

**ORIENTATIONS TO HAPPINESS AND SUBJECTIVE WELL-BEING AMONG
TEACHERS IN SWAZILAND.**

BY

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**Submitted in partial fulfillment of the requirements for the degree of Master of
Social Science (Psychology) in the Faculty of Humanities, Development and
Social Sciences University of KwaZulu-Natal, Durban, South Africa**

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November 2011

DECLARATION

I declare that this treatise is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of Master of Social Sciences (Psychology) in the Faculty of Humanities, Development and Social Sciences University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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ACKNOWLEDGEMENTS

This dissertation is dedicated to my **Lord Jesus Christ** for taking me through the ride of my life which I never dreamed possible.

I wish to thank: my parents for giving me the opportunity to further my studies and having unbelievable support and faith in me. Words cannot describe the appreciation and love I have for them. Special thanks go to my siblings and friends for being relentless in their support and love.

I would also like to thank my fellow classmates for without their support this journey would have been difficult.

My supervisor, Professor Johanna Buitendach to whom I remain grateful for the guidance provided throughout my research. You have the skill to change students from non-academics to academics. You have taught me more than just research.

ABSTRACT

Teachers play a pivotal role in the education system and in society at large. With this in mind, the government should address their particular needs. In the context of positive psychology, issues of happiness and subjective well-being could lead to increased educational outcomes and general health. The purpose of the research was to determine the relationship between orientations to happiness and subjective well-being and to determine whether the orientations to happiness hold predictive value for satisfaction with life. A cross-sectional survey design was used for the study. A sample of 175 (N=175) teachers in Swaziland was used. Three demographic questionnaires were used: the Orientations to Happiness Questionnaire (OHS) (Peterson, Park, & Seligman, 2005), Satisfaction With Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985) to measure subjective well-being, General Health Questionnaire (GHQ-28) (Goldman & Hillier, 1979) as well as a biographical questionnaire. Results indicated that pleasure and engagement (subscales of orientations to happiness) were positively correlated with satisfaction with life. General health subscales, somatic symptoms, anxiety/insomnia, and severe depression had a negative relationship with satisfaction with life. Of the three orientations, pleasure was found to have predictive value for life satisfaction. Implications of the findings on the relationships between orientations and subjective well-being for helping teachers to promote a more satisfying life are discussed.

Keywords: orientations to happiness, general health, subjective well-being, Swaziland.

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

Positive psychology emerged as a reaction to the over emphasis of psychology on the negative aspects of human life such as mental illnesses and disorders (Maddux, 2008). Whilst this line of enquiry has provided significant benefits to people suffering from psychological distress, it is the view of positive psychologists that important insights in to the study of psychological health can be achieved by studying the positive side of human experience such as pleasure, meaning and engagement, for example in the teaching profession (Money, Hillenbrand, & Camara, 2008). Historically, the positive psychology movement is rooted in the humanistic psychologists like Abraham Maslow, and Carl Rogers, whose interests lie in the positive and humanistic features of human functioning that, are associated with people's meaning, joy and optimism in their lives (Money, Hillenbrand, & Camara, 2008).

The humanistic view gave birth to the hedonic and eudaimonic approaches to happiness, and these two approaches were used to understand the process of happiness (Waterman, 1993; Khaneman, Diener & Schwarz, 1999; Ryan & Deci, 2000; Seligman, 2002). Positive psychology research is focused on revealing the roots of long-term causes of happiness, how the results from general studies can be applied into a work context such as a school (Fisher, 2010). Several researchers (e.g., Seligman, 2002; Peterson, Park, & Seligman, 2005; Park, Peterson, & Ruch, 2009) suggest that putting positive institutions to work normally depends on the three

orientations to happiness. Peterson et al., (2005) suggests that individual happiness depends on pleasure, meaning and engagement. He argues that they are important in long-term life satisfaction and need to be balanced and nurtured in order for one to maintain happiness.

The negative conditions of work that teachers encounter in their daily job of teaching have been documented. This came along after having been a global concern in the past few years (e.g., Chan, 1998; Chan, 2009). Surveys have compared burnout among different teachers, different schools, cultures, and different stages of life, and have looked at external orientations to happiness such as income (e.g., Yuen & Yong, 2007; Chan, 2009). However, as Seligman (2002) explains, we are experiencing a turn from the over emphasis on the negative aspects of life such as disease and ill health, to a stance where the focus is on the good attributes of life such as happiness and subjective well-being. Therefore the aim of this study is to investigate the three individual orientations to happiness and their relationship with subjective well-being in a sample of teachers in Swaziland (Manzini).

1.2 Motivation for the study

The Kingdom of Swaziland is one of the smallest developing countries in Africa. It is currently going through a difficult time: a deteriorating economy, increasing levels of unemployment, social unrest, escalating crime, and the tragic impact of AIDS (Stronkhorst, 2001).

The general features of the country determine to a great extent the scope of operations for its educational system, its schools, its teacher education and training. All schools, colleges, and the University operate under the jurisdiction of the Ministry of Education. Inspectorates of the Ministry of Education are responsible for the maintenance, improvement and control of the quality of education in the schools and the welfare of teachers (Stronkhorst, 2001). From the highlighted aspects of the country several studies have tended to focus on the negative aspects of the country such as HIV/AIDS (e.g., Stronkhorst, 2001) instead of the positive attributes that are identified by Seligman, such as happiness and life satisfaction.

Thus, in relation to the mentioned outline of Swaziland there are several gaps that were found in the literature on orientations to happiness and subjective well-being. Firstly, a majority of the studies were conducted in western countries and no study has been conducted in Swaziland. This means that a different context of study would be beneficial to understanding happiness and subjective well-being. Another gap that was found was the over emphasis on the negative aspects that are encountered in the process of teaching such as teacher burnout (e.g., Chan, 1998). By focusing on teacher burnout, “the phenomenon in which teachers lose enthusiasm after repeatedly coming across blockages and lack of support for their efforts, we are looking at the antithesis of the good life” which contradicts the importance of positive psychology (Chan, 2009, p. 140). It is timely to consider shifting the focus of preventing burnout from repairing deficits to positive intervention effort to help teachers lead the pleasant life, the meaningful life, the engaged life, and enhancing their subjective well-being which I believe has implications for their personal and professional development (Seligman, Park, & Peterson, 2005).

It is important to note that, it may be argued that, by developing methods that can empower individuals to increase their happiness, human suffering would be neglected in this process, however investigating happiness does not ignore aspects of human suffering but attempts to prevent or alleviate suffering by promoting good health and psychological growth (Norrish & Vella-Brodrick, 2008). This research is not an attempt to replace traditional psychology or ignore the importance of the examination of negative aspects of human experience such as teacher stress and burnout, but rather to arm psychology with additional knowledge pertaining to the orientations to happiness and their relation to subjective well-being. Incorporating measures of happiness and subjective well-being may potentially be beneficial in the development and evaluation of the educational policy of the country (Chan, 2001).

The research has significant value in that it may provide information that may be used to improve and maintain the quality of teacher or professional development programs used to improve teachers' performance and development, and ultimately their subjective well-being in life. At an individual level, which is the focus of this study, the teachers could be led to realise that they have more options and alternatives than they initially imagined, particularly in the management of their heavy workload in teaching and working under unfavourable working conditions (Chan, 2009). They could be oriented to view teaching as more than just a job or career, but rather to view it as a calling which offers a sense of meaning and gratification (Bullough & Pinnegar, 2009). The promotion of the beliefs in either orientation to happiness could eventually lead to higher levels of life satisfaction (Diener, 2001). With the benefits of

conducting the study being highlighted it was therefore pivotal to study the happiness and subjective well-being in Swaziland.

1.3 Research questions

The general aim the current study attempted to investigate whether there is a relationship between orientations to happiness and subjective well-being among teachers. The following research questions were addressed:

- How is happiness and subjective well-being conceptualised in the literature?
- What is the relationship between, pleasure, meaning, engagement, satisfaction with life and general health?
- Which of the orientations, that is, pleasure, meaning or engagement is predictive of life satisfaction?

1.4 Research objectives of the study

Firstly, the study sought to investigate how the concepts of happiness and subjective well-being were conceptualised in the literature. Secondly, it was to determine whether there was a relationship between the three orientations to happiness, satisfaction with life and general health in sample of Swazi teachers. The last objective of the study was to determine which of the orientations to happiness predicted life satisfaction.

1.5 Structure of the treatise

This report consists of the following chapters:

CHAPTER ONE: INTRODUCTION

This chapter introduces the foundations of the study and includes the background to the study, the research questions, and objectives of the study.

CHAPTER TWO: LITERATURE REVIEW

This chapter comprises definitions of happiness and subjective well-being, a review of the research on orientations to happiness subjective well-being, and general health, and a theoretical framework, the Broaden-and-Built theory of positive emotions.

CHAPTER THREE: RESEARCH METHODOLOGY

This chapter explains the method of research, research design, sampling used and design, data gathering and analysis.

CHAPTER FOUR: RESULTS

This chapter presents results of the research, and the methods of data interpretation and analysis that were used. The results are presented in the form of tables.

CHAPTER FIVE: DISCUSSION OF RESULTS

Chapter Five discusses the most salient results emanating from the study.

CHAPTER SIX: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Conclusions are drawn and integrated with existing literature. Some reflections on the limitations of the study are presented and recommendations are made about future research studies.

1.7 Summary

This chapter has introduced the topic. Critical questions to be answered and the aims of the study have been expressed. The objective of this study was to determine the relationship between orientations to happiness and subjective well-being among teachers in Swaziland, and to establish which of the orientations to happiness predicted life satisfaction. The next chapter presents definitions of happiness, subjective well-being, a review of the research on orientations to happiness, general health and subjective well-being and a theoretical framework of positive emotions.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter comprises the framework of positive psychology in which happiness and subjective well-being are embedded, definitions of happiness, the differences between the three orientations to happiness (pleasure, meaning and engagement) as measured by the Orientations to Happiness Questionnaire, and subjective well-being as measured by the Satisfaction With Life Scale and general health as measured by the General Health Questionnaire (GHQ-28). It also consists of a review of the research on the orientations to happiness, subjective well-being and general health, and a theoretical framework of positive emotions which illustrates how happiness can influence one's subjective well-being.

2.2 Positive psychology

According to Compton (2005) psychology is not just the study of weakness and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken: it is nurturing what is best within us, and that is what positive psychology aims to achieve. Sheldon (2001, p. 3) describes and defines positive psychology as: “the scientific study of ordinary human strengths and virtues. These are acquired excellences in character traits, the possession of which contributes to a person’s wholeness since they serve as useful tools for adaptation to stress” and most importantly they help a person grow psychologically and toward optimal character (Emmons & Crumpler, 1999). Positive psychology is an attempt to urge psychologists to adopt a more open and appreciative perspective regarding human potentials, motives and capacities. Therefore, positive psychology studies what people do right and how they manage to do it; also it helps people to develop those qualities that lead to greater fulfillments for themselves and others by integrating health, sources of human strengths and resilience which all contribute to a sense of meaningful life purpose (Sheldon, 2001). In addition, Sheldon, Fredrickson, Rathunde, Csikszentmihalyi and Haidt (2001) provide another perspective: they define positive psychology as the scientific study of optimal human functioning. It aims to discover and promote factors that allow individuals, communities and societies to thrive and flourish which is also linked to the first definition and description. There are several dimensions to positive psychology that are used to make life more fulfilling; at the subjective level, positive psychology looks at subjective states or positive emotions such as happiness, satisfaction with life and subjective well-being, which are the focus of this review and the research paper at large (Compton, 2005).

