Gender differences in aspects of psychological well-being

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The aim of this study was to determine whether men and women differ with regard to aspects of psychological well-being. For the purposes of this study, a meta-analysis was performed on data from a trans-university project, involving a multicultural availability sample of 378. The participants each completed 13 scales that measure psychological well-being in affective, physical, cognitive, spiritual, self and social aspects. Statistically significant gender differences with small to medium practical effects were found. Men scored higher on physical self-concept, automatic thoughts (positive), constructive thinking, cognitive flexibility, total self-concept, and fortitude. Women scored higher on the expression of affect, somatic symptoms, and religious well-being. No significant gender differences were found on sense of coherence, satisfaction with life, affect balance, emotional intelligence, self-efficacy, and the social components of self-concept and of fortitude. The results are in line with gender stereotypes and traditional socialisation practices and possibly reflect the impact of longstanding social inequity between men and women.

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Gender differences are of interest to numerous researchers attempting to conceptualise psychological well-being (Crose, Nicolas, Goble & Frank, 1992; Eberst, 1984; Ryff & Singer, 1996; Wissing & Van Eeden, 1997). Following recent research into the nature of psychological well-being, various theoretical perspectives have been described; yet few of these have been operationalised (Marks, 1996; Pretorius, 1998; Rout, 1999; Stephens, Duberg & Joubert, 1999; Suominen, Helenius, Blomberg, Uutela & Koskenvuo, 2000; Wissing, 1998; Wissing & Du Toit, 1994; Wissing & Van Eeden, 1997). Wissing and Van Eeden (1997) identified a general psychological well-being factor, and described it as a combination of specific qualities, such as a sense of coherence, satisfaction with life, affect balance, and a general attitude of optimism or positive life orientation. These authors also indicate that qualities that characterise general well-being include having an interest in the world and the motivation to carry out activities on a behavioural level. Difficulties in life are considered to be challenges rather than insurmountable problems. The individual possesses high self-worth and perceives significant others as supportive and affirming. Lastly, the individual does not experience any severe symptoms of pathology, such as intense anxiety or depression.

Some researchers conceptualise psychological well-being in terms of specific components or processes, such as affective processes (Diener, Emmons, Larsen & Griffin, 1985; Kammann & Flett, 1983). Others, such as Goldberg and Hillier (1979) and Suominen et al. (2000), emphasise physical processes and advocate focusing on the connection between good physical health and high quality of life. Other researchers (Epstein, 1992; Ingram & Wiscniki, 1988; Martin & Rubin, 1995; Stephens et al., 1999) describe psychological well-being more as a cognitive process that enhances life satisfaction as the key indicator of well-being. Others propose that well-being entails spiritual processes such as purposefulness in life, which leads to optimal functioning (Adams, Bezner & Steinhardt, 1997; Ellison, 1983; Ryff & Singer, 1998). Self- and social processes, such as possessing positive self-regard and self-mastery and, secondarily, quality and meaningful connections to others, are also proposed (Adams et al., 1997; Costa & McCrae, 1992; Pretorius, 1998; Roid & Fitts, 1989; Ryff & Singer, 1998; Wegner, Schwarzer & Jerusalem, 1981/1993). Consequently, it would seem that psychological well-being can be conceptualised with reference to affective, physical, cognitive, spiritual, self and social processes.

Gender differences in psychological well-being are important because of the many efforts being made in contemporary society to empower all individuals to achieve self-actualisation and utilise their full potential. In a post-feminist context this incorporates the idea of an "equal opportunities" society; yet social stereotypes still remain (Connors, 1990; Eagly, 1987; Turner & Sterk, 1994). All people are equal but not identical, and the possible differences between people need to be considered in order to empower all individuals to achieve self-actualisation and to fulfill their potential (thereby promoting optimal psychological well-being), whilst being offered equal opportunities. Current studies on the existence of gender differences, including those related to psychological well-being, reflect contradictory results and a distinct lack of consensus (Ryff & Singer, 1998; Sträumper, 1995). Based on their own literature studies and qualitative experiences, Cross et al. (1992) believe that gender differences do exist in almost every aspect of health and health care. In a Taiwanese study, Lu (2000) discovered gender differences while examining conjugal congruence on role experiences and subjective well-being, whilst Stephens et al. (1999) found gender differences in a study examining mental health in the Canadian population. Marks (1996) also found differences in her Wisconsin study, but ascribed these primarily to marital status, which interacts with gender, rather than to gender differences per se. Ek (2000) found no marked gender differences in a Finnish study on coping flexibility.

