

The Effects of Gender Role Orientation, Self-Esteem, and Self-Efficacy on Help Seeking Behaviours and Wellbeing.

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Abstract

The aim of the present study was to investigate the relationship between gender role orientation with attitudes toward seeking psychological and wellbeing, and the relationship between self esteem and self efficacy with wellbeing. This is a quantitative study which used a correlation, within group design. There were eighty one participants in the study, thirty nine males and forty two females. Participants completed the Bem Sex Role Inventory, The Attitudes Toward Seeking Psychological Professional Help Scale, The Rosenberg Self Esteem Scale, The General Self Efficacy Scale, The Oxford Happiness Questionnaire, and The Satisfaction With Life Scale. Results of this study found a significant relationship between both gender and happiness and gender role orientation and happiness. Significant results were also found between gender role orientation and life satisfaction and self efficacy and life satisfaction.

Chapter One: Literature Review

1.1 Introduction

This chapter will outline, synthesise, and evaluate the relevant literature pertaining to this research study. This project is concerned with the relationship between gender role orientation, attitudes toward help seeking behaviours, and wellbeing, and the relationship between self esteem, self efficacy, and wellbeing. The focus of this analysis is on the documentation produced by the professional bodies surrounding the research area. Extensive research has been carried out on variables included in the present study. Through the examination of the literature the studies hypothesis were formed. The aim of this study is to build on the findings on previous literature and examine the relationships on chosen variables.

1.2 Gender Role Orientation and Androgyny

1.2.1 Gender Introduction

During the 1950's and 1960's gender became a compelling area of research, with many advances beginning to emerge regarding gender and gender roles (Dean & Tate, 2016). Before discussing gender and its related concepts, the difference between sex and gender must be addressed as the two words are often confused. Sex is often understood to mean the biological differences between male and female, our sex is what we are born with. Gender, in today's society, has come to indicate social and psychological patterns of behaviour (Woodhill & Samuel, 2003). In other words, gender is something we do, and is a central feature of our identity (Bem, 1993). As a child develops as a young male or female they begin to learn the roles assigned by society to their gender, and begin learning about gender

expectations at a young age (Kohlberg, 1966). Gender identification, the process of identifying oneself as male or female, and gender consistency, the awareness of one's gender occur at young age, usually between the ages of three and four. This results in categorization and basic gender stereotyping beginning from the age of four and developing right throughout the lifespan (Biernat, 1991). This process, in which males come to learn about male characteristics and traits, or masculinity, and females come to learn about female characteristics and traits, femininity, is known as sex typing (Bem, 1981). Some argue that there are no behaviours that are intrinsically masculine or feminine, and instead each society assigns different groupings of traits to each sex while also leaving some traits as gender neutral (Boswell, 1997). However, males and females learn gender rules for how they should act and behave, and learn to desire 'gender appropriate' choices as defined by society.

As children and then adults, people adopt certain behaviours and characteristics which display gender. 'Doing' gender then involves gender rules or displays which focus on the behavioural aspects of what it is to be masculine or feminine (Woodhill & Samuel, 2003). In a literature review carried out by Constantinople (1973) of the gender related literature between 1930 to 1970, the assumptions made regarding gender roles based on gender measurement scales and gender differences were highlighted. The main assumption within the literature stated that gender exists along a single continuum, known as the masculinity-femininity continuum. The main features of this concept stated that gender role was a single bipolar dimension which ranged from extremely masculine to extremely feminine, and that gender role was one dimensional and could be measured by a single score. However, according to Constantinople such claims were only assumptions and lacked scientific evidence (Constantinople, 1973). This soon became a popular view and researchers, and in particular Sandra Bem began to look at alternative concepts of gender, sex roles, and measurements of sex roles.

1.2.2 Bem's Sex Role Inventory

Bem (1974) studied and developed a new way of understanding gender that had yet to be seen in the literature, and created a means of measuring masculinity and femininity in what she called the 'Bem Sex Role Inventory' (BSRI) (Dean & Tate, 2016). The BSRI reflected Bem's new gender concept that gender associated stereotypes are not bi-polar, and instead masculinity and femininity should be measured on separate scales. This would allow people to move freely on both the masculinity and femininity dimensions (Bem, 1974). This would mean that individuals could have both masculine and feminine traits simultaneously. The BSRI covered both traditional gender stereotypes as well as more flexible qualities which could be seen as both feminine and masculine, or androgynous (Dean & Tate, 2016). The BSRI allows individuals to vary along both the masculine and feminine dimensions separately, allowing for a two dimensional space which could have four outcomes (Gale-Ross, Baird, Towson, 2009). These four outcomes are high/low (high male/low female), low/high (low male/high female), low/low (low for both male and female), and high/high (high for both male and female) (Dean & Tate, 2016). They may also be known as instrumental, expressive, undifferentiated, and androgynous (Gale-Ross et.al, 2009). Typically, gender role-typed individuals, those with high/low gender traits, are driven to keep their behaviours consistent with their internalized gender role standards (Dean & Tate, 2016). Bem (1974) suggested that individuals with a strong high/low self concept of gender would avoid engaging in opposite gender behaviours, and as a result would be psychologically disadvantaged in a number of ways (Bem, 1974). The BSRI gave rise to two new gender experiences which were yet to be accounted for. The first of these is the atypical, or sex reversed gender role. Individuals who displayed this showed an opposite high/low pattern to the typical gender role individuals (Bem & Lewis, 1975). The other experience Bem discovered was psychological androgyny. According to Bem, psychological androgynous

individuals can have both masculine and feminine traits, be both assertive and yielding, be both instrumental and expressive, and can adjust these traits based on situational appropriateness (Bem, 1974). The two dimensional concept of gender identity allows for the free expression of both masculine and feminine traits within an individual. An individual with such traits could then be considered androgynous. Bem believed that this was the optimum gender state for an individual to hold, and claimed that there were multiple benefits for androgynous individuals. Her ideology aimed to promote an androgynous world whereby gender distinctions were reduced to a minimum and males and females shared equally the roles and characteristics usually associated with only one sex (Woodhill & Samuel, 2003).

1.3 Gender Role Orientation and Help Seeking Behaviours

1.3.1 Help Seeking and Gender

In relation to help seeking behaviours, there appears to be significant evidence to suggest that gender and gender identity or orientation has an influence on help seeking related attitudes and behaviours. Gender identity can be defined as “behaviours, expectations, and role sets that are defined by society as masculine and feminine are embodied in the behaviour of the individual man or woman, and culturally regarded as appropriate to male or female” (O’Neil, 1981 p.203). A seminal work on help seeking behaviours by Fischer & Turner (1970) explored the factors which may influence decisions to seek professional help. From this, Fischer and Turner developed these four major factors; stigma tolerance, interpersonal openness, recognition of a need for psychotherapeutic help, and confidence in mental health practitioners (Fischer & Turner, 1970). Both factors of stigma tolerance and interpersonal openness are highly influenced by gender roles and gender orientation. Gender characteristics which are associated with masculinity appear to conflict with these factors of help seeking,

whereas female characteristics appear to have a positive effect (Chan & Hayashi, 2010). For example, O'Neil, Helms, Gable, David and Wrightsman (1986) describes four central masculine traits to be, success, power and competition, restrictive emotionality, restrictive affectionate behaviour between men, and conflict between work and family relations (O'Neil et.al, 1986). The activity of seeking help goes against such masculine traits, and as a result masculine men will be more reluctant to seek help (Addis, 2008). In contrast, females with feminine traits have been found to be more tolerant of the stigma associated with seeking help, more willing to recognise a personal need for help, more open to sharing their problems with others, and more likely to believe in the efficacy of professional help (Johnson, 2001).