Thus, positive psychology emerged as a reaction against the ever emphasis in psychology on the ‘negative’- mental disorders, destructive tendencies, and self-centred motivation of people rather

than participants in communities (Maddux, 2008). Positive psychology emphasises goals, happiness, well-being and it is concerned with interpreting the meanings people attach to life, with helping people become more self-directed and recognising that people cannot function autonomously without being influenced by their social contexts (Seligman, 2000; Maddux, 2008). The importance of studying one of the factors highly regarded under positive psychology, that is, happiness; has been instrumental in highlighting how happy people are and what determines their income such as money and how life satisfaction is attained.

Therefore, studying happiness has been seen as a technique that can be used to understand the subjective well-being of people (Seligman, 2002). What is of importance to note is that organisations have since discovered the importance of a healthy workforce and have started to appreciate the role that positive psychology plays to their individual employees and to the organisations as a whole (e.g. Baumgardner & Crothers, 2010; Fisher, 2010).

Positive psychology in the work place

The importance of positive behaviour has also been adopted in the world of work, and this can be seen from the increase in research being conducted on positive organisational behaviour (Carver, 2001). The inherent assumption in the development of positiveness in organisations is that “humans have an intrinsic desire to self-realise and to express their capacities to the fullest extent, being all too ready to connect positively and sociably to the world, given the right opportunity” (Fineman, 2005, p. 23). Happiness in the form of pleasant moods and emotions, well-being, and positive attitudes has engrossed interest all through psychology research and recently this interest in happiness has also extended to workplace experiences (Fisher, 2010).

However, many organisations in the past have ignored the fact that work is a key source of pride and meaning in their employees' lives (Gavin & Manson 2004). When a workplace is designed and managed to create meaning for its workers they tend to be healthier and happy (Gavin & Manson, 2004). Healthy and happy employees tend to be more productive in the long run, generating better goods and more fulfilling services for their customers and the others with whom they interact and do business (Carver, 2001; Cropanzano & Wright, 2001; Tsai, 2001; Gavin & Manson, 2004).

It seems clear that if there is any hope for people to find general health in their lives today they must be happy at work. This creates an overture that positive psychology provides a podium from which to understand the components of the good life. However, defining happiness has been one of the complex things researchers have had to do due to the differing ideas of what defines happiness (e.g., Ryan & Deci, 2001; Seligman, 2002). Therefore, previous researchers such as Waterman (1993) identified two approaches to happiness and these approaches have been prominent in psychology research.

2.3 Approaches to happiness

Definitions of what constitutes the good life are numerous and are focused on amazing variety of goals (e.g., Seligman, 2002; Peterson et al., 2005). In an attempt to bring some order to this variety, researchers have endeavoured to identify sub-groupings of the ways in which people define and pursue happiness. One of these groupings that are seen repeatedly in positive

psychology research is between hedonic and eudaimonic approaches to happiness which is not contrast to each other but rather used simultaneously to achieve the good life (Ryan, Huta, & Deci, 2006).

Hedonic approach

The hedonic approach is similar to but not identical to, the perspective of pleasure (Seligman, Parks, & Steen, 2005; Hasen, 2009) that will be discussed shortly. Hedonism is one of the oldest approaches to a definition of a good-life, and it focuses on pleasure and pain-avoidance as the good life's basic component (Martin, Perles, & Canto, 2010). This form of hedonism has been seen however as self-defeating because people realise that it is difficult to repeat this experience (pleasure and pain avoidance) and that when focused on exclusively they produce no personal growth (Compton, 2005). The broader form of hedonism however includes the idea that pleasure is the basic motivating force behind most human behaviours but also recognises that certain pleasures require positive social interactions with other people, thus presenting it as the goal to create high levels of happiness for oneself and for other people (Seligman, Steen, Park, & Peterson, 2004; Compton, 2005). Thus, the good life is obtained by finding and fostering positive emotionality- as stated by Seligman (2004) those in the pleasant life want as much positive emotion as possible, and therefore cultivate the skills that maximise these pleasurable moments and emotions. This implies that with regards to teaching, teachers should have the ability to generate positive moments from their teaching experience to counteract any negative emotions that might be associated with teaching.

Eudaimonic approach

The eudaimonic approach tends to focus on the process of living well (Waterman, 1993). It is important to note that hedonic and eudaimonic perspectives are not distinct as stated by Ryan, Huta and Deci (2006) because they conceive of different types of outcomes, but rather because they altogether have different targets. The significances of eudaimonic research are to specify what living well entails to identify the consequences of such living. These consequences can include outcomes indicative of the good life such as health (Diener, 2000), vitality and a sense of meaning among others (Seligman, 2002; Peterson & Seligman, 2004). This approach to happiness is associated with the meaning orientation, and it also has a long tradition stemming from Aristotle's notion according to which happiness is achieved by identifying ones virtues and developing them (Seligman & Csikszentmihalyi, 2000; Seligman, 2002). In this way individuals sharpen their best aspects and use them to serve a higher purpose.

According to Ryff and Singer (1996), eudemonia refers to a feeling of excellence and perfection in one's own abilities that guide the meaning and direction of his or her life. This is important to note because Aristotle viewed eudaimonia as the chief human good. He defined eudaimonia as a character that entails living in accordance with reason and moderation, and aiming toward excellence and the realisation of a complete human life (Diener, Lucas, & Scollon, 2006; Ryan, Huta, & Deci, 2006). Therefore, eudaimonia is not a feeling it is instead a description of character. It cannot be regarded as mental state, a positive feeling or a cognitive appraisal of satisfaction, but rather a way of living (Diener, 2000; Ryan & Deci, 2001; Diener & Seligman, 2004). This illustrates that it involves engaging one's best human capacities by actively pursuing

virtues and excellences and this should be an intrinsically worth undertaking. These two approaches to happiness give a basis on how to define happiness particularly the good life.

2.4 Conceptualisation of happiness

Happiness acts as a synonym for the ‘good life’; people who live a good life, and are fundamental to the good life are regarded as being happy (Daniel, 2009). Happy people are healthier, more successful, and more socially engaged which is fundamental to the good life (Lyubomirsky, King, & Diener, 2005).

But what exactly does ‘happy’ mean? Several definitions have been used to define happiness, however a more conceivable definition refers to happiness as the “pleasant moods and emotions experienced at any given moment (positive affect), to general evaluations of life” (Diener & Ryan, 2006, p. 391). The conditions that make human beings happy and satisfied with life have been the focus of an increasing number of studies in recent years. People the world over want happiness, contentment, serenity, and life satisfaction. According to Myers (2000), the new scientific study of happiness starts with two questions: (a) How happy are people? and (b) Who are the happy people? Answers to these questions should provide information about conditions, qualities, and characteristics that make people happy. In a study conducted by Seligman (2005) happiness was found to be associated with positive outcomes on both individual and societal levels. Better health and better social relationships are some of the examples of the positive consequences of happiness for the individual and ultimately the society as a whole (Seligman, 2002, 2004; Diener, Kesebir, & Lucas, 2008).

2.5 Orientations to happiness

In order to study happiness empirically Seligman (2002) dissected the term into definable orientations to happiness, and specified a theory of happiness in which happiness is decomposed into three more scientifically manageable components: positive emotions (pleasure), meaning, and engagement and they will be discussed in the paragraphs that follow. The theory of authentic happiness; of the pleasure life, the good life, and the meaningful life integrates and builds on hedonic and eudaimonic conceptions of happiness (Seligman, 2002; Seligman, Steen, & Park, 2005). According to this theory happiness is a genuine source of motivation, as well as a worthy goal. Only the feeling that arises from the experience of strengths and virtues, rather than from short cuts is authentic (Seligman, 2002; 2004).

According to Hasen (2009) happiness is more than just a feel good, and it is rather feeling good for the right reasons that matter. “The experience of happiness must be authentic, that is, not based on false or illusionary beliefs, irrational standards of evaluation, or values that are not truly one’s own (that is based on external manipulation through mechanisms of conditioning, indoctrination, or socialisation)” (Hasen, 2009, p. 21). As stated by (Lyubomirsky & Tucker, 1998; Peterson & Seligman, 2004; Lyubomirsky, King, & Diener, 2005) authentic happiness theory intends to account for and promote long-term change in happiness. They hypothesise that high levels of long-term happiness and life satisfaction come from a life characterised by meaning, engagement, as well as pleasure (Seligman, Parks, & Steen, 2005). “Conventional wisdom suggests that hedonic happiness, conceptualised as a mere pursuit of pleasurable experiences, is unsustainable over the long term in the absence of eudaimonic well-being”

(Fisher, 2010, p. 321). This suggests that having a eudemonic experience such as meaning can in turn lead to a pleasurable experience of that particular activity. The recently mentioned point leads to the discussion of the three orientations to happiness, namely pleasure, meaning, and engagement.

Pleasure

The first route to greater happiness is hedonic, increasing positive emotion- pleasure (Seligman, Parks, & Steen, 2004). When people refer in casual conversation to being happy, they are often referring to this orientation. This consists of successfully pursuing positive emotion about the present, past, and future, having as much as possible (and as little negative emotion) and learning the skills that increase the intensity of the positive emotions and lessen the negative emotions (Hasen, 2009). The positive emotions about the past include satisfaction, contentment, fulfilment, pride and serenity (Diener, 2000). Whereas, positive emotions about the future include hope, optimism, confidence, and these emotions especially hope and optimism which are learnable have been reported to buffer against depression (Seligman, 2002). Positive emotions about the present are called in the ordinary language the pleasures (Seligman, 2002). The pleasures are comprised of bodily pleasures and higher pleasures, but in this review higher pleasures will be discussed. Higher pleasures are set off by events more complicated and more learned than sensory ones, and they are defined by the feelings they bring about: gladness, fun, thrill and the like (Hasen, 2009; Vella-Brodrick, Park, & Peterson, 2009).

The *pleasure life* for the teachers is one which maximises pleasure and positive experiences in their daily activities of teaching and their lives in general. The good life results when individuals

develop their strengths and virtues in activities that the individual is passionate about and enjoys (Norris & Vella-Brodrick, 2008). Wealth and material possessions are commonly pursued as sources of happiness and pleasure in our world yet this correlation has been found not to be strong (Rarick, 2006). In longitudinal studies of a sample of almost 1000 American adolescents conducted with the experience sampling method, researchers found a consistently low negative relationship between material possession and happiness (Csikszentmihalyi, 1999). This indicates that there is more to pleasure than material possessions, people need to have positive experiences in whatever they do and experience as little negative emotion as possible in order for them to be happy (Csikszentmihalyi, 1999).

According to Seligman (2004) those in the pleasant life want as much positive emotion as possible, and therefore cultivate the skills that maximise these pleasurable moments and emotions. As further stated by Seligman (2002) the quality of the pleasurable life can be measured by the number of good moments minus the number of the bad moments. However, unlike the other two orientations to happiness there are drawbacks to the pleasurable life like “the amount of positive emotion one experiences is 50% heritable and only 15-20 % of the skills one cultivates actually affect the amount of positive emotion one feels” (Seligman, 2004, p. 144; Daniel, 2009, p. 147). Accordingly, because of its high genetic component, positive emotions are not acquiescent in that they habituate quickly (that is pleasures are fleeting) and they fluctuate within a determined range (Seligman, 2004). It is possible (or worthwhile) to increase the amount of positive emotion in our lives, but our hedonics can only be boosted to a certain level (Seligman, Park, & Steen, 2004). This suggests that it is unfeasible to experience and sustain positive emotions at all times. Positive emotions that are derived from pleasures fluctuate more

rapidly when non pleasurable, negative events occur, therefore, the experiencing of something pleasurable can produce positive emotions but they can be short-lived should negative events occur.

