of criteria in several areas of life, such as family life, housing, income, health, social security and work circumstances (Diener et al., 1985; Pavot & Diener, 1993; Strack, Argyle & Swartz, 1991). The participant’s levels of satisfaction with life are reflected below.

The majority of the sample (93%) indicated life satisfaction levels ranging from somewhat satisfied to extremely satisfied. More specifically, 5% of participants fell into the very dissatisfied range, 2% fell into the slightly dissatisfied range, 0% fell into the neutral range, 15% fell into the somewhat satisfied range, and 55% fell into the very satisfied range and 23% fell into the extremely satisfied range. It can be said that the sample is generally satisfied with their lives.

Descriptive statistics relating to the SWLS scores of the current sample are presented in Table 10 which demonstrates the mean and standard deviations of the Satisfaction with Life Scale.

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Satisfaction with life</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>60</td>
</tr>
<tr>
<td>Mean</td>
<td>5.83</td>
</tr>
<tr>
<td>SD</td>
<td>1.15</td>
</tr>
<tr>
<td>Range</td>
<td>2.00 – 7.00</td>
</tr>
</tbody>
</table>

As reported in Table 10, the satisfaction with life mean score of the present study is 5.83 (Category: 21 to 25 = somewhat satisfied with life) with a standard deviation of 1.15. These scores are the same as those researched on both international and South African non-clinical samples (Pavot & Diener, 1993; Wissing and van Eeden, 1997). Other South African research using the SWLS with non-clinical samples revealed similar mean scores and standard deviations.
When a working mother experiences elevated levels of job satisfaction and family satisfaction, she also experiences lower levels of work-family conflict and therefore more satisfaction with life. This may explain the overall finding that the current sample was somewhat satisfied with life. However, this is the general level of Life Satisfaction in non-clinical populations. What is apparent from the present study is that dual-career Hindu woman in South Africa are no more or no less satisfied with their lives than other groups. Their dual-roles and/or dual religious affiliation appears to generate no group specific life dissatisfactions.

6.3.3 The Affectometer 2

The Affectometer 2 (AFM 2) measures general happiness or sense of well-being by determining the balance between positive and negative affect in recent experience (Kamman & Flett, 1983). Satisfaction with life differs from happiness as it does not possess the same spontaneous “lift of-the spirits” quality as happiness does (Campbell, 1981, p. 16). Table 11 demonstrates mean scores and standard deviations for the participants' positive affect and negative affect, as well as the positive-negative affect balance on the AFM2. The neutral point on the total score of the AFM 2 is 40. A total score of 40 implies an equal ratio of positive and negative affect experienced by the individual. A total score above 40 on the Positive-Negative Balance Scale indicated higher levels of subjective well-being. Scores lower than 40 point towards lowered levels of subjective well-being (Kamman & Flett, 1983)

Table 11: Descriptive statistics for the Affectometer 2 scores (n=60)

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Affect negative</th>
<th>Affect positive</th>
<th>Positive - Negative Affect balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Mean</td>
<td>22.35</td>
<td>59.48</td>
<td>37.13</td>
</tr>
<tr>
<td>SD</td>
<td>12.94</td>
<td>10.76</td>
<td>22.04</td>
</tr>
<tr>
<td>Range</td>
<td>5.00 – 76.00</td>
<td>14.00 – 77.00</td>
<td>-62.00 – 72.00</td>
</tr>
</tbody>
</table>

The participants experienced high levels of positive affect, with a mean score of 59.48 and a range of 14.00 - 77.00. Results on the negative affect subscale indicate a mean score of 22.35 and a range of 5.00 - 76.00. In general the participants thus indicated that
they experienced relatively average to high levels of positive affect and low levels of negative affect.

The participants’ level of overall happiness, as measured by the Positive-Negative Affect Balance subscale, ranged from -62 to 72; this indicated that some participants experience low levels of global happiness while others experienced high levels of global happiness. The mean score of 37.13 of global happiness was slightly lower than the neutral point of 40, this indicates a trend for participants to have experienced slightly lower levels of global happiness or slightly negative affect.

The AFM2 measures general happiness but this measure is unable to identify and elaborate on the main causes of happiness per se. Nevertheless, research has indicated certain causes of happiness. As mentioned in chapter 4, several major sources of happiness were identified. These sources include social contacts with friends; frequent physical activity; close relationships; success and achievement; participation in nature; the use of skills and completion of valued tasks; reading and practising or listening to music (Argyle & Martin, 1991).