1.3.2 Androgyny and Help Seeking Behaviours

Research has shown that individuals with masculine gender role orientation were less likely to express an interest in seeking counselling than individuals with feminine gender role orientation (Turkum, 2005). In an Australian study carried out by Judd, Komiti and Jackson (2008), 579 participants (244 male and 335 female) were tested for reasons for gender differences in help seeking behaviours. In particular, Judd et.al (2008) examined individual factors of openness to experience and the social factors of stoicism and stigma. Significant differences were found between male and female. Males were found to be more stoic and more likely to feel personally discredited by mental illness, and also scored far lower on the openness scale for feeling, actions, aesthetics, and value. These differences were found to be largely due to socially influenced gender attitudes (Judd et.al, 2008). This suggests that the values or traits of masculinity, such as lack of emotional investment or stoicism have negative influence of help seeking behaviours. From the findings of this study it can be seen that these masculine traits go against self recognition and acceptance of psychological illness,

thus creating a barrier to help seeking. (Judd et.al, 2008) Such findings suggest that those who endorse feminine or androgynous traits possess greater help seeking attitudes and behaviours. Specific research related to androgynous individuals and the effects of androgyny on help seeking behaviours are scarce within the literature, however support for the positive effects of androgyny can be found. Pederson & Vogel (2007) carried out a study on 575 undergraduate males, which investigated male attitudes toward help seeking. Results of this study found that the less masculine (more androgynous) participants had better attitudes towards help seeking and those with traditional masculine sex types had poorer attitudes and behaviours (Pederson & Vogel, 2007). These results were replicated in a later study by Levant (2011), who explored the relationships between various masculinity constructs and help seeking behaviours amongst a sample of 193 undergraduate males. Levant found that those who had greater conformity to masculine roles and endorsed more masculine traits had fewer positive help seeking attitudes or behaviours (Levant, 2011). Chan and Hayashi (2010) found similar results on a sample of 265 Japanese males, reporting that the endorsement of masculine traits and the rejection of feminine traits has a significant negative effect on help seeking behaviours. In an early study on gender role orientation and help seeking behaviours carried out by Johnson (1998), Bem's BSRI was used to examine the role of sex role orientation on help seeking behaviours amongst college students. Johnson found that those who were classified as androgynous held better attitudes and beliefs regarding personal health and help seeking (Johnson, 1998). Such findings were later replicated in a similar study by Marris, Sigler and Brammer (2012), who found a significant effect for masculinity and femininity on help seeking attitudes. Also using the BSRI, Marris et.al found that those who classified as androgynous were more likely to engage in help seeking behaviours than other sex roles (Marris et.al, 2012). From the review of the literature regarding gender role

orientation and its relationship with help seeking behaviours, the present study will adopt the hypothesis that gender role orientation will have an effect on help seeking behaviours.

1.4 Subjective Well Being

Subjective well being refers to an individual's evaluation of their life as being positive or negative, and is constructed by both emotional and cognitive components (Diener, 1984). It is the psychological subjective feeling of happiness, satisfaction with life, ones role in the world, belonging, and the presence of absence of distress or worry (Shek, 1997). Cognitive components include ones judgement of satisfaction with life as a whole or of particular aspects of life such as health or work. The emotional components of well being include both positive aspects, such as happiness, as well as negative aspects such as stress (Reid, 2004). Bornstein, Davidson, Keyes and Moore (2003) defined well being as "the state of successful performance through the life course, integrating physical, cognitive, and socio-emotional functions that result in productive activities deemed significant by one's cultural community, fulfilling social relationships, and the ability to transcend moderate psychosocial and environmental problems" (Bornstein et.al, 2003). Sources of well being are derived in a number of ways. These sources include what are known as internal and external sources (Suh, 2000). According to Suh (2000), internal sources of well being consist of perceptions and qualities of the self such as self efficacy and self esteem. External sources refer to the perceptions and qualities of groups, such as meeting cultural norms and fulfilling social obligations. There are various indexes of psychological well-being, which include appraisals of one's own happiness, emotional state, life circumstance, life happiness, and quality of life, and can be assess in terms of separate domains of life or as a global evaluation by an individual on their life (Moller, 1998). For the purpose of this study, two measures of well-

being will be assessed, which are satisfaction with life and happiness. These measures will be assessed to see if they have a relationship with three different variables, which are sex role orientation, self esteem, and self efficacy.

1.5 Gender Role Orientation and Subjective Well Being

1.5.1 Agency and Communion

In general, men are pressured to construct and maintain a self concept which relies on independence, whereas women are directed more toward an interdependent self concept (Matud, Bethencourt and Ibanez, 2014). Bem (1981) suggests that most societies assign roles to individuals based on their gender, which begins in early childhood through socialization. As individuals grow and develop they are expected to learn sex specific skills, concepts, and attributes, which result in the formation of masculinity or femininity in the process of sex typing. Both masculinity and femininity possess unique traits and characteristics. A key characteristic of masculinity which has been highlighted and examined is agency. Agency is centralized on a focus on the self (Reid, 2004) and is associated with instrumental characteristics such as independence, leadership, and assertiveness (Matud et.al, 2014). The feminine equivalent of agency is communion, which is characterized by a focus on others (Reid, 2004), and is associated with expressive characteristics such as kindness and emotional responsiveness (Matud et.al, 2014). Agency in men and communion in women is reinforced from a young age and influences what behaviours are appropriate for each sex. In relation to well being, it was traditionally considered that psychological well being was positively affected when individuals fulfilled their given gender role (Matud et.al, 2014). More recently evidence suggests that agency and communion, masculinity and femininity, play a role in psychological well being (Helgeson, 1994). It is also believed that strict adherence to typical

male or female gender role orientation, and the over expression of either masculinity or femininity can limit the range of behaviours and choices of men and women which can result in negative effects on well being (Matud et.al, 2014). This suggests that Bem's concept of androgyny would have a positive effect on well being as it encompasses agency and communion and consists of both masculine and feminine traits co-existing. Assuming that both agency and communion influence well being it would appear that androgyny would be the ideal state to promote well being.