Meaning

This point therefore brings us to the second component of happiness, and that is meaning - the pursuit of purpose and this is highly associated with the eudemonic approach to happiness (Seligman, 2002; Hasen, 2009). “This consists of using one’s signature strengths and talents to belong to and serve something that one believes is bigger than the self, such as teaching” (Hasen, 2009, p. 9). The definition of meaning in life varies, ranging from coherence in one’s life to goal directedness or purposefulness to the ontological significance of life from the point of view of the experiencing individual (Steger & Frazier, 2006). Because there is no universal meaning that can fit everyone’s life, meaning therefore is created individually through the development of important goals or the development of a coherent life narrative (Hughes, 2006).

This led to Steger and Frazier (2006) proposing that a feeling of meaning can be attained by first meeting needs for value, purpose, efficacy, and self-worth. Having less meaning in one’s work has been associated with anxiety whereas more meaning has been positively associated or related to work enjoyment, life satisfaction and happiness, among other measures of healthy psychological functioning (Khaneman, Diener, & Schwarz, 1999; Steger & Frazier, 2006). A study conducted by Steger and Frazier (2006) echoed previous findings that feeling one’s work as meaningful is important to human functioning and job satisfaction. Also in a study conducted

by Rarick (2006) those who viewed their lives and work to be meaningful were less depressed and felt greater satisfaction with their lives, and more positive affect.

However, a less clear picture emerged regarding those who were still searching for meaning in their work. Often it has been posited that the search for meaning has typically been characterised as a response to upsetting events and in regards to teachers this can be caused by job dissatisfaction, lack of resources and insufficient social support from colleagues. There appeared to be considerable variability when assessed as a global construct as per the results of (Peterson et al., 2005; Steger & Frazier, 2006).

In addition, Wolf (1997) states that meaningful lives are lives of active engagement in projects of worth such as teaching or imparting knowledge to others (students). A teacher is actively engaged by work if he or she is gripped, excited and involved by it. Opposites of active engagement are boredom and alienation (Wolf, 1997). However, what is important to note is that to be actively engaged is not always pleasant in the ordinary sense of the word. Activities in which people are actively engaged frequently involve stress, danger, exertion or sorrow (Wolf, 1997). For example, the process of teaching can be stressful, anxiety provoking and characterised by burnout (Chan, 2001, 2009), but teachers who are driven by a sense of meaning, who have purpose in their work are unlikely to be affected by these work conditions because their work gives them a sense of purpose in life. The positive emotions that are derived from meaning undo the negative effects associated with certain work events (Fredrickson, 2001, 2004).

According to Steger, Kashdan, and Oishi (2008) meaning must satisfy two criteria, suitably linked, first, there must be an active engagement by teachers, and second, it must be engagement in (or with) projects of worth. People who are alienated from most of what they spend their lives doing are those whose lives can be said to lack meaning (Peterson et al., 2005). However, it is worth noting that lacking a sense of meaning in activities does not mean that people are not performing functions of worth. People who lack a sense of meaning in what they do maybe performing functions of worth (Seligman, 2000). Teachers maybe doing a socially and economically valuable job but if they are not engaged in their work, they have no categorical desires that give them the drive and urge to teach (Wolf, 1997; Chen, Tsai, & Chen, 2010). At the same time teachers who are actively engaged, may live a meaningless life, if the objects of their involvement are utterly worthless. Therefore, a sense of meaning is derived from carrying out projects of worth. The *meaningful life* results when individuals apply their strengths in activities that contribute to the greater good such as imparting knowledge on others (teaching). It involves self-validation, growing, pursuing important or self-concordant goals, doing what is right and virtuous, and using and developing one's skills and talents, regardless of how one may actually feel at any point in time (Seligman, 2002, 2004; Fisher, 2010).

Engagement

Lastly, the third orientation to happiness is engagement, which is characterised by zest, enthusiasm and passion (Bakker, 2005; Peterson et al., 2005). The concept of engagement was popularised by Khan (1990). According to his definition “engagement refers to the state in which individuals express their entire self: physically, cognitively, and emotionally in their role”

(Warwick, 2008, p. 2). He related engagement to the notion of psychological presence and this led to Schaufeli, Salanova, Gonzalez-Roma and Bakker (2002) differentiating three facets to engagement which include vigour (individual's experience a sense of energy and resilience), dedication (individuals feel enthusiastically involved in challenging and significant work) and lastly absorption (individuals feel engrossed in their role). Therefore, for teachers to be regarded as engaged in their work there should be a sense of vitality, devotion, and absorption in their teaching. "One of the mechanisms involved in engagement may be the habitual experience of the psychological state of flow which occurs when there is an optimal balance between skill and challenge" (Hasen, 2009, p. 7). Csikszentmihalyi (1990) coined the term flow as pursuing engagement, involvement, and absorption in the domain of work, intimate relations and leisure. Therefore, flow is Csikszentmihalyi's term for the psychological state that accompanies highly engaging activities. If teachers for example, are engaged in their work, fully absorbed in their day-to-day activities, the next important stage they tap into when this occurs is flow, which is a derivative of engagement. When they reach a state of flow, they begin to fully enjoy teaching; they begin to teach with enthusiasm and passion (Chan, 2009). Importantly, this state is structurally opposite of positive emotion, since it is characterised by the absence of feeling: 80% of people who report being in flow in an activity report no feelings throughout the activity (Martin, 2007). This is called flow or enjoyment (emanates from engagement), but unlike positive emotions, these are subjective but are not defined by feelings, rather they are concomitants of activities that people like doing such as teaching for example (Campton, 2005). "The gratifications absorb and engage us fully, they block self-consciousness, they block felt emotion, and they can create a state in which time stops and concentration is total" (Hasen, 2009, p. 7).

Many studies have examined the characteristics of the work context that promote engagement. For example when individuals are optimistic about the future, engagement is more likely to ensue (Bakker, 2005; Warwick, 2008). According to Bakker (2005) individuals who perceive themselves positively are more likely to pursue roles that align to their values, called self-concordance, which promotes intrinsic motivations and may promote engagement and work. Individuals who are engaged are energetic, dedicated, and absorbed at work primarily because they enjoy their role which ultimately influences their happiness (Diener, 2000).

The above mentioned three orientations to happiness have been instrumental in happiness research. The dissection of happiness into three orientations has provided an opportunity to relate the concept to subjective evaluations of life such as subjective well-being.

2.6 Subjective well-being

Conceptualisation of subjective well-being

Because happiness is a popular term that can refer to pleasant moods and emotions experienced at any given moment (positive affect), to general evaluations of life such as life satisfaction, or to subjective well-being. In contrast, subjective well-being is “an umbrella term used to describe the level of well-being people experience according to their subjective evaluations” (Diener & Ryan, 2001, p. 391). These evaluations, which can be both negative and positive, include judgements and feelings about life satisfaction, interest, engagement, affective reactions such as

joy and sadness to life events, and satisfaction with work, relationships, health, recreation, meaning, purpose and other important domains (Diener & Ryan, 2001). Subjective well-being carries the name subjective because, unlike the eudaimonic approach which specifies in advance the human potentials which we all have to realise, the subjective approach allows individuals to judge how their lives are going according to what themselves find important for happiness (Eid & Diener, 2004; Alexandrova, 2005). Thus subjective well-being is taken to encompass happiness both as experience and as an attitude due to the reflective endorsement sometimes called life satisfaction (Alexandrova, 2005). Subjective well-being also carries the word subjective, because, unlike the eudaimonic approach which specifies in advance the human potentials which we all have to realise, the subjective approach allows individuals to judge how their lives are going according to what they themselves find important for happiness (Khaneman, Diener, & Schwarz, 1999; Diener, 2002).

2.7 The components of subjective well-being

There are several components that make up the domain of subjective well-being. These include positive affect (which has happiness, joy and affection), negative affect (which has sadness, anxiety, stress and depression), domain satisfaction, such as general health, as measured by the General Health Questionnaire (Goldberg & Hillier, 1979) as well as satisfaction with life (satisfaction with current life, past and future life) as measured by the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985; Diener, Suh, Lucas, & Smith, 1999; Diener, Scollon, & Lucas, 2003). These components are moderately correlated with one another, and they are all conceptually related, yet each provides unique information about the subjective

quality of one's life (Diener, Scollon, & Lucas, 2003). Notably, only satisfaction with life and general health will be discussed in this review as per the focus of the study.

Satisfaction with Life

In the literature a major distinction is drawn between brief emotional episodes, periods of joy or acute happiness, and an underlying state of happiness (Diener, 2000, 2002; Diener, Scollon, & Lucas, 2003; Eid & Diener, 2004; White, 2007). This underlying state is conceptualised as a sense of satisfaction with one's life, both in general and in specific areas of one's life such as relationships, health, and work (White, 2007). It is this underlying state of happiness, a measure of subjective well-being that has been the focus of most current research as measured using the Satisfaction With Life Scale which was developed by (Diener, Emmons, Larsen, & Griffin, 1985). Life satisfaction involves the evaluation of person's life using global judgements (Diener, Scollon, & Lucas, 2003). This is on the suggestion that individuals can examine the conditions of their lives.

Subjective well-being is necessary for quality of life, but it is not sufficient for it as stated by (Diener & Tov, 2007). Subjective well-being is necessary because it is difficult imagining a life, no matter how positive in objective respects, that we would label as ideal if the individual experiencing that life was dissatisfied and depressed. Therefore subjective well-being is necessary for one to consider a life an ideal one (Diener & Scollon, 2003). Thus "subjective well-being is a complement to objective indicators, in part because people's choices are in part dependent on their feelings on well-being and their preconditions about what will enhance their subjective well-being" (Diener, 2002, p. 2). Thus, as stated by Diener, Suh, and Oishi (1997), a

person is said to have low subjective well-being if he or she is dissatisfied with life, experiences little joy and affection and frequently feels negative emotions such as anger or anxiety. Conversely, a person is said to have high subjective well-being if he or she experiences life satisfaction and frequent joy and only infrequently experiences unpleasant emotions such as sadness and anger. It should be noted however that it is the style of coping utilised by somebody in the face of unpleasant events that induces unpleasant emotions (Fredrickson, 1998).

Empirical research

The following paragraphs highlight some of the key important findings on the orientations to happiness and subjective well-being as measured by the Satisfaction With Life Scale (Diener et al., 1985). In a study conducted by Chan (2009) where the participants comprised of prospective and in-service teachers the three orientations to happiness correlated substantially and significantly with each other, with the exception of the correlation between the life of meaning and the life of pleasure, suggesting that that the two could be relatively independent (Peterson et al., 2005; Chan, 2009). The results from this study also indicated that teachers emphasised pleasure more than they did meaning, followed by engagement. This suggests that engagement as an orientation to happiness may be distinct from pleasure and meaning (Peterson et al., 2005; Park, Peterson, & Ruch, 2009; Chen, Tsai, & Chen, 2010). Also, findings indicated that teachers who endorsed the meaningful life orientation were found to possess greater life satisfaction and more positive emotions. On the other hand, the endorsement of an engaged life seemed to add significantly to the endorsement of a meaningful life to contribute positively to the experience of positive emotions (Peterson et al., 2005; Chan, 2009). Simply put, this suggests that a meaningful life might lead to a greater life satisfaction, a life of meaning and engagement

might lead to the experience of more positive emotions, and the engaged life might also help counter the experience of negative emotions, but teachers who accumulated all three alternative orientations to happiness could lead the most satisfying life as compared with teachers who emphasised only one orientation (Seligman, 2004; Martin, Perles, & Canto, 2010). The teachers could engage in activities that might help them find meanings in life and generate pleasure in them.

On the contrary, Peterson et al. (2005) found that each of the orientations to happiness predicted life satisfaction in a sample of adults. Besides Peterson et al. (2005), Rarick (2006) found a stronger relationship between meaning, pleasure and life satisfaction. The findings suggested that engagement was not a significant predictor of life satisfaction. The inconsistencies of the findings suggest that the perspectives held by the participants are unique to each context within which they functioned. However, what is important to note is that in order for people to have a good life, they should be high on pleasure, meaning, and engagement (Lyubomirsky, Kari, & Tucker, 1998; Seligman, 2004). Not only should they be high on the orientations to happiness but also on their general health which will be discussed below (Eid & Diener, 1999).