With regard to South African studies, no specific norms for the happiness of dual-career employed Hindu mothers exist till present. However, the statistics presented in Table 11 can be tentatively and cautiously compared to the statistics obtained from Wissing and Van Eeden’s (1997) study of a South African mixed sample group, which consisted of male and female participants with a wide range of ages. As indicated in Table 11, the mean score of the current sample of dual-career Hindu mothers for positive affect was 59.48. This was slightly higher than the mean score obtained by Wissing and Van Eeden of 55.60 for positive affect, as were the mean scores for negative affect and overall happiness. While the researcher is unable to make any definite causal inferences regarding the relative similarities in the results of the two studies with regards to South Africans experiencing low levels of general happiness, it is noted that there is a slight positive skew or increase in the global happiness of dual-career Hindu mothers in comparison to other South African groups.

6.4 Cluster Analysis

In terms of the third aim of the present study, a cluster analysis was performed, based on the Coping Resources Inventory, Satisfaction with Life Scale and the Affectometer 2.

As mentioned in chapter 5, the first phase of the cluster analysis involved determining the number of clusters to use for the analysis. For the purpose of exploring
and describing the sample of the present study, the weighted pair-group average method was used. It was found that a cluster solution of three clusters provided the most logical cut-off point. It is important to note that an attempt was made to derive four clusters by using K-means clustering technique, but it was found that the number of cases for the fourth cluster was minimal, which was insufficient for statistical analysis.

Table 12 summarises the number and percentage of participants who fell into each cluster. There appeared to be a reasonable number of participants in each cluster group. Cluster 1 had the most participants (n=25), followed by cluster 3 (n=21), while cluster two has the least participants (n=14). Although cluster 2 had the least amount of participants, there were sufficient numbers of candidates within each of the other groups to perform statistical analysis.

<table>
<thead>
<tr>
<th>Cluster</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25</td>
<td>41.6</td>
</tr>
<tr>
<td>2</td>
<td>14</td>
<td>23.3</td>
</tr>
<tr>
<td>3</td>
<td>21</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

The information presented in Figure 5 below indicates describes the mean scores of all three clusters with regards to the Coping Resources Inventory. The participants in cluster two had the lowest mean score of 28.14 on the Emotional and 30.14 on the Social domain, while the participants in cluster three had the highest mean score of 60.05 on the Cognitive domain and 58.67 on the Spiritual/Philosophical domain.

*Figure 5: Mean CRI sub-scale scores of the three clusters*
Table 13 below presents the detailed numerical information reflecting the means and standard deviations of all three clusters which will be described below.

Table 13: Means and Standard Deviations of the Three Clusters

<table>
<thead>
<tr>
<th>Domain</th>
<th>Cluster 1 (n=25)</th>
<th>Cluster 2 (n=14)</th>
<th>Cluster 3 (n=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRI-Cog</td>
<td>49.28</td>
<td>38.14</td>
<td>60.05</td>
</tr>
<tr>
<td></td>
<td>6.29</td>
<td>8.07</td>
<td>5.92</td>
</tr>
<tr>
<td>CRI-Soc</td>
<td>42.40</td>
<td>30.14</td>
<td>55.81</td>
</tr>
<tr>
<td></td>
<td>5.73</td>
<td>10.16</td>
<td>8.07</td>
</tr>
<tr>
<td>CRI-Emot</td>
<td>45.12</td>
<td>28.14</td>
<td>58.14</td>
</tr>
<tr>
<td></td>
<td>5.46</td>
<td>5.83</td>
<td>6.33</td>
</tr>
<tr>
<td>CRI-Sp/Ph</td>
<td>52.16</td>
<td>41.14</td>
<td>58.67</td>
</tr>
<tr>
<td></td>
<td>5.77</td>
<td>7.64</td>
<td>4.26</td>
</tr>
<tr>
<td>CRI-Phys</td>
<td>51.12</td>
<td>34.29</td>
<td>54.62</td>
</tr>
<tr>
<td></td>
<td>6.17</td>
<td>6.71</td>
<td>9.04</td>
</tr>
</tbody>
</table>

The following subsections include detailed descriptive information relating to the three clusters.

6.4.1 Cluster One

Cluster one consisted of 25 participants (n=25). Cluster one was described as the average cluster. The highest mean score in this cluster was the Spiritual/Philosophical domain. This cluster indicated that participants used the Spiritual/Philosophical domain to...
cope with their dual-career stressors more than the other domains. This domain measured the degree to which actions of individuals are guided by stable and consistent values that are based on religious, familial or cultural traditions, or from personal philosophy. These values could serve to provide meaning to potentially stressful events and facilitate the prescription of strategies for responding effectively, examples are: “I know what is important in life”, “Certain traditions play an important part in my life”, “My values and beliefs help me to meet daily challenges”.