1.5.2 Gender Role Orientation and Well Being

Empirical evidence on the relationship between sex role orientation and well being appears to be inconsistent and provide mix results. In an analysis carried out by Buchanan and Bardi (2015), four studies which investigated whether agency and communion would predict well being were examined. Results in all four studies found that both agency and communion traits were significantly correlated with well being, and that those who possessed traits of agency and communion had greater levels of well being (Buchanan & Bardi, 2015). In a study specific to the outcome measure of life satisfaction which is used in the present study, Matud et.al (2014) found evidence that supports the claim that androgyny influences life satisfaction. In this study 2466 individuals between the ages of twenty and six were analysed. Results found that gender role was significant in the levels of life satisfaction of participants. Matud et al. reported that life satisfaction was greatest amongst participants who possess both masculine and feminine traits, thus supporting the idea that androgyny influences well being. A further reporting of this study found that males scored significantly higher in life satisfaction than women (Matud et.al, 2014). However, the relationship between androgyny and well being is controversial and many have questioned the relationship. In a

meta analysis of thirty two studies carried out by Whitley (1985) on sex role orientation and psychological well being, three models were tested; the traditional congruence model, which states that adhering to traditional gender roles would foster well being, the masculine model, which states that well being is influenced by predominantly masculine sex role orientation, and the androgyny model. Whitley found the greatest support for the masculine model, with some support for the androgyny model. Whitley suggests that is predominantly masculine traits which influence well being (Whitley, 1985). Further studies add to the mix evidence on androgyny and well being. In a meta analysis carried out by Taylor and Hall (1982) results found that masculinity was related to measures of health 91% of the time and femininity was related to measures of health 79% of the time. Bassoff and Glass (1982), who also carried out a meta analysis found that those who classified as male sex typed and androgynous scored highest for well being. Despite the mixed result it may be argued that as androgynous individuals possess both masculine and feminine traits which can be used interchangeably it is in fact suitable for fostering well being. The mixed results in the literature call for further analysis, and act as a rationale for the present study. It is hypothesised that sex role orientation, and in particular androgyny will have a positive effect on the chosen measures of well being.

1.6 Self Esteem and Well Being

1.6.1 Self Esteem

Self esteem is the evaluation of an individual's personal worthiness and judgement on personal value, and is a product of personal perceived competency in domains of importance. Interest in the concept of self esteem within psychology has grown exponentially over the years, with the vast majority of articles arguing that self esteem is positively associated with adaptive and positive outcomes (Neff, 2011). Personal self esteem can be defined by how

much people value themselves, and it can be expressed as either high self esteem or low self esteem. High self esteem refers to a high rating or evaluation of the self. It can be perceived as an accurate and balanced appraisal of self worth and one's own success and competencies, or it can result in an arrogant, grandiose sense of superiority. Low self esteem refers to a more unfavourable evaluation of the self, and can be viewed as an accurate, well founded understanding of personal downfalls or a distorted sense of inferiority (Baumeister, Campbell, Krueger and Vohs 2003). Overall, self esteem is viewed as a sense of self worth, self respect, and self acceptance linked to an expectation of a successful life. (Chen, West and Sousa, 2006) Amongst the psychological factors which have been studied that affect well being, self esteem is consistently found and is considered to be a strong predictor of well being (Baumeister et.al, 2003). Positive relationships between the self esteem and the well being measures of life satisfaction and well being have consistently been found within the literature.

1.6.2 Research on Self Esteem and Well Being

In a large scale study carried out by Diener and Diener (1995) 13,188 college students from thirty one countries were tested to examine the relationship between the two variables. Results of this study found that self esteem and life satisfaction were correlated, and that self esteem influenced life satisfaction. Life satisfaction varied amongst different countries, with the strongest correlations between self esteem and life satisfaction being found in individualistic countries rather than collectivistic countries. Regardless of the variation in levels of life satisfaction it still remained that self esteem and satisfaction with life were strongly correlated (Diener & Diener, 1995). Further relationships between self esteem and well being can be found in the literature. Furnham and Cheng (2000) tested a number of

possible correlations with happiness on a sample of over four hundred participants. Results of the study followed those of Diener and Diener, and reported that self esteem had the strongest correlation with happiness. Furnham and Cheng found that those who had higher levels of self esteem had higher levels of happiness than those who has lower self esteem (Furnham & Cheng, 2000). Shackelford (2001) found similar results in a study on married couples, reporting that self esteem correlated with all forms of happiness (Shackelford, 2001). Similar results were found by Lyubomirsky and King (2005) who reported on data of over six hundred participants, finding that happiness and self esteem were closely correlated (Lyubomirsky & King, 2005). This evidence suggests that self esteem has a positive effect of both life satisfaction and happiness. However the relationship between self esteem and well being has also been questioned. In an article by Baumeister et al. (2004), which comments on the findings of two of the above studies, the possible shortcomings of the relationship are considered. Although strong relationships have been found, Baumeister et.al suggest that it may be possible that self esteem and well being coincide with each other rather than having a casual relationship. As such, high self esteem and high levels of happiness and life satisfaction both occur when one is present. For example, it is plausible that successes in life, such as occupational, academic, or interpersonal cause both happiness and self esteem to be increased in tandem and self esteem does not necessarily directly influence well being (Baumeister et.al, 2004). Despite the considerations of Baumesiter and his colleagues, the present study takes the hypothesis that self esteem will have a positive effect on wellbeing.

1.7 Self Efficacy and Well Being

1.7.1 Self Efficacy

Self efficacy refers to a person's beliefs about their capacity to produce levels of performance that influences events that affect their lives (Bandura, 1997). According to Sohu and Rath (2003), self efficacy is a widely accepted psychological construct used by individuals to predict and explain coping behaviour, and involves an optimistic self belief about dealing with the demands of life. The more an individual feels confident to be able to control challenges the greater the possibility of successful actions (Sohu & Rath, 2003). Therefore, self efficacy is the belief in one's competence to tackle difficult tasks and cope with adversity. The beliefs that individuals hold regarding their own self efficacy has ability to make a difference on how they feel, think, or act (Luszczynska & Gutierrez-Dona, 2005). Sohu and Rath (2003) define self efficacy beliefs as 'products of a complex process of self persuasion that relies on cognitive processes of diverse sources of efficacy information conveyed inactively, vicariously, socially, and physiologically' (Sohu & Rath, 2003 p.188). Once an individual has formed their self efficacy beliefs those beliefs become a major contributor to many forms of human functioning. Individual's beliefs in their capabilities develop in mainly four ways. The first way is through mastery experience, which encourages resilience self efficacy through overcoming obstacles using perseverant effort. Resilience is key to self efficacy, and is learnt through managing failure in a constructive manner. The second means of developing self efficacy beliefs is through social modelling, which encourages an individual to raise their aspirations and self belief through seeing a similar person succeed through perseverant effort. Social persuasion is the third means, which states that self perseverance and belief is improved when an individual is persuaded. Physical and emotional state in judging one's own self efficacy also influences developments. These self efficacy beliefs are strengthened through building physical stamina and strength, correcting

the misreading of emotional and physical states, and the reduction of anxiety and depression (Badura, 2012) Self efficacy beliefs affect the quality of human functioning through a number of processes such as cognitive, affective, decisional, and motivational. According to Bandura (2012), self efficacy beliefs ‘influence how people motivate themselves and persevere in the face of difficulties through goals they set for themselves, their outcome expectations, and casual attributions for their self regulations of emotional states’ (Bandura, 2012 p.13). Positive well being requires an optimistic sense of personal efficacy, and evidence suggests that low self esteem is associated with depression whereas strong self esteem is related to better health outcomes (Sohu & Rath, 2003).