General Health

Conceptualisation of general health

The World Health Organisation (1946) defines health as a physical state of complete positive physical, mental, and social well-being and not merely the absence of disease and infirmity (World Health Organisation). This definition lucidly highlights that health is not only the

absence of disease which is usually taken to be equivalent to health, but it also includes mental health, happiness, purpose, positive relationships and positive accomplishment (Seligman, 2008). People desire well-being in its own right and they desire it above and beyond the relief of their suffering, therefore bringing about positive well-being may be one of the best arsenals against mental disorders (Cohen & Pressman, 2006; Seligman, 2008). General health, as also stated by Keyes and Annas (2009), reflects the positive components of psychological health that characterise individuals who feel good about life and function well. Feeling good and being satisfied about life are some of the factors that account for general health and not purely the absence of disease (Keyes & Annas 2009). This indicates the importance of focusing on the quality of people's life.

Measuring general health

According to the literature the concept 'quality of life' comprises several dimensions (Spilker, 1990; Doeglas, 2000). The most commonly evaluated dimensions of general health are the physical, the psychological and the social dimensions of quality of life (Pincus & Callahan, 1993). The physical dimension refers to the person's physical condition as a consequence of the disease; the social aspect reflects the patient's satisfaction with participation in social roles and social activities; the psychological aspect refers to the emotional evaluation of a particular situation, and this aspect is frequently operationalised as anxiety and depression (Blalock, Devellis, Brown, & Wallston, 1989; Pincus & Callahan, 1993). In order to assess the psychological aspect of quality of life the 28-item version of the General Health Questionnaire

(GHQ-28) is commonly used as an indicator of psychological well-being (this latter construct resembles the psychological dimension of quality of life) (Goldberg & Hillier, 1979; Sanderman & Stewart, 1990).

The General Health Questionnaire-28 assesses health across four scales, namely somatic symptoms, anxiety/insomnia, social dysfunction and severe depression (Goldberg & Hillier, 1979). Definitions of somatic symptoms rely on clinical judgment, and there is no gold standard (e.g., Heady, Kelley, & Wearing, 1993; Alloy, Riskind, & Manos, 2005). What is important to note is that people who show signs of somatisation have physical symptoms that they believe have a physical cause and they often remain highly distressed and have difficulty with normal family, social, and workplace functioning (Heady et al., 1993). A closely linked to somatic symptom is anxiety/insomnia and it has been well documented in the literature (e.g. Heady et al., 1993; Serin & Aydinoglu, 2011; Yuruk, 2011).

In general, anxiety can be defined as an emotional reaction, which is inherent in human beings, to the environmental and psychological events (Zaman, Atif, Shah, Ayub, & Farooq, 2010). Anxiety can be precisely defined as “a basic human mental agitation which comprises of fear and continuous worry with no solid motive for harassment in daily life” (Zaman et al., 2010, p. 212). Persons having the indications of anxiety always anticipate for disaster and cannot stop worrying regarding their health, family, education or children (Alloy et al., 2005). Moreover, several factors are considered that cause the anxiety among people such as a stressed environment which is considered a more prevalent cause (Pincus & Callan, 1993; Zaman et al., 2010). In relation to teachers, the most hostile circumstance that causes the anxiety is the stressful conditions under

which they work. One could suggest that the state of feeling dread is very unsubstantial in people having anxiety and at last it overcomes their thinking power and interferes in their everyday life (Seligman, 2008). Anxiety is not only associated with the emotions of human beings and affects the thinking power, but it also drives individuals to physical problems as well (Doeglass, 2000). Some of the physical symptoms of anxiety are excessive tension, unusual sweating, muscle tension and restlessness (Alloy et al., 2005; Zaman et al., 2010). In supplementary to these symptoms the people with anxiety disorder may have some other dread such as panic disorder, phobias and depression amongst others (Alloy et al., 2005).

This brings us to the other components of general health which are social dysfunction and depression. Beck (1976) asserts that social dysfunction is a consequence of depression, thus these two conditions should be explained simultaneously. Beck (1976), who explains depression in cognitive terms, puts forward that depressive individuals have a tendency to assess themselves, their environment and their future in a negative way, and have some cognitive distortions in their thinking” (p. 124). The negative attitude that develops prevents individuals from acting in society effectively and getting satisfied with their lives and this can be related to teachers as well (Serin & Aydinoğlu, 2011). Teachers suffering from depression are most likely to lack the psychological power to overcome their everyday difficulties that they encounter as teachers.

Therefore, in relation to subjective well-being, general health has been shown to be closely associated with measures of subjective well-being (Diener, 2000). There is extensive evidence of correlations between subjective well-being and general health (Arrindell, Heesink, & Feij 1999;

Diener, 2000; Sirgy & Wu, 2009; Diener & Chan, 2011). A study conducted by Eid and Diener (1999) found that subjective well-being was a significant predictor of mental health levels. Having shown that subjective well-being is affected by long-term situational factors, and that subjective well-being is closely associated with positive outcomes, researchers in positive psychology have focused on how to increase the levels of subjective well-being (e.g., Synder, 2002; Seligman, 2006). Inglehart (1990) has shown that meeting the needs of people such as education and health status, had strong effects on their subjective well-being. Health is a precondition of happiness. In other words, healthy people have more happy resources (Diener, 2002). People who are satisfied with their health report high happiness levels than those who are unsatisfied with their health.

With the preceding discussion above on the orientations to happiness, subjective well-being and general health a useful theoretical background from which to understand how positive emotions may play a crucial role in the process of teaching is discussed below.

2.8 Theoretical framework

The Broaden-and-Build Theory of positive emotions

A useful framework with which to understand why and how positive emotions may be useful in the coping process when faced with unfavourable life events such as work pressure and challenging tasks is the Broaden-and-Build theory of positive emotions that was proposed by (Fredrickson, 1998, 2001). This theory is relevant because a variety of factors have been identified as comprising the occupational stress that teachers encounter that may require the use of positive emotions. These factors include: interpersonal demands, the diversity of tasks

required, administrative red tape (Chan, 2001); lack of support, lack of resources provided, lack of personal recognition (Pithers, 1995); work load and time pressure (Chan, 1998). When teachers feel their outlay in their students, colleagues, and schools are greater than the outcomes the teachers believe, they are likely to experience emotional, psychological and professional consequences (Chan, 1998; Mearns & Cain, 2002).

All these stressors may lead to burnout. With teaching or with work in general, burnout has been linked to negative affective and professional consequences, including emotional exhaustion, depression and impaired occupational functioning, and dissatisfaction with one's career choice (Mearns & Cain, 2002). However, research suggests that high levels of job stress do not always lead to burnout (Pithers, 1995). Therefore, it is important to explore some of the ways that teachers and people in general may use to buffer themselves from the negative effects of job stress and negative life events by particularly using the broaden and build theory (Fredrickson, 2001).

Being able to move on despite negative stressors does not demonstrate luck on the part of those successful individuals but demonstrates a concept known as resilience (Tugade & Fredrickson, 1998; Fredrickson, 2000, 2004). As defined by Lazarus (2003) resilience refers to effective coping and adaptation although faced with hardships or adversity. Evidence suggests that high-resilient people proactively cultivate their positive emotionality by strategically eliciting positive emotions through the use of humour (Lyubomirsky et al., 1998; Seligman, 2004; Rarick, 2006), and optimistic thinking (Luthans, Avio, Avey, & Norman, 2007). Positive emotionality then

appears as an important constituent of psychological resilience and coping under stressful circumstances (Tugade & Fredrickson, 2004).

Positive emotions can regulate the negative emotions associated with teaching

According to broaden-and-build theory, negative emotions narrow ones momentary thought-action repertoire by preparing one to behave in a specific way (e.g., attack when angry). In contrast, various judicious positive emotions (e.g. joy, contentment) broaden ones thought action repertoire, expanding the range of cognitions and behaviours that come to mind (Fredrickson, 2001; Tugade & Fredrickson, 2004). So, in relation to the teachers having broadened mindsets, in turn, builds their physical, intellectual, and social resources, as a result the perspective on positive emotions in the midst of stress are able to benefit from their broadened mindsets and successfully regulate their negative emotional experiences (Fredrickson, 2000). This suggests that in instances where the teachers are subjected to a stressful event be it at work or in other life domains, generating a positive outlook in the midst of that negative encounter is likely to reduce experiencing of the frustrating and stressful event.

Positive emotions function as a remedy for the enduring effects of negative emotions which are counteractive to happiness. In other words, positive emotions might “undo” the after effects of negative emotions; called the undoing hypothesis and this mostly occurs through the process of cultivating broadened thought-action repertoires that allow a particular individual to deal with a negative emotion that has gained on that person’s mind and body by dismantling the preparation

for a specific action (Fredrickson & Levenson, 1998; Fredrickson, 2000; Tugade & Fredrickson, 2004).

This is aligned with the undoing effect of negative emotions (such as anger and fear) (Fredrickson & Levenson, 1998; Fredrickson, 2000). By facilitating cardiovascular recovery from negative emotions, positive emotions (such as joy) might also assist resilient people discern other emotion regulation possibilities by broadening their range of ensuing thoughts and actions (Fredrickson, 2000). The new experiences of positive emotions enhance future coping behaviour creating an upward spiral towards enhanced well-being (Fredrickson, 2002; Fredrickson & Joiner, 2002). Those experiencing positive affect show increased fondness for assortment and identify a broader array of behavioural options to deal with certain events and also have an expanded attention and cognition (Fredrickson, 2001). Whereas, negative emotions have long been known to narrow people's attention making them miss the forests for the trees.

2.9 Summary

This chapter explores the, conceptualisations and definitions of happiness, subjective well-being and general health and some of the research related to orientations to happiness, subjective well-being and general health. It also offers a theoretical background of Fredrickson's Broaden-and-build theory of positive emotions. The next chapter focuses on the research methodology and design used to execute the research.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter highlights how the research problem was explored, with specific reference made to how the participants were selected and the procedure followed to gather the data. Furthermore, ethical considerations are addressed; the measuring instruments and their psychometric properties are discussed. The chapter concludes with the statistical techniques utilised for the data analysis.

3.2 Research method and design

The quantitative survey method was adopted in this research. Quantitative research involves the counting and measuring of events and performing the statistical analysis from a body of numerical data (Howit & Cramer, 2003). The specific design that was used in this study was cross-sectional. This implies that the sample was drawn from the population at a specific time and point (Huysamen, 1994). This approach has implications for the choice of method of data collection, data analyses and inference (Mouton & Marais, 1990). Questionnaires with established reliability and validity were used to obtain quantitative data using correlational survey method.

3.3 Participants

A non-probability purposive sample of teachers was used in the current study. This is a non-probability technique in which a sample of participants is based on their specific knowledge and greater insights into the research area (Howitt & Cramer, 2003). Therefore, a purposive sample was used for this study because my specific target was teachers and they are knowledgeable and informative about the phenomena being investigated (McMillan & Schumacher, 2006). Non-probability sampling does not involve elements of randomisation and not each potential respondent has an equal chance of participating in the research. The power and logic of purposive sampling is that a few cases studied yield many insights about the topic (McMillan & Schumacher, 2006). Some of the advantages of utilising a non-probability sample lie in the fact that it is cost-effective and less time consuming. All the teachers from the 15 schools were

invited to participate, with 250 questionnaires being distributed, and (N = 175) being returned, resembling a high response rate of 70%.

The final sample comprised of both male and female teachers. Of the participants, there were 49 males (28%) and 126 females (72%). Most of the teachers (20%) were 26-30 years old. Nineteen percent were 36-40 years old, 16% were 31-35 years old, and 14.9% were 41-45 years old. Thirteen percent came from the 46-50 age group, 10.3 % from the 21-25 age group and 74% from the 51 and older age group. With regard to their religion, 98.3% were Christians and 1.7% fell under the other category such as Judaism.