Numerous instruments which attempt to measure psychological well-being have been developed, but very little information is available on how gender differences are manifested in these instruments. According to Wissing and Van Eeden (1997) the Affectometer 2 (Kammann & Flett, 1983), the Sense of Coherence Scale (Antonovsky, 1993), and the Satisfaction with Life Scale (Diener et al., 1985), are good indicators of a general psychological well-being factor and were therefore included in this research. Other indices were selected to cover the affective, physical, cognitive, spiritual, self and social aspects of psychological functioning (Adams et al., 1997; Epstein, 1992; Goldberg & Hillier, 1979; Martin & Rubin, 1995; Palouzian &

In view of the above, the aim of this study was to determine whether significant gender differences exist with regard to affective, physical, cognitive, spiritual, self and social aspects of psychological well-being.

**METHOD**

**Design**

This study comprised a meta-analysis of an existing data pool that was gathered for the FORT Project (a trans-university research programme on fortology: Clarification and Enhancement of Psycho-Social Well-Being). The research consisted of a one-shot cross sectional survey design (Wissing, 1998).

**Participants**

This study is based on research data initially obtained for the FORT Project. The research sample started out with students, wereafter the snowball method of sampling was applied to include participants of various ages and in various contexts of life. Originally, an availability sample of 384 participants was included. However, six of the questionnaires that the participants had to complete were judged incomplete, resulting in the reduction of the sample to a total of 378 respondents, comprising 90 men and 288 women. From the total group (384 participants), four different age groups were identified: 18 to 25 years (n = 257), 26 to 40 years (n = 69), 41 to 50 years (n = 30), and 51 to 65 years (n = 23). Five respondents did not indicate their age. The group included 92 men and 288 women. Four participants did not indicate their gender. Marital status categories were defined as married (n = 72), unmarried (n = 275), cohabiting (n = 14), divorced (n = 11), and widowed (n = 6). Six participants did not indicate their marital status. Four ethnic/cultural groups were represented, namely, white (n = 313), black (n = 56), coloured (n = 4), and Indian (n = 8). Three respondents provided no ethnic or cultural details. Completion of secondary school (Grade 12) was the minimum educational qualification for all participants, except 20 black women who held a Grade 10 qualification. Two hundred of the participants were completing a tertiary qualification at undergraduate level and were not working full-time in the formal employment sector. The remaining 184 respondents were predominantly skilled labour. Socio-economic status ranged from lower socio-economic, such as those residing in informal settlements, to “middle class”, such as those renting or owning urban residences.

**Measuring instruments**

The original FORT research project (Wissing, 1998) included various measuring instruments designed to assess divergent constructs believed to be associated with psychological well-being. For the purposes of this study, those instruments deemed relevant to the measurement of a general psychological well-being factor as well as instruments measuring the six aspects of psychological well-being as defined for this study, were included. All the questionnaires were completed in English.

**General psychological well-being factor**

Antonovsky’s (1987) *Sense of Coherence Scale* (SOC) measures a global, perceptual predisposition in responding to life stress, which is composed of three domains: comprehensibility, manageability and meaningfulness. In this study, the SOC achieved an alpha coefficient of 0.87, which compares favourably with the internal consistency indices ranging from 0.74 to 0.93 reported by Antonovsky (1993) and the alpha coefficient of 0.91 obtained in a previous South African study (Strümppler & Wissing, 1998).

The *Satisfaction with Life Scale* (SWLS) of Diener, Emmons, Larsen and Griffin (1985) measures global life satisfaction and obtained an alpha coefficient of 0.84 in this study. Diener et al. report an alpha coefficient of 0.87, whereas Wissing and Du Toit (1994) obtained a Cronbach alpha of 0.85 in a South African study.