The participants scored the lowest on the Social domain. This domain describes the degree to which individuals are embedded in social networks that are able to provide support in times of stress. It is evident that the participants depend very little on social support for coping with their dual-career demands. The participants in this cluster presented these coping domains in order of importance: Spiritual/Philosophical; Physical; Cognitive; Emotional and Social.

6.4.2 Cluster Two

Cluster two consisted of 14 participants (n=14). Cluster two was described as the low cluster. The highest mean score in this cluster was the Spiritual/Philosophical domain. These participants scored the highest on the Spiritual/Philosophical domain and which means that their beliefs and values assist them to cope with their challenges and dual-career demands.

The participants in this cluster scored the lowest on the Emotional domain. This domain measures the degree to which individuals can accept and express a range of emotions. The participants have difficulty being able to express a wide range of emotional responses that could assist in ameliorating the long-term consequences of stress (Hammer & Marting, 1988).

The participants in this cluster presented these coping domains in order of importance: Spiritual/Philosophical; Cognitive; Physical; Social and Emotional.

6.4.3 Cluster Three

Cluster three consisted of 21 participants (n=21). Cluster three was described as the high cluster. The highest mean score in this cluster was the Cognitive domain. In this cluster the participants scored highest on the cognitive domain. The cognitive domain, measures the extent to which individuals maintain a positive sense of self-worth, which includes a positive outlook to others and optimism as regards life in general, examples are: “I feel as worthwhile as anyone else”, “I see myself as lovable”, “I put myself down”.
The participants in this cluster scored the lowest on the Physical domain. This domain examines the degree to which individuals engage in health-promoting behaviours that are believed to contribute to increased levels of physical well-being. Their limited physical well-being is related to decreased negative responses to stress and to the enhancement of recovery (Hammer & Marting, 1988).

The participants in this cluster presented these coping domains in order of importance: Cognitive; Spiritual/Philosophical; Emotional; Social and Physical.

6.4.4 Significant Differences among Clusters

To further explore and determine the statistical significance of the differences among the three identified clusters for each of the CRI domains, a series of One-Way (between groups) Analysis of Variance (ANOVA’s) was performed. This was followed by post-hoc Scheffé tests to determine the statistical significance of individual differences between clusters, and the calculation of Cohen’s d statistic to establish the practical significance of between-cluster differences.

Table 14 summarises the ANOVA results relating to the CRI’s cluster analysis.

Table 14: ANOVA Results of between – cluster differences for the CRI domains

<table>
<thead>
<tr>
<th>CRI domains</th>
<th>F-statistic</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cog</td>
<td>46.70</td>
<td>0.000*</td>
</tr>
<tr>
<td>Soc</td>
<td>47.16</td>
<td>0.000*</td>
</tr>
<tr>
<td>Emot</td>
<td>110.32</td>
<td>0.000*</td>
</tr>
<tr>
<td>SpPh</td>
<td>38.31</td>
<td>0.000*</td>
</tr>
<tr>
<td>Phys</td>
<td>34.47</td>
<td>0.000*</td>
</tr>
</tbody>
</table>

Statistically highly significant differences were found between the all the domains of the CRI.

6.5 Relationship between Coping Resources (CRI) and Subjective Well-being.
In this section results relating to the relationship between the participants’ coping resources as measured by the CRI sub-scales and their subjective well-being (Affectometer 2 and Satisfaction with Life Scale scores) are presented.

For the purposes of analysis, the participant’s CRI sub-scores were categorised as either low, average or high according to the quartiles of the standardised scores.

Table 15 summarises the ANOVA results to determine the statistical significance of the relationship between each of the CRI sub-scales and the various subjective well-being measures.

Table 15: ANOVA Results for the relationship between Coping Resources and Subjective Well-being