1.7.2 Research on Self Efficacy and Well Being

From the available information it is suggested that self efficacy would have a positive effect on well being, and this is something that is supported in the literature. In a large study carried out by Luszczynska and Gutierrez-Dona (2005) involving 8796 participants from five countries a stable and positive relationship between self efficacy and well being was found. Participants who expressed high self efficacy expressed corresponding levels of well being. Cakar (2012) examined the relationship between self efficacy and life satisfaction amongst a sample of 405 young adults. Similar results were found as it was determined that self efficacy significantly predicted participant life satisfaction (Cakar, 2012). Further support for the claim that self efficacy affects well being can be seen consistently within the literature. Results of a study on 240 women revealed a significant and strong relationship between self efficacy and various well being dimensions. (Sohu & Rath, 2003) Magaletta and Oliver (1999) found similar results on a mixed sample of 204 participants, reporting that self efficacy made a significant contribution to the prediction of well being (Magaletta & Oliver,

1999). From the review of the literature on the concept of self efficacy and its relationship with well being, it is hypothesised that in the present study self efficacy will have a positive relationship with well being.

1.8 Research Hypothesis

The following hypotheses were formed based on the review of the literature and will examine in detail within the present study.

1. Gender role orientation will have a significant relationship with help seeking behaviours.
2. Gender role orientation will have a significant relationship with wellbeing.
3. Self esteem will have a significant relationship with wellbeing.
4. Self efficacy will have a significant relationship with wellbeing.

Chapter Two: Methodology

2.1 Introduction

In this section the methodology of the present study is addressed. This includes the relevant information about the research design, participants, procedure, and ethical considerations.

2.2 Research Design

The present study adopted a correlation, within samples, qualitative design, as each participant scored the same measure with those different measures being treated as conditions. The independent variables in this study are gender, gender role orientation, self esteem, and self efficacy. The dependent variables in this study are attitudes toward seeking psychological help, life satisfaction, and happiness. These variables will used to test the studies hypotheses.

2.3 Participants

There were 81 participants in total for this study. All participants were above the age of eighteen. Of the 81 participants, 39 were male (48.1%) and 42 were female (51.9%). The participants varied in age and were assigned to age groups. 36 of the participants were in the age group of 18-24 (44.4%), 23 were in the age group 25-34 (28.4%), 7 were in the age group 35-44 (8.6%), 13 were in the age group 45-54 (16.0%) and 2 were in the age group 55+ (2.5%). Access to participants was gained through using a mixture of convenience and snow ball sampling. The participants for this study were contacted via social media, email, and

word of mouth. No potential participants were rejected from the study. Participants were provided with an information sheet and a consent form before completing the questionnaire. (See Appendix 1 and 2)

2.4 Measurements

2.4.1 Be m Sex Role Inventory

Sex role orientation was measured using the BSRI. (Bem, 1974) A shortened version of the usual 60 question long questionnaire was used. This version consisted of 25 adjectives, 10 masculine, 10 feminine, and 5 neutral, on which subjects rated themselves on a 7 likert scale ranging from (1) *never or almost never true* to (7) *always or almost always true*. For each subject, feminine (F) and masculine (M) scores are derived and then utilized to determine sex role classification. Classification is assigned using the median split method. This involves calculating separate medians for each gender on both the (F) and (M) scales. Scoring above the median on both scales is considered androgynous. (See Appendix 3)

2.4.2 Attitudes Toward Seeking Professional Psychological Help

A short form of the 29 item ATSPPH Scale which consisted of ten questions was used in the present study. Participants were asked to rate these items using a 4-point Likert scale from 1 (Disagree) to 4 (Agree). The relevant negatively-worded items on each subscale were reverse scored and then summed. A total score can also be obtained by summing all the item scores. High scores indicate a positive attitude toward help-seeking. (See Appendix 4)

2.4.3 Rosenberg Self Esteem Scale

The Rosenberg self esteem scale consists of 10 questions that assess levels of self esteem. The questionnaire contains a list of statements which participants answered on a 4-point scales ranging from (1) *strongly agree* to (2) *strongly disagree*. Each question has relevant scoring, with certain questions requiring score reversal. Self esteem is calculated by adding the sum of the 10 items. The higher the total the greater the self esteem. (See Appendix 5)

2.4.4 Satisfaction with Life Scale

The satisfaction with life scale is a short 5-item instrument designed to measure global cognitive judgement of one's life satisfaction. Participants are asked to agree or disagree with 5 statements on a 7-point scale ranging from (1) *strongly disagree* to (2) *strongly agree*. Scores are determined by adding the sum of five questions. The higher the overall score the higher the life satisfaction. (See Appendix 6)

2.4.5 Generalized Self Efficacy Scale

The generalized self efficacy scale is a 10 item psychometric scale designed to assess optimistic self-beliefs to cope with a variety of different demands in life. Participants respond on a 4 point scale ranging from (1) *not at all true* to (2) *exactly true*. Self efficacy scores are calculated by adding up participant scores. The higher a participant scores on the scale the higher their self efficacy. (See Appendix 7)

2.4.6 Oxford Happiness Questionnaire

The Oxford happiness questionnaire provides participants with questions about their general happiness. The current study has selected 12 of these questions from the original 29. Participants are asked rank their answers on a 6 point scale which ranges from (1) *Strongly disagree* to (6) *Strongly agree*. Overall scores for happiness are then derived by adding the scores for each question up and dividing that number by 12. Each score then has a corresponding level of happiness from not happy (1-2) to too happy (6). (See Appendix 8)

2.5 Procedure

This study was carried out on the online platform ‘Google Docs’. Participants were provided with introductory information about the study at the beginning of the questionnaire. Participants were also provided with information on the procedure of the study, and a consent form which they were asked to fill out before taking part. Participants who completed the study were first given the web browser to access the questionnaire, and completed the questionnaire which provided information on how to successfully complete each stage.

2.6 Ethical Considerations

This study was approved by the University ethics committee. The information sheet which was provided to participants before taking the questionnaire emphasised that participation was voluntary. It was also emphasised that participants could leave or stop the study at any stage without any consequence. Confidentiality was also ensured to all participants, and participants were informed that the study had received ethical approval.

Chapter Three: Results

3.1 Data Analysis introduction

The statistical software SPSS was used to carry out the data analysis of this study. T-tests were run between gender and all outcomes measured. Correlation tests were carried out between all predictor variables and outcome measures. Further tests were run on the data in the form of one-way ANOVAS, regressions, post Tukey, and chi square analysis. ANOVA tests were run between the independent variable BSRI and the dependant variables of ATSPPH, life satisfaction, and happiness. Based on the results of the ANOVA test between BSRI and happiness and BSRI and life satisfaction post Tukey tests were ran to view results in detail. All the above analysis was carried to test what variables best qualified for regression analysis. Linear regression analysis was carried out between predictor variables and criterion variables. For example, a linear regression was carried out between the predictor variable of self efficacy and the outcome measure of life satisfaction. Further details of the analysis are present below.

3.2 t-tests

Independent sample t-tests were ran between gender and all outcomes measured. The results of the t-test show that there was no positive relationship between gender and the outcomes measures of help seeking behaviours or life satisfaction. A positive result was found between female gender and the outcome measure of happiness, reporting that females were significantly happier than males. ($t=2.599$, $(df=79)$, $p=.011$) This result was used for later analysis.