Most of the teachers (37%) had worked as teachers for 15 years and over, 20 % had worked for 2-5 years, 18.3% had worked as teachers for 11-15 years and 6-10 years, which represents a fairly equal number. 6.3%, had worked for less than a year. Of the teachers, 103 were primary school teachers (58.9%) and 72 (41.1%) were high school teachers.

Of the sample, most of the teachers (42.3%) had a diploma in Education as their highest qualification. It should be noted however, that, these teachers were largely primary school teachers. Thirty four percent had Degrees in Education, 14.9% had other qualifications (Certificate), 4.6 % had Honours degrees in Education and 3.4% had Masters Degrees in Education as their highest qualification. With regards to their current positions, 85.7% were general teachers, 9.7% were Head of Departments and 4.6% were Deputy Principals. Table 1 gives the characteristics of the teachers.

Table1***Demographic characteristics of the teachers***

Characteristics	Frequency	N	%
Gender			
Male	49	175	28.0
Female	126	175	72.0
Age group			
21-25	13	175	7.4
26-30	35	175	20.0
31-35	28	175	16.0
36-40	33	175	18.9
41-45	26	175	14.9
46-50	22	175	12.6
51+	18	175	10.3
Religion			
Christian	172	175	98.3
Other	3	175	1.7
Years spent in teaching profession			
Less than 1 year	11	175	6.3
2-5years	35	175	20.0
6-10 years	32	175	18.3
11-25 years	32	175	18.3
15 years +	65	175	37.0
Primary or High school teacher			
Primary	103	175	58.9
High	72	175	41.1

Teaching qualification obtained

Masters in Education	6	175	3.4
Honours in Education	8	175	4.6
Degree in Education	60	175	34.3
Diploma in Education	74	175	42.3
Other	26	175	14.9

Position held

Teacher	50	175	85.7
Head of department	17	175	9.7
Principal	-	175	-
Vice principal	8	175	4.6

N, number of teachers.

3.4 Research instruments

Three questionnaires were identified as the primary data collection tools and were used to collect quantitative data. In addition, an independent questionnaire with demographic characteristics was administered to obtain general information on the participants.

Biographical Questionnaire

Demographic characteristics were collected from each participant including gender, age, religion, number of years spent in the teaching profession, whether they were primary or high school teachers, teaching qualification possessed, and their current position in the teaching and education fraternity (see Appendix A).

Orientations to Happiness Questionnaire (OHS)

The Orientations to Happiness Questionnaire (OHS) was developed by Peterson et al., (2005). It consists of 18 items reflecting each of the 3 orientations to happiness (see Appendix B). Each item requires a respondent to answer on a 5-point Likert scale the degree to which the item applied (“1 very much like me” through “5 very much like me”). Statements referring to pleasure (e.g., “I love to do things that excite my senses”) and meaning (e.g., “My life serves a higher purpose”) resemble those used in previous research contrasting hedonic versus eudemonic orientations (cf. King & Napa, 1998; McGregor & Little, 1998). Items measuring engagement (e.g., “I am always very absorbed in what I do”) were based on Csikszentmihalyi’s (1990) characterisation of the flow state. Each factor or orientation has six questions that were determined to be appropriate based on their face validity by the authors (Peterson et al., 2005). Statements of pleasure, meaning and engagement resemble those used in previous research contrasting hedonic vs. eudemonic orientations (McGregor & Little, 1998). Internal consistencies of the 3 subscales indicated pleasure ($\alpha= 0.84$), meaning ($\alpha= 0.88$) and flow or engagement ($\alpha= 0.77$) respectively as indicated by previous research (e.g., Martin, Perles, & Canto, 2010).

General Health Questionnaire (GHQ-28)

The General Health Questionnaire was developed by Goldberg and Hillier (1979). The GHQ-28 consists of four 7-item scales: somatic symptoms, anxiety and insomnia, social dysfunction and severe depression (see Appendix C). The four subscales measure mental health on four dimensions 1) somatic symptoms (e.g., felt that you are ill); 2) anxiety and insomnia (e.g., felt constantly under strain); 3) social dysfunction (e.g., been taking longer over the things you do) and 4) severe depression (e.g., felt that life isn't worth a living) (Goldberg & Hillier, 1979). Each item requires a respondent to answer on a 4-point Likert-type scale (“no more than usual”, “rather more than usual”, “much more than usual”). The GHQ-28 has been consistently shown to have good internal and test-retest reliability and validity and it is a widely used instrument (Goldberg & Williams, 1998; van Rensburg, 2003). Van Rensburg (2003) obtained alpha coefficients of ($\alpha= 0.85$) (somatic symptoms), ($\alpha= 0.92$) (anxiety/insomnia), ($\alpha= 0.78$) (social dysfunction), ($\alpha= 0.82$) (severe depression) and ($\alpha= 0.93$) (general health total). The GHQ-28 has been consistently shown to have good internal and test-retest reliability and validity and it is a widely used instrument (Goldberg & Williams, 1998).

Satisfaction With Life Scale (SWLS)

The Satisfaction With Life Scale (SWLS) was developed by Diener et al., (1985). This SWLS consists of five items, which measure the individual's evaluation of satisfaction with life in general (e.g. “I am satisfied with my life” and “If I could live my life over, I would change

almost nothing”). Respondents select one of seven options on a 7-point Likert scale (ranging from 1= “strongly disagree” to 7= “strongly agree”) from each question. Responses are averaged to provide a total life satisfaction score for each participant. Research has established acceptable psychometric properties of SWLS and it has indicated a reliability of ($\alpha= 0.87$) (Peterson et al., 2005; Diener, 2007; Martin et al., 2010).

3.5 Procedure

The questionnaires were accompanied by a covering letter and a consent form explaining the nature and purpose of the research and assuring respondents of absolute confidentiality. The rationale behind providing clear instructions and assuring confidentiality of information is based on the fact that this significantly reduces the likelihood of obtaining biased responses (Sekaran, 2003). A total of 15 schools were used for this study, specifically, 10 Primary schools and 5 High schools. Administrative staff members who had been enlightened about the purpose of the study were assigned to distribute and collect the questionnaires. The process of distribution and collection of the questionnaires was conducted over a period of two weeks. A total of 250 questionnaires were distributed to the teachers at the various schools, with 175 fully completed questionnaires being returned. All responses were analysed using the Statistical Package for the Social Sciences (SPSS version 18.0, 2010).

3.6 Ethical considerations

Permission was granted from the Principals of the various schools to conduct the research study on orientations to happiness and subjective well-being on their teachers. The agreement in

conducting the research study is that the results would be available to the University's research team only and would not be made public. Attached to the questionnaires that were distributed was a consent form that informed participants about the purpose of the research, the fact that their names remained anonymous and participants were allowed to withdraw their information at any time indicated the voluntary nature their participation. Questionnaires will be stored for a maximum of 5 years; thereafter they will be shredded and discarded.

3.7 Statistical methods

For the purposes of testing the research questions, a number of statistical techniques were employed. These included both descriptive and inferential statistical techniques. The data were analysed with the use of the Statistical Package for the Social Sciences (SPSS version 18.0, 2010).

Firstly descriptive statistics were used. Descriptive statistics describe the phenomena of interest (Sekaran, 2003) and is used to analyse data for classifying and summarising numerical data. It includes the analysis of data using frequencies, dispersions of dependent and independent variables and measures of central tendency and variability, and helps the researcher to obtain a feel for the data (Sekaran, 2003). The mean, standard deviation, kurtosis, skewness and Cronbach alphas were primarily used to describe the data obtained from the Orientations to Happiness Questionnaire (OHS), Satisfaction With Life Scale (SWLS) and General Health Scale (GHQ-28).

Secondly, a Principal Component Analysis with a varimax rotation was performed to see whether there was a relationship between the four factors of the scale (as stated by Goldberg & Hillier, 1979), and whether the four factors would hold to a Swazi population (Pallant, 2010). The 28 items of the GHQ total scale can be divided into four subscales (7 items in each) to derive at the four factors (Goldberg & Hillier, 1979). PCA is a procedure, which explains the variables by reducing them to a limited number of components and therefore regarded as a powerful statistical tool (Pallant, 2010).

Thirdly, for the purposes of determining whether a relationship existed between the three orientations to happiness (pleasure, meaning, and engagement), satisfaction with life and general health (somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression), the Pearson product-moment correlation coefficient was used. It provides an index of the strength, magnitude and direction of the relationship between the orientations to happiness, general health and subjective well-being (Sekaran, 2003). The Pearson product-moment correlation coefficient was, therefore, suitable for the purposes of this present study, since the study attempted to describe the relationship between these three variables.

Lastly, multiple regression analysis was conducted to explore how pleasure, meaning, and engagement (as three orientations to happiness) maybe involved in predicting the variance in satisfaction with life in this study. In this study predictor variables were; age, gender, and the three subscales (pleasure, meaning, engagement) of the Orientations to Happiness Questionnaire, and the criterion variable was Satisfaction With Life. To examine the relationship between and the orientations to happiness, and satisfaction with life a hierarchical multiple regression analysis

was conducted, entering the variables in the following steps: demographic variables in the first step (age, gender), in the second step by the three orientations to happiness subscales (pleasure, meaning and engagement) with satisfaction with life as the criterion variable.

3.8 Summary

This chapter described the quantitative cross-sectional research design that was employed in the study. It also described the research instruments that were used to gather data, that is, the biographical questionnaire, Orientations to Happiness Questionnaire (OHS), Satisfaction With Life Scale (SWLS) and (General Health Questionnaire) GHQ-28. It also gives the characteristics of the teachers, descriptive statistics, PCA, correlations, and hierarchical multiple regression analyses which are the statistical techniques that were used to analyse the data.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter focuses on the results obtained from the statistical analyses of the data obtained. The descriptive and inferential statistics generated for the sample are provided in the sections that follow.

4.2 Descriptive statistics

Table 2 reports the descriptive statistics for all the measures used in this study. The scores of the Orientations to Happiness (OHS), Satisfaction With Life (SWL), and General Health (GHQ-28) have a normal distribution. Cronbach alpha coefficients were used as an estimate of reliability for all the measuring instruments. Cronbach alpha coefficients for the orientations to happiness were: pleasure ($\alpha = 0.7$), ($\alpha = 0.7$) for meaning, engagement ($\alpha = 0.4$) and ($\alpha = 0.80$) for the Total Orientations to Happiness Questionnaire. With regards to satisfaction with life, the SWLS had a reliability of ($\alpha = 0.74$). In relation to general health, the GHQ-28 scales showed the following reliabilities: somatic symptoms ($\alpha = 0.7$), anxiety/insomnia ($\alpha = 0.84$), social dysfunction ($\alpha = 0.7$), severe depression ($\alpha = 0.81$), and the Total GHQ-28 had a reliability of ($\alpha = 0.85$). These correlations are all acceptable according to (Nunnally & Bernstein, 1994).

Table 2

Descriptive statistics.

Variable	Minimum	Maximum	Mean	SD	Skewness	Kurtosis	α
Meaning	17	35	27.40	4.45	-0.14	-0.96	0.70
Pleasure	8	35	23.39	4.97	-0.13	0.12	0.70
Engagement	12	28	19.58	3.44	0.63	-0.30	0.44
Total OHS	42	85	62.42	8.70	0.33	-0.48	0.80
Satisfaction with life	6	35	21.04	6.39	-0.54	-0.54	0.74
Somatisation	7	29	12.66	4.25	0.86	0.65	0.70
Anxiety	7	27	12.11	4.34	0.99	0.60	0.84
Social dysfunction	7	24	13.04	3.32	0.65	0.18	0.70
Severe depression	7	27	8.55	3.34	2.74	8.61	0.81
Total GHQ-28	29	92	47.06	11.29	0.89	0.86	0.85

N, number of respondents; α , Cronbach alpha coefficients; SD, standard deviation.