**Affective aspects**

The *Affectometer 2* (AFM) (Kammann & Flett, 1983) focuses on the affective functioning of an individual in terms of Positive Affect, Negative Affect and Affect Balance, resulting in a measure of general happiness. Kammann and Flett reported good validity and high reliability, with alpha reliability indices ranging from 0.88 to 0.93. In this study Cronbach alpha coefficients of 0.82 (Positive Affect) and 0.84 (Negative Affect) were obtained. In another South African study, Wissing and Van Eeden (1997) reported reliability coefficients of 0.86 (Positive Affect) and 0.90 (Negative Affect).

The *Bar-On Emotional Quotient Inventory* (EQ-I) (Bar-On, 1997b) is designed to measure the comprehensive concept of emotional intelligence. It contains 15 sub-scales and five composite domain scales, namely, Intrapersonal Components, Interpersonal Components, Adaptability Components, Stress Management Components and General Mood Components. For the purposes of this study, the sub-scales, Emotional Self-Awareness and Happiness were used to measure the experiencing of affect. The Emotional Self-Awareness sub-scale reflects the extent to which individuals are in touch with their feelings and emotions, know exactly what they are feeling, and can understand why these feelings are present. The Happiness sub-scale measures the extent to which individuals are able to have fun, find enjoyment in themselves and others, and feel satisfied with their lives (Bar-On, 1997a). In this investigation these sub-scales obtained adequate alpha coefficients of 0.75 each. The sub-scales Empathy and Social Responsibility were included to measure the expression of affect. The former relates to possessing sensitivity towards others, which is demonstrated in an interest in, and a caring for others. In this study a Cronbach alpha of 0.72 was obtained. Social Responsibility refers to the ability to conduct oneself as a cooperative, contributing and constructive member of one’s social group. An alpha coefficient of 0.73 was obtained in this study. All of these indices fall within the range of 0.62 to 0.89 for reliability indices reported by Bar-On using a South African sample (Bar-On, 1997a).

**Physical aspects**

The *General Health Questionnaire* (GHQ) (Goldberg & Hillier, 1979) is considered a screening questionnaire to detect diagnosable psychiatric disorders, and is a scale measuring well-being from a pathogenic perspective. The questionnaire includes the sub-scales, Somatic Symptoms, Anxiety and Insomnia, Social Dysfunction and Severe Depression, and a Total score. For the purposes of the current study, only the Somatic Symptoms sub-scale is included. A low score on this sub-scale is indicative of a heightened degree of wellness. The reliability coefficient for this sub-scale was 0.78, which correlates with the Cronbach alpha of 0.78 for Somatic Symptoms found by Van Eeden (1996).

Roid and Fitts’ (1989) *Tennessee Self Concept Scale* (TSCS) incorporates five components to obtain a global indication of the self-concept. These five components include the Physical Self, Moral-Ethical Self, Personal Self, Family Self, and Social Self.
The Physical Self sub-scale reflects an “individual’s view of his or her body, state of health, physical appearance, skills, and sexuality” (Roid & Fitts, 1989, p. 3). In the current study, the Physical Self sub-scale achieved an alpha coefficient of 0.72, compared to the coefficient of 0.81 obtained by Roid and Fitts.

**Cognitive aspects**

Ingram and Wisniki’s (1988) *Automatic Thoughts Questionnaire – positive (ATQ)* consists of four components (Daily Functioning, Self-evaluation, Evaluation of others, Future) and a Total score. The instrument assesses the frequency with which positive cognition, or positive self-statements, occurs. This study focuses on the total score of the ATQ, which obtained a Cronbach alpha of 0.94. Ingram and Wisniki also reported an alpha of 0.94.