3.3 chi square analysis

A chi square analysis was carried out to find if there was any relationship between age groups and gender roles. The chi square test showed that there was no statistically significant relationship between age groups and gender roles with chi square value of 9.182, $p=0.687$.

Table 3.1 Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	9.182 ^a	12	.687
Likelihood Ratio	10.839	12	.543
Linear-by-Linear Association	.264	1	.607
N of Valid Cases	81		

a. 14 cells (70.0%) have expected count less than 5. The minimum expected count is .07.

3.4 Correlation analysis

Correlation tests were ran between all predictor and outcome measures. Results of this test can be seen in the table below. Sex role orientation (BSRI) and happiness showed the strongest correlation. ($r=.431$, $n= 81$, $p=.0001$) This result was later checked further through ANOVA analysis.

The variables of self efficacy and life satisfaction also showed a correlation. ($r=.258$, $n=81$, $p=.020$) This was checked further through regression analysis.

No further positive relationships were found between variables using correlation analysis. The below table shows results from the correlation tests that were ran.

Table 3.2 Correlation tests

		ATSPPH	Happiness	LifeSatisfaction
BSRI	Pearson Correlation	.122	.431**	.137
	Sig. (2-tailed)	.279	.000	.222
	N	81	81	81
SelfEsteem	Pearson Correlation	-.079	-.077	-.107
	Sig. (2-tailed)	.486	.493	.342
	N	81	81	81
SelfEfficacy	Pearson Correlation	.073	.127	.258*
	Sig. (2-tailed)	.514	.260	.020
	N	81	81	81

3.5 ANOVA Analysis

ANOVA Analysis between sex role orientation (BSRI) and attitudes towards seeking professional help was run. The ANOVA analysis showed that there was no statistically significant difference between various gender roles and their attitudes towards seeking professional help ($F(3,77)=1.180, p>0.05$) Further ANOVA tests between variables were run which can be seen in the table below.

Table 3.3 ANOVA results overview

Dependent Variable	Independent Variable	df	F	P value (Significance)
ATSPPH	BSRI	3, 77	1.180	.323
Happiness	BSRI	3, 77	5.936	.001
Life Satisfaction	BSRI	3, 77	2.253	.089
Self Esteem	BSRI	3, 77	0.237	.870
Self Efficacy	BSRI	3, 77	2.114	.105

The results of the ANOVA test between sex role orientation (BSRI) and life satisfaction, although below the significance value, shows a statistical trend. ($F(3,77) = 2.253$, $p = .089$) To further investigate these results a post Tukey test was ran which showed that feminine and androgynous groups showed the greatest statistical difference.

Table 3.4 Post Tukey Tests for Life Satisfaction

Multiple Comparisons

Bonferroni

Dependent variable: Life satisfaction

(I) BSRI	(J) BSRI	Mean			95% Confidence Interval	
		Difference (I-J)	Std. Error	Sig.	Lower Bound	Upper Bound
Feminine	Masculine	-2.75789	1.81736	.799	-7.6795	2.1638
	Androgynous	-4.07727	1.57318	.069	-8.3377	.1831
	Undifferentiated	-2.93333	3.32778	1.000	-11.9454	6.0787
Androgynous	Masculine	1.31938	1.44441	1.000	-2.5923	5.2310
	Feminine	4.07727	1.57318	.069	-.1831	8.3377
	Undifferentiated	1.14394	3.13969	1.000	-7.3587	9.6466

*. The mean difference is significant at the 0.05 level.

The ANOVA test between sex role orientation (BSRI) and happiness score showed that there was a difference between the happiness scores of various gender roles ($F(3,77)=5.936$, $p=0.001$). The post Tukey test was also performed to understand the difference between groups in detail. It showed that masculine and androgynous groups showed statistically significant difference between their scores for happiness ($p=0.001$). The result of the post Tukey test also shows that individuals in the androgynous group scored higher than those in the male and female groups for happiness.

Table 3.5 ANOVA Result Happiness

Happiness

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.896	3	.632	5.936	.001
Within Groups	8.198	77	.106		
Total	10.094	80			

Table 3.6 Post Tukey Test for Happiness

Multiple Comparisons

Dependent Variable: Happiness

Tukey HSD

(I) BSRI	(J) BSRI	Mean		Sig.	95% Confidence Interval	
		Difference (I-J)	Std. Error		Lower Bound	Upper Bound
Masculine	Feminine	-.14532	.11270	.572	-.4413	.1506
	Androgynous	-.34898	.08957	.001	-.5842	-.1138
	Undifferentiated	-.46199	.20272	.112	-.9943	.0703
Androgynous	Masculine	.34898	.08957	.001	.1138	.5842
	Feminine	.20366	.09756	.166	-.0525	.4599
	Undifferentiated	-.11301	.19470	.938	-.6243	.3983

*. The mean difference is significant at the 0.05 level.

3.6 Regression Analysis

Linear regression analysis was carried out between self esteem and happiness, and self esteem life satisfaction. The results showed that there was no relationship between self esteem in determining happiness. The results also showed that there was no relationship for self esteem in determining life satisfaction.

Linear regression analysis was also carried out between self efficacy and happiness, and self efficacy and life satisfaction. Results showed that there was no relationship between self efficacy and happiness. A table of regression analysis results can be found below.

The linear regression analysis showed a positive relationship between self efficacy and life satisfaction. A significant regression was found. ($F(1, 79) = 5.616, p < .02$), with R-squared of .006.

Table 3.7 Regression Results Overview

Dependent Variable	Independent Variable	R square	Df	F value	Significance
Happiness	Self Esteem	.006	1, 79	.475	.493
Happiness	Self Efficacy	.016	1, 79	1.289	.260
Life Satisfaction	Self Efficacy	.006	1, 79	5.616	.020
Life Satisfaction	Self Esteem	.011	1, 79	.913	.342

From the results of the previous analysis, further regression tests were carried out on the outcome measure of happiness and the predictor measures of gender sex role orientation (BSRI). Results showed that sex role orientation (BSRI) was the greatest predictor of

happiness. (Beta value = .388, p=.000) The results of the analysis between gender and happiness showed less significant results than those of sex role orientation (BSRI) with beta value of .194 and a p value of .099. This indicates a trend. Find below the regression model for happiness.

Table 3.8 Regression model for happiness

REGRESSION MODEL FOR HAPPINESS

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.331	.132		25.155	.000
	Gender	.123	.074	.174	1.668	.099
	BSRI	.153	.042	.383	3.663	.000

a. Dependent Variable: Happiness

R squared equals .214 and adjusted R squared was .194

Regression analysis specific to the outcome measure of life satisfaction was also carried out with the predictor variables of sex role orientation (BSRI) and self efficacy. The regression model of satisfaction with life is reported below. From this it can be seen that self efficacy is a stronger predictor of life satisfaction than sex role orientation (BSRI).