4.3 Principal Component Analysis

To examine its internal consistency and the factor structure of the instrument, Principal Component Analysis (PCA) with varimax rotation confirmed the four-factor model for the questionnaire, thus confirming the four-factor model of Goldberg & Hillier, 1979. However, there were several differences that were revealed as indicated by the PCA. PCA is a procedure, which explains the variables by reducing them to a limited number of components (Kiers, 1990).

As mentioned earlier, the 28 items of the GHQ total can be divided into four subscales (7 items each). In the present study the four factors explained 46.7% of the variance. A loading score of

0.3 was used as the cut-off score for assigning items to a factor and items were assigned to the factor to which they revealed the highest loading. The factorial matrix (Table 3) highlights some of the differences revealed by the analysis.

The items of the subscale somatic symptoms have a tendency to fall apart into two dimensions. The first five items (1-been feeling perfectly well and in good health, 2-been feeling in need of a good tonic, 3-been feeling rundown and out of sorts, 4-felt that you were ill, 5-been getting pains in your head) contain low loadings on the predicted component, i.e. subscale anxiety/insomnia. These results were comparable to Nagyova, Szilasiova, Stewrat, Van Dijk, and Van de Haurel's (2000) findings. The remaining two items of the original subscale somatic symptoms (items 6, 7, feeling pressure in your head, been having hot or cold spells) contain high loadings on the predicted component, i.e. subscale somatic symptoms. Apart from the above mentioned items, three items are incorrect (that is, the highest loading is not on the predicted component, but on another not predicted component, Nagyova et al. (2000)- (items 13, found everything on top of you , item, 14- been feeling nervous and strung-up all the time, item 17- felt that you were doing things well). Items 13 and 14 contain high loadings on social dysfunction instead of anxiety/insomnia. Item 17 on the other hand contains high loadings on somatic symptoms instead of social dysfunction. With quite a number of items loading on to anxiety/insomnia this may suggest that anxiety is a core phenomenon of psychological distress. For more detailed information on the GQH-28 (see Appendix C).

Table 3

Loadings (item-component correlations) of the 28-items in the Swazi sample (N=175) as obtained by PCA.

Components

	1	2	3	4
Item1				
Item2	.502	.158	-.129	.040
Item3	.548	.174	.144	.092
Item4	.737	-.022	.156	.285
Item5	.662	-.150	.321	.237
Item6	.457	.007	.232	.653
Item7	.412	.164	.121	.567
Item8	.633	.169	.104	.115
Item9	.688	.120	.156	-.038
Item10	.502	.158	-.129	.040
Item11	.537	.016	.307	-.067
Item12	.415	.292	.334	-.045
Item13	.319	.091	.704	.051
Item14	.240	.135	.728	.029
Item15	.147	.083	.301	.124
Item16	.099	.047	.622	.207
Item17	.040	.004	.350	.564
Item18	.361	.352	.541	.144
Item19	.213	.377	.606	.155
Item20	.277	.256	.583	.124
Item21	.218	.134	.329	-.038
Item22	.233	-.542	.346	.108

Item23	.379	-.448	.206	-.105
Item24	.584	-.663	.141	.193
Item25	.479	-.708	.115	.111
Item26	.483	-.632	.193	.161
Item27	.503	-.682	.247	.150
Item28	.183	-.633	.193	.161

Note: Items 1-7 somatic symptoms, 8-14 anxiety/insomnia, 15-21 social dysfunction, 22-28 severe depression.

4.4 Correlations among variables

In accordance with the main aim of the study, the study used a Pearson product-moment correlation coefficient in order to determine the strength of the relationship between the orientations to happiness, satisfaction with life and general health. The correlations are presented in Table 4.

Table 4

Intercorrelations among measures (N=175)

	1	2	3	4	5	6	7	8	9
1. Pleasure	-								
2. Meaning	0.30†**								
3. Engagement	0.62‡***	0.45†**							
4. Total OHS	0.81‡***	0.77‡***	0.70‡***						
5. SWL	0.18*	0.11	0.171*	0.91‡***					
6. Somatisation	-0.01	-0.07	-0.05	-0.04	-1.34**				
7. Anxiety	-0.05	-0.04	-0.07	-0.04	-0.20**	0.60‡***			
8. Social dysfunction	-0.08	-0.21*	-0.16*	-0.17*	-0.62‡***	0.33†**	0.32†**		
9. Severe depression	0.27	-0.11	-0.03	-0.05	-0.29**	0.47†**	0.30†**	0.30†**	
10. Total GHQ	-0.09	-0.13	-0.15	-0.16*	-0.13**	0.80‡***	0.83‡***	0.62‡***	0.68‡***

1(Pleasure), 2(Meaning), 3(Engagement), 4(Total OHS) 5(Satisfaction With Life) 6(somatic symptoms), 7(anxiety/insomnia), 8(Social dysfunction), 9(severe depression), 10(Total GHQ-28); †, practically significant (medium effect < 0.30); ‡, practically significant (large effect < 0.50). (*p < .05 (2-tailed), **p < .001 (2-tailed).

Table 4 indicates that meaning was practically, significantly related to pleasure (medium effect) (p<0.05). Engagement was practically, significantly related to pleasure (large effect) and meaning (medium effect) (p<0.001). The total orientations to happiness were practically, significantly related to pleasure, meaning, and engagement (large effect) (p<0.001). Satisfaction with life (total) was significantly related to pleasure, engagement (p<0.05) and total orientations to happiness (large effect) (p<0.001).

Somatic symptoms and anxiety/insomnia were not statistically related to pleasure, meaning, engagement and orientations to happiness (total). Somatic symptoms were significantly, negatively related to satisfaction with life ($p < 0.05$). Anxiety/insomnia was statistically, negatively related to satisfaction with life ($p < 0.05$). In addition, anxiety/insomnia was practically, significantly related to somatic symptoms (large effect) ($p < 0.001$). Social dysfunction was significantly, negatively related to meaning, engagement, and total orientations to happiness ($p < 0.05$). Furthermore, social dysfunction was practically, significantly related to somatic symptoms and anxiety/insomnia (medium effect) ($p < 0.001$). Severe depression was not significantly related to pleasure, meaning, engagement and total orientations to happiness. Severe depression was however significantly, negatively related to satisfaction with life ($p < 0.05$). In addition, severe depression was, practically, significantly related to somatic symptoms, anxiety/insomnia and social dysfunction (large effect) ($p < 0.001$). General health (total) was not significantly related to pleasure, meaning and engagement. General Health (total) was significantly, negatively related to total orientations to happiness ($p < 0.05$) and to satisfaction with life ($p < 0.001$). General health (total) was negatively, significantly related to satisfaction with life ($p < 0.05$). Furthermore, general health (total) had a practical, negative significant relationship to somatic symptoms, anxiety/insomnia, social dysfunction and severe depression (large effect) ($p < 0.001$).

4.5 Predicting life satisfaction using multiple regression analysis.

Multiple regression analysis considered the effect of the independent variables (age, gender and orientations to happiness) on the dependent variable satisfaction with life as measured by the SWLS. The results are reflected in Table 5. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity. Specifically, to examine more closely how the three orientations to happiness could contribute independently or interactively satisfaction with life, after controlling for gender and age a hierarchical multiple regression analysis was conducted to predict satisfaction with life. For each of the criterion measures (orientations to happiness) the regression analysis was conducted in 2 steps using the 'enter' procedure. Variables were entered in the following steps. Step1 used demographic variables (age, gender). These variables were included so as to compare the findings to (Peterson's et al., 2005). These variables explained 0.04% of the variance in satisfaction with life. In step 2, after the entry of orientations to happiness and after controlling for age, gender, the total variance explained an additional 13.2%, $R^2 = .132$ ($F(9, 144) = 2.432$, $p < 0.05$). Table 5 shows that orientations to happiness are predictive of satisfaction with life. From the analysis pleasure was the only significant predictor of satisfaction with life, possessing the highest predictive value ($\Delta R^2 = 0.58$, $\beta = .189$). This indicates that there was a stronger relationship between pleasure and not meaning and engagement, that contributing to the difference between the highest Beta weight offered by pleasure and not meaning ($\beta = 0.71$) and engagement ($\beta = 0.29$). All in all, the overall regression was significant, and this indicates that the orientations to happiness explained significantly more variance in satisfaction with life beyond that explained by age and gender. The significant predictor for satisfaction with life was

pleasure ($\beta = .189, p < .05$), suggesting that teachers who endorsed a life of pleasure were likely to have high satisfaction with life.

Table 5

Summary of the multiple regression analyses for the prediction of SWB using ordered blocks of demographic variables, general health, and the orientations to happiness and their interactions (N= 175).

Variable	B	SE B	β	R ²	F	ΔR^2	F change
Step1				.004			
Age	-.187	.30	-.050				
Gender	.710	1.29	.058				
Step2				.132	3.188	.058**	.026*
Meaning	.155	.148	.071				
Pleasure	.251	.131	.189*				
Engagement	.056	.203	.029				
Total OHS	.263	.321	.113				

Dependent Variable: SWB, * $p < 0.05$, ** $p < 0.01$ (2-tailed). F, F-test or F statistic; SE, Standard error, R², the proportion of variance in one variable accounted for by the other variable; p, probability value.

4.6 Summary

This chapter has presented findings from descriptive statistics, Principal Component Analysis, correlations, and hierarchical multiple regression as per the objectives of the study. The next chapter offers a discussion of the findings.

CHAPTER 5

DISCUSSION

5.1 Introduction

This chapter provides a discussion of salient research findings emanating from the research. In order to contextualise the research, comparisons are drawn with available literature on orientations to happiness, satisfaction with life and general health.

5.2 Discussion

The present study was directed at investigating the relationship between orientations to happiness and subjective well-being (as measured by satisfaction with life) among teachers in Swaziland using a cross-sectional design. The question seemed to be relevant when considering the scarce studies about the orientations to happiness and subjective well-being in Swaziland. The results of this study served to expand on previous findings about three orientations to happiness to Swazi teachers. Secondly, it attempted to determine whether there was a relationship between orientations to happiness, satisfaction with life and general health. Lastly, it also attempted to determine whether pleasure, meaning and engagement could predict satisfaction with life.

The first objective of the study was to conceptualise the different constructs from the literature review. Firstly the focus was on happiness. For the purpose of this study happiness was viewed as “pleasant moods and emotions experienced at any given moment (positive affect), to general evaluations of life” (Diener & Ryan, 2006, p. 391).

Happiness acts as a synonym for the ‘good life’, living a good life, and being fundamental to the good life is being happy (Daniel, 2009). In order to study happiness empirically Seligman (2002) dissected the term into definable orientations to happiness, into three components: positive emotions (pleasure), meaning, and engagement.

The second construct was subjective well-being. Subjective well-being was conceptualised as a word used to describe the level of well-being people experience according to their subjective evaluations (Diener & Ryan, 2001). It carries the word subjective because individuals judge how their lives are going according to what themselves find important for happiness (Alexandrova, 2005). These evaluations, which can be both negative and positive, include judgements and feelings about life satisfaction, health and meaning among others life domains (Diener & Ryan, 2001).

Thirdly, the focus was on satisfaction with life. Life satisfaction involves the evaluation of person’s life using global judgements (Diener, Scollon, & Lucas, 2003). This is based on the suggestion that individuals can examine the conditions of their lives. It is an underlying state of happiness that provides a sense of life satisfaction with one’s life and specific areas such as health and work (Diener, 2000; Diener, Scollon, & Lucas, 2003; White, 2007).