Epstein’s (1992) *Constructive Thinking Inventory (CTI)* was included in order to assess the ability to automatically think in ways conducive to problem solving with a minimum amount of stress. The CTI has several sub-scales but only the Global Constructive Thinking sub-scale was included in this study. This sub-scale incorporates items from most of the other sub-scales to provide a bipolar scale that is indicative of both constructive and destructive thinking. The alpha coefficient obtained for the Global Constructive Thinking sub-scale in this study was 0.91. Epstein (1993) reports an alpha coefficient of 0.90 (college students) and 0.89 (adults) for the same sub-scale. This is similar to the Cronbach alpha of 0.89 reported by Wissing and Du Toit (1994) in a South African study incorporating university students.

The Cognitive-F Scale (CFS) (Martin & Rubin, 1995) measures cognitive flexibility, which is conceptualised as the ability to adapt to one’s context. Martin and Rubin reported alpha coefficients of 0.76 and 0.77 for cognitive flexibility from other studies. In this study a Cronbach alpha of 0.76 was obtained.

**Spiritual aspects**

The Spiritual Well-Being Scale (SWS-E&P) (Paloutzian & Ellison, 1979) measures the relative depth and meaningfulness that an individual derives from his or her spiritual beliefs and strivings. Both the Religious Well-being and Existential Well-being sub-scales were implemented in this study. A Cronbach alpha of 0.93 was obtained for the Religious Well-being sub-scale, compared to an alpha coefficient of 0.87 reported by Ellison (1983). In this study, the Existential Well-being sub-scale obtained an alpha of 0.88, whereas Ellison reported an alpha of 0.78 for this sub-scale.

The Perceived Wellness Survey (PWS) of Adams, Bezner and Steinhardt (1997) highlights the individual’s own perceptions regarding his or her health. It includes the components, Social, Psychological, Emotional, Physical, Spiritual and Intellectual Wellness, and a Total score. In this study, the Spiritual sub-scale was used. A Cronbach alpha of 0.78 was obtained. Adams et al. reported an alpha coefficient of 0.77 for the Spiritual sub-scale.

**Self aspects**

The Personal Self sub-scale of the Tennessee Self-Concept Scale (TSCS) (Roid & Fitts, 1989) measures “the individual’s sense of personal worth, feeling of adequacy as a person, and self-evaluation of the personality” (p. 3). In the current study this sub-scale obtained a Cronbach alpha of 0.76, compared to 0.82 reported by Roid and Fitts.

The Generalized Self-efficacy Scale (GSE) of Wegner, Schwarzer and Jerusalem (1981/1993) measures a broad and stable sense of personal competence, allowing an individual to deal with a variety of difficult circumstances. It reflects the individual’s belief that he or she can cope completely. In this study an alpha coefficient of 0.83 was obtained, compared to alpha coefficients ranging from 0.78 to 0.91 reported for this instrument across 14 different cultures (Schwarzer, 1998).

The Fortitude Questionnaire (FORQ) (Pretorius, 1998) measures strengths that assist an individual in meeting the stressful demands of daily life. The measure includes the components, Self-Appraisal, Family Appraisal and Support Appraisal, as well as a Total (fortitude) score. The Self-Appraisal sub-scale is used, as it incorporates both a “global appraisal of the self, as well as more specific appraisals such as problem solving efficacy and mastery or competence” (Pretorius, 1998, p. 31). An alpha coefficient of 0.79 was obtained in this study, whereas Pretorius reports a Cronbach alpha of 0.74.

**Social aspects**

The Family Self and the Social Self sub-scales of the Tennessee Self Concept Scale (TSCS) (Roid & Fitts, 1989) both measure the individual’s sense of adequacy and worth, either in relation to the immediate family or to other people in general, respectively. An alpha coefficient of 0.75 was obtained for both, whereas Roid and Fitts obtained Cronbach alphas of 0.82 for both these sub-scales.

The Family Appraisal and Support Appraisal sub-scales of Pretorius’s (1998) *Fortitude Questionnaire* (FORQ) were included to operationalise the interpersonal aspect of psychological well-being. The Family Appraisal sub-scale evaluates perceived support from the family, as well as family conflict, cohesiveness and values. The Support Appraisal sub-scale measures perceived support from others, incorporating both the amount of support perceived and the satisfaction derived from the support. In the current study, the Family Appraisal sub-scale obtained an alpha coefficient of 0.86, while the Support Appraisal sub-scale achieved a Cronbach alpha of 0.85. Pretorius reports alpha coefficients of 0.82 (Family Appraisal) and 0.76 (Support Appraisal).