Table 3.9 Regression model for life satisfaction

REGRESSION MODEL FOR SWL

Coefficients^a

Model		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients		
				Beta		
1	(Constant)	13.648	4.821		2.831	.006
	BSRI	.540	.674	.089	.801	.426
	SelfEfficacy	.349	.162	.240	2.155	.034

a. Dependent Variable: LifeSatisfaction

R squared = .074 and adjusted R squared = .050

Both regression coefficient tables for the final models can be seen above. The assumptions for regression analysis were both checked and confirmed. As the assumptions state, the criterion variable was always continuous and the Mahalanobis distance values showed there was no outliers. The tolerance values did not exceed 0.2, which indicated that there was no multi-collinearity and the residual score were normally distributed.

Chapter Four: Discussion

4.1 Happiness, Gender, and Gender Role Orientation

4.1.1 Results

The results of this study confirm that sex role orientation and gender both have a significant effect on happiness. Sex role orientation, which was measured using the BSRI, had the strongest relationship and was a stronger predictor of happiness than gender alone. In terms of highest levels of happiness, those with undifferentiated gender role orientation scored highest. However, due to the significantly lower numbers (3) of those classified as undifferentiated, it is difficult to generalize or interpret this result, and this is noted as both a limitation and future suggestion. Androgynous participants scored higher than both male and female sex typed participants, and female sex typed participants scored higher than male sex typed participants. More specifically, the most significant results for levels of happiness were found between androgynous participants and male sex typed participants. These findings support the hypothesis that sex role orientation would have an effect on well being, which in this case is happiness. These findings also support Bem's claim that individuals with a strong high/low self concept of gender would avoid engaging in opposite gender behaviours, and as a result would be a psychological disadvantage, and that androgynous individuals would hold better health related attributes (Bem, 1974). In relation to gender itself, females scored higher than males in levels of happiness. The results of the test between sex role orientation and happiness appear to support this finding, as male sex role orientation had the lowest overall happiness score. The results of these tests highlight the gender gap in subjective well being, an issue which has become increasingly more prevalent in today's society. These findings, by supporting Bem's theory on sex orientation and androgyny, also highlight the

importance of having both feminine and masculine traits in co-existence for subjective well being.

4.1.2 Gender and Happiness

In a global report carried out by the European Commission (2015) titled ‘Gender Gaps in Subjective Wellbeing’, it is reported that in all countries of the world women declare a higher level of subjective well being than men when they experience similar conditions. Although objective gender gaps are not typically found in favour of women, the findings of this large scale report echo the findings of other large studies carried out in the United States, the United Kingdom and number of European Countries (European Commission, 2015). This gender gap in well being, and more specifically in happiness, is further supported in a report by Graham and Chattopadhyay (2012), who found that women are happier than men worldwide (Graham & Chattopadhyay, 2012). Viera Lima (2011) found similar results, also reporting that women in general hold higher levels of happiness than men. The findings of these large scale studies provide evidence for, and support the trend that gender affects happiness levels. In an attempt to explain these gender differences, the European Commission report provides a number of possible explanations. A major component of their explanation involves the greater diversity of woman’s life dimensions, and credits the wider scope of domains of interest as a source of potential higher well being. They also draw on the evidence that suggests that women have more diversified preferences than men (European Commission, 2015). This could suggest that woman possess an array of traits or characteristics which are better associated with happiness than those of men. From the findings of the relationship between gender role orientation and happiness this statement may

appear true, as males scored the lowest and the most significant difference in happiness levels.

4.1.3 Gender Role Orientation and Happiness

The finding that gender role orientation, and in particular androgyny, has a positive influence on happiness is one that has been inconsistent within the literature and has both support and opposition. In a study carried out by Helgeson (1994), specific traits which are captured by the measures of masculinity and femininity were examined. The two traits that were specified were agency and communion. Helgeson found that both agency and communion are required for optimal well being, and that if one exists in the near absence of the other there would be negative outcomes (Helgeson, 1994). Further support for the dual need of masculine and feminine traits, or agency and communion, is found in a study carried out by Buchanan and Bardi (2015), who analysed four studies to see if the two traits were both important for wellbeing. They found that in all four studies both agency and communion were significantly correlated with subjective well-being (Buchanan & Bardi, 2015). This provides support for the concept of androgyny, and the positive relationship that androgyny has with happiness. However, there are also those who argue that androgyny does not influence happiness, and it is in fact traditionally sex typed people who are happiest. This is highlighted in a study carried out by Hammond and Sibley (2011), who found that the endorsement of sexist ideology is linked to higher subjective happiness, and suggests that happiness is increased when individuals fall into more traditional gender roles (Hammond & Sibley, 2011). Despite this, the findings of this study suggest that androgyny affects happiness, and that those who endorse both feminine and masculine traits score higher in levels of happiness. Further investigation into this relationship is warranted, as the findings

of the present study suggest. As the findings state, ones happiness is influenced by the gender role orientation and most significantly by androgynous orientation. This may have future implications for the promotion and endorsement of androgynous traits to improve individual and global well being.

4.2 Life Satisfaction, Self Efficacy, and Gender Role Orientation

4.2.1 Self Efficacy and Life Satisfaction

The second significant finding within the study was the relationship between self efficacy and life satisfaction and sex role orientation and life satisfaction. Self efficacy, which was measured using the Generalized Self Efficacy scale, had the strongest relationship with life satisfaction and was the greatest predictor of life satisfaction in the present study, and suggests that, the higher the levels of self efficacy, the greater the satisfaction with life. This supports the hypothesis that self efficacy would have a positive effect on well being measures, which in this case was life satisfaction. Self efficacy has been proven to have a positive effect on well-being and the results of the present study add to this literature. Individuals who have high self efficacy possess a number of self belief qualities which could aid in explaining their greater satisfaction with life. They perform and are open to a variety of challenging tasks. They set themselves higher aims in life and find it easier to stick to those aims, and invest more effort and persist longer than those with low self efficacy. Also, high self efficacy is consistent with quicker recovery from difficulty and higher levels of commitment, and facilitates people to select challenging settings and explore their environments (Luszczuska & Gutierrez-Dona, 2005). The results of the present study solidify these ideas, and add to current literature which states that self efficacy has a positive relationship with well being.

4.2.2 Gender Role Orientation and Life Satisfaction

A second relationship or trend was found between sex role orientation and life satisfaction. Using the BSRI as a measure of sex role orientation it was found that sex role orientation has an effect on life satisfaction. The main significant result for sex role orientation on life satisfaction was found between those who classify as androgynous and those who are female sex typed. Further findings from these tests showed that androgynous individuals scored highest, male sex type second and female sex type scoring lowest. Again, due to the low number of participants indentifying as undifferentiated it is difficult to include and interpret the results of this sex role orientation. This significant relationship supports the hypothesis that sex role orientation would have a positive effects on well being, which in this case was life satisfaction. The finding that the greatest difference in life satisfaction was between androgynous and female sex type links to research discussed within the literature review. While it was found that both masculine and feminine traits of agency and communion were influential in well being by some, Whitley (1985) found that masculine traits were more predominant than feminine trait (Whitley, 1985). This would explain the reason why female sex typed participants scored significantly lower in life satisfaction. However, this does not mean that feminine traits do not influence well being, with other research reporting that androgynous individuals score higher for life satisfaction than other gender role orientations (Matud et.al, 2014) and these results are supported by the present study. Also, earlier findings of the present study found that females were significantly happier than males, which further suggests that both masculine and feminine traits are correlated to better well being.