The last construct was general health. General health was conceptualised as a physical state of complete positive physical, mental, and social well-being and not merely the absence of disease and infirmity (World Health Organisation, 1946). This definition lucidly highlights that health is not only the absence of disease which is usually taken to be equivalent to health, but it also

includes mental health, happiness, purpose, positive relationships and positive accomplishment (Seligman, 2008).

Based on descriptive statistics, the psychometric properties of the Orientations to Happiness questionnaire (OHS), the Satisfaction With Life Scale (SWLS) and the General Health Questionnaire (GHQ-28) were presented. The Cronbach alpha coefficients (α) were used as estimates of the reliability of all the instruments used in the study and found them acceptable compared to the guideline of $\alpha \geq 0.70$ (Nunnally & Bernstein, 1994).

The Cronbach alphas for the OHS subscales were 0.70 for pleasure, 0.70 for meaning and 0.4 for engagement. These findings were slightly lower than those of Peterson et al., 2005; Martin, Perles, & Canto, 2010. It should be noted that the engagement scale also showed a low reliability in a study conducted by (Rarick, 2006). The Cronbach alpha for the SWLS was 0.74, and this compares favourably with Martin, Perles, and Canto (2010) as well as (Rarick, 2006). The GHQ-28 subscales were also found to be reliable. The Cronbach alphas for the GHQ-28 were 0.70 for somatic symptoms, anxiety/insomnia 0.84, social dysfunction 0.70, and 0.80 for severe depression. These findings are slightly lower than those of (Goldberg & Hillier, 1979; van Rensberg, 2003).

A Principal Component Analysis (PCA) was carried out in order to re-examine the structure of the GHQ-28 in a different sample. The four factor solution accounted for 46% of the variance. These results were satisfactory and comparable to those of the original scale of Goldberg & Hillier, 1979. However, a more detailed inspection of the item-scale correlations (loadings) does

present several differences. The items of the subscale somatic symptoms have a tendency to fall into two dimensions. The first five questions, which may be described as general illness ratings, contain high loadings on the not predicted component, that is, subscale anxiety/ insomnia, whereas the remaining two questions 6 and 7 (been getting a feeling of tightness or pressure in your head, been having hot or cold spells) have high loadings on the on the predicted component, that is, subscale somatic symptoms. A number of considerations may explain the results. To a certain extent the higher percentage of females in the sample may account for this finding. As stated by Goldberg & Williams, 1998; Nagyova et al., (2000), women have a tendency to score significantly higher on the subscale somatic symptoms of the GHQ-28. Another reason that might be considered is the different context in which they function. The western context from which the GHQ-28 was developed is different from a non-western one that is characterised by pitiable living and working conditions (Stronkhorst, 2001).

With regards to the relationships of the various factors, the Pearson product-moment correlation coefficients were used to identify the relationship between orientations to happiness, satisfaction with life and general health. The rather high correlations between the orientations to happiness subscales indicate the interrelatedness of the subscales, and these findings are in line with existing publications on orientations to happiness questionnaire (e.g. Peterson et al., 2005; Rarick, 2006). The same holds for the high correlations between the subscales and the total orientations to happiness scale, indicating the unidimensionality of the instrument as stated by (Peterson et al., 2005; Rarick, 2006; Chan, 2009).

The results further indicated that there was a relationship between orientations to happiness and satisfaction with life (as the OHS, and SWLS measure). This relationship has been investigated by various other researchers and it is clear that teachers who endorse these orientations to happiness have high life satisfaction (Seligman, 2002; Peterson et al., 2005; Chen, Tsai, & Chen, 2010). Pleasure and engagement had a significant relationship with satisfaction with life. Previous studies (e.g., Peterson et al., 2005; Rarick, 2006; Martin et al., 2010; Chen et al., 2010) confirm the finding that there is a positive relationship between pleasure and satisfaction with life. Engaging in pleasurable activities induces positive emotions such as satisfaction and this inducement of positive emotions has been found and documented to buffer against anxiety, depression and other illnesses (Seligman, 2000). Teachers who are able to cultivate and use positive emotions to cope when stressed can obtain satisfaction with life.

In relation to the relationship between general health subscales and orientations to happiness subscales, somatic symptoms, anxiety/insomnia, and severe depression were not significantly related to pleasure, meaning and engagement implying that teachers who suffer from general illnesses such as anxiety and depression may not be happy with their lives since they are not directed to a life of pleasure, meaning or engagement. However, the results did indicate a negative relationship between somatic symptoms, anxiety/insomnia, severe depression and satisfaction with life. The negative relationship between somatic symptoms, anxiety/insomnia, depression and satisfaction with life is confirmed by (Nagyova et al., 2000; Alloy et al, 2005). This result suggests that teachers who have high levels of anxiety have low life satisfaction. As stated and supported by Alloy et al., (2005) and Seligman, Shulman, DeRubeis and Hollon (1999) anxiety disorders impact on the general and psychological well-being of people.

Therefore, teachers who suffer from anxiety disorders such as panic attacks are as a result of low happiness and satisfaction with life (Alloy et al., 2005).

In addition, the results suggest that teachers who have low life satisfaction lack a sense of pleasure, meaning and engagement in their work and consequently suffer from anxiety related illnesses and this can be because of the perceived and actual stress that they experience in their daily job of teaching. This overture is supported by several researchers (e.g., Seligman, Schulman, DeRubeis and Hollon, 1999; Ahumada, Rios-Alvarez, Luna, & Castillo, 2011).

As asserted by Nagyova et al. (2000) and Alloy et al. (2005), somatic symptoms such as suffering from headaches and feeling run down as well as anxiety/insomnia symptoms such as having difficulties in falling asleep, getting edgy and bad-tempered are as a result of the social conditions in which the teachers are embedded. These symptoms are triggered by anxiousness, frustration and worry about unfavourable working conditions and life circumstances (Alloy et al., 2005). This statement that is provided by Alloy et al. (2005) holds for these results because of the current negative state of affairs in the country that has implications to civil servants and more specifically to teachers. The economic collapse in Swaziland has led to the heightened anxiety experienced by the teachers. Teachers are being threatened with salary cuts so as to rebalance the fiscal or economic state of the country. Thus, teachers are worried about several life circumstances as they are continually expecting the worst to happen. As stated by Alloy, Riskind and Manos (2005) this psychological condition spills over into their cognitive and physiological functioning, and they have difficulty concentrating and typically suffer from insomnia thus impeding on their psychological well-being. The challenges that are facing the Ministry of Education in Swaziland make it more impractical for the teachers to engage and enjoy their

work. Several demonstrations have occurred over the preceding months by teachers to show their grievances against the unfavourable situations that they as teachers. This indicates how dissatisfied the teachers are with their jobs and this has had negative health consequences such as suffering from social dysfunction.

With regards to social dysfunction, social dysfunction was significantly, negatively related to meaning and engagement. This suggests that teachers who have a sense of meaning and are engaged in their work are unlikely to suffer from social dysfunction (such as thinking about themselves as worthless) compared to those who have no sense of meaning and engagement in their work (Peterson et al., 2005; Rarick, 2006). This is because people in general, and teachers specifically who have a sense of meaning and engagement in what they do are driven by optimism, hope and resilience (Fredrickson, 2001, 2002). Whenever they are faced with negative events as suggested by Fredrickson, they cultivate positive emotions to undo the negative effects of that event (Fredrickson, 1998). Teachers who are driven by passion and purpose in their work do not let the negative experiences of work such as stress get to them, but rather they seek to create and derive something positive from that experience and thus enhancing their psychological health (Diener, 2000), thus reducing and eliminating social dysfunction thoughts and acts, such as thinking about themselves as worthless (Alloy, Just, & Panzarella, 1997; Seligman, 2000; Fredrickson, 2001). This is consistent to Taylor, Kemeny, Reed, Bower, & Gruenewald (2000) and Fredricksons' (2001) results that found that resilient people were able to buffer stress and cultivate positive emotions. Being engaged in an activity such as teaching has been found to prevent stress and burnout because of the sense of enjoyment that is derived from what a person does thus enhancing the general health of the teachers (Chan, 2009).

Total general health showed no significant relationship with the orientations to happiness subscales and a negative statistically significant relationship to total orientations to happiness. This was highlighted previously and it indicates that people who experience illnesses are less likely to be happy with their lives. The results also indicated that teachers with general health illnesses experienced very little satisfaction with their lives, if any. Various research findings support this finding by stating that individuals with high psychological well-being tend to view their lives as satisfying. They have an inclination to cope better in stressful situations thus detaining the accumulation and proliferation of illnesses (Diener, 2000; Fredrickson, 2001; Baumgardner & Crothers, 2010). General health also showed a negative relationship to somatic symptoms, anxiety/insomnia, social dysfunction and severe depression. This creates an overture that teachers who have good quality lives including their general health status are less likely to suffer from somatic, anxiety/insomnia, social dysfunction and severe depression disorders. This is because these general illnesses arise from the environment in which they live and operate, thus if teachers have favourable working and living conditions certain ailments are prevented from occurring (Seligman, 2002). Teachers who have unfavourable working and living conditions on the contrary constantly experience somatic, anxiety, social dysfunction and severe depression have low quality lives and general health status due to the over recurring of worry and frustration. Suffering from worry and frustration creates the propensity for ailments to set-in and in the long-run having detrimental consequences for the teachers such as developing certain disorders as confirmed by (Alloy et al., 2005).

In order to predict which of the orientations predicted satisfaction with life, multiple regression was conducted and the results from the hierarchical multiple regression indicate that engagement and meaning showed no relationship in explaining the variance compared to pleasure. This finding is partially confirmed by (Peterson et al., 2005; Martin et al., 2010) as they found that all three orientations predicted satisfaction with life. Chan (2009) found that meaning and pleasure predicted satisfaction with life in a research study that was conducted among teachers from Hong Kong. According to table 5, satisfaction with life is best explained by pleasure. Of these three orientations to happiness it appears that pleasure was the most influential in predicting satisfaction with life for the teachers as indicated by the highest beta weight possessed. This may be due to the majority of the teachers in the study falling within the sub age-group of early adulthood. It could be that at this age, they are served with the ideology of wanting pleasurable experiences, particularly very idealistic, with goals being high but with less practicality (Annett, 2004). These results also show contextual differences and experiences of the people in which the scale is utilised.

Another reason could be due to the low reliability of the engagement scale. By the teachers reporting being oriented to pleasure than meaning and engagement suggests that teachers are primarily seeking pleasure as their main orientation to happiness. This suggests that teachers' pursuit of pleasure and their meaning could be relatively independent, as stated by (Chan, 2009). In addition, the instruments or statements might have not captured the expression of flow for the teachers. Therefore questions must be developed to capture the true essence of flow for the teachers.

5.3 Summary

The major results of the study have been discussed in this chapter. The major finding was that happiness and general health are important for satisfaction with life. The results have indicated that orientations to happiness and satisfaction with life are likely to influence the teachers' general health. The specific questions that the research study aimed to answer have been answered and discussed in this chapter.

CHAPTER 6

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 Introduction

The chapter provides conclusions that can be drawn from the research and offers suggestions for future research into orientations to happiness and subjective well-being. Conclusions will be made with regards to the specific theoretical objectives as well as that of the results of the study.

6.2. Summary and Conclusion

The sample comprised 175 teachers from Swaziland. The main aim of the study was to explore the relationship between orientations to happiness and subjective well-being in this sample of Swazi teachers.

The first objective of the study was to conceptualise the different constructs from the literature review. The second objective of the study was to determine whether orientations to happiness, satisfaction with life and general health were related. Research findings have indicated that the pleasure and engagement were correlated to satisfaction with life. The two mainly endorsed orientations were found to be pleasure and meaning.