**Procedure**

In the original FORT research project (Wissing, 1998) all questionnaires were provided to respondents in book form. Informed consent was obtained in writing from respondents and the questionnaires were administered in one two-hour or two one-hour sessions by trained psychometrists. The students received a small financial reward upon completion of the questionnaire. Ethical concerns were taken into consideration, employing the criteria specified by Neuman (1997). This included ensuring that the volunteer respondents were free to withdraw from the study at any time and that they retained anonymity throughout. Feedback on an individual basis was available upon request as a means of empowerment. No physical or emotional harm was foreseen and no deception occurred. The research results were intended for the promotion of knowledge within the field of Psychology.

The statistical significance of differences between men and women was determined with the aid of analyses of covariance (ANCOVAs), with adjustments for age and marital status, to promote optimal internal validity. The practical significance was established by determining Cohen’s effect sizes (Runyon, Haber, Pittenger & Coleman, 1996).
RESULTS
The significance of differences between men and women on the various variables are indicated in Table 1.

Table 1. Significance of gender differences on all indices of psychological well-being determined with ANCOVA’s adjusting for age and marital status (N = 378)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Men (n=80)</th>
<th>Women (n=298)</th>
<th>p-value after correction for effects of covariates</th>
<th>D Cohen effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOC (Total)</td>
<td>141.68 (18.00)</td>
<td>136.02 (23.07)</td>
<td>0.090</td>
<td>-</td>
</tr>
<tr>
<td>SWLS (Total)</td>
<td>24.87 (05.41)</td>
<td>24.83 (06.02)</td>
<td>0.805</td>
<td>-</td>
</tr>
<tr>
<td>AFM (Affect)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance</td>
<td>17.42 (11.17)</td>
<td>16.58 (11.04)</td>
<td>0.514</td>
<td>-</td>
</tr>
<tr>
<td>EQ (Emotional)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Self-Awareness</td>
<td>36.35 (04.53)</td>
<td>36.48 (05.43)</td>
<td>0.906</td>
<td>-</td>
</tr>
<tr>
<td>EQ (Happiness)</td>
<td>35.16 (05.42)</td>
<td>35.67 (05.41)</td>
<td>0.548</td>
<td>-</td>
</tr>
<tr>
<td>EQ (Empathy)</td>
<td>31.50 (04.73)</td>
<td>33.57 (04.14)</td>
<td>&lt; 0.001***</td>
<td>-0.43+</td>
</tr>
<tr>
<td>EQ (Social Responsibility)</td>
<td>40.11 (04.99)</td>
<td>42.85 (04.98)</td>
<td>&lt; 0.001***</td>
<td>-0.54+++</td>
</tr>
<tr>
<td>GHQ (Somatic Symptoms)</td>
<td>01.01 (01.44)</td>
<td>01.65 (01.92)</td>
<td>0.021†</td>
<td>-0.33+</td>
</tr>
<tr>
<td>TSCS (Physical Self Total)</td>
<td>67.41 (08.06)</td>
<td>64.48 (09.56)</td>
<td>0.011**</td>
<td>0.30+</td>
</tr>
<tr>
<td>ATQ (Total)</td>
<td>117.50 (15.30)</td>
<td>112.68 (17.39)</td>
<td>0.004**</td>
<td>0.26+</td>
</tr>
<tr>
<td>CTI (Global Constructive Thinking)</td>
<td>103.55 (14.79)</td>
<td>98.03 (17.03)</td>
<td>0.032*</td>
<td>0.32+</td>
</tr>
<tr>
<td>CFS (Total)</td>
<td>55.13 (06.90)</td>
<td>53.62 (06.17)</td>
<td>0.039*</td>
<td>0.21+</td>
</tr>
<tr>
<td>SWS (Religious Well-being)</td>
<td>47.00 (12.40)</td>
<td>50.77 (08.94)</td>
<td>0.012†</td>
<td>-0.30+</td>
</tr>
<tr>
<td>SWS (Existential Well-being)</td>
<td>47.10 (07.48)</td>
<td>46.37 (08.16)</td>
<td>0.737</td>
<td>-</td>
</tr>
<tr>
<td>PWS (Spiritual Wellness)</td>
<td>04.55 (00.76)</td>
<td>04.50 (00.77)</td>
<td>0.555</td>
<td>-</td>
</tr>
<tr>
<td>TSCS : Personal Self Total</td>
<td>69.55 (09.46)</td>
<td>66.61 (09.46)</td>
<td>0.026*</td>
<td>0.31+</td>
</tr>
<tr>
<td>GSE (Total)</td>
<td>32.26 (04.46)</td>
<td>31.69 (04.23)</td>
<td>0.468</td>
<td>-</td>
</tr>
<tr>
<td>FORQ (Self)</td>
<td>21.46 (03.24)</td>
<td>20.16 (03.74)</td>
<td>0.013†</td>
<td>0.14+</td>
</tr>
<tr>
<td>TSCS : Family Self Total</td>
<td>66.15 (08.04)</td>
<td>66.82 (08.89)</td>
<td>0.468</td>
<td>-</td>
</tr>
<tr>
<td>TSCS : Social Self Total</td>
<td>67.48 (07.86)</td>
<td>66.93 (09.31)</td>
<td>0.412</td>
<td>-</td>
</tr>
<tr>
<td>FORQ (Family)</td>
<td>19.07 (04.36)</td>
<td>20.16 (05.04)</td>
<td>0.083</td>
<td>-</td>
</tr>
<tr>
<td>FORQ (Support)</td>
<td>18.07 (03.48)</td>
<td>17.96 (03.86)</td>
<td>0.337</td>
<td>-</td>
</tr>
</tbody>
</table>