<table>
<thead>
<tr>
<th></th>
<th>Affect Neg</th>
<th>Affect Pos</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n D.F SS</td>
<td>MS F p</td>
</tr>
<tr>
<td>Cog</td>
<td>60 2, 57</td>
<td>2291.75 1145.88 8.61 .001</td>
</tr>
<tr>
<td>Soc</td>
<td>60 2, 57</td>
<td>479.12 239.56 1.45 .242</td>
</tr>
<tr>
<td>Emot</td>
<td>60 2, 57</td>
<td>669.57 334.78 2.07 .135</td>
</tr>
<tr>
<td>SpPh</td>
<td>60 2, 57</td>
<td>1114.89 557.45 3.63 .033</td>
</tr>
<tr>
<td>Phys</td>
<td>60 2, 57</td>
<td>1411.13 705.57 4.75 .012</td>
</tr>
<tr>
<td>Total</td>
<td>60 2, 57</td>
<td>666.15 333.07 2.06 .137</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Pos-Neg Affect Balance</th>
<th>SLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n D.F SS</td>
<td>MS F p</td>
</tr>
<tr>
<td>Cog</td>
<td>60 2, 57</td>
<td>8944.33 4472.17 12.93 .000</td>
</tr>
<tr>
<td>Soc</td>
<td>60 2, 57</td>
<td>2901.43 1450.72 3.21 .048</td>
</tr>
<tr>
<td>Emot</td>
<td>60 2, 57</td>
<td>3752.65 1876.32 4.30 .018</td>
</tr>
<tr>
<td>SpPh</td>
<td>60 2, 57</td>
<td>4740.00 2370.00 5.65 .006</td>
</tr>
<tr>
<td>Phys</td>
<td>60 2, 57</td>
<td>5069.31 2534.66 6.13 .004</td>
</tr>
<tr>
<td>Total</td>
<td>60 2, 57</td>
<td>3992.50 1996.25 4.61 .014</td>
</tr>
</tbody>
</table>

Highly significant difference (p<.01)

The results in Table 15 can be summarised as follows:

- There was a significant difference between the Cognitive, Spiritual/Philosophical and Physical domains of the CRI and Negative Affect of the AFM2.
- All the domains on the CRI (Cognitive, Social, Emotional, Spiritual/Philosophical, Physical) and CRI-total were significant with Positive Affect and Pos-Neg Affect Balance.
- Only the Cognitive domain was significant with the Satisfaction with Life Scale.
Table 16 indicates the statistical and practical significance of the between-group differences for the various Subjective well-being measures.

Table 16: Statistical and Practical Significance of CRI Between-Group Differences

<table>
<thead>
<tr>
<th>Variable</th>
<th>CRI-Cog</th>
<th>n₁</th>
<th>n₂</th>
<th>Mean₁</th>
<th>Mean₂</th>
<th>SD₁</th>
<th>SD₂</th>
<th>Scheffé</th>
<th>Cohen's d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affect Neg</td>
<td>Low₁ vs Avg₂</td>
<td>13</td>
<td>37</td>
<td>33.69</td>
<td>20.16</td>
<td>14.52</td>
<td>10.93</td>
<td>.003</td>
<td>1.13</td>
</tr>
<tr>
<td></td>
<td>Low₁ vs High₂</td>
<td>13</td>
<td>10</td>
<td>33.69</td>
<td>15.70</td>
<td>14.52</td>
<td>9.18</td>
<td>.002</td>
<td>1.44</td>
</tr>
<tr>
<td></td>
<td>Avg₁ vs. High₂</td>
<td>37</td>
<td>10</td>
<td>20.16</td>
<td>15.70</td>
<td>10.93</td>
<td>9.18</td>
<td>.558</td>
<td>n.a.</td>
</tr>
<tr>
<td>Affect Pos</td>
<td>Low₁ vs Avg₂</td>
<td>13</td>
<td>37</td>
<td>48.62</td>
<td>61.35</td>
<td>13.75</td>
<td>7.59</td>
<td>.000</td>
<td>1.35</td>
</tr>
<tr>
<td></td>
<td>Low₁ vs High₂</td>
<td>13</td>
<td>10</td>
<td>48.62</td>
<td>66.70</td>
<td>13.75</td>
<td>6.33</td>
<td>.000</td>
<td>1.63</td>
</tr>
<tr>
<td></td>
<td>Avg₁ vs High₂</td>
<td>37</td>
<td>10</td>
<td>61.35</td>
<td>66.70</td>
<td>7.59</td>
<td>6.33</td>
<td>.259</td>
<td>n.a.</td>
</tr>
</tbody>
</table>

| Pos-Neg Affect Balance | Low₁ vs Avg₂ | 13 | 37 | 14.92 | 41.19 | 27.45 | 16.12 | .000 | 1.34 |
|                       | Low₁ vs High₂ | 13 | 10 | 14.92 | 51.00 | 27.45 | 12.08 | .000 | 1.62 |
|                       | Avg₁ vs High₂ | 37 | 10 | 41.19 | 51.00 | 16.12 | 12.08 | .341 | n.a. |

| SLS | Low₁ vs Avg₂ | 13 | 37 | 4.92 | 6.05 | 1.61 | 0.91 | .007 | 1.00 |
|     | Low₁ vs High₂ | 13 | 10 | 4.92 | 6.20 | 1.61 | 0.63 | .022 | 1.00 |
|     | Avg₁ vs High₂ | 37 | 10 | 6.05 | 6.20 | 0.91 | 0.63 | .929 | n.a. |