Apart from meaning and pleasure being correlated with satisfaction with life, satisfaction with life was also found to be negatively related the general health, subscales; somatic symptoms, anxiety/insomnia and severe depression. These correlations seem to indicate that teachers who suffer from general health illnesses such as anxiety and severe depression have low life

satisfaction than healthy teachers. Teachers who had a sense of meaning and were engaged in their jobs did not show social dysfunction symptoms. This highlights that being engaged in lessons and at school is likely to reduce any social dysfunction illnesses. This is because being engaged in ones work cultivates positive emotions that lead to the state of enjoyment and having the perception that teaching is doing something greater than the self (Seligman, 2002). Therefore, this demonstrates the role that happiness can play in enhancing the subjective well-being of the teachers.

Considering the findings of the current study, it seems as if pleasure generates positive emotions that assist in building a sense of engagement and provide a buffer against the negative experiences of teaching such as stress and burnout (Fredrickson, 2001; Chan, 2009). When the teachers experience positive emotions from their teaching and interpersonal relationships, their thought-action inventory can be broadened, increasing thoughts and possible actions, which come to mind when stressed (Tugade & Fredrickson, 2004). This in turn stimulates adaptation that helps the teachers develop greater resources. These resources include seeing positive aspects and potential benefits of a situation, rather than being cynical and negative, participating in activities and maintaining social relationships with colleagues and friends and having a belief system which provides existential meaning (Tugade & Fredrickson, 2004). Therefore, the orientations to happiness do not measure the same phenomenon but rather complement each other (Peterson, et al., 2005). There seems to be interdependence among the orientations, whereby pleasure builds and can be built by meaning and engagement and they provide coping resources in times of stress and negative life events (Seligman, Shulman, DeRubeis, & Hollon, 1999).

Therefore, it appears that if the teachers are to have high subjective well-being they should endorse all the three orientations to happiness and be in good health. Satisfaction with life and quality of life can be achieved when all the orientations are endorsed (Seligman, 2002). Given that this was a once-off survey with a selected sample of teachers, these suggestions should be treated as speculative at best. Far more research needs to be conducted in order to further examine the relationship between orientations to happiness and subjective well-being among teachers.

6.3 Limitations and recommendations

There were a number of limitations to this study. Firstly, it could be argued that the self-report measures of SWL and possibly GHQ-28 were somewhat simplistic. However, as suggested by Idler and Kasl the simplicity of these types of scales do not necessarily mean the responses are less valid than more complex life status indicators. Nevertheless, it is acknowledged that other possible measures of SWB can be used in future studies. This raises a further issue concerning the questionnaires used in the present study. Although all participants were fluent in English, it may have been the case that some of the questions were unable to pick up subtle cross-cultural differences. However, there is no major reason to believe that this had a major influence on the results, especially given the satisfactory response rate. More pressing are possible cross-cultural differences in responses to these types of questionnaires, especially as some measures used (such as the orientations to happiness questionnaire) have not been validated for the Swazi population.

Another major limitation of the study was the discrepancy between the belief /endorsement of an orientation and an actual experience. It was not known whether teachers who reported the belief in a life of pleasure did have a more sensually gratifying experience, whether those who reported belief in a life of engagement frequently had highly absorbing activities, and whether those who reported the belief in a life of meaning did perform more service to others (Chen et al., 2010). Thus, the use of multiple modes of assessment other than self-report could be investigated in future studies. Another limitation of the study was the assumption that the belief/endorsement of orientations to happiness would lead to SWB. The cross-sectional data could not address the any causal relationships between the two variables. Future studies might use longitudinal designs to provide more compelling support to the notion that the endorsement of orientations to happiness would lead to SWB. Furthermore, future research directions might also focus on examining the influence of orientations to happiness on variables beyond general SWB (e.g. teachers' job satisfaction, performance or commitment) or on evaluating the role of orientations to happiness in moderating the negative impact of job demands and lack of resources on teachers' well-being (Chen et al., 2010).

Finally, the use of teachers from the hub of Swaziland (Manzini) limits the extent of the generalisations that can be made to other teachers particularly those outside of Manzini. The acquired sample could be hardly claimed to be representative of teachers in Swaziland. Thus cross-replication with larger and more representative samples should be helpful in establishing the generalisability of the present findings. Therefore a need is created for future studies to examine the relationships highlighted in the present study with teachers from the other sub

regions of the country, and by so doing it might provide further insight in to the study on orientations to happiness and the SWB of teachers.

These limitations notwithstanding, the present study has important implications for diagnosing the extent of mental health problems in Swaziland particularly among teachers as also stated by (Goldberg & Hillier, 1976). For example, it can be argued from the present results that one of the best ways to combat dissatisfaction with life and subjective well-being is to promote healthy psychological well-being, in parallel with attempts to increase happiness and general health, and reduce ill health and unhappiness. The present findings on the relationships between orientations to happiness and subjective well-being also bear indirectly on how teachers could be helped build resilience against the development of negative work experiences such as job-burnout (Martin et al., 2010). It can be safely assumed that a good life is not characterised by the presence of burnout, negative emotions, the lack of meaning in teaching, the lack of engagement in teaching, but rather created by the array of coping mechanisms individually possessed when faced with negative life stressors. Therefore, a necessity is created to promote the perception of viewing teaching as a calling rather than a job or career, and their engaged involvement in teaching as meaningful and pleasure deriving and this could eventually lead to higher levels of life satisfaction and subjective well-being. As stated by Chan (2009), these suggestions are consistent with the theorising that interventions that cultivate the good life should target pleasure, meaning and engagement. Nonetheless, how general orientations to happiness could be translated into specific workplace interventions deserves to become the focus of future research investigations.

6.4 Summary

In this chapter conclusions were made from the empirical information. The limitations of the study were made on the basis of the research findings.

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APPENDIX A

LETTER OF INFORMED CONSENT

My name is Sizakele Dlamini and I am currently completing my Master's degree at the University of KwaZulu Natal (Howard College). A requirement of my degree is to complete a research study. My study is interested in exploring the relationship between orientations to happiness and subjective well-being among teachers.

You are being invited to participate in this research because of your experience as a teacher. There will be no direct benefit to you if you participate in this research, but your participation is likely to help generate knowledge and greater understanding on orientations to happiness especially among teachers in Swaziland. Confidentiality will be ensured through the questionnaires being available to the researcher and her supervisor only. Anonymity will be ensured by omitting any identifying characteristic, such as your name, or department. Data collected will not be shared with anybody outside the research team. If you have any queries please feel free to contact me (Sizakele Dlamini 207516803@ukzn.ac.za or my supervisor Professor Joey Buitendach at 031 260 24 07/ Buitendach@ukzn.ac.za). If you wish to obtain information on your rights as a participant, please contact Ms Phumelele Ximba, Research Office, UKZN, on 031 360 3587.

I..... (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire. SIGNATURE OF PARTICIPANT..... DATE.....

APPENDIX B

BIOGRAPHICAL QUESTIONNAIRE

BIOGRAPHICAL INFORMATION

Please indicate that which relates to you by placing a tick in the box next to it [√].

1. Please indicate your Gender: Male

Female

2. Please indicate your Age: 21-25 26-30 31-35

36-40 41-45 46-50 51+

3. Please indicate your Religion: Christian

Muslim

Hindu

Other specify.....

4. Please specify the number of years you have spent in the teaching profession:

Less than one year

2-5 years

6 -10 years

11-15 years

15 years and more

5. Are you a Primary or High school teacher: Primary

High

6. Teaching Qualification possessed: Masters in Education

Honours degree in Education

Degree in Education

Diploma in Education

Other specify.....

7. Please indicate your current position: Teacher

Head of Depart

Principal

Vice Principal

APPENDIX C

SATISFACTION WITH LIFE SCALE (SWLS)

Instructions:

The purpose of this survey is to assess how you view your satisfaction with life. The following are statements of the satisfaction that you may agree or disagree with. It is expected of you to indicate your agreement with each of the statements by crossing out (x) the appropriate number next to each statement, using the criteria.

	Slightly Disagree	Disagree	Strongly disagree	Neither disagree, nor agree	Slightly agree	Agree	Strongly agree

1. In most ways, my life is close to ideal.	0	1	2	3	4	5	6
2. The conditions of my life are excellent.	0	1	2	3	4	5	6
3. I am satisfied with my life.	0	1	2	3	4	5	6
4. So far, I have gotten the most important things that I want.	0	1	2	3	4	5	6
5. If I could have my life over, I would almost change nothing.	0	1	2	3	4	5	6

APPENDIX D

ORIENTATIONS TO HAPPINESS QUESTIONNAIRE

(OHS)

Instructions:

Please rate the extent to which the following statements are like you or unlike you by crossing (x) the appropriate number on the 1 to 5 point scale supplied.

	Very much unlike me	Much unlike me	Like me	More like me	Very much like me
1. My life serves a higher purpose.	1	2	3	4	5
2. Life is too short to postpone the pleasures it can provide.	1	2	3	4	5
3. Regardless of what I am doing, time passes very quickly.	1	2	3	4	5
4. In choosing what I do, I always take into account whether it will benefit other people.	1	2	3	4	5
5. I go out of my way to feel excited.	1	2	3	4	5
6. I seek out situations that challenge my skills and abilities.	1	2	3	4	5
7. I have a responsibility to make the world a better place.	1	2	3	4	5
8. In choosing what to do, I always take into account whether it will be pleasurable.	1	2	3	4	5
9. Whether at work or play, I am usually “in a zone” and not conscious of myself.	1	2	3	4	5
10. My life has a lasting meaning.	1	2	3	4	5
11. I agree with this statement: “Life is short- eat dessert first”.	1	2	3	4	5
12. I am always absorbed in what I do.	1	2	3	4	5
13. What I do matters to the society.	1	2	3	4	5
	Very much unlike me	Much unlike me	Like me	More like me	Very much like me
14. I love to do things that excite my	1	2	3	4	5

senses.					
15. In choosing what to do, I always take into account whether I can lose myself in it.	1	2	3	4	5
16. I have spent a lot of time thinking about what life means and how I fit into its big picture.	1	2	3	4	5
17. For me, the good life is pleasurable life.	1	2	3	4	5
18. I am rarely distracted by what is going on around me.	1	2	3	4	5

APPENDIX E

GENERAL HEALTH QUESTIONNAIRE-28

(GHQ-28)

Instructions:

I would like to know if you have any medical complaints, and how your health has been in general, over the past few weeks. Please answer ALL the questions simply by marking the

answer that mostly applies to with a cross (x). Remember that I want to know about the present and recent complaints, not those you had in the past. It is important that you answer ALL the questions.

HAVE YOU RECENTLY.....					
A1	Been feeling perfectly in good health?	Better than usual	Same	Worse	Much worse
A2	Been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3	Been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4	Felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5	Been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6	Been getting a feeling of tightness and pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7	Been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual
B1	Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
B2	Had difficulty in staying asleep once you were off?	Not at all	No more than usual	Rather more than usual	Much more than usual
B3	Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
B4	Been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
B5	Been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual

B6	Found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
B7	Been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual
C1	Been managing to keep you busy and occupied?	More than usual	Same	Rather less	Much less
C2	Been taking longer over the things you do?	Quicker than usual	Same	Longer	Much longer
C3	Felt on the whole you were doing things well?	Better than usual	Same	Less well	Much less well
C4	Been satisfied with the way you've carried out your task?	More satisfied	Same as usual	Less satisfied	Much less
C5	Felt that you are playing a useful part in things?	More than usual	Same	Less usual	Much less
C6	Been able to enjoy your normal day-to-day activities?	More than usual	Same	Less so	Much less
C7	Been thinking of you as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D1	Felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2	Felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3	Felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4	Thought of the possibility that you might do away with yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
D5	Found at times you couldn't do anything because your nerves were bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
D6	Found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7	Found that the idea of taking your own life kept coming into	Not at all	No more	Rather more	Much more

	your mind?		than usual	than usual	than usual
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