Notes: SOC: Sense of Coherence; SWLS: Satisfaction with Life Scale; AFM: Affectometer 2; EQ: Emotional Quotient; GHQ: General Health Questionnaire; TSCS: Tennessee Self Concept Scale; ATQ: Automatic Thoughts Questionnaire; CTI: Constructive Thinking Inventory; CFS: Cognitive Flexibility Scale; SWS: Spiritual Well-Being Scale; PWS: Perceived Wellness Scale; GSE: Generalized Self-Efficacy; FORQ: Fortitude.

* $p \leq 0.05$  ** $p \leq 0.01$  *** $p \leq 0.001$
$\odot$ $d \geq 0.2$ (small effect)  $\odot\odot$ $d \geq 0.5$ (medium effect)  $\odot\odot\odot$ $d \geq 0.8$ (large effect)

Social Responsibility, were of small practical significance.

DISCUSSION
The current study indicates some differences in the self-evaluated psychological well-being of men and women. Men scored significantly higher on cognitive, physical and self aspects, and women scored significantly higher on somatic symptoms, the expression of affect and spiritual aspects. The practical effects of these results were, however, only of small to medium significance and are largely in line with traditional, stereotypical beliefs pertaining to gender roles. No gender differences were found with regard to social aspects or sense of coherence, affect balance and satisfaction with life, suggesting that the general psychological well-being of the men and of the women in this group is comparable.

As indicated in Table 1, men in this study clearly possess greater self-esteem in terms of their bodies and general physicality as measured by the Physical Self sub-scale of the TSCS. Roid and Fitts (1989) also report higher scores for male subjects on this instrument. Although women achieved a lower score than men, their average score was within normal limits. Men possibly rate their physical selves higher because they are generally less harshly judged on physical appearance (Doddps, 1999). In contrast to this, there is a social bias that favours a thinner physical appearance in women, across a wide age span (Rand & Wright, 2000).