<table>
<thead>
<tr>
<th>Variable</th>
<th>CRI-Soc</th>
<th>n₁</th>
<th>n₂</th>
<th>Mean₁</th>
<th>Mean₂</th>
<th>SD₁</th>
<th>SD₂</th>
<th>Scheffé</th>
<th>Cohen's d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affect Pos</td>
<td>Low₁ vs Avg₂</td>
<td>15</td>
<td>30</td>
<td>54.07</td>
<td>58.97</td>
<td>14.62</td>
<td>7.60</td>
<td>.312</td>
<td>n.a.</td>
</tr>
<tr>
<td></td>
<td>Low₁ vs High₂</td>
<td>15</td>
<td>15</td>
<td>54.07</td>
<td>65.93</td>
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| Pos-Neg Affect Balance | Low₁ vs Avg₂ | 15 | 30 | 27.20 | 37.23 | 31.29 | 15.40 | .335 | n.a. |
|                       | Low₁ vs High₂ | 15 | 15 | 27.20 | 46.87 | 31.29 | 19.20 | .048 | 0.76 |
|                       | Avg₁ vs High₂ | 30 | 15 | 37.23 | 46.87 | 15.40 | 19.20 | .365 | n.a. |

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|                       | Low₁ vs High₂ | 15 | 14 | 14.92 | 51.00 | 32.18 | 13.92 | .019 | 0.90 |
|                       | Avg₁ vs High₂ | 31 | 14 | 41.19 | 51.00 | 16.21 | 13.92 | .315 | n.a. |

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<td>15</td>
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<td>9.00</td>
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<td>33</td>
<td>18.75</td>
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<td>Cohen's d</td>
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<td>17.03</td>
<td>14.17</td>
<td>.103</td>
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Note: **large effect (d>0.8)**

The results of Table 16 can be summarised as follows:

- The Subjective well-being (Affectometer 2 and SWLS) scores of the CRI-Cog low group were significantly inferior compared to the CRI-Cog average and high groups. No significant differences were observed between the two latter groups.
• The CRI-Soc low group had significantly inferior Affectometer 2 Pos and Pos-Neg Affect Balance scores compared to the CRI-Soc high group. No other significant differences among CRI-Emot groups were observed. (Same results as for CRI-Soc)

• All the Affectometer 2 scores of the CRI-SpPh low group were significantly inferior compared to the CRI-SpPh average and high groups except for the difference between the low and average groups with regard to Affect Neg. No other significant differences were observed for the CRI-SpPh domain.

• All the Affectometer 2 scores of the CRI-Phys low group were significantly inferior compared to the CRI-Phys average and high groups except for the difference between the low and average groups with regard to Affect Neg. No other significant differences were observed for the CRI-Phys domain. (Same results as for CRI-SpPh).

• The CRI-Tot low group had significantly inferior Affectometer 2 Pos scores compared to the CRI-Tot high group and significantly inferior Pos-Neg Affect Balance scores compared to the CRI-Tot average and high group. No other significant differences among CRI-Soc groups were observed.

• Throughout Table 15, the CRI average and high groups did not differ significantly, and therefore it can be concluded that the participants in these groups had similar levels of Subjective Well-being.

Based on the above results it can be concluded that the participants with low CRI scores have inferior Subjective Well-being compared to those who have average and high CRI scores.

6.6 Conclusion

The results of the present study were presented and discussed in this chapter in relation to the three aims of the research. In addition, a detailed description of the sample was provided. Where possible, results were linked to previous studies as well as to the relevant literature and theory cited in earlier chapters. The conclusions based on the results of the current study, the limitations of the study and recommendations for future research are outlined in the next chapter.
Chapter 7
Conclusions, Limitations and Recommendations

7.1 Introduction

Having previously presented and discussed the aims and the results of the study herewith is a summary of the main findings, contributions and conclusions of the study. A discussion of the limitations of the study, as well as recommendations for future research is also provided.

7.2 A Description of the Coping Resources of the Participants

The first aim of the research was to explore and describe the coping resources of dual-career Hindu mothers. The results of the Coping Resources Inventory (CRI) obtained for this sample indicated that the participants’ ability to cope with stressors in life was average. The current sample obtained a total mean score of 47.40, which although being
slightly below the mean of 50.00 for this measure, as established by Hammer and Marting (1988) it is still within the average category. The participants obtained the highest mean score in the Cognitive domain and the lowest in the Social domain of the CRI. They rated the scored Spiritual/Philosophical Domain as the second highest mean (slightly above average), followed by the Physical (below average) and Emotional domains (below average). These findings indicate the Hindu dual-career mothers have average levels of coping resources across the various domains measured. However, there are indications or trends for them to rely mostly on their Cognitive and Spiritual/Philosophical coping resources. It is speculated that their relatively low reliance on social resources was due to the time constraints of being working mothers.