4.2.3 Self Efficacy as a Mediator?

Recent research has begun to examine how personality and individual traits influence well-being. Such research has shown that personal dispositions, such as extraversion and neuroticism have been shown to influence levels of well being. In line with this, self efficacy has been studied and been found to substantially relate to aspects of personality and personality traits and may act as a mediator between personality and life satisfaction. In particular, self efficacy has been found to mediate the relationship between the Big Five personality factors and well being (Strobel et.al, 2011). Similar to the Big Five, gender orientation is closely linked to personality. From the results of the present study it was found that both gender role orientation and self efficacy influence wellbeing. If self efficacy acts as a mediator between aspects of personality, and gender orientation is closely linked to personality, there is a possibility that self efficacy may be a mediator between gender role orientation and wellbeing. Future recommendations would be to further investigate any relationship which self efficacy and gender role orientation may have, and examine if self efficacy acts a mediator between gender orientation and well being.

4.3 Other Findings

4.3.1 Gender Role Orientation and Help Seeking Behaviours

The tests between gender role orientation and help seeking behaviours did not yield any significant results, and therefore the null hypothesis that there is no relationship between gender role orientation and help seeking behaviours is accepted. These findings go against much of the research that suggests that gender has an influence on help seeking behaviours. Despite this, the majority of research on gender related topics and help seeking attitudes and behaviours focus predominantly on males, finding that males have poorer attitudes toward

seeking help (Courtenay, 2000). The present study made an attempt to examine these differences by seeing if gender role orientation influenced help seeking behaviours, and, unlike previous studies such as Marrs et.al (2012) no relationship was found. This leads the researcher to question the use of the BSRI as a measure of gender orientation in relation to help seeking behaviours, and suggest the examination of other gender specific concepts, such as gender conflict as more influential aspect of gender on help seeking behaviours (Pederson & Vogel, 2007). Other explanations for this result may be down to sample size and similarities. The sample size of eighty one in the overall scale of research is small, and this suggests that these lack of numbers do not represent results which may be found in a large scale study. Also, the participants in the present study are all similar demographics and come from similar backgrounds. It is therefore possible that the majority of participants hold similar views in relation to seeking help, which did then allow for an influence of gender orientation. Tentative future recommendations of this finding would be to further investigate the relationship between gender role orientations and help seeking behaviours, while also investigating other gender concepts such as gender conflict.

4.3.2 Self Esteem and Wellbeing

The tests between self esteem and the measures of well being of happiness and life satisfaction did not yield any significant results. Therefore, the null hypothesis that self esteem does not have an influence on wellbeing is taken. The findings of the present study do not support the large amounts of evidence which suggest that self esteem positively influences wellbeing. Demographics and size of the sample stand out as a clear explanation for these results. In previous studies which have found positive results, such as Diener and Diener (1995), the sample size and variance were significantly larger than the present study. Diener

and Diener had over thirteen thousand participants from thirty one countries, while Lyubomirsky and King (2005) had over six hundred participants. This suggests that the present study lacks the depth and diversity of sample to get a true sense of the relationship between self esteem and wellbeing.

4.4 Limitations

While this study has found significant positive results there are also a number of limitations which must be highlighted. The sample size of eighty one is a clear limitation. Also, as gender was an important component the small sample size made it difficult to generalize gender differences. Also, due to the small sample it limited the number of individuals in each classification of BSRI, with only three individuals present in the undifferentiated category. The recruitment of participants through convenience and snow ball sampling is a limitation as it has limited the range of difference amongst participants. This also left findings open to cross contamination as the questionnaire was passed on by people to friends and family. The lack of age variance is another limitation, as 43.9% of the overall sample was between the ages of 18-24, meaning that it may be difficult to generalize findings for all ages. The fact that age groups instead of specific age were collected limits the extent to which age could have been investigated.

4.5 Future Suggestions

Future directions for similar studies should first consider the implications for the limitations above. Future research should aim to include larger sample size in order to better get an understanding of the research topics. Further research is warranted on the relationship between gender role orientation and help seeking behaviours, as the results of the present

study found no relationship despite the apparent gender differences in help seeking behaviours. As aforementioned, future recommendations are made to further the existing literature on gender role orientation and wellbeing and the possible implications of using those findings to influence global understanding of happiness. It is also recommended that future research investigates the possible mediating role of self efficacy on the relationship between gender role orientation and wellbeing.

4.5 Conclusion

In conclusion, the results of this study found both significant and non significant results. The first significant finding states that both gender role orientation and it gender itself have an influence on happiness. These results are supported within the literature. The second significant results found both self efficacy and gender role orientation have an influence on satisfaction with life. These results are also supporting in the literature. Based on these results the hypothesis that sex role orientation would have a positive relationship with wellbeing and the hypothesis that self efficacy would have a positive relationship with wellbeing are accepted. Results showed that there were no significant relationship between gender role orientation and help seeking behaviours and no significant relationship between self esteem and wellbeing. Overall, the results of this study add to existing knowledge of the topic area, however, there is a call for further investigation in the findings and recommendations of the present study.

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Appendix

Appendix 1 Questionnaire Information Sheet

INTRODUCTORY INFORMATION

1. Title of study: Androgyny, Well-being, and Help Seeking Behaviours

2. Introduction: This study presented aims to explore the relationship between androgyny, help seeking behaviours, and well being. Androgyny refers to the levels of masculine and feminine traits. This study aims to investigate androgyny and the ways in which it may or may not affect help seeking behaviours and well being. I hereby would like to invite you to participate in this study.

3. Procedures: Participant will be presented with five questionnaires which they will be asked to complete. These questionnaires will be specific to the research question and will have guidelines on how to complete them.

4. Exclusion from participation: You cannot participate in this study if you are under the age of eighteen. There are no other exclusion criterion.

5. Confidentiality: Your identity will remain confidential. Your name will not be published and will not be disclosed to anyone outside the study group.

6. Voluntary Participation: You have volunteered to participate in this study. You may withdraw at any time. If you decide not to participate, or if you withdraw, you will not be penalised and will not give up any benefits that you had before entering the study.

7. Permission: This study has Research Ethics Committee approval from Dublin Business School.

8. Further information: You can get more information or answers to your questions about the study, your participation in the study, and your rights, from Shane Kelly who can be emailed at

⋮

Appendix 2 Questionnaire Consent Form

The below is an electronic consent form. This will give consent for the researcher use the information gathered as well as publish the results. All participation will be confidential.

Have read or have had the information sheet read to me and that I understand the contents.

Check all that apply.

- Yes
- No

Understand that participation is voluntary and that I can withdraw at any time.

Check all that apply.

- Yes
- No

Understand that withdrawal will not affect my access to services or legal rights

Check all that apply.

- Yes
- No

Consent to possible publication of results

Check all that apply.

- Yes
- No

I (the participant) give my permission to: Use the data obtained from you in other future studies without the need for additional consent

Check all that apply.

- Yes
- No

Participant's Statement: I have read, or had read to me, this consent form. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights. I understand I may withdraw from the study at any time. I have received a copy of this consent form.

Check all that apply.