Men in this study reflect greater overall self-acceptance, feelings of personal worth and adequacy than women, as found on the Personal Self sub-scale (TSCS), because they do not base their identity on appearance-related attributes, but on competence-related attributes. Higher scores on the Global Constructive Thinking sub-scale (CTI) may also imply that they may not judge themselves and their own appearance too strictly either. The above results indicate that men are less likely to personalise (and internalise) external events and are less sensitive to rejection, failure or disapproval (Epstein, 1993), which may precipitate the promotion of greater self-esteem and, perhaps, an elevated appraisal of self-worth.

Men also scored significantly higher on the Self sub-scale of the FORQ, suggesting that they perceive themselves as better equipped with intrapersonal strength to cope with stress. This could reflect traditional perceptions of masculinity according to which men define their mankind through qualities such as independence, socially endorsed success (occupational status, prestige, material wealth), competitiveness, fearlessness and invincibility or a lack of vulnerability (Good, Sherrod & Dillon, 2000), which are all traits of an individualistic identity (Nolen-Hoeksema & Rusting, 1999). Thus, men tend to cope with stress in an individualistic manner. If a lack of vulnerability is intrinsic in the traditionally defined standards for masculinity, it is expected of men to evaluate themselves highly in order to avoid risking conflict with their own gender role identification. The results suggest that women find meaning and purpose in their lives in a different way than men. They obtain strength and control through their interpersonal relationships and faith. Higher scores for women on instruments which measure spiritual well-being have also been reported by other researchers (Crose et al., 1992; Van Eeden et al., 2000).

The absence of gender differences within the social dimension of psychological well-being was unexpected, given that other studies have shown women to be more attuned to interpersonal interaction than men are (Bach, 2000; Crose et al., 1992; Rout, 1999). The sample in this study experienced equal support from
others and experienced interpersonal connectedness as equally important to their well-being. This finding may possibly be influenced by the fact that 47.7% of the men and 73.9% of the women in this study fall within the age group of 18 to 25 years. This age group is involved in an intimacy versus isolation developmental task, which according to Erikson, encourages seeking out relationships with others (Louv, 1991). It is therefore possible that gender differences do not manifest within this age group, but may within other age groups.

Given the results with regard to the cognitive aspect, men perceive themselves to display greater flexibility in thought that is deemed appropriate within their contexts, and they focus on problem solving rather than on making value judgements. This suggests an subjective well-being distance oneself from the context and to concentrate on practical elements in a goal-directed manner. This finding may also be reflected in the lower expression of affect scores obtained by men in this study. This coincides with the traditional view that men should be competent at problem solving and logical thinking, particularly to achieve a persona of independence, competitiveness, strength, and control (Good, Sherrod & Dillon, 2000). Both the Global Constructive Thinking sub-scale and the Cognitive Flexibility Scale require self-evaluation and regulation, suggesting that men perceive themselves better able to adapt their thinking to cope with, and meet the demands of the context in which they find themselves. These findings also reflect the belief held by other authors that cognitive differences are evident between men and women (Crose et al., 1992; Van Eeden et al., 2000).

In this study no significant gender differences were found regarding the experiencing of affect. Men and women perceived themselves as able to gauge and balance both their positive and negative emotions, which in turn could increase their judgments of subjective well-being. Comparatively lower levels of positive affect were found, thus increasing personal resources, allowing greater reserves to manage future threats. This ability is considered to be enduring in the long term (Fredrickson, 2001). However, significant gender differences were found regarding the expression of affect. This is reflected in the significantly higher scores obtained by women on the Empathy and Social Responsibility sub-scales of the EQ, specifically the latter, which shows a medium practical effect. Women adopting a traditional definition of their gender role would be expected to be driven by a need to nurture and express emotional intimacy (Watkins & Whaley, 2000), whilst men would retain a need for independence and a suppressed expression of emotion (Good, Sherrod & Dillon, 2000). Gender differences in the Affective domain were also reported by other authors (Crose et al., 1992; Diener, 1984; Van Eeden, 1996; Van Eeden et al., 2000). A distinction should thus be made between the experiencing and the expression of affect when selecting instruments for the measurement of affect and when interpreting results. The working definition of affect varies among researchers (Fredrickson, 2001) and caution is therefore necessary when results regarding the gender differences in affect of other studies are compared if the above-mentioned distinction is not apparent, as this may greatly influence the conclusions that can be drawn from such comparison.