A shortcoming related to the CRI links to the fact that this measure was developed and standardised in the United States of America. However, it has been previously employed in several local South African studies, (Brown, 2002; Cairns, 2002; Hatuell, 2004; Otto, 2002; Madhoo, 1999). Moreover, It is noted that Madhoo’s (1999) study described means and standard deviations similar to those of Hammer & Marting’s (1988) sample.

7.3 A Description of the Subjective Well-being of the Participants

The second aim was to explore and describe the Subjective Well-being of dual-career Hindu mothers. As mentioned in the previous chapter, subjective well-being was measured by the Satisfaction with Life Scale (SWLS) and the Affectometer 2.

The results of the SWLS indicated that the participants were generally satisfied with their lives. Fifty-five percent of the sample stated that they were very satisfied whereas only 2% stated that they were very dissatisfied. The mean score of the Satisfaction with Life Scale obtained for the current sample was in accordance with the mean established for the original Satisfaction with Life Scale (Pavot & Diener, 1993). It was thus concluded that in general, dual-career Hindu women in South Africa had no particular dissatisfaction with life and that their dual roles and religious affiliation did not appear to present them with any specific problems, leaving them as a group mostly satisfied with their lives.

7.4 A Description of Happiness of the Participants.

In terms of the Affectometer 2 which measured levels of positive and negative affect, the results indicated that the participants experienced relatively low levels of global happiness. Nevertheless, the participants’ experienced average to high levels of positive affect and low levels of negative affect. Additionally, in comparison to previous South
African research dual-career Hindu woman demonstrated slightly higher levels of overall happiness than some other South African groups (Odendaal, 1991; Voster, 2002). No causative inferences regarding this were made.

In summary, the results of the present study indicated that the participants’ evaluative reactions to their own lives, in terms of cognitive appraisals (i.e., satisfaction with life and coping resources) and in terms of emotional reactions (i.e., positive and negative affect) are in the slightly below average to slightly above average range.

7.5 A Description of the Patterns Between the Dimensions of Coping Resources and Subjective Well-being of the Participants

The third aim of the present study was to explore and describe the patterns of coping resources and subjective well-being (i.e., satisfaction with life, positive affect and negative affect) of dual-career Hindu mothers. It is important to note that a causal or explanatory link could not be established in the current research because of its exploratory descriptive nature. The results do, however, indicate three clusters that significantly differ from one another on all three measures. Cluster one was described as the average cluster. The Spiritual/Philosophical domain was the highest coping resource and the participants scored lowest on the Social domain. Participants grouped in cluster two, which was the low cluster had the Spiritual/Philosophical domain as the highest and the Emotional domain as the lowest. The participants in Cluster three, which was the highest cluster, scored highest on the Cognitive domain and lowest on the Physical domain.

Statistical differences were found between Coping Resources and Subjective well-being (i.e., Affectometer 2 and Satisfaction with Life Scale). More specifically there was a significant difference between negative and positive affect as well as positive-negative balance and all the domains of the CRI. Interestingly, the participants in both the average and high cluster displayed no significant differences on the various domains of the CRI. We can thus speculate that the participants in these clusters have high subjective well-being and good coping resources and therefore they have been experiencing minimal dual-career stressors (Diener & Diener, 1988).

7.6 The Value of The Research

More and more Hindu women throughout the world are combining their traditional family role and their worker role. Padula (1994), identified the need for further exploration of the psychological aspects of this gender and religious group. Consequently, the present study contributes to the body of research rooted in the field of gender, and more
specifically positive psychology by focusing on the promotion and study of health as opposed to illness.

This study gathered information relating to coping resources, general happiness and satisfaction with life of dual-career Hindu mothers. At present there is a void of research in this field. While the present study contributes to a growing body of research on the construct of subjective well-being, more specifically, it contributes to research on subjective well-being of a minority group within the South African context.

It was found that the Dual-career roles of South African Hindu women do not adversely affect their satisfaction of life and subjective well-being. They were found to have used their Cognitive and Spiritual/Philosophical coping resources well to cope with the transition from their traditional to their contemporary roles.

7.7 Limitations and Recommendations

Various limitations of the research and recommendations for further studies can be highlighted.

The Hindu women who participated in the study were all in a particular stage in the course of family life, namely the parenting stage as they all had children between the ages of 7 to 12 who attended primary school (Metzger, 2003). The data gathered in this study has the strength of examining the effects of women’s multiple roles at a time that should be particularly sensitive to the detection of such effects because of an especially high role overload. However, the strength is also a limitation in that these effects may be different at some other time during the life cycle (e.g., when the children are older and more independent).