- Yes
- No

Appendix 3 BSRI Questionnaire

The below sections, which consists of three parts, contains questions or statements which could describe individuals. Answer each statement about themselves truthfully on the scale provided. The scale is as follows: 1 = Never or almost never true 2 = Usually not true 3 = Sometimes but infrequently true 4 = Occasionally true 5 = Often true 6 = Usually true 7 = Always or almost always true

Self-reliant

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

Defend own beliefs

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

Athletic

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

Willing to take risks

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

Make decisions easily

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

Willing to take a stand

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

Individualistic

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

Ambitious

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

Dominant

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

The below sections, which consists of three parts, contains questions or statements which could describe individuals. Answer each statement about themselves truthfully on the scale provided. The scale is as follows: 1 = Never or almost never true 2 = Usually not true 3 = Sometimes but infrequently true 4 = Occasionally true 5 = Often true 6 = Usually true 7 = Always or almost always true

Yielding

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

Shy

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

affectionate

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

feminine

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

sensitive to others needs

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

compassionate

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

warm

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

tender

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

childlike

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

gentle

Mark only one oval.

	1	2	3	4	5	6	7	
Never or almost never true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always or almost always true

Appendix 4 Attitudes Toward Seeking Professional Psychological Help Scale

In this section you will be asked to disagree or agree with the above question or statement. Answer each question in this section truthfully on the scale provided. The scale is as follows: 0=Disagree 1=Partly disagree 2=Partly agree 3=Agree

If I believed I was having a mental breakdown, my first inclination would be to get professional attention

Mark only one oval.

	0	1	2	3	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

Mark only one oval.

	0	1	2	3	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

Mark only one oval.

	0	1	2	3	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.

Mark only one oval.

	0	1	2	3	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

I would want to get psychological help if I were worried or upset for a long period of time.

Mark only one oval.

	0	1	2	3	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

I might want to have psychological counseling in the future.

Mark only one oval.

	0	1	2	3	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

Mark only one oval.

	0	1	2	3	
--	---	---	---	---	--

Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree
----------	-----------------------	-----------------------	-----------------------	-----------------------	-------

Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

Mark only one oval.

0 1 2 3

Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree
----------	-----------------------	-----------------------	-----------------------	-----------------------	-------

A person should work out his or her own problems; getting psychological counseling would be a last resort.

Mark only one oval.

0 1 2 3

Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree
----------	-----------------------	-----------------------	-----------------------	-----------------------	-------

Personal and emotional troubles, like many things, tend to work out by themselves.

Mark only one oval.

0 1 2 3

Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

Appendix 5 The Rosenberg Self Esteem Scale

Below is a list of statements which you will be asked to disagree or agree with on the scale below. Read the statements, and then click on answer of your choice If you strongly agree with the statement click SA. If you agree with the statement click A. If you disagree with the statement click D. If you strongly disagree with the statement click SD.

On a whole, I am satisfied with myself.

Mark only one oval.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

At times, I think I am no good at all.

Mark only one oval.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I feel that I have a number of good qualities.

Mark only one oval.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I am able to do things as well as well as most other people.

Mark only one oval.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I feel I do not have much to be proud of.

Mark only one oval.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I certainly feel useless at times.

Mark only one oval.

- Strongly disagree

- Disagree
- Agree
- Strongly agree

I feel that I a person of worth, at least on an equal plane with others.

Mark only one oval.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

All in all, I am inclined to feel that I a failure.

Mark only one oval.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I take a positive attitude toward myself.

Mark only one oval.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

Appendix 6 The Satisfaction With Life Scale

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding. The scale of 1-7 is rate as below. • 7 - Strongly agree • 6 - Agree • 5 - Slightly agree • 4 - Neither agree nor disagree • 3 - Slightly disagree • 2 - Disagree • 1 - Strongly disagree

In most ways my life is close to ideal.

Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

The conditions of my life are excellent.

Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

I am satisfied with my life.

Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

So far I have gotten the important things I want in my life.

Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

If I could live my life over, I would change almost nothing.

Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

Appendix 7 The General Self Efficacy Scale

Answer the following questions or statements based on the options provided.

. I can always manage to solve difficult problems if I try hard enough.

Mark only one oval.

- Not at all true
- Barely ture
- Moderately true
- Exactly true

If someone opposes me, I can find means and ways to get what I want.

Mark only one oval.

- Not at all true
- Barely ture
- Moderately true
- Exactly true

It is easy for me to stick to my aims and accomplish my goals.

Mark only one oval.

- Not at all true
- Barely ture
- Moderately true
- Exactly true

I am confident that I could deal efficiently with unexpected events.

Mark only one oval.

- Not at all true
- Barely ture
- Moderately true
- Exactly true

Thanks to my resourcefulness, I know how to handle unforeseen situations.

Mark only one oval.

- Not at all true
- Barely ture
- Moderately true
- Exactly true

I can solve most problems if I invest the necessary effort.

Mark only one oval.

- Not at all true
- Barely ture
- Moderately true

- Exactly true

I can remain calm when facing difficulties because I can rely on my coping abilities.

Mark only one oval.

- Not at all true
- Barely true
- Moderately true
- Exactly true

When I am confronted with a problem, I can usually find several solutions.

Mark only one oval.

- Not at all true
- Barely true
- Moderately true
- Exactly true

If I am in a bind, I can usually think of something to do.

Mark only one oval.

- Not at all true
- Barely true
- Moderately true
- Exactly true

No matter what comes my way, I'm usually able to handle it.

Mark only one oval.

- Not at all true
- Barely true
- Moderately true
- Exactly true

Appendix 8 The Oxford Happiness Questionnaire

Please read the statements carefully and answer below. Don't take too long over individual questions; there are no "right" or "wrong" answers (and no trick questions). The first answer that comes into your head is probably the right one for you. If you find some of the questions difficult, please give the answer that is true for you in general or for most of the time.

I don't feel particularly pleased with the way I am.

Mark only one oval.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Slightly agree
- Moderately agree
- Strongly agree

I am intensely interested in other people.

Mark only one oval.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Slightly agree
- Moderately agree
- Strongly agree

I have very warm feelings towards almost everyone.

Mark only one oval.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Slightly agree
- Moderately agree
- Strongly agree

I am not particularly optimistic about the future.

Mark only one oval.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Slightly agree
- Moderately agree
- Strongly agree

Life is good.

Mark only one oval.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Slightly agree
- Moderately agree
- Strongly agree

I am well satisfied about everything in my life.

Mark only one oval.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Slightly agree
- Moderately agree
- Strongly agree

I can fit in (find time for) everything I want to.

Mark only one oval.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Slightly agree
- Moderately agree
- Strongly agree

I don't find it easy to make decisions.

Mark only one oval.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Slightly agree
- Moderately agree
- Strongly agree

I feel I have a great deal of energy.

Mark only one oval.

- Strongly disagree
- Moderately disagree
- Slightly disagree

- Slightly agree
- Moderately agree
- Strongly agree

I don't feel particularly healthy.

Mark only one oval.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Slightly agree
- Moderately agree
- Strongly agree

I feel fully mentally alert.

Mark only one oval.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Slightly agree
- Moderately agree
- Strongly agree

I always have a cheerful effect on others.

Mark only one oval.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Slightly agree
- Moderately agree
- Strongly agree