As indicated in Table 1, women scored significantly higher on the sub-scale Somatic Symptoms (GHQ), which corresponds with results reported by other researchers (Crose et al., 1992; Van Eeden, Wissing & Du Toit, 2000; Wissing & Van Eeden, 1997). It has been suggested that women are more susceptible to health problems because menstruation and pregnancy as well as differences in chemical and hormonal composition expose women to greater health demands (Stewart, 2001). It is also well known that men and women cope differently with stress and that women are more prone to internalise their problems (Nolen-Hoeksema & Rusting, 1999). If negative emotions such as depression and anxiety are internalised, it could lead to greater psychosomatic complaints, accounting for the higher score. Increased body dissatisfaction (common in women) could also lead to increased body monitoring and awareness of somatic symptoms (Tiggemann & Lynch, 2001). It may, however, also be the case that it is not necessarily the incidence of somatic complaints in women that is greater, but merely the reporting thereof, because women take better care of their health than men (Depken, 1994). Masculinity has traditionally been associated with physical invulnerability; therefore vigilance to and reporting genuine somatic symptoms of illness may not be as evident in men.

Differences between men and women were only of small to medium practical significance, and were not found on all operationalisations of a specific facet of psychological well-being. This may explain some of the contradictory findings in previous studies. The current results are, in some respects, in line with previous empirical findings; for example, that men have higher self-reported levels of ego and cognitive strengths, whereas women describe themselves as stronger in social, emotional and spiritual aspects (Bond, Kwan & Li, 2000; Crose et al., 1992). Patterns of differences found in this study may reflect social norms and role requirements regarding "being a man" or "being a woman". This is in line with the findings of some authors who propose that gender differences are encouraged by societal expectations (Morin & Rosenfeld, 1998) and outdated beliefs regarding sex roles and stereotypes (Felder, Felder, Mauney, Hamrin & Dietz, 1995). The finding that men score higher on most measures in this study may, however, also reflect the socially disadvantaged position historically held by women. Women appear to possess lower levels of wellness in epidemiological studies conducted from a pathogenic perspective (Crose et al., 1992). This may simply reflect gender differences in resources and responses (Altmaier, 1995). Another possible explanation for these differences may be that the measuring instruments used to measure specific constructs possibly were not developed through a gender lens, and did not take into consideration that psychological well-being might possibly be differently constructed and have fundamentally different meanings for men and women (Depken, 1994).

This research is open to criticism for several reasons. The research sample was not truly representative, due to the utilisation of an availability sample. Therefore, the results are only applicable to this sample and cannot be generalised to a greater population. It is necessary that further research be conducted with a representative and random sample, comparing older and younger respondents to determine if differences exist between individuals who were socialised in a pre-feminist context, as opposed to those from a post-feminist environment. Further research into gender differences in psychological well-being can simultaneously explore moderating variables such as gender role beliefs and societal demands. The individual's life context should also be considered to determine whether an association exists between psychological well-being and social support, socio-economic status, and level of education. The possible influence of cultural differences should also be taken into account. Qualitative methods may also be combined with quantitative methods, in order to obtain a richer description of the phenomenon.
CONCLUSION
Research on psychological well-being and resilience is gaining greater prominence as social scientists are trying to understand why the majority of people thrive despite objective difficulties (Aspinwall & Straudinger, 2003; Keyes & Haidt, 2003; Sheldon & King, 2001; Snyder & Lopez, 2002). An awareness of how gender differences are manifested may be beneficial in any context requiring interaction between men and women, such as in the workplace, educational institutions and in relationships. It may facilitate improved approaches in therapy, as greater knowledge regarding a client's experience of the world leads to increased sensitivity towards, and understanding of the client.

All people are equal, but not the same. Therefore, greater knowledge concerning gender differences may precipitate greater opportunities for self-actualisation and the further promotion of optimal psychological well-being in both men and women. Greater knowledge may also help to identify and redress historical imbalances between resources, opportunities and protective factors for men and women.

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