The relatively small sample size and the convenience sampling method used for choosing participants for the study did not allow for the use of more parametric procedures, which would have identified relationships among variables in the population (Harris, 1998). The small sample size and unequal grouping also meant that the researcher was unable to explore the variation in the biographical variables of the sample in relation to the measures. Therefore, it is recommended that this study be replicated in the future with a larger and more representative sample. This will enable the results and conclusions of the present study to be made more generalisable to the larger population of dual-career Hindu mothers in South Africa. This recommendation is specifically made due to the fact that there is negligible research on Hindu mothers conducted in South Africa, and in fact very limited research on this topic around the world. It is important that future research in this
Another limitation of the study is that no causal inferences were made between the different measures and the biographical questionnaire. A recommendation for future studies would be to investigate the influence of the various independent variables on the coping resources and subjective well-being of the chosen sample.

7.8 Conclusion

The present study was an attempt to explore and describe the coping resources and subjective well-being of dual-career Hindu mothers in South Africa. This study also aimed to explore and describe the patterns of coping resources and subjective well-being of the participants.

Since the position and outlook of Hindu women have transformed so remarkably over the years, it is quite natural that the concept of traditional roles in this cultural group underwent radical change as well. One of the distinguishing characteristics of modern society is the heavy reliance on law to bring about social change. Among other women, Hindu mothers are undergoing a transformation with regards to juggling their mother and worker roles. Nevertheless, the present study’s findings of an average level of coping resources and average to above average subjective well-being, show that Hindu mothers in South Africa are managing their dual-careers effectively.

The low level of generalisability of the results is a limitation of this research, although the contribution of this study cannot be ignored. The results of the study provide valuable information regarding the Hindu sample under investigation. Furthermore, the study paves the way for future research involving the coping resources and subjective well-being of dual-career Hindu mothers.

As a final remark the researcher would like to comment on her personal experience during the execution of this study. It was a privilege and an enriching experience to interact with the Hindu women who participated in this study.
Reference List


Brown, O. (2002). *The biopsychosocial coping and adjustment of medical professional women*. An unpublished Masters treatise in the Department of Psychology at the University of Port Elizabeth, Port Elizabeth, South Africa.


Lu, L. (2000). Happiness, we are how we feel. *Journal of Sociology*, 120, 21-46.


Manu, (undated). Lecture IX, 90.


Odendaal, N. (1999). *The subjective well-being of patients in cardiac rehabilitation.* An unpublished Master’s treatise in the Department of Psychology, University of Port Elizabeth, Port Elizabeth, South Africa.


Appendix 1

Introductory Letter to Participant
Dear Research Participant,

I am currently studying towards a Master Degree in Clinical Psychology and as part of this degree I am required to complete a research treatise. Upon reviewing the minimal amount of research conducted to date on full-time employed Hindu mothers in South Africa, it became evident that there is a need for further research on this demographic.
group. The current study will explore and describe the Subjective Well-being and Coping Resources of dual-career Hindu mothers.

I would greatly appreciate your participation in this study. You are required to complete a biographical questionnaire and three different questionnaires which relate to your own life circumstances and experiences. These may all be completed anonymously. Your responses will be treated with the utmost privacy and confidentiality. If you decide to partake in this study, you will be required to complete and sign a consent form. Once the study is completed, feedback on the findings of this research will be provided to all the participants in the form of a brief written report.

Should you require further information, please contact me on: 083 9527 641.

Thank you for your co-operation.

Yours sincerely,

Hanita Prag
Intern Clinical Psychologist

Lynn Markman
Supervising Psychologist

Appendix 2
Participant’s Consent Form
# The Subjective Well-being and Coping Resources of Dual-Career Hindu Mothers

**Principal investigator:** Hanita Prag  
**Address:** UCLIN, Nelson Mandela Metropolitan University, PO Box 1600, 6000  
**Contact Telephone no:** 083 9527 641

<table>
<thead>
<tr>
<th>Declaration by or on behalf of participant</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, the undersigned, ______________________ (name) (I.D. No: ____________) the participant in my capacity as __________ of the participant (I.D. No: ____________)</td>
<td></td>
</tr>
</tbody>
</table>
A. **Hereby Confirm As Follows:**

1. I/The participant was invited to participate in the abovementioned research project which is being undertaken by Hanita Prag of the Department of Psychology in the Faculty of Health Sciences at the Nelson Mandela Metropolitan University.

2. The following aspects have been explained to me/the participant:
   
   2.1 **Aim:** The investigator is studying the subjective well-being of Dual-Career Hindu mothers.

   The information will be used for research purposes and may be presented at scientific conferences.

   2.2 **Procedure:** I understand that I will have to fill in a biographical questionnaire as well as the Satisfaction with Life Scale, the Affectometer 2 and the Coping Resources Inventory.

   2.3 **Risks:** No risks are involved in the procedure.

   2.4 **Possible benefits:** As a result of my participation in this study, I will receive a summary of the research results once the research is completed.

   2.5 **Confidentiality:** My identity will not be revealed in any discussion, description or scientific publication by the investigators.

   2.6 **Access to findings:** Any new information/ or benefit that develops during the course of the study will be shared with me.

   2.7 **Voluntary participation / refusal/ discontinuation:** My participation is voluntary. My decision whether or not to participate will in no way affect my present or future medical care/ employment/ lifestyle.

3. The information above was explained to me/ the participant by Hanita Prag in English and I am in command of this language.

   I was given the opportunity to ask questions and all questions were answered satisfactorily.

4. No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalization.

5. Participation in this study will not result in any additional cost to myself.

---

B. **I hereby consent Voluntarily to Participate in the Abovementioned Project.**
Signed/ confirmed at (place) ________________ on ____________ (date)

_________________                                        ____________________
Signature                                                          Signature of witness

**Statement by or on behalf of investigator:**

I, Hanita Prag, declare that

- I have explained the information given in this document to the participant;
- She was encouraged and given ample time to ask me questions;
- This conversation was conducted in English and no translator was used.

Signed at _________________(place), on ________________(date)

____________________                                ______________________
Signature of investigator                              Signature of witness

**Important message to Participant:**

Dear Participant,

Thank you for your participation in this study. Should you at any time during the study,

- An emergency arise as a result of the research, or
- You require any further information with regard to the study

Kindly contact Hanita Prag on 083 9527 641

---

Appendix 3

Biographical Questionnaire
Biographical Questionnaire

The purpose of this questionnaire is to obtain a contextual picture of your biographical background. Please complete sections A and B as accurately as possible.

A. PERSONAL DETAILS

1. Age: _______ yrs
2. Home Language _______________
3. Marital Status:

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<tr>
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<tr>
<td>Widowed (how long)</td>
<td>yrs</td>
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<tr>
<td>Co-habitating (how long)</td>
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4. Number of dependent children: __________________

5. Children’s gender and ages:

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<td></td>
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<td></td>
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</tr>
</tbody>
</table>

6. Highest level of education of participant: _________________________________________________________________

7. Number of years in current job: _________________________________________________________________

8. Job description: _________________________________________________________________

9. Number of years spent working outside of home: _________________________________________________________________

10. Have you been treated for a psychiatric illness?  
    (please indicate with a cross)  
    Yes  No

11. Have you been on medication for the above illness? (please indicate with a cross)  
    Yes  No

12. Is there a second income for the household?  
    (please indicate with a cross)  
    Yes  No

13. Is there any form of domestic help at home?  
    Yes  No
(please indicate with a cross)

B. SOCIAL SUPPORT AT HOME AND IN WORK ENVIRONMENT.

1. Do you currently have a personal relationship with someone whom you feel contributes to your personal well-being?  
   (please indicate with a cross)  
   Yes  No

2. Please specify who contributes to your personal well-being?
   (please indicate with a cross)
<table>
<thead>
<tr>
<th>Spouse</th>
<th>Co-worker</th>
<th>In-laws</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend</td>
<td>Parents</td>
<td>Other</td>
</tr>
</tbody>
</table>

   and how they support you? (please indicate with a cross)
   | Emotional | Other |
   | Financial  |      |

3. Who or what causes stress in your life? (please indicate with a cross).
   | Environment | An individual |

4. Are there situations in your life that are stressful for you?
   (please indicate with a cross)  
   Yes  No

5. Are there situations in your everyday life that are particularly pleasant for you?
   (please indicate with a cross)  
   Yes  No

6. Is there something that contributes to your coping with work and life’s demands? (for example, doing yoga, meditation, walking).
   (please indicate with a cross)  
   Yes  No
7. Have your work demands ever impacted upon your home demands?  
(please indicate with a cross)  
Yes  No

8. Have your work demands ever impacted upon your spousal relationship?  
(please indicate with a cross)  
Yes  No

9. Have you ever considered seeking professional psychological help because of the demands placed on you as a dual-career woman?  
(please indicate with a cross)  
Yes  No

10. Is there anyone/thing that may have prevented you from seeking professional psychological help?  
(please indicate with a cross)  
Yes  No

Thank you for taking the time to complete this questionnaire.